



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

(See Distribution List attached)

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

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

City Chambers  
DUNDEE  
DD1 3BY

24<sup>th</sup> October, 2017

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 Tuesday 31<sup>st</sup> October, 2017 at 2.00 pm.

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 DECLARATION OF INTEREST**

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

### **3 MINUTE OF PREVIOUS MEETING – Page 1**

The minute of previous meeting of the Integration Joint Board held on 29<sup>th</sup> August, 2017 is attached for approval.

### **4 PERFORMANCE AND AUDIT COMMITTEE – Page 5**

#### **(a) MINUTE OF MEETING OF 12TH SEPTEMBER 2017**

(Copy attached for information and record purposes).

#### **(b) CHAIRS ASSURANCE REPORT Page 11**

(Report No DIJB49-2017 by the Chair of the Performance & Audit Committee, copy attached).

### **5 TACKLING HEALTH INEQUALITIES IN DUNDEE: AN INTEGRATED APPROACH**

#### **(a) Presentation by Sheila Allan, Community Health Inequalities Manager.**

#### **(b) Report No DIJB36-2017 by the Chief Officer, copy attached - Page 13**

### **6 CITY PLAN FOR DUNDEE 2017/2026 – Page 19**

(Report No DIJB35-2017 by the Chief Officer, copy attached).

### **7 PROPOSED MODEL OF CARE FOR OLDER PEOPLE – BUSINESS CASE – Page 73**

(Report No DIJB37-2017 by the Chief Officer, copy attached).

### **8 RESHAPING NON-ACUTE CARE IN DUNDEE – Page 79**

(Report No DIJB38-2017 by the Chief Officer, copy attached).

### **9 DUNDEE AND ANGUS COMMUNITY EQUIPMENT LOAN SERVICE UPDATE – Page 87**

(Report No DIJB44-2017 by the Chief Officer, copy attached).

### **10 DUNDEE CARERS STRATEGIC PLAN AND CARERS CHARTER – Page 91**

(Report No DIJB47-2017 by the Chief Officer, copy attached).

### **11 HOUSING OPTIONS AND HOMELESSNESS STRATEGIC PLAN – Page 139**

(Report No DIJB48-2017 by the Chief Officer, copy attached).

### **12 DUNDEE SMART HEALTH AND CARE STRATEGY – Page 173**

(Report No DIJB42-2017 by the Chief Officer, copy attached).

### **13 FINANCIAL MONITORING AS AT AUGUST 2017 – Page 197**

(Report No DIJB40-2017 by the Chief Finance Officer, copy attached).

## **14 CLINICAL, CARE & PROFESSIONAL GOVERNANCE REPORT – Page 207**

(Report No DIJB41-2017 by the Chief Officer, copy attached).

## **15 WOMEN'S COMMUNITY CUSTODY UNIT – DIJB46-2017**

On 14th September 2017 the Cabinet Secretary for Justice announced that the Scottish Prison Service (SPS) intend to build one of the first two Community Custody Units (CCU) for women in Scotland within the city of Dundee, with a specific site yet to be identified. These new community based units will provide facilities for around 20 women. The women who will serve their custodial sentence in the CCU will be appropriately assessed as suitable for serving out this part of their sentence closer to their community and with greater community access. Crucially, the CCU will take a new approach to the management of women in custody with a strong focus on partnership working and co-production.

The Scottish Prison Service plan that the first two CCUs will be open by the end of 2020. This work is part of a wider transformation within prisons, professionalising the role of prison officers, ensuring a focus on rehabilitation, and supporting the re-integration of people leaving custody. SPS' ambition is that CCUs will become part of their local communities and recognise that collaborative working with council, health and third sector organisations will be required to deliver radical new ways of caring and supporting those women who have found themselves within the criminal justice system. Getting it right for those in custody is a key step in ensuring the safety of the entire community. By successfully reintegrating offenders we reduce risk and create safer communities. The CCU will be subject to the planning process and public consultation events will take place in due course.

Further detailed discussions regarding how the SPS intend the CCU will interface with community resources, including health and social care resources will take place. However, the intention is that the CCU encourages and facilitates planned re-integration into the community, suggesting that there will be an expectation of the use of / access to a range of community resources. It is recognised that NHS Tayside currently provide health services within HMP Perth and Castle Huntly and that there will be a need to involve both NHS Tayside and the Health and Social Care Partnership in planning for the CCU as this progresses, particularly with regard to the balance between in-unit health and social care provision and out-of-unit provision. The establishment of the CCU is an important opportunity to shape services for women in a different way, including examining issues such as continuity of prescribing and GP registration. However, there will also be a need to consider some of the challenges the CCU model may present; for example, not all women within the CCU will be from Dundee so there will be a need to ensure appropriate links and contributions are made from Health and Social Care Partnerships in their home area.

As yet there is no detailed plan available regarding how planning for the CCU will be progressed. A full report will be submitted to the IJB describing planning and consultation arrangements, opportunities and risks when more detailed information is available.

The Integration Joint Board is asked to note the position.

## **16 TERM OF OFFICE – CHAIRPERSON AND VICE CHAIRPERSON**

On a reference to Article XI of the minute of meeting of this Integration Joint Board held on 29th August 2017 wherein it was agreed that notification be submitted to Dundee City Council and NHS Tayside proposing that the term of office for the Chairperson and Vice-Chairperson respectively be for a period of two years and that this be effective from 25th October, 2016.

It is reported that this matter was considered by the constituent parties of Dundee City Council and NHS Tayside and that they have agreed that the term of office for the Chairperson and Vice Chairperson respectively be for a period of two years and that this be effective from 25th October 2016.

The Integration Joint Board is asked to note the position.

**17      DATE OF NEXT MEETING**

The next meeting of the Integration Joint Board will be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 19th December, 2017 at 2.00 pm.



# **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** **DISTRIBUTION LIST**

**(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS**

**(\* - DENOTES VOTING MEMBER)**

<b><u>Role</u></b>	<b><u>Recipient</u></b>
Elected Member (Chair)	Councillor Ken Lynn *
Non Executive Member (Vice Chair)	Doug Cross *
Elected Member	Councillor Roisin Smith *
Elected Member	Bailie Helen Wright *
Non Executive Member	Judith Golden *
Non Executive Member	Munwar Hussain *
Chief Officer	David W Lynch
Chief Finance Officer	Dave Berry
Registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978(b)	Frank Weber
Registered medical practitioner employed by the Health Board and not providing primary medical services	Cesar Rodriguez
Registered nurse who is employed by the Health Board	Sarah Dickie
Chief Social Work Officer	Jane Martin
Third Sector Representative	Christine Lowden
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Director of Public Health	Drew Walker
Person providing unpaid care in the area of the local authority	Martyn Sloan
Service User residing in the area of the local authority	Andrew Jack

**(b) DISTRIBUTION – FOR INFORMATION ONLY**

<b><u>Organisation</u></b>	<b><u>Recipient</u></b>
NHS Tayside (Chief Executive)	Lesley McLay
Dundee City Council (Chief Executive)	David R Martin
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee Health and Social Care Partnership (Chief Officer's Admin Assistant)	Arlene Hay
Dundee City Council (Communications rep)	Steven Bell
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Linda Rodger
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Senior Audit Manager)	Bruce Crosbie





## ITEM No ...3.....

At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 29th August, 2017.

Present:-

### Members

Ken LYNN (*Chairperson*)  
 Doug CROSS (*Vice Chairperson*)  
 Roisin SMITH  
 Helen WRIGHT  
 Judith GOLDEN  
 Munwar HUSSAIN  
 David W LYNCH  
 Dave BERRY  
 Sarah DICKIE  
 Drew WALKER  
 Raymond MARSHALL  
 Jim MCFARLANE  
 Christine LOWDEN  
 Andrew JACK  
 Martin SLOAN

### Role

Nominated by Dundee City Council (Elected Member)  
 Nominated by Health Board (Non Executive Member)  
 Nominated by Dundee City Council (Elected Member)  
 Nominated by Dundee City Council (Elected Member)  
 Nominated by Health Board (Non Executive Member)  
 Nominated by Health Board (Non Executive Member)  
 Chief Officer  
 Chief Finance Officer  
 Registered Nurse  
 Director of Public Health  
 Staff Partnership Representative  
 Trade Union Representative  
 Third Sector Representative  
 Service User residing in the area of the local authority  
 Person providing unpaid care in the area of the local authority

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

Mike ANDREWS	Dundee Health & Social Care Partnership
Jenny HILL	Dundee Health & Social Care Partnership
Diane McCULLOCH	Dundee Health & Social Care Partnership
Lynsey WEBSTER	Dundee Health & Social Care Partnership
Wendy THIRD	Dundee Health & Social Care Partnership
David SHAW	Dundee Health & Social Care Partnership
Arlene HAY	Dundee Health & Social Care Partnership

Ken LYNN, Chairperson, in the Chair.

## **I APOLOGIES FOR ABSENCE**

Apologies for Absence were reported on behalf of: Cesar Rodriguez, Registered Medical Practitioner (not providing primary medical services); Frank Weber, Registered Medical Practitioner (whose name is included in the list of primary medical performers) and Jane Martin, Chief Social Work Officer.

## **II DECLARATIONS OF INTEREST**

Andrew Jack declared a non-financial interest in Article VIII by virtue of being a Non-Executive Board Member of Home Scotland Housing Association.

Munwar Hussain declared a non-financial interest in Article VIII by virtue of being a Committee Member of Hillcrest Housing Association.

### **III MINUTE OF PREVIOUS MEETING**

The minute of the previous meeting of the Integration Joint Board held on 27th June, 2017 was submitted and approved.

### **IV PERFORMANCE AND AUDIT COMMITTEE**

#### **(a) MINUTE OF MEETING OF 19TH JULY, 2017**

The minute of the meeting of the Performance and Audit Committee held on 19th July, 2017 was submitted and noted for information and record purposes.

#### **(b) CHAIR'S ASSURANCE REPORT**

There was submitted a report by Doug Cross, Chairperson of the Performance and Audit Committee outlining matters from the meeting of the Committee held on 19th July, 2017 for the information of the Integration Joint Board.

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

### **V ANNUAL PERFORMANCE REPORT 2016/2017**

There was submitted Report No DIJB29-2017 by the Chief Officer submitting the Health and Social Care Partnership Annual Performance Report 2016/17 for approval.

Diane McCulloch, Head of Service and Lynsey Webster, Senior Officer, gave a presentation in supplement to the report.

The Integration Joint Board agreed:-

- (i) to note the contents of the presentation;
- (ii) to note the updates provided, including the summary version of the Annual Performance Report 2016/17 which was published on 31st July, 2017, and which was attached to the report as an appendix;
- (iii) to the Annual Performance Report 2016/17, which was attached to the report as an appendix;
- (iv) to approve the planned approach to publication and distribution, as outlined in paragraphs 4.2.3, 4.3.3 and 4.3.4 of the report.

The Integration Joint Board further agreed to commend staff for their contribution towards the annual performance report and noted that feedback from partner organisations and individuals would inform the format and content of the next annual report.

### **VI SINGLE GATEWAY PILOT**

There was submitted Report No DIJB28-2017 by the Chief Finance Officer advising the Integration Joint Board of developments to support both disabled people and people with health conditions in accessing or remaining in employment through a "Single Gateway" proposal to be piloted initially in Dundee and Fife.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the possible impact on people with a disability and associated risk assessment as set out in sections 5 and 6 of the report;

- (ii) to support the Single Gateway – Scottish Health and Work Service proposal and the ongoing development work required to initiate this innovative project, which was subject to funding through the Department for Work & Pensions Innovation Fund; and
- (iii) to instruct the Chief Finance Officer to advise the Integration Joint Board of the outcome of the funding bid once known.

## **VII FINANCIAL MONITORING POSITION AS AT JUNE 2017**

There was submitted Report No DIJB31-2017 by the Chief Finance Officer providing the Integration Joint Board with an update on the projected financial monitoring position for delegated health and social care services for 2017/18.

The Integration Joint Board agreed to note the overall projected financial position for delegated services to the 2017/18 financial year end as at 30th June, 2017 and associated risk assessment as outlined in the report and set out in the appendices which were attached to the report.

## **VIII PROPOSED CHANGES TO HOUSING SUPPORT PROVISION**

There was submitted Report No DIJB32-2017 by the Chief Officer advising the Integration Joint Board of proposed changes to the way housing support for older people was delivered in Dundee.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the future model of housing support services and risk assessment;
- (ii) to reinvest resources released from the service remodelling in the Social Care Response and HOPE (Helping Older People Engage) services as outlined in paragraphs 4.6.3 and 4.6.5 of the report; and;
- (iii) to instruct the Chief Finance Officer to bring a further report to the Integration Joint Board outlining detailed reinvestment proposals in relation to the Social Care Response and HOPE services.

The Integrated Joint Board further agreed:-

- (iv) that consideration be given to future funding of Dial-op, and,
- (v) to instruct the Chief Officer to bring an update report on delivery of the new housing support model, including feedback from service users, to a future meeting.

## **IX CARERS (SCOTLAND) ACT 2016 UPDATE**

There was submitted Report No DIJB34-2017 by the Chief Officer providing information about the Carers (Scotland) Act 2016 and arrangements which were in place to prepare for its commencement in April, 2018.

Reference was made to Article XI of the minute of meeting of this Integration Joint Board held on 28th June, 2016, wherein arrangements for the likely commencement of the Carers (Scotland) Act 2016 were outlined.

The Integration Joint Board agreed:-

- (i) to note the Royal Assent of the Carer's (Scotland) Act 2016 on 9th March, 2016 and the duties and powers placed on Local Authorities and Health Boards through this Act as outlined in the report;
- (ii) to request a further report detailing financial and resource implications of the Act once confirmed;

- (iii) to instruct the Chief Officer to provide information to the Integration Joint Board on any changes in policy required as a consequence of the Act; and
- (iv) to note the extensive preparatory work being undertaken by the Health and Social Care Partnership and its partners in preparation for commencement of the Act as outlined in the report.

## **X JOINT THEMATIC INSPECTION OF ADULT SUPPORT AND PROTECTION**

There was submitted Report No DIJB33-2017 by the Chief Officer appraising the Integration Joint Board on the planned joint thematic inspection of adult support and protection arrangements in the Dundee Community Planning Partnership area commencing on Monday, 27th November, 2017.

The Integration Joint Board agreed:-

- (i) to note that notification had been received from the Care Inspectorate advising that an Adult Support and Protection thematic inspection would commence during November, 2017;
- (ii) to note the key purpose and requirements of the thematic inspection, including the Quality Indicators to be assessed; and
- (iii) to instruct the Chief Officer to bring a further report to the Integration Joint Board to update on the outcome of the thematic inspection.

## **XI TERM OF OFFICE - CHAIRPERSON AND VICE-CHAIRPERSON - NOTIFICATION TO DUNDEE CITY COUNCIL AND NHS TAYSIDE**

Reference was made to Article IV of the minute of the meeting of this Integration Joint Board held on 25th October, 2016, wherein it was reported that the first term of office of Chairperson and Vice-Chairperson had come to an end and that in terms of paragraph 3.3 of the Dundee Integration Scheme the position of Chairperson required to be filled by Dundee City Council and it was agreed that Councillor Lynn be appointed as Chairperson and Doug Cross be appointed Vice-Chairperson.

It was reported that the term of office for the position of Chairperson and Vice-Chairperson was a matter for the constituent parties of Dundee City Council and NHS Tayside to agree.

The Integration Joint Board agreed that notification be submitted to Dundee City Council and NHS Tayside proposing that the term of office for the Chairperson and Vice-Chairperson respectively be for a period of two years and that this be effective from 25th October, 2016 and to indicate that, where the office of Chairperson was held by a member appointed by the Local Authority, the Vice-Chairperson should be a member appointed by NHS Tayside and vice versa.

## **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, 31st October, 2017 at 2.00 pm.

Ken LYNN, Chairperson.



**ITEM No ...4(a).....**

At a MEETING of THE **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 12th September, 2017.

Present:-

<b><u>Members</u></b>	<b><u>Role</u></b>
Doug CROSS ( <i>Chairperson</i> )	Nominated by Health Board (Non Executive Member)
Judith GOLDEN	Nominated by Health Board (Non Executive Member)
Roisin SMITH	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
David W LYNCH	Chief Officer
Dave BERRY	Chief Finance Officer
Jane MARTIN	Chief Social Work Officer

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

Arlene HAY	Dundee Health and Social Care Partnership
Stephen HALCROW	Dundee Health and Social Care Partnership
Lynsey WEBSTER	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership
Diane McCULLOCH	Dundee Health and Social Care Partnership
Clare LEWIS-ROBERTSON	Dundee Health and Social Care Partnership
Judith TRIEBES	Internal Audit
Bruce CROSBIE	Audit Scotland
Anne Marie MACLEAN	Audit Scotland

Doug CROSS, Chairperson, in the Chair.

**I APOLOGIES FOR ABSENCE**

Apologies for absence were submitted on behalf of Cesar RODRIGUEZ, Registered Medical Practitioner.

**II DECLARATION OF INTEREST**

No declarations of interest were made.

**III MINUTE OF PREVIOUS MEETING**

The minute of meeting of the Committee held on 19th July, 2017 was submitted and approved.

#### **IV                                      AUDIT SCOTLAND ANNUAL REPORT & INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2016/17**

There was submitted Report No PAC21-29017 by the Chief Finance Officer presenting the Integration Joint Board's (IJB) Draft Audited Annual Statement of Accounts for the year to 31st March, 2017 for approval, to note the draft external auditor's report in relation to these accounts and approve the response to this report.

The Performance and Audit Committee (PAC) agreed to:-

- (i) Note the content of the attached Audit Scotland cover letter (attached as Appendix 1) and the draft external auditor's report (attached as Appendix 2) including the completed action plan outlined on pages 22-24 of the report and, in particular, that Audit Scotland had indicated they would issue an unqualified audit opinion on the IJB's 2016/17 Annual Accounts;
- (ii) Endorse the report as the IJB's formal response to the external auditor's report;
- (iii) Instruct the Chief Finance Officer to provide an update on progress of the action plan noted in Appendix 1 of the external auditor's report by January, 2018;
- (iv) Approve the attached Audited Annual Accounts (attached as Appendix 3) for signature and instructs the Chief Finance Officer to return these to the external auditor; and
- (v) Instruct the Chief Finance Officer to arrange for the above Annual Accounts to be published on the Dundee Health & Social Care Partnership website by no later than 31st October, 2017.

#### **V    ANNUAL INTERNAL AUDIT REPORT 2017/17 – ACTION PLAN**

There was submitted Report No PAC24-2017 by the Chief Finance Officer to consider a proposed action plan to respond to the recommendations of the Annual Audit Report 2016/17.

The Performance and Audit Committee agreed to:-

- (i) Note and approve the proposed action plan as outlined in Appendix 1; and
- (ii) Remit the Chief Finance Officer to provide a progress report to the PAC prior to 31st March, 2018,

#### **VI    APPOINTMENT OF INTERNAL AUDIT FOR 2017/18**

There was submitted Agenda Note PAC31-2017 advising that Dundee IJB approved the arrangements for the provision of internal audit services to the IJB in May, 2016 for the period 2016/17 with a partnership approach between Fife, Tayside and Forth Valley Audit and Management Services (FTF) and Dundee City Council internal audit service. The Chief Internal Auditor from FTF was appointed to this same role within the IJB. Following receipt of the Annual Internal Audit Report for 2016/17, presented to the PAC in July, 2017, it was recommended that this arrangement for the provision of internal audit arrangements be continued for 2017/18. This would enable consistency in approach and continue the good partnership working between NHS a Tayside and Dundee City Council's internal audit services.

The PAC approved this arrangement.

#### **VII    DUNDEE HEALTH AND SCIOIAL CARE PARTNERSHIP PERFORMANCE REPORT (QUARTER 1)**

There was submitted Report No PAC23-2017 by the Chief Finance Officer updating The Performance and Audit Committee on Quarter 1 (Q1) performance against the National Health and Wellbeing Indicators and Measuring Performance Under Integration interim targets.



The Performance and Audit Committee (PAC) agreed to:-

- (i) Note the performance of Dundee Health and Social Care Partnership against the Measuring Performance under Integration interim targets as outlined in Appendix 1 and section 5; and
- (ii) Note the performance of Dundee Health and Social Care Partnership against the National Health and Wellbeing Indicators as outlined in Appendix 2 and section 6 and associated risk assessment as set out in section 7 of the report.

## **VIII REGISTERED CARE HOME SERVICES FOR ADULTS – CARE INSPECTORATE GRADINGS**

There was submitted Report No PAC20-2017 by the Chief Finance Officer summarising for The Performance and Audit Committee the gradings awarded by the Care Inspectorate to registered care homes for adults in Dundee for the period 1st April, 2016 to 31st March, 2017.

The Performance and Audit Committee (PAC) agreed to:-

- (i) Note the content of this report, the gradings awarded as detailed in the attached Performance Report (Appendix 1) and highlighted in paragraph 4.1.5 below and the risk assessment outlined in section 6; and
- (ii) Endorse the approach to achieve continuous improvement to registered care home services within Dundee as outlined in paragraph 4.2.

## **IX CARE INSPECTORATE FOLLOW UP VISIT – WEAVERS BURN**

There was submitted Report No PAC29-2017 by the Chief Finance Officer advising The Performance and Audit Committee of the outcome of the recent Care Inspectorate Inspection visit, undertaken in March, 2017 as a follow up to the full inspection of May, 2016.

The Performance and Audit Committee (PAC) agreed to:-

- (i) Note the content of the follow up inspection reports (Appendices 1 & 2);
- (ii) Note the progress made following the inspection dated May, 2015; and
- (iii) Note the content of the July, 2017 inspection report and regrading of the service (Appendix 3).

## **X FALLS PERFORMANCE**

There was submitted Report No PAC26-2017 by the Chief Finance Officer providing an in depth analysis of falls related hospital admissions in Dundee and an update regarding the current model of service for people who are at risk of falling in Dundee.

The Performance and Audit Committee (PAC) agreed to:-

- (i) Note the content of the report including the analysis of falls related admissions outlined in section 4.2 and Appendix 1 and risk assessment outlined in section 5;
- (ii) Note the current activity to reduce falls related hospital admissions, prevent incidences of falls and support people who have fallen or who are at risk of a fall (section 4.3);
- (iii) Note the future priority areas (section 4.4); and
- (iv) undertake further more detailed analysis of data in relation to falls related admissions across the benchmark.

## **XI READMISSION TO HOSPITAL**

There was submitted Report No PAC27-2017 by the Chief Finance Officer providing an update on progress regarding further analysis of reasons for high hospital readmissions rates in Dundee.

The Performance and Audit Committee (PAC) agreed to:-

- (i) Note the content of this report including the update position outlined in section 5 and risk assessment outlined in section 8;
- (ii) Instruct the Chief Finance Officer to submit a full analysis of reasons for readmission to hospital to the PAC in January, 2018 (section 7.1) following completion of this work commissioned by the Unscheduled Care Board; and
- (iii) Provide detailed information to the PAC on mechanisms by which the performance could be improved.

## **XII ANNUAL COMPLAINTS PERFORMANCE 2016/17**

There was submitted Report No PAC28-2017 by the Chief Finance Officer providing an analysis of complaints by the Dundee Health and Social Care Partnership over the past financial year 2016/2017. This included complaints handled using the previous Dundee City Council Statutory Social Work Complaint Procedure, the previous NHS Tayside Complaint Management Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

The report also provided an update on the progress made towards providing a quarterly complaint performances.

The Performance and Audit Committee (PAC) agreed to:-

- (i) Note the content of this report including the analysis of 2016/17 Social Work and NHS complaint performance (sections 5 & 6) and the associated risk assessment (section 9); and
- (ii) Approve the work undertaken to ensure that quarterly complaint reporting is carried out (section 7)

## **XIII CLINICAL, CARE AND PROFESSIONAL GOVERNANCE EXCEPTION REPORT**

There was submitted Report No PAC25-2017 by the Chief Finance Officer providing clinical, care and professional governance performance information and reporting on the work of the Clinical, Care and Professional Governance Forum (R2 Forum).

The Performance and Audit Committee (PAC) agreed to:-

- (i) Note the content of the report and the associated risk assessment at section 6;
- (ii) Note the ongoing work to progress to a fully integrated Clinical, Care and Professional Governance Performance reporting arrangement as described in section 4.2.2 and 4.2.3; and
- (iii) Note the recent considerations of the R2 Forum (section 4.3).

## **XIV DUNDEE INTEGRATION JOINT BOARD BUDGET PLANNING PROCESS 2018/19**

There was submitted Report No PAC30-2017 by the Chief Finance Officer providing context to the development of the 2018/19 Dundee IJB delegated budget including the key timescales and milestones within the process.

The Performance and Audit Committee (PAC) agreed to:-

- (i) Approve the content of the report including the budget setting timetable; and
- (ii) Remit the Chief Finance Officer to provide updates to the PAC and IJB on the progression of the budget including arranging separate budget development sessions with IJB members.

**XV                    DATE OF NEXT MEETING**

The next meeting of the Committee would be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 28th November, 2017 at 2.00 pm.

Doug CROSS, Chair.





**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
31 OCTOBER 2017

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

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

**REPORT NO:** DIJB49-2017

#### **Delegated Decisions taken by the Committee**

- The Committee approved the 2016/17 Audited Accounts for signature and return to the external auditor.
- The Committee approved the proposed annual internal audit action plan for 2016/17.
- The Committee also approved the proposed budget setting timetable for 2018/19.

#### **Performance Against Workplan**

- This was the fourth meeting of the Performance and Audit Committee. The Committee considered the 2016/17 Annual Accounts and Annual Report; the 2016/17 Annual Internal Audit Report; the Partnership Report for Quarter 1 (2017/18) and the Annual Complaints Performance for 2016/17. It also considered an exception report in respect of Clinical, Care and Professional Governance, and reports relating to Care Inspectorate gradings for Registered Care Home Services for Adults and the Care Inspectorate Follow Up Visit to Weavers Burn. The Committee received update reports relating to Falls Performance and Readmission to Hospitals and approved the Budget Planning process for 2018/19.

#### **Any Other Major Issues to highlight to the Integration Joint Board**

- The Committee noted the Partnership had performed well against five of its nine targets (in the areas of emergency admissions, accident and emergency attendances, emergency bed day rates and overall delayed discharges). However, it performed less well against its targets in complex delayed discharges, the number of days spent in the last six months of life in the community, the number of days spent in a hospice/palliative care unit and the number of days spent in a large hospital. The Committee also considered the Partnership's performance against the national indicators. It noted there was significant variation across the LCPP areas and sought assurance health and social care inequality issues were being addressed.
- The Committee were pleased to note 70% of care homes received grade 4 or above in all themes while a further 23% received grade 3 in some or all themes. It also noted two care homes (7%) received grade 1 or 2 in some or all themes. The reasons behind the poorer performance was discussed and assurance received on plans to make improvements in these areas.
- The Committee received a detailed report on the Care Inspectorate Follow Up visits to Weavers Burn. It noted good progress had been made against the previous requirements and recommendation and also the overall improvement in the gradings. The Committee

expressed its gratitude to staff for their efforts in improving the standard of care for residents and their families.

- A detailed report on Falls Performance including an analysis of falls related hospital admissions was considered by the Committee. The Committee noted the current work ongoing and the future priority areas. While noting this was an interim report the Committee emphasised the importance of improving performance in reducing falls related hospital admissions and sought further benchmark data to gauge the performance of the Partnership.
- The Committee also received an update report on readmissions to hospitals. It noted high levels of readmissions were experienced in all three IJBs within Tayside. The Committee requested a further report be submitted to the PAC in January 2018, providing a full analysis of reasons for readmissions to hospital, and mechanisms by which performance could be improved.
- The Committee considered a report on Annual Complaints Performance in 2016/17. This mainly related to complaints handled using the previous Dundee City Council and NHS Tayside complaint handling procedures. It was reported no complaints were received relating to the functions of the IJB in 2016/17. The Committee noted it had not been possible to provide an analysis of complaints received in the first quarter of 2017/18 and that work was ongoing to ensure reports were provided to future PAC meetings.

Doug Cross  
23 October 2017



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
31 OCTOBER 2017

**REPORT ON:** TACKLING HEALTH INEQUALITIES IN DUNDEE: AN INTEGRATED  
APPROACH

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB36-2017

## **1.0 PURPOSE OF REPORT**

To inform the Integration Joint Board of dedicated work taking place at a community and city-wide level to help tackle health inequalities, and the improved focus and opportunities that are arising from bringing together the different health inequalities strands.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the content of this report including the positive health inequalities activity taking place in the city as detailed in section 4.2;
- 2.2 Notes the purpose of the dedicated service redesign/expansion and the opportunities arising from this as detailed in section 4.3;
- 2.3 Notes the potential impact on service delivery and strategic reporting requirements during the change process as detailed in section 4.4.

## **3.0 FINANCIAL IMPLICATIONS**

None.

## **4.0 MAIN TEXT**

### **4.1 Health inequalities**

- 4.1.1 Health inequalities are defined as *preventable and unjust differences in health status experienced by certain population groups*. The fundamental causes of health inequalities, such as poverty, are recognised as being rooted in the socio-political forces which drive decisions and priorities and which can result in the unequal distribution of power, money and resources. Lifestyle behaviours and access to healthcare impact on health inequalities but do not fully explain the differences.
- 4.1.2 Health inequalities in Scotland are persistent and widening and have been identified as a top priority for the Scottish Government. Inequalities exist not only in the gap between the poorest and most affluent sections of society but across the whole socio-economic spectrum and within specific population groups. In Scotland, despite average life expectancy increasing, people living in the most deprived areas can expect to live 13 years less than those in the most affluent areas and will also experience 23 years less good health.
- 4.1.3 There is limited evidence on what works to tackle health inequalities; however the consensus across academics and policy makers is that solutions must be multi-factorial, attempt to level up not down, and incorporate both upstream and downstream approaches. Research has

indicated that important principles for reducing health inequalities in terms of healthcare include removing barriers to services, providing more intensive support for disadvantaged groups, targeting deprived people and places, and effective partnership working across agencies. Characteristics of interventions that are less likely to reduce health inequalities include information based campaigns, written materials, whole population approaches and those that involve significant price or other barriers.

- 4.1.4 Dundee Health and Social Care Partnership (HSCP) identified health inequalities as a priority theme in its strategic and commissioning plan. The strategic needs assessment showed that Dundee City has an increasing population with a high proportion of deprived areas and people, and a changing demographic that will see an increase in numbers of older people and a decrease in the working aged population. Dundee has the second lowest life expectancy in Scotland with variation in gender and deprivation; the life expectancy of a female living in the most affluent part of Dundee is 10 years higher than a male living in the most deprived area.
- 4.1.5 Dundee has marked differences in lifestyle behaviours and resultant poor health across socio-economic groups. The patterns of some behaviours are not straightforward but the harm caused is disproportionate within disadvantaged populations. Drug misuse is concentrated within socio-deprived communities and is associated with other health and social problems. People with long-term conditions and co-morbid mental health problems live disproportionately in Dundee's disadvantaged communities. Alcohol related emergency admissions, drug and alcohol deaths, and suicides are high in the city and are closely related to deprivation.

## **4.2 Tackling health inequalities in Dundee**

- 4.2.1 Dundee has a long tradition of community activity with a focus on tackling inequalities within deprived areas and populations. These include:
- Dundee Healthy Living Initiative (DHLI) provides a wide range of health promoting activities in disadvantaged areas. It supports volunteers to help run the programme and works in partnership with organisations in the statutory and third sector
  - Keep Well targets specific vulnerable groups such as the homeless, offenders and carers, offering health checks, advice and support. Staff signpost clients to services and activities and Associate Practitioners support people to access these
  - Equally Well supports a change process at a local and city wide level through provision of multi-agency health and wellbeing networks, tests of change, and a training programme to foster new ways of working particularly for frontline staff
  - Sources of Support (SOS) link workers provide a social prescribing service within identified GP Practices taking referrals for people with poor mental health and wellbeing affected by their social circumstances and helping them access a wide range of services and activities
  - The Health and Homeless Outreach Team (HHOT) provides clinics, assessments, advice and healthcare to homeless people in various locations and has recently transferred to the health inequalities bundle. Work is underway to identify how exactly the work of this targeted team will enhance and complement the new model for health inequalities.
- 4.2.2 The teams, which include clinical, link worker and community development practitioners employed through NHS Tayside and Dundee City Council (DCC) Housing and Communities section, were managed separately and now have a developing interim management structure. Individual data collection systems exist alongside a variety of strategic and service reporting responsibilities that differ across teams. Changes have been made incrementally in recent years to develop better collaborative working, collective planning and reporting, and to look creatively at the overall budget. This preliminary work was useful in paving the way for a more concerted service redesign to move towards a sustainable, efficient and effective model for the future.
- 4.2.3 Individual budgets for the above interventions have been pooled to ring-fence health inequalities funding and foster better integration and partnership working. This development was guided by the now disbanded Dundee Health Inequalities Group, which produced a commissioning statement and led a number of successful applications for Integrated Care Funds (ICF) to build on and sustain this work. The DCC financial contribution sits within the mainstream Neighbourhood Services budget with a commitment to build on health inequalities activity in a local authority setting.



- 4.2.4 The service redesign proposal was developed by a small working group and approved by the HSCP Chief Officer in June 2017. The group looked at the changing nature of inequalities, demographics and deprivation, scrutinised service data and information, gathered the views of staff, managers and strategic officers, and identified areas of expertise, overlaps and duplication. It took into account the potential scale-up of social prescribing, funding availability and savings requirements, and the internal restructure within the HSCP. It strove to retain the best and most appropriate aspects of the teams' activities whilst responding to the need to modernise and future proof the service.
- 4.2.5 In June 2017, the Scottish Government confirmed almost £500k funding per annum from the national Community Link Worker Programme to expand the SOS service across Dundee. At the same time, the HHOT was transferred to the health inequalities bundle and is now managed by the Keep Well Team Leader. Restructure at a strategic level within the HSCP is ongoing and has resulted in some changes in senior personnel and responsibilities, including for health inequalities.

### 4.3 The redesigned health inequalities service

- 4.3.1 Much of the redesign is focused on improved targeting, better working relationships between the different teams and other health and social care services, and appropriate movement of individuals between work-streams. All teams focus on supporting those at higher risk of health inequalities, be it very vulnerable population groups or through a more preventative approach in areas of deprivation. The criteria for targeting in the round were agreed as follows:

1. Adults living in the Scottish Index of Multiple Deprivation (SIMD) 20% most deprived areas, and who fulfil one of the following additional criteria:
2. Offenders
3. Homeless
4. Substance misuse
5. Carers
6. Low income: unemployed/unfit to work/in-work poor
7. Poor mental health and wellbeing
8. Other population groups at higher risk of poor health and health inequalities, as required

Those who fit into criteria 1 only can participate in open access community health activities but will not be provided with dedicated staff support, which will be targeted at those in more need. Data collection systems will be developed to demonstrate the shift towards a more equitable programme across communities which engages the harder to reach. The Keep Well Team will add a locality focus to their role, providing an enhanced nursing resource in local communities and comprehensive health checks in venues such as community cafes and local hubs. The number of SOS link workers will increase through additional Scottish Government funding; patients accessing link worker support fit into many of the criteria above.

- 4.3.2 Three aspects to health inequalities activity were agreed:

1. Working at an individual level
2. Working at community level
3. Influencing wider system change

#### 1. Working at an individual level

This is the primary role of the Keep Well, SOS and HHO teams which engage clients through a variety of routes including general practice, homeless hostels, community settings, or via partner organisations. Individuals have access to a comprehensive assessment including physical, psychological and social elements, and are supported to identify and meet their own goals by drawing on personal assets and, where required, service support. A focus on physical health is led by a nurse whilst issues around mental health and social circumstances can be led by a nurse, mental health nurse or link worker. This may involve a one-off appointment with referral/ signposting to other services, longer term support on a 1 to 1 basis, or referral to group support through linking to the community component of the team. Complex needs which require a high level of support and intervention can be addressed by the practitioner offering the initial assessment, or through an Associate Practitioner or volunteer, depending on the level of support required.

The intention is not for the team to provide ongoing care and support to individuals but to engage people on their health, support change, and link the person to other services or activities for longer term support if necessary.

## 2. Working at a community level

There are two key aspects to the work in communities; the provision of supportive networks and groups, and access to professionals who have an understanding of and skills to address the prevention and health inequalities agenda. Offering non-threatening, positive opportunities for individuals to come together is critical, whether on a geographical or special interest basis, as is building the capacity of groups to sustain and run their own health and wellbeing activities. This requires expertise and support from the community health inequalities team to respond to need and develop participants' skills, knowledge and confidence.

The community team promotes integrated working through a range of local collaborations including multi-agency health and wellbeing networks, which act as a forum for sharing skills and knowledge across sectors. The networks will evolve as the HSCP develops its approach to locality working, and agrees how this sits alongside existing community structures such as Local Community Planning Partnerships.

The community team also provides support to a wide range of local staff to develop inequalities sensitive practice; this overlaps with and is reported in the section below.

## 3. Influencing wider system change

Supporting change across the system is vital to ensure that service providers and planners take cognisance of the health inequalities and prevention agendas and that resources are targeted towards those at higher risk. The community team plays an important role in the provision of training opportunities that help develop inequalities sensitive practice across a range of agencies and partner organisations. The training supports frontline staff to have an understanding of the impact of poverty and health inequalities and to change practice appropriately, be that through engagement/targeting, assessment processes, or provision of longer term support. Local people are also supported by the community team to gain an understanding of health inequalities and their determinants, ensuring that more vulnerable and marginalised individuals are welcomed into community groups without fear of stigma.

At a strategic level, there are links with key groups such as HSCP Strategic Planning Groups (SPG) and Dundee Partnership to support changed thinking and harness potential on the breadth of issues that impact on health inequalities. A fixed term co-ordinator post funded through ICF and sited within the health inequalities team has been providing additional support for service managers and practitioners to develop their thinking and practice based on the recommendations of the Dundee Partnership report on prevention.

### 4.4 Summary of the shift, opportunities and challenges

4.4.1 In summary, the service improvements outlined in this report are shown below:

Previous model	New model	Benefits and opportunities
Health Inequalities (HI) teams operate separately	HI teams are integrated	Increased collective planning, reporting, working and focus
Budgets sit and are managed separately	Budgets are integrated and managed collectively	Better and more creative use of resources
Senior management dispersed	One senior manager for all components	Integrated strategic reporting and influence
Community groups and activities are open access	Community programme is open access <b>and</b> targeted at vulnerable individuals	More equitable service on a city wide and community basis
Health checks are targeted at vulnerable populations in non-local settings	Health checks are also offered on a locality basis	Improved targeting and more equitable access to clinical support
Minimal pathways/transfer of vulnerable individuals across HI workstreams	Increased pathways/ transfer of individuals between different components of the HI team	Strengthened referral pathways across different work-streams
Social prescribing available in	City wide social prescribing service in	Enhanced, more equitable service

small number of GP practices	qualifying GP practices	
Limited bridging support for SOS/ Keep Well clients to access services/ activities	Increased bridging support through Associate Practitioners	Improved uptake of activities and services from vulnerable people
No multi-disciplinary locality HI teams	Locality teams are established and formulating collective plans and initiatives	Better understanding of roles and responsibilities, thus avoiding duplication
Limited skill mix and relatively flat structure	Increased skill mix and layered structure	Better use of resources and more efficient line management structure
Separate development worker job descriptions for Equally Well/ DHLI staff	Single development worker job description	More flexibility within roles and less duplication of effort

4.4.2 A service cannot continue to deliver its programme to the same level and change to meet future need concurrently. The redesign will see the community team recalibrate activities locally to include a focus on more vulnerable groups and individuals, and the Keep Well team develop an additional locality focus.

4.4.3 An increased focus on capacity building for local people and practitioners will mean that, over time, local service delivery is increased as service providers and community representatives sustain existing health inequalities activities and develop their own programmes that contribute to this agenda. This will allow dedicated health inequalities staff to focus less on delivering activities or offering support on an ongoing basis, and more on engagement, progression, and bridging support to allow vulnerable individuals to participate in generic community provision.

4.4.4 The dedicated health inequalities team are not the only staff who can engage people around health or adopt social prescribing approaches. It is part of their role to support a wider service shift by working closely with others to pioneer ways of working that ensure that preventative and recovery approaches, and everything in-between, are offered proportionate to need. Equally, other local staff can support community development initiatives and groups that promote health and wellbeing. Partnership working is key to ensure that the dedicated health inequalities team continues to offer a programme that is innovative, fills gaps in provision, and builds capacity for others to sustain new developments over the longer term.

4.4.5 The challenges of implementing the redesign and action being taken to address these are summarised below:

Challenges	Action taken
Lack of individual and collective data systems and associated support	Future streamlining of indicators across strategic plans and identification of potential support mechanisms
Dispersed and different service and strategic reporting arrangements	Integration of systems in the future where possible
Impact on frontline HI services whilst redesign/ shift is underway	Maximising role of volunteers in the interim and building capacity of services/ local people to support activities
Supporting staff through the redesign process	Line managers offer ongoing support. Development session are scheduled at regular intervals
Ensuring that agreed priority groups and individuals are targeted effectively and engage	Effective partnership working across workstreams, creative engagement processes, liaison with services that support at-risk groups
Agreeing role and involvement of the HHOT	Ongoing discussions with HHOT and creative thinking about the way forward
Large scale recruitment for SOS scale up at same time as redesign of HI service	Delegation of duties where possible and effective time management at senior level
Change of personnel at senior level and HI lead to be identified	Regular updates scheduled with Chief Officers and revisiting role of Community Health Inequalities Manager once redesign is in place
Availability of staff across the wider system to participate in service development/ training opportunities with HI focus	Effective targeting of priority staff and flexible delivery of training/ development opportunities
Maintaining and building on HI activity whilst meeting	Creative and best use of resources through

future savings targets and budget shortfalls	development of skill mix across workstreams. Effective forward planning
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## **5.0 POLICY IMPLICATIONS**

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

## **6.0 RISK ASSESSMENT**

This report has not been subject to a formal risk assessment as it is a status update and does not require any policy or financial decisions at this time; however, the working group that produced the service redesign proposal looked closely at, and consulted on, the potential impacts on staff and communities of integrating the teams.

## **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: 6 October 2017

Sheila Allan  
Community Health Inequalities Manager



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
31 OCTOBER 2017

**REPORT ON:** CITY PLAN FOR DUNDEE 2017-26

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB35-2017

## **1.0 PURPOSE OF REPORT**

This report presents the City Plan for Dundee 2017-26 as agreed by the Dundee Partnership.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Endorses the City Plan for Dundee 2017-26 (attached as Appendix 1).

## **3.0 FINANCIAL IMPLICATIONS**

None.

## **4.0 MAIN TEXT**

- 4.1 The Community Empowerment (Scotland) Act 2015 gave community planning partnerships (CPPs) a specific duty to improve local priority outcomes and act with a view to tackle inequalities of outcome across communities in that area. In particular, CPPs are required to prepare and publish a ten year local outcomes improvement plan (LOIP) by 1 October 2017. The LOIP is a new term to describe the document commonly known as the single outcome agreement. The new LOIP will be known as the City Plan for Dundee 2017-26 (Appendix 1).
- 4.2 The City Plan for Dundee fully reflects the Scottish Government's guidance for CPPs by:
- Using the understanding of local needs circumstances and opportunities to establish a clear and ambitious vision for Dundee;
  - Focusing on a smaller number of key strategic priorities and setting realistic but ambitious 1, 3 and 10 year improvement targets;
  - Acting to reduce the gap in outcomes between the most and least deprived groups and improving long term sustainability of public services;
  - Preparing locality plans which show how communities will be worked with to respond to their priorities.
- 4.3 The City Plan is built on considerable engagement with local communities and incorporates the findings of the Engage Dundee initiative. This employed a range of techniques, generated a meaningful response and identified a number of clear and consistent community priorities.
- 4.4 At its meeting on 14 September 2017, the Dundee Partnership Management Group agreed the City Plan for Dundee and recommended that all statutory community planning partners endorse it at their respective boards and committees. Following endorsement, the City Plan will be published. Officers across the Dundee Partnership are developing a communications

plan to creatively present the City Plan's vision and ambition to the public in the coming months.

## **5.0 POLICY IMPLICATIONS**

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

## **6.0 RISK ASSESSMENT**

No risk assessment has been undertaken as this Plan is owned by Dundee Partnership.

## **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 September  
2017

Peter Allan  
Community Planning Manager

# City Plan

for Dundee  
2017-2026





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# FOREWORD

Dundee is a city on a journey - and you only have to look around the amazing Waterfront to see how far we have already come.

The V&A Dundee is a perfect illustration of Dundee forging a new and exciting path, and the city as a whole looks to match this transformation for every resident, worker and visitor. We all know that there is much more to our city than just the Waterfront, with real investment and regeneration taking place in every community in Dundee.

We also recognise that there is still a way to go. We have never shied away from the challenges around deprivation and inequality and, in the pages that follow, the Dundee Partnership spells out how we intend to deliver a step change in prosperity and fairness over the next decade.

The **City Plan for Dundee 2017-2026, Dundee's Local Outcome Improvement Plan**, builds on the work that has already been undertaken through the collective efforts of our communities, private, public and third sector partners.

The Plan has been created after listening to the people of the city, and focuses on key priorities like tackling poverty and inequality, increasing job opportunities, improving the lives of our young people, addressing health problems and creating stronger, safer communities.

The targets we have set are realistic but challenging. For example, we aim to help 4,700 people living in the region into jobs over the next 10 years.

Our goal of giving every young person the best start in life means doubling the rate of exam achievement in deprived communities, funding thousands of early years places and raising from 57% to 90% the percentage of P7 children meeting the second level reading and numeracy standard.

Local people have told us that feeling safe is a priority, so we have set out how we intend to continue to reduce the rate of crime over the next decade. We also want to lead the way among Scottish cities in reducing domestic abuse and antisocial behaviour.

You can also see the Partnership's plans for major improvements in health, from reductions in childhood obesity to better help for people with drug and alcohol problems.

And Dundee itself will change. Our plan aims to deliver more than 5,000 new homes with a significant increase in new build social housing.

There's no doubt a lot of work lies ahead, for all of us in Dundee and the wider Tay Cities region. But if we are bold, if we are ambitious, then there's no limit to what we can achieve in the next 10 years.

**Councillor John Alexander**  
Chair of the Dundee Partnership Forum  
& Leader of the Administration  
Dundee City Council







## INTRODUCING THE CITY PLAN

Dundee is a dynamic, modern city standing on the brink of the biggest change in its fortunes since the opening of the Tay Road Bridge. A thriving port, a hub for creative industries, media and life sciences, a UNESCO City of Design committed to fairness and social justice, Dundee is determined to succeed. Each day the V&A Dundee reveals more of its breathtaking ambition and Dundee as a whole looks to match this transformation for everyone who lives, works or visits the city.

This is just the latest example of the work that has taken place to breathe new life into Dundee through the collective efforts of our communities, private, public and third sector partners working together through the Dundee Partnership.

Partnership working has long been the norm in Dundee. It's what lets us drive progress in the city, and with our neighbours across the region, to improve the quality of life for our people. In doing this, we are also making a significant contribution to the Scottish Government's national priorities of **creating inclusive growth** and **reducing inequalities**.

### A. Our Vision for Dundee

Dundee has held true to a longstanding vision for the city, framed around jobs, social inclusion and quality of life.

#### Through Our Partnership, Dundee:

- will have a strong and sustainable city economy that will provide jobs for the people of Dundee, retain more graduates and make the city a magnet for new talent;
- will offer real choice and opportunity in a city that has tackled the root causes of social and economic exclusion, creating a community which is healthy, safe, confident, educated and empowered;
- will be a vibrant and attractive city with an excellent quality of life where people choose to live, learn, work and visit.

This vision has underpinned the real change seen across the city over the last twenty years through the Dundee Partnership.

## B. What are we going to do?

Our City Plan is Dundee's first Local Outcome Improvement Plan. Through this plan, the Dundee Partnership aims to identify the biggest strategic priorities, opportunities and challenges ahead as we improve the city over the next ten years. We are not trying to describe everything the partners do together but are concentrating on the actions we can take that will have the biggest impact on our people and places.

The plan focuses on our **strategic priorities** - Fair Work and Enterprise; Children and Families; Health, Care and Wellbeing; Community Safety and Justice; and Building Strong and Empowered Communities - and tells you about the main actions we will be taking over the next few years to move forward. We then spell out in detail what we are going to achieve over the next 1, 3 and 10 years, with targets that are ambitious but realistic when set in the demanding financial and social context we face.

We are also keen to develop ever closer relationships with our communities. We will do this by continuing to emphasise the distinctive needs of our different neighbourhoods and by working with our **Local Community Planning Partnerships** to plan for and deliver safer and stronger localities and communities. How we've engaged with communities to listen to their views and plan for the future is summarised in section 2B.






## C. Strategic Themes & Priority Outcomes for Dundee

This plan builds on a series of Dundee Outcomes which reflect and contribute to the national ambitions for Scotland. We welcome the Community Empowerment (Scotland) Act 2015 and its advice to community planning partnerships to focus on key priorities. We have met the expectations to:

- Use our understanding of local needs, circumstances and opportunities to establish a clear and ambitious vision for Dundee and identify local priorities for improvement
- Be clear about the improvement we will make locally in terms of better outcomes for specific communities, reducing the gap in outcomes between the most and least deprived groups and improving long term sustainability of public service provision
- Place a clear emphasis on identifying local priorities which focus on how we will add most value as a partnership to improve outcomes and tackle inequalities

The **five strategic priorities** listed below have been agreed as they promise to provide the biggest impact on outcomes for the city and its people. Each individually is important but even more essential is the way they overlap and connect to each other. Ensuring that we maximise our overall impact is a key priority for our Partnership.

Strategic Priority	Dundee Outcome
 <b>Fair Work and Enterprise</b>	Raise regional productivity
	Close the jobs gap
	Reduce unemployment
 <b>Children and Families</b>	Improve early years outcomes
	Close the attainment gap
	Improve physical, mental and emotional health for children and young people
	Improve health and wellbeing outcomes for children and young people who experience inequalities
	Increase safety and protection of young people
 <b>Health, Care and Wellbeing</b>	Reduce obesity
	Reduce substance misuse
	Improve mental health and wellbeing
 <b>Community Safety and Justice</b>	Reduce levels of crime
	Reduce levels of domestic abuse
	Reduce levels of re-offending
	Reduce risk to life, property and fire
	Improve road safety
	Reduce levels of antisocial behaviour
 <b>Building Stronger Communities</b>	Improve quality of neighbourhoods
	Increase empowerment of local people
	Improve housing quality, choice and affordability
	Improve access to healthy green and open spaces
	Improve transport connections to communities



This plan and the outcomes listed above are the biggest priorities for the Partnership over the next ten years, but they are only a fraction of the extensive work taking place to improve the lives of people in the city. The Dundee Partnership represents a complex and comprehensive range of partnerships and strategies which tackle particular issues affecting us all. There isn't space in this plan to repeat all of the detail of this work. Instead, throughout this document, we will provide links to the various local and regional plans and strategies that give you the big picture and allow you to delve more deeply into the efforts of all our partners. It is the additional work undertaken between and across all of these themes that creates the full breadth and power of the whole partnership. The diagram below shows the main strategic documents that the City Plan builds on and connects to, and how these all fit together.



## D. Fairness

Underpinning all of this plan is the city's determination to **tackle poverty and inequality** which led to the formation of the Dundee Fairness Commission in 2016. This brought together leaders of key public sector organisations, academic and third sector partners and community representatives. Members considered evidence on local measures to combat poverty and compared these to national research and examples of best practice to determine where greater or more effective action could reduce poverty in Dundee. The Commission's 56 recommendations were published in the report [A Fair Way to Go](#). These were endorsed in full by the Dundee Partnership and a Fairness Action Plan was agreed in November 2016 framed around Stigma and Social Inclusion; Work and Wages; Reducing the Education Gap; Benefits, Advice and Support; Housing and Communities (including fuel and food poverty); and Improving Health.

A key contribution was the research that led to the report [Gathering Experiences of Poverty in Dundee](#). This emerged from a survey, face to face interviews and focus groups held with 147 people who use support services at organisations in the city. A series of short films were also produced to portray individual cases that 'tell a story' of struggling against poverty from different perspectives and lived experiences.

The Dundee Partnership and Scottish Government are now jointly funding a new project to follow on from the Fairness Commission. The group will involve an equal number of people who have personal experience



of poverty working alongside senior civic, political and business leaders in Dundee. Over the next 18 months they will develop a shared understanding between the two groups of commissioners and make proposals around key areas of anti-poverty work identified through their experience and knowledge. The process will be facilitated by Faith in Community Dundee, in partnership with Dundee City Council and the Social Justice and Regeneration Division of the Scottish Government.

## E. Central Roles for the Third and Private Sectors

### Third Sector

The Dundee Third Sector Interface (TSI) is a partnership between Dundee Social Enterprise Network, Dundee Voluntary Action and Volunteer Dundee and is recognised as an equal partner in the delivery of the City Plan. The Third Sector in Dundee employs over 2,600 people and spends almost £130 million each year.

Dundee TSI's key priorities are to develop and support social enterprises and voluntary organisations and to promote and support volunteering. They aim to provide a coherent and collective voice for the Third Sector by strengthening engagement with community planning partners.

The TSI increases the Third Sector's input in key areas of public policy in the city and impact on the delivery of public services by engaging with third sector organisations, community groups and citizens in Dundee. When communities are at the heart of local decisions, their needs can be better addressed. The Dundee Partnership recognises the third sector as full partners, sharing in the decision making and in the provision which delivers local outcomes.

The Dundee TSI influences partners' decisions with the views and contributions of the third sector in order to meet wider community needs across a range of topics from health and social care, early years provision, community transport, community safety and other areas of work determined locally or by national policy priority.

This is demonstrated by TSI staff co-chairing strategic planning groups in Health & Social Care, staff commissioned to work in multi-agency roles such as Learning and Organisational Development, Technology Enabled Care, Respite Care Development, Preventing Under-nutrition, secondment to the Children & Families Team and collaborating on funding applications.

The TSI does not fulfil all of the third sector engagement requirements itself. It increasingly provides a bridge that connects local decisions to the local third sector and ensures that the value of increasingly limited public expenditure is focussed on local need.

As part of its ongoing development, the Dundee TSI has decided to recruit an independent chair and to look at reviewing its overall partnership structure. It has also taken steps to strengthen the representative role played by the third sector on Dundee Partnership groups to ensure that it is effectively connected at both a city wide and local level.

### Private Sector

Strong partnerships have been forged with the private sector in the city over the years. These include joint working and funding partnerships that are enabling us to improve the city and close the inequality gap. Together we have produced creative and sustainable solutions to some key challenges across the entire community planning agenda. These include developing our biggest tourist attractions; creating businesses and employment and training opportunities; mentoring pupils and working in partnership with whole schools; delivering holiday programmes and responses to food poverty; and supporting people recovering from substance misuse or offending behaviour. Much of this takes place behind the scenes but, although their profile may be lower, the contribution of the private sector partners – led often by the Dundee and Angus Chamber of Commerce - is significant and crucial.



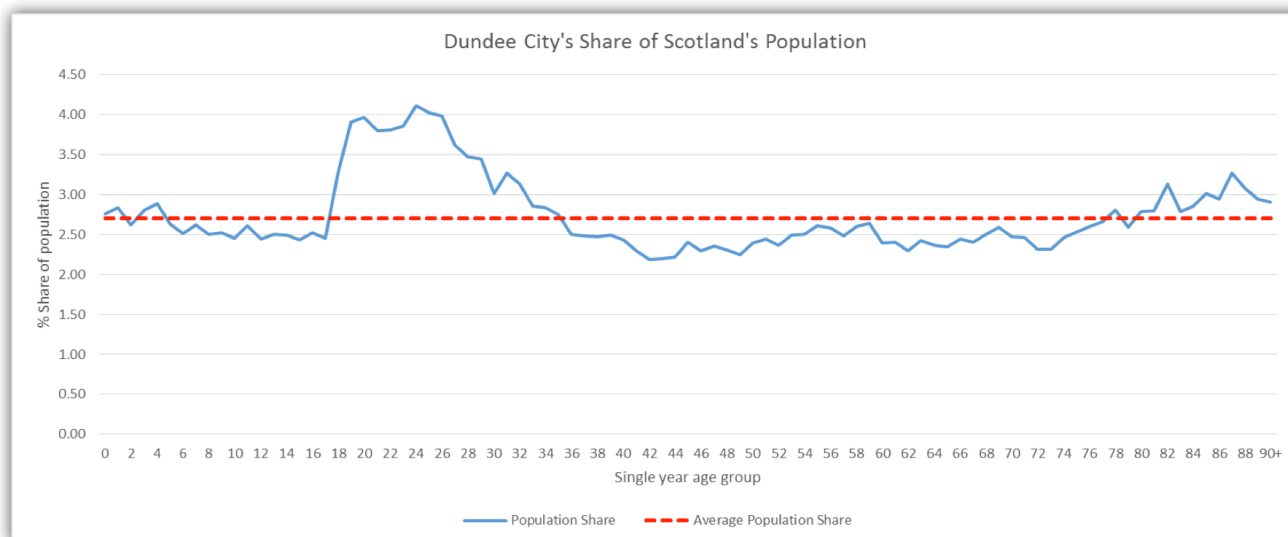
## UNDERSTANDING DUNDEE

### A. Summary of City Profile

Dundee is Scotland's fourth largest city and is situated on the north coast of the Tay Estuary, in a stunning location.

The Dundee City Council area covers 60 square kilometres and is, geographically, the smallest local authority area in Scotland. It is bordered by Perth and Kinross Council to the west and Angus Council to the north and east. Dundee continues to serve as the regional centre for this area and for North-East Fife, with an estimated catchment population of some 500,000 people.

The most recent estimate of Dundee's population is 148,270 (National Records of Scotland 2016 Mid-year population estimate). Dundee has a sizeable student population, and is home to the University of Dundee, Abertay University and Dundee & Angus College.



When compared to the average for Scotland, Dundee City has a larger share of people who are aged 18-30 and those who are very elderly. While many of the priorities in this plan will benefit the whole population, there are distinct challenges faced by older people and the very elderly. These are addressed across the whole partnership and details are spelled out in the range of plans shown on page 10. All are relevant but there are particularly significant commitments found in the Health and Social Care Commissioning Strategy. The forthcoming local community plans will also include actions that will enhance the quality of life for older people in their own neighbourhoods.

## City Baseline



**65%**  
population  
are working  
age

(NRS Mid Year Population Estimates 2016)



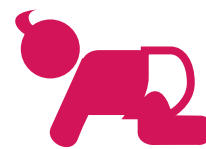
**19%**  
population are  
pensionable  
age



**+5.9%**  
projected population  
growth by 2039  
(NRS Population Projections for Scottish  
areas (2014 based))



**69,635**  
households in Dundee City  
(NRS Estimates of Households and Dwellings in  
Scotland 2016)



Life Expectancy

Males: **75.1**

Females **80.1**

(NRS Life Expectancy for administrative  
areas within Scotland 2013/15)



**84%**  
respondents rate their health  
very good or good  
(Dundee Partnership Annual Citizen Survey 2016)



**2,900**  
problem drug users in  
Dundee City

(ISD Scotland estimating the national/local prevalence  
of problem drug use in Scotland 2012/13)



**25.5%**  
of primary 1 school children at risk  
of overweight & obesity combined  
(ISD Scotland BMI Distribution by NHS board of examination Dec  
2016)



**6,319**  
individuals aged 16-64  
estimated to have a mental  
health condition  
(Scottish Census 2011)



**92%**  
of Dundee school  
leavers enter a  
positive destination  
(Scottish Gov Initial Destination of Senior  
Phase School Leavers: No 1 2017)



leavers attained literacy  
& numeracy at SCQF  
level 4 or above = **86%**  
level 5 or above = **54%**  
(DCC Children & Families Service/Insight  
National Benchmarking Measures Academic  
Year 2015/16)



Recorded crime has  
decreased per 10K  
population from 837  
to **596** in 2015/16  
(Scottish Government recorded crime in  
Scotland 2015/16)



**99%**  
respondents said  
their neighbourhood  
was very or fairly  
safe place to live  
(Dundee Partnership Annual Citizen  
Survey 2016)



**4998**  
total number of food bank  
vouchers issued in Dundee  
(Trussell Trust May 2017)

**56%**

of those who received foodbank vouchers  
were single adults  
(Trussell Trust May 2017)



**28.6%**  
of of the population live  
within data zone ranked  
within the 15% most deprived  
(Scottish Government - SIMD 2016)



**55**  
of Dundee's 188 data zones  
are ranked within the 15%  
most deprived in Scotland  
(Scottish Government - SIMD 2016)

**66%**



of working age population  
are employed in Dundee City  
(ONS Annual Population Survey - Nomis Jan-Dec 2016)

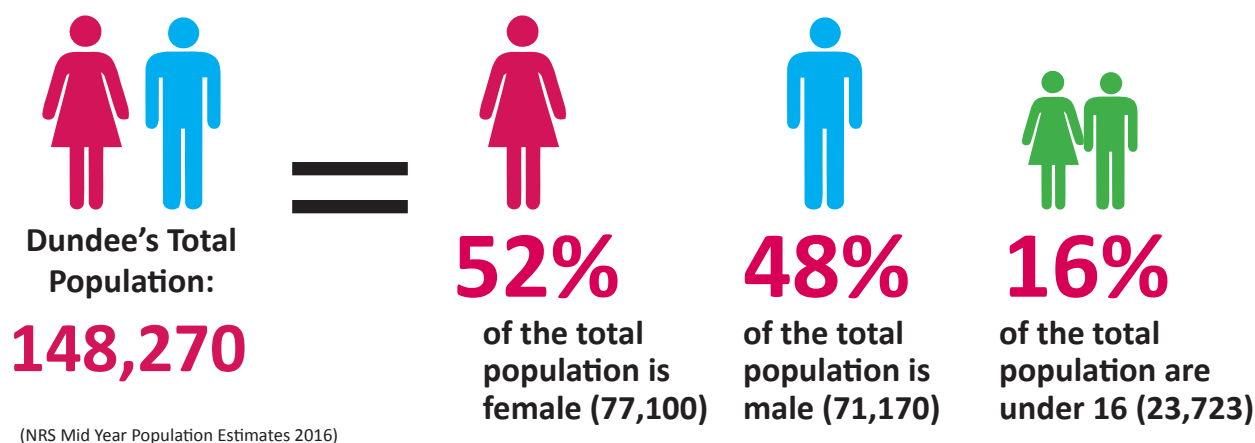


**£419**

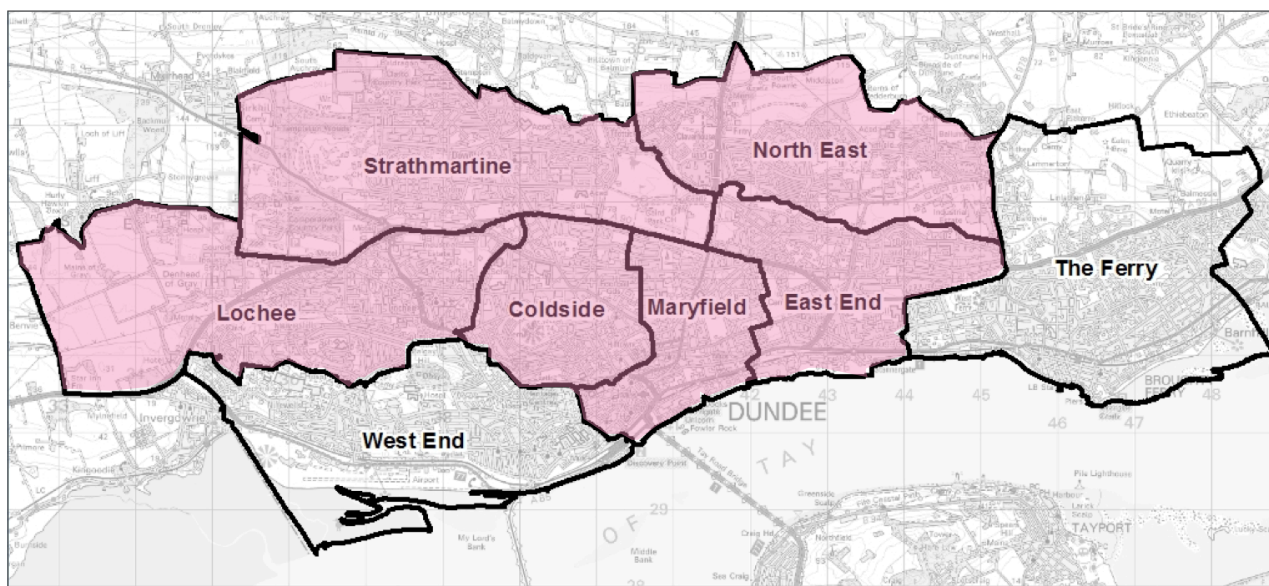
average wages per week for workers in  
Dundee  
(NOMIS)



**1.4%** increase of total number of  
employee jobs  
(ONS Business Register & Employment Survey (2010 - 2015))



While Dundee is a modern, vibrant city which has undergone a remarkable transformation it also has levels of poverty and deprivation which make everyday life a struggle for many individuals, families and communities. In Dundee, 28.6% of the population live within a data zone which is ranked within the 15% most deprived in Scotland. Of those who live within these areas, 65% are of working age. 35% of children in Dundee live within one of the 15% most deprived data zones. There are also wide divisions in health and life expectancy between the richest and the poorest communities in the city. Based on the Scottish Index of Multiple Deprivation, Dundee has six of the city's eight local authority wards identified as **community regeneration areas**. Using this data we have actively targeted resources across a range of activities to improve outcomes for our poorest communities.



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Statistical profiling on behalf of the Partnership led to the production of a city-wide demographic profile across the whole partnership agenda; a full report on the results of the Scottish Index of Multiple Deprivation 2016 for the city and each ward; and individual Community and Inequality profiles for each ward broken down, where possible, into smaller neighbourhood areas.

A full version of the Dundee Partnership Integrated [City Profile](#) document is available at the Dundee Partnership website.



## B. What Communities Are Telling Us

### Engage Dundee

Local communities have been involved in the development of priorities for this plan and for their local community plans under the banner of Engage Dundee. A range of techniques were employed between June 2016 and March 2017 to gather views, including the Place Standard tool recommended by the Scottish Government which has been used for the first time to assess and measure subsequent change in communities.

The results have been analysed and circulated widely and have fed into the strategic priorities via Executive Boards. They were reported to localities through community call back events in each ward in March 2017 and will enable local community planning partnership to agree their priority outcomes and their actions and targets. A full report on the [Engage Dundee](#) results can be found at the Dundee Partnership website.

### Summary of Responses

- Over 6,000 responses were received
- 16,000 Engage Dundee postcards with a Freepost return were distributed across the city (2,000 per Ward). 2,817 postcards were returned
- 504 online returns based on the Place Standard questionnaire were received between July and September 2016
- 771 hard copy questionnaires were completed
- 41 Focus Groups were held across the city involving a total of 431 people
- 17 Community Call Back Events were held to convey the findings from the Engage Dundee consultation, involving 325 people
- Large numbers of miscellaneous returns were received through door-knocking, street consultation, Open Days, Public Meetings, community events, festivals and 631 responses through social media

### Common Priorities Identified Across All Wards

- **Transport:** Traffic calming, improved bus shelters, cycle routes, dropped kerbs
- **Environment:** Improvements to pavements, potholes, pedestrian crossings, litter, recycling
- **Community and Participation:** Community facilities improved, increase publicity about services and activities, increasing community spirit. Need to create more opportunities to connect with people who are isolated
- **Amenities:** More equipment in parks, exercise trails, outdoor gyms, public toilets
- **Parking:** More parking spaces, stop cars parking on pavement and grass verges, cycle parking, safer parks and schools
- **Green Space:** Improved play areas, improved maintenance of green spaces, more green gyms, landscaping, pitch and tennis court improvements
- **Community Safety:** Low level or lack of lighting, area management – e.g. removal of bushes and shrubs
- **Anti-Social Behaviour:** Drug and alcohol related issues, noise reduction, littering
- **Poverty and Inequality:** Community Growing, fuel poverty, energy efficiency
- **Work and Income:** Job opportunities, training, job shop infrastructure
- **Housing:** Physical environment, housing tenancy support, Private Landlord improvements
- **Health:** Mental wellbeing and earlier interventions relating to mental health services. Social isolation



## CHANGING DUNDEE

3

The City Plan for Dundee 2017-2026 - our Local Outcome Improvement Plan - replaces our Single Outcome Agreement for Dundee and is different from any previous community plan.

Strategic assessment and consultation with our communities has enabled the Dundee Partnership to make an honest appraisal of where Dundee is as a city and where the Partnership is in terms of meeting the needs of our communities. It has been critical in identifying the top priorities which the Partnership has agreed to focus on going forward, and which are presented in this section of the plan.



### A. Fair Work & Enterprise

#### Key Strategic Documents

[Tay Cities Regional Economic Strategy 2017-2037](#)

[Dundee's Employability Strategy](#)

[Dundee's Cultural Strategy 2015-2025](#)

### Current Position

Under Fair Work and Enterprise, our overarching objective will be to coordinate Dundee's contribution to delivery of the [Tay Cities Regional Economic Strategy 2017-2037](#) and underpinning Tay Cities Deal. Our ambition is for the Tay Cities economic region to have one of the most productive knowledge-led economies in Europe, ensuring that by becoming smarter, the region also becomes fairer.

Much has already been achieved in recent years to transform the Dundee economy and ensure it is a catalyst for growth in the wider region. However, the scale of challenge facing Dundee and the wider region is considerable.

### Relative to the Scottish average:

- **Economic activity and employment rates are lower**

In Dundee only 71.5% of working age people are economically active compared to the Scottish average of 76.7%. (NOMIS Jan-Dec 2016). The gap between Dundee and Scotland in terms of employment rate is even more pronounced. 66.4% of working age people are employed compared to a Scottish average of 73%. (NOMIS Jan-Dec 2016)

- **Employment growth is slower**

While the number of jobs in Scotland has grown by 5% since 2010, job numbers in Dundee have only risen by 1%. This may be a reflection of Dundee's higher level of dependence on public sector employment where there is ongoing jobs contraction

- **Unemployment is higher**

Unemployment in Dundee at 7.3% is considerably higher than the Scottish average of 5.0% (NOMIS Jan-Dec 2016)

- **Wage levels are lower**

Workers in Dundee have average wages of £419 per week compared to a Scottish average of £434, whilst average wage levels of city residents are even lower at £404

- **Regional productivity rates are lower**

Productivity at £38,801 per worker is slightly below the Scottish average of £39,624 but with surrounding authorities in the Tay Cities Region having productivity levels of 10-20% lower than Scotland, the overall Region underperforms in terms of economic output

- **Lower share of growth sector jobs**

Despite Dundee's success in a number of key sectors, the overall share of growth sector jobs is 18% compared to a Scottish average of 28%. The economy remains overly dependent on public and private service sector jobs and more investment is needed to create growth sector employment

### The challenges around worklessness are particularly profound in Dundee:

- Dundee has a youth unemployment rate of 19.5% (NOMIS Jan-Dec 2016, age range 16-24)
- Dundee has twice the Scottish rate of male youth unemployment (NOMIS Jan-Dec 2016)
- Over 40% of JSA claimants in Dundee have been claiming for over a year
- 22% of JSA claimants aged over 25 in Dundee have been claiming for over two years



## Our Priorities

By focusing on inclusive growth and tackling the challenges Dundee and the wider region faces around innovation, internationalisation and connectivity, we are determined to achieve the following:

- **Raise productivity to above the Scottish average**

Across the region, Gross Value Added (GVA) per employee is almost £5,700 lower than the Scottish average - a 13% gap. Whilst the gap is smaller in Dundee, we aim to increase GVA to above the Scottish average to help drive up productivity in the region as a whole. To increase regional GVA per employee to the current Scottish average would generate an additional £900 million of GVA per annum for the Scottish economy.

- **Close the jobs gap**

The region has fewer people of working age in employment than Scotland as a whole-around 1.5% lower. This gap is almost exclusively driven by an employment rate in Dundee which is 6.6% below the Scottish average.

To close this gap we need to encourage at least 4,700 people in the region of working age into employment by providing more jobs. The majority of this target will need to be met through supporting more of the city's inactive people into employment. We will achieve this by:

- Encouraging more people of working age to move into paid employment
- Securing more jobs-focused inward investment
- Encouraging SME growth
- Upskilling our workforce to take advantage of new employment opportunities
- Upskilling and reskilling our workforce to fill existing and projected vacancies across the public and private sectors

- **Reduce unemployment**

The average unemployment rate across the region is currently 6.6% compared with the Scottish average of 5.0%. The rate in Dundee is 7.3% which contributes considerably to the regional problem. To reduce our unemployment rate by 1.1 percentage points, some 2,600 people who are currently unemployed will be helped back into work through implementing the actions set out in the regional economic strategy and this plan over the next 10 years. To make a lasting difference we need to prevent people from becoming long-term unemployed and target our interventions in those communities where individuals and families experience multiple deprivation.

Delivering the outcomes relating to Fair Work and Enterprise will require investment in a range of priority actions that can only be delivered through effective partnership working and the pooling of resources.

- **The Tay Cities Deal**

Inclusive growth is the fundamental purpose of the Tay Cities Deal that was presented to the UK and Scottish Governments in early 2017, asserting that our economic region has the potential to be one of the most productive, knowledge-led economies in Europe. Social outcomes are incorporated alongside economic goals with a commitment to ensure that as we become smarter we also become fairer by creating equality of opportunity for all.

This once in a generation opportunity aims to transform the prosperity of the people, businesses and economies of Dundee, Angus, Perth and Kinross and North East Fife. It will achieve this through a ten year programme to grow businesses, attract inward investment and contribute to regional, Scottish and UK growth. The Tay Cities Deal can generate an additional £900 million per annum for the Scottish economy and create up to 15,000 jobs over the ten year life of the programme.

## • The Waterfront

Almost 20 years since the first masterplan was agreed, the physical and economic impact of the £1 billion Dundee Waterfront project is undeniable. The green avenue and boulevards from the Caird Hall through Slessor Gardens will reconnect the city to the Waterfront in a stunning space that will be dominated by the award-winning V&A Museum of Design Dundee.

The V&A is due to open in 2018 and will be the only design museum in the UK outside London. It is expected to attract over 275,000 visitors every year. The rail station is being rebuilt to provide a modern arrival point with a 120 bed hotel above. New hotels, leisure and residential outlets are signing up to complete the area.

The rest of the Waterfront project stretches 8km along the River Tay offering contrasting opportunities in City Quay, Riverside, Seabraes and the Dundee Port. Notable among these is the redevelopment of Shed 25 to provide office suites and leisure facilities overlooking the Frigate Unicorn and the proposed marina.

## • Focus on Sectoral Strengths and Opportunities

The regional approach is to focus our activities over the next 20 years around a number of key sectoral strengths; life sciences, healthcare, digital technology, tourism and hospitality and creative industries. These have been selected to reflect sectors which already have potential for future growth, or are sectors in which we have some specific regional expertise and there is a significant opportunity for growth provided we secure additional private and public sector investment.

## • Decommissioning and Renewables

A key Tay Cities Deal initiative is the formation of Dundecom, a new private/public sector partnership aimed at creating a major centre for oil and gas decommissioning at the Port of Dundee. Working closely with Forth Ports, the project seeks to establish the Port as a multi-disciplinary, internationally recognised centre of excellence in the practice of and research into this emerging new industry. It will establish Dundee Port as the predominant decommissioning 'capital' for the UK. A significant number of new jobs will be created, ranging from semi-skilled and skilled to professional, academic and managerial.

Work to realise the aims and objectives of Dundecom is already well underway. Improvements have already been made to the infrastructure at the Port of Dundee, such as new road access, and other improvements will be completed next year, such as the £10m project to create ultra-high capacity quaysides. Forth Ports have recently formed a partnership with Auegan to provide an end-to-end integrated decommissioning service for the oil & gas industry and are actively bidding for contracts currently being tendered.

The Tay Cities Region is already contributing significantly to renewable electricity and heat generation and we now have an ambition to achieve a step-change shift to a low carbon, regional economy that will establish our area at the leading edge of Eco-Innovation. Through this element of the Tay Cities Deal, we will stimulate greater growth and business innovation, and support renewables, Food and Drink, Oil and Gas and Tourism sectors, helping to make Dundee – and Scotland – a greener and cleaner place.

## • Employability

Promoting inclusive growth that helps to tackle the deep-rooted inequalities that affect some of our citizens will be a priority. In 2015/2016, the Dundee Partnership undertook a major review of Employability provision in the city and the recommendations have helped to shape the outcomes and priority actions in this plan.

There will be a particular focus on tackling long term unemployment, helping our young people to engage in positive activity and enabling those in entry level jobs to progress to better paid fair employment which lifts them out of the risk of in-work poverty.

We will develop multi-agency community based hubs in the North and North East of the city. These hubs will enable employability support to be delivered at a community level to those people who are least likely to engage with city centre based services. The hubs will also offer support with tackling some of the most commonly encountered personal barriers that prevent people making progress towards work.

## • Cultural Development

The benefits associated with Dundee's bid to be UK City of Culture 2017 have been widely recognised and real momentum has been achieved in creative and cultural development and regeneration in the city. These offer real potential to grow the visitor economy and create employment opportunities in new and existing tourism related businesses. Dundee is preparing a bid to be a European Capital of Culture in 2023 - another sign of the confidence and ambition in the city and a tribute to the success of our culture-led regeneration to date.

This will build on the proud achievement of Dundee being designated as the UK's first City of Design by the United Nations. The city received this recognition from UNESCO for its diverse contributions to fields including medical research, comics and video games. Dundee is part of a select group of 22 global cities including Beijing, Turin, Shenzhen, Graz, Berlin and Montreal.

## Our Targets for Improvement

Key Performance Targets	2015/16	2016/17	TARGET Year One	TARGET Year Three	TARGET Year Ten
GVA per Worker as % of Scottish Average	96%	98%	99%	100%	105%
University spin-outs Dundee University Only	-	7	8	12	23
% of people qualified to SCQF Level 2 or above	72.5%	72.7%	73%	73.5%	75.5%
% of people qualified to NVQ Level 4+	37.5%	40.6%	41%	41.5%	43.7%
% of jobs in growth sectors	17.2%	18.3%	18.5%	19.5%	24%
Total No. jobs in growth sectors	12,900	13,700	13,850	14,600	17,970
Companies accessing export support through SDI	65	78	85	125	150
Planned new jobs from Foreign Direct Investment	104	85	100	170	300
Waterfront Office Occupancy Levels	-	0%	0%	+2%	+3.5%
Number of passengers using Dundee Airport	22,000	22,000	23,000	50,000	150,000
% working age people in Employment	63.7%	66.4%	67%	69%	72%
SME business base per 10,000 head of working age population	326	328	335	350	400
Median Earnings of Total Resident Workers as a % of Scottish Average	87%	89%	90%	92%	100%
% of jobs in Tourism Sector	9.5%	10.9%	11.2%	11.5%	13.5%
Total no. jobs in Tourism Sector	7,000	8,000	8,220	8,440	8,910
Unemployment Rate	9.1%	7.3%	7%	6.5%	5.1%
Youth unemployment Rate (16-24)	19.2%	19.5%	19%	17%	13.7%
% of 16-19 year olds who are in learning, training or work	84.7%	87.7%	88%	90%	95%

## What Action Will We Take?

Raise regional productivity	Develop new and expanded commercialisation opportunities through our Universities (e.g. cyber-security, forensic science and biotech)
	Develop facilities to promote regional skills development (e.g. Regional Hospitality and Tourism Centre, Aviation Skills Academy, Engineering & Advanced Manufacturing facility)
	Develop and implement regional STEM Strategy
	Establish Dundee as a preferred location for Oil & Gas Decommissioning
	Develop incubation facilities and affordable work space for creative sector
	Develop and implement revised Social Enterprise Action Plan for city
	Develop one stop shop regional partnership approach to international trade and inward investment
	Enhance travel infrastructure and service provision (e.g. new railway station, active travel hub, airport facilities and route development, enhanced rail services)
	Progress mixed use developments in key Waterfront sites (Hotels, Office Space, Residential)
Close the jobs gap	Develop Centre for Entrepreneurship
	Deliver new Business Gateway contract
	Develop skills development pathway which will enable people to progress into better paid employment and tackle in-work poverty
	Complete and open V&A Museum of Design Dundee
	Develop river based tourism initiatives (e.g. marina development, Discovery Point redevelopment, Unicorn Maritime Museum)
	Develop Comic Museum
	Initiate European Capital of Culture Bid 2023 plan
Reduce unemployment	Develop a programme to reach, engage and provide intensive early support to those most at risk of longer term unemployment
	Deliver a single end to end employability contract that is responsive to service users needs and labour market demand
	Develop a Single Gateway - Scottish Work and Health Service that will provide early support and interventions to those with a health condition or disability who are in work, off sick from work or recently unemployed.
	Develop Shared Apprenticeship Programme across the Region
	Develop "Aspire and Achieve" project that supports young people from worst SIMD areas to access and sustain college places
	Develop Future Skills College within a wider Future Talent Agenda to match young people to the skill needs of the future economy



## B. Children & Families

### Key Strategic Documents

Tayside Plan for Children, Young People & Families 2017-20

### Current Position

2015 figures estimate that there are 26,729 children and young people (aged 0-17 years) living in Dundee. This represents 18% of our total population of 148,270. It is projected that the number aged 0-17 years will increase by 8.4% between 2016 and 2039 compared to an overall projected population growth of 5.8%.

#### National and local data and research tell us that:

- Children and young people living in poverty often have poorer outcomes than their more affluent peers
- Deprivation is a significant issue for our children and young people, with almost half in Dundee living in the 20% most deprived areas in Scotland. 43.4% (11,665) of Dundee children and young people live in the 20% most deprived areas
- There is a strong correlation between deprivation and teenage pregnancy, with Dundee having much higher rates of teenage pregnancies than the Scottish average. A teenage female living in the most deprived areas is 5 times as likely to experience a pregnancy as someone living in the least deprived
- We have a significant number of children and young people (592) who are Looked After. The majority (92%) of these are cared for in family settings and the rest live in Children's Homes or other residential placements
- Child Protection - The number of children on the Child Protection Register in Dundee is 3.4 per 1,000. Domestic abuse, neglect and parental substance misuse are the most common child protection issues
- Substance misuse - Children and young people are affected both by their own substance misuse and by parental substance misuse. The early initiation of substance misuse is a significant issue
- Childhood healthy weight - Having a healthy weight is important to all people, especially children, to optimise their wellbeing
- Mental Health and Wellbeing - Children and young people experience a range of mental health problems which vary in severity. Research by the Social Research Unit showed that 10% (2,062) of children and young people self-report feelings of worry, unhappiness and potentially diagnosable psychosomatic complaints
- Young Carers - an often under-reported part of our community who provide a vital source of support to their families who may, through illness or disability, be finding it difficult to cope

### Our Priorities

#### Our Vision is that:

"Our children and young people have the best start in life and Dundee is the best place in Scotland to grow up"

Five key priorities have been identified. We believe that addressing these will help realise our vision for children and young people and make Dundee the best place in Scotland to grow up:

1. Our children will have the best start in life, they will be cared for and supported to learn in nurturing environments
2. Our children, young people and families will be meaningfully engaged with learning, and, combined with high quality learning experiences, all children and young people will extend their potential
3. Our children and young people will be physically, mentally and emotionally healthy
4. Our children and young people who experience particular inequalities and disadvantage will achieve health, wellbeing and educational outcomes comparable with all other children and young people
5. Our children and young people will be safe and protected from harm at home, school and in the community

These priorities have been incorporated into a Tayside Plan for Children, Young People and Families 2017-20 which covers the three Community Planning areas of Angus, Dundee and Perth & Kinross and also includes a range of actions, eight areas of regional collaboration and a performance framework. Key priorities include:

- **Closing the attainment gap**

One of the most significant and influential inequalities in Dundee is the attainment gap. As a result of the deprivation experienced by many families in the city, the Scottish Government has recognised that additional investment is required to help some of our children reach their full educational potential. Together with the Pupil Equity Fund, schools in Dundee are participating in the Scottish Attainment Challenge to fund early intervention in early years, primary and secondary settings.

The Dundee Attainment Challenge Plan sets out an integrated, multi-agency approach to closing the equity gap. It focuses on schools where 70% or more of the children live in community regeneration areas. This group of children have received, as appropriate, additional universal and targeted interventions designed to accelerate their attainment and achievement.

The key drivers for change have been agreed as: Tackling poverty; Raising educational attainment; and Improving poor health (including problems caused by drugs and alcohol). To close the attainment gap, it will be necessary to tackle all these areas simultaneously.

The programme is designed to achieve long term social and educational transformation and is being delivered at a strategic, operational and community level with Health, Local Community Planning Partnerships and the third sector, building on the existing positive relationships and model of strong partnership and multi-agency working.

- **Inequalities, early years and adult services**

There will be a focus on reducing inequalities by targeting support towards the early years and addressing issues which, throughout childhood, can act as barriers to children and young people achieving their full potential. It also includes a focus on links with relevant adult services.

Progress on our priorities will be achieved through five Delivery Groups that will continue existing services and develop new ones based on evidence that shows them to be more likely to reduce disadvantage, develop health & wellbeing, and promote attainment. These Delivery Groups will progress a range of other actions that will directly or indirectly contribute to Early Years; Education 5-18+; Health and Additional Special Needs; Promoting Fairness; and Child Protection.

## Our Targets for Improvement

Key Performance Targets	2015/16	2016/17	TARGET Year One	TARGET Year Three	TARGET Year Ten
Number of funded 1140 hours early years' places in Dundee City Council settings	0	0	0	2,811	2,909
% of P7 pupils achieving CfE Second level Reading and Numeracy	45%	57%	67%	85%	90%
% of school leavers achieving literacy and numeracy at SCQF level 4	86%	Available Feb '18	86%	88%	99%
% of school leavers achieving literacy and numeracy at SCQF level 5	54%	Available Feb '18	59%	64%	74%
% of school leavers entering a positive destination	92%	Available Feb '18	92%	93%	95%
% of 16-19 year olds participating in education, training or employment	85%	86%	88%	90%	95%
% of looked after school leavers achieving literacy and numeracy at SCQF level 4	58%	Available Feb '18	68%	78%	99%
% of looked after school leavers achieving literacy and numeracy at SCQF level 5	15%	Available Feb '18	25%	40%	74%
% of looked after school leavers entering a positive destination	85%	Available Feb '18	88%	91%	95%
Overall average total tariff score	742	Available Feb '18	800	875	950
Average total tariff score for pupils from 20% most deprived SIMD data zones	529	Available Feb '18	640	750	950
% attendance at school	92%	92%	93%	94%	96%
Exclusion rate (number of exclusions per 1,000 pupils) for Looked After Children.	630	516	258	71	27
% of residential and foster care placements which are rated as good or better	65%	75%	75%	80%	95%
% of looked after children maintained in Dundee	71.2%	71.9%	72.6%	75%	85%
Children looked after by each local authority on 31st July 2016 as a percentage of the 0 – 17 years population	2.2%	2.2%	2.1%	2.0%	1.5%
Children on child protection register (CPR) on 31st July 2016 as a rate per 1,000 of the 0 – 15 years population	3.0	3.4	3.0	3.0	3.0

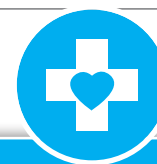


## What Action Will We Take?

<b>Improve Early Years Outcomes</b>	Increase the capacity of Health Visitors to carry out their roles as Named Persons for 0-5 year olds
	Deliver a new Health Visiting Pathway
	Expand the Family Nurse Partnership to first time mothers
	Develop local Family Support Hubs
	Deliver an early years education and childcare extension programme
	Develop and implement a parenting strategy in partnership with Health and Social Care
<b>Close the Attainment Gap</b>	Implement the recommendations of the cost of the school day research
	Deliver the Attainment Challenge and use Pupil Equity Funding to provide extra support to pupils with identified needs
	Extend community access to facilities and activities in schools
	Implement an Eat Well, Play Well pilot
<b>Improve Physical, Mental and Emotional Health for Children and Young People</b>	Extend the Daily Mile in primary schools
	Develop and implement a multi-agency framework to prevent and address early initiation of substance misuse
	Develop and implement a mental health strategy focusing on prevention, early identification, support and acute services
	Reduce teenage pregnancy and implement a Pregnancy and Parenthood in Young People Strategy
<b>Improve Health and Wellbeing Outcomes for children and young people who experience inequalities</b>	Implement a national and local training and development programme in all placements for Looked After Children
	Re-model the range of locally based placement options for Looked After Children
	We will develop a Champions Board engagement and involvement model for Looked After Children in schools
	Ensure all Looked After Children have access to advocacy support
	Deliver a Breakthrough Mentoring Programme for Looked After Children in schools
	Produce Improvement Plans in all schools to support the educational attainment of Looked After Children
	Increase support to schools to pro-actively identify and support Young Carers



<b>Increase safety and protection of young people</b>	Provide individualised support to children which aims to reduce risk and promote positive outcomes
	Carry out high quality assessments of children and young people identified as at risk of harm
	Implement a pilot approach towards neglect in partnership with CELCIS
	Provide staff with training and support in key aspects of child protection
	Carry out high quality work with children and young people where initial concerns are identified



## C. Health, Care & Wellbeing

### Key Strategic Documents

Dundee Health and Social Care Strategic and Commissioning Plan

Dundee Drug and Alcohol Services Strategic and Commissioning Plan

## Current Position

### • Life Expectancy

Dundee has the second lowest life expectancy in Scotland. Although this has increased over the last 10 years it remains low in comparison to the rest of Scotland and is almost 2 years lower than the Scottish average (male life expectancy in Dundee is 75.1 years compared to 77.1 years in Scotland, female Life expectancy in Dundee is 80.1 years compared to 81.1 years in Scotland, NRS: Life expectancy for Administrative Areas within Scotland 2013-2015). Life expectancy and healthy life expectancy vary substantially by deprivation level.

Substance misuse disproportionately affects the most vulnerable and socio-economically deprived in our community and is associated with other aspects of adversity, including mental health problems, crime, domestic violence and child neglect and abuse. Substance misuse is therefore recognised both at national and local level as a major public health issue and an issue of health equity.

There are other lifestyle factors which have a negative impact on life expectancy and health, and whose prevalence is also deprivation related. Smoking, an unhealthy diet and obesity are all more prevalent in the most deprived communities. People whose lifestyles include all or some of these factors will, in general, have poorer health. Other key social indicators, such as poor sexual health and wellbeing and teenage pregnancy rates are also linked directly to deprivation.

### • Obesity

Since 1980 there has been a 2 fold increase in child and adolescent obesity in Scotland and a 6 fold increase in adult obesity. Estimates of adult overweight and obesity show that Tayside has a higher prevalence than Scotland as a whole. The underlying trend in Scotland is increasing and shows a strong link with inequalities, therefore it is reasonable to conclude that the prevalence of overweight and obesity is high in Dundee. In 2013/14 (when obesity was one of reported conditions in the Quality Outcome Framework) obesity was the long term condition with the third highest prevalence for people in Dundee.

Statistics are collated for childhood obesity at Primary 1 entry and in 2015/16 Dundee's children were the third most overweight/obese in Scotland. In Dundee, 11% of all children in Primary 1 are at risk of obesity, compared with the Scottish average of 10%. Over 25% of primary 1 children are at risk of overweight or obesity, compared to a Scottish figure of just over 22%.

### • Mental Health and Wellbeing

Dundee has the fifth highest rate per 1,000 population (aged 16-64) who reported in the 2011 census that they had a mental health condition - above the national average. In Dundee, 6,319 people in the

16–64 age group are estimated to have a mental health condition. Almost 64 people per 1,000 have a mental health condition compared to 54 for Scotland as a whole. This rate increases to 81.9 per 1,000 for people in the 35–64 age group. Almost 95 per 1,000 women and 82.5 per 1,000 men in the 35–49 age group in Dundee identified themselves as having mental health conditions (Census 2011).

For every age group women are more likely to have mental health conditions. The gender ratio for Dundee is 57% females and 43% for males, which is similar to the Scottish ratio.

Populations living in poorer socio-economic circumstances are at increased risk of poorer mental health, depression and lower subjective wellbeing. Those living in the poorest fifth of the population are twice as likely to be at risk of developing mental health problems as those on average incomes.

The 2011 Census shows that East End, Lochee and Coldsides have the highest rate per 1,000 population of people with a mental health condition. Over half of those living in Lochee live in a data zone ranked within the 15% most deprived. All areas of Dundee, except for the West End and The Ferry have a higher rate per 1,000 population (aged 16–64) who reported in the 2011 Census that they had a mental health condition.

The 2011 census indicated that people who identified themselves as having mental health conditions are less likely to be engaged in work than in Dundee's general population. Only 28% are in employment, 48% are either long term sick or disabled.

The Quality Outcomes Framework has demonstrated a year on year increase in those on the mental health register. In five years there has been a 6% increase in mental health conditions, however there has also been a drop in the number of patients who are newly diagnosed with depression.

Mental Disorders are strongly related to suicides. Dundee has a slightly above average suicide rate compared to the rest of Scotland.

## • Drug Misuse

Dundee has the third highest prevalence of drug misuse in Scotland. It is estimated that there are around 2,900 problem drug users in Dundee - 59% of whom are men and 41% of whom are women. Dundee has a significantly higher proportion of female problem drug users than Scotland where only 30% of problem drug users are female. The high proportion of women who are drug users is significant, given the known impact of substance misuse on parenting capacity and the ability to keep children safe.

There were 304 drug related acute hospital episodes recorded in Dundee in 2015/16, an increase of 2.6% on

2014/15. Those living in the most deprived areas accounted for the majority of hospital episodes that were drug related (67%.) These figures demonstrate the strong correlation between deprivation and drug misuse, as well as the level of impact drug misuse has on some of our most vulnerable communities.

As at March 2017, 1,207 people in Dundee were in receipt of a methadone prescription.

Over the period 2010–16, for Scotland as a whole, the average of 659 drug related deaths per year represented a death rate of 0.12 per 1,000 of population. Dundee had an average of 34 drug related deaths per year, representing a death rate of 0.23 per 1,000 of population - the highest rate of all local authorities in Scotland.

## • Alcohol Misuse

There are no national measures for the prevalence of alcohol related health harm. However, data from the Scottish Health Survey 2012-15 showed that in Tayside, of those who did report drinking, 44% of men and 36% of women were drinking out with government guidelines. There is variation observed across areas in Dundee for alcohol related Accident and Emergency (A&E) attendance rates showing a clear deprivation gradient.

There were 1,035 alcohol related attendances at A&E in Dundee during 2015/16.

In general, individuals living in the most deprived areas were around 6 times more likely to attend A&E, 5 times more likely to have an acute hospital stay and 2.4 times more likely to die with an alcohol related diagnosis than those from the least deprived areas.

## Our Priorities

### • Reduce Obesity

- Increase the proportion of women of a child bearing age and children that are within the healthy weight range
- Improve partnership working and planning related to healthy weight interventions aligning appropriately with the Physical Activity Strategy
- Improve access to weight management services and supports
- Increase breast feeding rates
- Increase community capacity in relation to healthy eating and food preparation

### • Improve Mental Health and Wellbeing

- Increase awareness of mental health across the Partnership and in our communities
- Ensure our schools and workplaces promote positive mental health
- Identify early the people most at risk of mental health issues / conditions
- Improve access to good mental health, wellbeing and recovery support
- Improve pathways between community care, primary care and acute services for people with mental health issues
- Improving our suicide prevention approaches and our response to people in distress
- Reduce the stigma and discrimination associated with people with poor mental health and wellbeing
- Increase employment rates for those with poor mental health

## • Substance Misuse

The Dundee Alcohol and Drug Partnership has recently published a draft Integrated Alcohol and Drug Services - Strategic and Commissioning Plan 2017-2020 (New ADP Plan). This sets out the strategic priorities and guides the delivery of a transformational improvement programme across the city. Produced to provide clear direction for services, the new ADP Plan will drive forward, inform and enhance the already well established partnership approach to focus on the following four priority outcomes for development and improvement:

- **Children and Families** - Children will have improved life chances and be safer where there is a risk of early initiation into use of alcohol and drugs and/or exposure to harm in family settings where substances are misused
- **Prevention and Protection** - An increased investment in prevention activities and early intervention approaches, focusing on children, young people and communities
- **Recovery** - A well-coordinated and effective Recovery Oriented System of Care with integrated pathways through services that promote health and wellbeing and help people achieve their personal goals
- **Safer Communities** - Individuals and communities are knowledgeable about the harmful effects of alcohol overconsumption and drug misuse, and are supported to build resilience

Partners recognise the impact that discarded needles and other drug related litter have in communities. Measures are being developed to prevent, reduce and respond to this.

In line with the Dundee Health and Social Care Partnership's approach to place-based working, a locality-model for alcohol and drug services will be adopted. This will enable collaborative working with complementary services for children and families with staff groups and teams linked to a locality. Accordingly, they will develop a better understanding of local communities and their people, target the resources according to need and make closer links to local resources. This model of working will ensure local people affected by substance misuse and their families can have easier access to the services they need. These services will be confidential and will include specialist treatment services and all other supports people require to aid their recovery.

## Our Targets for Improvement

Key Performance Targets	2015/16	2016/17	TARGET Year One	TARGET Year Three	TARGET Year Ten
% of primary 1 children classified as obese or overweight	25.5%	n/a	25%	24%	23%
Rate of emergency hospital admissions where the primary rate of admission was regarding mental health	5.14%	5.35%	4.94%	4.28%	3.32%
Rate of emergency hospital bed days where the primary rate of admission was regarding mental health	362	371	341	307	211
Number of people completing suicide	23	37	Reduce	Reduce	Reduce
Proportion of 15 year olds drinking alcohol on a weekly basis	7%	n/a	6%	4%	2%
Number of individuals participating in recovery activity per week, SMART/ mutual aid groups	n/a	71	85	92	106
Number of drug deaths	36	38	Reduce	Reduce	Reduce
Number of alcohol deaths	50	34	Reduce	Reduce	Reduce

## What Action Will We Take?

Reduce Obesity	Develop an obesity framework for Dundee which includes appropriate reference to/implementation of the Active Living Framework
	Increase provision of Community Cook-it training
	Increase the number of women breastfeeding at 6-8 week review
	Increase the % of eligible families accessing Healthy Start children's vitamin supplements
	Increase walking opportunities including recruitment, training and support of volunteers
	Increase number of women of child bearing age accessing free commercial weight management programme and achieving weight loss
Reduce Substance Misuse	Improve identification and responses to children at risk of harm from parental substance misuse
	Increase family-focused services where children are at potentially at risk due to parental substance misuse
	Target and support groups of young people at risk from early initiation into alcohol/drug use
	Increase education / prevention activities in schools
	Improve harm reduction services and responses to non-fatal overdoses
	Improve identification and responses to vulnerable groups, including those at risk of drug death, and commercial sexual exploitation
	Increase the provision of Alcohol Brief Interventions
	Increase access to specialist services by developing clear and efficient pathways
	Improve access to mutual-aid and peer-support recovery groups to help people avoid relapse
	Extend the locality-based approach to the provision of substance misuse services
	Manage the availability of alcohol through a revised alcohol overprovision assessment
	Ensure a rapid and efficient response to discarded needles
	Create programme of ongoing conversations with local communities to jointly respond to the impact of substance misuse

Improve Mental Health & Wellbeing	Increase delivery of mental health awareness training
	Increase the number of mentally healthy workplaces and schools
	Improve the pathway and transitions between community, primary care and acute services transitions
	Increase use of Dundee Safe Zone bus
	Increase the number of people directing their own care
	Increase community based step down and assessment facilities
	Expand number of front line staff adopting social prescribing approaches in the workforce
	Increase availability and range of appropriate interventions for distress
	Increase the accessibility of health and wellbeing information
	Expand and scale up the Making Recovery Real Network approach in localities
	Increase short breaks for people with mental ill health and their carers
	Increase Crisis and Suicide prevention training to front-line staff and communities
	Improve the experience for those transitioning from children's services to adults



## D. Community Safety & Justice



### Key Strategic Documents

[Dundee Community Justice Outcome Improvement Plan](#)

[Dundee Local Police Plan 2017-20](#)

[Local Fire and Rescue Plan for Dundee 2017-20](#)

### Current Position

Community safety tends to mean different things to different people at different times of their lives and can vary considerably from locality to locality. The most commonly accepted definition states that community safety is about “protecting people’s rights to live in confidence and without fear for their own or other people’s safety” (COSLA).

Community safety is therefore about being able to feel safe at home, at work, walking down the street or in other public places. It relates to individuals’ quality of life and encourages individuals to seek the most favourable opportunities available to them, to enable them to live their lives safely, without fear of crime and disorder.

From a national context, crimes recorded by the Police in Scotland are at their lowest level since 1974. However, certain types of crime have increased, for example domestic abuse, sexual crimes, fire raising and vandalism, whilst others have fallen, for example crimes of dishonesty.

From a local perspective, Dundee has seen a reduction in total crimes per 10,000 population from 837 in 2010/11 to 596 in 2015/16. However, this is still the fourth highest rate across Scotland behind Glasgow (715), Edinburgh (639) and Aberdeen (621). Whilst the overall reduction in crimes recorded is positive, there have been recent increases in certain types of recorded crime, in particular domestic abuse, mirroring the picture across Scotland.

In 2015-16 there were 2,365 incidents of domestic abuse recorded by the Police in Dundee; this is equivalent to 160 incidents of domestic abuse per 10,000 population. Whilst this rate is the lowest it has been since 2010-11, in the last 3 years for which information is available (2013-14, 2014-15 and 2015-16) Dundee has had the highest rate of recorded incidents of domestic abuse of any local authority in Scotland.

We know that measuring our progress in tackling domestic abuse will be very challenging; information that is consistently available to us, such as the levels of reporting to the police described above, does not provide an accurate assessment of how well we are doing in reducing the underlying prevalence of domestic abuse or in improving the safety, quality of life and outcomes for those affected. We are continuing to work together to identify meaningful performance indicators for domestic abuse and will report against these and other community safety outcomes in the first City Plan annual report.

Reducing re-offending has been identified as another high level strategic priority. For both Scotland as a whole and Dundee there has been a general decline in reconviction rates since 2005-06 (-4.3% and -9% respectively). From 2013-14 to 2014-15 reconviction rates fell by 3.3% for Dundee, to 29.5%, whereas for Scotland there was a 0.3% fall. This is seen alongside rising crime figures. The average number of reconvictions per offender reduced for Dundee from 0.59 in 2013-14 to 0.49 in 2014-15 compared to a smaller reduction for Scotland from 0.52 to 0.50.

## Our Priorities

Significant levels of inequality directly affect the ability of many citizens to achieve positive outcomes. In addition, higher crime levels correlate to localities where deprivation is prevalent. At all times, the focus of activity undertaken by community safety and justice agencies will be on preventing crime from occurring, rather than relying on enforcement action alone.

**The priority outcomes for community safety and justice are:**

- Dundee has reduced levels of crime
- Dundee has reduced levels of domestic abuse
- Dundee has reduced levels of re-offending
- Dundee has reduced fear of crime
- We have improved safety of our local communities by reducing the risk to life, property and the environment from fire
- We have improved road safety in Dundee
- Dundee has reduced levels of antisocial behaviour

### • Crime

The 2016 Annual Citizens Survey highlighted that 4.2% of respondents felt that crime in their area had increased. We will tackle this fear of **crime** by identifying factors causing it amongst the Dundee population and identifying measures in our forthcoming Community Safety Improvement Plan to address those causing the most fear.

The Community Safety Hub in Lochee is the focal point of **joint resourcing** between Community Safety partners. Police Scotland staff will work alongside the Council's Antisocial Behaviour team and the Community Safety warden service by employing intelligence led tasking. Intelligence on Community Safety issues is received from the public and partners and shared to inform subsequent tasking of activities. A key component of the work undertaken by the Hub is the weekly Multi Agency Tasking and Coordinating group where staff across disciplines and agencies are brought together for the purpose of identifying priorities across the city and planning interventions.

### • Domestic Abuse

We will work to continue initiatives to prevent **domestic abuse**, target perpetrators and support victims. These will include the roll out of the 'Safe and Together Model' currently being piloted in the East of the city and working with the Sheriff Court on domestic abuse cases.

### • Re-offending

We are committed to **reducing re-offending** through providing skilled multi-agency interventions at every stage of the community justice pathway (prevention, community alternatives to short-term imprisonment, support to those in custody and post custody support). Evidence shows that re-offending is a complex social issue and an individual's likelihood of re-offending can be significantly affected by structural factors, such as timely access to services, and personal factors, such as capacity and commitment to change. In addition, people who have committed offences may present complex and multiple needs or require support in order to engage effectively with services. We will continue to look strategically to overcome obstacles to health care, employment and housing to help people with convictions to find positive alternatives to offending.

- **Fire**

Reducing the number of fire deaths and casualties in our homes remains a priority. Community **fire safety** activities will continue engagement with citizens to reduce the number of dwelling fire casualties particularly amongst the vulnerable, with community safety education activities providing the main focus in educating people about the risks of fire.

- **Road Safety**

We will make our roads safer, particularly for the most vulnerable, children, older people, pedestrians and two wheeled road users. The Dundee **Road Safety** Forum will work with partners to coordinate road safety activity including early identification of road network and engineering issues and improved exchange of information in respect of road crime issues.

- **Antisocial Behaviour**

This occurs in many forms across Dundee from low level activity to serious disorder and has a significant impact on people living in our communities. The major causes of complaint are noise, drugs, verbal abuse, general nuisance and youth disorder. The number of cases of antisocial behaviour reported has remained fairly static over the last five years. We will look to develop innovative and proactive ways of responding to antisocial behaviour and address recurring themes of antisocial behaviour through targeted action plans.

## **Criminal Justice**

Partnership work needs to continue, with all agencies working together to ensure that there are services targeted at all stages of the **criminal justice** system, at different types and levels of risk and need.

- Our Community Payback Orders are delivered in partnership with Health and Voluntary Agencies
- The provision of Unpaid Work placements continues to expand, representing a mutual exchange between those on Orders and those benefitting from their work
- For highest risk offenders, MAPPA will continue as the coordinated multi-agency response that maximises safety for the public and provides people with opportunities to complete their sentence in the community
- An important part of our strategy to reduce re-offending will be achieved through focusing on the short-term prisoner's journey returning to Dundee on release from HMP Perth
- The co-location of services at Friarfield House, including Police, Voluntary agencies and NHS staff, will continue to reflect our determination to ensure that every step on the Community Justice pathway is viewed as a potential life improvement opportunity

## Our Targets for Improvement

Key Performance Targets	2015/16	2016/17	TARGET Year One	TARGET Year Three	TARGET Year Ten
Percentage of residents who felt that their neighbourhood was a safe place to live	99%	99%	99%	99%	99%
Reconviction Rate %	29.5%	n/a	29.5%	28.9%	27.1%
Average number of reconvictions per offender	0.49	n/a	0.49	0.48	0.45
% of Community Payback Orders (CPO's) successfully completed.	70%	n/a	72%	75%	85%
No of fire casualties	77	60	59	58	54
No of accidental dwelling fires	227	226	220	215	181
No of deliberate fire setting incidents	615	763	750	655	534
Total number of antisocial behaviour complaints	1940	1758	1750	1670	1587

## What Action Will We Take?

Reduce levels of crime	Agree crime priorities in each local community plan
Reduce levels and impact of domestic abuse	Roll out Safe and Together Model
	Improve the Multi-agency Risk Assessment Conferencing (MARAC)
	Increase use of perpetrator programmes with Sheriff Court
Reduce levels of re-offending	Establish Prisoner Throughcare Network
	Implement short-term prisoner intervention programme
	Deliver individual pre-release case conferences
	Develop alternatives to short term prison sentences and remand
Reduce risk of fire	Implement multi-agency home safety check scheme
	Train frontline staff on home safety triggers and referrals
Improve road safety	Establish Dundee Road Safety Forum
Reduce level of antisocial behaviour	Improve effectiveness of Multi-agency Tactical and Co-ordinating (MATAC) meetings



## E. Building Strong and Empowered Communities

### Key Strategic Documents

[Dundee Local Housing Strategy](#)

[Dundee Local Development Plan](#)

[TAYplan Strategic Development Plan](#)

[Regional Transport Strategy and Delivery Plan](#)

### Current Position

Quality of Life in the neighbourhoods of Dundee has remained consistently high according to our annual citizen surveys, maintaining the overall satisfaction levels since 2013. The proportion of residents who are very satisfied with the quality of life in their neighbourhood increased from 61% in 2015 to 69% in 2016. This trend is also seen when looking at quality of life in Dundee overall with 62% of respondents to the survey being very satisfied in 2015 increasing to 72% in 2016. The overall satisfaction with the physical environment has remained consistently high, with at least 96% of people rating their neighbourhood as a good or very good place to live since 2012 (Source: Dundee Citizen Survey).

The annual survey also showed that 38% of people within communities felt that they could influence decisions affecting their local area. The proportion of people who felt they could influence decisions affecting their local areas had decreased by 2 percentage points since 2013. Those who lived in the Ferry were significantly more likely to agree that they can influence decisions (68%) than participants who lived in Maryfield (26%).

A recent Evaluation Scotland inspection found that community learning and development in Dundee was of a high standard with strengths that reflect the quality of community groups, learning programmes, leadership and targeting.

In 2016, all applicable social rented sector stock in Dundee met the Scottish Housing Quality Standard.

Housing with Care is being developed as part of a range of measures to tackle the growing number of older people living in communities, with a target of building 100 houses with care in place by 2018. In addition 138 houses are being built between 2016 and 2021 to cater for those with physical disabilities (including wheelchair users), mental health issues, and learning disabilities.

Discretionary Housing Payments help people to maintain their tenancies, mainly by mitigating the spare room subsidy (also known as the bedroom tax) but also through enabling them to get through crises and rent arrears. In 2016/17 4,786 awards totalling £2,297,378 were made.

Youth homelessness has been on the increase in recent years, but following the introduction of the Dundee Partnership's Youth Housing Options in 2015 a 35% reduction in applications has been recorded, from 254 in 2015-16 to 164 in 2016-17.

Homelessness has been falling since 2012. Through the expansion of Dundee's Housing Options service, it is anticipated that the number of homeless applicants in the city will continue to fall.

As of February 2017, Dundee had 16,165 Registered Properties and 10,258 Registered Landlords in the private rented sector.

## Our Priorities

### • Local Community Planning

Local Community Planning Partnerships (LCPPs) have been established across the eight multi-member wards for over ten years and these continue to flourish. They are the means by which the national and local Dundee outcomes are combined with priorities from local areas to shape city-wide and local action. They bring together elected members, community and third sector representatives and partner agencies.

Following the extensive collaboration with communities captured in the Engage Dundee process, the development of local community plans is underway. The next phase of local plans will reflect the community planning guidance by focusing on a smaller number of priorities which have been agreed as the most important for local people. These may well be longer term and more challenging but will be identified as necessary to achieve significantly better outcomes for communities. Once these have been agreed, the membership of each LCPP will be reviewed to ensure that any local priorities can be addressed by relevant partners.

Given the compact nature of Dundee and the dearth of data at a ward or data zone level, it is unlikely that significant progress towards city-wide outcomes will be measurable at LCPP level. It is proposed, therefore, that LCPPs set action targets and report on these annually as part of overall City Plan reporting.

### • Asset Transfer and Participation Requests

Dundee has had an agreed Community Asset Transfer policy since 2014, and this is being updated to reflect the Community Empowerment (Scotland) Act 2015 that came into effect in January 2017. An up to date list of available assets is displayed on the Council's website, alongside application forms for interested community groups. Significant progress has been made in realising the ambitions of community asset transfer with Boomerang's ownership of the facility in Kemback Street acting as a symbol of what can be achieved and an inspiration to others.

This well-established process for asset transfer will form the basis for arrangements to consider participation requests which can be a positive way to further develop working relationships with representatives of communities, the third sector and other partners. A new Community Empowerment Officer post has been created to support both these positive opportunities.

### • Community Budgeting

Dundee's Community Regeneration Forums have been recognised as best practice by the Scottish Government for many years. They are a strong democratic means of identifying and responding to local need and promoting community empowerment and capacity building. They work well in representing a community regeneration perspective within Local Community Planning Partnerships.

The Forums were first established in 2004 and projects supported through community regeneration funding touch every aspect of life in communities. They support many social and community activities to promote inclusion and community wellbeing and spirit, alongside significant physical improvements that have been identified as priorities by local people.

In giving communities greater influence and control over resources in their neighbourhoods, Forums embody the Scottish Government's desire to see councils and partners committing to the principle of participatory budgeting. Increasing the funding available from £847,000 to £1 million in 2017/2018 will enable Forums and LCPPs to fund further action to reduce inequalities in their areas and support the implementation of the recommendations of the Fairness Commission. They will also be able to respond to issues identified through the Engage Dundee consultation process and the new local community plans.

Dundee's new Community Infrastructure Fund will build further on these foundations. Additional funding of £509,000 is to be managed locally and directed towards locally agreed priorities for roads, parking, footways and other local infrastructure. Together with further capital funding of £691,000, this will result in a total Community Infrastructure Fund of £1.2m and will allow a mix of revenue and capital works to be undertaken. This is further evidence of the Council's continued commitment to participatory budgeting, and will complement and augment the £1m funding for community regeneration.

For a number of years Dundee City Council has operated a Youth Investment Fund. From 2017/18 this will increase from £8,000 to £25,000 and will change from a grant giving model to a participatory budgeting approach. Young people in Dundee will have more say than ever, promoting inclusion and participation by young people. The model proposed for Dundee will see a forum of young people promote the scheme and implement the grant/ideas submission stage. Dundee Youth Council are keen to take a lead role in developing this opportunity for wider youth participation.

## • **Housing and Neighbourhoods**

The TAYplan Strategic Development Plan, which covers Dundee and neighbouring local authorities was published in 2017. Alongside this the Local Development Plan 2 is being drafted and will be consulted on during 2017. Overall, the focus is on making neighbourhoods more attractive places to live.

The Local Housing Strategy 2013-18 provides an overall plan for strategic priorities. This is currently being reviewed and the new strategy for 2018-23 will take into account the Housing Needs and Demands Assessment included in the TAYplan.

The Council, social landlords and private sector partners will further support the provision of new social rented housing and tenure diversification. This will continue the trend of increased new build since 2013, in both the private sector and social rented sector, with a total of 323 units built in 2015-16. Priority areas are Whitfield, Hilltown, Lochee and Mill O' Mains, where physical regeneration is imperative to creating opportunities for changing outcomes in these neighbourhoods.

Within the Engage Dundee responses, the good quality of housing was raised by many respondents, while several also highlighted the need for higher quality in the private rented sector and more affordable housing options. This is significant given the scale of the private rented sector in the city. The accreditation scheme for private landlords is a direct and practical approach to improving quality.

## • **Sustainability & Green Spaces**

Dundee has a clear role to play in rising to the challenges presented by climate change - to reduce our greenhouse gas emissions, adapt to the effects of climate change and progress towards a low carbon future. Dundee faces many local challenges in this transition with the link between climate change and inequalities being clear. We are, committed to the achievement of low emission zones.

People in poverty are the most vulnerable to the negative effects of climate change. Continued rises in the cost of energy have outstripped any rises in household income resulting in:

- Levels of fuel poverty rising to 37% across all housing tenures in the city
- Dundee now has highest level of households in fuel poverty across all Scottish cities (Glasgow 30%, Aberdeen 28%, and Edinburgh 24%)
- In Dundee 47% of single pensioner households 23% of family households and 37% of other households suffer from fuel poverty. This compares with national figures of 43%, 13% and 44% respectively



The Dundee Partnership will develop a 'Sustainable Energy and Climate Action Plan' for the city and will provide the leadership, commitment and planning necessary for the transition to a low carbon Dundee. It will build on existing projects by outlining a city-wide vision for strategic energy generation and consumption. There has already been considerable work in this area by the Council and public sector partners. Combining these opportunities in an innovative way offers the potential to address a number of key objectives to benefit the sustainability of Dundee including:

- Delivering significant reductions in CO2 emissions and greenhouse gases
- Reducing fuel poverty
- Improving air quality

We will also require all new buildings to incorporate measures to reduce the level of carbon emissions; support renewable energy generation; and encourage the use of heat networks in new developments.

Dundee has more **green and open spaces** and parks per head of population than any other Scottish city, occupying 28% of the urban area. Twenty parks are locally assessed each year using Green Flag data, with Friends Of groups being involved in many of these. Four Green Flags were awarded by Keep Scotland Beautiful in 2016. Friends Of groups undertake a range of activities at many parks, including regular work parties and fund raising for improvements.

Green space is also an important health asset. A recent audit carried out by Public Health in Tayside demonstrates recognition by partners of the increasing importance the outdoors and nature play in health improvement and with some coordination, targeting and scaling up existing provision there is significant potential. A number of referral pathways, signposting and links are already established between health and the environment sectors.

The Dundee Green Network was adopted in 2016 to identify the existing key networks of green infrastructure in the city and opportunities to enhance them. It promotes key development principles to ensure high quality, multi-functional green infrastructure is delivered in new development that is well connected into the existing network to be enjoyed, cared for and valued.

Dundee has a rich and varied natural heritage with an enviable waterfront location that stretches 16.5km along the Tay Estuary. The Tay's water quality makes it one of the best major estuaries in Europe and supports **biodiversity** and habitats which have been recognised internationally and offered protection through a number of natural heritage designations. The city is host to 35 locally important nature conservation sites and 3 LNRs which are significant for environmental education. Wildlife corridors on Riverside Drive and The Dighty promote habitat continuity and support biodiversity conservation. A new urban Biodiversity Plan is being prepared with the aim of setting out a vision for biodiversity through actions relating to Sites, Habitats, Species and People.

## • **Transportation**

Being able to access other parts of the city for work, leisure or other reasons is important to everyone, so it is vital for continuous development of transport networks to take place. The Dundee Transport Forum brings together a range of organisations and the membership of this group will be strengthened during 2017 to enable it to look more holistically at the demands on, and issues with, transportation networks in Dundee. According to the Engage Dundee consultation, a number of issues remain to be tackled:

- Bus timetables could be improved, especially during the evening and at weekends
- Bus routes to some areas could be improved
- Travel by bus is felt to be expensive, particularly for those with families
- Cycle routes could be better joined up
- Accessible transportation continues to be an unmet need



## Our Targets for Improvement

Key Performance Targets	2015/16	2016/17	TARGET Year One	TARGET Year Three	TARGET Year Ten
Percentage of residents who felt that their neighbourhood was a good place to live	96%	97%	98%	99%	99%
Percentage of residents who were satisfied with the cleanliness of streets	97%	94%	95%	97%	99%
Percentage of residents who were satisfied with the conditions of roads, pavements and street lighting	81%	73%	75%	78%	85%
Percentage of residents who were satisfied with areas for children to play outside	93%	87%	90%	93%	98%
Percentage of residents who agree that people in their community can influence decisions affecting that area	50%	41%	44%	50%	55%
Total number of house completions	323	416	450	480	500
Total number of affordable housing completions	90	161	200	200	200
Percentage of social rented households who felt the condition of their house or flat was good	93%	93%	94%	95%	97%
Total number of accredited private landlords	n/a	162	170	187	264
% of all tenure households which are fuel poor	37%	n/a	35%	30%	24%
Total Number of District Heating schemes	4	4	5	7	13
Percentage of residents who were satisfied with the natural environment in the neighbourhood	98%	100%	100%	100%	100%
Percentage of residents who were satisfied with the quality and maintenance of open spaces	98%	98%	99%	99%	99%
Percentage of residents who were satisfied with public transport in their area	95%	97%	97%	97%	97%
Active Travel (walking and cycling) as a proportion of trips to work	21.6%	n/a	22%	25%	40%
Air quality measured as CO2 Emissions	877	860	843	792	691
Percentage of electric vehicles in the city	n/a	1%	1%	3%	20%

## What Action Will We Take?

Improve quality of neighbourhoods	Pilot the Private Sector Enhancement Project in Albert Street
Increase empowerment of local people	Review and relaunch local community planning partnerships
	Expand and improve community facilities
	Increase community asset transfer
	Pilot and mainstream participatory budgeting
	Create Community Infrastructure Fund
Improve housing quality, choice and affordability	Build 5,280 new homes by 2029
	Maximise External Wall Insulation Programme
Improve access to healthy green and open spaces	Take Pride in your City campaign
	Expand Community Growing projects
	Complete The Law regeneration
Improve transport connections to communities	Improve neighbourhood bus services
	Develop a financially sustainable model of accessible transport



## THE DUNDEE PARTNERSHIP

## 4

### A. How We Work Together

Community Planning is the way public agencies work together with the community to plan and deliver better services that improve people's lives.

The Dundee Partnership has implemented community planning in the city for over almost 20 years and has an even longer record of joint working to achieve economic development and regeneration. Our community planning arrangements have evolved in line with changing national expectations and through capturing the lessons of local experience.

The Dundee Partnership is proud of the reputation it has gained for the positive nature of our collaboration. We have regularly assessed our effectiveness and worked closely with the Improvement Service through their CPP self-assessment model to enhance our governance through a [partnership wide improvement plan](#).

Since the Single Outcome Agreement for Dundee 2012-2017 was produced, a number of key community planning partners have undergone significant reorganisation and/or restructure. The creation of Health and Social Care Partnerships, the integration of Community Justice and the formation of new bodies like Leisure and Culture, Dundee have all led to new relationships. This provided an opportunity to rationalise and refresh strategic relationships between partners within the Dundee Partnership and resulted in the creation of Executive Boards.

Each of the strategic themes is governed by an Executive Board that has overall responsibility for the delivery of improved outcomes. They are expected to fully satisfy the ambitions contained in the Scottish Government guidance with partner agencies making demonstrable commitments to resourcing the delivery of joint improvement priorities; redesigning and integrating services; making a decisive shift to prevention; and articulating and implementing a closer relationship to localities.

Executive Boards are co-chaired by the relevant Council Executive Director and an equivalently placed officer from the most appropriate community planning partner. To strengthen the democratic relationship to citizens in Dundee, two elected members have joined each of the Executive Boards - one being a member of the Administration Group and the other a member of the Major Opposition Group.

## Dundee Partnership – Structure

Overall Governance Arrangements		
Dundee Partnership Forum	Dundee Partnership Management Group	DP Co-ordinating Group
City-wide Strategic Themes & Partnerships		
Fair Work and Enterprise	Health, Social Care & Wellbeing	Children and Families
Community Safety & Justice		Building Strong and Empowered Communities
Local Community Planning Partnerships		
Strathmartine	West End	Maryfield
Lochee	Coldside	East End
		North East
		The Ferry

As part of our commitment to ongoing improvement, we will concentrate on critical areas of public service reform agreed with the Scottish Government, including a decisive shift to prevention and joint resourcing between and across partners and sectors.

## Decisive Shift to Prevention

The Dundee Partnership has adopted a framework for prevention that offers a common understanding and a definition of the ‘decisive shift’ we aim to achieve. The framework acknowledges the role of universal services in promoting positive outcomes for the city but reflects the journey towards negative outcomes experienced by many in our communities. The impact of escalating demands for crisis services while budgets are limited is represented, and early intervention and recovery are presented as the means by which partners can jointly deliver greater prevention.

In 2015-16 the Partnership agreed to apply the principles in the framework to maximise the degree of prevention which can be achieved through major strategic change processes. This began with three priorities around the Alcohol and Drug Partnership, Health and Social Care integration & commissioning, and the development of the new Employability Pipeline:

- The **Dundee ADP** is completing a substance misuse prevention and recovery strategy which will form a core element of the strategic commissioning approach from 2017 onwards. The final draft of this strategy is under consultation
- The **Health and Social Care Partnership** has developed a prevention toolkit which is being used to help frontline staff move the focus of service delivery ‘upstream’ through earlier action. The toolkit promotes processes that are consistent with the roll out of social prescribing
- Analysis of how to prevent long term unemployment was at the heart of the comprehensive review of **Employability** in Dundee that was completed in March 2016. This provides a foundation for the new, co-ordinated employability service. Our approach to preventative work will focus resources on vulnerable young people with the aim of ensuring participation in positive activity. The mainstream support offered by Skills Development Scotland will be augmented by specific youth interventions delivered by Dundee City Council. In addition, a shared apprenticeship programme will be developed to provide more skills development opportunities, together with a community based project that supports vulnerable young people in the most deprived areas to obtain and sustain further education places.

## Joint Resourcing

The Christie Commission identified that demands on public services will increase dramatically due to demographic issues and from not adequately addressing the causes of disadvantage and vulnerability. To meet these challenges, the whole system of public service should become more efficient by reducing duplication and sharing services wherever possible.

Collaborative working with our neighbouring authorities is not a new concept for Dundee, with several very successful partnerships running currently e.g. Roads & Street Lighting Partnerships, Tayside Procurement Consortium and Tayside Scientific Services. **Tayside Contracts** is our most established model of collaboration, having been in existence for 20 years. This is a commercially based shared arrangement that operates under a Joint Committee of elected members from each of the constituent councils, for the provision of catering, cleaning, roads maintenance, vehicle maintenance and winter maintenance.

A single Joint Committee has been established to manage the principal levers of economic growth across local government boundaries. It is proposed that the **Tay Cities Joint Committee** will be responsible for:

- Regional Economic Development
- Cross-boundary Strategic Planning
- Regional Transport Planning and delivery (including Public Transport) in Angus, Dundee and Perth & Kinross

The **Tayside Plan for Children, Young People and Families 2017-2020** is the first joint plan to be produced in Angus, Dundee and Perth and Kinross. It reflects shared leadership towards multi-agency cross-border collaboration in the planning, management, commissioning, delivery and evaluation of services to children, young people and families. The Plan has been developed by the three Councils, NHS Tayside, Police Scotland, Health and Social Care Partnerships and other organisations to ensure a consistent approach towards agreed priorities and an absolute focus on improving outcomes for all children, young people and families.

## Protecting People

In Dundee, there is a well-established framework within which the range of multi-agency supports and interventions to **protect people** of all ages is planned and coordinated. This includes:

- Dundee Child Protection Committee;
- Dundee Adult Support and Protection Committee;
- Dundee Violence Against Women Partnership;
- Dundee Alcohol and Drug Partnership;
- Dundee Suicide Prevention Group and;
- Tayside Multi Agency Public Protection Arrangements (MAPPA)

These committees/partnerships provide strategic leadership in respect of local public protection and relevant care and support developments and discharge their duties through the implementation of individual improvement/strategic plans. The Protecting People Team's vision is that Dundee's people will have the protection they need, when they need it, to keep them safe from harm.



## Equalities & Diversity

A central theme of our City Plan is a commitment to tackling the inequalities that exist within our society as a result of socio-economic disadvantage. People can also face barriers because of their race, gender, age, disability, sexual orientation or religion or belief. In delivering this plan, the Partnership will seek to tackle inequality in the city in whatever form it manifests itself, through clear and coordinated approaches.

The Partnership is acutely aware that the outcomes experienced by equalities groups with protected characteristics are often poorer than for the city as a whole. We are also conscious of particular issues addressed by individual groups and want to work more closely with our colleagues in the third sector to develop new forms of engagement that can more effectively respond to their needs. We will build on the learning from ongoing work such as the Race Equality Health and Social Care Pilot Project undertaken by the Council for the Ethnic Minority Voluntary Sector Organisations (CEMVO) Scotland.

## B. Monitoring Progress

Managing progress towards our outcomes will be one of the main priorities for every group across the Dundee Partnership structure. Clear 1, 3 and 10 year targets will be published that demonstrate our expectations in the short, medium and long term. Full details on all of the targets in this plan, including sources, trends and benchmarking information are available on the Dundee Partnership website.

Our online performance management system will request regular updates from those listed as lead officers for indicators and targets, asking them to provide updates which will be available online and used to produce reports.

## The Dundee Scorecard

A new performance reporting scorecard is being developed that will allow for streamlined reporting to the Dundee Partnership Management Group around our top priorities. This will facilitate simpler and more effective scrutiny. A range of relevant performance indicators will be captured across the Partnership and be reported through our Executive Boards and partner organisations.

The indicators used in the scorecard are mainly based on the basket of key core indicators recommended by the Improvement Service on important life outcomes including work and enterprise, early years, older people, health and wellbeing, safer/stronger communities and engagement with local communities. These key indicators provide a consistent basis for measuring outcomes and inequalities and will be a useful tool to help assess if the lives of people in Dundee are improving, complemented further by local intelligence for the city.

The scorecard reflects the key indicators for each theme and the short and long term targets associated with these. These have been agreed with partners as ambitious but realistic targets which illustrate the range of outcomes to be measured whilst also allowing benchmarking with other authorities and Scotland to reflect where Dundee sits in comparison.

Wider exploration of the data which relates to these key indicators is shown within the Integrated City Profile document.

## Reporting

On a partnership basis:

- There will be an annual report on the delivery of the City Plan to the Dundee Partnership incorporating case studies or key projects that bring our partnership working to life
- The performance targets are owned by the Executive Boards for each strategic theme.
- Progress of individual projects and services is reported to the Partnership on an ongoing basis when there are significant developments or problems to be addressed
- E-newsletters and the Dundee Partnership website are employed to ensure information is available to public and all partners

On an individual basis:

- Partners will report progress on the delivery of their particular contribution to the City Plan through their own performance and reporting arrangements









For more or additional information please contact

Dundee Partnership Team  
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or visit the website  
[www.dundeepartnership.co.uk](http://www.dundeepartnership.co.uk)

ITEM No ...7.....



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
31 OCTOBER 2017

**REPORT ON:** PROPOSED MODEL OF CARE FOR OLDER PEOPLE – BUSINESS CASE

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB37-2017

## **1.0 PURPOSE OF REPORT**

This report provides the business case for the proposed model of care for older people that was outlined in the Remodelling Care for Older People report (DIJB21-2017) presented to the Integration Joint Board in June 2017.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the content of this report;
- 2.2 Agrees the four phased transformational plan as outlined in the report (paragraph 4.8) and associated financial framework (Appendix 1).

## **3.0 FINANCIAL IMPLICATIONS**

The financial framework set out in Appendix 1 sets out the phasing and levels of investment and resource release required to deliver the change in service delivery model. This model utilises short term transformation funding, held within the IJB's reserves, to assist with the transformation of services which over time will result in resource release and reinvestment from mainstream services, contribution to Transformation Programme efficiencies, culminating in a net resource release for the Partnership to consider at the end of the transformation period.

## **4.0 MAIN TEXT**

- 4.1 As outlined in the Remodelling Care for Older People report presented to the IJB in June 2017 and the Medicine for the Elderly (MFE) report (DIJB6-2017) presented to the IJB in February 2017, services face the combined challenges of increased demand for care, an ageing population and pressures on funding. In response to these challenges the Dundee Health and Social Care Partnership is progressing improvement work to modernise pathways of care in partnership with other care providers to integrate care, breaking down the boundaries experienced between hospital and non-hospital care and moving care into communities.
- 4.2 Previously, the model of service provision promoted people being assessed at Ninewells and accessing other resources from there. Once in hospital frail people are at risk of delirium, infection and functional deterioration. This means they often end up deeper into the hospital system and experience a range of poor outcomes including longer stays in hospital.
- 4.3 The Christie Report estimated that 40% of current spend on health and social care could have been avoided if a more preventative approach had been taken. It is anticipated that by completely transforming the way in which services are provided to frail people to provide early intervention and where the care wraps around them in their own home, the bed base can be further reduced, people can be supported in their own home longer with less need to move into care homes and the pressure on acute hospital care can be significantly reduced. This shift to early intervention and prevention is one of the fundamental priority areas as set out within Dundee Health and Social Care Partnership's Strategic and Commissioning Plan.

- 4.4 Work has been undertaken through the Older People Strategic Planning Group and Integrated Care Fund Monitoring Group and with wider engagement with a broad range of stakeholders to develop models which will support the care being delivered around the frail person rather than the person moving around the care system. These models have the support of Practitioners from a range of disciplines and have been demonstrated to provide better outcomes for people. Much of the funding in these models is short term with the majority of funding still within inpatient services.
- 4.5 The models promote a rapid assessment in the community with direct access to a range of resources which can prevent people deteriorating, prevent unnecessary admission or facilitate a timely discharge with a range of supports.
- 4.6 These models have resulted in a reduction in the level of demand for inpatient hospital provision and the subsequent retraction of the Royal Victoria Hospital (RVH) site. An investment of £1 million short term change funding has therefore supported the release of around £1.9 million to deal with cost pressures and reinvestment.
- 4.7 Work is underway to redevelop inpatient services for Older People. These will be co-located as the presenting population have both physical and cognitive issues. In the meantime an intermediate model will provide 74 beds in Royal Victoria Hospital and 49 in Kingsway Care Centre and has been achieved as a result of these improvements in community based care. The money released will remove the historical structural budget deficit of £500k in inpatient services and release £1.4 million to support efficiency savings and the development of the community model.
- 4.8 This report outlines a four phase proposal to mainstream the existing service model and further develop a range of robust community models including an acute pathway with access to polypharmacy review and support with medication enhanced Community Rehab services, rapid response social care and step-down and step-up models of care.

#### **Phase 1 - Mainstream the Dundee Enhanced Community Support Model across all four clusters**

This proposal will roll out and mainstream a number of community initiatives that have been tested through the reshaping care for older people programme. This involves multidisciplinary team meetings to coordinate the care of frail people, access to consultant support on a cluster basis, access to Comprehensive Geriatric Assessment, enhanced Community Rehab services including Physio/Occupational Therapy and Nutrition and dietetics and the introduction of volunteer services to the model. This phase will cost £1.6 million and will be funded through a combination of resource release from Royal Victoria Hospital, existing mainstream funding and temporary and permanent Integration Funding.

#### **Phase 2 - Develop and test Dundee Enhanced Community Support Acute (DECSA) in one cluster**

This proposal involves the short term monies which have been released by mainstreaming and rolling out Enhanced Community service being reinvested to test an Acute response in one cluster. This investment will provide on call consultant cover, and sufficient medical cover in the first instance to facilitate the development of the Advanced Nurse Practitioner role. Nursing and social care availability will be significantly enhanced to care for this more unwell group of patients. The cost of this is £1.36 million and can be funded by Integrated Care Fund monies. This model is planned to be in place by February 2018 with smaller tests of the model commencing in October 2017.

#### **Phase 3 - Roll out DECSA across all four clusters**

Testing the model in phase 2 will allow a more robust financial modelling of this phase however currently the additional cost of the roll out is expected to be a further £770k. This will predominately enhance the nursing and social care compliment to care for this more dependent group. This is planned for October 2018.

#### **Phase 4 - Reduce inpatient and care home bed base to ensure the sustainability of the model**

As outlined above the total anticipated cost of the model is £3.7 million. With limited short term investment £1.9 million has been released which will fund the budget shortfall in the remaining wards and provide £1.372m for reinvestment in the new model. Further change will allow

further reductions in the non-acute bed base and release pressure on the acute hospital provision. While it should be noted that this model is not necessarily cheaper in the short term than an acute hospital bed it provides potentially better outcomes and a lower long term cost as it reduces the harm associated with admission. This model will be funded by further resource release in line with the strategic direction outlined. As a result we anticipate that there will be a reduction of up to a further 20 beds at Royal Victoria Hospital with a potential resource release of up to £1 million. This is anticipated to be achieved by March 2019. The impact of the new community based model of care will also lead to a reduction in the demand for care home placements across the city, further releasing resources set aside for residential forms of care. The impact of the changes will also support the reduction in the value of the large hospital set aside as a result of a reduction in unplanned admissions and shorter stays in hospital.

## 5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	Over stretched Primary Care Services are adversely affected.
<b>Risk Category</b>	Operational
<b>Inherent Risk Level</b>	12 - High
<b>Mitigating Actions</b> (including timescales and resources )	Involvement of primary care in developing the model Secondary care model developed Discharge criteria developed Close links with Enhanced Community Support model Monitor impact by testing model
<b>Residual Risk Level</b>	6 - Moderate
<b>Planned Risk Level</b>	6 - Moderate
<b>Approval recommendation</b>	Given the moderate level of planned risk, this risk is deemed to be manageable.

<b>Risk 2 Description</b>	Out of hours services are adversely impacted.
<b>Risk Category</b>	Operational
<b>Inherent Risk Level</b>	12 – High
<b>Mitigating Actions</b> (including timescales and resources )	Involvement of out of hours in developing the model Development of a 8am – 8pm model Clear lines of communication developed Monitor impact by testing
<b>Residual Risk Level</b>	6 – Moderate
<b>Planned Risk Level</b>	6 – Moderate
<b>Approval recommendation</b>	Given the moderate level of planned risk, this risk is deemed to be manageable.

**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: 27 September 2017

Jenny Hill  
Locality Manager

<b>Proposed ECS Model</b>					
<b>Phase 1</b>	<b><u>Mainstream the Dundee Enhanced Community Support Model across all 4 clusters</u></b>				
			Cost Per Cluster		Total Cost for 4 Clusters
1.0	OT	Band 6	42,053		168,212
2.0	Physio	Band 6	84,106		336,424
0.5	Pharmacy	Band 8a	29,759		119,036
1.0	Pharmacy Tech	Band 5	33,992		135,968
1.0	Comm Nurse	Band 6	42,053		168,212
3.0	Comm Nurse	Band 5	101,976		407,904
0.3	GP		70,000		70,000
0.2	MFE (2 Sessions)		20,000		80,000
0.5	Dietician	Band 6	21,027		84,106
	Volunteer coordinator		30,000		30,000
			474,966		<b>1,599,862</b>
<b>Funded by:</b>					
Resource release from RVH (less contribution to Transformation Programme Efficiencies)					1,000,000
Pharmacy Technician (Integration Funding - Mainstreamed)					33,000
Permanent Integration funding					197,000
Integrated Care Fund (IJB Reserves) - temporary funding until Phase 4 resource release					370,000
<b>Phase 1 Total Funding</b>					<b>1,600,000</b>
<b>Phase 2</b>	<b><u>Develop and test Dundee Enhanced Community Support Acute (DECSA) in one cluster</u></b>				
					Total Cost for Rollout to One Cluster
Acute additions					
1.0	Consultant				120,000
1.2	MFE 12 sessions				96,000
1.0	ANP	Band 7			50,930
1.7	Comm Nurse	Band 6			71,490
2.0	Comm Nurse	Band 5			67,984
2.7	Generic support worker	Band 3			66,474
1000 Hrs Social Care Rapid Response (city wide)					834,240
Travel / Transport / Supplies / Training					50,000
					<b>1,357,118</b>
<b>Funded by:</b>					
Advanced Nurse Practitioner Support (Delayed Discharge Fund - Mainstreamed)					40,800
Integrated Care Fund (IJB Reserves) - temporary funding until Phase 4 resource release					1,316,318
<b>Phase 2 Total Funding</b>					<b>1,357,118</b>
<b>Phases 3 &amp; 4</b>	<b><u>Roll out DECSA across all 4 clusters/Reduce hospital inpatient &amp; care home bed base</u></b>				
					Total cost for additional 3 clusters
			Cost Per Cluster		
1.0	ANP	Band 7	50,930		152,790
1.7	Comm Nurse	Band 6	71,490		214,470
2.0	Comm Nurse	Band 5	67,984		203,952
2.7	Generic support worker	Band 3	66,474		199,422
			256,878		770,634
<b>Funded by:</b>					
Resource release from reduction in hospital inpatient beds					1,000,000
Reduction in Care Home Beds					1,750,000
					2,750,000
Net Resources Released: Phase 4					1,979,366
Less - Balance of Phase 4 Resources to Fund:					
Permanent Funding Required for Phases 1 & 2 Above (Initially funded from reserves)					1,686,318







**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
31 OCTOBER 2017

**REPORT ON:** RESHAPING NON-ACUTE CARE IN DUNDEE

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB38-2017

## **1.0 PURPOSE OF REPORT**

- 1.1 This report is to update the Integration Joint Board in relation to the work of the Reshaping Non-Acute Care Programme in Dundee and to seek approval to proceed to the next phase of the programme. It describes a future outline operational plan for non-acute care in Dundee, ideally in partnership with other localities. It also outlines the future impact on property in relation to the wider transformation of the property portfolio across Dundee and Tayside.
- 1.2 The outline operational plan described in this paper fully supports relevant national and local strategies, specifically Dundee IJB's Strategic and Commissioning Plan, the emerging NHS Tayside Transformation Board's Integrated Clinical Strategy and its Property Strategy.

## **2.0 RECOMMENDATIONS**

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

- 2.1 agrees the proposed future model of non-acute care for Dundee in principle as described in paragraphs 4.2 – 4.6;
- 2.2 instructs the Chief Officer to prepare a fully costed business case and present this to a future IJB meeting;
- 2.3 notes the level of engagement and consultation undertaken to date as set out in section 4.7 of this report and commits to a continuation of this approach over the next phases of the proposed development.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 Primary and Community Care projects which exceed £10 million build cost require to use the hub initiative Design, Build, Finance, Maintain (DBFM) procurement route, which is a revenue funded solution. The capital requirement for such projects is limited to enablement works, moveable (Groups 2, 3 and 4) equipment and subordinate debt. The Scottish Government Health and Social Care Department will provide capital funding for moveable equipment associated with the revenue financed hub projects.
- 3.2 The Tayside Community Care (Kingsway 2) project, of which this proposal is a key component, is expected to be delivered by the above route. In November 2014 a ministerial announcement was made supporting finance for the Kingsway project, quoting notional capital equivalent estimate of £20 million. Dundee Health and Social Care Partnership seeks to utilise this funding opportunity in the event a new facility is required.
- 3.3 It is intended that this would be the initial component of a phased programme of works that will see a transformation of all community facilities and the creation of locality hubs across the city.

## 4.0 MAIN TEXT

### 4.1 Background

- 4.1.1 The Reshaping Non-Acute Care in Dundee programme of work was initiated in 2014 as part of the Steps to Better Healthcare initiative. A review of the scope and deliverables of the programme was carried out in early 2016, with a new programme leadership, scope and deliverables and team emerging in mid-2016 focussing on the following:
- developing new models of care around frailty services in Dundee, including the services previously known and psychiatry of old age and medicine for the elderly (POA and MFE)
  - developing new models of care for neurological rehabilitation services, including the service previously known and the Centre for Brain Injury Rehabilitation in Dundee
  - developing a new model of care for stroke services in Dundee
  - developing a new model of care for special palliative care service in Dundee
  - identifying opportunities for integrated models of care for the above with Angus
  - reviewing the impact on the existing facilities with a view to specifying a new portfolio of properties that will better meet the future demands of flexibility, safety, efficiency and sustainability.
- 4.1.2 Each of these areas have been working with the support of healthcare planners from Capita on mapping the future state of services, with a focus on new models of community and integrated care. The statistical analysis was undertaken to provide robust data to provide evidence to support these new models.
- 4.1.3 As Older People's Services face the combined challenges of increased demand for care, an ageing population and pressures on funding, they are progressing improvement work to modernise pathways of care in partnership with other care providers to integrate care, breaking down the boundaries experienced between hospital and non-hospital care and moving care into communities.
- 4.1.4 Previously the model of service provision promoted people being assessed at Ninewells and accessing other resources from there. Predominately this involved a transfer to either Kingsway Care Centre or Royal Victoria Hospital. Recent years have seen the development of a range of models that promote a rapid assessment in the community with direct access to a range of resources which can prevent people deteriorating, prevent unnecessary admission or facilitate a timely discharge with a range of supports.
- 4.1.5 While there will always need to be acute care for medical emergencies the people who benefit from these new models include those who have infections, heart failure, Chronic Obstructive Pulmonary Disease (COPD), delirium, who have fallen, and those who are elderly and are deteriorating. These people can be particularly vulnerable to risks associated with admission.
- 4.1.6 Work has been undertaken through the Older People Strategic Planning Group and wider engagement with a range of stakeholders to develop models which will support the strategic direction. These models have the support of Practitioners from a range of disciplines and will provide better outcomes for people.
- 4.1.7 The proposed future model is that by using an asset based approach people will be supported to be healthier and independent for longer in their own community. Involvement of the Third Sector is vital to the success of this model and this will need increased investment. The development of locality work will continue to identify people at an early stage of their journey where things do go wrong and provide early intervention and anticipatory care. Where people do start to deteriorate, a range of services will be provided to allow them to maximise their recovery and be independent in their own home. Where this is not possible there will be intermediate care services within the local area. Where people do need to go to hospital this will only be for the length of time they need to be in hospital and they will be able to step down using the same range of supports and resources. Both community and inpatient services will be redesigned to ensure they meet the needs of people who have both cognitive impairment and physical health problems.

- 4.1.8 A number of work streams already support this remodelling. There are work streams to develop Enhanced Community Supports including those designed for people with a more acute need, the development of Community Rehabilitation Teams, the development of the Post Diagnostic Team for people newly diagnosed with dementia, the development of integrated Community Teams, the development of a care home support team and the development of integrated community mental health teams.
- 4.1.9 This also includes polypharmacy work, the development of the acute frailty team, rapid response social care, work to co-ordinate out of hours services, development of an integrated discharge hub and a range of intermediate care resources. Collectively the intention of these resources and teams is to ensure continuity of care, prevent admission where possible and if not to ensure a timeous return home to be assessed.
- 4.1.10 Work is underway to redevelop inpatient services for Older People. These will be co-located as the presenting population have both physical and cognitive issues. In the meantime an intermediate model will provide 74 beds in Royal Victoria Hospital and 49 in Kingsway Care Centre.
- 4.1.11 The intention is to develop locality based intermediate care in Dundee Health and Social Care Partnership operated homes. This will be for people with Cognitive and Physical issues. The location of these homes will support this work to be delivered in more of a locality manner.
- 4.1.12 There are currently gaps for people with complex needs who can no longer live at home. These include younger people with dementia and those with more complex challenging needs. The proposal is that care homes managed by the Partnership develop as a specialist resource for these people. This will lead to a reduction in people who are in Kingsway Care Centre for prolonged periods.
- 4.1.13 The proposed roll out of Enhanced Community Support in the other three clusters is likely to lead to similar gains to that of Cluster 2 and the development of Dundee Enhanced Community Support Acute (DECSA) will further support people to be cared for in their own home.

## **4.2 Frailty Services**

- 4.2.1 The reshaping of care for people who have multiple and complex needs resulting in frailty is a Scottish Government initiative aimed at improving services by shifting towards anticipatory care and prevention. Previously, the "Reshaping Care for Older People : A Programme for Change 2011-2021" set out the Scottish Government vision that 'Older people are valued as an asset, their voices are heard and they are supported to enjoy full and positive lives in their own home or in a homely setting'.
- 4.2.2 The health and social care workforce in Dundee currently operates in a relationship of co-production with patients, service users and community localities, something that was explicitly stated in the Christie Report (2011): "the workforce must be able to provide effective services and support that are designed with and for people and communities and not delivered top down for administrative convenience."
- 4.2.3 The model of care for frail people is evolving – the transition from care focused on the inpatient setting towards an approach of integrated care between health and social care i.e. the Dundee Enhanced Care Services (DECS), third sector and voluntary bodies for people in their own homes or communities. The continued development, growth and eventual roll-out of the DECS model has a direct and positive impact on inpatient numbers and results in a reduction in overall demand for inpatient beds.
- 4.2.4 This shift is both beneficial in terms of the patient's experiences and outcomes as well as a reduced demand on health and social care resources and assets but is also vital in meeting the expanding demands for care that the population demographics and the diminishing levels of such resources force upon us.
- 4.2.5 The community inpatient components of the frailty services in Dundee currently operate from bed bases in Royal Victoria Hospital and the Kingsway Care Centre.
- 4.2.6 It is acknowledged that the current age and fabric of the Royal Victoria Hospital site does not

provide an environment which is sustainable for future requirements. This has been a contributory factor in the reduction of wards across the Royal Victoria Hospital site. In addition, Kingsway Care Centre is currently based in a leased building which is not purpose built. There is therefore, a requirement to review the options for alternative sites for both services based on the Royal Victoria Hospital site and the Kingsway Care Centre site.

- 4.2.7 In line with the principles of the IJB's Strategic and Commissioning Plan, this creates the opportunity to design an integrated, contemporary model of care with co-located services in an improved environment that will support the desired model of Medicine for the Elderly (MFE) with Psychiatry of Old Age (POA) while creating new models for Neurological Rehabilitation and Stroke services on a single site.
- 4.2.8 While this may reduce the number of bed spaces in a new facility, this is only part of the configuration of resources needed to provide this new community and patient focused model of care delivery. There is a direct correlation between the breadth and depth of community services and the bed numbers required.
- 4.2.9 Work is ongoing to develop robust community enhanced support including an acute pathway. Further work is also continuing to provide support for people with mental health difficulties, including dementia, in the community. In particular by developing post-diagnostic support, community mental health teams and an integrated care home team.
- 4.2.10 Improvements continue in joint working with MFE and POA including a locality model for psychiatry of old age services. From September 2017 the Acute Frailty Service, currently based in Ninewells to ensure frail elderly people are identified, is provided seven days per week. This ensures frail people receive a comprehensive geriatric assessment and are supported through their recovery journey in the most appropriate manner. Ideally this may be best delivered from an Acute Frailty Unit in the future. Other live initiatives supporting robust community models include the following:
  - polypharmacy review
  - enhanced Community Rehab services
  - joint working with Out of Hours service
  - development of rapid response social care
  - further development of the falls pathway
  - anticipatory care planning and work to promote power of attorney
  - development of step-down and step-up models of care.

### **4.3 Specialist Neurological Rehabilitation**

- 4.3.1 The Neurological Rehabilitation Services Initial Agreement document agreed by NHS Tayside in June 2017 outlines a proposal to develop a comprehensive new specialist neurological care pathway, including for trauma patients.
- 4.3.2 The development supports the achievement of three key objectives of Dundee IJB:

#### **Improving Health**

The holistic enablement and rehabilitative service provided by the multidisciplinary team will enable and support patients to live more independently, to participate more fully in family and community life, and will assist patients to live healthier lives.

#### **Improving Patient Experience (Person Centred Care)**

Patients requiring neuro-rehabilitation will experience a patient-centred approach to their rehabilitation, and more positive experiences and outcomes as they work in partnership with the multidisciplinary team to establish their personal goals, and will be treated in purpose-designed facilities that meet their needs.

#### **Cost Efficiency (Making Best Use of Resources)**

The service redesign will enable resources to be used more efficiently and effectively to support the rehabilitation needs of patients and their families. The potential new model of neuro-rehabilitative care will require reinvestment in the services provided by NHS Tayside

and the Local Authorities to enhance the local support provided to patients in a community setting and to supplement the work of the inpatient unit.

4.3.3 The Tayside Neurological Rehabilitation Redesign also looks to support the attainment of the following NHS Tayside Corporate Objectives:

- Agencies (public and voluntary sectors) will work together, and with communities to improve services and health outcomes
- Optimise the health and quality of lives of people living in Tayside and reduce health inequalities
- Improve quality of care in all health settings
- Improve patient experience of our services
- Provide care in a safe, clean environment
- Build capacity and capability to achieve sustainable change
- Deliver on the priority areas in our Clinical Strategy including achieving HEAT targets and standards
- Make the best use of resources and achieve financial balance.

4.3.4 The project also looks to contribute to the attainment of the strategic aims set out in the IJB's Strategic and Commissioning Plan.

4.3.5 The redevelopment of the facilities and redesign of the service will markedly improve the quality of the service that is provided and much improve the environment for both patients and staff. It will also allow the service to reduce the likelihood of delayed discharge and to cope with predicted future demands on the service.

#### **4.4 Stroke Services**

4.4.1 The need for specialist rehab stroke services was outlined in report DIJB6-2017 (Medicine for the Elderly Services) which was submitted to the Integration Joint Board in February 2017. An interim unit has been created on the RVH site and will become fully operational toward the end of 2017. Whilst this is an improvement on the scale of services available previously further development of stroke services is required.

#### **4.5 Palliative Care**

4.5.1 Initial discussions have taken place to begin to scope out the design of future palliative care services. This process will be a joint initiative with the Angus Partnership. Whilst at such an early stage in the process it would be difficult to describe a future model, planning for the wider review of non-acute services should not exclude palliative care.

#### **4.6 Psychiatry of Old Age (POA)**

4.6.1 POA services were transferred to the Kingsway Care Centre in 2013 as an interim move. Since then the development of community based services has allowed significant reductions in bed numbers. The intention is to move to a three ward model however, due to building design and configuration issues, this cannot be accommodated on the Kingsway site.

4.6.2 It is further recognised that the needs of the population are significantly complex and the current population do not have either a mental or physical health problem, but have both. Co-location with MFE services would result in a more efficient and better quality service.

4.6.3 The re-modelling of services within Psychiatry of Old Age has enabled a review of staffing establishments as part of the wider workforce plan. Again, it is not possible to achieve this staffing model on the current site and with the current resources available.

4.6.4 The proposed phased approach contained within the Re-shaping POA Service programme has been designed to support an increase in the various community teams' capacity to support the reduction in in-patient bed numbers. The proposed workforce establishments will result in more efficient and effective use of staff resources.

## 4.7 Engagement

- 4.7.1 Engagement with staff has been done in partnership with staff side and a transition group has been set up at RVH. This group includes representation from all the major unions, key staffing groups, service managers and Human Resources.
- 4.7.2 Staff briefings and 1:1 staff sessions have also taken place at RVH and staff side communications and the engagement officer have been active participants in all of the planning sessions. This has allowed the identification and planned resolution of issues raised.
- 4.7.3 Information has been provided to both patients and their relatives at RVH. This was in the form of individual conversations with staff members. More general engagement has taken place with the Celebrate Age Network and the Pensioners Forum. Information has also been published in a range of places including the Partnership Newsletter. Reports have also been in the local press several times over the last few months.
- 4.7.4 A wide range of stakeholders have been involved in the development of the wider proposals. They include:
- Primary Care
  - Social Work
  - Allied Health Professionals (AHPs)
  - Pharmacy
  - Community Nursing
  - NHS Transformation Team
  - NHS and Dundee City Council Property Teams

## 5.0 POLICY IMPLICATIONS

- 5.1 The objectives of the project support the strategic aims of person centred, community based care in keeping with the principles of the IJB's Strategic and Commissioning Plan. The objective is also to ensure that this is delivered as safely and efficiently as possible in line with the emerging NHS Tayside Integrated Clinical Services Strategy for Older People, produced by the Older People Clinical Board.
- 5.2 The proposals within the report are in line with the NHS Tayside Property Strategy. The obtainment of additional Scottish Government resources will provide the development of a centre for excellence and support the remodelling of care as described in report number DIJB37-2017 (Proposed Model of Care for Older People – Business Case) presented to this meeting.

## 6.0 RISK ASSESSMENT

- 6.1 No specific risks have yet been identified however, as part of the wider programme of work, a risk workshop will be conducted and all the risks identified. A risk log will be created highlighting risk owner and mitigation strategy. This risk log will be maintained and monitored at the regular programme review meetings.

## 7.0 CONSULTATIONS

- 7.1 Dundee IJB cited the project in their Strategic and Commissioning Plan. The report was presented to the Senior Management Team and amended following comments received to improve the clinical model. Detailed components of this summary document have been submitted to the following gateway committees:
- Integrated Strategic Planning Group
  - The Older Peoples Board
  - Strategic Planning Groups
    - Pensioners Forum
    - Celebrate Age Network
  - Clinical Fora including:
    - Older Peoples Clinical Board
    - LMC Cluster Lead Meeting

**8.0 BACKGROUND PAPERS**

None.

David W Lynch  
Chief Officer

DATE: 27 September 2017

Jenny Hill  
Locality Manager







**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
31 OCTOBER 2017

**REPORT ON:** DUNDEE AND ANGUS COMMUNITY EQUIPMENT LOAN SERVICE

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB44-2017

## **1.0 PURPOSE OF REPORT**

- 1.1 This report provides information about the Dundee and Angus Community Equipment Loan Service.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the contents of this report;
- 2.2 Notes progress in merging the Dundee and Angus Community Equipment Loan Service and in particular the performance and quality indicators detailed in paragraphs 4.2.6 and 4.2.7 which demonstrate an improved service delivery model.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 Dundee Health and Social Care Partnership realised efficiency savings to the value of £50,000 in a full financial year as a result of the creation of a Joint Dundee and Angus Community Equipment Loan Service.
- 3.2 It is anticipated that further future efficiency savings will be achieved as the Joint Service becomes established.

## **4.0 BACKGROUND TO THE JOINT COMMUNITY EQUIPMENT LOAN SERVICE**

### **4.1 Dundee Community Equipment Loan Service and Independent Living Centre**

- 4.1.1 Reference is made to report number DIJB29 – 2016 (Joint Dundee and Angus Equipment Loan Service Proposal which was discussed at the Integration Joint Board held on 28 June 2016. The Dundee and Angus Community Equipment Loan Service and Independent Living Centre is a partnership between Dundee and Angus Health and Social Care Partnerships. The service is hosted by Dundee Health and Social Care Partnership.
- 4.1.2 The Loan Service provides, delivers, installs and maintains a range of equipment to people of all ages living in Dundee and Angus to help them to manage day to day living to minimise intervention and maximise independence. Equipment provided by the Joint Community Equipment Loan Service will have been prescribed by Occupational Therapists, Nurses, Physiotherapists or Occupational Therapy Support Workers using established Criteria and Guidance.
- 4.1.3 The Independent Living Centre provides information, advice and a demonstration service to public, users, carers and professionals on all aspects of equipment, health improvement, self management and opportunities for social inclusion. The Centre also ensures professionals of

all disciplines have access to up-to-date equipment for demonstration and assessment purposes and provides a training environment for staff and the public in the use of equipment.

- 4.1.4 The service is required to comply with a range of health and safety and good practice guidance in providing equipment to citizens of Dundee and Angus. In this context noted above and in line with the National Health and Wellbeing Outcomes, and Dundee and Angus Local Outcome Improvement Plans, the Joint Service aims to achieve the following:

- People are supported to live independently in their own home or a homely setting.
- People have a positive experience of the service provided.
- Equipment is provided efficiently, effectively and safe for use.
- Our workforces are confident and competent in providing equipment.

#### **4.2 Development of Joint Dundee and Angus Community Equipment Loan Service**

- 4.2.1 NHS Tayside intimated that they would be expecting the Little Cairnie Site, where the Angus Community Equipment Loan Service was located, to become surplus to requirements in early 2016 and requested that a timeline was established for a re-location of the Angus Community Equipment Loan Service from the Little Cairnie site.

- 4.2.3 Due to this, Angus Partnership approached Dundee Partnership to request consideration of a Joint Dundee and Angus Equipment Loan Service as part of their options appraisal. Following a period of discussions and negotiations, both Dundee and Angus Partnerships agreed during 2016 to a merger of the services. The merger was subsequently agreed in principle at the Dundee Integration Joint Board held on 28 June 2016.

- 4.2.4 A Joint Dundee and Angus Community Equipment Loan Service Steering Group was established during 2016 to support the merger and provide oversight, governance and coordination in relation to provision of equipment in the community. This Group is chaired by Locality Manager (Lochee and Strathmartine) and has representation from across Dundee and Angus Partnerships, NHS Tayside and Dundee City Council.

- 4.2.5 The services formally merged on June 2017, with the services transitioning to a fully joint service between October 2016 and June 2017. A launch and engagement event took place during January 2017 which received significant positive media attention. A follow up event is to take place during 2018 to involve stakeholders in the continued development of our joint service.

- 4.2.6 Dundee performance relating to the service highlights that:

- Over the past three years we have delivered 85% equipment on average within 2 days or less of order.
- Over the past three years we have collected 80% of equipment on average within 1 day or less of order.
- We have recycled 80% on average of equipment over the past three years, leading to a notional saving of £2,795,624. This money has then been re-used to support purchase of equipment, leading to efficient use of the budget.
- All equipment has received required LOLER, PAT and PUWER tests as appropriate to the equipment.
- 1 complaint has been received about the service during period 2016 - 17 and 2017 – 18.
- 2 compliments have been received about the service during period 2016 - 17 and 2017 – 18.
- 99% of service users provided positive feedback about the service provided.

- 4.2.7 Angus performance relating to experience of service highlights from June 2017: -

- We have delivered 71% equipment on average within 2 days or less of order. It is anticipated that this performance will continue to improve given that the backlog has been addressed.
- We have collected 66% of equipment on average within 2 days or less of order. It is anticipated that this performance will continue to improve given that the backlog has been addressed.

- We have recycled 77% on average of equipment between October 2016 to August 2017 leading to a notional saving of £332,714
- 1 complaint has been received about the service during period 2016 - 17 and 2017 – 18.
- 99% of service users provided positive feedback about the service provided.

### 4.3 Next Steps

4.3.1 As a Partnership we have taken a collaborative and solution focused approach to change and this has supported the key progress noted above. Over the next year it is planned to implement:

- Business planning so that we can focus on developing the service to meet outcomes and at the same time achieve efficiencies in how we deliver the service.
- A systematic approach to service user and carer engagement so that service users and carers inform and are involved in how our service develops.
- A joint Equipment Procurement Framework to implement a cohesive approach for procurement of equipment. It is anticipated that once completed this will both standardise the type and range of equipment used across Dundee and Angus.
- A Trusted Assessor Programme which will provide a learning standard for Prescribers of equipment, adaptations and telecare. It is anticipated that this will support consistency of practice across prescribers and implementation of joint procedures. Once drafted it is planned that this programme will be implemented during 2018 with a view that all prescribers have completed this standard by April 2019.

## 5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

6.1 The merger of the services provides an opportunity to improve outcomes for citizens of Dundee and Angus and improve efficiency of service delivery. A performance and budget report will be provided on a regular basis to demonstrate impact of the merger and an assurance that the service is delivered within resources available to Dundee and Angus Partnerships.

6.2 Risk Description – There is a risk that additional funding will be required to implement the merger.

Inherent Risk – 2 x 3 (Minor x Likely) = 6

Current Risk – 2 x 2 (Minor x Unlikely) = 4

Planned Risk – 2 x 2 (Minor x Unlikely) = 4

\*Risk Scoring (Impact x Likelihood)

**Note:** We use a risk level scoring of 1 – 25

(1 being the lowest Score and 25 being the highest score)

Given the risk mitigation actions in place, the risk is deemed to be manageable.

**7.0 CONSULTATIONS**

7.1 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: 9 October 2017

Alexis Chappell  
Locality Manager



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD -  
31 OCTOBER 2017

**REPORT ON:** A CARING DUNDEE: A STRATEGIC PLAN FOR SUPPORTING CARERS  
IN DUNDEE/VALUING, SUPPORTING AND INVOLVING CARERS:  
DUNDEE CARERS CHARTER 2017-2020

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB47-2017

## **1.0 PURPOSE OF REPORT**

- 1.1 To seek approval of a Caring Dundee: A Strategic Plan for Supporting Carers in Dundee (the Strategic Plan) and Valuing, Supporting and Involving Carers: Dundee Carers Charter 2017-2020 (the Charter).

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the contents of this report and in particular the involvement of carers in developing the Strategic Plan and the Charter as detailed in paragraph 4.2.1;
- 2.2 Approves A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee (Appendix 1);
- 2.3 Approves the Valuing, Supporting and Involving Carers: Dundee Carers Charter 2017-2020 accompanying the Strategic Plan (Appendix 2) and signs up to the pledges detailed in the Charter (paragraph 4.1.4);
- 2.4 Requests the Chief Finance Officer to bring a further report detailing financial and resource implications of the Carers (Scotland) Act 2016 once confirmed.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 A finance group was established by Scottish Government in 2016 with representation from COSLA, National Carer Organisations, and Local Authorities to profile demand and costs of assessment and support for Carers relating to implementation of the Carers (Scotland) Act 2016. A local review of financial and resource implications resulting from the national finance group is being undertaken to inform implementation of the Strategic Plan, given that the Plan has been informed by the duties set out in the Carers (Scotland) Act 2016.

## **4.0 MAIN TEXT**

### **4.1 Background to the Carers Strategic Plan**

- 4.1.1 In Dundee, we recognise the significant and vital contribution that Carers make in supporting people they care for. Over the next few years changes in resources available, patterns of demand and support to Carers and the person they care for is anticipated. Our central task throughout this period is to focus on identifying, listening to, supporting and empowering unpaid Carers, of any age, in Dundee.
- 4.1.2 To ensure we maintain this focus, the Dundee Carers Strategic Planning Partnership (the Partnership) has produced a Carers Strategic Plan (the Plan). This Plan is for all Carers in

Dundee, including young, adult and parent carers and was developed through listening to the views and experiences of Carers. It sets out the approach, model and actions by which the Partnership will deliver on our vision and outcomes for Carers caring for people in Dundee.

- 4.1.3 The Strategic Plan also describes how we will implement the Carers (Scotland) Act 2016 and helps prepare for the requirements set out for local Carers strategies which are contained within the statutory guidance accompanying the 2016 Act. Reports were discussed at the Integration Joint Board on 28<sup>th</sup> August 2017 (DIJB34-2017 - Carers (Scotland) Act 2016 Implementation Update) and 28<sup>th</sup> June 2016 (DIJB30-2016 - Carers' (Scotland) Act 2016) summarising preparations for the Carers (Scotland) Act 2016.
- 4.1.4 To accompany the Strategic Plan, a Dundee Carers Charter has been developed which sets out and summarises our local commitments to Adult and Young Carers. The Charter sets out three pledges to carers in Dundee:
- Identify, acknowledge and value carers;
  - Support carers;
  - Involve carers.
- 4.1.5 Public Bodies and Agencies will be invited to 'Sign up' to the Dundee Carers Charter on 24<sup>th</sup> November 2017 which is Carers Rights Day (UK). It is recommended that the IJB signs up to the Charter when it is launched in November.

## **4.2 Vision and Strategic Outcomes**

- 4.2.1 In Dundee, our vision is a Caring Dundee in which all Carers feel listened to, valued and supported so that they feel well and are able to live a life alongside caring. The vision was developed by the Dundee Carers Partnership. This Partnership includes both carers and local carer organisations. The Strategic Plan was developed in collaboration with carers and represents their views, priorities and ambitions.
- 4.2.2 To achieve this ambition we have developed four strategic outcomes based on consultation and engagement with Carers and stakeholders within Dundee. These four strategic outcomes are:
- I am identified, respected and involved - Carers will say that they have been identified, given a voice, feel listened to, understood and respected. They will be an equal partner in the planning and shaping services and supports. Carers will also say that they know and understand their rights and are respected as a Carer.
  - I have had a positive caring experience - Carers will say that they have had positive experiences of supports and services designed to support them and the person they care for. Carers will say that they feel services are well coordinated for them and the person they care for and that they have access to a range of information and advice.
  - I can live a fulfilled and healthy life - Carers will say that they have opportunities to lead a fulfilled and healthy life. This may include accessing supports to improve their health and wellbeing, financial security and identifying what is important to them and how they will achieve this.
  - I can balance the caring role with my life - Carers will say that they have a good balance between caring and other things in their life and have choices about caring. Carers will say that they are able to spend enough time with people and activities they want to do and are able to continue in the caring role.

## **4.3 Model for Supporting Carers in Dundee**

- 4.3.1 As a Partnership, we have developed a model which will enable achievement of the four strategic outcomes, the statutory duties contained within the Carers (Scotland) Act 2016 and will contribute to the priorities contained within the Dundee Strategic and Commissioning Plan. This model is summarized below.
- Embedding person centred and carer positive practice through developing our workforce, organisations, strategic planning and guidance. It is aimed that this will build on

developments to date so that in Dundee we evidence an increase in Carers being identified, involved, respected and having positive experiences as a Carer.

- Enabling a decisive shift towards prevention, early intervention and health equality through developing a range of informal supports which can be directly accessed by Carers in their local communities which enables Carers to achieve their personal outcomes.
- Building capacity, so that Carers health checks are easily accessible to all Carers and through these checks Carers health and wellbeing is promoted.
- Further developing short breaks as a model of early intervention and support which enables Carers to continue in their Caring role.
- Developing integrated models of locality based and personalised support which enables Carers to use self-directed support to achieve their personal outcomes.

#### **4.4 Implementation of Strategic Plan**

- 4.4.1 Implementation of the Strategic Plan will be overseen by the Carers Partnership. A performance and budget report, as articulated in the Strategic Plan, will be provided on an annual basis to demonstrate impact of the Strategic Plan on Carers within Dundee.
- 4.4.2 As a Partnership, we will prioritise investment in projects and supports which enable our strategic outcomes, duties under the Carers (Scotland) Act 2016 and model of delivery to be realized and embedded in our redesign and development of integrated health and social care services.
- 4.4.3 Integral to the development and implementation of the Strategic Plan has been an ongoing communications campaign over the past three years. The Strategic Plan, if approved, will be launched on Carers Rights day on 24<sup>th</sup> November 2017 and be supported through a series of communications about Carers of Dundee and the Carers (Scotland) Act 2016 thereafter.
- 4.4.4 The Strategic Plan will also form the basis of our 3<sup>rd</sup> Annual Carers of Dundee event planned for March 2018. The Annual Events have been a successful way of generating awareness and collaboration in supporting Carers in Dundee.

#### **4.5 Costs Associated with Implementing the Strategic Plan**

- 4.5.1 To maximise use of resources to support Carers, an integrated health and social care budget statement has been developed and aligned with priorities identified in the Strategic Plan and our duties identified in the Carers (Scotland) Act 2016. This includes:
- Short term funding from Integrated Care Fund, Scottish Government Carers (Scotland) Act 2016 Pre-Implementation Funding and Scottish Government Carers (Scotland) Act 2016 National Pilot Funding. This funding has supported tests of change including funding of a Carers Act Development Officer located within Dundee Carers Centre, development of locality based carers support and a pilot in relation to the development of eligibility criteria, an adult carers support plan and communications about support to Carers.
  - Transfer of funding from NHS Tayside to Dundee Health and Social Care Partnership for the purpose of Carer Information Strategy. This is following transfer of Health Boards responsibilities to undertake this function to Integration Joint Boards.
  - Funding used to commission third sector providers to provide support to Carers across Dundee.
- 4.5.2 Once the financial resource to accompany the Carers (Scotland) Act has been confirmed this will be added to the integrated budget statement and will be used to inform a risk assessment and report regarding any financial pressures associated with implementation of the Carers (Scotland) Act 2016 and therefore the Strategic Plan.
- 4.5.3 As highlighted in report DIJB34-2017, throughout the Carers (Scotland) Act 2016 progress through Parliament, COSLA has raised concerns about the financial resources to support implementation of this Act in relation to:

- The amount of funding required to support implementation of waiving of charges for support provided to Carers, when providing support to Carers becomes a duty upon commencement of the Act in 2018; and
- The definitions of replacement care and respite care to inform whether the Cared-For-Person or Carer can be charged for care when the cared for person is at respite or when replacement care is needed when the Carer is on a short break.

4.5.4 A national Finance Group was established to profile demand and unit costs of assessment and support for Carers. A report from this Group has been completed and will likely inform discussions around the spending review and settlement covering the period when the Act will be enacted which will be 2018/19 onwards.

## 5.0 POLICY IMPLICATIONS

5.1 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 RISK ASSESSMENT

6.1 The Strategic Plan establishes a strategic direction for the future development of supports to Carers to improve outcomes for Carers of Dundee. In developing the Strategic Plan an integrated health and social care budget statement has been completed. Once the financial resource to accompany the Carers (Scotland) Act has been confirmed this will be added to the integrated budget statement and will be used to inform a risk assessment and report regarding any financial pressures associated with implementation of the Carers (Scotland) Act 2016 and therefore the Strategic Plan.

6.2 A performance and budget report, as articulated in the Strategic Plan and at 4.4.1 will be provided on a regular basis to demonstrate impact of the Plan and an assurance that the Plan is delivered within resources available.

6.3 As noted at 4.4.2, as a Partnership we will prioritise investment in projects and supports which enable our strategic outcomes, duties under the Carers (Scotland) Act 2016 and model of delivery to be realised and embedded in our redesign and development of integrated health and social care services. Each project will receive a financial risk assessment so that risks in relation to need for additional funding, sustainability and efficacy are considered and inform decision making.

6.4 It is planned that by adopting this integrated and risk management based approach, it will support improved use of resources, identification of potential future financial pressure and mitigate risks associated with implementation of the Strategic Plan and Carers (Scotland) Act.

6.5 Risk Description – There is a risk that additional funding will be required to implement the Strategic Plan and Carers (Scotland) Act 2016.

Inherent Risk – 3 x 3 (Moderate x Likely) = 9

Current Risk – 3 x 3 (Moderate x Likely) = 9

Planned Risk – 3 x 2 (Moderate x Unlikely) = 6

\*Risk Scoring (Impact x Likelihood)

**Note:** We use a risk level scoring of 1 – 25  
(1 being the lowest Score and 25 being the highest score)

Given the risk mitigation actions in place, the risk is deemed to be manageable at this time.



**7.0 CONSULTATIONS**

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

**8.0 BACKGROUND PAPER**

None.

David W Lynch  
Chief Officer

DATE: 2 October 2017

Alexis Chappell  
Locality Manager





# **A CARING DUNDEE**

**A STRATEGIC PLAN FOR SUPPORTING  
CARERS IN DUNDEE**

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**2017-2020**



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## ONE PAGE SUMMARY

A caring Dundee, in which all carers feel listened to, valued and supported so that they feel well and are able to live a life alongside caring.					
Where do we want to be?	Carers will say that they are identified, respected and involved	Carers will say that they have had a positive caring experience	Carers will say that they can live a fulfilled and healthy life	Carers will say that they can balance the caring role with their life	
What will change look like?	Develop supports and opportunities so that carers are: <ul style="list-style-type: none"> <li>Listened to and included in deciding how they and the person they look after are supported.</li> <li>Able to influence how services are developed and provided.</li> <li>Involved in the admission and discharge planning of the person they care for.</li> <li>Identified early and crisis is prevented.</li> </ul>	Develop supports and opportunities so that carers feel that: <ul style="list-style-type: none"> <li>Services are well coordinated for the person they care for and themselves.</li> <li>Carers have had positive experiences of supports and services.</li> <li>Experience is used and valued</li> </ul>	Develop supports and opportunities so that carers have: <ul style="list-style-type: none"> <li>Improved wellbeing</li> <li>Been supported to minimise the impact of financial hardship, as a result of caring.</li> <li>Access to a range of information and advice.</li> <li>Access to a range of targeted informal supports which carers can directly access.</li> </ul>	Develop supports and opportunities so that: <ul style="list-style-type: none"> <li>Young carers feel supported</li> <li>Adult carers feel supported</li> <li>Carers have access to short breaks and respite.</li> <li>Carers who are in employment and/or training or further education are supported.</li> </ul>	
What will we do?					
What will Carers say that shows a difference has been made?	I have been identified and recognised as a carer I feel listened to and respected I have a say in the services provided for the person I look after. I have a say in the services provided for me.	I have had a positive experience of services for the person I look after and of services I have a say in the services provided for me. Services are well coordinated for me and the person I look after. I am informed and able to access a range of information and advice.	I feel well and healthy I feel that I have achieved the outcomes I want to achieve. I have been able to maximise my income and manage my money.	I feel supported to continue caring I have a good balance between caring and other things in my life I feel supported to continue caring. I am able to spend enough time with people I want to spend time with.	

# INTRODUCTION

**“Carer involvement has to be meaningful not meaningless, which is about listening, responding and acting upon what carers are saying.**

**Nothing about us without us!” (Local Carer)**

In Dundee, we recognise the significant and vital contribution that Carers make in supporting people they care for. Over the next few years changes in resources available, patterns of demand and support to Carers and the person they care for is anticipated. Our central task throughout this period is to focus on identifying, listening to, supporting and empowering unpaid Carers, of any age, in Dundee.

To ensure we maintain this focus, the Dundee Carers Strategic Planning Partnership (the Partnership) has produced this Strategic Plan (the Plan). This Plan builds upon the previous Dundee Carers Strategy and is for all Carers in Dundee, including young, adult and parent carers and was developed through listening to the views and experiences of Carers. This is so that our future direction reflects Carers priorities and provides all Carers with an opportunity to shape and influence how they are supported.

The Plan sets out the approach and actions by which the Partnership will deliver on our vision and outcomes for Carers living in Dundee and Carers caring for people in Dundee. It describes how we will implement the Carers (Scotland) Act 2016 and helps prepare for the requirements set out for local carers strategies which are contained within the statutory guidance which will accompany this Act.

Appendix 1 is a glossary of terms is to assist you to understand some of the key terms used throughout this plan. Information about the Dundee Carer’s Partnership is in Appendix 2, The Carers Strategic Needs Assessment is in Appendix 3. Appendix 4 demonstrates the range of support that was available in 2016/7. Appendix 5 contains the Carers Strategic Outcome Delivery Plan and Appendix 6 has the Financial Statement.

## OUR VISION

A Caring Dundee in which all Carers feel listened to, valued and supported so that they feel well and are able to live a life alongside caring.

**We have developed four strategic outcomes based on what Carers and our stakeholders told us. The four strategic outcomes are:**

**I am identified, respected and involved**

Carers will say that they have been identified, given a voice and feel listened to, understood and respected. They will be an equal partner in the planning and shaping services and supports. Carers will also say that they know and understand their rights and are respected as a Carer.

**I have had a positive caring experience**

Carers will say that they have had positive experiences of supports and services designed to support them and the person they care for. Carers will say that they feel services are well coordinated for them and the person they care for and that they have access to a range of information and advice.

**I can live a fulfilled and healthy life**

Carers will say that they have opportunities to lead a fulfilled and healthy life. This may include accessing supports to improve their health and wellbeing, financial security and identifying what is important to them and how they will achieve this.

**I can balance the caring role with my life**

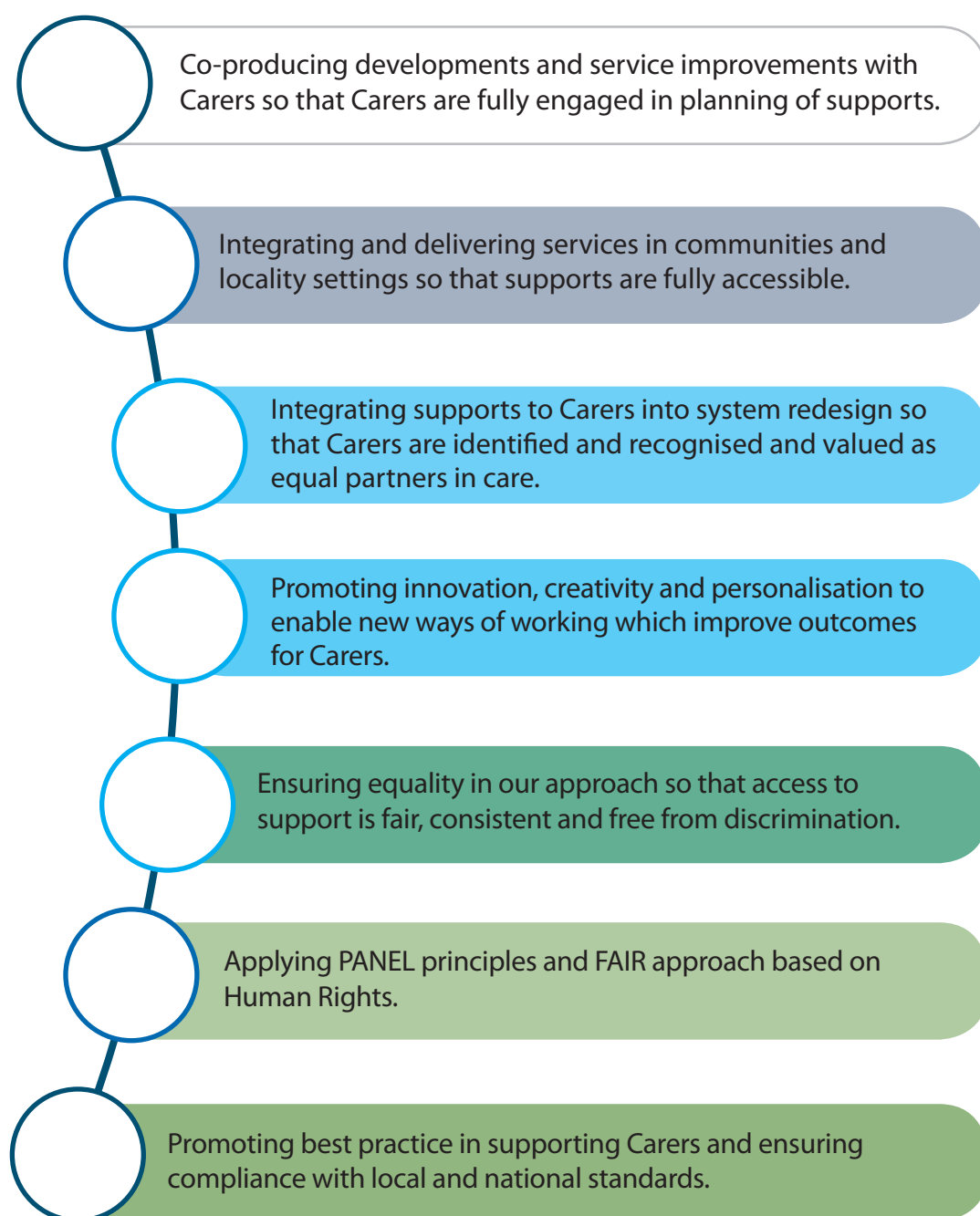
Carers will say that they have a good balance between caring and other things in their life and have choices about caring. Carers will say that they are able to spend enough time with people and activities they want to do and are able to continue in the caring role.



## OUR APPROACH

Our approach to strategic planning is based on our recognition of the vital contribution made by Carers and the value of each individual Carer and the person they care for. We believe that any support provided in Dundee to Carers must be based on the Carers views and their individual preferences, outcomes and strengths.

To enable implementation of our strategic plan we have adopted a set of guiding principles so that Carers feel valued, supported and fully engaged in what we do. The principles are based on Equal Partners in Care core principles listed below.



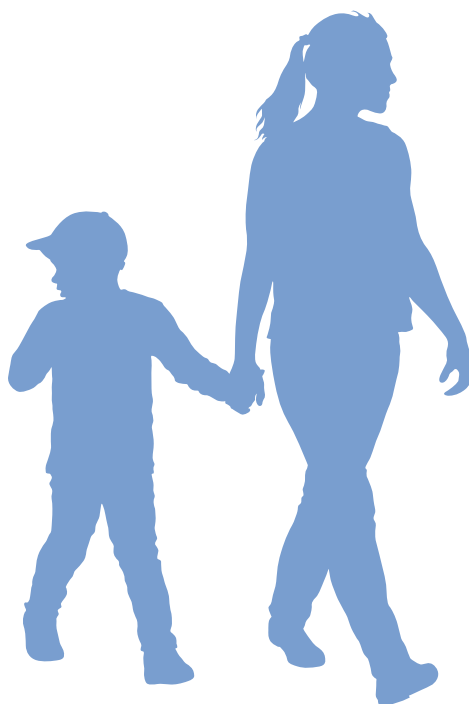
## WHO IS A CARER?

A Carer is anyone who cares, unpaid, for a friend or family member who is affected by illness, disability, frailty, mental health or alcohol or drug use.

The circumstances of each Carer are unique. Carers can be any age, from children to older people, and carers are part of every community and culture. Carers may be parents, spouses, grandparents, daughters, brothers, same sex partners, friends or neighbours. Some Carers may be disabled or have care needs themselves. Sometimes two people with care needs are carers for each other. Some Carers can provide care and support for more than one person.

A Young Carer is a child or young person under the age of 18 who has a significant role in looking after someone in their family. They may have practical caring responsibilities or be emotionally affected by a family member's care needs". (Caring Together – the Carers Strategy for Scotland 2010-2015; Carers (Scotland) Act 2016)

We know through our discussions with Carers that support to Kinship Carers is also important. A Kinship Carer is an extended family member or close friend who looks after a child, if they cannot remain with their birth parents. Support to Kinship Carers in Dundee is undertaken through the Dundee Children and Families planning arrangements. In addition to their Kinship Care responsibilities some Kinship Carers may also be Carers like the type of Carer described above. There will also be some Young Carers living with Kinship Carer as part of their family.



## CONTEXT OF CHANGE

### Strategic Overview

This Plan has been written in national and local policy context that services should be “outcome-focused, integrated and collaborative. They must become transparent, community-driven and designed around users’ needs. They should focus on prevention and early intervention” (Commission on the Future Delivery of Public Services (2011)).

The Carers (Scotland) Act 2016 has been introduced in a context of legislation and policies such as Integration of Health and Social Care, Getting It Right For Every Child (GIRFEC) and Community Empowerment Legislation and Policy. These developments mean that the introduction of the Carers (Scotland) Act 2016 presents an ideal platform to establish collaborative opportunities. There is potential for these opportunities to:

- enhance the identification, support and empowerment of Carers in Dundee,
- support a shift towards prevention, early intervention and health equality for Carers,
- promote improved outcomes for Carers, the people they care for and our communities,
- increase the accessibility, flexibility and efficiency of services so that people can gain the right support at the right time,
- increase opportunities for people to be involved in the design and development of supports and services.

Locally, Dundee has embraced this opportunity and articulated its plans for improving outcomes for Carers and the people they care for through the Dundee Health and Social Care Partnership Strategic and Commissioning Plan, Tayside Plan for Children, Young People and Families and the draft Local Outcome Improvement Plan.

Through these plans services and supports for Carers and the people they care for should be delivered locally, tailored to meet personal outcomes, developed in partnership with people and communities and should work together in the best way possible.

## CONTEXT OF CHANGE

### Demand for Support

#### Dundee Population Strategic Needs Assessment

The Strategic Needs Assessment accompanying the Dundee Health and Social Care Partnership Strategic and Commissioning Plan provides an analysis of Dundee's demographics and what this means for the future delivery of health and social care in Dundee. The document highlights important information about Dundee.

- The population is projected to rise by 15% to 170,811 by 2037. Within this growth, it is anticipated that with increased life expectancy there will be an increase by 45% of people aged over 75, but because of other factors, a decrease in people aged between 16 to 29 and 50 to 64.
- In future, it is anticipated that, there will be an increase number of people are aged over 75 living with two or more long term health conditions.
- In comparison with other areas there are a higher level of people under 65 with one or more long term condition. This is thought to be due to the effects of deprivation and health and social inequalities,
- Dundee ranks in the five local authorities in Scotland who are highest for the prevalence of learning disabilities, physical disabilities, mental health issues and substance misuse.

Through analysing the Strategic Needs Assessment we know that, in Dundee, new approaches and interventions are required alongside system redesign to enable citizens of Dundee to achieve their outcomes and live a fulfilled life.

There are priorities identified within the Dundee Health and Social Care Partnership Strategic and Commissioning Plan, Tayside Plan for Children, Young People and Families along with associated care group strategic planning groups and the draft Local Outcome Improvement Plan. These priorities are expected to support a shift towards:

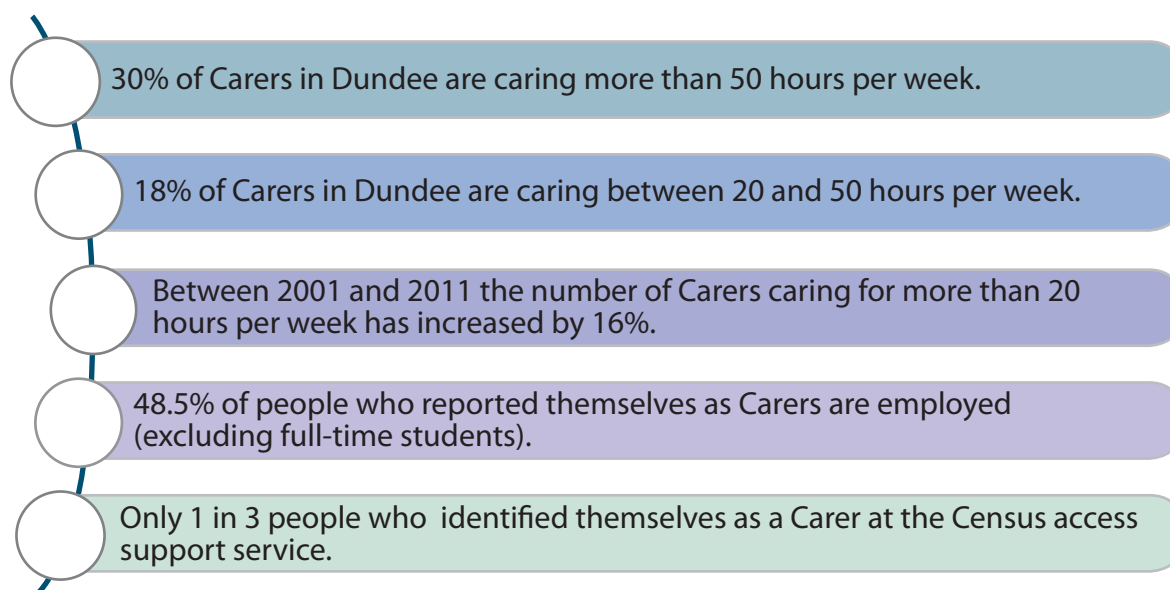
- o improving outcomes for the Citizens of Dundee,
- o protecting people who are most vulnerable from harm,
- o providing services which are experienced as integrated and effective,
- o reducing inequalities and disadvantage,
- o intervening early to prevent needs arising in the first place,
- o providing the right support to meet needs at the earliest appropriate time,
- o developing personalised locally based services which citizens can access easily.

This Plan reflects these priorities and ambitions and our commitment as a partnership is to work collaboratively towards achieving outcomes for Carers and those they care for.

## CONTEXT OF CHANGE

### Carers Strategic Needs Assessment

The Full Strategic Needs Assessment is available in Appendix 3. The 2011 Census indicates that there were 13,072 residents of Dundee who identified themselves as a Carer. 12,808 of these Carers were over 16; 264 children under age of 16 were recorded as Carers. The Strategic Needs Assessment for Dundee indicates that women and people aged 50 to 64 are most likely to be Carers. See below for other information about Dundee Carers.



Through the strategic needs assessment and information gathered in a review of local resources we can predict some changes over the next 10 years.

- The number of Adult and Young Carers identified and seeking support will continue to increase.
- The number of hours spent caring and complexity of the caring role will increase within the caring population.
- Carers who have complex responsibilities and greater number of hours caring are more likely to reside in specific areas of the city.
- The numbers of people in employment who are also Carers will continue to increase.

Key priorities identified in the strategic needs assessment are to:

- build capacity through local communities and provide a range of locally based personalised supports so that all Carers can access the right type of support, at the right time, at the right place,
- support Carers in employment, education or training so that they can continue in the caring role and balance that role with a life of their own,
- ensure that the supports and services that are developed are responsive to Carers own circumstances, with an aim of reducing variation and address differences between levels of inequalities between areas of Dundee.

## CONTEXT OF CHANGE

### Carers Resources

Carers can currently access both formal and informal supports from a range of resources across Dundee. The Triangle of Support in Appendix 4 describes the type of resources provided by organisations and services in Dundee.

Our workforce and partners across statutory, third sector and private sector identify, support and work in partnership with Carers on a day to day basis. The supports Carers engage with can include local services and supports available to all citizens; supports designed for and accessible only to Carers; and supports and services for the person cared for which provide respite or relief for Carers.

As a Partnership we have developed integrated health and social care budgets and contracts which relate to Carers so that we can use our resources effectively to meet Carers outcomes. Our integrated budget statement is available in Appendix 6.

It is anticipated through promoting a collaborative and integrated approach we will build on our current partnerships and resources so that Carers can achieve their outcomes in the way that suits their individual circumstances. Through this we intend to build our capacity to support Carers in Dundee and Carers caring for people in Dundee.

Through the implementation of this Plan and our preparations for the Carers (Scotland) Act 2016 that, as a Carers Partnership, we seek confirmation of resources allocated to Dundee from Scottish Government for Carers so that we can fully implement the new duties. Once resources are confirmed the Carers Partnership will then agree future commissioning intentions and use of these resources. This will be reported as part of the Carer Partnership reporting arrangements.

The Triangle of Support identifies the type of support that was available in 2016 for local carers. See Appendix 4- Triangle of Support 2016/7. This will be updated in 2018 when funding commitments are confirmed by Scottish Government and as a Partnership we have agreed commissioning intentions.

## CARERS PERSONAL STORY

### John's Story

\*John is 15 years old and lives at home with his mum and dad and younger sister in Dundee. At the age of 3 John was diagnosed with Autism.

His family took a long time to come to terms with this diagnosis and have always relied upon their own resources and not really asked for help. As the years have passed however they have become increasingly concerned about the lack of friends John has, the few social opportunities he has out with school, his future beyond school and the impact which his disability has had on his sister while growing up. They also report feeling at times tired and stressed and would really benefit from a break, but feel guilty about asking.

After much persuasion from family and friends they contacted the Barnardo's Family Support Team who introduced a family worker to them to look at what help would really make a difference.

After much discussion the family chose to pursue a Section 23 Assessment of Need, (Children's Act, Scotland 1995) which importantly gives them the opportunity to have their views heard and needs expressed as it includes a section on the views of carers and young people. John now accesses planned short breaks, which he loves, and weekly enabling support – which aims to introduce him to new activities and challenges – such as travelling on public transport, which will help prepare him for life beyond school. Relationships at home have improved and John's sister now attends the Young Carers Project which has really helped.

Both parents feel more optimistic about the future and have recently become very actively involved in both the Barnardo's Advisory Group and School Council. Indeed dad has also played an important part in the interviewing of new staff with Barnardo's.

Life is not perfect but with a little help and support they feel better able to manage and also feel they have an important role to play in shaping the future for their son through Self-Directed Support and in developing and improving the services which he currently attends.

\*John's name has been changed to protect confidentiality

## DELIVERING ON OUR VISION AND OUTCOMES

### **“Support should be available to any carer who needs it irrespective of hours spent caring” (Local Carer)**

As a Partnership, we believe that support should be available to any Carer who needs it. The Vision is that we will have A Caring Dundee in which all Carers feel listened to, valued and supported so that they feel well and are able to live a life alongside caring. Listed below are a number of factors which will support us in achieving this vision.

- ✓ Considering how we are doing against our four strategic wellbeing outcomes, (I am identified, respected and involved; I have had positive caring experiences; I can live a fulfilled and healthy life; I can balance my life with the caring role).
- ✓ Identifying actions and shifts we need to take to achieve these outcomes.
- ✓ Setting out the model which will support us to achieve these shifts.
- ✓ Understanding the investment that is required to support completion of the actions and development of our model

A Carers Strategic Outcome Delivery Plan outlining how we will achieve our outcomes and investment required is located in Appendix 5.

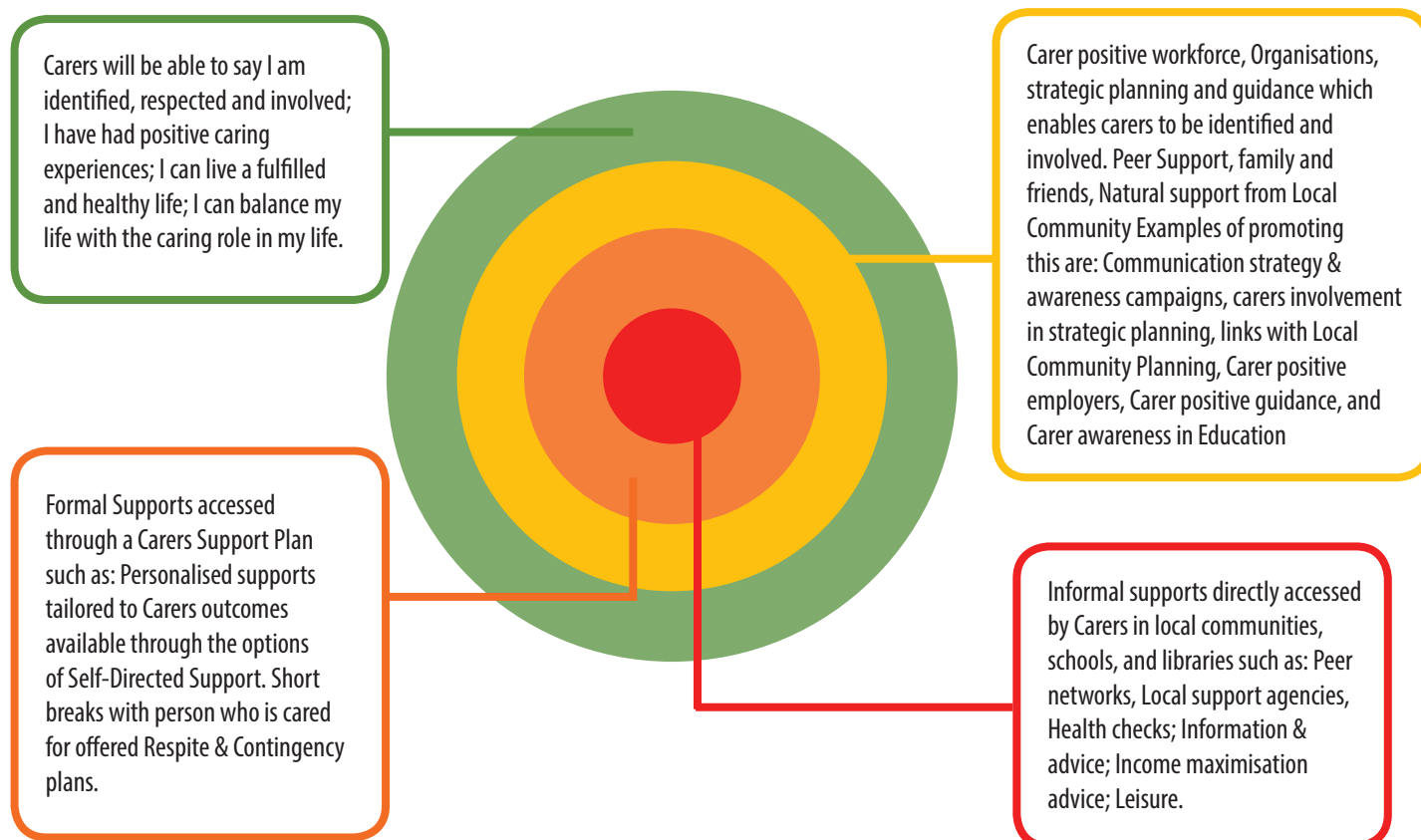




# DELIVERING ON OUR VISION AND OUTCOMES

## Our Model

We will prioritise investment in projects and supports which enable our strategic outcomes, duties under the Carers (Scotland) Act 2016 and model of delivery.



This model will support us to achieve the four strategic outcomes for carers in a number of ways.

- Embedding person centred and carer positive practice through developing our workforce, organisations, strategic planning and guidance. It is aimed that this will build on developments to date so that in Dundee we evidence an increase in Carers being identified, involved and respected.
- Enabling decisive shift towards prevention, early intervention and health equality through developing a range of informal supports which can be directly accessed by Carers in their local communities which enables Carers to achieve their personal outcomes.
- and having positive experiences as a Carer
- Building capacity, so that Carers health checks are easily accessible to all Carers and through these checks Carers health and wellbeing is promoted.
- Further developing our short breaks model as a model of early intervention and support which enables Carers to continue in their Caring role and have positive experiences as a Carer.
- Developing integrated models of locality based and personalised support which enable Carers

# CARERS STRATEGIC OUTCOME 1

## Carer Strategic Outcome 1: I am Identified, Respected and Involved

*Carers will say that they have been identified, given a voice and feel listened to, understood and an equal partner in the planning and shaping services and supports. Carers will also say that they know and understand their rights as a Carer.*

### How Are We Doing?

47% of Carers during period 2013 - 2014 and 53% Carers during period 2015 – 2016 who responded to the Scottish Health and Care Experience Report told us that they feel they have a say in the services provided for the person they look after.

This is slightly above the Scottish average and demonstrates a slight increase during 2015 - 2016.

### What Did You Tell Us?

Discussions with Carers, Carers Organisations and stakeholders you told us several key priorities for the Carers Strategic Plan.

- All Carers will be listened to, respected and have a say in the supports required for them and the person they care for.
- Carers should have information provided when the person they care for becomes unwell or is being admitted or discharged from hospital so that Carers can be involved in decision making,
- The workforce must be provided with information, support and training to identify Carers and enable Carers to feel an equal partner in care,
- Carers will be seen as individuals and recognised as Citizens.

The IRISS Hospital to Home research, also highlighted that involving Carers and the person they care for in discharge planning can improve their experience of services and enable Carers and the person they care for to achieve their outcomes.

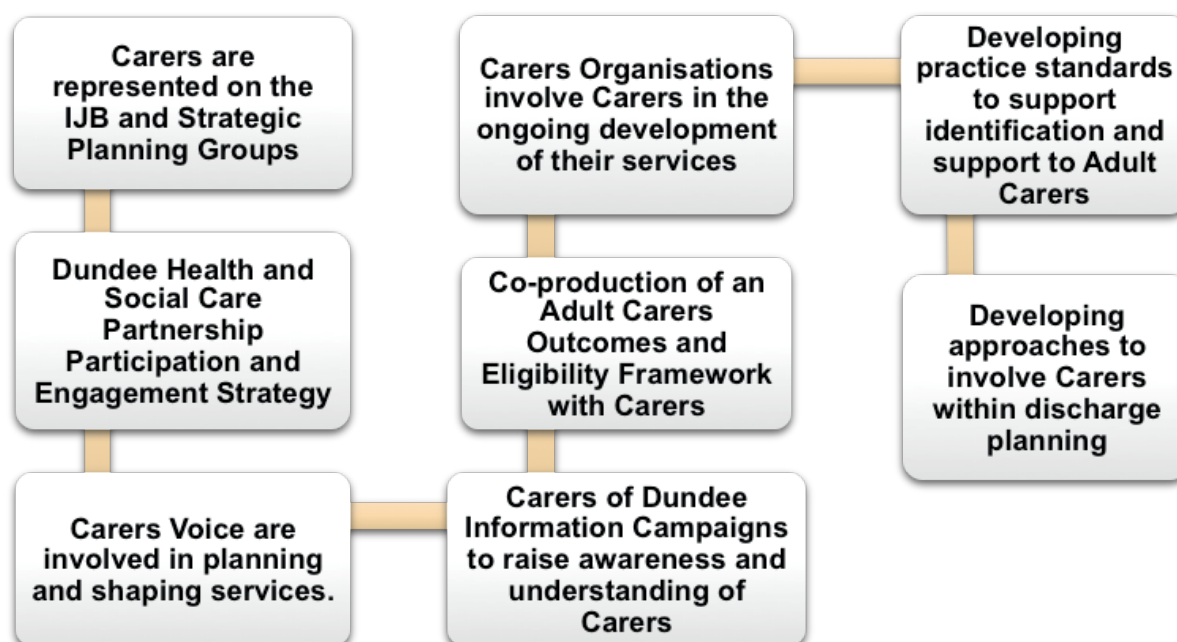
**Based on this information it is a priority for the Carers Partnership to increase the percentage of Carers who feel they have a say in the services provided for the person they look after and who feel involved in discharge planning.**

# CARERS STRATEGIC OUTCOME 1

## What Are We Doing Now?

Within Dundee, we have undertaken a range of activities to identify Carers and involve Carers in planning and shaping services and supports required for person they care for and themselves.

See below for examples of activity within Dundee.



### Good Practice Example

Dundee City Council Children & Families Services involved Young Carers through Dundee Carers Centre in reviewing their Policy on Provision for Young Carers. Following a young carers engagement meeting, the following was agreed:

1. A new policy for supporting Young Carers was launched in January 2017 with the support of young carers and the distribution of awareness raising posters/leaflets to schools (pupils will design the publicity material).
2. Young people who access Young Carers services will support the production of Young Carer lesson materials aimed at raising awareness of young carer responsibilities; these will be distributed to schools.

By undertaking this approach, Young Carers will be supported to be identified, respected and involved when at School.

## CARERS STRATEGIC OUTCOME 1

### What Will We Do?

Through local engagement and discussion we know that we need to develop our workforce, pathways and supports so that Carers are:

- listened to and included in deciding how they and the person they look after are supported,
- able to influence how services are developed and provided,
- involved in the admission and discharge planning of the person they care for,
- identified early helping prevent crisis.

The aim is that by focusing on these key themes we will be able to achieve our strategic wellbeing outcome that Carers will say I am identified, respected and included. Here are the actions we will take to make this shift.

- ✓ Develop and implement a Dundee multi-agency guidance which provides guidance to our workforce on identifying, supporting, listening to and involving Carers in planning of services and supports as an equal partner in care. This will include guidance on how we communicate and work together.
- ✓ Implement and embed a workforce development strategy to support implementation of the Carers (Scotland) Act 2016, the multi-agency guidance and to build confidence and skills of our workforce in supporting Carers.
- ✓ Develop a pre assessment information booklet/checklist that enables individuals to identify that they are Carers. Publish the booklet via the refreshed 'Carers of Dundee website'.
- ✓ Implement a Carers participation and engagement statement which sets out how Carers will be promoted and encouraged to be meaningfully involved in the strategic planning and shaping of services to support them and the person they care for.
- ✓ Further develop 'Carers Voice', which is a Carers Involvement Group, as a means of engaging with and involving Carers in the planning and shaping of services.
- ✓ Implement a statement, pathway, guidance and a workforce strategy for identifying and involving Young and Adult Carers in admission to hospital and discharge planning process in line with section 28 of the Carers (Scotland) Act 2016.
- ✓ Commission a third sector agency to develop and implement a communication strategy which includes continuation of annual Carers of Dundee campaigns to increase awareness, understanding and identification of Carers.
- ✓ Commission a third sector agency to co-produce with Carers and stakeholders a model which supports early identification of Carers and prevention of crisis situations.
- ✓ Develop and implement clauses within commissioned services contracts that they have a responsibility to identify and signpost Carers to appropriate supports.

## CARERS STRATEGIC OUTCOME 2

### Carer Strategic Outcome 2: I have had a Positive Caring Experience

*Carers will say that they have had positive experiences of supports and services designed to support them and the person they care for. Carers will say that they feel services are well coordinated for them and the person they care for.*

### How Are We Doing?

46% Carers during period 2013 - 2014 and 46% Carers during period 2015 – 2016 who responded to the Scottish Health and Care Experience Report told us that they feel that services are well coordinated for the person the carer looks after.

This is slightly above the average Scotland response and through this and other feedback, has been identified as area of priority.

### What Did You Tell Us?

Discussions with Carers, Carers Organisations and stakeholders you told us several key priorities for the Carers Strategic Plan.

- Carers must be Equal Partners in Care.
- Supports must work better together and should be accessible and flexible to suit the circumstances of the Carer and person they care for.
- Carers should only have to tell their story once and not have to tell their story time and time again to new people and new professionals
- Carers should have a named contact person and/or information and advice which can enable easy access supports and not be passed from pillar to post and having to navigate services which work to different criteria and function
- Carers should feel listened to and have good relationships with people who support them and the people they care for

**Based on this information it is a priority for the Carers Partnership to work with Partners so that Carers feel that services are well coordinated for the person/s they look after and they have a positive experience.**

## CARERS STRATEGIC OUTCOME 2

### What Are We Doing Now?

Within Dundee, we have undertaken a range of activities to enable Carers to feel that services are well coordinated and have positive experiences of supports and services designed to support them and the person they care for. Here are some examples of good practice within Dundee.

- Positive feedback about the support provided by Carers Organisations in Dundee.
- Carers Organisations such as Dundee Carers Centre, Penumbra, SAMH, PAMIS, Dundee Mental Health Cairn Fowk and Barnardo's who can support and signpost Carers to appropriate services and resources.
- Dundee Health and Social Care Partnership First Contact Team who act as a first point of contact, who can assist citizens to be signposted or able to access the right service.
- Improvement planning by way of Children & Families and Health and Social Care Strategic Plan to improve the experiences of Carers and the people they care for.
- Development of the lead professionals models as a way of coordinating supports and care for people with a complexity of needs.

### Good Practice Example

#### **Active Women Swimming - August 2016 to present**

Dundee Carers Centre played a lead role along with the Dundee International Women's centre via the BME Forum to enable access to ladies only swimming sessions. Many meetings and discussions with Leisure and Culture took place regarding having a service that would be inclusive of women with modesty requirements during swimming. Lots of consultation had been done previously and a request for ladies only swimming had been a priority.

An 8 week pilot took place in Lochlee Leisure Centre with ladies only access to the gym, sauna and swimming pool. This was monitored and facilitated by Dundee Carers Centre, DIWC and Leisure and Culture. The sessions are open to women from all cultures and backgrounds and a lot of new friendships have been formed in the process. This has been a huge success and very popular therefore Leisure and Culture are continuing this for the foreseeable future.

## CARERS STRATEGIC OUTCOME 2

### What Will We Do?

Through local engagement and discussion we know that we need to develop our workforce, pathways and supports so that Carers can say that:

- services are well coordinated for the person they care for and themselves,
- they have had positive experiences of supports and services,
- their experience is listened to, used and valued.

The aim is that by focusing on these key themes we will be able to achieve our strategic wellbeing outcome that Carers will say I have had a positive caring experience. Here are the actions we will take to make this shift.

- ✓ Support the development of models for cared for persons which enable Carers to feel that services for the person they care for are well coordinated, joined up and integrated.
- ✓ Support the development of community based models which will enable the people Carers care for to gain or regain skills, build upon their strengths and enable them to live independently, recover from illness and stay safe. This will include use of equipment, adaptations and technology.
- ✓ Co-produce with Carers a model and supports which enables Carers of all ages to be identified, have a named contact person and feel that supports for Carers are coordinated and easy to access.
- ✓ Implement a Dundee Carers Charter which sets out commitments to all Carers in Dundee.
- ✓ Commission a third sector agency to co-produce a Young Carers Guide which summarises our commitments to supporting Young Carers.
- ✓ Through implementation of multi-agency guidance and workforce development, develop a consistent approach to supporting Carers, recording and evidencing Carers personal outcomes and views.
- ✓ Commission a third sector agency to develop and co-produce a model which enables Young and Adult Carers, Families and Professionals to learn from each other's experiences, skills and use this learning so that being a Carer in Dundee is a positive experience and Carers feel supported.
- ✓ Commission a third sector agency to capture 'what matters' to Young and Adult Carers in a structured way, which includes on-line feedback opportunities and advocacy, so that this informs ongoing service developments and improvements.
- ✓ Implement a Carers Quality Assurance Framework which provides assurances regarding achievement of standards and Carers outcomes on a regular basis.
- ✓ Implement a Carers Quality System as a quality assurance standard which all commissioned services delivering support to Carers are expected to achieve so that Carers can expect to receive a service which provides a positive experience.

## CARERS PERSONAL STORY

### Simon's Story

"I started to attend Penumbra Carers Support Service when I was in a very dark place and frankly did not have much faith in services designed to assist me in my caring role...

I am now in a far better frame of mind than I was when I started and while there have been many positives brought to me by Penumbra, I would like to focus on what I see as the centrepiece of the toolkit, the I.ROC (Individual Recovery Outcomes Counter) tool. I.ROC allowed me to quantify at first just how bad I was feeling over a number of areas, giving not only a baseline to measure future progress (or lack of) but also helping with the creation of clear, measurable goals. I.ROC is divided into four 'areas of HOPE', and into each area there are a number of categories.

In the area of 'Opportunity', I have made great strides in achieving purpose and direction for myself. When I started Penumbra I had no hope for the future and felt I had absolutely no purpose. Through examining my caring role and creating a better balance between caring and time for myself I have been able to make great progress towards an Open University degree in order to keep my mind active and feel I have some sense of purpose.

In the area of 'People', I have been able to better value myself. As I said, I felt I was worthless but through my time at Penumbra I have been able to better accept my caring role and see that there is a lot of value in what I do.

In the area of 'Empowerment', I have made good progress in self-management. When I started Penumbra I made no time for myself and was completely swamped by my caring role. Through discussing these initial findings and seeking out respite time, I have been able to take better care of myself and have a little 'me' time.

Lastly, in the area of 'Home', I have been able to better address my mental health by using I.ROC to see exactly where I was and just how much progress I have made in order to get to where I am now. I can now gladly look forward to the future."

*Simon's name has been changed to protect confidentiality.*



## CARERS STRATEGIC OUTCOME 3

### Carer Strategic Outcome 3:

#### I can live a Fulfilled and Healthy Life

*Carers will say that they have opportunities to lead a fulfilled and healthy life. This may include accessing supports to improve their health and wellbeing, financial security and identifying what is important to them and how they will achieve this.*

### How Are We Doing?

43% Carers during period 2013 - 2014 and 42% Carers during period 2015 – 2016 who responded to the Scottish Health and Care Experience Report told us that they have experienced a negative impact on their health and wellbeing.

This feedback is consistent with the average Scotland response and tells us that Carers health and wellbeing is an area of priority for Dundee.

A survey carried out by Carers Scotland in 2011 (Sick, Tired and Caring), 96% of Carers who responded reported that caring had impacted negatively on their health and well-being.

### What Did You Tell Us?

Discussions with Carers, Carers Organisations and stakeholders you told us several key priorities for the Carers Strategic Plan.

- Carer's health and their wellbeing: including promoting ways of enabling Carers to maintain or improve their own health and wellbeing, as appropriate to their own circumstances.
- Positive relationships: including carers having positive relationships with family and friends including the supported person.
- Future planning opportunities for Carers including career and employment support, training and education opportunities.
- Good accommodation for Carers and safe and suitable physical environment to provide care.
- Financial advice and guidance for Carers including welfare rights and financial security.
- Time for Carer to do things for self, including time with other family and friends or other interests and a chance to get a break.
- Increase identification and support to Young Carers within school or other educational or training establishments, particularly so that Young Carers are enabled to improve their own wellbeing.

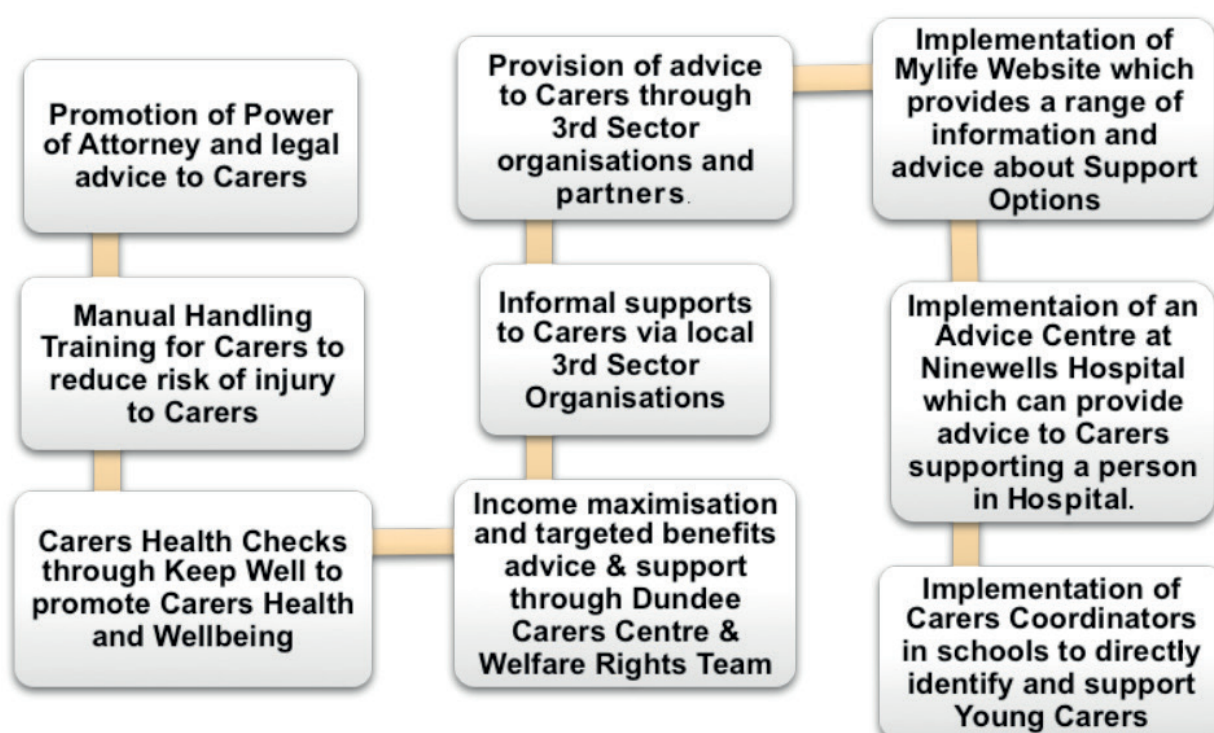
## CARERS STRATEGIC OUTCOME 3

Consultation activities undertaken by Dundee Carers Centre found that Carers valued support for themselves and the person they care for. One Carer described support services as “a safety net” which help to signpost and support carers through difficult times. When this is in place, Carers can then focus on meeting other needs such as finance, and breaks from caring, before they can meet their own outcomes.

From this work we have increased our understanding of how issues that affect the person they care for also affects the Carer. For example, with Welfare Reform, the person who the Carer supports is more likely to be subject to varied changes to how they apply and receive benefits, and listening to the Carers have demonstrated that in many cases the Carer will also be directly affected.

### What Are We Doing Now?

Within Dundee, we have undertaken a range of activities to enable Carers to have opportunities to lead a fulfilled and healthy life.



## CARERS STRATEGIC OUTCOME 3

### Good Practice Example

The Dundee Keep Well Team offer free health checks to Carers because taking on a caring role can impact on a Carer's health.

The health check can take up to 45 minutes and can include measuring blood pressure, cholesterol (if required), height, weight and Body Mass Index (BMI), as well as assessing lifestyle, social and wellbeing factors.

The nurse will explain the results of the tests and can offer support to prevent or reduce health and wellbeing risks. They can also refer Carers to other services for ongoing support.

### What Will We Do?

Through local engagement and discussion we know that we need to develop our workforce, pathways and supports so that Carers will have

- improved wellbeing (this may include physical, emotional or mental wellbeing as appropriate to Carers circumstances),
- support to minimise the impact of financial hardship, as a result of caring,
- access to a range of information and advice,
- access a range of targeted informal supports which they can access directly.

The aim is that by focusing on these key themes we will be able to achieve our strategic wellbeing outcome that Carers will say I Can Live a Fulfilled and Healthy Life and meet our forthcoming duties from the Carers (Scotland) Act 2016. Here are the actions we will take to make this shift.

### Carers Health and Wellbeing

- ✓ Consolidate provision of manual handling training to Carers so the risk of injury to Carers through manual handling is reduced.
- ✓ Continue to promote and embed Carers Health Checks for Adult Carers as a means of preventing ill health and promoting Carers health, wellbeing and resilience. (This links to Dundee Health and Social Care Partnership Strategic Plan - Prioritise and invest in models of support that help to support life style changes which improve health)
- ✓ Implement models which promote Young Carers health, wellbeing and resilience through implementation of Getting It Right for Every Child (GIRFEC) and Tayside Plan for Children, Young People and Families in Dundee.
- ✓ Through implementation of multi-agency guidance and workforce development, develop a consistent approach to supporting Carers around their own health, wellbeing, resilience and relationships and signposting to information, advice and support.

## CARERS STRATEGIC OUTCOME 3

### Access to Information and Advice

- ✓ Develop a range of access points in localities across Dundee so that all Carers can easily access advice, information about supports and information about independent financial, benefit and income maximisation advice in their local community.
- ✓ Review outcome of targeted benefits advice and work with Welfare Rights Service to continue if effective.
- ✓ Keep up to date with changes in welfare benefits and ensure all Carers are aware of opportunities to share their views with Scottish Government.
- ✓ Commission a third sector agency to refresh and develop Carers of Dundee website so that it provides a range of advice and information to all Carers, in line with Carers (Scotland) Act 2016.
- ✓ Develop and provide information and training to Carers which will support Carers to feel supported to continue caring e.g. medication information, personal care, dealing with conflict to support Carers, who are undertaking these roles, to do so safely.

### Access to Specialist Informal Supports

- ✓ Through implementation of the Tayside Plan for Children, Young People and Families and Getting It Right for Every Child develop supports which enable Young Carers with transition from Primary to Secondary Education and into further education or a career.
- ✓ Through implementation of the Tayside Plan for Children, Young People and Families and Getting It Right for Every Child, develop support which enables Young Carers to achieve and realise their potential and outcomes.
- ✓ Commission a third sector agency to co-produce and implement models of specialist informal support. The support will be based in Carer's local community and will promote Carers wellbeing and Carer involvement ,enable Carers to access educational or employment opportunities and support Carers to undertake activities on their own or with the person they care for. The process of developing this support should consider local opportunities for development of Peer Support, Volunteering and Social Enterprise.'
- ✓ Support developments which promote access and development of accommodation which will enable Carers to have a safe and suitable physical environment to provide care.
- ✓ Promote Carers homes being fitted with smoke alarm and advice and information given by Scottish Fire and Rescue and Police Scotland to improve home safety.
- ✓ Develop a range of leisure and social activities including drop in centre's which carers and cared for persons can directly access and have a positive experience with when accessing.
- ✓ Support development of models of support which enable Carers and those they care for to pursue their interests and activities at that same place and time.

## CARERS PERSONAL STORY

### A Carers Poem on Short Breaks (Laura's Story\*)

Who am I, where did I go? I am on a fast train with nowhere to go, I look in the mirror my reflection has changed, my eyes are tired and my body feels strained.

My thoughts were mine but got lost on the way, life had opportunities but disappeared day to day.

Having a shower and getting dressed was a delight, no time for me now I am always in flight.

Meal times come and go not as enjoyable as before, we lose our appetite through exhaustion and more.

Night time arrives still no rest for us, our caring is not over it's like catching the bus.

I'm not giving up, Short Breaks rescued me for a while. It helped me stand still and breathe for a while.

I forgot the voice in my head that is mine, it was like a lost friend who came back in mind.

I stood still and did see with fresh eyes – sky, birds and trees, how beautiful the world is looking around through the breeze.

A smile and new friends willing to listen again, I heard birds chirping if it was a new beginning.

It was time for me to remember me again, that old friend who's inside who now knows it will come again.

*\*Laura's name has been changed to protect confidentiality*

## CARERS STRATEGIC OUTCOME 4

### Carer Strategic Outcome 4:

#### I can balance my life with the caring role

*Carers will say that they have a good balance between caring and other things in their life and have choices about caring. Carers will say that they are able to spend enough time with people and activities they want to do and are able to continue in the caring role.*

### How Are We Doing?

71% Carers during period 2013 - 2014 and 70% Carers during period 2015 – 2016 who responded to the Scottish Health and Care Experience Report told us that they have a good balance between caring and other things in their life.

In addition, 43% Carers during period 2013 - 2014 and 44% Carers during period 2015 – 2016 who responded to the Scottish Health and Care Experience Report told us they feel supported to continue caring.

This feedback is consistent with the average Scotland response and are key priorities in going ahead for the partnership.

### What Did You Tell Us?

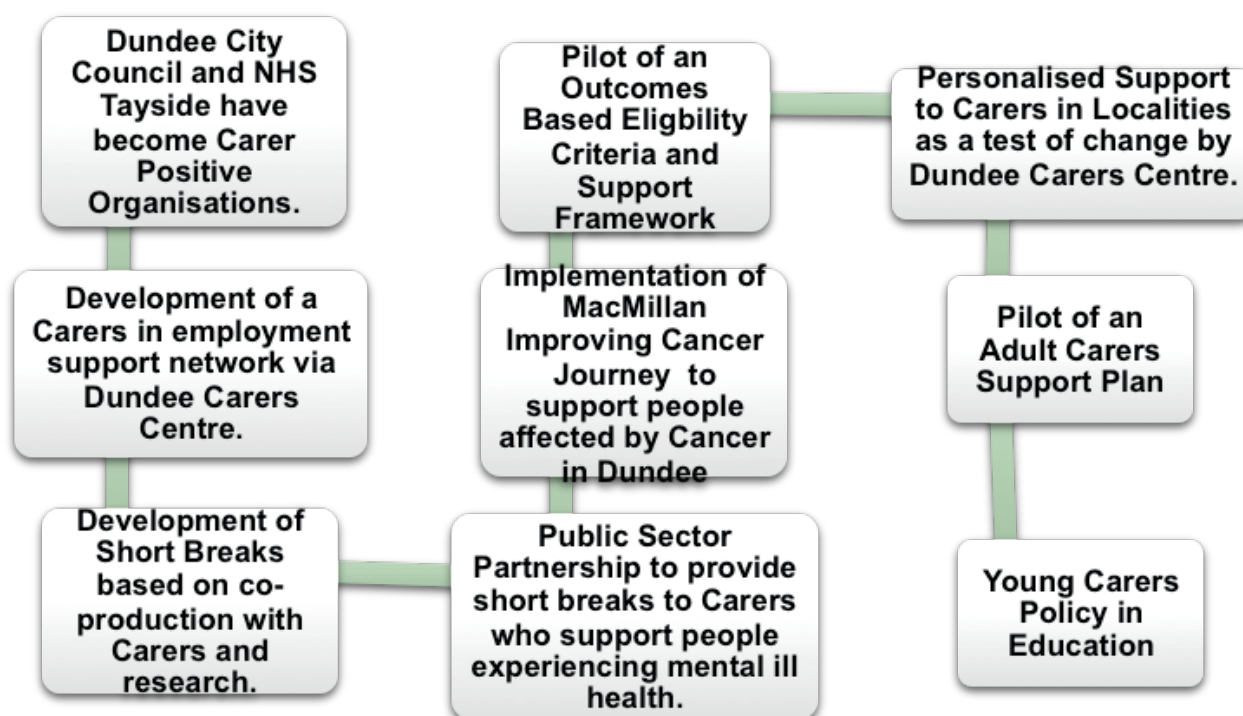
We listened to what you told us and undertook an analysis of supports available to Carers. The following actions will progress towards meeting demand and providing the right support Carers to achieve their outcomes.

- Personalised local supports through which Carers can access support where they live.
- More flexible options for all Carers to access short breaks so that Carers can have a break when they need it.
- An increased range and number of employers and academic institutions who are Carer Positive organisations so that Carers in employment or who are students feel supported.
- Development of our workforce across health, social care, 3rd and independent sector, housing and communities to increase awareness of Carers so that Carers are identified, feel respected and have positive experiences of services for them and the person they care for.
- Making sure more Carers can be confident, recognised, valued and working well with professionals and have access to advice/expertise in order to give best care or understand condition/behaviour of the person they care for.

## CARERS STRATEGIC OUTCOME 4

### What Are We Doing Now?

Within Dundee, we have undertaken a range of activities to support a good balance between caring and other things in their life and feel supported to continue caring. Here are some examples of good practice.



### Good Practice Example

The Carers Positive Award is presented to employers in Scotland who have a work environment where Carers are valued and supported. It is managed by Carers Scotland.

Three awards levels (Engaged, Established and Exemplary) are presented to employers in Scotland who have a working environment where Carers are valued and supported, and who recognise the importance of retaining experienced members of staff.

Employers wishing to become a Carer Positive employer are required to undertake a self-assessment process to demonstrate how they meet each of the 3 award levels.

Dundee City Council, NHS Tayside and Dundee Carers Centre have recently attained the Engaged level and are working towards becoming exemplary.



## CARERS STRATEGIC OUTCOME 4

### What Will We Do?

Through local engagement and discussion we know that we need to develop our workforce, pathways and supports so that:

- Young Carers are supported,
- Adult Carers are supported to continue caring,
- Carers have access to short breaks and respite,
- Carers who are in employment and/training or further education feel supported.

The aim is that by focusing on these key themes we will be able to achieve our strategic wellbeing outcome that Carers will say I Feel Supported to Continue Caring and meet our forthcoming duties from the Carers (Scotland) Act 2016. Here are the actions we will take to make this shift.

### Young Carers Are Supported

- ✓ Implement a Young Carers Statement which sets out Young Carers identified personal outcomes, timescales for completion of the statements and review timescales in line with the requirements set out by the Carers (Scotland) Act 2016 and Children and Young People (Scotland) Act 2014.
- ✓ Through implementation of procedures and workforce development, ensure that self-directed support options are offered to all Young Carers who have been identified as eligible for support so that Young Carers can choose how their support is provided.
- ✓ Through implementation of Tayside Plan for Children, Young People and Families and the Children and Young People (Scotland) Act 2014, develop a range of supports are integrated from their perspective and promote their wellbeing and safety.
- ✓ Commission a third sector agency to co-produce and implement a model with Young Carers that enables Young Carers to feel supported to both continue caring and have a life alongside caring.
- ✓ Through implementation of the Tayside Plan for Children, Young People and Families, develop ways in which Young Carers can be confident about emergency planning and future care of the person they support and through this enable Young Carers to feel nurtured, safe, and supported.

### Adult Carers are supported to Continue Caring

- ✓ Implement an Adult Carers Support Plan which sets out Adult Carers identified personal outcomes, timescales for completion of the Support Plan and review timescales in line with the requirements set out by the Carers (Scotland) Act 2016.
- ✓ Implement an outcomes based eligibility criteria which sets out what support will be provided to Adult Carers to meet their identified needs in line with the requirements set out by the Carers (Scotland) Act 2016.
- ✓ Through implementation of procedures and workforce development, ensure that self-directed support options are offered to all Adult Carers who have been identified as eligible for support so that Adult Carers can choose how their support to achieve their outcomes is provided.



## CARERS STRATEGIC OUTCOME 4

- ✓ Develop use of self-directed support options which enable Adult Carers who need this support to achieve their outcomes.
- ✓ Test a Carer Support Service for Adult Carers in localities across Dundee which enables Carers to manage the caring role and achieve their outcomes. This will inform development of locality based personalised Carers Support Services for Carers who need this support.
- ✓ Commission a third sector agency to co-produce and implement a model with Adult Carers that enables Adult Carers to feel supported to both continue caring and have a life alongside caring.
- ✓ Through implementation of the outcome focused assessment and support planning for supported persons and their Carers, develop ways in Adult Carers can be confident about emergency planning and future care of the person they support.

### Short Breaks and Respite

- ✓ Co-design and implement a short breaks statement with Carers which sets out short breaks provision in Dundee and meets the requirements of the Carers (Scotland) Act 2016.
- ✓ Review current models of respite support and remodel in line with findings. (This is an action identified for the Carers Partnership from the Dundee Health and Social Care Partnership Strategic Plan).

### Carers who are in Employment and/Training or Further Education Are Supported

Work with local organisations to increase the number of Carer Positive Organisations in Dundee so that Carers are able to manage the caring role and continue in employment.

Request that that all services commissioned by Dundee Health and Social Care Partnership become Carer Positive Organisations.

Achieve exemplary Carer Positive Status within Dundee City Council and NHS Tayside.



## CARERS PERSONAL STORY

### Anna's Story

Anna\* is 64 and cares for her daughter who has mental health problems and physical health problems. Anna also has her own health problems. Because of her daughter's varying needs Anna cannot make plans as she doesn't know when she will need to help her daughter.

A Support Broker from the Short Breaks Service at Dundee Carers Centre met with Anna a couple of times to chat about how to help her to have breaks from her caring role, during these conversations it was discovered that Anna lacked confidence due to her poor literacy skills and this was impacting on her overall wellbeing and ability to cope as a Carer, the support broker was able to identify suitable literacy classes and helped Anna book these.

It was also identified during the brokerage process that Anna really enjoys cooking but is lacking some basic cooking skills; the broker was able to identify suitable cookery classes for Anna to attend.

Anna was delighted with this and is able to pay the small cost of this. Anna also said that she felt that her life was one of a Carer and nothing else and rarely felt that she had time to enjoy the things she used to love doing such as visiting the theatre. Anna and her broker applied for a grant of £200 which would cover 3 massage therapies and 3 trips to the theatre which Anna could take throughout the year, this would allow Anna the opportunity to visit these places when time allowed.

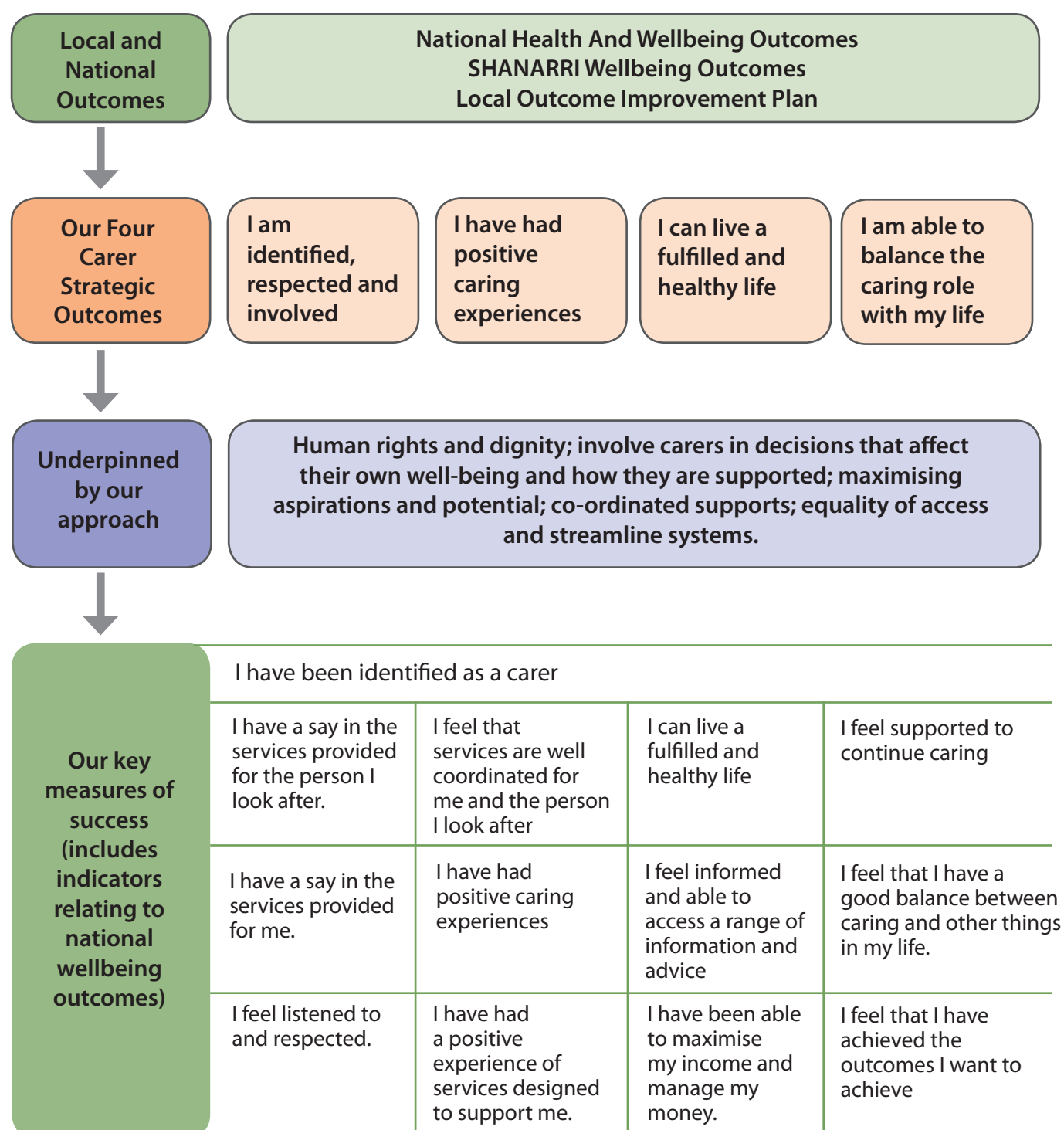
#### Outcomes Achieved

- Improved carer's health, confidence and self-esteem.
- Carer is more able to combine role of carer with social, leisure and learning opportunities

*Anna's name has been changed to protect confidentiality.*

## DEMONSTRATING ACHIEVEMENT OF OUR VISION AND OUTCOMES

Progress towards achieving the outcomes identified in this Strategy will be monitored by the Dundee Carers Partnership using our measures of success set out below and Implementation Plan. The Partnership will provide an annual report to Carers and relevant authorities which sets out our performance, impact on Carers, resource use annual budget and unmet demand as way of ensuring a continued focus on achieving outcomes for Carers.



## References

**Equal Partners in Care Core Principles- The Knowledge Network**

<http://www.sskss.org.uk/topics/equal-partners-in-care/core-principles.aspx>

**Caring Together –Carers strategy for Scotland 2010-2015**

<http://www.gov.scot/Resource/Doc/319441/0102104.pdf>

**The Carers (Scotland) Act 2016**

<http://www.legislation.gov.uk/asp/2016/9/contents>

**The Commission on The Future Delivery of Public Services**

<http://www.gov.scot/resource/doc/352649/0118638.pdf>

**Health and Social Care Strategic and Commissioning Plan**

[https://www.dundeehscp.com/sites/default/files/publications/dhscp\\_strategic\\_and\\_commissioning\\_plan\\_0.pdf](https://www.dundeehscp.com/sites/default/files/publications/dhscp_strategic_and_commissioning_plan_0.pdf)

**Strategic Needs Assessment for Health and Social Care Strategic and Commissioning Plan**

[https://www.dundeehscp.com/sites/default/files/publications/dhscp\\_strategic\\_needs\\_assessment.pdf](https://www.dundeehscp.com/sites/default/files/publications/dhscp_strategic_needs_assessment.pdf)

**Health and Care Experience Survey 2015/16 Results for May 2016, Official Statistics**

**Dundee City Health and Social Care Partnership**

<http://www.hace15.quality-health.co.uk/index.php/reports/health-and-social-care-partnership-reports/2440-dundee-city-pdf/file>

**Hospital to home -Supporting the transition from hospital to home for older people across Scotland**

<https://www.iriss.org.uk/resources/multimedia-learning-materials/hospital-home>

**Children and Young People (Scotland) Act 2014**

<http://www.legislation.gov.uk/asp/2014/8/contents/enacted>

**Tayside Plan for Children, Young People and Families**

[http://www.dundeeecity.gov.uk/sites/default/files/publications/Tayside\\_Plan\\_Final.pdf](http://www.dundeeecity.gov.uk/sites/default/files/publications/Tayside_Plan_Final.pdf)

## Glossary of Terms

<b>Agency/ Agencies</b> .....	In social care, this term is often used to mean an organisation that is set up to provide child care and/or community care services and support.
<b>'Cared for' Person</b> .....	Person to whom the carer provides support. *see also 'supported person'.
<b>Carer</b> .....	<p>Someone who provides unpaid support to a family member or friend.</p> <p>Although the term carer is sometimes used to describe "care workers" it can be less confusing to keep this term for carers who are not employed to look after the person.</p> <p>Young carer: a child or young person who has a significant role in looking after someone. This can include practical caring responsibilities but also includes when the child has a supportive role or is emotionally affected by a family member's care needs.</p> <p>Young adult carer usually describes a carer between 16 years - 24 years of age.</p>
<b>Carer Support Plan</b> .....	Individual carers (Adults) can be offered/request their own support plan related to their caring role and responsibilities. The plan will be based on an outcome focussed/assessment discussion with the carer and information from colleagues identified by the carer as knowing their circumstances well. (See also Young Carer Statements)
<b>Carer Positive</b> .....	Carer Positive promotes 3 levels of awards to encourage employers to create a supportive working environment for staff who are carers.
<b>Commissioning</b> .....	<p>Outcome based Commissioning – the services commissioned are defined on the basis of a set of agreed outcomes that will achieve better health and wellbeing outcomes and reduce inequalities.</p> <p>Strategic Commissioning - this takes a long term and whole-system approach, which is different to commissioning for individuals. It includes a process of identifying groups of service users and/or whole populations and a strategic approach to analysing needs and aligning resources.</p>
<b>Consultation</b> .....	This is an opportunity for people to express their views and opinions in a constructive manner.
<b>Co-production</b> .....	This relates to developing and transforming public services with people using services, their families and carers alongside professionals.

## Glossary of Terms (continued)

<b>Engagement</b> .....	Engaging with people means ensuring that individuals are effectively involved in decision-making. This requires communicating in ways that make sense to people, bringing everyone's knowledge into consideration in negotiating how best to achieve outcomes or objectives.
<b>FAIR Approach</b> .....	An approach developed by the Scottish Human Rights Commission The basic steps are - Facts: The experience of the individuals involved and important facts; Analyse human rights; Identify responsibilities; Review actions.
<b>Health and Social Care Integration</b> .....	The term 'health and social care' is used to encompass the full breadth of policies, programmes, services and facilities relating to health and social care. In order to deliver the best services to the public it has been agreed to align Health and Social Care services and support at a local level in Dundee through a Joint Integration Authority (or Integrated Joint Board). Most Social Work and Health Community Care services will be integrated services.
<b>Health and Social Care Partnership</b> .....	Health and Social Care Partnerships, (HSCPs) are the organisations formed as part of the integration of some services provided by Health Boards and Councils in Scotland.
<b>Independent Sector</b> .....	Includes both private and voluntary social care providers, who may be contracted to provide services on behalf of statutory agencies.
<b>(Joint) Strategic Commissioning Intention Plan</b> .....	Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, links investment to agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place. In Dundee Health and Social Care in the Integrated Authority will be considered together in a Joint Strategic Commissioning process.
<b>(Joint) Strategic Planning</b> .....	Organisations within or across sectors (for example, health and social care) agree objectives and meeting regularly to develop and implement them. In Dundee these groups are often called Strategic Planning Groups (SPG).
<b>Local Authority</b> .....	This is a term for any local administrative body and is often the term used to describe a local council. Dundee City Council is a Local Authority who provides a range of services including social care for people of all ages.
<b>Locality</b> .....	A smaller area within the borders of an Integration Authority. The purpose is to provide an organisational mechanism for local leadership of service planning, and have an influence on how resources are spent in their area.

## Glossary of Terms (continued)

<b>National Health and Social Care Standards</b> .....	<p>The new National Health and Social Care Standards: My support, my life aims are that people in Scotland receive high standard of care and support, which should reflect their own personal needs and circumstances. There are five principles (dignity and respect; compassion; included; responsive care and support; and wellbeing).</p> <p>Dundee Carers Partnership Strategic plan</p> <p>Personal Outcomes: 'Outcome' is often used to refer to the results of the social care and support a person has received during outcome focussed assessment individuals are supported to identify what is important to them; why these things/outcomes are important; how to go about achieving these things; and who will be involved, when and where etc. See also SHANARRI.</p> <p>Carers' Outcomes: Research on the outcomes important to unpaid carers has identified distinct outcomes relevant to managing the caring role and quality of life for the carer, as well as carer concerns about outcomes for the cared for person. These can be built into outcomes focused support plans and review tools for unpaid carers.</p>
<b>PANEL Principles</b> .....	<p>These principles a way of breaking down what a human rights based approach. PANEL stands for Participation, Accountability, Non-Discrimination and Equality, Empowerment and Legality</p>
<b>SHANARRI</b> .....	<p>The overarching policy for children and young people in Scotland is Getting it Right for Every Child (GIRFEC). Under GIRFEC, there are eight 'SHANARRI wellbeing indicators,' identified as areas in which all children need to progress in order to do well, and which allow practitioners to structure planning.</p>
<b>Stakeholders</b> .....	<p>People or organisations, which have an interest in the Dundee Carers Partnership and plans that are developed</p>
<b>Strategic Needs Assessment</b> .....	<p>This is a document which include some statistics and information about people (carers) and there circumstances and comments about these. There is a more detailed Carers Strategic Needs Assessment for this plan.</p>
<b>Social Care</b> .....	<p>There is no simple definition of (adult) social care. However, it is agreed it covers a wide range of services provided by local authorities and the independent sector to adults either in their own homes or in a care home.</p>

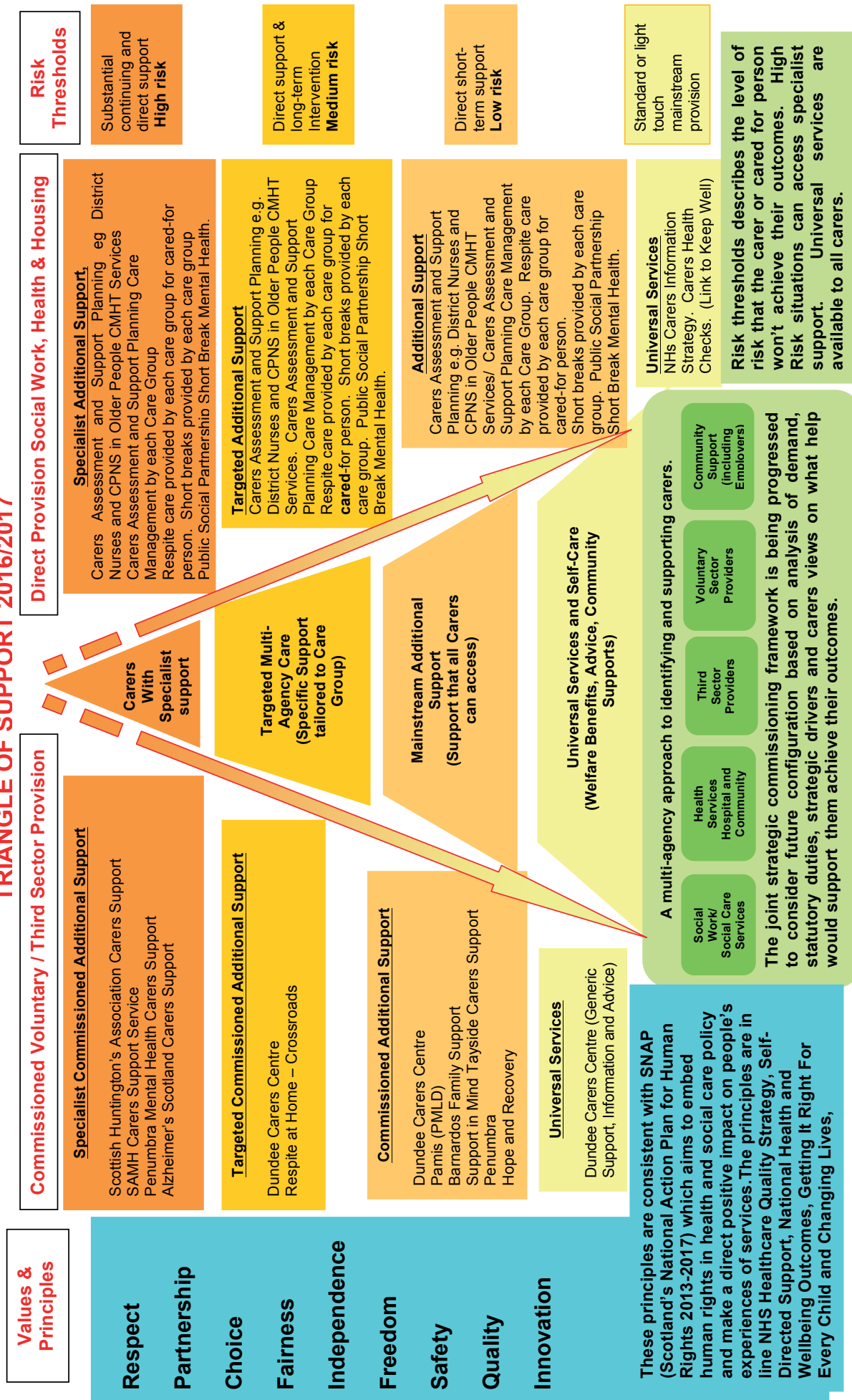
## Glossary of Terms (continued)

<b>Supported Person</b> .....	This can describe people who receive support from carers and/or from care staff or a combination of both.
<b>Young Carer Statement</b> .....	The Carers (Scotland) Act makes provisions for a Young Carers Statement (YCS) to be prepared for carers who are under 18, or over 18 but still at school. Not all young carers will have a wellbeing need that requires a Child's Plan, but if a Child's Plan is already in place for a young carer, the YCS will be developed in addition to this so there is a document with a focus on their needs as a carer.



## Services and Support – Adult Carers 16+

### TRIANGLE OF SUPPORT 2016/2017



NB As well as Commissioned Support and Direct Provision Carers have access to other local supports. Some organisations who support Carers are supported by volunteers or have staff funded by other sources (e.g. The Dundee Mental Health Cairn Fowl).



If you require this document in alternative formats please email [dundeelhscp@dundeecity.gov.uk](mailto:dundeelhscp@dundeecity.gov.uk) or telephone 01382 434000.

## **GET IN TOUCH:**

If you have any questions about the information contained in this document, please email:

**[dundeelhscp@dundeecity.gov.uk](mailto:dundeelhscp@dundeecity.gov.uk)**



# VALUING, SUPPORTING AND INVOLVING CARERS

## Dundee Carers Charter 2017-2020

This charter has been developed through the Dundee Carers Partnership working along with carers in Dundee.

The 3 pledges have been accepted by a range of organisations in Dundee.

These organisations are giving Carers in Dundee a commitment that the best possible service and support will be available to ensure that carers continue in their caring role for as long as they wish to.

In doing so, the charter sets out what carers can expect from services, the type of support they can access and the opportunities for involvement in decisions affecting the people they care for.

## Our 3 Pledges to Carers in Dundee

### We will:

- \* **Identify, acknowledge and value carers** - you will be identified and feel respected and recognised in your caring role.

### This means:

- The contribution you make to the person you care for and to the community overall will be acknowledged and recognised.

- \* **Support Carers:** organisations will work in partnership to support you to live a fulfilled life.

### This means:

- Being clear what resources are available to you, including support services and respite/short break options.
- Accessing information and support to help you in your caring role including
  - ◇ support to manage your health and well-being
  - ◇ help to manage your finances and secure your welfare rights
  - ◇ advice to access employment, training, and learning.

- \* **Involve Carers** – carers will have opportunities and support to be involved.

### This means:

- With the agreement of the person you support, you will be an equal partner in incare planning (including when the person you support is leaving hospital).
- We will listen to your knowledge expertise and opinion and involve you in the decisions about the care and support of the person you support.
- Supporting ways to involve Carers in strategic planning. There will be opportunities for you to be involved in the planning, development and evaluation of relevant policies, strategies and services in Dundee.





**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
31 OCTOBER 2017

**REPORT ON:** NOT JUST A ROOF: HOUSING OPTIONS AND HOMELESSNESS  
STRATEGIC PLAN (2017-2020)

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB48-2017

## **1.0 PURPOSE OF REPORT**

This report provides information about Not Just a Roof: Housing Options and Homeless Strategic Plan 2017-2020 (the Plan).

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the content of this report and in particular the collaborative approach to developing this Plan as detailed in section 4.1.1;
- 2.2 Approves Not Just A Roof: Housing Options and Homelessness Strategic Plan (attached as Appendix 1);

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 There are no financial implications as a result of this report. This Plan will be delivered within current resources available to Dundee Health and Social Care Partnership and Neighbourhood Services.

## **4.0 MAIN TEXT**

### **4.1 Background to the Housing Options and Homelessness Strategic Plan**

- 4.1.1 In Dundee, we have adopted an integrated, collaborative and whole systems approach to the prevention and response to homelessness through our local Partnership. The Partnership included local providers of homeless services in developing the Strategy. The Partnership sought to use the lived expertise of people who were homeless to shape and develop the strategic intentions and focus not only on the support of those who are homeless but extend our ambitions to support people to avoid homelessness. Our aim through this approach is to improve the experience, opportunities and outcomes of people who experience homelessness.
- 4.1.2 To ensure we maintain this focus, the Housing Options and Homelessness Strategic Planning Partnership (the Partnership) has produced this Strategic Plan (the Plan). This Plan builds upon the previous Homelessness Strategy and was developed through listening to the views and experiences of people with lived experience of homelessness and our key stakeholders.

4.1.3 It sets out the approach and actions by which the Partnership will deliver on our vision and outcomes and establishes the strategic direction for the Dundee Housing Options and Homelessness Strategic Planning Partnership for the next five years.

4.1.4 The Plan was endorsed by Dundee City Council Neighbourhood Services Committee held on 21 August 2017 (report number 116-2017).

## **4.2 Vision, Strategic Outcomes and Model**

4.2.1 In Dundee, our vision is that Citizens of Dundee will be able to live a fulfilled life in their own home or homely setting. If people do become homeless, they will be able to access quality information, advice and support which will enable them to live a fulfilled life and gain and maintain their own home.

4.2.2 To achieve this ambition we have develop three strategic outcomes based on consultation and engagement with people with lived experience and stakeholders within Dundee. These three strategic outcomes are:

- I Can Live A Fulfilled Life, Independently In My Home Or A Homely Setting - People who are at risk of homelessness will say that they are able to live a fulfilled life and live independently in their home or homely setting where this is appropriate to their personal circumstances.
- I Have Had A Positive Experience - People who are homeless will say that supports and services are easy to access, of high quality and well co-ordinated and through this they can gain settled accommodation.
- I Can Live A Fulfilled And Healthy Life - People who are homeless will say that they have achieved the outcomes that matter to them and they are able to live an independent, fulfilled and healthy life in settled accommodation.

4.2.3 Our model to achieve the three strategic outcomes and statutory duties is summarized below:

- Embedding person centred and inclusive practice through developing our workforce, organisations, strategic planning and guidance.
- Enabling a decisive shift towards prevention, early intervention through building community capacity, social and digital inclusion and on existing approaches such as Getting it Right for Every Child (GIRFEC), Housing Options and the Lead Professionals model.
- Reducing health inequalities, by ensuring that health checks and specialist health advice and support are easily accessible to people who experience homelessness and through these checks individual's health and wellbeing is promoted.
- Developing integrated models of locality based and personalised assessment and support which enable people, particularly those who have a complexity of personal circumstances, to gain or maintain their home and live a fulfilled life.
- Responding to impact of UK Government's welfare reforms and unemployment on individuals and families incomes and link of this to increased risk of homelessness.

## **4.3 Implementation of Strategic Plan**

4.3.1 Implementation of the Strategic Plan will be overseen by the Homelessness and Housing Options Strategic Planning Partnership. A performance and budget report,

as articulated in the Strategic Plan, will be provided on an annual basis to demonstrate impact of the Plan on citizens of Dundee.

- 4.3.2 As a Partnership, we will prioritise investment in projects and supports which enable our strategic outcomes, statutory duties and model of delivery to be realised and embedded in our redesign and development of integrated services.
- 4.3.3 The Strategic Plan, if approved, will be launched during December 2017 and be supported through a series of communications thereafter.
- 4.3.4 The Strategic Plan will also form the basis of our 2<sup>nd</sup> Annual event planned for March 2018. The Annual Events have been a way of generating awareness and collaboration in supporting people experiencing homelessness in Dundee.

#### **4.4 Costs Associated with the Implementation of the Strategic Plan**

- 4.4.1 The Strategic Plan will be delivered within current resources. To maximise use of resources to support people experiencing homelessness, an integrated budget statement has been developed. The budget includes:
  - Short term funding from Dundee Health and Social Care Partnership Integrated Care Fund, to pilot a Youth Housing Options Project.
  - Funding from Dundee Health and Social Care Partnership used to commission third sector providers to provide support to people experiencing homelessness across Dundee, including temporary accommodation and housing support.
  - Funding from Dundee Health and Social Care Partnership used to provide health checks and advice and a social work assessment.
  - Funding from Dundee City Council Neighbourhood Services used to provide support to people experiencing homelessness across Dundee, including temporary accommodation, housing support and housing options assessment.
- 4.4.2 As a Partnership we will prioritise investment in projects and supports which enable our strategic outcomes, statutory duties and model of delivery to be realised. Through this approach we will ensure that Plan meets its objectives and is delivered within resources available to the Partnership and Neighbourhood Services.

#### **5.0 POLICY IMPLICATIONS**

- 5.1 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 RISK ASSESSMENT**

- 6.1 The strategic plan establishes a strategic direction for the future development of supports to people who are at risk of homelessness or who are homeless to improve outcomes for citizens of Dundee and improve efficiency of service delivery. A performance and budget report, as articulated in the Strategic Plan, will be provided on a regular basis to demonstrate impact of the Plan and an assurance that the Plan is delivered within resources available to the Partnership and Neighbourhood Services.
- 6.2 Each project developed through the implementation of the Plan will receive a financial risk assessment so that risks in relation to need for additional funding and sustainability and efficacy are considered and inform decision making. It is anticipated that this approach will mitigate financial risk that additional funding is required in order to support implementation of the Strategic Plan.
- 6.3 Risk Description – There is a risk that additional funding will be required to implement the Strategic Plan.

Inherent Risk – 3 x 3 (Moderate x Possible) = 9

Current Risk – 3 x 2 (Moderate x Unlikely) = 6

Planned Risk – 3 x 2 (Moderate x Unlikely) = 6

\*Risk Scoring (Impact x Likelihood)

**Note:** We use a risk level scoring of 1 – 25  
(1 being the lowest Score and 25 being the highest score)

Given the risk mitigation actions in place, the risk is deemed to be manageable.

## **7.0 CONSULTATIONS**

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

## **8.0 BACKGROUND PAPER**

None.

David W Lynch  
Chief Officer

DATE: 9 October 2017

Alexis Chappell  
Locality Manager



# NOT JUST A ROOF!



## HOUSING OPTIONS AND HOMELESSNESS STRATEGIC PLAN (2016 – 2021)

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## One Page Summary

<b>Where Do We Want to Be</b>	<i><b>Citizens of Dundee will be able to live a fulfilled life in their own home or homely setting. If people do become homeless, they will be able to access quality information, advice, accommodation and support which will enable them to live a fulfilled life and gain and maintain their own home.</b></i>		
<b>What Will Change Look Like</b>	Homelessness will be prevented where appropriate.	People who are homeless are able to easily access high quality and well-coordinated supports which enable them to gain and maintain settled accommodation.	People experiencing homelessness will be able to live an independent, fulfilled and healthy life in settled accommodation.
<b>What Will We Do?</b>	<p>Develop supports and opportunities so that:</p> <p>Individuals Can Access Locally Based Income Maximisation Advice.</p> <p>Individuals Can Access Locally Based Support to Prevent Homelessness.</p> <p>Young People and Families with Children Are Prevented From Becoming Homeless</p> <p>Our workforce has Guidance and a Framework for Preventing Homelessness and Promoting Positive Outcomes.</p> <p>Prevention of Homelessness is Promoted.</p>	<p>Develop supports and opportunities so that:</p> <p>Individuals Will Be Able To Easily Access Advice and Support.</p> <p>Individuals Can Access Quality Temporary Accommodation and Supports.</p> <p>Individuals Feel That Services Are Well Coordinated and Joined Up.</p> <p>Individuals Can Actively Participate in Shaping Services.</p> <p>Our Workforce Are Able to Prevent and Respond to Homelessness.</p>	<p>Develop supports and opportunities so that:</p> <p>Individuals Can Live Independently.</p> <p>Individuals Can Look After and Improve Their Own Health And Wellbeing.</p> <p>Individuals Can Achieve Their Personal Outcomes and Improve Quality of Their Life.</p> <p>As a Partnership, We Continuously Improve Our Response to Homelessness.</p>
<b>What Will Citizens Say and What Will Our Performance Tell Us That Shows We Have Made A Difference?</b>	<p>I feel supported to live independently in my home or a homely setting.</p> <p>Rate of homeless applications.</p> <p>Rate of homeless applications for families with children.</p> <p>Rate of homeless applications for young people</p> <p>Number of prevention approaches completed.</p>	<p>I feel that services are well coordinated</p> <p>I have had a positive experience of services designed to support me.</p> <p>I feel listened to and respected.</p> <p>I have had a say in developing supports which will enable me to achieve my outcomes.</p> <p>Regulated supports and accommodation have received a Care Inspectorate grade of 5 or more.</p>	<p>I feel that I have achieved the outcomes I want to achieve.</p> <p>I am able to access a range of local networks and peer supports.</p> <p>I feel well and healthy</p> <p>I am able to look after and improve my own health and wellbeing.</p> <p>I feel support or services helped me to improve the quality of my life.</p>

## Introduction

“The Joint Strategic Commissioning Statement for Homelessness, what does that mean? There is too much jargon around. Services need to make it simple for homeless people to understand about what is being planned for them, so they can feel part of developing their services. I remember being homeless and feeling frustrated when I was passed from service to service at a time in my life when I just wanted to go to one place or have one person that could support me when I could not do things for myself.”

Ed Mitchell: Share Radio Presenter (former ITN and International Newsreader (1990s to 2000))



Further information on Ed can be accessed at the following site:

<https://www.shareradio.co.uk/about/team/presenters/ed-mitchell/>

Ed was the key note speaker at our Homelessness Event held in the Steeple Church, Dundee (June 2015). This statement from him has been used as the main scene setter for this plan. It has not just been Ed who has said that services need to be easier to access, many people have commented about their experiences of feeling helpless when faced with homelessness due to some form of crisis in their life. They have suggested that it would help if one person took an overview of them out of their crisis and helped them navigate their way through the maze of services that are in place to support people who become homeless.

In developing this Plan, people with lived experience of homelessness said that they wanted to feel listened to, respected and not to have to tell their story over and over again. We know through our analysis of our local situation that we need to make a strategic shift and invest more in preventing homelessness happening in the first place. Other priority areas include: reducing homelessness happening repeatedly for people and, ensuring that Dundee has a wide range of supports that can be accessed easily by people no matter what locality the person is from.

As homelessness can affect people of all ages and circumstances, in Dundee we have brought together the key priorities and resources from Health and Social Care, Children and Families and Neighbourhood Services so that we adopt an integrated, collaborative and whole systems approach to the prevention and response to homelessness.

To ensure we maintain this focus, the Dundee Homeless and Housing Options Strategic Planning Partnership (the Partnership) has produced this Strategic Plan (the Plan). This Plan builds upon the previous Homelessness Strategy and was developed through listening to the views and experiences of people with lived experience of homelessness and our key stakeholders.

The Plan sets out the approach and actions by which the Partnership will deliver on our vision and outcomes. It is for all persons in Dundee who may be at risk of homelessness or who find themselves as homeless and should be read in conjunction with the Dundee Health and Social Care Partnership Strategic Plan, Children and Families Strategic Plan, Dundee Local Outcome Improvement Plan and specific strategic plans relating to children, young adults and care groups. A Glossary of common terms which has been developed by Shelter Scotland around Homelessness and homelessness legislation has been included as a link in Appendix 1.



## Our Vision

As a partnership our vision is that:

***Citizens of Dundee will be able to live a fulfilled life in their own home or homely setting. If people do become homeless, they will be able to access quality information, advice, accommodation and support which will enable them to live a fulfilled life and gain and maintain their own home”.***

Our vision will be demonstrated through the following strategic outcomes:

### Prevention of Homelessness

- People who are at risk of homelessness will say that they have been supported to remain at home or homely setting where this is appropriate to their personal circumstances.

### Positive Experiences of Supports and Services

- People who are homeless or at risk of homelessness will say that supports and services are easy to access, of high quality and well-coordinated and through this they can gain settled accommodation.

### Living an Independent, Fulfilled and Healthy Life

- People who are homeless or at risk of homelessness will say that they have achieved the outcomes that matter to them and they are able to live an independent, fulfilled and healthy life in settled accommodation.

These outcomes are reflective of what local people told us. They also align with the nationally defined, Getting it Right for Every Child wellbeing outcomes ([\(SHANARRI\)](#)), the [Community Justice Authority](#), the [National Health and Wellbeing Outcomes](#), [Dundee's Health and Social Care Partnership](#) priorities and also fits with the [Dundee Local Outcome Improvement Plan](#) and [Dundee Fairness Commission Report](#). Please see Appendix 2 for a copy of the Performance and Outcomes Framework mapping the strategic outcomes.

## Our Approach

The Partnership believes that everyone should be able to live with human dignity and have a good quality life. Any support provided will be based on the person's views and their individual preferences, outcomes and strengths. To support this approach, we will use Scottish Human Rights Commission [PANEL principles](#) and [FAIR approach](#).

We will provide immediate support to those in crisis. For people who are in need of support, self-directed support will be offered so that individuals can take a central role in planning the supports they receive that help them maintain their tenancy and live a healthy and fulfilled life.

### We will:

- **Respect people's human rights and dignity.**
- **Listen to and involve people in decisions that affect their own well-being**
- **Provide people with choices around how they are supported.**
- **Encourage and support people to maximise their aspirations and potential and in doing so optimise their independence, life choices and health.**
- **The supports and advice people receive will be better co-ordinated, of high quality and best value.**
- **Prevent homelessness and improve equality of access to health and support services through effective partnership working while taking account of people's physical health, mental health, psychological needs, experience of trauma and other life experiences.**
- **Streamline systems and reduce duplication so that people can access the right service and information at the right time.**
- **Work with citizens and our partners to continuously improve supports and services including matching housing supply to meet identified needs.**



## Harry's Story – A Focus on Prevention

Harry was referred to Dundee Youth Housing Options Service after being asked to leave home following a relationship breakdown with his parents. Harry presented as homeless weeks after his 16<sup>th</sup> birthday but agreed to stay with a family friend instead of moving in to temporary accommodation. Harry was away from home for a period of 4 weeks, over these weeks staff met with Harry and his parents to identify the issues and discuss a plan of action. Harry and his parents all agreed they would like to improve and repair their relationship with the hope of Harry returning home.

Harry and his parents engaged in a conflict resolution process to help them repair their relationship. There were occasions where conversations became somewhat heated but Harry, Mum and Dad learned ways of maintaining their patience and managing their frustration by allowing each other to talk and carefully listen to what each other had to say. It was evident that this gave each person the confidence to talk more openly about their issues and consider putting a plan of action in to place.

### HARRY'S OUTCOMES

**Safe** - Harry moved back home 4 weeks after engaging with conflict resolution, 6months subsequent to receiving Harry's referral he still remains at home.

**Nurtured** - Harry said his confidence has soared since engagement of conflict resolution, he is now working and spending quality time with family and friends.

**Responsible** - Harry has continued to remove himself from the environment if it becomes confrontational. His relationship with Dad has improved and they spend time working together on shared hobbies.

**Healthy and Active** - Harry stated going for walks with his brother has helped him escape from everything that's happened to him. He feels this has been very therapeutic for him and is something he is keen to continue.

**Respected and Included** - Dad ended up leaving the family home due to personal reasons. When this happened, Harry admitted his relationship with Mum has improved significantly.

**Achieving** - Harry completed his exams and is now at college. He has hopes and ambitions for the future.

## Background to the Plan

This Plan has been developed in a context of prevention and response to homelessness within Dundee, collaboration between all partners involved is essential.

In doing so, we have embraced national and local policy that provides direction that services should be focused on 'what matters' to people, where services are joined up and work together as a team with people. *"They must become transparent, community-driven and designed around users' needs. They should focus on prevention and early intervention"*. Christie [Commission on the Future Delivery of Public Services](#) (2011).

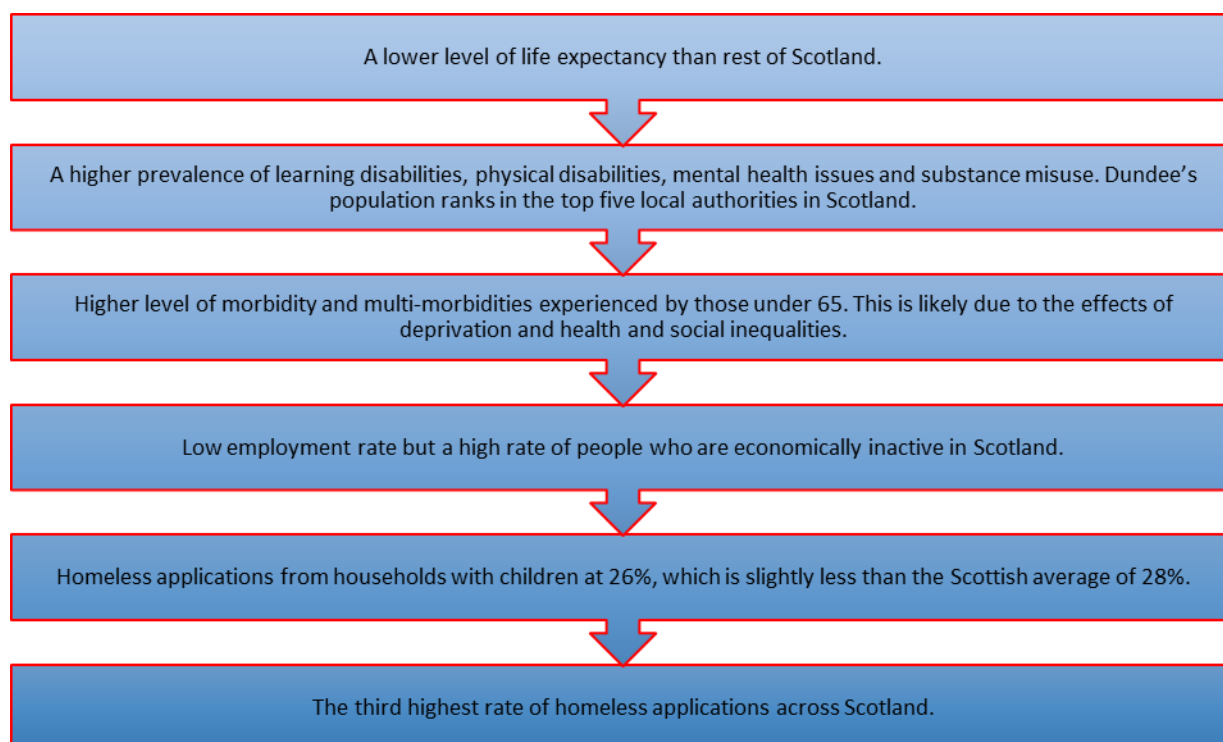
A key focus of our local plans, based on national policy direction, is the emphasis on prevention, empowerment, inclusion, equality and development and delivery of integrated services from the perspective of people who use them.



These themes are reflected in [Dundee Health and Social Care Partnership](#), Children and Families, the Community Justice Authority, Neighbourhood Services and Dundee's Local Outcome Improvement Plan. All of these plans also recognise that services should become more joined up, delivered locally, tailored to meet individuals and community outcomes and developed in partnership with people and communities. More information about relevant policy, legislation can be found at Appendix 3 alongside the Strategic Needs Assessment.

### Local Demand and Future Needs

Dundee like many other areas is facing an unprecedented financial challenge to deliver services within a background of increasing demand, complexity and expectation. By 2037, Dundee's population is projected rise by 15% to 170,811. The [Housing Contribution Statement](#) and a [Strategic Needs Assessment](#) completed to inform the Dundee Health and Social Care Partnership Strategic Plan highlights that in the period 2014 – 2015 Dundee has:



The Needs Assessment and Statement highlight a link between the higher levels of deprivation and health inequalities within Dundee and the high rate of homeless applications. If change is not initiated to target the underlying issues associated with homelessness then our high rate of applications will likely continue.

Key priorities identified are:

- Responding to impact of welfare reforms and unemployment on individuals and families incomes and link of this to increased risk of homelessness.
- Building community capacity and on existing approaches such as GIRFEC, Housing Options and Lead Professionals model to make a strategic and decisive shift towards prevention of homelessness.
- Increasing social and digital inclusion so that people can maintain and develop social networks
- Reducing impact of social and health inequalities on people who are homeless or at risk of homelessness.
- Developing approaches and models which enable and empower citizens of Dundee, particularly those with a complexity of personal circumstances, to be healthy, have a fulfilled life and achieve their personal outcomes.

### Local Resources

Within Dundee, we have commissioned a range of resources designed to support the prevention and response to homelessness, funded by Dundee Health and Social Care Partnership, Dundee City Council Neighbourhood Services, Dundee City Council Children and Families Services. These resources are highlighted in a diagram at Appendix 3. These resources have been traditionally commissioned based on a hierarchy of need however the partnership intends to consider how services/supports are commissioned based on outcomes for people.

Below highlights a starting position the positive outcomes the Partnership are working towards achieving. Although each provider has been categorised under a particular outcome indicator, this only highlights the main focus of service delivery for this provider, however, it is expected that all providers will work together to help a person achieve all of their personal outcomes

## INCLUDED

In the wider community and doing the things that matter to you.

Housing Support Providers  
Activities across the city

## SAFE

Being and feeling safe where you are living

Housing Support Providers  
Community Wardens  
Temporary Accommodation

## HEALTHY

Being as healthy as you can be.

Health outreach team  
Dental Health Services  
Social Prescribing

## BEING INVOLVED

What matters to you is included in your support plan.

Housing Options  
Lead Professionals  
Assessors in Services



## WELLBEING

Being satisfied and living life in a way that matters to you.

Should be achieved if all other outcomes are met. However, should still be measured and not assumed.

## RELATIONSHIPS/ NURTURED

That the relationships in your life are positive.

Counselling services  
Housing Support services  
Family  
Friends

## RESPONSIBLE

That you are responsible for yourself and others in your life.

Housing Support Services  
Children's services  
RSPCA or private vets

## LIVING INDEPENDENTLY

Housing Support services  
Being able to cope and have the skills to live independently.  
Welfare Rights  
Colleges  
University  
MyLife self-help guides

## Bill's Story – Moving On Successfully From Temporary Accommodation

When Bill was referred to Salvation Army, the experience was entirely new to him: The environment alien, regular process and procedures associated with homelessness wholly unfamiliar. Bill had returned to his home city of Dundee a few years ago, moving in with family and expecting to find his own accommodation reasonably quickly and without outside help.

When this had not happened, a strain was beginning to become evident in family relationships. Having both owned and rented property in the past, and managed this independently, awaiting local authority allocation was unfamiliar territory to him, and he was unaware that referral would/ could be made to the appropriate housing associations also.

Bill had neither made any previous benefit claims, nor had any knowledge of the benefit system. Bill was lacking in both experience and workable proficiencies vis-à-vis the computer skills central to today's benefit structures and the job market. He was also lacking in confidence to improve his wellbeing. Bill settled into the centre quickly and reasonably well. He appeared to find the keyworker system reassuring and was able to engage at an effective level. Bill engaged with Job Centre, IT Training Suite and support offered by Salvation Army.

### BILL'S OUTCOMES

**Living Independently** - Bill has now successfully secured and moved in to his own tenancy. His fiscal priorities are largely in order, family relationships revitalised and improved, there seems every hope that Bill will have success in the future.

**Healthy & Well** - By the time of his departure from Salvation Army, Bill's mood had visibly improved; he seemed to be feeling back in control and increasing in confidence daily.

**Improved Relationships** - Bill's relationship/s with his family improved day-by-day over the period of his residency here; he quite soon began regularly to baby-sit for his daughter again, his son assisted him in the move to his new flat.

**Positive Experiences and Outcomes** - Although unsure and concerned at his homeless status (initially and understandably), Bill has proved to be a credit to himself and has taken all the advice and support offered which has resulted in a positive outcome.

**Involved and Included** - Bill's council housing application was followed up by regular contact with his allocated Housing Officer and outreach support from Salvation Army. Furniture Project and local starter packs service in order to have his basic needs regarding furniture and equipment met prior to moving in.

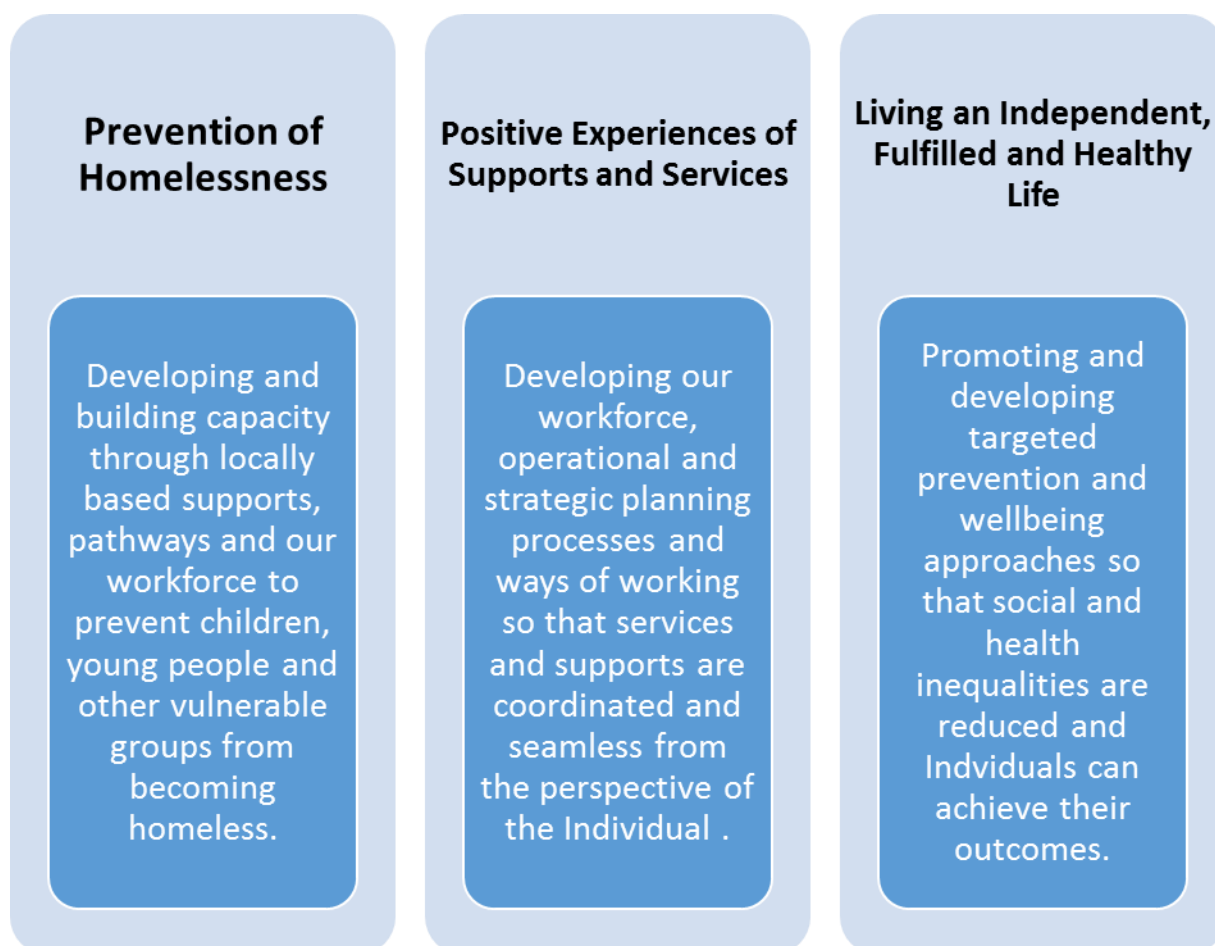
## Delivering on Our Vision and Outcomes

This section looks at how we are doing against our three strategic outcomes (Prevention of Homelessness, Positive Experiences of Supports and Services, Living a Fulfilled and Healthy Life).

It identifies what actions we need to take to achieve these strategic outcomes and our vision that *“citizens of Dundee will be able to live a fulfilled life in their own home or homely setting. If people do become homeless, they will be able to access quality information, advice and support which will enable them to live a fulfilled life and gain and maintain their own home”*.

We will achieve our vision and strategic outcomes by enabling people with lived experience of homelessness to be active participants in the development and shaping of supports and services and by developing supports which are accessible and responsive to individual's circumstances and outcomes.

Our future strategic direction is shaped around the three strategic outcomes as follows:



### Strategic Outcome 1 - Prevention of Homelessness

*We will know that this has been achieved as citizens will say that they have been supported to remain at home or homely setting. Our performance information will demonstrate a low rate of homelessness applications, a high percentage of prevention approaches and that no care leavers or children have been made homeless.*

## How Are We Doing?

At the period 2014 – 2015, Dundee has:

- The third highest rate of homeless applications across Scotland;
- 1,439 homeless applications. This is 53% higher than the Scotland level of 935 applications per 100,000 populations and despite a reduction in applications by 37% between 2009/10 and 2014/15.
- 26% of homeless applications from households with children which is slightly less than the Scottish average of 28%. This compares with 39% in 2005/06
- 358 prevention approaches per 10,000 households, which is higher than the Scottish average of 248 prevention approaches per 10,000 households.

Most homeless applications are from people that had previously been staying with parents/family, relatives, or with friends. The technical reasons for becoming homeless in Dundee are broadly similar to the rest of Scotland. Being asked to leave family home and relationship breakdown (non-violent) remain the primary causes of homelessness.

## What Did You Tell Us?

In discussions with you, you told us that there should be a greater focus on prevention and early intervention so that homelessness does not occur. Key priorities identified by you were:

- More focus on early intervention through targeted approaches and support
- Looking at reasons for homelessness and developing supports which address these reasons.
- Having a range of services which prevent homelessness occurring and which enable signposting to right service for the Individual.
- Working in the community with those at risk of homelessness, particularly families, young people and those in rent arrears.
- Multi-agency coordinated response to the prevention of homelessness.

## What Are We Doing Now?

To focus on prevention of homelessness we are:

- Implementing a housing options team who provide assessment and advice in relation to housing options available.
- Providing welfare benefits advice within GP's surgeries to maximize incomes.
- Through housing support providers moving towards providing locality based housing support services so that citizens of Dundee can access support when they need it to prevent homelessness occurring.
- Mapping out services and supports available in local communities against prevalence of homelessness in localities across Dundee as a partnership between University of Dundee and Dundee Health and Social Care Partnership. This will help us to develop supports based around needs of communities.
- Implementing conflict resolution processes to prevent homelessness through Neighbourhood Services and Action for Children.
- Reviewing pathways and supports for children, families and young people so that we have sufficient supports and measures in place so that families with children and young people are not homeless.



- Implementing guidance and supports which means that people should not enter into homeless accommodation upon discharge from hospital.
- Integrating the learning from the WISH project to support women experiencing domestic abuse to access appropriate prevention and housing support services.

### **Young People and Families with Children**

We know through the strategic needs assessment that 26% of homeless applications are from families with children. The needs assessment also indicates that for the period 2015 - 16, 4% of applications were from young people aged 16 – 17 and 34% from young people aged 18 – 25. This presents a slight reduction from 2014 – 2015.

Developments such as Action for Children Youth Homelessness Service and Housing Options Pathways for Care Leavers and have supported a focus on reducing numbers of young people affected by homelessness. However, we recognise through the needs assessment that support to young people and families with children must be key priorities for this plan.

Our commitment in Dundee therefore is to reach a position, in line with Getting it Right for Every Child, where children are not affected by homelessness in Dundee. Furthermore, that young people, and in particular those who have previously been looked after, in transition, or are vulnerable are prevented from becoming homeless where ever this is possible.

### **Good Practice Example**

A multi- agency approach focussed on the reintegration of short term prisoners from HM Prison Perth with the view preventing homelessness on their release. This approach has supported prisoners to engage with statutory and third sector services, initially when still in prison and then afterwards on their release.

This approach has also had positive impact on the number of young people and women accessing resettlement support whilst in custody at Her Majesty's Prisons (HMP): HMP Polmont, HMP Edinburgh and HMP Cornton Vale. Developing these and similar outcome focused projects over the period of the strategy will significantly contribute to better outcomes for individuals.

### **What Will We Do?**

We used feedback received through our consultations, stakeholder's event, national benchmarking, to identify actions which will enable us to prevent homelessness from occurring or re-occurring.

From this exercise we have identified four themes and a series of actions as outlined below:

### **Theme 1 – Individuals Can Access Locally Based Income Maximisation Advice**

To achieve this, we will:

Work with partners in advice sector to develop a range of access points so that people can easily access independent financial, benefit and income maximisation advice.

Undertake targeted benefits advice work to prevent homelessness occurring.

Further develop supports which enable Citizens to be able to maximise their income and manage money.



## **Theme 2 – Individuals and Families Can Access Locally Based Support to Prevent Homelessness.**

To achieve this, we will:

Promote use of locality based universal services by making use of the MyLife, ALISS portal and other community support databases.

Develop a range of locality based support services which provide targeted support to people at risk of homelessness occurring so that homelessness is prevented wherever possible or appropriate.

Continue to embed and further develop Housing Options Services in local communities as a means of providing advice and support to people at risk of homelessness in their local area.

Continue to embed and further develop conflict resolution and relationship support in line with Scottish Governments Scottish Centre for Conflict Resolution, as a means of preventing homelessness within Dundee, where this is identified as the cause.

Develop and implement the Lead Professionals model in localities across Dundee so that people at risk of homelessness, particularly those with a complexity of needs, have the opportunity of a named contact person and supports and services can be coordinated in a way that prevents homelessness and promotes wellbeing.

Develop opportunities through Technology Enabled Care to prevent homelessness occurring and enable people to remain in their own home.

Use the results of a homeless service mapping exercise by Dundee University and Dundee Health and Social Care Partnership to identify gaps in service provision relating to prevention of homelessness and use this to inform future service developments and locality information onto Mylife, ALISS.

Develop community based initiatives which will build community capacity to address reasons for homelessness. (Links to an actions identified for the Homeless and Housing Options Partnership from the Dundee Health and Social Care Partnership Strategic Plan)

Work with relevant Strategic Planning Groups to promote recovery, rehabilitation and address reasons for homelessness.

### **Theme 3 – Young People and Families with Children Are Prevented From Becoming Homeless**

Further develop approaches as a partnership between Homeless Strategic Planning Group and Corporate Parenting Strategy which supports young people under age of 25 who are care leavers to not become homeless.

Develop approaches through the single child's plan and lead professional model which enables early identification of families with children who are at risk of homelessness so that appropriate interventions can be undertaken at an early stage so that children do not experience homelessness in Dundee.

Develop approaches and pathways which can prevent young people from becoming homeless.

### **Theme 4 – Our Workforce has a Model and Guidance for Preventing Homelessness and Promoting Positive Outcomes.**

To achieve this, we will:

Develop and implement multi-agency protocol and guidance, particularly in relating to vulnerable groups, families with children and young people, which set out arrangements for identifying risk of homelessness early and responding to these concerns.

Develop and implement the Lead Professional Model as a partnership through implementation of guidance and a workforce development programme to support prevention of homelessness.

### **Theme 5 – Prevention of Homelessness is Promoted.**

To achieve this, we will:

Develop and implement local campaigns which promote early help and identification of homelessness.

Develop and implement a partnership website which raises awareness and acts as central point for providing information on how to access services.

### **Strategic Outcome 2 – Positive Experiences Of Supports and Services.**

*We will know that this has been achieved because people who are homeless or at risk of homelessness will say that supports and services are easy to access, of high quality and well-coordinated and through this they have been able to gain and maintain settled accommodation. They will tell us that they feel listened to, respected and involved in planning and shaping services and supports for them. Our performance information will tell us that we have excellent quality information, advice, support and accommodation.*

## How Are We Doing?

Housing Support and temporary accommodation providers are regulated by the Care Inspectorate. Overall, services commissioned by Dundee Health and Social Care Partnership have achieved Grade 4 (Good) or more. A full list of grades for each provider can be found at the [Care Inspectorate](#) and at Appendix 5.

## What Did You Tell Us?

People who are homeless told us that:

- Access services can be difficult and that they find themselves telling their story over and over again to different partners across the system. This results in a feeling of a lack of “joined-up-ness” of services even although each service on its own is generally well regarded.
- More support is needed at the point of crisis and when faced with being roofless.
- Their experience of the temporary accommodation hostels was generally positive. In these settings people reported receiving good support, feeling listened to and respected.

Stakeholders and our workforce told us that:

- Services currently being provided by the partners were very good, however information sharing about the people moving between services was poor and has led to disjointed service provision.
- More support is needed to enable people to live independently and recover, particularly those with a complexity of needs and with chaotic lifestyles.
- New models and approaches are needed to support people who present as homeless on repeat occasions and who can be left without support after being evicted from establishments.
- People who may be vulnerable from others are placed in appropriate settings and can access supports which will enable them to be safe.
- Workforce development and training is needed to reduce stigma associated with homelessness and ensure a focus on outcomes.

## What Are We Doing Now?

### Taking a Personalised Approach to Homelessness – The Lead Professional Approach

Remembering what Ed Mitchell said,

*“I remember being homeless and feeling frustrated when I was passed from service to service at a time in my life when I just wanted to go to one place or have one person that could support me at a time when I could not do things for myself.”*

In response to all feedback received, representatives from the Homeless and Housing Options Strategic Planning group worked together to consider and develop a model and approach which would deliver a more joined up and seamless service from the point of view of the person.

This resulted in development and implementation of a Lead Professional model. Each individual will be supported to take responsibility for decision making about their own future. The Lead Professional will co-ordinate appropriate services and supports to ensure the individual can identify and achieve their personal outcomes.

### **Test of Change Using the Lead Professional Approach - Focusing On Women Affected By Domestic Abuse And Additional Complex Issues**

Dundee Women's Aid (DWA) became increasingly concerned about a group of women affected by domestic abuse issues, who were presenting to DWA refuge services and were also affected by a range of other complex needs.

The women were repeatedly made homeless and their additional needs were brought about by a number of issues, including mental health, severe impact of trauma, domestic and sexual abuse, prostitution, self-harm, substance misuse, criminality, physical health issues and other challenging behaviour.

Very often the women's stay at DWA refuge was unsuccessful as the service struggled to respond to the complexity of the support they required. Consequently, more often than not, the women will go from one homeless hostel to another. If housed, they would struggle to hold on to their tenancy.

A group of organisations, led by DWA, used the lead professional approach to improve the women's outcomes including responding to repeat homelessness. Services include Criminal Justice Services, Homeless Services, Transform, Health and Homelessness Outreach Team, WRASAC and Addaction. This supports coordination of care and improved communication between agencies involved.

To support the approach and provide 24 hour support if needed, a refuge flat has been identified and Transform will provide accommodation. This Test of Change is currently being evaluated to inform next steps of the project.

### **Promoting Active Participation in Service Development**

Within Dundee, we have engaged with people experiencing homelessness and stakeholders in the following ways:

- Holding a homelessness event (Steeple Church) providing people with the opportunity to tell their story and share their experiences in a Big Brother Exercise.
- Commissioning Glasgow Homeless Network to gain the views of people experiencing homelessness.
- Undertaking a stakeholder survey during April 2015 to gain stakeholders views of homelessness and homeless services.
- Shelter and Dundee Carers Centre have implemented conversation café's as means of involving people with lived experience of homelessness and carers in the future development of supports and services in Dundee. The outcomes of these cafes will inform the ongoing strategic development of homeless services within Dundee.
- Housing Support and Temporary Accommodation providers have a range of engagement methods for involving people with lived experience in the ongoing development of their services. This ranges from conferences to focus groups and service user feedback.
- Housing support and Temporary Accommodation providers involve people who are homeless or at risk of homelessness in developing a care plan based on their outcomes. This aspect is regulated by the Care Inspectorate.

### Good Practice Example

Positive Steps has a commitment to service user involvement. In the housing support project service users have a regular forum which is facilitated by a member of staff. The meetings usually involve a speaker followed by a discussion. The agenda is now set by the service users. The forum also has a social function creating the opportunity for people to come together and develop new social networks. It is also an opportunity for Positive Steps to consult with service users.

From the forum there is now a social group which plans activities for service users. This is led by service users. There is also a group which has been working toward service users increased involvement in the recruitment and selection of staff.

Positive Steps are now planning the fourth annual service users' conference which will be in November. The organisation and the agenda have been taken on by the service users in entirety this year.

The Forums and the conference are held in local community centres. As well as being accessible buildings it also helps to break down barriers and encourages people using services to use the groups and facilities available in their localities.

### What Will We Do?

We used feedback received through our consultations, stakeholder's event, national benchmarking, to identify actions which will enable us to achieve this outcome.

From this exercise we have identified four themes and a series of actions as outlined below:

#### **Theme 6 – People Experiencing Homelessness Or Risk Of Homelessness Will Be Able To Easily Access Advice and Support.**

**Develop a range of information which provides consistent advice about how to access services and which provides a clear explanation about what will happen.**

Develop advice hubs in localities across Dundee where people can easily access a range of advice and information including homelessness and access to support services.

Review options for development of a 24 Hour walk in and advice service.

#### **Theme 7 – People Experiencing Homelessness or at Risk of Homelessness Can Access Quality Accommodation and Supports**

To achieve this, we will:

Work towards all temporary accommodation and housing supports being graded with a score of 5 (very good) or above by Care Inspectorate.

Explore housing first model and consider a test of change as a means of responding to repeat homelessness.

Review the current model of temporary accommodation so that people who are homeless can access accommodation and holistic support which suits their individual circumstances.

Develop and implement multi-agency guidance and training on use of psychologically informed environments in conjunction with key learning points from the implementation of this approach in Salvation Army and Dundee Women's Aid.

Monitor the findings from service user satisfaction ratings and outcome focused reviews in terms of the person's experience of the support and accommodation provided.

**Theme 8 – People Experiencing Homelessness or at Risk of Homelessness Feel That Services Are Well Coordinated and Joined Up.**

To achieve this, we will:

Work with the Dundee Health and Social Care Strategic Planning Group, Neighbourhood Services, Strategic Planning Groups, Children and Families Strategic Planning Group, The Community Justice Authority and also the Care Group Strategic Planning Groups to promote accessibility and responsiveness of services so that they too have 'Homelessness' on their agendas.

Implement the Lead Professional Model, as a means of coordinating supports and having a single plan where more than one agency is involved.

Monitor the effectiveness of implementation of the Lead Professional Model through partnership meetings.

Build upon Getting it Right For Every Child approach to ensure that Young People affected by homelessness are identified and can link to the right service at the right time to meet their outcomes.

**Link with the new model for Community Justice in Scotland, and its defined Outcomes, Performance and Improvement Framework.**

**Theme 9 – People Experiencing Homelessness or at Risk of Homelessness Can Actively Participate in Shaping Services**

To achieve this, we will:

Further develop and implement conversation cafes to involve people with lived experience of homelessness and Carers in the ongoing design and development of services to prevent and respond to homelessness.

Capture 'what matters' to a people who are homeless or at risk of homelessness in a structured way, which includes on-line feedback opportunities and advocacy, so that this informs ongoing service developments.

Explore opportunities to develop citizen leadership and peer support as a means of enabling people to actively participate in service development and interview panels.

Use the views gaining from our ongoing involvement and engagement with people with lived experience of homelessness and Carers to inform the continuous improvement of services to prevent and respond to homelessness.

**Theme 10 – Our Workforce Are Able to Prevent and Respond to Homelessness**

To achieve this, we will:

Develop and implement a workforce development programme, informed by the views of people with lived experience of homelessness, which sets out:

- 1) How to identify and respond to people who are at risk of homelessness.
- 2) A workforce plan which ensures that those who support people who are homeless have the necessary skills and knowledge to do this. This will include training on the Impact and experience of Homelessness, Lead Professionals Approach, Human Rights, Outcome Focused and Person Centred Practice, Public Protection, Recovery Approaches, Challenging Stigma, Social and Health Inequalities, Health and Safety.
- 3) How to build confidence and skills of our workforce in supporting people around improving their own health and wellbeing and achieving the outcomes that matter to them.

### Strategic Outcome 3 - Living a Healthy and Fulfilled Life

People who are homeless or at risk of homelessness will say that they have achieved the outcomes that matter to them and they are able to live an independent, fulfilled and healthy life in settled accommodation.

#### How Are We Doing?

Organisations who provide housing support gather outcomes and performance information to date.

Below is an example of the outcomes achieved from Positive Steps captured from using the Outcomes Star. This is an example of the way in which outcomes will be reported in future using SHANARRI and Adult Outcome Indicators headings.

#### Positive Steps Housing Support Service Outcomes Star: Homeless Star

##### Percentage increase and decrease for each scale

This table shows the average proportion of people whose score for a scale has increased, decreased or stayed the same.

Scale	Decrease	Same	Increase
Motivation and taking responsibility	0%	19%	81%
Self-care and living skills	4%	29%	67%
Managing money and personal administration	7%	49%	44%
Social networks and relationships	4%	33%	63%
Drug and alcohol misuse	0%	78%	22%
Physical health	7%	26%	67%
Emotional and mental health	7%	19%	74%
Meaningful use of time	0%	37%	63%
Managing tenancy and accommodation	7%	45%	48%
Offending	4%	92%	4%

#### What Did You Tell Us?

People who are homeless told us that many things in life were important to them, which included having:

- A purpose such as a job,
- Somewhere to stay where they felt safe,
- Meaningful positive relationships so that this can help their emotional wellbeing
- The right skills to be able to move on into permanent accommodation.
- Feeling of being included in their community and not stigmatised for being homeless.

Some people said they found it difficult to focus on what they would want their life to be like in 5 years as they find it difficult to get through each day.



### Stakeholders and Our Workforce Told Us That:

Services supporting people who are homeless identified key priorities in going forward:

- Support to enable people to recover,
- Obtaining life skills such as cooking and budgeting,
- Rebuilding family relationships,
- Returning to family safely,
- Getting a new home and sustaining the tenancy,
- Finding safety through refuge
- Obtaining access to services where language is a barrier

### What Are We Doing Now?

To focus on enabling people to live a fulfilled and healthy life we are:

- Undertaking a test of change for support and accommodation for women with multiple and complex needs and with that developing an effective multi-agency response for the needs of women affected by violence, substance misuse and mental health.
- Reviewing and develop nursing/ health pathways of support and care for people who are homeless so that access to health services for people who are homeless is seamless.
- Implementing the Smile4Life, Scottish Oral Health Programme for people experiencing homelessness through the University of Dundee, School of Dentistry, Dental Health Services Research Unit (DHSRU). The Oral Health and Health Research (OHHR) programme aims to reduce health inequalities by addressing oral health as an indication and predictor of health and psycho-social functioning.
- Developing a Partnership Website for Homelessness Supports for the purpose of sharing information and tracking outcomes for people.
- Developing a directory for staff to access to make contact with other professionals for the purpose of helping people under the Lead Professional Model.
- Developing outcome focused documentation that can be shared between professionals so that we have a consistent approach on outcomes.

### Good Practice Example

The Dental Health Services Research Unit, School of Dentistry, the University of Dundee, in partnership with School of Education, Dundee Health and Social Care Partnership and Shelter Scotland held an event: “Building collaborative work for homelessness, health and social care integration”, on 18th May 2016. The event aimed to start a series of Forum Discussions around the need to develop best strategies to deliver more integrated health and social care services to help people facing health and homelessness issues across Scotland.

In order to create and reinforce partnerships and synergies between large numbers of organisations and services working in the homelessness context, this event in Dundee will be used as a platform to increase the awareness and a wider public understanding of the need to build collaborative approaches and integrated actions among the diverse services and organisations available for those experiencing or at risk to become homelessness.

## What Will We Do?

We used feedback received through our consultations, stakeholder's event, national benchmarking, to identify actions which will enable us to achieve the outcome – Living a fulfilled and healthy life.

From this exercise we have identified four themes and a series of actions as outlined below:

### **Theme 11 – People Experiencing Homelessness or at Risk of Homelessness Can Live Independently**

To achieve this, we will:

Develop approaches so that people who are homeless or are potentially homeless can easily source information and advice, including digital media and on line support, which supports independent living and achievement of personal outcomes.

Enable those who lack the skills or ability to access the internet to access appropriate training and or support to do so.

Develop approaches and models of support, with people who have experienced homelessness, which enable people to live independently and sustain their own tenancy e.g. life skills, cooking, nutrition, budgeting, how to pay charges/ taxes.

### **Theme 12 – People Experiencing Homelessness or at Risk of Homelessness Can Look After and Improve their Own Health And Wellbeing**

To achieve this, we will:

Complete a review of the nursing/ health pathways to reduce health inequalities and improve access to services for people who are homeless. This includes access to primary care, substance misuse and mental health services.

Continue to promote and embed health checks as a means of preventing ill health and promoting health and wellbeing. (This links to Dundee Health and Social Care Partnership Strategic Plan - Prioritise and invest in models of support that help to support life style changes which improve health)

Further develop community health resources to maintain people living in their own neighbourhoods. (This is an action identified for the Homeless Partnership from the Dundee Health and Social Care Partnership Strategic Plan)

Further implement the smile4life oral health programme through workforce development and training programmes.

Explore models and research which supports people who are at risk of homelessness or who are homeless to address past traumas in recognition that this may help people to recover and be able to focus on living a fulfilled life.

Promote models of support which support people to improve their own health and wellbeing and maximise opportunities for early intervention and prevention.

**Theme 13 – People Experiencing Homelessness or at Risk of Homelessness Are Enabled to Achieve and Improve Their Personal Outcomes**

To achieve this, we will:

Undertake a review of how Self-Directed Support can be implemented where people become homeless or are at risk of homelessness so that people can access supports of their choosing to meet their identified outcomes.

Explore and develop models of support and practice which enable people who are homeless or at risk of homelessness to achieve their personal outcomes and improve quality of their lives.

Implement Lead Professional Model, as a means of enabling Individuals to achieve their personal outcomes and improve quality of their lives, particularly where individuals have a complexity of circumstances and needs.

Develop links with employability and training strategic groups and providers which can support people to enter into employment, volunteering or training.

Work with current community facilities to develop a range of leisure and social activities including drop in centres for those with additional support needs. (This is an action identified for the Homeless and Housing Options Partnership from the Dundee Health and Social Care Partnership Strategic Plan)

Develop or support initiatives which provide opportunities for peer support or use of volunteers. (This is an action identified for the Homeless and Housing Options Partnership from the Dundee Health and Social Care Partnership Strategic Plan)

Support change programmes which build community capacity development into whole system change. (This is an action identified for the Homeless and Housing Options Partnership from the Dundee Health and Social Care Partnership Strategic Plan)

**Theme 14 – As a Partnership, We Can Continuously Improve Our Response to Homelessness and Manage Our Resources Effectively**

To achieve this, we will:

Implement an outcome based reporting framework as a means of evidencing achievement of the strategic outcomes, a shift towards prevention and individual's personal outcomes.

Use the framework to identify areas for further development and inform future modelling of services to meet local needs.

Use the performance information gained from our outcome reporting to inform the continuous improvement of services to prevent and respond to homelessness.

## Demonstrating Achievement of Our Vision

Progress towards achieving the personal outcomes linked to those identified in this Plan will be monitored by the Dundee Homeless and Housing Options Partnership using our measures of success set out below and Implementation Plan. A copy of the full Draft Outcomes and Performance Framework is in Appendix 2. Below sets out a summary of what the Partnership is working towards.

<b>Local and National Outcomes</b>	<b>National Health and Wellbeing Outcomes</b> <b>SHANARRI &amp; Adult Wellbeing Outcomes, Community Justice Outcomes,</b> <b>Dundee Fairness Commission Report</b> <b>Local Outcome Improvement Plan</b>		
<b>Our Three Strategic Outcomes</b>	<b>Prevention of Homelessness</b>	<b>Positive Experiences Of Supports And Services</b>	<b>Living a Fulfilled and Healthy Life</b>
<b>Underpinned by our Approach</b>	<b>Human Rights and Dignity; Involve Citizens in Decisions That Affect Their Own Well-Being and How they Are Supported; Maximising Aspirations and Potential; Co-Ordinated Supports; Equality of Access and Streamline Systems.</b>		
<b>Our Key Measures of Success (Includes Indicators relating to National Wellbeing Outcomes and Housing Performance Data)</b>	I feel supported to live independently in my home or a homely setting.  Rate of homeless applications.  Rate of homeless applications for families with children.  Rate of homeless applications for young People.  Number of prevention approaches completed.	I feel that services are well coordinated.  I have had a positive experience of services designed to support me.  I feel listened to and respected.  I have had a say in developing supports which will enable me to achieve my outcomes.  Regulated supports and accommodation have received a Care Inspectorate grade of 5 or more.	I feel that I have achieved the outcomes I want to achieve.  I am able to access a range of local networks and peer supports.  I feel well and healthy.  I am able to look after and improve my own health and wellbeing.  I feel supports or services helped me to improve or maintain the quality of my life.

APPENDICES	ITEM	SOURCE/DOCUMENTS
Appendix 1	Glossary of Terms	<a href="http://scotland.shelter.org.uk/get_advice/downloads_and_tools/jargonbuster/jargonbuster_az?result_160348_result_page=S">http://scotland.shelter.org.uk/get_advice/downloads_and_tools/jargonbuster/jargonbuster_az?result_160348_result_page=S</a>
Appendix 2	Performance and Outcomes Framework	<a href="#">Thematic Performance Framework</a> (PDF) <a href="#">Outcomes Reporting Framework</a> (PDF)
Appendix 3	Strategic Needs Assessment, Policy and Legislative Information	<a href="#">Strategic Needs Assessment</a> (PDF) <a href="#">Corporate Parenting Duties</a> (PDF)
Appendix 4	Current Commissioned Services	<a href="#">Hierarchy of Need</a> (PDF)
Appendix 5	Care Inspectorate Grades	<a href="#">Care Inspectorate Grades</a> (PDF)





**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
31 OCTOBER 2017

**REPORT ON:** DUNDEE SMART HEALTH AND CARE STRATEGY (2017-2020)

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB42-2017

## **1.0 PURPOSE OF REPORT**

- 1.1 To seek approval of the Dundee Smart Health and Care Strategy (2017-2020) which describes the strategic approach to developing and embedding the use of healthcare and technology within Dundee to improve outcomes for individuals. This is the first Smart Health and Care Strategy to be published in Dundee.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the content of this report and in particular the three strategic outcomes detailed in section 5.1.3;
- 2.2 Approves the Dundee Smart Health and Care Strategy (attached as Appendix 1).

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 There are no financial implications as a result of this report.

## **4.0 MAIN TEXT**

### **4.1 Background to Technology Enabled Care**

- 4.1.1 Technology-Enabled Care (TEC) is described by Scottish Government as: where the quality of cost-effective care and support to improve outcomes for individuals in home or community settings is enhanced through the application of technology as an integral part of the care and support process.
- 4.1.2 Scottish Government has set a vision through the National Action Plan for Technology Enabled Care 2016 – 2017 that Scotland is an international leader in technology enabled care, supporting more people to live longer healthier lives at home or in community settings.
- 4.1.3 The over-arching aim of the National Action Plan is to contribute to preventative and personalised care and support for those with care needs and their carers, supporting our citizens to make greater use of technology to manage their own health and wellbeing at home and in the community as a key contribution to the 2020 Vision.

4.1.4 In order to achieve this, Scottish Government aims to:

- Continue to deliver a shift from projects and initiatives to strategic and scaleable developments;
- Ensure that we continually learn from our own and the experience of others, on track to embed technology as a fundamental part of system redesign;
- Create an environment for innovation opportunities to thrive and inform the future direction for technology enabled care in Scotland, fully exploiting benefits for our citizens and our economy.

## **5.0 DUNDEE SMART HEALTH AND CARE STRATEGY (2017-2020)**

### **5.1 Dundee Smart Health and Care Strategy**

5.1.1 A Strategic Plan for supporting people to manage their own health and live independently through technology has been developed to establish a strategic direction and approach to the implementation of technology enabled care within Dundee. The plan aims to support achievement of Dundee Health and Social Care Partnership vision, priorities and national outcomes.

5.1.2 In Dundee, we have endeavored to take an integrated approach in which Technology is seen as any telecare, telehealth, equipment, adaptations, digital information, participation and learning and any other technological solutions which enable people to self-manage their own health, and stay happy, safe and independent in their own homes.

5.1.3 To achieve our ambitions we have develop three strategic outcomes based on consultation and engagement with stakeholders within Dundee. These three strategic outcomes are:

- Information for You - Citizens of Dundee will say that they can easily access a range of web based information, advice and support which enables them to look after their own wellbeing and live a fulfilled life.
- Living a Fulfilled Life - Citizens of Dundee will say that they are able to live a fulfilled life by being able to easily access and use a range of technology to meet individual circumstances and outcomes.
- Building our Capacity – Our workforce and our partners will say that they use technology in everyday practice, are personalised in our approach to use of technology and we promote innovation in the development and use of technology to meet citizen's outcomes.

### **5.2 Implementation of the Strategic Plan**

5.2.1 Implementation of the Strategic Plan will be overseen by the Independent Living Partnership. A performance and budget report, as articulated in the Strategic Plan, will be provided on an annual basis to demonstrate the impact of the Plan. This will ensure that that technology is embedded in our redesign and development of integrated health and social care services. Current progress in relation to technology enabled care was presented at the Integration Joint Board meeting dated 27 June 2017 (DIJB19-2017 – Technology Enabled Care).

5.2.2 As a Partnership, we will prioritise investment in projects and supports which enable our strategic outcomes, duties and model of delivery to be realized and embedded in our redesign and development of integrated health and social care services

5.2.3 Integral to the development and implementation of the Strategic Plan has been an ongoing communications campaign over the past two years. The Strategic Plan, if approved, will be launched during Digital Week in November 2017 and be supported through a series of communications about technology developments within Dundee.



- 5.2.4 The Strategic Plan will also form the basis of our 3<sup>rd</sup> Annual Technology Enabled Care Conference planned for February 2018. The Dundee Technology Enabled Care Annual Events have been a successful way of generating interest, collaboration and innovation in use of technology.

### 5.3 Costs Associated with Implementing the Strategic Plan

- 5.3.1 The Strategic Plan will be delivered within current resources. To maximise use of resources to support the implementation of technology enabled care across Dundee, an integrated budget statement has been developed. The budget includes:

- Short term funding from Dundee Health and Social Care Partnership Integrated Care Fund, to fund a Communications Officer located within Dundee Voluntary Action and Assistive Technology Assistants to promote use of telecare across Dundee.
- Short term funding from Scottish Government to support development of an Independent Living website, development of a trusted assessor programme, pilot of Florence (which enables people to manage their health using a simple text messaging system) and a care home video assisted conferencing programme.
- Funding from Dundee Health and Social Care Partnership used to provide a range of Equipment and Adaptations to citizens of Dundee, Dundee Smart Flat, Dundee Independent Living Centre and a number of small pilots used to promote use of technology within service areas.

- 5.3.2 As a Partnership we will prioritise investment in projects and supports which enable our strategic outcomes, statutory duties and model of delivery to be realised. Through this approach we will ensure that the Plan meets its objectives and is delivered within resources available to the Partnership.

## 6.0 POLICY IMPLICATIONS

- 6.1 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 RISK ASSESSMENT

- 7.1 The Strategic Plan establishes a strategic direction for the future development and use of technology to improve outcomes for citizens of Dundee and improve efficiency of service delivery. A performance and budget report, as articulated in the Strategic Plan, will be provided on a regular basis to demonstrate impact of the Plan and an assurance that the Plan is delivered within resources available to the Partnership.

- 7.2 Each project developed through the implementation of the Plan will receive a financial risk assessment so that risks in relation to need for additional funding and sustainability and efficacy are considered and inform decision making. It is anticipated that this approach will mitigate financial risk that additional funding is required in order to support implementation of the Strategic Plan.

- 7.3 Risk Description – There is a risk that additional funding will be required to implement the Strategic Plan.

Inherent Risk – 3 x 3 (Moderate x Likely) = 9

Current Risk – 3 x 2 (Moderate x Unlikely) = 6

Planned Risk – 3 x 2 (Moderate x Unlikely) = 6

\*Risk Scoring (Impact x Likelihood)

**Note:** We use a risk level scoring of 1 – 25

(1 being the lowest Score and 25 being the highest score)

Given the risk mitigation actions in place, the risk is deemed to be manageable.

**8.0 CONSULTATIONS**

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

**9.0 BACKGROUND PAPER**

None.

David W Lynch  
Chief Officer

DATE: 9 October 2017

Alexis Chappell  
Locality Manager



## **DUNDEE SMART HEALTH AND CARE STRATEGY**

**A Strategic Plan for using  
Technology to Support People to  
Live Independently and Manage  
their Own Health and Care.**

**2017 - 2020**

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## Introduction

The Health and Social Care Partnership vision is that  
*“Citizens of Dundee have access to the information and support that they need to live a fulfilled life”*

Technology has become part of our daily lives. We can bank, shop, work, read, enjoy music and films, book holidays, learn, express our views and stay in contact with friends, family and colleagues online using PCs, tablets and mobile devices such as smart phones.

We can already access and use technologies such as telecare, equipment and adaptations to support independent living and access a range of information about health and social care services through a range of websites. Over the next ten years, it is likely that technology will be continue to develop and be embedded in our daily lives and in how we access and use public services.

In Dundee, we believe that technology should be developed around people, so that technology is personalised and safe in its use and benefits citizens of Dundee. In doing so, we believe that technology can support the achievement of Dundee Health and Social Care Partnership’s Vision and can also increase the efficiency and capacity of services.

We have an excellent platform on which to develop use of technology within Dundee. We have highly respected academia and industry who are currently developing and researching new technologies which can make a difference to people’s lives. We are also developing integrated health and social care services and as part of this have well established partnership arrangements.

In recognising this opportunity, this Strategic Plan (the Plan) has been produced. It sets out our ambition to build upon our progress already made and our commitments to becoming a leader in use of technology to improve lives and outcomes of citizens of Dundee.

## Our Strategic Outcomes

In recognising the potential of technology to enable citizens of Dundee to access the information and support that they need to live a fulfilled life, we have established three strategic outcomes.

We have developed strategic outcomes based on what people who use our services and our stakeholders told us. The strategic outcomes are:

Information For You	Living a Fulfilled Life	Building a Technology Enabled Care System
<ul style="list-style-type: none"> <li>· Citizens of Dundee will say that they can easily access a range of web based information, advice and support which enables them to look after their own wellbeing and live a fulfilled life.</li> </ul>	<ul style="list-style-type: none"> <li>· Citizens of Dundee will say that they are able to live a fulfilled life by being able to easily access and use a range of technology to meet their individual circumstances and outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>· Our workforce and our partners will say that they use technology in everyday practice, are person centred in their approach to use of technology and promote innovation in the development and use of technology to meet citizens' outcomes.</li> </ul>

These outcomes are reflective of what local people told us. They also align with the nationally defined, Getting it Right for Every Child wellbeing outcomes SHANNARI ([Safe Healthy Achieving Nurtured Active Respected Responsible Included](#)), the [National Health and Wellbeing Outcomes](#), [Dundee's Health and Social Care Partnership](#) priorities and also fits with the [Dundee Local Outcome Improvement Plan](#), [Dundee Fairness Commission Report](#) and [Allied Health Professionals Active and Independent Living Programme](#).

## Our Guiding Principles

To support our implementation of our strategic approach to technology we have adopted a set of guiding principles. This helps to provide a focus on our decision making and consideration in use of technology.

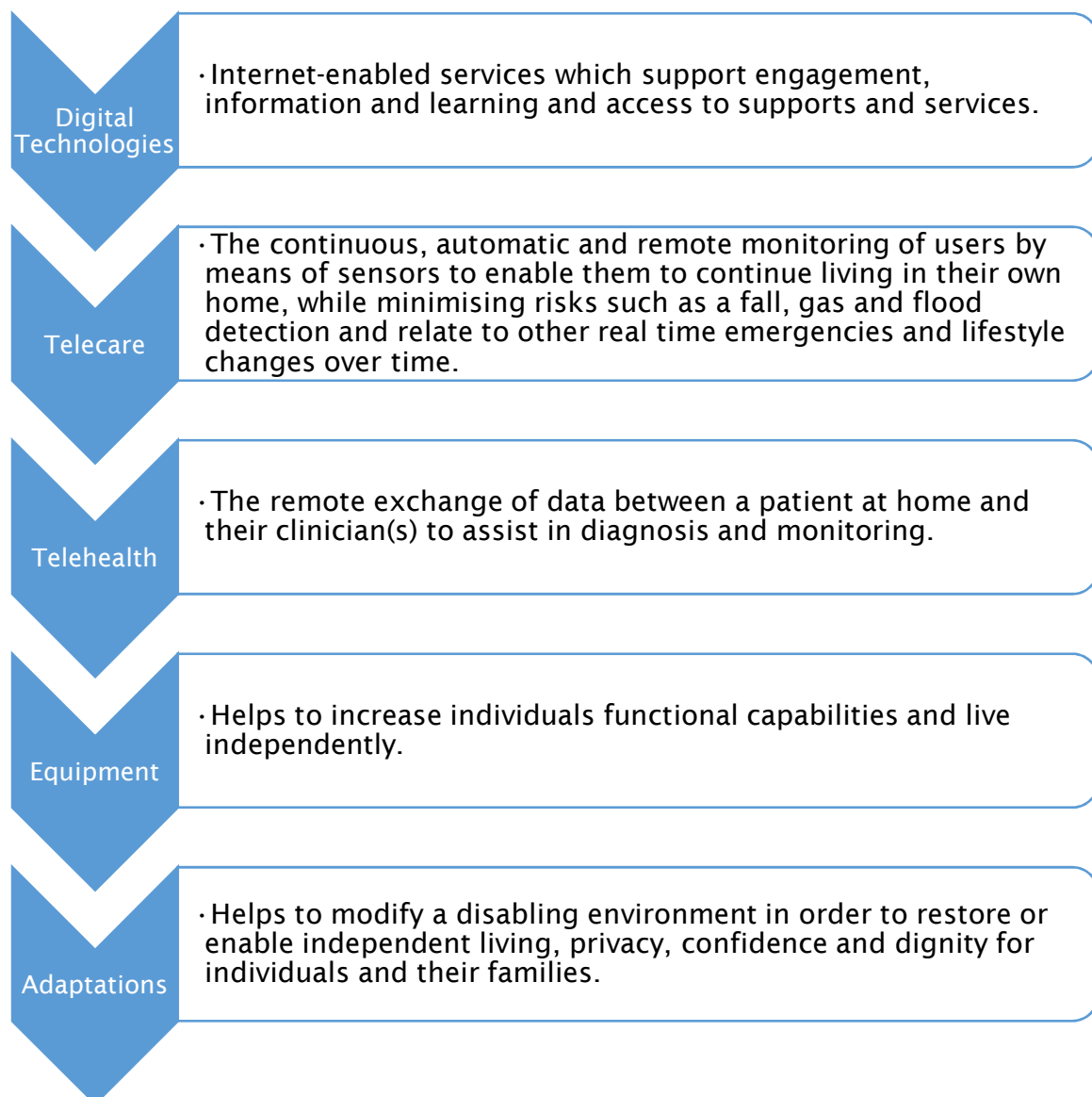
The principles are:



## What is Technology?

There is a range of technological solutions which can help people manage their own health, and stay happy, safe and independent in their own homes.

Within Dundee, we have taken an integrated approach whereby we have brought together technologies such as telecare, telehealth, equipment and adaptations and digital technologies into one strategic approach. This is so that our focus is on a personalised approach which uses technology to improve outcomes.





## Context of Change

### Dundee's Strategic Overview

Dundee, like many other areas is facing an unprecedented challenge to deliver services within a background of increasing demand, complexity and expectation. In this context, the Dundee Health and Social Care Partnership have produced a [Strategic and Commissioning Plan](#) to set out how it will meet its vision that *“each citizen of Dundee will have access to the information and support that they need to live a fulfilled life”*.

Eight priorities have been developed to support achievement of this vision and [National Health and Wellbeing Outcomes](#). These priorities are: - Health Inequalities, Early Intervention/Prevention, Person Centred Care and Support, Carers, Localities and Engaging with Communities, Building Capacity, Models of Support/Pathways of Care and Managing our Resources Effectively.

The [Strategic Needs Assessment](#) accompanying the Dundee Health and Social Care Strategic and Commissioning Plan provides an analysis of Dundee's demographics and what this means for the future delivery of health and social care in Dundee. In summary it highlights that the Dundee population:

- Is projected to rise by 15% to 170,811 by 2037. Within this growth, it is anticipated that with increased life expectancy there will be an increase by 45% of people aged over 75, but a decrease in people aged between 16 to 29 and 50 to 64.
- Are likely to be living with two or more long term health conditions if people are aged over 75.
- Has a high level of morbidity and multi-morbidities experienced by those under 65. This is likely due to the effects of deprivation and health and social inequalities.
- Ranks in the top five local authorities in Scotland for the prevalence of learning disabilities, physical disabilities, mental health issues and substance misuse.
- Will likely see an increase in people who will rely on unpaid carers and health and social care services.

To enable citizens of Dundee to live a fulfilled life, new approaches and interventions are required alongside system redesign. In Dundee, we recognise that the effective use of technology will support achievement of Dundee Health and Social Care Partnership Vision if embedded in system redesign and promoted to our workforce, our stakeholders and our partners.

## National Technology Priorities

To develop this Plan, reference was made to the range of policies and guidance which aim to establish and promote the use of technology for the benefit of the people of Scotland and people who use health and social care services.

In reviewing these policies and guidance a number of key shifts and priorities in developing the use of technology were identified. These tell us that technology should:

- ✓ Promote equality and social inclusion.
- ✓ Address health inequalities.
- ✓ Support early intervention and prevention.
- ✓ Protect people from harm.
- ✓ Increase the accessibility, flexibility and efficiency of services so that people can gain the right support at the right time.
- ✓ Increase opportunities for people to be involved in the design and development of supports and services.
- ✓ Be integrated into service delivery and redesign.
- ✓ Help us to demonstrate impact and outcomes on people who use our services, carers and communities.

To support development of technology it is recognised that we must build:

- ✓ Opportunities for service users and carers to be involved in co-designing technologies and co-producing the implementation of technologies.
- ✓ Our workforce' understanding and use of technology in daily practice.
- ✓ The infrastructure to ensure that all citizens' access digital technologies and their homes have the ability to be adapted to meet their future needs.
- ✓ Governance arrangements so that we know technology is safe for use and does not negatively impact on people who use services and their carer's privacy.

## Delivering on Our Strategic Outcomes

As a Partnership, we recognise that to successfully use and develop technology in Dundee we must work together and collectively with people who use services, carers, communities and our partners.

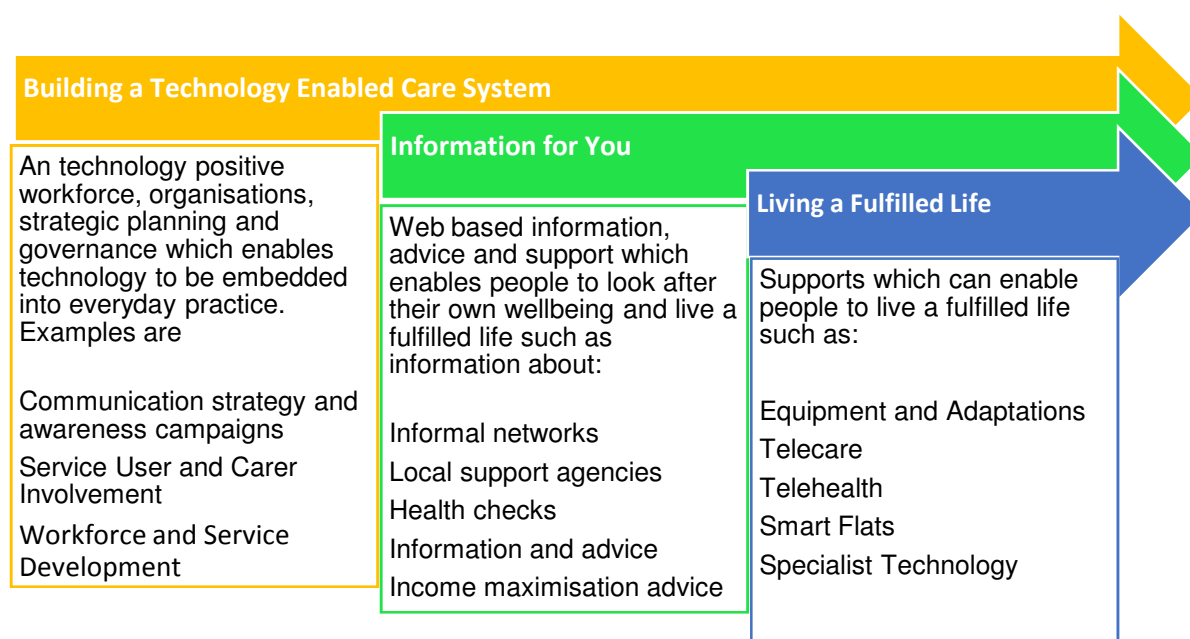
To achieve Dundee Health and Social Care Partnership vision that *Citizens of Dundee have access to the information and support that they need to live a fulfilled life*, we have considered:

- ✓ How we are doing against our three strategic wellbeing outcomes.
- ✓ What actions and shifts we need to take to achieve these outcomes.
- ✓ Our model which will support us to achieve these shifts.
- ✓ What investment is required to support completion of the actions and development of our model?

A Strategic Outcome Delivery Plan outlining how we will achieve our outcomes and investment has been developed to support this.

### Our Model.

We will prioritise investment in projects and supports which enable our strategic outcomes, statutory duties and model of delivery to be realised.



Our model, demonstrated above, is centred on:

- ⇒ Embedding technology positive and inclusive practice through developing our workforce, organisations, strategic planning.
- ⇒ Ensuring technology is safe for use and respects citizens privacy through development of governance arrangements.
- ⇒ Ensuring our technology developments and innovations are informed by and co-produced with people using our services, carers and communities.
- ⇒ Enabling a shift towards prevention, early intervention and health equality through building a range of web based information, advice and support which can be directly accessed by people in their own homes and local communities.
- ⇒ Developing integrated and person centred models of care in which a range of technology is easy to access so that people using our services and Carers are supported achieve their personal outcomes.

## Our Strategic Outcomes

### Strategic Outcome 1 – Information for You

*Citizens of Dundee will say that they can easily access web based information, advice and support which enables them to look after their own wellbeing and live a fulfilled life.*

### What Are We Doing Now?

Within Dundee we currently have a range of information available online which provides information about health, social care, self-directed support and what's available in Dundee. Examples of information available locally are [Dundee Health and Social Care Partnership Website](#), [Dundee City Council website](#), [NHS Tayside](#), [MyLife](#), [My Wellbeing](#), [Dundee Independent Living Centre](#), [Protecting People](#), [Leisure and Culture Dundee](#), [Adult Learning](#), [Dundee Celebrate Age Network Forum](#), [Mental Health and Wellbeing](#) and all Dundee GP Surgery websites. We also have information available through apps such as [Money Worries/ Crisis Help Mobile App](#) highlighted below.

In line with Scottish Government “[Once for Scotland](#)” agenda, we have promoted [ALISS](#), [NHS Inform](#), [Living Made Easy](#) as reliable sources of local and national information on health and social care issues. We have also established [Dundee Technology Enabled Care Facebook Page](#) to provide local information about technology developments. This compliments NHS information available on Tayside and Dundee City Council Facebook pages.

To provide information about practical use of technology short videos have been developed and made available through our Technology Enabled Care Facebook Page. This includes interviews with families of people living with dementia using technology.

### Good Practice Example

Entitled ‘Money Worries? Find the right help in a crisis’, this app was designed as a signposting resource to direct people to appropriate sources of advice and support, particularly in times of crisis. It is aimed to mitigate the impact of welfare reforms and financial difficulty.

It is free to download and available for mobile phones and tablets on both Apple and Android platforms, it can be used as a direct source of help by members of the public as well as professionals.

To download: Search for ‘Money worries? Find the right help in a crisis’ in the App stores or scan the relevant QR code.

## What Will We Do?

Through local engagement and discussion, we know that we have barriers to achieving our outcome through citizens either not having access to the internet or digital literacy to safely access and search for information. Furthermore, we also know that we need to consider models of technology which can support a decisive shift towards prevention, early intervention and self-management.

We also know that both professionals and citizens have said they experience confusion about what is the most appropriate information site to safely access as well as information about what supports and services are available locally to assist them.

To achieve a position whereby citizens of Dundee will say that they are able to look after their own health and well-being by being able to access online a range of information, advice and support we will:

- ✓ Implement a Digital Accessibility Charter which sets out how citizens of Dundee, our workforce and our partners will be able to easily access web based information about health and social care supports and services.
- ✓ Review information, advice and support provided by the Health and Social Care Partnership and use outcomes of this review to further develop online platforms which enable citizens of Dundee to look after their own health and wellbeing, live a fulfilled life, make decisions about their support and be involved in health and social care partnership developments.
- ✓ Embed appropriate links to national information resources, such as ALISS and Living it Up, within local online platforms so that citizens have access local and national information.
- ✓ Refresh the Dundee Independent Living Centre so that it provides a range of accessible information about technologies which support self-management and independent living and supports service users and carers digital engagement.

- ✓ Refresh the Carers of Dundee website, through co-production with Carers, so that it provides a range of advice and information to Carers in line with the Carers (Scotland) Act 2016 and supports Carers' digital engagement.
- ✓ Through a partnerships with colleagues across Dundee City Council, NHS Tayside, Third Sector, Leisure and Culture, Smart Cities and BioDundee develop opportunities which promote digital inclusion and increase access to online information, advice and support to citizens of Dundee.
- ✓ Commission a review to understand what technology models can support early intervention, prevention and self-management within integrated health and social care services so that recommendations can be gained from this review and used to inform future use of technology in Dundee.

## Commitment 2 – Living a Fulfilled Life

*Citizens of Dundee will say that they are able to live a fulfilled life by being able to easily access and use a range of technology to meet individual circumstances and outcomes.*

### What Are We Doing Now?

#### Empowering Citizens through Telecare and Telehealth

We recognise that telecare and telehealth can make a significant difference to citizens and their carers' lives. Our key achievements are:

- Increase in number of people receiving telecare from 2014 to present. At April 2017, 5900 users were receiving telecare which is an increase from 5750 users at April 2016, 5670 users at April 2015.
- Pilot of Florence which provides cost effective home health monitoring using mobile phone texts. The evaluation and learning from Florence will support roll out of telehealth across health and social care partnership.
- Investment in our remote centre technology through installation of [Tunstall PNC7](#). PNC7 provides the opportunity to monitor both telecare and telehealth products and in doing so supports our ambition to further develop telehealth within Dundee. It also supports a move towards viewing technology as part of our everyday care and support and a move towards digital telecare provision.
- Sign up to [Scotland Excel Telecare and Telehealth Framework Agreement](#). This framework enables Dundee to access a range of telecare and telehealth products at an efficient price.
- Development of a telecare and telehealth e-learning module to support increased understanding of telecare and telehealth. This module will be available via Dundee Independent Living Website.

#### Living Independently Through Equipment and Adaptations

Over the past three years we have also invested in our equipment and adaptations as we recognise that this can enable people to live independently. Our key achievements are:

- Continued investment in equipment as a means of supporting independent living. At April 2017, 4137 users received equipment which is a slight decrease from 4489 users at April 2016, 4138 users at April 2015 and 4112 users at April 2014. Over the past three years we have delivered 85% equipment on average within 2 days or less of order.
- Development of integrated pathways and a single point of referral for equipment and adaptations. This is articulated within the Joint Criteria for Access to Equipment and Adaptations which is used by all prescribers of equipment and adaptations.



- Implemented a multi-disciplinary operational equipment group, chaired by Equipment Services Manager, which considers operational issues relating to equipment.

To support our focus on independent living, we have an Independent Living Centre. The Centre provides a unique showroom environment for members of the public to view and try a wide range of equipment and adaptations which support independent living. Occupational Therapists, who are located at the Centre, are on hand to provide a range of information and advice about equipment, adaptations and supports which can help people to live independently.

### SMART Accommodation

Over the past two years we have invested in step down accommodation and in particular, reconfigured a demonstration SMART Flat into a multi-purpose facility which can be used for demonstration, rehabilitation and intermediate care upon discharge from hospital.

Dundee's Smart Flat is a two bedroomed all on one level apartment which is wheelchair accessible and fully equipped to enable people to come out of hospital and live as independently as possible. The flat offers a temporary home while people learn to use assistive equipment and are assessed; concurrently healthcare professionals will establish what adaptations may be required to allow people to return to their own homes. Everything in the flat can be controlled remotely; light switches, doors, windows, the bath, the hospital beds, the hoist. The flat can be programmed to suit an individual's specific needs.

### **What Will We Do?**

Through local engagement and discussion, we identified initial challenges in relation to understanding and knowledge about what technology can support independent living as well as workforce confidence in promoting technologies.

To achieve a position whereby citizens of Dundee will say that they are able to live a fulfilled life by being able to easily access and use a range of technology to meet individual circumstances and outcomes we will:

#### Accessibility of Technology

- ✓ Refresh our Joint Access to Equipment and Adaptations Criteria to include telecare, telehealth and a focus on the achievement of independent living outcomes.
- ✓ Implement online technology self-referral options as a means of increasing accessibility of telecare and equipment for citizens of Dundee.

## Use of Technology to Improve Outcomes for Citizens of Dundee

- ✓ Embed technology assessment as part of our assessment and support pathways across community and hospital discharge settings.
- ✓ Invest in opportunities to further develop use of telehealth and Home Health Monitoring to support diagnosis and monitoring at home.
- ✓ Implement a pilot with [Just Checking](#) to inform community rehabilitation assessment and planning and promote independent living.
- ✓ Implement a pilot with [Netcall](#) to support service users attendance at key alcohol and drug supports.
- ✓ Implement a pilot which introduces video consulting and video social connectedness in care homes and service users home to promote health and wellbeing of citizens of Dundee.
- ✓ Explore use of shared IT systems to enable better coordination of care and support to adults who have multiple agencies involved in their support.
- ✓ Develop use of telecare, telehealth and digital supports within Sheltered Housing Complexes.
- ✓ Explore opportunities to loan and use smart phones and tablets to promote independence and independent living.
- ✓ Work with partners to creating the infrastructure within current and new build houses to support use of technology enabled care.

## Our Governance

- ✓ Implement a framework agreement for the procurement of equipment and adaptations.
- ✓ Achieve excellence in self-evaluation in our provision of technology using Scottish Government and Care Inspectorate Guidance.
- ✓ Agree a joint approach to the commissioning of telecare products across Neighbourhood Services and Health and Social Care.
- ✓ Implement outcome reporting on our use of technology so that we can demonstrate impact of technology on people and communities.
- ✓ Implement governance arrangements which ensures safe use of technology and which ensures technology respects citizens confidentiality and privacy.

### **Strategic Outcome 3 – Building a Technology Enabled Care System**

*Our workforce and our partners will say that they use technology in everyday practice, are person centred in their approach to use of technology and promote innovation in the development and use of technology to meet citizens' outcomes.*

#### **What We Have Now?**

In 2014, as a Partnership we recognised that to make a shift towards viewing technology as an enabler of transformation and personalised delivery of care we needed to proactively support:

- Better understanding of technology across our workforce, our partners and people who use services, their carers and our workforce,
- Better understanding of what technologies people who use services, carers and communities would find useful,
- Opportunities for innovation and research in the use of technologies,
- Opportunities for building capacity for and through technology,
- Collaboration with key partners who can create the infrastructure to develop technologies and establish the ability for all technologies to be easily accessed no matter where a person lives in Dundee.

To that end our focus over the last three years has been on developing relationships and partnerships with colleagues across third sector, private sector and academia who can support us on our journey. We have also endeavoured to promote greater understanding in use of technology and opportunity for innovation by implementing:

- Annual Smart Care Conventions in which we bring together a range of agencies and providers of technologies to find out about technology in Dundee. These have been successful events with on average 200 people attending per year.
- Focus groups which involve people who use services, carers and a range of stakeholders in considering their priorities for technology development in Dundee. The outcomes from the focus groups will support our ongoing planning.
- Partnerships with BioDundee, ACSP, Smart Cities to support discussions in relation to promoting innovation in use of technology.
- Benchmarking to learn from different models of using and embedding technology in practice.

### Good Practice Example

As a way of engaging a wider audience both locally, nationally and also internationally, we have created the Dundee Technology Enabled Care Facebook Page. This is generating growing interest and has been successful in bringing new ideas to a wider audience, including ideas from the Social Digital course. The page enables people to connect across employers, disciplines, organisations and geographical boundaries.

### What Will We Do?

In going forward, our aim is to build upon our partnerships established so far so that we can:

- Be an enabler of innovation and transformation in the use of technology to meet citizen's outcomes,
- Co-produce technology developments with service users and carers, so that any innovations in technology are meaningful for service users and carers,
- Build capacity to establish a technology enabled care system which enables a shift towards technology being viewed as an enabler of transformation and personalised care delivery,
- Evidence the value and impact of technology on improving outcomes for people and carers.

To achieve a position whereby our workforce and our partners use technology in everyday practice, are personalised in our approach to technology and promote innovation in the development and use of technology to meet citizen's outcomes we will:

#### Learning from and Involving Citizens and Communities

- ✓ Produce a report outlining learning from current focus groups and use this learning to inform our future technology developments.
- ✓ Implement conversation cafes and community engagement events to promote engagement of communities, service users and carers.
- ✓ Implement digital engagement and participation to support service developments.

## Communications

- ✓ Implement a communications strategy and a series independent living events which provide information about how to access technology in Dundee.
- ✓ Continue to implement annual Smart Care events to promote technology, build our capacity and encourage innovation.

## Building a Technology Enabled Health and Social Care System

- ✓ Commission research into models of technology which can enable delivery of personalised care and improve outcomes for people who use services, carers and communities. This is so that technologies are suitable for service user and carers and promote their outcomes. Use outcomes of this research to inform further technology developments within Dundee.
- ✓ Establish a collaborative network to promote innovation, research and development in use of technology to enable citizens of Dundee to live a fulfilled life.

## Our Workforce

- ✓ Implement a workforce development programme so that our workforce and our partners feel confident in use of and promotion of technology.
- ✓ Implement Technology practitioner forums to support use of technology across multi-agency settings.
- ✓ Implement a Trusted Assessor Programme which supports a safe, effective and outcomes based approach to prescription of telecare, equipment and adaptations.
- ✓ Increase the range and numbers of prescribers of telecare, telehealth and equipment so that people and their carers can easily access technology from all health and social care partnership services.
- ✓ Implement briefing sessions to promote better understanding of technology enabled care.

## Demonstrating Achievement of Our Outcomes

Progress towards achieving our vision and outcomes will be monitored by the Independent Living Partnership using our measures of success set out below and an Implementation Plan. The Partnership will provide an annual report which sets out our performance, impact on citizens of Dundee, resource use, annual budget and unmet demand as way of ensuring a continued focus on achieving outcomes.

<b>Local and National Outcomes</b>	<b>National Health and Wellbeing Outcomes SHANARRI Wellbeing Outcomes, Local Outcome Improvement Plan</b>		
<b>Our Three Strategic Outcomes</b>	<b>Information for You</b>	<b>Living a Fulfilled Life</b>	<b>Building a Technology Enabled Care System</b>
<b>Underpinned by our Guiding Principles</b>	<b>Co-Production, Integrated Service Delivery, Equality of Access, Innovation and Best Practice</b>		
<b>Our Key Measures of Success (Includes Indicators relating to National Wellbeing Outcomes)</b>	<p>I am able to look after and improve my own wellbeing through using web based information, advice and support.</p> <p>I am able to live a fulfilled life through using web based information, advice and support.</p> <p>I can easily access web based information, advice and support.</p>	<p>I was able to easily access the right technology for me.</p> <p>I am able to live independently in my home or a homely setting through use of technology.</p> <p>I am able to achieve my outcomes through use of technology.</p> <p>Technology is safe for my use.</p> <p>Technology is used efficiently and effectively</p>	<p>Our workforce are aware of and understand how technology can be used to promote outcomes.</p> <p>We have embedded technology in system redesign and development.</p> <p>We are personalised in our approach to technology.</p>



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
31 OCTOBER 2017

**REPORT ON:** FINANCIAL MONITORING POSITION AS AT SEPTEMBER 2017

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB40-2017

## **1.0 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to provide the Integration Joint Board with an update of the projected financial monitoring position for delegated health and social care services for 2017/18.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the overall projected financial position for delegated services to the 2017/18 financial year end as at 30 September 2017 and associated risk assessment as outlined in the report and set out in the attached appendices.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 The financial monitoring position for Dundee Health and Social Care Partnership based on expenditure to 30 September 2017 shows a net projected overspend position of £1,813k which is an improvement on the previously reported figures based on the June expenditure position of a £2,209k overspend. The overspend is primarily as a result of overspends in GP prescribing (£2,065k) partly offset by underspends in adult social care provision. The prescribing overspend is subject to the risk sharing arrangement outlined in the Integration Scheme whereby responsibility for meeting the shortfall in resources remains with NHS Tayside.
- 3.2 The current year projected overspend position is significantly less than the final outturn for delegated NHS services to Dundee IJB in 2016/17 where an overspend of £3,462k was incurred.

## **4.0 MAIN TEXT**

### **4.1 Background**

- 4.1.1 As part of the IJB's financial governance arrangements, the Integration Scheme outlines that "The Chief Finance Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances."
- 4.1.2 The IJB confirmed the overall budgeted resources for delegated services at its meeting in June 2017 following receipt of confirmation of the NHS delegated budget having already accepted Dundee City Council's budget at its meeting in March 2017. Members of the IJB will recall that risks around the prescribing budget and within services hosted by Angus and Perth & Kinross IJBs were identified. This financial monitoring position reflects the status of these risks as they display within cost centre budgets.

- 4.1.3 The financial information presented has been provided by the finance functions of NHS Tayside and Dundee City Council as set out within the Integration Scheme.

## **4.2 Projected Outturn Position – Key Areas**

- 4.2.1 The following sets out the main areas of note from the financial information contained within Appendices 1 (Summary Position) and 2 (More Detailed Position) and provides commentary on the reasons for significant variances, actions being taken to manage these and outlines the key elements of risk which may remain.

## **4.3 Services Delegated from NHS Tayside**

- 4.3.1 Members will recall from the budget paper presented to the IJB in June that there were a number of significant risks and challenges highlighted within delegated budgets from NHS Tayside. This included a testing savings target across services as a reflection of the overall financial challenges facing NHS Tayside. The IJB has moved to deliver more savings on a recurring basis for 2017/18 with over £1.1m of efficiencies factored in to the staff costs budget to reflect turnover and vacancy management. NHS Tayside continues to develop its comprehensive Transformation Programme to deliver service efficiencies and improvement. A number of the workstreams within this programme have been applied to delegated services, which combined with local service delivery efficiencies, constitutes Dundee Health and Social Care Partnership's Transformation Programme. These efficiencies have been incorporated into service budgets where identifiable and the financial projections take into account the anticipated achievement of a number of these savings.
- 4.3.2 The financial projection for services delegated from NHS Tayside to the IJB indicates a projected overspend of around £2,042k by the end of the financial year.
- 4.3.3 A number of service underspends are noted within Mental Health and Allied Health Professionals (AHP) primarily as a result of staff vacancies. This is additional to the staff efficiency savings incorporated into the base budget for these services and therefore provides a further contribution to achieving the overall savings target.
- 4.3.4 Staff cost pressures exist in a number of other services such as the Medicine for the Elderly budget and Palliative Care. The Medicine for the Elderly Budget transferred mid-year in 2016/17 and was highlighted as a financial risk given the significant overspend associated with it. Over the last year however, this overspend has been managed downwards following reshaping of the wards at Royal Victoria Hospital and subsequent efficiencies.
- 4.3.5 It is anticipated that with further reshaping of services and emergence of efficiencies through NHS Tayside's Transformation Programme that overall services directly managed by Dundee Health and Social Care Partnership will balance by the end of the financial year.
- 4.3.6 The Family Health Services prescribing budget currently projects a shortfall totalling £2,065k. This reflects an increase of £937k from that reported to the August IJB, based on the June 2017 expenditure to date (previously £1,128k projected overspend).
- 4.3.7 The main component of this increase relates the costs associated with prescribing Pregabalin. This contributes £600k to the increase in outturn. The increase in relation to Pregabalin is as a result of anticipated price reductions to be achieved during the year across Scotland being at a far lower level than expected. The assumptions of the reduction in savings associated with Pregabalin for 2017/18 have now been reduced from £885k to £285k. The balance of the increase in prescribing spend of £337k relates to a number of smaller increases in prices and demand across the prescribing budget. The forecast assumes that all other anticipated savings will be delivered. Some of these may be high risk however there is a programme of further savings being pursued not yet included in the plan.



- 4.3.8 A number of initiatives continue to be developed through NHS Tayside's Transformation Programme supported by the Prescribing Management Group (PMG). The PMG function as a collaborative with delegated authority from the three Tayside IJBs and NHS Tayside Board, to allocate, monitor and agree actions to make optimal use of the prescribing budget. The PMG will deliver a whole system approach to developing prescribing action plans, implementation of prescribing projects and monitoring, identification and management of financial risks within prescribing. Dundee HSCP contributes to the PMG and will continue to explore innovative ways of safely delivering services in a more cost effective manner. Members will recall that the IJB agreed to invoke the risk sharing arrangement with NHS Tayside in relation to this budget whereby the leadership of delivery of efficiency savings within this budget remains the responsibility of NHS Tayside.
- 4.3.7 Members of the IJB will also be aware that Angus and Perth & Kinross IJBs host delegated services on behalf of Dundee IJB and a number of services are hosted by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. The net impact to Dundee IJB of hosted services is a further projected overspend of £89k which is a significant reduction in the previous projected outturn of £956k.
- 4.3.8 As outlined in Report DIJB27-2017 regarding Hosted Services Arrangements (June 2017), the financial position continues to be impacted on by the significant overspend in the Mental Health Inpatient service hosted by Perth & Kinross IJB. However, through the release of cost pressures funding and other interventions, the net share to Dundee is reduced from a previously reported figure of £500k based on the June figures to an overspend of approximately £230k. Other hosted services previously highlighted as areas of financial risk such as the Out of Hours & Forensic services hosted by Angus have also seen reductions in the projected overspend for the year through a range of interventions. These will continue to be monitored closely and reported more fully to the IJB over the course of the financial year.
- 4.3.9 NHS Tayside has recently indicated its intent to request the IJB to implement a recovery plan in line with the terms of the Integration Scheme for the net overspend currently projected. Clarity is being sought on a number of issues relating to this request and the IJB will be advised of any subsequent actions and decisions required in due course should this progress.

#### **4.4 Services Delegated from Dundee City Council**

- 4.4.1 Due to the nature of the local government budget process, an efficiency savings plan for services delegated by Dundee City Council was in place prior to services becoming delegated to Dundee Integration Joint Board. These efficiencies are embedded within service budgets and the financial monitoring reflects performance in achieving these.
- 4.4.2 The financial projection for services delegated from Dundee City Council to the IJB notes a net underspend primarily within Physical Disabilities, Mental Health and Substance Misuse services. This is mainly due to the timing of the completion of developments for accommodation based care and the original recurring revenue investment programme no longer in alignment for 2017/18. Within this overall position, a number of pressure areas continue to emerge which have been primarily met through funding for demographic pressures as part of additional social care investment, particularly for Older People's services. The financial position continues to reflect the impact of responding to the challenge of reducing delayed discharges through investment in additional capacity for care at home services and care home placements.

#### **5.0 POLICY IMPLICATIONS**

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

## 6.0 RISK ASSESSMENT

6.1 In preparing the Dundee City Integration Joint Board's 2017/18 revenue monitoring (to August 2017), the Chief Finance Officer considered the key strategic, operational and financial risks faced by the IJB for the 2017/18 financial year. In order to alleviate the impact these risks may have, should they occur, a number of general risk mitigation factors are utilised by the Integration Joint Board. These include the:-

- identified current integration funding set aside to meet any unforeseen expenditure
- system of perpetual detailed monthly monitoring enabling early identification of budget pressures and subsequent remedial work where required
- level of general fund balances available to meet unforeseen expenditure
- level of specific reserves (Integration and Transformation) to meet any unforeseen expenditure
- possibility of identifying further budget savings and efficiencies during the year
- specific underwriting of constituent bodies where overspends occur. The Integration Scheme outlines specific risk sharing arrangements whereby responsibility for meeting any shortfall lies with one of the constituent bodies.

6.2 The risks in 2017/18 revenue monitoring have now been assessed both in terms of the probability of whether they will occur and the severity of their impact on the Integration Joint Board should they indeed occur. These risks have been ranked as either zero, low, medium or high. Details of the risk assessment, together with other relevant information including any proposed actions taken by the Integration Joint Board to mitigate these risks, are included in Appendix 3 to this report. Given the actions identified to mitigate these risks these are deemed to be manageable.

## 7.0 CONSULTATIONS

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

## 8.0 BACKGROUND PAPERS

None.

Dave Berry  
Chief Finance Officer

**DATE:** 6 October 2017

## Appendix 1

DUNDEE INTEGRATED JOINT BOARD - HEALTH &amp; SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2017/18

AS AT SEPT 2017

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000
Older Peoples Services	37,892	728	14,458	-150	52,350	578
Mental Health	4,489	-292	3,386	-50	7,875	-342
Learning Disability	22,310	383	1,224	-28	23,534	355
Physical Disabilities	6,684	-797	0	0	6,684	-797
Substance Misuse	801	-143	2,405	-145	3,206	-288
Community Nurse Services / AHP / Other Adult	421	58	11,485	-221	11,906	-163
Hosted Services	0	0	17,907	-282	17,907	-282
Other Dundee Services / Support / Mgmt	639	-166	25,991	-257	26,630	-422
Centrally Managed Budgets			-1,383	1,132	-1,383	1,132
<b>Total Health and Community Care Services</b>	<b>73,236</b>	<b>-229</b>	<b>75,474</b>	<b>0</b>	<b>148,710</b>	<b>-229</b>
Prescribing (FHS)	0	0	32,212	2,065	32,212	2,065
Other FHS Prescribing	0	0	707	-84	707	-84
General Medical Services	0	0	24,248	-39	24,248	-39
FHS - Cash Limited & Non Cash Limited	0	0	17,120	11	17,120	11
<b>Grand Total</b>	<b>73,236</b>	<b>-229</b>	<b>149,761</b>	<b>1,953</b>	<b>222,997</b>	<b>1,724</b>
Hosted Services*			5,480	89	5,480	89
<b>Grand Total</b>	<b>73,236</b>	<b>-229</b>	<b>155,241</b>	<b>2,042</b>	<b>228,477</b>	<b>1,813</b>

\*Hosted Services - Net Impact of Risk Sharing  
Adjustment

Dundee City Integration Joint Board – Health & Social Care Partnership – Finance Report

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Psychiatry Of Old Age (POA) (In Patient)			4,594	135	4,594	135
Older Peoples Services -Community			501	(20)	501	(20)
Continuing Care			2,500	(425)	2,500	(425)
Medicine for the Elderly			3,625	250	3,625	250
Medical ( POA)			634	20	634	20
Psychiatry Of Old Age (POA) - Community			1,660	(175)	1,660	(175)
Intermediate Care			944	65	944	65
Older People Services	37,892	728			37,892	728
<b>Older Peoples Services</b>	37,892	728	14,458	(150)	52,350	578
General Adult Psychiatry			3,386	(50)	3,386	(50)
Mental Health Services	4,489	(292)			4,489	(292)
<b>Mental Health</b>	4,489	(292)	3,386	(50)	7,875	(342)
Learning Disability (Dundee)	22,310	383	1,224	(28)	23,534	355
<b>Learning Disability</b>	22,310	383	1,224	(28)	23,534	355

		Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
		Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
		£,000	£,000	£,000	£,000	£,000	£,000
Physical Disabilities		6,684	(797)			6,684	(797)
	<b>Physical Disabilities</b>	6,684	(797)	0	0	6,684	(797)
Alcohol Problems Services				483	(35)	483	(35)
Drug Problems Services				1,922	(110)	1,922	(110)
Substance Misuse		801	(143)			801	(143)
	<b>Substance Misuse</b>	801	(143)	2,405	(145)	3,206	(288)
A.H.P. Admin				363	(24)	363	(24)
Physiotherapy				3,265	(65)	3,265	(65)
Occupational Therapy				1,378	(48)	1,378	(48)
Nursing Services (Adult)				5,339	(80)	5,339	(80)
Community Supplies - Adult				135	10	135	10
Anticoagulation				368	(15)	368	(15)
Joint Community Loan Store				371	0	371	0
Intake/Other Adult Services		421	58			421	58
<b>Community Nurse Services / AHP / Intake / Other Adult Services</b>		421	58	11,485	(221)	11,906	(163)

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Palliative Care – Dundee			2,481	105	2,481	105
Palliative Care – Medical			1,008	(17)	1,008	(17)
Palliative Care – Angus			315	3	315	3
Palliative Care – Perth			1,567	105	1,567	105
Brain Injury			1,552	84	1,552	84
Dietetics (Tayside)			2,523	(113)	2,523	(113)
Sexual & Reproductive Health			1,991	75	1,991	75
Medical Advisory Service			151	(45)	151	(45)
Homeopathy			26	2	26	2
Tayside Health Arts Trust			57	0	57	0
Psychology			4,427	(473)	4,427	(473)
Eating Disorders			288	(3)	288	(3)
Psychotherapy (Tayside)			790	30	790	30
Learning Disability (Tayside AHP)			732	(35)	732	(35)
<b>Hosted Services</b>	0	0	17,907	(282)	17,907	(282)
Working Health Services			0	0	0	0
The Corner			394	3	394	3
Resource Transfer			8,570	0	8,570	0
Grants Voluntary Bodies Dundee			176	(20)	176	(20)
IJB Management			748	(13)	748	(13)
Partnership Funding			14,523	0	14,523	0
Carers Strategy			143	0	143	0
Public Health			473	16	473	16
Keep Well			425	(130)	425	(130)
Primary Care			540	(113)	540	(113)
Support Services/Management Costs	639	(166)			639	(166)
<b>Other Dundee Services / Support / Mgmt</b>	639	(166)	25,991	(257)	26,630	(422)
Centrally Managed Budgets			(1,383)	1,132	(1,383)	1,132

**Total Health and Community Care Services**

**Other Contractors**

Prescribing (FHS)

Other FHS Prescribing

General Medical Services

FHS - Cash Limited & Non Cash Limited

**Grand Total H&SCP**

Hosted Recharges Out

Hosted Recharges In

**Hosted Services - Net Impact of Risk Sharing Adjustment**

**Large Hospital Set Aside**

Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
£,000	£,000	£,000	£,000	£,000	£,000
<b>73,236</b>	<b>(229)</b>	<b>75,474</b>	<b>0</b>	<b>148,710</b>	<b>(229)</b>
		32,212	2,065	32,212	2,065
		707	(84)	707	(84)
		24,248	(39)	24,248	(39)
		17,120	11	17,120	11
<b>73,236</b>	<b>(229)</b>	<b>149,761</b>	<b>1,953</b>	<b>222,997</b>	<b>1,724</b>
		(10,489)	(192)	(10,489)	(192)
		15,969	281	15,969	281
		<b>5,480</b>	<b>89</b>	<b>5,480</b>	<b>89</b>
		<b>21,000</b>	<b>0</b>	<b>21,000</b>	<b>0</b>

## Risk Assessment

Risks – Revenue Monitoring	Assessment*		Risk Management / Comment
	Original	Revised	
<b>General Inflation</b> – General price inflation may be greater than anticipated	(3/2)	(3/2)	Procurement strategy in place, including access to nationally tendered contracts for goods and services. In addition, fixed price contracts agreed for major commodities i.e. gas and electricity.
<b>Savings</b> – Failure to achieve agreed level of savings and efficiencies	(2/2)	(2/2)	General risk mitigation factors (reference section 6) in particular, regular monitoring will ensure savings targets are met.
<b>Emerging Cost Pressures</b> – The possibility of new cost pressures or responsibilities emerging during the course of the financial year.	(2/2)	(2/2)	General risk mitigation factors (reference section 6) in particular, regular monitoring to ensure shortfalls are identified as early as possible and corrective action can be taken as necessary.
<b>Chargeable Income</b> – The uncertainty that the level of chargeable income budgeted will be received.	(3/3)	(3/3)	General risk mitigation factors (reference section 6) in particular, regular monitoring by departments to ensure any shortfalls are identified as early as possible and corrective action can be taken as necessary.
<b>Demographic Changes</b> – This can lead to increased demand both in a client sense and in the contents of clients' packages. This is particularly relevant in cases where needs lead to expensive packages.	(3/2)	(3/2)	General risk mitigation factors (reference section 6), in particular, regular monitoring by departments to ensure any shortfalls are identified as early as possible and corrective action can be taken as necessary.
<b>Specific Pressures</b> – These include specific areas where overspends are expected. GP Prescribing; net impact of hosted services; and Family Health Services have indicated an overspend position for 2017/18.	(4/4)	(4/4)	These overspends are subject to the risk sharing arrangement outlined in the Integration Scheme whereby responsibility for meeting the shortfall in resources remains with NHS Tayside as noted in Dundee IJB's Budget Report agreed in June 2017

\*Scoring recorded (Impact/Likelihood)





**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD -  
31 OCTOBER 2017

**REPORT ON:** CLINICAL, CARE & PROFESSIONAL GOVERNANCE REPORT

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB41-2017

## **1.0 PURPOSE OF REPORT**

This report provides clinical, care and professional governance performance information and reports on the work of the Clinical, Care and Professional Governance Forum (R2 Forum).

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the content of this report and the performance report attached as Appendix 1;
- 2.2 Notes the ongoing work to progress to a fully integrated Clinical, Care and Professional Governance Performance reporting arrangement as described in Section 4.2.2 and 4.2.3;
- 2.3 Notes the recent considerations of the R2 Forum (section 4.3).

## **3.0 FINANCIAL IMPLICATIONS**

None.

## **4.0 MAIN TEXT**

### **4.1 Background**

- 4.1.1 A report on Clinical, Care and Professional Governance was tabled at the IJB on 28 February 2017. The purpose of that report was to inform the Dundee Health and Social Care Integration Joint Board on the implementation of 'Getting it Right for Everyone – A Clinical, Care and Professional Governance Framework'. It was agreed that six monthly reports would be submitted to the IJB, with exception reports submitted to each Performance and Audit Committee.

### **4.2 Dundee Health and Social Care Partnership Clinical Governance and Risk Management Forum**

- 4.2.1 In preparing this report, information was drawn from the work of the Dundee Health and Social Care Partnership Clinical Governance and Risk Management Forum (the Forum). This Forum was previously known as the Dundee Community Health Partnership (CHP) Clinical Governance and Risk Management Forum and includes within its membership operational managers from across the partnership.

- 4.2.2 To ensure that the Forum continues to provide assurance on clinical governance and is a forum for sharing learning across services, the Forum continues to develop and during 2017/18 will:
- Review the Forum terms of reference to reflect Health and Social Care integration, including the membership to reflect the integrated arrangements.
  - Review the exception reporting system to reflect the 'Getting it Right for Everyone – A Clinical, Care and Professional Governance Framework' and the needs of the different services reporting through the Forum.
  - Continue to strengthen the opportunities for sharing the learning across the Partnership
- 4.2.3 A development event was held on 17 July 2017. During this event current collated information was aligned to the governance framework. This was further discussed at the operational performance group meeting and agreement reached as to the proposed reporting framework. Work is progressing to test out the collation of this information and this will be presented to the Clinical, Care and Professional Governance Forum (R2 Forum) on 23 November 2017 for consideration.
- 4.2.4 An interim performance report detailing Clinical, Care and Professional Governance is attached at Appendix 1.

### **4.3 Clinical, Care and Professional Governance Forum (R2 Forum)**

- 4.3.1 The R2 Forum met on 13 July 2017. The members of the group considered:
- Service Area reports – reported in section 4.4.3 of this report.
  - Service Area Updates – reported in 4.4.2 of this report.
  - The Risk Register – reported in section 4.5 of this report.
  - Outcome of Inspection Reports. The reports considered were presented to the Performance & Audit Committee on 19 July and are therefore not included in this report.
  - Updates on Clinical Governance and Risk Management – examples of good practice were provided.
  - Local Adverse Event Reviews/Significant Case Adverse Event Reviews/Significant Case Reviews – there were no new cases to report.
  - Feedback against the Clinical, Care and Professional Governance Domains – one significant issue was reported regarding a recent fatal accident within a care home. This case is subject to formal consideration by other regulatory bodies. The case will also be considered through the Adult Support and Protection Significant Case Review procedures. The presenters of this case were asked to seek assurance that all care providers were putting in place appropriate checks and balances to minimise the risk of this type of accident reoccurring.

### **4.4 Service Reporting**

- 4.4.1 In order to fully understand the specific risks and governance arrangements associated with service/care delivery areas, the R2 Forum has prepared a reporting programme which will ensure each service area provides a service governance report. Three areas have previously reported to the R2 Forum; Palliative Care Services (hosted service), Mental Health Officer services and Tayside Substance Misuse Services. Consideration was given to the impact of the issues raised by managers; the recording of the risks identified and the actions to be taken to eliminate or mitigate the risks. Each service was asked to provide an update on the performance and follow up service reports were presented.
- 4.4.2 The key issues identified through the follow up reports were as follows:
- Palliative Care Services
- Currently no waiting lists for MacMillan services; waiting lists for the wider service monitored daily.
  - Noted difficulties in filling vacancies and impact on the service.

- High level of sickness which is being addressed through the use of NHS Tayside sickness absence procedures.
- Very few adverse effects. One Local Adverse Event Review pending at the time of the report.

#### Mental Health Officer Service

- MHO practice forum in place.
- Adults with Incapacity procedures updated and awaiting sign off.
- MHO procedures developed and awaiting sign off.
- New staff recruited to commence September 2017, although still to recruit to Team Manager post.
- New duty rota will be more flexible and support the progression of MHO activity and in particular guardianship applications.
- Dedicated MHO cover identified for Murray Royal to improve the response for Dundee patients placed there.
- MHO review reported.
- Further report to be submitted following the completion of the Tayside Mental Health Review detailing the impact of proposed changes on the Mental Health Officer service.

#### Tayside Substance Misuse Services

- Alcohol and Substance Misuse Strategic Planning Group to be established which will support and set out the direction for future redesign.
- Integrated Alcohol and Substance Misuse Improvement Planning Group now established which will consider identified risks and take forward the actions to address these.
- A Quality Improvement Group looking at scrutiny and governance across the service is now established.
- These forums will also report and work within the Mental Health Clinical, Care and Professional Governance reporting arrangements.

4.4.3 A report was submitted on behalf of the Older People's services which set out the future developments and the identified risks. This included:

- Considerations were given to the Royal Victoria Hospital site and future accommodation.
- Workforce concerns regarding staffing complement on ward – this will be addressed as the number of wards are reduced.
- The risks associated with significant change – staff engagement; timing of environmental changes.
- Impact of financial constraints both short term and long term.
- Noted that patients using the services are increasingly frail. The current and future workforce planning will take into account the required staffing compliments including the development of more skilled roles such as Advanced Nurse Practitioners.
- Noted that both nursing and junior doctor pressures will improve should the service move to a joint site with Psychiatry of Old Age services.
- Performance against the care quality standards to be included in future reports.

## 4.5 Risk Register

4.5.1 The risks reported were discussed at the R2 Forum. From the information available to the R2 Forum members, it was noted that actions were in place to address these. The R2 Forum members have asked that these risks be reviewed to ensure actions were specific, measurable, achievable, realistic and time-related (SMART) and that actions were completed. This relates to the current reporting format.

4.5.2 The introduction of the TRAKcare IT systems within NHS Tayside was identified as a Tayside risk and it was noted that relevant teams are working with the IT TRAK team to resolve this.

## 5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	The absence of clear clinical, care and professional governance arrangements and monitoring can impact on the ability to provide safe services for both employees and service users/patients. Without the ability to both monitor compliance and take action to address concerns the Health & Social Care Partnership will be unable to gain assurances around service delivery.
<b>Risk Category</b>	Governance
<b>Inherent Risk Level</b>	12 – High risk
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"> <li>- Established clinical, care &amp; professional governance forums in place.</li> <li>- Reporting arrangements agreed.</li> </ul>
<b>Residual Risk Level</b>	9 – High Risk
<b>Planned Risk Level</b>	6 – Moderate Risk
<b>Approval recommendation</b>	Given the moderate level of planned risk, this risk is deemed to be manageable.

## 7.0 CONSULTATIONS

The Chief Officer, Chief Finance Officer, Clinical Director, Lead Allied Health Professional and the Clerk were consulted in the preparation of this report.

## 8.0 BACKGROUND PAPERS

None.

David W Lynch  
Chief Officer

DATE: 6 October 2017

Diane McCulloch  
Head of Service

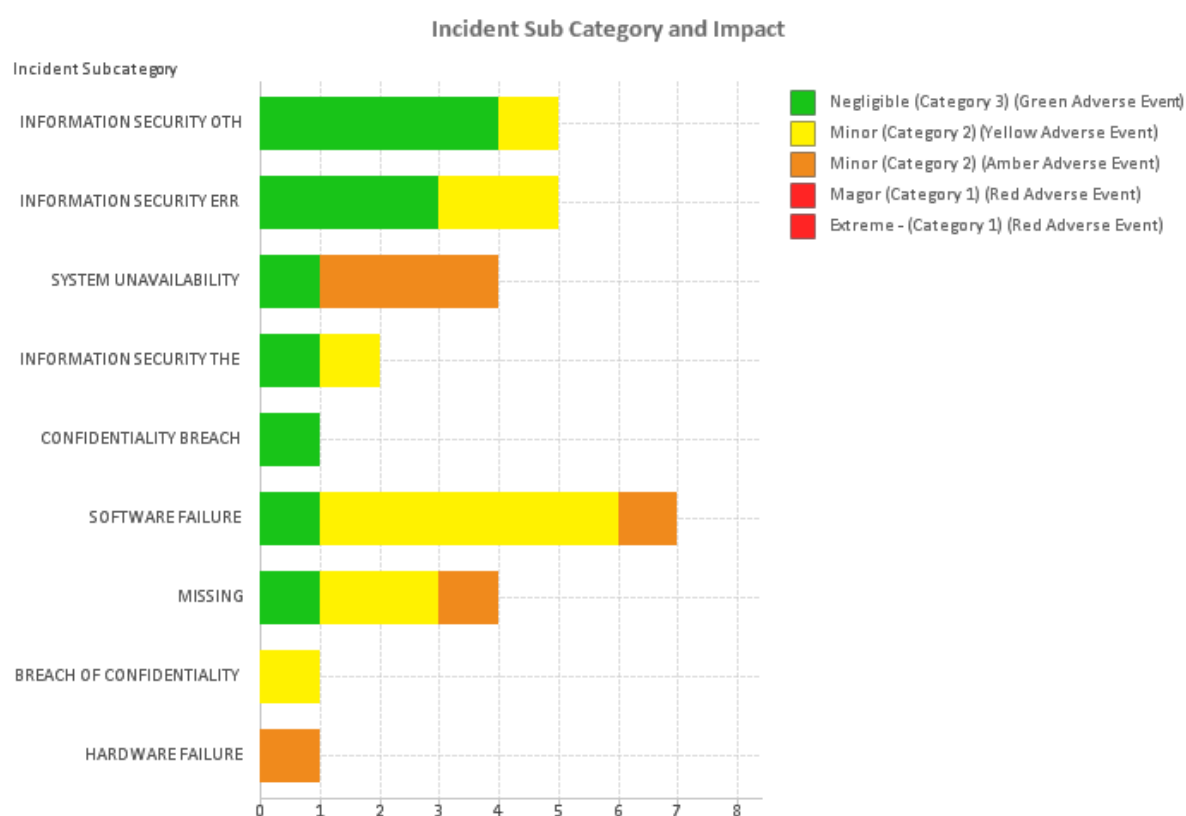
Matthew Kendall  
Lead AHP

## Clinical, Care and Professional Governance Report

There are 6 domains of assurance in the framework: 'Getting it Right for Everyone – A Clinical, Care and Professional Governance Framework'. Dundee Health and Social Care Partnership continue to develop local indicators to provide assurance across of the domains.

### Domain One – Information Governance

There were 18 breaches to information security in 2015, 8 beaches to information security in 2016 and 4 breaches of information security in 2017, recorded on the DATIX system (up to 5<sup>th</sup> October 2017). This shows an improving position in relation to information security across the Dundee Partnership. The chart below shows the incidents broken down into sub categories and impact.



### Domain Two – Professional Regulation and Workforce Development

There are ongoing challenges for the majority of teams in ensuring compliance with ongoing staff appraisal. The table below shows the range of completed performance development reviews and performance development plans completed across Services.

Sept 17

## HSCP - Dundee

Cost Centre 4		PDR				PDP			
HSCP - Dundee	HC	Y	%	N	%	Y	%	N	%
	1353	510	37.69%	843	62.31%	515	38.06%	838	61.94%
A.h.p.s Admin	11			11	100.00%	8	72.73%	3	27.27%
Accohol Problems Services	11	2	18.18%	9	81.82%	1	9.09%	10	90.91%
Anticoagulation	10	6	60.00%	4	40.00%	7	70.00%	3	30.00%
Brain Injury	40	23	57.50%	17	42.50%	22	55.00%	18	45.00%
Continuing Care	58	13	22.41%	45	77.59%	20	34.48%	38	65.52%
Dietetics (tayside)	85	33	38.82%	52	61.18%	33	38.82%	52	61.18%
Drug Problems Services	43	4	9.30%	39	90.70%	6	13.95%	37	86.05%
Eating Disorders	5	2	40.00%	3	60.00%	1	20.00%	4	80.00%
General Adult Psychiatry	83	17	20.48%	66	79.52%	21	25.30%	62	74.70%
Ijb Management	7	1	14.29%	6	85.71%			7	100.00%
Ijb Medicine For Elderly	100	26	26.00%	74	74.00%	8	8.00%	92	92.00%
Intermediate Care	1	1	100.00%			1	100.00%		
Keep Well	14	5	35.71%	9	64.29%	2	14.29%	12	85.71%
Learning Disability (dundee)	35	20	57.14%	15	42.86%	15	42.86%	20	57.14%
Learning Disability (tay Ahp)	18	7	38.89%	11	61.11%	10	55.56%	8	44.44%
Medical Advisory Service	2	1	50.00%	1	50.00%			2	100.00%
Nursing Services (adult)	181	41	22.65%	140	77.35%	46	25.41%	135	74.59%
Occupational Therapy	36	12	33.33%	24	66.67%	6	16.67%	30	83.33%
Older Peoples Serv. - community	17	8	47.06%	9	52.94%	10	58.82%	7	41.18%
Palliative Care - Angus	9	6	66.67%	3	33.33%	4	44.44%	5	55.56%
Palliative Care - Dundee	64	31	48.44%	33	51.56%	34	53.13%	30	46.88%
Palliative Care - Perth	51	28	54.90%	23	45.10%	24	47.06%	27	52.94%
Physiotherapy	103	68	66.02%	35	33.98%	80	77.67%	23	22.33%
Primary Care	13			13	100.00%			13	100.00%
Psy Of Old Age - Community	39	29	74.36%	10	25.64%	33	84.62%	6	15.38%
Psych Of Old Age (in Pat)	121	49	40.50%	72	59.50%	56	46.28%	65	53.72%
Psychology	118	43	36.44%	75	63.56%	27	22.88%	91	77.12%
Psychotherapy (tayside)	12			12	100.00%			12	100.00%
Public Health	8	1	12.50%	7	87.50%	2	25.00%	6	75.00%
Sexual & Reproductive Health	36	22	61.11%	14	38.89%	28	77.78%	8	22.22%
Tayside Health Arts Trust	1			1	100.00%			1	100.00%
The Corner	17	11	64.71%	6	35.29%	9	52.94%	8	47.06%
Working Health Services	4			4	100.00%	1	25.00%	3	75.00%

## Domain Three – Patient, Service User and Staff Safety

Adult Protection review demonstrates:

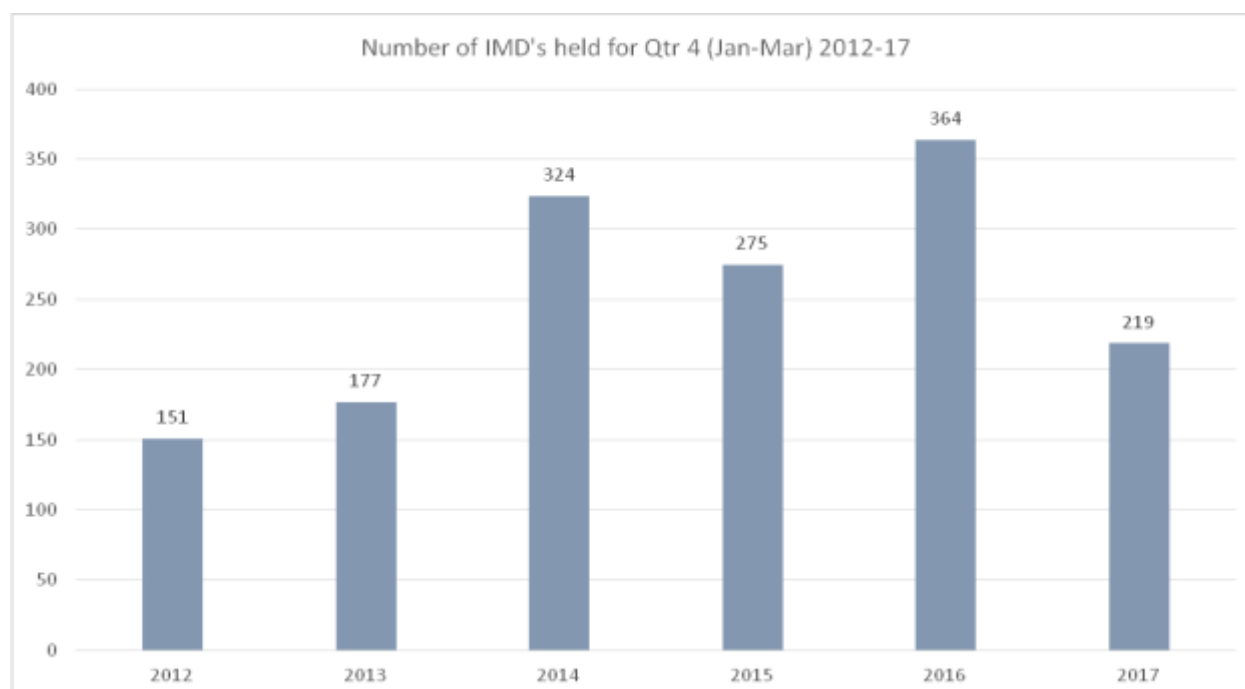
- There has been a reduction in referrals received in this quarter in comparison to 2016, which may be attributed to a reduction in referrals received from Police Scotland during this reporting quarter. Over the next year we will continue to monitor referrals to determine if this is a continuing trend.
- However, the percentage of total referrals for this quarter which proceeded to Initial Referral Discussion has remained at 6% and then which proceeded to Case Conference has also remained at 3% in comparison with same quarter at 2016. This indicates a trend in relation to low numbers of referrals, for this quarter which proceeded to IRD.
- Police Scotland continues to remain principal source of referral for this quarter. However, it is encouraging to see that the number of referrals from other agencies has increased by more than 50% for the same quarter at 2016.
- The majority of referrals which proceeded to an investigation, for this quarter, were people aged over 65 of a white ethnic origin.
- There have been no large scale investigations launched in this quarter, which is same for past 4 years.

### **CHART 1**

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

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

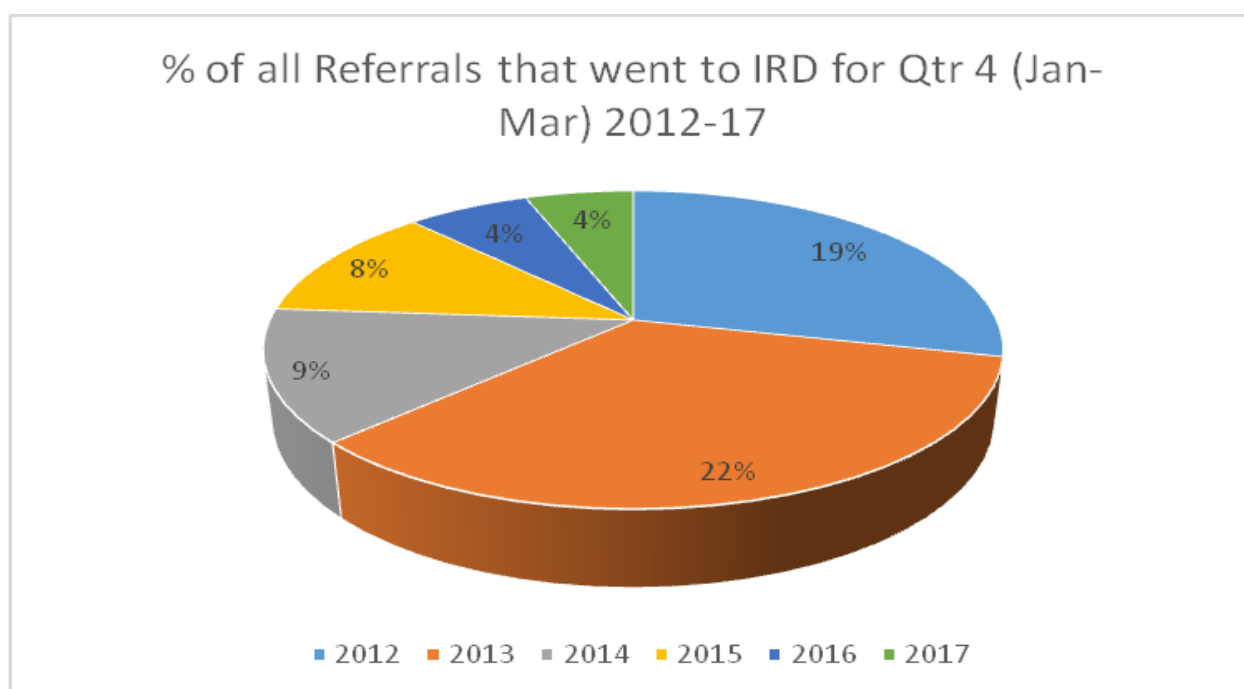
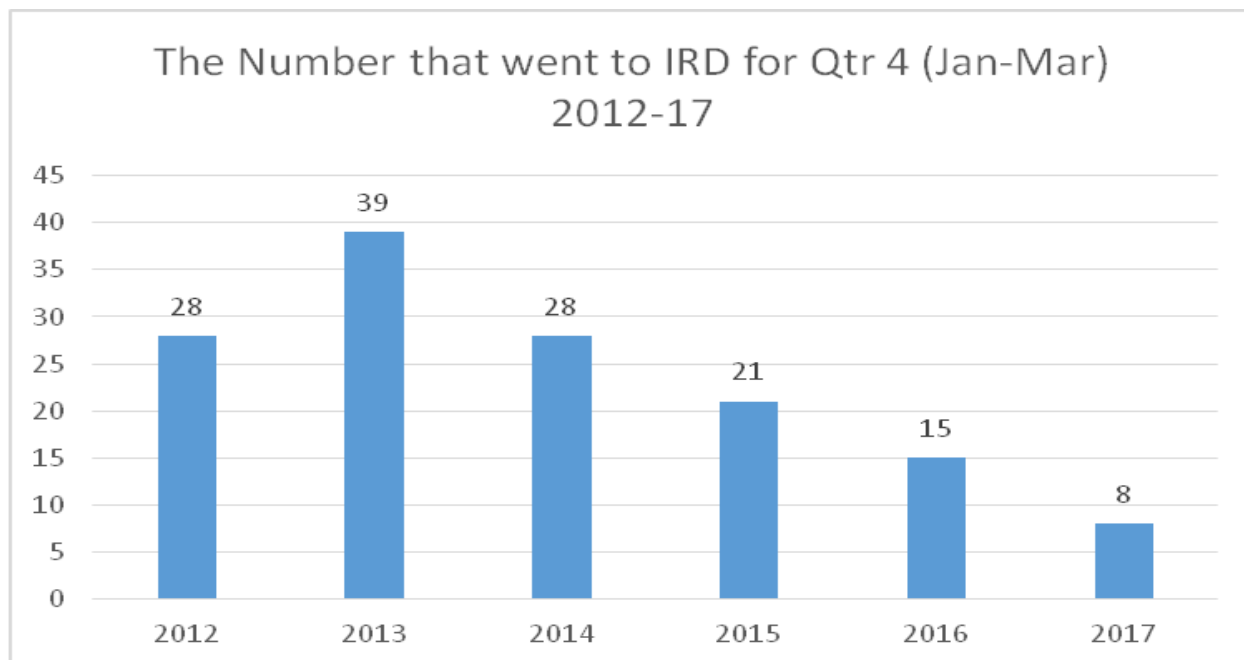
**Scottish Government National Data Collection – How many ASP referrals were received?**



**CHART 2**

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

a) Initial Referral Discussion (IRD)

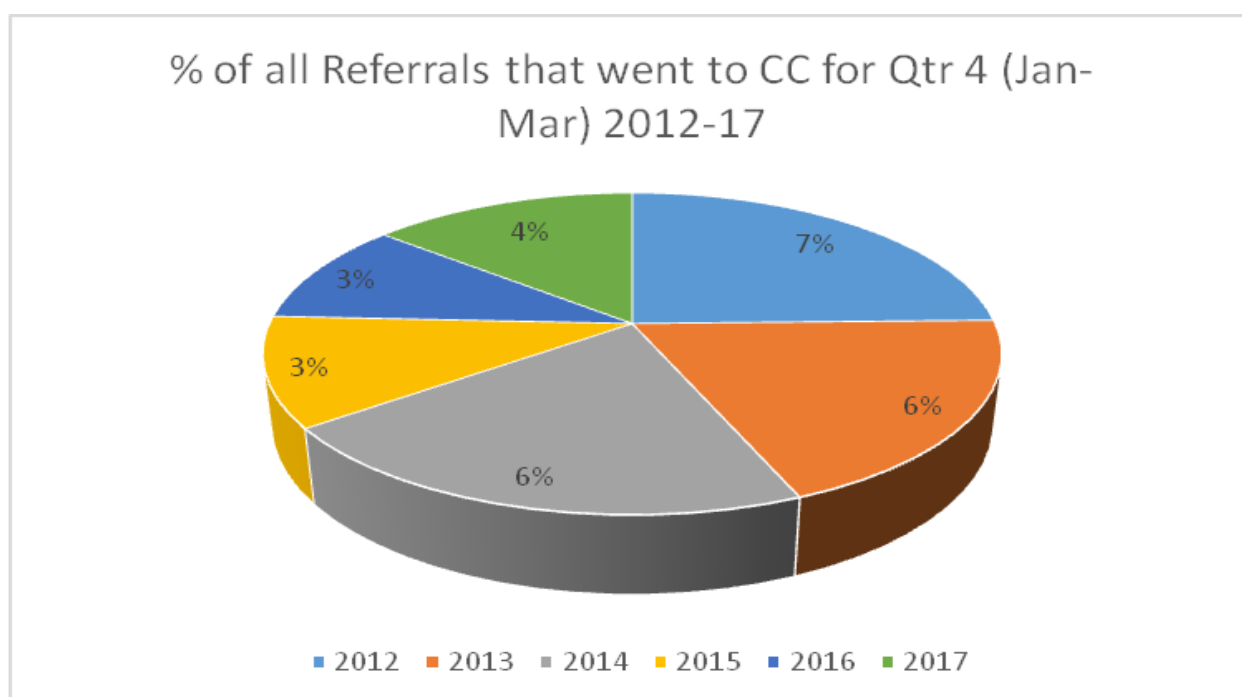
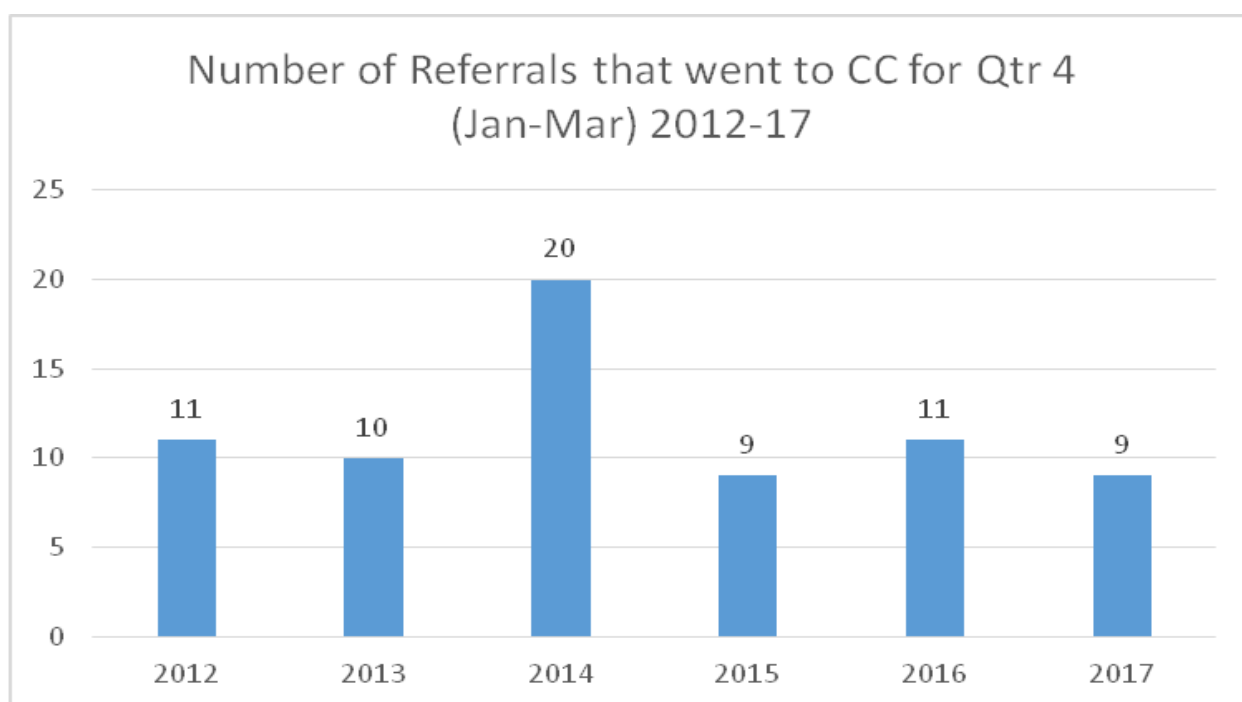
**CHART 3**

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

a) Case Conference (CC)

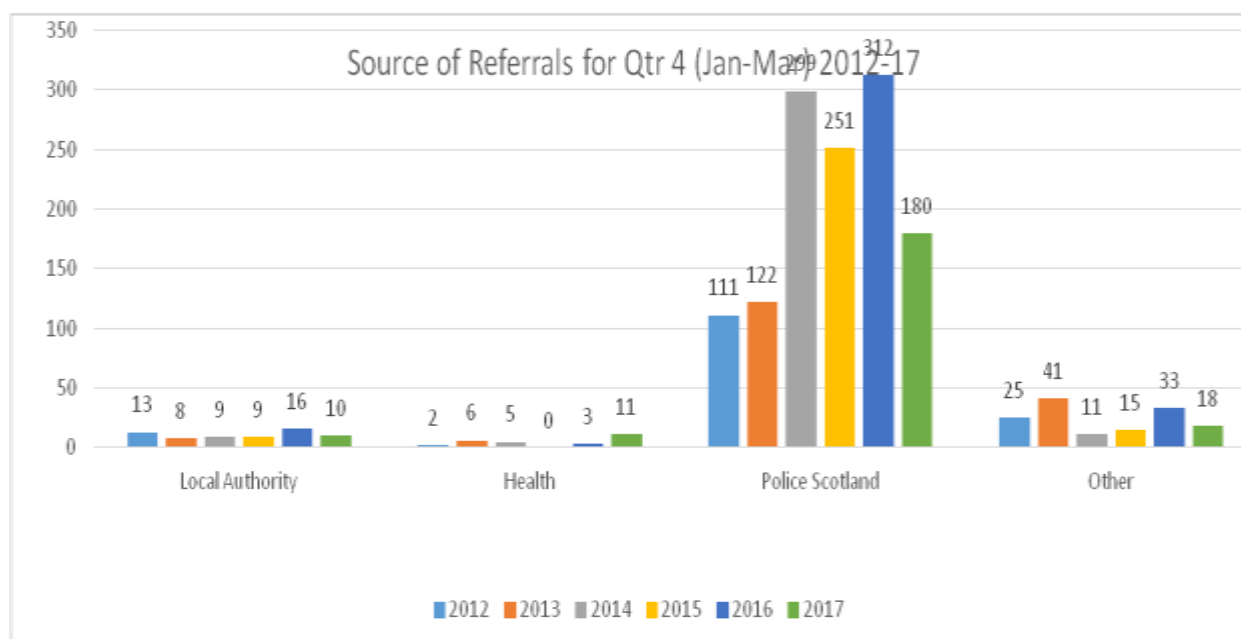


**Scottish Government National Data Collection – How many cases were subject to an ASP Case Conference?**

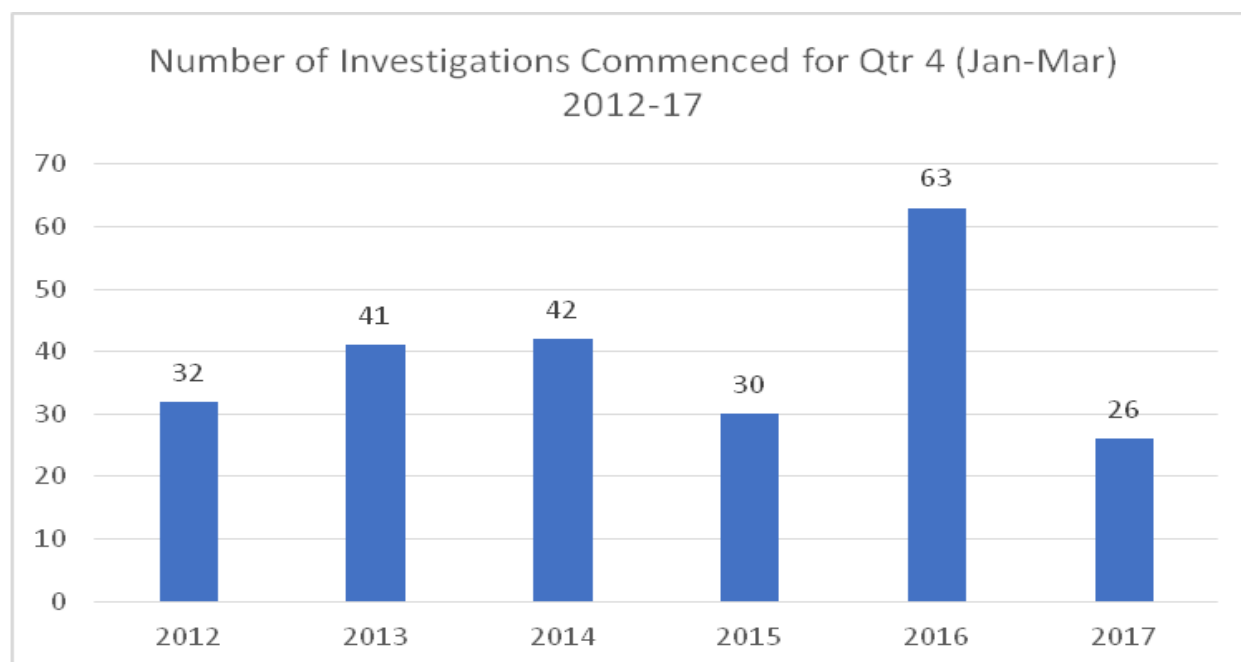


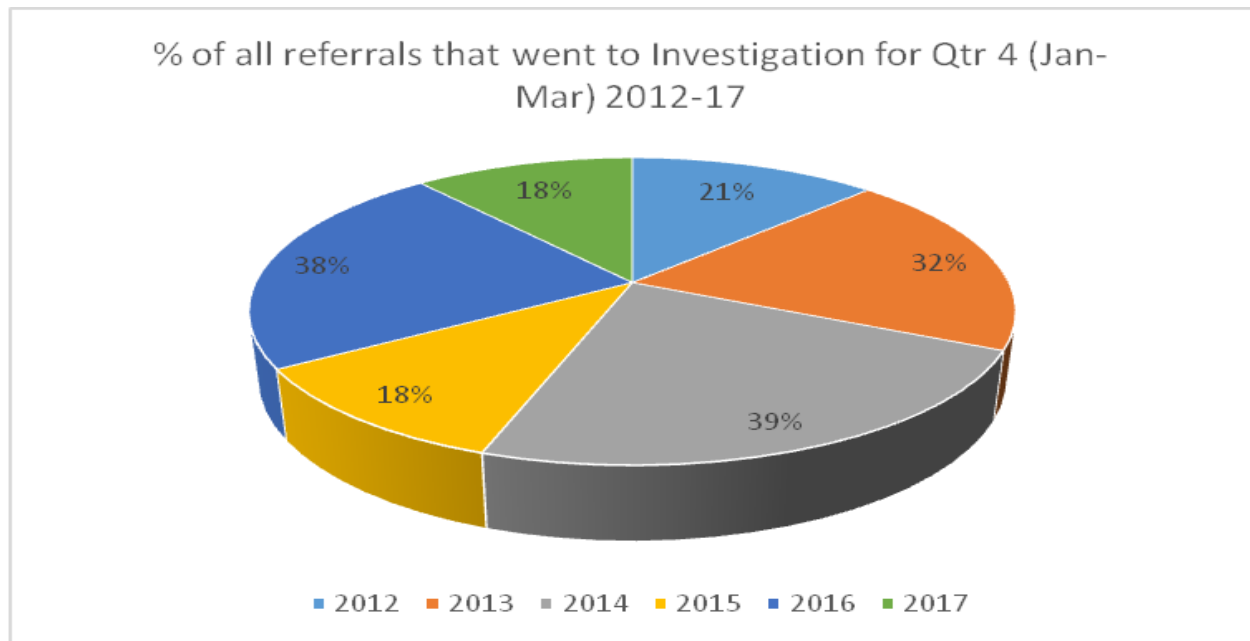
**CHART 4**

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

**CHART 5**

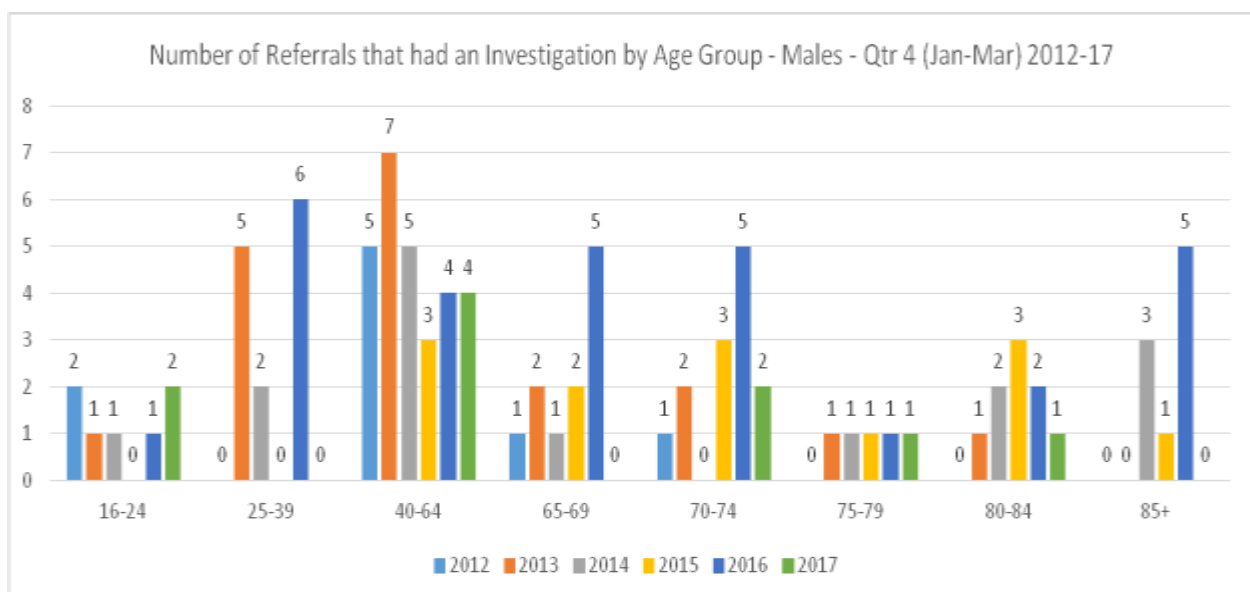
**Scottish Government National Data Collection – Number of Investigations commenced under  
the ASP Act**

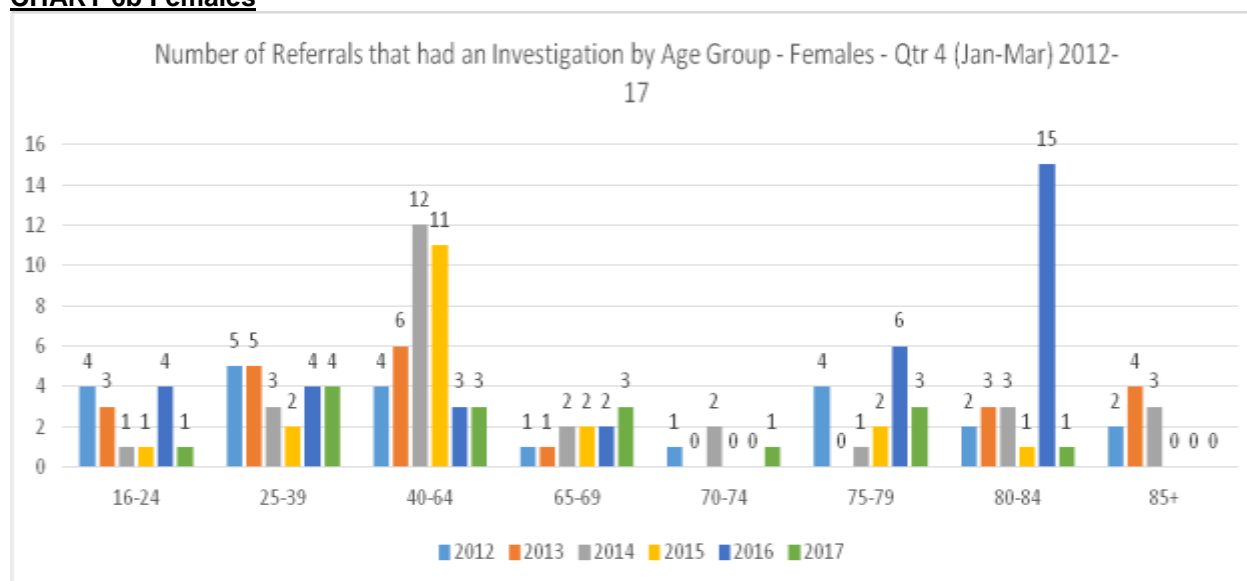




#### **CHART 6a (Males**

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

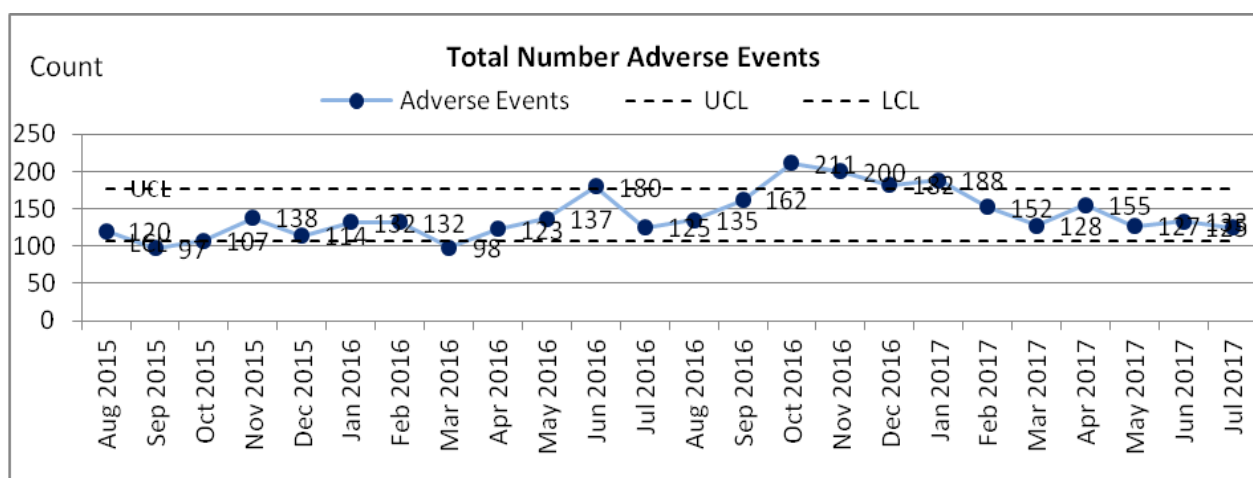
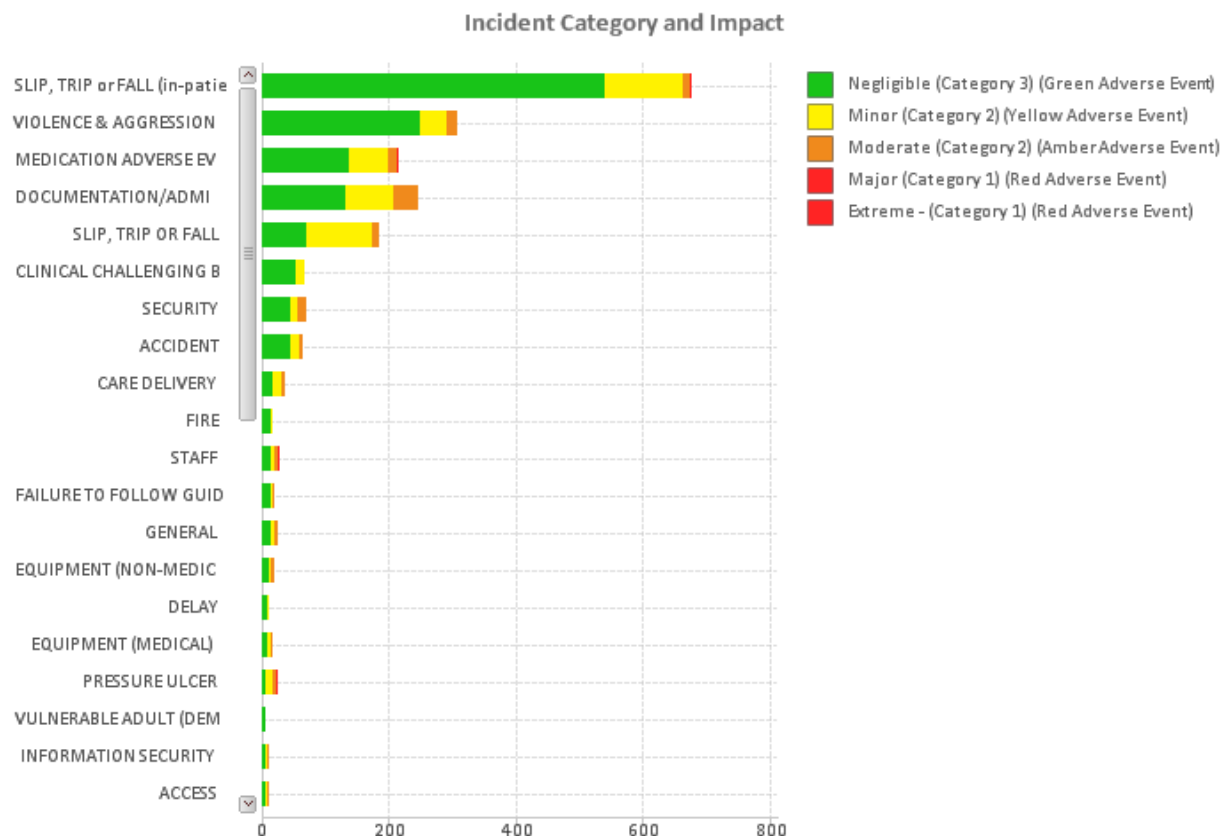


**CHART 6b Females**

### Adverse Events

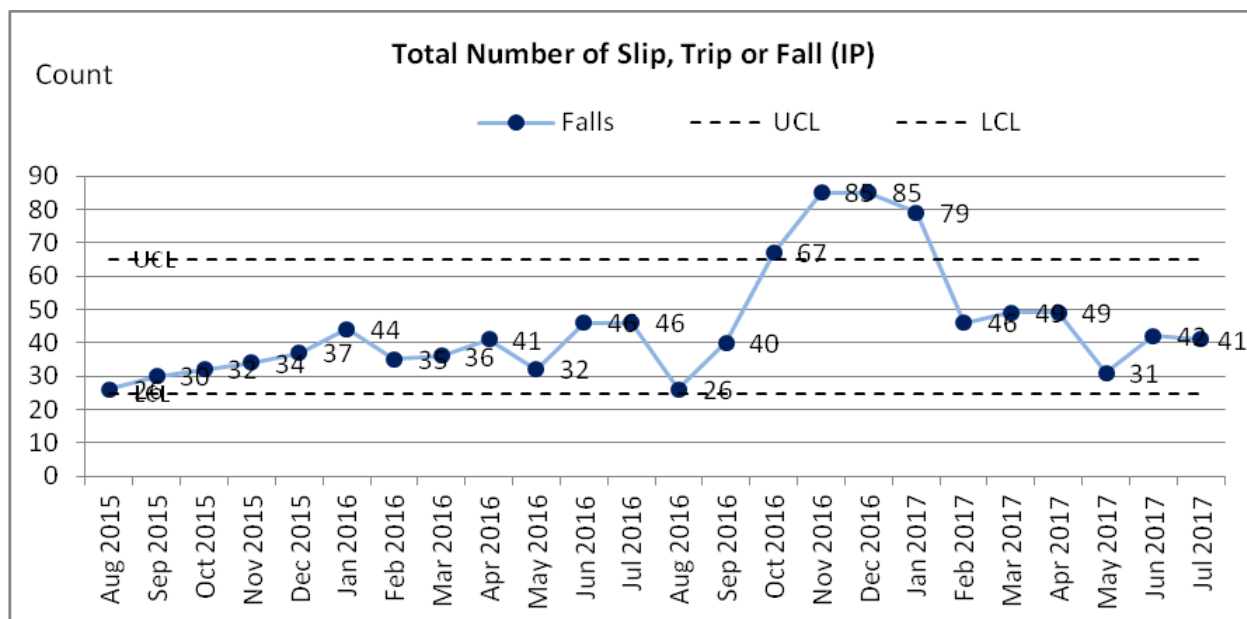
#### Total incidents

In 2016 there were 1358 incidents recorded through the DATIX system. In 2017 (up to 5<sup>th</sup> October 2017) there have been 943 recorded incidents. The chart below shows the incident category and impact of reported incidents for 2016 and 2017. (N.B. Figures presented through the DATIX system are representative of health data within Dundee HSCP only and do not include council data. Additionally, DATIX has not been reconfigured fully to reflect HSCP services therefore some data will be incomplete. Systems are in place to manually monitor these anomalies and work is planned to begin to address this.)



## Falls

Approaches to care that encourage rehabilitation and enablement carry a greater risk of falls as greater mobilisation is part of the rehabilitation. This likely accounts for the higher levels of falls which are category 3 (green event/ negligible impact)) and the majority of falls are in designated rehab facilities. The available information does not include the number of individuals who have fallen. One person may account for multiple recorded falls. Given the number of individuals who pass through premises each year, the falls rate is low. All falls are investigated and any required action is taken. The increase in falls from October 2016 coincides with the RVH wards being aligned to the Dundee HSCP. The table shows the location of falls over the last two months.



	Major (Category 1) (Red Event)	Moderate (Category 2) (Amber Event)	Minor (Category 2) (Yellow Event)	Negligible (Category 3) (Green Event)	Total
RIVERSIDE VIEW CARE HOME (BLUEBELL)	1	0	4	0	5
CENTRE BRAIN INJURY REHAB	0	1	5	3	9
PHYSIOTHERAPIST CLINIC NW	0	0	0	4	4
ROXBURGH HOUSE EAST WING	0	0	2	2	4
ROXBURGH HOUSE WEST WING RVH	0	0	1	4	5
WARD 05 NW	0	0	1	0	1
Ward 1, KINGSWAY CARE CENTRE, DUNDEE	0	0	1	6	7
WARD 17 NW	0	0	0	1	1
Ward 2, KINGSWAY CARE CENTRE, DUNDEE	0	1	0	8	9
WARD 23A NW	0	0	0	1	1
Ward 3, KINGSWAY CARE CENTRE, DUNDEE	0	0	0	9	9
WARD 4 RVH	0	0	1	5	6
Ward 4, KINGSWAY CARE CENTRE, DUNDEE	0	0	0	4	4

WARD 5 RVH	0	0	1	0	1
WARD 6 RVH	0	0	1	2	3
WARD 7 RVH	0	0	1	5	6
WARD 8 RVH	0	1	3	2	6
OTHER NW	0	0	0	2	2
Total	1	3	21	58	83

## Violence and Aggression

The majority of violence and aggression incidents are low level and are indicative of the patients' diagnoses (i.e dementia). The majority of the violence and aggression incidents are recorded in the Psychiatry of Old Age and Medicine for the Elderly wards. Any more serious incidents of violence and aggression are investigated and action plans implemented for the safety of staff and service users.

## Medication Adverse Events

There is weekly review of all incidents across the HSCP and concerns related to medication adverse events are reported to senior management to implement local review.

## Documentation / Administration

Changes in policy for the completion of nursing patient records have led to a number of challenges for community based staff. This has been raised with the nursing directorate and feedback is being sought on a way forward before the next review due in May 2018.

## Infection Control

There is a positive picture in relation to infection control management across wards under the management of the Health and Social Care Partnership as outlined by the charts below. The charts show the number of cases on each ward for MRSA, CDI, SAB month by month from Feb 2016.

Royal Victoria Hospital Ward of Association New Isolates - MRSA

Ward	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	12 Month Total
RVH1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
RVH5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Roxburghe	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
RVH Unal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2

Royal Victoria Hospital Ward of Association New Isolates - CDI

Ward	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	12 Month Total
RVH1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH8	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Roxburghe	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
RVH Unal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1

Royal Victoria Hospital Ward of Association New Isolates - SAB

Ward	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	12 Month Total
RVH1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH6	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rieborough	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH Unit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

New Hospital Acquired Infection Associated with Wards in Dundee

Organism	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	12 Month Total
MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CDI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
SAB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1

MRSA Ward of Association

New Isolate MRSA	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	12 Month Total
Carisview	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kingsway Care Centre	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

CDI Ward of Association

New Isolate CDI	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	12 Month Total
Carisview	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kingsway Care Centre	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Total CDI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1

July 2017 - New Isolate CDI Kingsway Care Centre Ward 1

SAB Ward of Association

New Isolate SAB	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	12 Month Total
Carisview	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kingsway Care Centre	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total SAB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

## Domain Four – Patient, Service User and Staff Experience

The National Health and Wellbeing Survey asked a sample of Dundee citizens aged 18 and over:

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

93% of respondents agreed that they were able to look after their own health very well or quite well. This is similar to the Scotland response of 94%.

Dundee City Council's Citizen Survey, conducted in December 2016, asked a sample of Dundee citizens aged 16 and over: “How good is your health overall?” 84% of respondents rated their health as very or fairly good, compared to 9% who said it was fair and 7% who said it was very or fairly poor. The proportion of respondents who said their health was very or fairly good has remained consistent with the 2015 survey results, however the proportion of participants stating their health was very good has increased significantly since 2015 (from 45% to 60%).

The dementia post diagnostic support service surveyed patients on their service with very positive comments listed below:



“We would like to thank the service for making mum feel safe and comfortable”  
 “As a carer it’s good to know there is somebody at the end of a phone “  
 “Information and help was very much appreciated”  
 “Service provided by my worker was excellent”  
 “Extremely professional but also down to earth”

The National Health and Wellbeing Survey asked a sample of Dundee citizens aged 18 and over to respond to the following questions or statements:

“I had a say in how my help, care or support was provided”  
 “Overall, how would you rate your help, care or support services?”  
 “Overall how would you rate the care provided by your GP practice?”

79% of Dundee respondents who were supported at home agreed that they had a say in how their help, care or support was provided. This is the same level of satisfaction as for Scotland as a whole. 84% of Dundee respondents who received any care or support rated it as good or excellent. This was slightly higher than the 81% of respondents from Scotland as a whole who reported this.

There was variation in responses across GP practices in Dundee ranging from 67% to 100%. 90% of Dundee respondents reported that they had a positive experience of care provided by their GP practice. This is slightly higher than the 87% reported by Scotland as a whole.

#### Domain Five – Regulation of Quality and Effectiveness of Care

There are 30 care homes in Dundee which provide care and support to:

- older people
- people with learning disabilities
- people with physical disabilities
- people with mental health difficulties

A total of 36 inspections were carried out by the Care Inspectorate during the reporting period 2016-2017. The additional 6 inspections are attributed to follow up inspections. When there are performance concerns at an inspection resulting in a number of requirements being imposed, a follow up visit is arranged. This can result in further action being taken or grades being amended. Inspection visits can also be carried out if complaints are made against a service.

#### Who provides care home services for adults in Dundee?

Table 1 shows which sectors provide care home services for adults in Dundee:

**Table 1**

Care Home Service	Data	Local Authority	Private	Voluntary	Total
DUNDEE	No of Services	4	23	3	30
	%	13%	77%	10%	100%

### Summary of the Gradings Awarded in Dundee

21 care homes (70%) received grade 4 or above in all themes

7 care homes (23%) received grade 3 in some or all themes

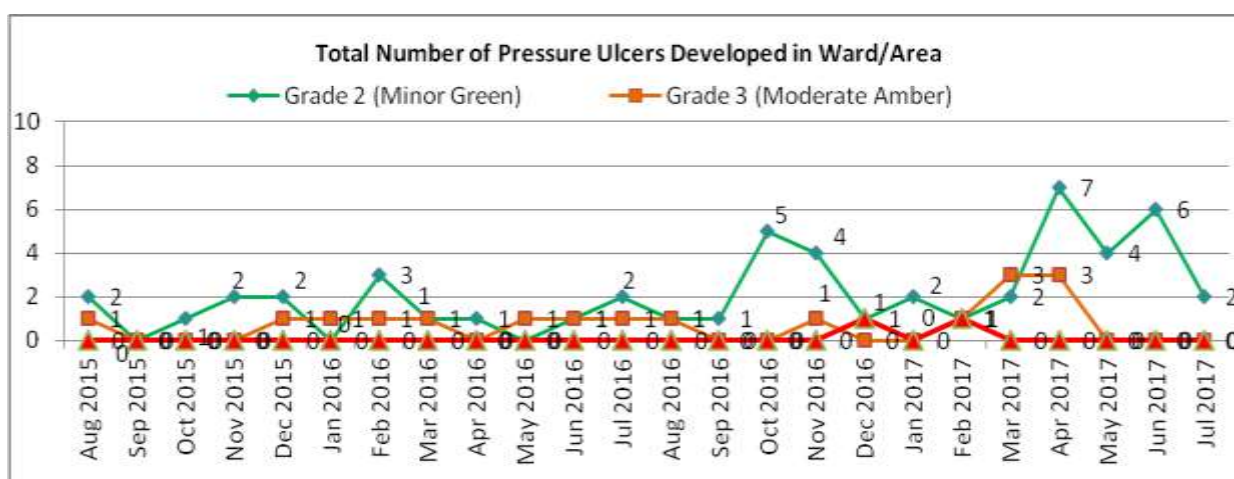
2 care homes (7%) received grade 1 or 2 in some or all themes

The grading scale used is:

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

### Pressure Ulcers

The development of pressure sores gives an indication of poor mobility and poor nutrition. Every incident of an avoidable pressure sore of grade 3 and above is investigated with lessons learned being shared to improve practice. There are 8 minor (Green) pressure ulcers over the past two months. These have all been reviewed and they have been classed as unavoidable with all preventative measures in place and all appropriate advice and support offered to patients and carers.

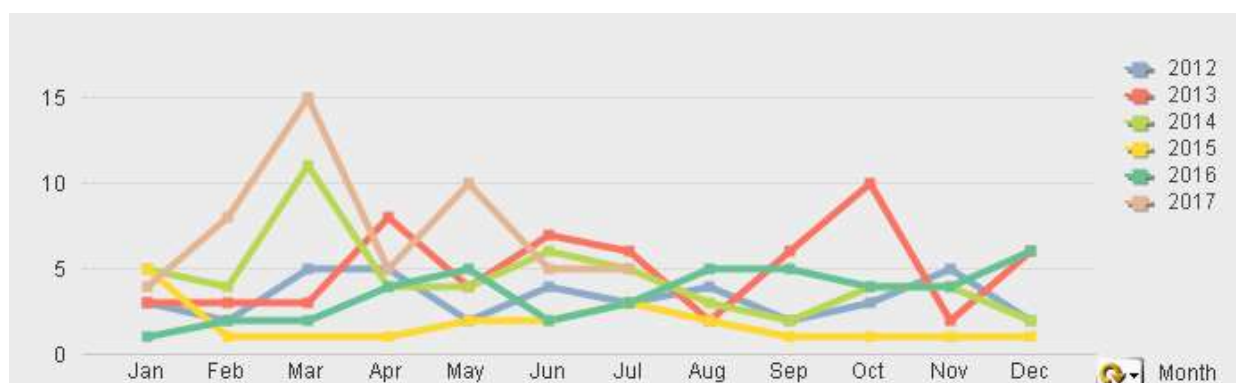


	Ulcer was avoidable	Ulcer was unavoidable	Total
PATIENT'S HOME ADDRESS	0	3	3
ROXBURGH HOUSE EAST WING	0	2	2
ROXBURGH HOUSE WEST WING			
RVH	0	1	1
Total	0	6	6

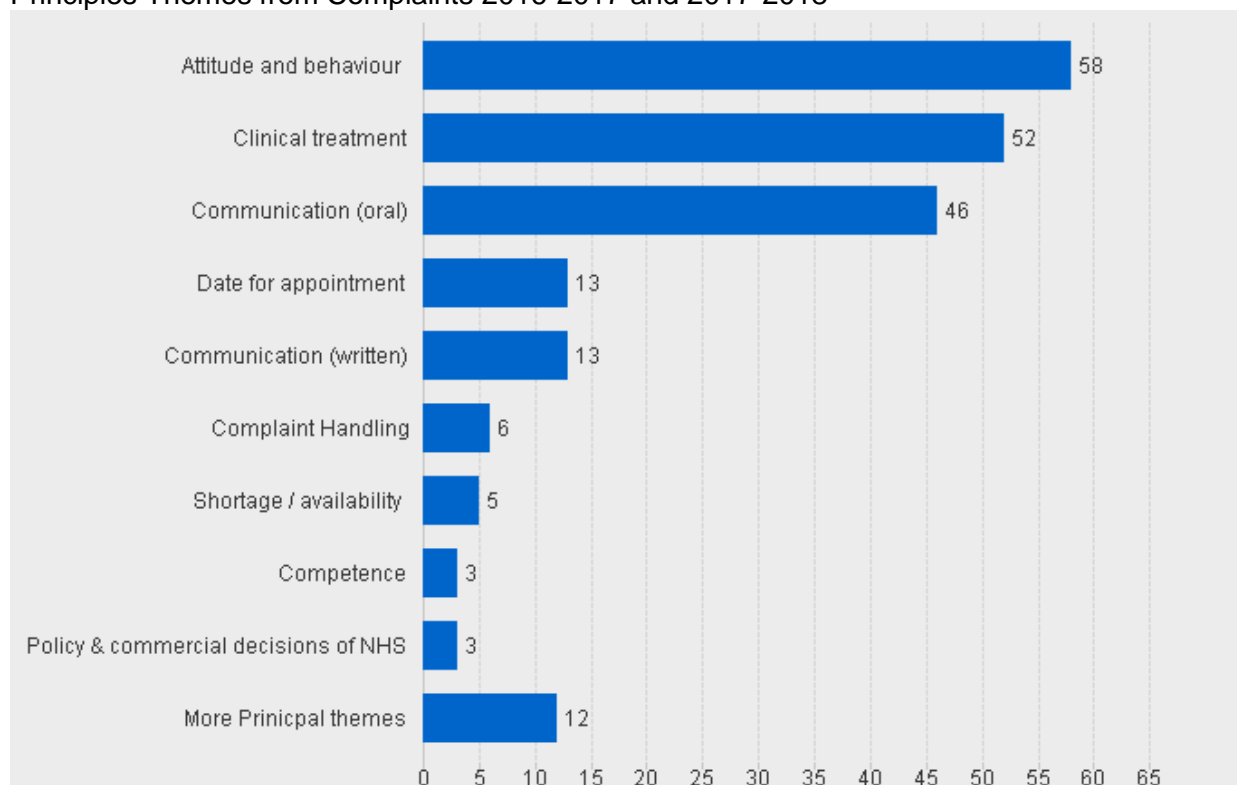
## Complaints

Monitoring complaints and the themes of complaints ensures that action can be taken to improve performance. Themes can result in operational procedures being updated to improve practice across services. The aim is to resolve any complaints at the earliest possible opportunity. We aim to resolve stage one complaints within 5 working days, more complex stage two complaints within 20 working days.

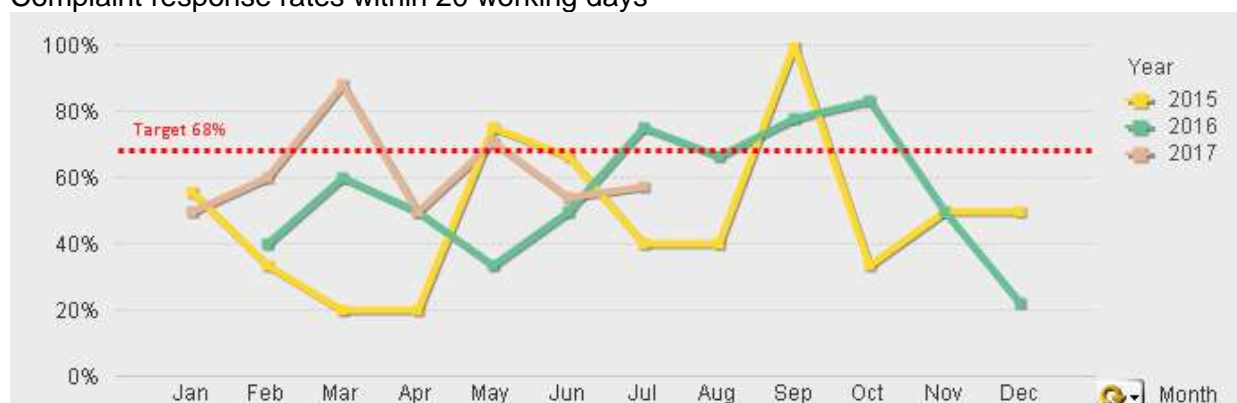
Total number of NHS complaints received.



### Principles Themes from Complaints 2016-2017 and 2017-2018



### Complaint response rates within 20 working days



In 2016-17 a total of 45 complaints regarding social work and social care services provided by the Partnership were received.

Most complaints (73%) were resolved at the first stage of the complaint process, frontline resolution. For 45% of the total complaints received the Partnership was able to respond within target dates set out in our own procedures or agreed directly with the complainant.

### Unintentional Weight Loss

Food, fluid and nutrition standards apply in NHS settings.

One of the key indicators of poor compliance with the standards is where there is unintentional weight loss of more than 10%.

There are no reported cases of unintentional weight loss between 5-10% or over 10% in the past 12 months.

Domain Six – Promotion of Equality and Social Justice

Equality outcomes are to be determined.