

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

City Chambers
DUNDEE
DD1 3BY

25th July, 2018

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER
REPRESENTATIVES OF THE PERFORMANCE AND AUDIT
COMMITTEE OF DUNDEE CITY HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD
(Please see distribution list)

Dear Sir or Madam

PERFORMANCE AND AUDIT COMMITTEE

I refer to the agenda of business issued in relation to the meeting of the Performance and Audit Committee to be held on Tuesday, 31st July, 2018 and now enclose the undernoted item of business which was not received at time of issue.

Yours faithfully

DAVID W LYNCH

Chief Officer

A G E N D A

**10 OUTCOME OF MENTAL WELFARE COMMISSION FOR SCOTLAND VISIT TO KINGSWAY
CARE CENTRE - Page 1**

(Report No PAC45-2018 by the Chief Finance Officer, copy attached).

PERFORMANCE AND AUDIT COMMITTEE
PUBLIC DISTRIBUTION LIST

(a) DISTRIBUTION – PERFORMANCE AND AUDIT COMMITTEE

(* - DENOTES VOTING MEMBER)

<u>Role</u>	<u>Recipient</u>
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Elected Member	Councillor Roisin Smith *
Elected Member	Bailie Helen Wright*
Non Executive Member	Vacant*
Chief Officer	David W Lynch
Chief Finance Officer	Dave Berry
Registered medical practitioner employed by the Health Board and not providing primary medical services	Cesar Rodriguez
Chief Social Work Officer	Jane Martin
Chief Internal Auditor	Tony Gaskin
Staff Partnership Representative	Raymond Marshall

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<u>Organisation</u>	<u>Recipient</u>
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Dundee City Council (Members' Support)	Jayne McConnachie
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Dundee City Council (Members' Support)	Sharron Wright
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership	Diane McCulloch
NHS Tayside (Communications rep)	Jane Duncan
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
NHS (PA to Tony Gaskin)	Carolyn Martin
Audit Scotland (Senior Audit Manager)	Bruce Crosbie



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 31 JULY 2018

REPORT ON: OUTCOME OF MENTAL WELFARE COMMISSION FOR SCOTLAND VISIT TO KINGSWAY CARE CENTRE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC45-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Performance & Audit Committee of the outcome of the recent Mental Welfare Commission visit to Kingsway Care Centre.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Notes the content of the Mental Welfare Commission's report following their recent visit to Kingsway Care Centre (attached as Appendix 1);
- 2.2 Notes the positive comments made in the report and the good practice identified in relation to service delivery contained within the report as described in section 4.1- 4.5 below.
- 2.3 Notes the actions in relation to the formal recommendation contained within the report as described in section 4.6 below.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 The Mental Welfare Commission visited Kingsway Care Centre in April 2018. This was a follow-up visit from previous visits in 2014 & 2016 where they had made a number of recommendations. This report identified areas of good practice as detailed in the attached report with the reviewers impressed by the emphasis within the wards on staff training and on reflective practice and learning. Reviewers noted there was a clear focus on practice development for permanent staff and very positive links between senior charge nurses and the practice development nurse leading to innovative practices.
- 4.2 Patients spoke positively about the support they received and relatives were complimentary about staff. The atmosphere in the wards was noted to be calm and quiet with good interactions between staff and patients. Care plans were of a good standard and were noted to be consistently comprehensive and person centred with good input from all relevant professions to the MDT meetings. The reviews seem to cover all appropriate aspects of individual patients' care, including physical and mental health, nutrition, mobility and medication. The reviewers noted an emphasis in individual files on recovery based approaches and evidence of good information about communication with relatives and family members, with records in carers contact sheets in files.
- 4.3 The reviewers were satisfied that where compulsory measures under the Mental Health Act are being put in place when this is appropriate and that paperwork was well maintained in the files. The reviewers were pleased to see copies of s47 certificates (Section 47, Adults with Incapacity

(Scotland) Act 2000 – certificate of incapacity) with appropriate treatment plans in the files where individuals were assessed as lacking capacity to consent to treatment.

- 4.4 The report identifies a good provision of activities across all wards with regular planned group activities as well as more personalised one-to-one activity provision, delivered by dedicated activity workers, and also by occupational therapy and physiotherapy staff and by ward based nursing staff.
- 4.5 In the three dementia wards reviewers saw evidence of work to make the environments dementia friendly including the use of rummage boxes, as well as memory boxes outside bedrooms. The reviewers also noted the use of distraction boards to provide individual patients with some stimulating activity using familiar objects.
- 4.6 The Mental Welfare Commission recommend that “Managers should ensure that arrangements are put in place so that a number of specific bedrooms in each ward have facilities to allow patient observation without staff having to enter bedrooms”.
- 4.7 A short life working group has been formed and will meet on 25 July 2018 to devise an agreed timetabled action plan to address this issue. Clinical staff within Kingsway Care Centre have identified a requirement for 4 bedrooms doors to be upgraded with observation windows within each of the dementia wards, 1, 2 and 3. The requirement for ward 4 has been identified as 8 bedrooms doors requiring upgrading.
- 4.8 An environment ligature risk assessment process has taken place over the period following the issue of the report in 2016 and subsequent discussions held around the nature of any highlighted risks associated as detailed in paragraph 6.0 below.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

This report has not been subject to a risk assessment as it relates to the publication of Mental Welfare Commission information and is for information only.

7.0 CONSULTATIONS

The Chief Officer, Head of Service – Health & Community Care and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 20 July 2018

Peter Oswald
Specialty Manager, Medicine for the Elderly & Psychiatry of Old Age Services
Health & Social Care Partnership

APPENDIX I



Mental Welfare Commission for Scotland

Report on announced visit to: The Kingsway Care Centre,
King's Cross Road, Dundee DD2 3PT

Date of visit: 24 April 2018

Where we visited

The Kingsway Care Centre is an old age psychiatry facility in Dundee, with 55 beds in total. There are four wards in the care centre: Ward 1 has 15 beds and is an admission/assessment ward for female patients with dementia; Ward 2 has 12 beds, and is a male dementia assessment ward; Ward 3 has 14 beds and is a specialist dementia care ward for male and female patients with dementia; Ward 4 has 14 beds and is an admission/assessment ward for male and female patients with a functional illness.

We last visited this service on 28 September 2016, when we made recommendations about displaying information, and about the physical environment in the wards. We received a response which indicated that appropriate actions were taken in relation to the recommendations.

On the day of this visit we wanted to look generally at how care and treatment was being provided, because it had been a year and a half since our previous visit.

Who we met with

We met with and/or reviewed the care and treatment of 15 patients, and we also met two relatives on the visit.

We spoke with the service managers and various members of the nursing team in the four wards. We met one of the consultant psychiatrists and the pharmacist, and one of the activity workers working in the service.

Commission visitors

Ian Cairns, Social Work Officer and visit coordinator

Claire Lamza, Nursing Officer

Paula John, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Where we were able to have discussions with patients about their experience of care and treatment in the wards, they spoke positively about the support they are receiving. Both relatives we met were also complementary about staff in the wards, and about the communication between themselves and staff. We also observed during the day that the atmosphere in the wards was calm and quiet, with good interactions between staff and patients, including with patients who were displaying some stressed or distressed behaviour.

The care plans we reviewed across all four wards were of a good standard. Information in care plans was consistently comprehensive and person centred.

We saw good use being made of psychological formulation, a framework for describing an individual patient's needs, any precipitating factors contributing to needs, and interventions to meet needs. We also saw that it was easy to identify care planning information in files, because paperwork is colour coded, with risk management plans in green and multidisciplinary team reviews on yellow paper.

We saw evidence of a robust evaluation of care plans, and we also noted an emphasis in individual files on recovery based approaches. We saw some recovery care plans in files, and we heard about work to develop a care plan audit approach based on the Scottish Recovery Indicator (SRI2), a service development tool which provides a framework for evaluating how services are performing. We also saw examples of detailed guidance in individual files provided for ward staff by a psychologist following an assessment, to help staff managing stressed/distressed behaviours.

Multidisciplinary team (MDT) meetings are well recorded, and as stated above are easily identifiable because they are colour coded. There seems to be good input from all relevant professions to the MDT meetings. The reviews seem to cover all appropriate aspects of individual patients' care, including physical and mental health, nutrition, mobility and medication.

The care planning and MDT information is complemented by good information, which is recorded about the individual patients in Getting to Know Me and My Life Story forms. We also saw good information about communication with relatives and family members, with records in carers contact sheets in files. For example, which detailed discussions with family members about how involved they wanted to be in discussions about care and treatment.

We did notice that a number of patients were prescribed medication which could be administered 'as required' for agitation, and that the drug prescription sheets indicated that this medication was not being used in many cases. We discussed this issue at the end of the visit with managers, and we were told that there has been a focus in the wards on reducing the use of 'as required' medication for agitation. We would suggest that if medication prescribed on an 'as required' basis has not been administered, this could be reviewed at the MDT meetings, and this medication could be removed from drug prescription sheets, if it is felt that this is no longer required.

Use of mental health and incapacity legislation

A number of patients in the four wards were subject to compulsory measures under the Mental Health (Care and Treatment) (Scotland) Act 2003 (Mental Health Act). Mental Health Act paperwork was well maintained in the files we reviewed. Where patients were subject to compulsory measures, we also saw that, either consent to treatment certificate (T2) or certificate authorising treatment (T3) were in place, and that prescribed medication was authorised appropriately.

A number of patients had welfare guardians or attorneys in place, appointed under the Adults with Incapacity (Scotland) Act 2000 (AWI Act). We saw copies of guardianship orders or powers of attorney in files, and we felt there was clear evidence that staff are asking relatives to provide copies of any orders granted under the AWI Act.

Where individuals are assessed as lacking capacity to consent to treatment, and they are being provided with treatment under part 5 of the AWI Act, s47 certificates authorising treatment should be completed. We were pleased to see copies of s47 certificates with appropriate treatment plans in the files we reviewed.

Rights and restrictions

From our review of files, we were satisfied that compulsory measures under the Mental Health Act are being put in place when this is appropriate. We feel this is important, as legislation provides certain safeguards when compulsory measures are in place for the provision of care and treatment.

In a few files, we noted that covert medication was being administered. We saw that covert medication pathways were being completed, and that decisions about use of covert medication were reviewed regularly.

Activity and occupation

From the evidence, we saw on this visit there is good provision of activities across the wards. We saw timetables with regular planned group activities, including groups encouraging patients to participate in exercises. We also saw evidence of more personalised one-to-one activity provision, with activities arranged by dedicated activity workers in the wards, and also by occupational therapy and physiotherapy staff and by ward based nursing staff.

With regard to individual patient participation in activities, we saw that this was recorded in the daily contact section of the patient's electronic record. It was difficult to find information about when an individual had been encouraged to engage in activities but had opted not to do so. We would suggest that this could be covered briefly in the MDT review meeting, so that engagement in activities could be tracked and monitored easily.

The physical environment

All patients in the four wards have their own individual rooms with en-suite facilities. Some wards have more communal space than others, and Ward 4 in particular has more limited lounge space and space for activities. All wards have access to garden areas.

In the three dementia wards, wards 1, 2 and 3, we saw that a lot of work had been done to make the environments dementia friendly. We saw rummage boxes, which can be used as an activity and as a reminiscence tool. We saw memory boxes as well

outside bedrooms. We also saw distraction boards, and heard how specific items are put on boards to reflect an individual patient's background and work experience, and to provide individual patients with some stimulating activity using familiar objects.

We had noticed on our previous visit that nursing staff found it difficult to observe patients when they are in their rooms because of the design of the rooms. This can mean that if a patient is on an enhanced level of observation, nursing staff have to enter rooms when undertaking observations. This has been raised by staff in the wards and by managers as a potential patient safety risk, but no alterations have been made to any rooms in the care centre to allow staff to maintain special observation, when this is necessary, without entering a room. The Mental Welfare Commission feels that this is an issue which needs to be addressed by NHS Tayside. We would suggest that there should be a number of rooms available in each ward which have the facility to allow nursing staff to observe patients when enhanced observation is appropriate, without having to enter rooms, and to avoid disturbing patients unnecessarily overnight.

Recommendation 1:

Managers should ensure that arrangements are put in place so that a number of specific bedrooms in each ward have facilities to allow patient observation without staff having to enter bedrooms.

Summary of recommendations

1. Managers should ensure that arrangements are put in place so that a number of specific bedrooms in each ward have facilities to allow patient observation without staff having to enter bedrooms.

Good practice

On this visit Commission visitors were impressed by the emphasis within the wards on staff training and on reflective practice and learning. All student nurses in the centre were participating in a training event on the day of our visit, but we also felt there was a clear focus on practice development for permanent staff within the wards as well. We felt that there are very positive links between senior charge nurses and the practice development nurse, and we saw a specific examples of this during our visit. This was clear with the new care plan audit tool which is being developed, and with a number of other innovative practices, for example with a review of the role of the key worker and of communication with carers.

Service response to recommendations

The Commission requires a response to the above recommendation within three months of the date of this report.

A copy of this report will be sent for information to Healthcare Improvement Scotland.

Alison Thomson
Executive Director (Nursing)

About the Mental Welfare Commission and our local visits

The Commission's key role is to protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

The Commission visits people in a variety of settings.

The MWC is part of the UK National Preventive Mechanism, which ensures the UK fulfils its obligations under UN treaties to monitor places where people are detained, prevent ill-treatment, and ensure detention is consistent with international standards

When we visit:

- We find out whether individual care, treatment and support is in line with the law and good practice.
- We challenge service providers to deliver best practice in mental health, dementia and learning disability care.
- We follow up on individual cases where we have concerns, and we may investigate further.
- We provide information, advice and guidance to people we meet with.

Where we visit a group of people in a hospital, care home or prison service; we call this a local visit. The visit can be announced or unannounced.

In addition to meeting with people who use the service we speak to staff and visitors. Before we visit, we look at information that is publicly available about the service from a variety of sources including Care Inspectorate reports, Healthcare Improvement Scotland inspection reports and Her Majesty's Inspectorate of Prisons inspection reports.

We also look at information we have received from other sources, including telephone calls to the Commission, reports of incidents to the Commission, information from callers to our telephone advice line and other sources.

Our local visits are not inspections: our report details our findings from the day we visited. Although there are often particular things we want to talk about and look at when we visit, our main source of information on the visit day is from the people who use the service, their carers, staff, our review of the care records and our impressions about the physical environment.

When we make recommendations, we expect a response to them within three months (unless we feel the recommendations require an earlier response).

We may choose to return to the service on an announced or unannounced basis. How often we do this will depend on our findings, the response to any recommendations from the visit and other information we receive after the visit.

Further information and frequently asked questions about our local visits can be found on our website.

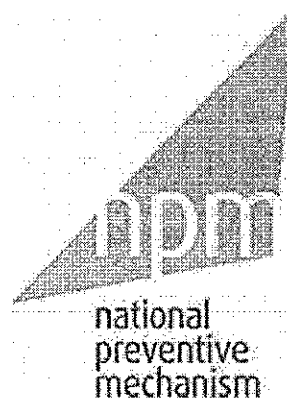
Contact details:

The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

telephone: 0131 313 8777

e-mail: enquiries@mwscot.org.uk

website: www.mwscot.org.uk





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

City Chambers
DUNDEE
DD1 3BY

24th July, 2018

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

Dear Sir or Madam

PERFORMANCE AND AUDIT COMMITTEE

I would like to invite you to attend a meeting of the above Committee which is to be held in Committee Room 1, 14 City Square on Tuesday, 31st July, 2018 at 2pm.

Apologies for absence should be intimated to Arlene Hay, Committee Services Officer, on telephone 01382 434818 or by e-mail arlene.hay@dundeecity.gov.uk.

Yours faithfully

DAVID W LYNCH
Chief Officer

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members are reminded that, in terms of the 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 3

The minute of previous meeting of the Committee held on 29th May, 2018 is attached for approval.

4 ANNUAL PERFORMANCE REPORT 2017/18 UPDATE – Page 9

(Report No PAC43-2018 by the Chief Finance Officer, copy attached).

5 PERFORMANCE REPORT – CARE INSPECTORATE GRADINGS – DUNDEE REGISTERED CARE HOMES FOR ADULTS 2017/18 – Page 17

(Report No PAC26-2018 by the Chief Finance Officer, copy attached).

6 PERFORMANCE REPORT – CARE INSPECTORATE GRADINGS – DUNDEE REGISTERED CARE SERVICES FOR ADULTS 2017/18 (EXCLUDING CARE HOMES) – Page 43

(Report No PAC39-2018 by the Chief Finance Officer, copy attached).

7 PERFORMANCE REPORT – QUARTERLY COMPLAINTS 2018/19 – QUARTER 1 – Page 69

(Report No PAC27-2018 by the Chief Finance Officer, copy attached).

8 OUTCOME OF CARE INSPECTORATE INSPECTION – CARE AT HOME CITY WIDE – Page 73

(Report No PAC42-2018 by the Chief Finance Officer, copy attached).

9 MENTAL WELFARE COMMISSION REPORT ON HOMELESS PEOPLE WHO EXPERIENCE MENTAL ILL HEALTH – Page 87

(Report No PAC44-2018 by the Chief Social Work Officer, copy attached).

10 OUTCOME OF MENTAL WELFARE COMMISSION FOR SCOTLAND VISIT TO KINGSWAY CARE CENTRE

(Report No PAC45-2018 by the Chief Finance Officer, to follow).

11 DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT REPORT 2017/18 & ANNUAL GOVERNANCE STATEMENT – Page 135

(Report No PAC47-2018 by the Chief Finance Officer, copy attached).

12 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN 2018/19 & AUDIT ARRANGEMENTS – Page 157

(Report No PAC48-2018 by the Chief Finance Officer, copy attached).

13 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT – Page 173

(Report No PAC37-2018 by the Chief Finance Officer, copy attached).

**14 MEETING OF THE PERFORMANCE AND AUDIT COMMITTEE 2018 – ATTENDANCES –
PAC49-2018 – Page 177**

A copy of the attendance return for meetings of the Performance and Audit Committee held to date over 2018 is attached for information.

15 DATE OF NEXT MEETING

The next meeting of the Committee will be held in Committee Room 1, 14 City Square, Dundee on Tuesday 25th September, 2018 at 2pm.

PERFORMANCE AND AUDIT COMMITTEE
PUBLIC DISTRIBUTION LIST

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(* - DENOTES VOTING MEMBER)

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NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
NHS (PA to Tony Gaskin)	Carolyn Martin
Audit Scotland (Senior Audit Manager)	Bruce Crosbie



At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 29th May, 2018.

Present:-

Members

Role

Doug CROSS (<i>Chairperson</i>)	Nominated by Health Board (Non-Executive Member)
Roisin SMITH	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected member)
David W LYNCH	Chief Officer
Dave BERRY	Chief Finance officer
Cesar RODRIGUEZ	Registered Medical Practitioner (not providing primary medical services)
Raymond MARSHALL	Staff Partnership Representative

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

Tony GASKIN	Chief Internal Auditor
Arlene HAY	Dundee Health and Social Care Partnership
Diane McCULLOCH	Dundee Health and Social Care Partnership
Lynsey WEBSTER	Dundee Health and Social Care Partnership
Claire LEWIS-ROBERTSON	Dundee Health and Social Care Partnership
Arlene MITCHELL	Dundee Health and Social Care Partnership
Alexis CHAPPELL	Dundee Health and Social Care Partnership
Liz BALFOUR	Dundee Health and Social Care Partnership
Professor Kevin POWER	Dundee Health and Social Care Partnership
Linda GRAHAM	Dundee Health and Social Care Partnership

Doug Cross, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Judith GOLDEN	Nominated by Health Board (Non-Executive Member)
Jane MARTIN	Chief Social Work Officer

II DECLARATION OF INTEREST

No declarations of interest were made.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of the Committee held on 27th March, 2018 was submitted and approved.

IV OUTCOME OF CARE INSPECTORATE INSPECTION – TURRIFF HOUSE

There was submitted Report No PAC25-2018 by the Chief Finance Officer advising of the outcome of the recent Care Inspectorate inspection of Turriff House Older People's Care Home.

The Committee agreed:-

- (i) to note the content of the report and the content of the inspection report which was attached to the report as Appendix 1;
- (ii) to note the one recommendation as detailed in paragraph 4.6 of the report and the action plan to address this which was attached to the report as Appendix 2; and
- (iii) to note the grades awarded to the service, the strengths of the service, and the positive comments made by service users and carers as outlined in the report.

V ANNUAL RISK MANAGEMENT OVERVIEW

There was submitted Report No PAC28-2018 by the Chief Finance Officer providing an annual overview of Dundee Health and Social Care Partnership's Risk Management Strategy.

The Committee agreed:

- (i) to note the content of the report; and
- (ii) to note the work being undertaken to formalise escalation protocols for specific risks to the Integration Joint Board and to partner bodies and future developments around Locality Operational Risk Management Plans and a Resilience Group as outlined in Paragraphs 4.4, 4.3 and 4.5 of the report.

VI DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP – ACTION PLAN IN RESPONSE TO THE SERVICES FOR OLDER PEOPLE (EDINBURGH) INSPECTION REPORT

Reference was made to Article XI of the minute of meeting of this Committee held on 28th November, 2017 wherein the report on the Inspection of Older People's Services within Edinburgh Health and Social Care Partnership and the potential learning points for the Dundee Health and Social Care Partnership was submitted and it was agreed that an action plan, setting out improvements for Dundee, be prepared and presented to the Performance and Audit Committee by May 2018. There was submitted Report No PAC29-2018 by the Chief Finance Officer providing the Performance and Audit Committee with the proposed action plan.

The Committee agreed to note the content of the report, the Dundee Health and Social Care improvement action plan which was attached to the report as Appendix 1 and the progress made to date.

VII DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – QUARTER 4

There was submitted Report No PAC30-2018 by the Chief Finance Officer updating the Performance and Audit Committee on Quarter 4 (Q4) performance against the National Health and Wellbeing Indicators and Measuring Performance Under Integration Interim Targets.

The Committee agreed:-

- (i) to note the content of the report;
- (ii) to note the performance of Dundee Health and Social Care Partnership against the Measuring Performance Under Integration Interim Targets as outlined in Section 5 and Appendix 1 of the report; and
- (iii) to note the performance of Dundee Health and Social Care Partnership against the National Health and Wellbeing Indicators as outlined in Section 6 of the report and Appendix 2 of the report.

VIII UNSCHEDULED CARE

There was submitted Report No PAC31-2018 by the Chief Finance Officer providing assurance to the Performance and Audit Committee that a comprehensive analysis of unscheduled care performance had been provided to relevant professionals and groups in order to support improvements.

The Committee agreed:-

- (i) to note the content of the report and the analysis of unscheduled care as outlined Section 5 and Appendix 1 of the report;
- (ii) to request the Unscheduled Care Board to consider the findings of the analysis with a view to informing operational decision making and improvement actions; and
- (iii) to instruct the Chief Finance Officer to present a follow up paper to the Performance and Audit Committee, containing an action plan which described how the data would be used by practitioners and the Unscheduled Care Board to make continuous improvements, timescales for improvement actions and the anticipated impact of these actions.

IX FALLS PERFORMANCE

There was submitted Report No PAC32-2018 by the Chief Finance Officer providing assurance that an in-depth analysis of falls related hospital admissions in Dundee had been provided to relevant professionals and groups in order to support improvements.

The Committee agreed:-

- (i) to note the contents of the report and the analysis of falls related hospital admissions as outlined in Section 5.0 and Appendix 1 of the report;
- (ii) to note the current activity to reduce falls related hospital admissions, prevent incidences of falls and support people who had fallen or who were at risk of a fall as outlined in Section 6.0 of the report; and
- (iii) to note the future priority areas as outlined in Section 8.0 of the report.

X PSYCHOLOGICAL THERAPIES WAITING TIMES

There was submitted Report No PAC33-2018 by the Chief Finance Officer briefing on those specialities within the hosted Psychological Therapies Service currently failing to meet Health Improvement, Efficiency, Access & Treatment (HEAT) targets and the actions being taken to address the same.

The Committee agreed:-

- (i) to note the current position and reasons for certain specialities currently failing to meet HEAT targets as outlined at Sections 4.3, 4.4, 4.6, 4.7 and 4.8 of the report;
- (ii) to note the actions already being taken within the Psychological Therapies Service to address the current waiting time challenges as outlined at Sections 4.12 of the report;
- (iii) to note the intention of the service to adopt alternative means of providing planned cover arrangements given the demographic of the workforce and level of demand for psychological therapy services as outlined at Sections 4.8 and 4.9 of the report;
- (iv) to note the intention of the service to review current psychology service models within General Adult Psychiatry Service as outlined at Section 4.7 of the report; and

- (v) to note the requirement for more detailed modelling of demand, capacity and potential impact on future financial resources within Clinical Neuropsychology as outlined at Section 4.11 of the report.

XI DRUG AND ALCOHOL TREATMENT WAITING TIMES

There was submitted Report No PAC41-2018 by the Chief Finance Officer providing an update to the Performance and Audit Committee on Substance Misuse waiting times performance in Dundee.

The Committee agreed:-

- (i) to note the current position in relation to Drug and Alcohol Treatment Waiting Times as outlined in Section 5.2 and Appendix 1 of the report;
- (ii) to note the improvement actions planned to respond to areas of pressure identified as outlined in Section 5.3 of the report;
- (iii) to note the intention to develop a balanced scorecard as outlined in Section 4.2 of the report; and
- (iv) that a further report be provided to the Committee outlining the Substance Misuse Improvement and Redesign Plan.

XII DISCHARGE MANAGEMENT PERFORMANCE UPDATE (INCLUDING CODE 9 ANALYSIS)

There was submitted Report No PAC34-2018 by the Chief Finance Officer providing an update to the Performance and Audit Committee on Discharge Management performance in Dundee.

The Committee agreed:-

- (i) to note the content of the report and the current position in relation to Discharge Management Performance as outlined in Section 5.2 of the report and Appendix 1 (Sections 2.2 and 2.3);
- (ii) to note the current position in relation to complex delays as outlined in Section 5.3 of this report and Appendix 1 (Section 2.4); and
- (iii) to note the improvement actions planned to respond to areas of pressure identified as outlined in Section 5.2 and 5.4 of the report.

XIII NHS TAYSIDE – INTERIM EVALUATION OF INTERNAL CONTROL FRAMEWORK 2017/18

There was submitted Report No PAC40-2018 by the Chief Finance Officer sharing NHS Tayside's Interim Evaluation of Internal Control Framework 2017/18 report.

The Committee agreed:-

- (i) to note the content of the report and the content of the NHS Tayside Internal Audit Service's Interim Evaluation of Internal Control Framework which was attached to the report as Appendix 1 including the recommendations and corresponding management actions as set out in the Appendix (page 30 onwards); and
- (ii) to instruct the Chief Finance Officer to take into consideration the outcome of the review when developing Dundee Integration Joint Board's Annual Governance Statement 2017/18.

XIV DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC38-2018 by the Chief Finance Officer providing the Performance and Audit Committee with a progress update in relation to the current Internal Audit Plan.

The Committee agreed to note the progress of the current Internal Audit Plan as outlined in the report and the Appendix which was attached to the report.

XV AUDIT SCOTLAND ANNUAL REPORT 2016/17 – PROGRESS ON ACTION PLAN

There was submitted Report No PAC11-2018 by the Chief Finance Officer providing an update of progress of the actions identified and agreed as a response to the recommendations outlined by Audit Scotland in their Annual Review of Dundee Integration Joint Board 2016/17.

The Committee agreed:

- (i) to note the contents of the report and progress of the actions agreed as part of Audit Scotland's Annual Review 2016/17 as set out in Appendix 1 of the report; and
- (ii) to instruct the Chief Finance Officer to progress the outstanding actions to ensure the completion of the action plan prior to the completion of the 2017/18 Audit Scotland Annual Review.

XVI DATE OF NEXT MEETING

The Committee noted that the next meeting of the Committee would be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 31st July, 2018 at 2.00 pm.

Doug CROSS, Chairperson.



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 31 JULY 2018

REPORT ON: ANNUAL PERFORMANCE REPORT 2017/18 UPDATE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC43-2018

1.0 PURPOSE OF REPORT

To update the Performance and Audit Committee on progress towards producing the 2017/18 Health and Social Care Partnership Annual Performance Report.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Notes the updates contained within this report.
- 2.2 Notes the summary version of the Annual Performance Report (attached as Appendix 1) that will be published on the Health and Social Care Partnership website on 31 July 2018.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Background Information

- 4.1.1 Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 states that Integration Authorities must prepare an annual performance report for each reporting year. A performance report is described as a report which sets out an assessment of performance by each Integration Authority in planning and carrying out its integration functions. The Public Bodies (Content of Performance Reports) (Scotland) Regulations 2014 sets out the prescribed content of an annual report prepared by an Integration Authority in terms of Section 42 of the Act.
- 4.1.2 There is a requirement for each Integration Authority to publish their Annual Performance Report within four months of the end of the reporting year. The second annual report of the Dundee Health and Social Care Partnership (for 2017/18) is therefore due for publication by 31 July 2018.

4.2 Progress Towards Development of Annual Performance Report 2017/2018

- 4.2.1 In line with the approach taken for the production of the first Annual Performance Report, the production of this year's report has been undertaken in collaboration with a range of officers and stakeholders. An inclusive and collaborative approach has ensured that, as well as meeting regulations, the annual performance report will form a true representation of the diversity and breadth of activity and performance within the Partnership during 2017/18.
- 4.2.2 Regulations require that an annual performance report be published by the Partnership no later than 31 July 2018. As was the case for the 2016/17 report this has proved to be a challenging deadline given the availability of data regarding performance against the national indicators, for which the Partnership is reliant on validated data from NHS National Service

Scotland Information Services Division (NSS ISD) rather than local data from NHS Tayside. Due to the publication dates for this data and the pre-arranged schedule of Integration Joint Boards (IJB) the earliest time at which the Annual Performance Report can be submitted for approval is at the IJB scheduled for 28 August 2018.

- 4.2.3 In order to meet the regulations the Partnership will publish a summary version of the Annual Performance Report on 31 July 2018, subject to the approval of content and format by the Chairperson, Vice-Chairperson and Clerk of the IJB, Chief Officer, Chief Finance Officer and the Head of Service - Health and Community Care. This summary is attached as Appendix 1 of this report. The summary version fulfils the key requirements of the regulations, including information regarding progress against the National Health and Wellbeing Outcomes and key headlines at Partnership and locality level in relation to financial planning and performance, best value, and scrutiny/inspection. The Scottish Government has indicated that this approach is acceptable, as has the Clerk of the IJB.
- 4.2.4 The summary version has been developed to ensure that performance information is accessible to, and available for scrutiny by, the widest possible audience including members of the public, stakeholders of the Partnership and scrutiny bodies. The summary version produced in 2017 was the subject of significant levels of positive feedback. A number of Partnerships from across Scotland have adopted this approach and format for their own Annual Performance Reports. The summary version will be published on the Partnership website with appropriate pro-active media liaison accompanying publication.
- 4.2.5 A full version of the Annual Performance Report has also been developed. This expands on the headline information in the summary version, providing broader context and further detail regarding performance, improvements and outcomes as required by the regulations. This will be submitted to the IJB on 28 August 2018 for approval and will be published as soon as possible thereafter. Proposals for publication and dissemination of the full report will be made to the IJB at the time of submission of the report for approval. A copy of the summary version of the annual performance report will also be presented to the IJB for information.
- 4.2.6 During 2018/19 a review of the Partnership's Strategic and Commissioning Plan is to be undertaken in-line with legislative requirements. In parallel with this the Strategy and Performance Service will review the approach taken to production of the Partnership's Annual Performance Report to ensure that the report for 2018/19 reflects the content and style of the revised Strategic and Commissioning Plan and is further enhanced in terms of accessibility for all stakeholders, particularly members of the public.

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 risk assessment as it is a status update and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

The Chairperson, Vice-Chairperson, Chief Officer, Head of Service - Health and Community Care and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 4 July 2018

Lynsey Webster
Senior Officer, Strategy and Performance

Kathryn Sharp
Senior Manager, Strategy and Performance



Dundee Health & Social Care Partnership

Appendix 1

Annual Performance Report SUMMARY 2017-18

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

This is the second statutory Annual Performance Report of the Dundee Integration Joint Board (IJB), established on April 1st 2016 to plan, oversee and deliver adult health and social care services through the Dundee Health and Social Care Partnership.

The Dundee Health and Social Care Partnership consists of Dundee City Council, NHS Tayside and partners from the third sector and independent providers of health and social care services. The Partnership is responsible for planning and delivering a wide range of adult social work and social care services, and primary and community health services for adults. The Partnership is also responsible for some acute hospital care services.

Our Big Achievements



Invested **£1.1 million** of additional resources in home care services and secured **additional** national investment of over £600k for 3 years to pilot a Health and Work Support service in Dundee and an **additional** £480k to increase the number of community link workers to support reducing inequalities within the city.



In **8 out of 9** National Health and Wellbeing Indicators regarding health and care experience, Dundee performed better than the Scottish average. For the remaining indicator, Dundee performed the same as the Scottish average.



Developed Community Services that have reduced the length of time people spend in hospital when they have been admitted in an emergency. We reduced the number of hospital bed nights required by **10,342** during 17-18.



Reduced the variation in performance between our most and least deprived localities across key national performance indicators, including emergency bed days, delayed discharges and 28 day hospital readmissions.



Over the last 12 months we have **reduced by more than one half** the number of bed days occupied where the person's discharge from hospital was delayed [further improvement from 16-17].



Demonstrated that we are embedding a culture of listening to service users and their families and improving our services based on what they say and suggest to us.

Where we have made progress...



The creation of a multi-disciplinary discharge hub and assessment at home service, introduction of 7 day working within the acute frailty team and further development of the Enhanced Community Support Team has enabled us to speed up the safe discharge from hospital of people who are frail and acutely unwell.

Created a shift from the more traditional 'medical model' and service led approach, to a more integrated and holistic approach to improving quality of life and outcomes by further developing recovery, asset-based and outcome focused approaches.



The redesign of health inequalities activities in the city has contributed to improved health outcomes by promoting healthier lifestyles and increasing the availability of health checks, as well as ensuring services are accessible to the most vulnerable citizens.

The location of Welfare Rights services within GP practices has resulted in 734 patients receiving £1.5M of additional benefits.



Increased the spend on Self Directed Support Options 1 and 2 from £1.3M in 2016-17 to £1.7M in 2017-18.

25 new models of accommodation have been developed which support people to secure their own tenancy. This has been made possible due to the ongoing work between partnership representative and neighbourhood services colleagues as part of the Strategic Housing Investment Plan.



Strategic Commissioning Plans for Carers, Technology Enabled Care and Homelessness were developed collaboratively and published. These describe in detail our plans for service delivery and improvement in these areas.

A move to more integrated services - the integrated discharge hub and the integration of occupational therapy services within the community.



A number of services were recognised at local award ceremonies, including the Dundee Carers Partnership which won an Outstanding Service and Commitment Award from Dundee City Council and the Leg Ulcer Clinic which received a NHS Star Award.



What you have told us...¹⁴

84%

of adults supported at home agreed they are supported to live as independently as possible.

82%

of adults receiving any care or support rated it as excellent or good.

93%

of adults said that they can look after their health very well or quite well.

"I wanted to let you know that the work and empathy of my Mum's Care Manager was second to none. Although he was only involved for a short time prior to her passing, he showed the care and commitment that made those last weeks for her as comfortable and the best they could be by way of ensuring that her care was met by those she knew and trusted. So often we only hear the negatives but I wanted you to know that on behalf of her family and friends that her care was superb."

(Care Management Team for Older People)

84%

of people said they have had a positive experience of care provided by their GP practice.

85%

of adults supported at home agreed that their services and support had an impact in improving or maintaining their quality of life.

"My mother-in-law was a resident for eight months until she died. Staff at the care home welcomed her into the home and respected her and valued her uniqueness. The staff provided excellent care and support for her from day 1, they encouraged us as a family to make it as homely as possible so that she would feel more comfortable. They had shown her and the family compassion - dignity and were always respectfully present without being intrusive during her last days, they made a very difficult situation so much easier not only for my mother-in-law but for all her family"

(Dundee Health and Social Care Partnership Care Home)

87%

of adults supported at home said they feel safe.

78%

of adults supported at home said they had a say in how their help, care or support was provided.

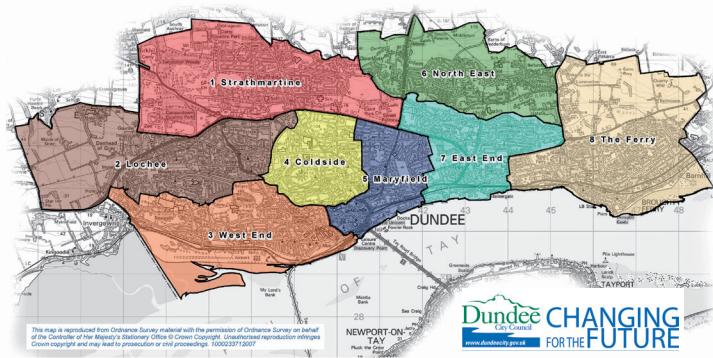
81%

of adults supported at home said that their health and care services seemed to be well co-ordinated.

"My service has been first class. I've been helped so much when I was lost and in a dark place"

(Psychological Therapies Service)

Working in localities



We have enhanced our focus on targeting resources, planning and delivering services in service delivery areas. Examples are; the development of a locality approach to carers in Coldside and Strathmartine, the roll out of the 'MacMillan Improving the Cancer Journey' in Coldside and Lochee, the roll out of the leg ulcer clinic to a second locality, a whole system approach to supporting children and families in Lochee and an East End health and wellbeing drop in initiative.

The established four GP Clusters continue to support quality improvement and shared learning. In addition, the development of a Primary Care Improvement Plan will support the implementation of the recent GP contract which includes development in; pharmacotherapy, care and treatment services, vaccinations and travel advice, urgent care and support for mental health, musculoskeletal conditions and wider social and wellbeing issues.

Work has commenced to identify where resources are spent within locality areas in the city. The next step during 2018-19 is for us to expand the use of data to better understand how resources should be allocated, taking into account health inequalities, demand on services and demographics projections.

The enhanced community support and post diagnostic support teams work in localities to identify people at an early stage of their journey and provide comprehensive assessment, early intervention and anticipatory care.

Plans have been developed to improve how we support people experiencing distress. The availability of 24/7 community mental health support, the strengthening of pathways between accident and emergency department, primary and community mental health supports, the provision of a safe place including accommodation, a 24/7 phone line offering mental health support, drop in facilities, are all included within these plans.

The development of a more community – based service model to improve the journey to employment for local people. This includes an expansion of services in Finmill Centre and the Lochee Community Hub.

Where we need to improve... **15**

Realign

Statutory services to the four service delivery areas in order to ensure services are located where they are needed most.

Continue

The large scale mental health services redesign in order to improve timely access to services which are integrated and focussed on recovery.

Improve

Responses to people at risk of harm, including those who do not meet the statutory definition of an adults at risk of harm, as defined in The Adult Support and Protection (Scotland) Act 2007.

Increase

The level and range of services delivered in localities, in line with the Primary Care Improvement Plan.

Redesign

Services for adults with substance misuse problems to improve access to recovery orientated treatment services and supports and improve outcomes for people and their families.

Increase

The proportion of carers who feel supported to continue caring by implementing the Carers Act and further developing the range of supports for carers.

Better

Articulate our future locality planning through the review of the Strategic and Commissioning Plan.

Reduce

The length of time people are delayed in hospital due to complex reasons regarding; accommodation, specialist individualised support or legal reasons.

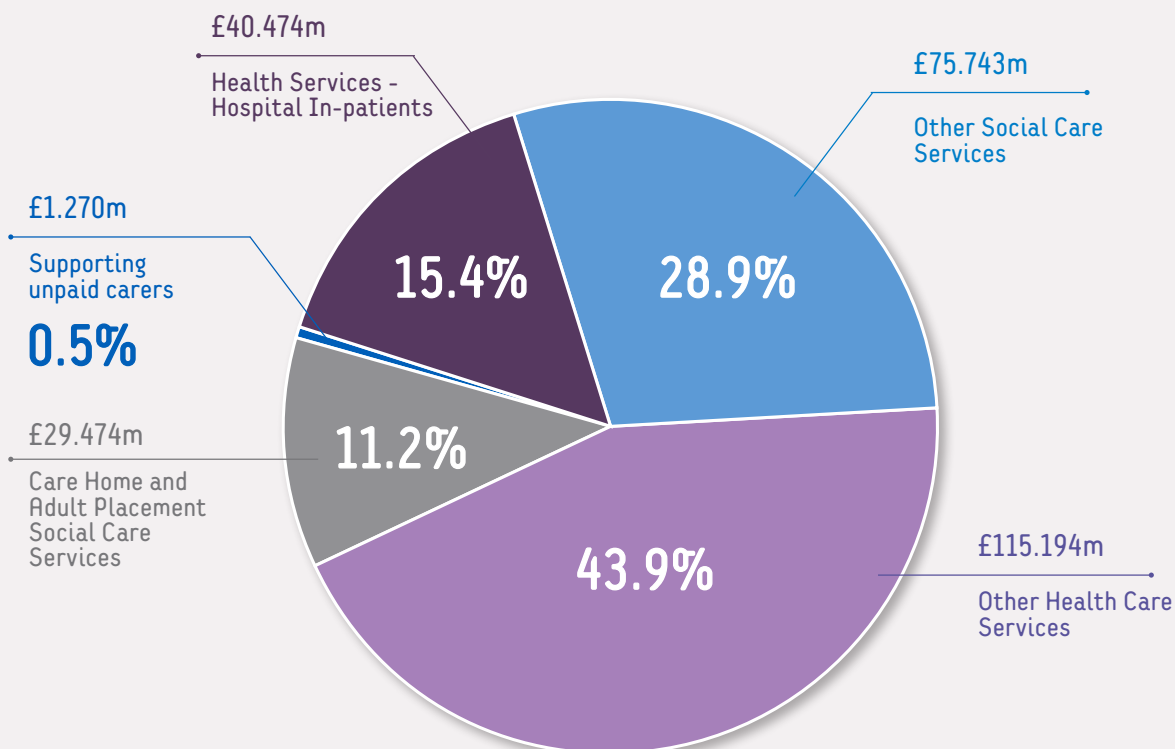
Develop

Pathways for adults who experience long term conditions, including regular users of specialist acute services.

How we have spent our resources

Dundee Integration Joint Board spent £262.2 million on integrated health and social care services during 2017-18

The Actual Expenditure Profile for Integrated Health & Social Care Services for 2017/18 was:



This resulted in an underspend of £29,000 in 2017-18. This overall underspend has been carried forward into 2018-19 through the Integration Joint Board reserves, mainly to support the further development of new models of care.



The IJB Transformation Programme continued into 2017-18 to ensure resources are used effectively and in line with Strategic Priorities.

Quality of our services

In 2017-18 there were **149** services for adults registered with the Care Inspectorate in Dundee. Of these services, **81** were inspected during this year. **21** of these inspections were combined inspections where both the Housing Support and Support Services were inspected together.

Of the 81 services that were inspected **77%** received no requirements for improvement.

None of the services inspected received an enforcement notice.

Of the 12 services directly provided by the Partnership that were subject to inspection by the Care Inspectorate over the last year, **75% received grades of 'very good' or 'excellent'**

If you have any questions about the information contained in this document, please email: dundeehsc@dundeecity.gov.uk or phone 01382 434000



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 31 JULY 2018

REPORT ON: PERFORMANCE REPORT – CARE INSPECTORATE GRADINGS
DUNDEE REGISTERED CARE HOMES FOR ADULTS – 2017/2018

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC26-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to summarise for the Performance and Audit Committee the gradings awarded by the Care Inspectorate to Dundee registered care homes for adults in Dundee for the period 1 April 2017 to 31 March 2018.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Notes the contents of this report and the gradings awarded as detailed in the attached Performance Report (Appendix A) and highlighted in section 4.2 below.
- 2.2 Notes the range of continuous improvement activities progressed during 2017-18 as described in section 4.3.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The Care Inspectorate is responsible for the inspection and regulation of all registered care services in Scotland. The regulatory authority ensure that care service providers meet their respective National Care Standards and that in doing so they provide quality care services. The Care Inspectorate use a six point grading system against which certain key themes are graded. The grades awarded are published in inspection reports and on the Care Inspectorate's website at www.careinspectorate.com.
- 4.1.2 During the latter part of 2017-2018 there were approximately 1032 residents accommodated in 24 private and voluntary care homes and 112 residents accommodated in four local authority care homes in Dundee.

4.2 Gradings Awarded

- 4.2.1 Within the 28 registered care homes listed in the Performance Report, 32 inspections were undertaken.

This number has reduced from 30 care homes in 2016-17. This is because:

- Wellburn closed in June 2017 (registered for 36 places);
- Brae Cottage closed in June 2017 (registered for 17 places);

- Magdalen House adapted its model of care to that provided in a care at home and housing support setting for people with learning disabilities therefore is no longer registered with the Care Inspectorate as a care home; and
- Thistle Care Home owned by The Danshell Group opened in January 2017 (registered for 10 places for adults with a learning disability).

4.2.2 Summary of the gradings awarded to registered care home services in Dundee:

- 19 care homes (68%) received **4**, **5** or **6** in some or all themes
- 8 care homes (29%) received grade **3** 'adequate' in some or all themes
- 1 care homes (3%) received grade **2** 'weak' in all themes
- No care home received a grade **1** 'unsatisfactory' in any theme.

4.2.3 Two inspections, Helenslea Care Home and Bughties Care Home, resulted in grade **2** 'weak' in some or all themes.

4.2.4 Helenslea Care Home, owned by Bertinaley Care, has over a period of time experienced difficulties sustaining acceptable grades owing particularly to management and leadership and environmental issues. Staff from the Care Inspectorate and Dundee Health and Social Care Partnership have worked very closely with the Home's management team in an effort to improve standards by carrying out regular follow up inspections and visits to the Home in addition to a series of formal contracts meetings. At the time of writing, a further full inspection has been undertaken and it is anticipated that the improvements reported by the organisation at contract meetings will be reflected in the Care Inspectorate report.

4.2.5 The Bughties Care Home, owned by Enhance Healthcare Scotland, was experiencing difficulties meeting requirements placed upon them by the Care Inspectorate therefore grades were deteriorating. Following a series of contract meetings, Enhance Healthcare submitting an action plan for improvement and a change in leadership at the home there has been a marked improvement in the management and leadership aspect of The Bughties. A follow up inspection of the care home resulted in both Quality of Care and Support and Management and Leadership themes being upgraded. At the time of writing an inspection has since taken place (9 May 2018) which has reflected improvements achieved, with grade 4 being awarded in all themes.

4.2.6 Table 1 below shows the overall percentage awarded at grades 1 to 6 and also each key theme in Dundee in 2017-18 and how this compares with Table 2 which is the same data collected from the previous year 2016-17.

Table 1

Grade 2017-18	Overall	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management and Leadership
6 excellent	2% ↓	3%	3%	-	-
5 very good	40% ↑	35%	41%	51%	35%
4 good	31% ↑	31%	38%	22%	32%
3 adequate	20% ↓	22%	12%	22%	23%
2 weak	7% ↓	9%	6%	3%	10%
1 unsatisfactory	- ↓	-	-	-	-

Table 2

Grade 2016-17	Overall	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management and Leadership
6 excellent	3%	3%	3%	3%	3%
5 very good	39%	36%	39%	45%	36%
4 good	30%	33%	36%	25%	25%
3 adequate	19%	14%	14%	22%	25%
2 weak	9%	14%	8%	6%	8%
1 unsatisfactory	1%	-	-	-	3%

4.3 Continuous Improvement

4.3.1 There continues to be a joint commitment to continuous improvement and a proactive approach to improving and sustaining quality which involves the care home providers, the Care Inspectorate and representatives of Dundee Health and Social Care Partnership. This is particularly evident when significant concerns arise. There have been many benefits of such an approach eg effective sharing of information, shared agreement about improvement activity required and monitoring of the same until such point as concerns have been adequately addressed.

4.3.2 The Contracts Officer attends Care Inspectorate feedback sessions following care home inspection visits. Service users' care needs are monitored and reviewed by the Health & Social Care Partnership's Review Officers. They also undertake extra-ordinary reviews where there are concerns either about individuals or establishments. In addition, where there is evidence of poor quality and performance, senior officers meet with providers to discuss proposed actions to make improvements and how the Health & Social Care Partnership can support these actions.

4.3.3 *Care Home Providers Forum*

The care home providers forum is a meeting which takes place quarterly. The forum is attended by representatives from care homes across the city as well as members of the integrated care home team and a variety of professionals from Dundee Health & Social Care Partnership. The Care Inspectorate are also in attendance. The forum creates the opportunity for all present to discuss topical issues as well as hearing from a variety of speakers. Earlier this year one of the forum dates was used to have a focussed development event which was run in partnership between Dundee Health & Social Care Partnership and the Care Inspectorate.

4.3.4 *Care Home Team*

Following a period of significant service redesign, three teams (Older People's Review Team; Peripatetic Team and Care Home Liaison Team), which previously provided care and support to residents living in a care home setting, have now integrated together to form the 'Care

Home Team'. The team comprises of Mental Health Nurses, General Nurses, Social Work Review Officers and two Advanced Nurse Practitioners. The team is also supported by a Psychiatrist and Pharmacist. Together the team works in unison to improve outcomes for older people residing in a care home.

Over the last year, the team's focus has been to provide a single point of contact to deliver a dedicated service specific to care homes utilising a holistic care approach to ensure the right discipline at the right time can tailor intervention to individual need. In addition the team is working with care teams within care homes on exciting educational developments around 'Essentials in Psychological Care' for people with dementia and in 'Palliative End of Life Care' to ensure we can meet the needs of residents nearing the end of their life within a care home.

The team continues to work closely with colleagues in primary care and one of the goals over the next year is to develop advanced clinical skills to support GPs by providing comprehensive nursing assessments to assist with increasing clinical demand.

4.3.5 **Care Home Learning Network**

The Care Home Learning Network has been running in Dundee since January 2016. The groups meets every 2/3 months comprising staff from across the Health & Social Care Partnership and providers of care. The group recently produced information in a variety of formats and distributed this appropriately to make it widely available to people thinking about moving to a Care Home or supporting a relative/friend to move into a care home.

4.3.6 **Care Home Capacity**

The number of individuals residing in care homes for older people in Dundee has reduced in the last year. This is due to the closure of Wellburn and Brae Cottage care homes. Craigie House also closed the upper floor which reduced the capacity in the home by 20 rooms. The combination of these closures has meant approximately 100 rooms have been reduced across the sector in Dundee. This equates to a 10% reduction in the overall capacity across the city which has increased demand for the small number of vacancies which arise. In addition this limits choice for those moving into a care home. This reduction is however mitigated by an increase in housing with care in line with Government policy and shifting the balance of care through the development of a range of community based services and support models.

4.3.7 **Challenges in the care home sector**

Nursing homes across the city have reported a challenge in the recruitment and retention of nursing staff. This issue has affected a number of nursing homes and this does not appear to be linked to how well a home is performing in line with care inspections. Some care home managers have stated that they use agency nursing staff as a matter of course to staff their home which can be an expensive staffing solution. To help alleviate this problem, following the provision of appropriate training and supervision to staff care home providers have adapted their staffing structures and re-designated senior care staff to undertake a number of nursing tasks ie administering medication. This has followed discussions with both Dundee Health & Social Care Partnership and Care Inspectorate staff and, where granted, variations have been made to care home registrations to formalise these arrangements.

5.0 **POLICY IMPLICATIONS**

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

6.0 **RISK ASSESSMENT**

This report has not been subject to a risk assessment as it relates to the publication of Care Inspectorate information and is for information only.

7.0 **CONSULTATIONS**

The Chief Officer, the Clerk, Head of Service - Health and Community Care and Chief Social Work Officer were consulted in the preparation of this report.

8.0 **BACKGROUND PAPERS**

None.

Dave Berry
Chief Finance Officer

DATE: 4 July 2018

Rosalind Guild
Contracts Officer

Appendix A

PERFORMANCE REPORT – CARE INSPECTORATE GRADINGS**DUNDEE REGISTERED CARE HOMES FOR ADULTS****1 APRIL 2017 – 31 MARCH 2018****INTRODUCTION**

The purpose of this report is to summarise for members the findings and gradings awarded by the Care Inspectorate to registered care home services for adults within Dundee for the period 1 April 2017 to 31 March 2018.

The Partnership and Care Inspectorate both collect statistical data for purposes of analysis however further work is currently being undertaken to ensure the accuracy of this data therefore detailed national benchmarking is not available.

BACKGROUND

The Care Inspectorate regulates and inspects care services to make sure they meet the right standards. It also works with providers to help them improve their service and make sure everyone gets safe, high quality care that meets their needs. The Care Inspectorate has a critical part to play to make sure that care services in Scotland provide good experiences and outcomes for the people who use them and their carers.

In June 2017, the Scottish Government published Scotland's new Health and Social Care Standards. These standards are currently being implemented during 2018. They set out what individuals should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone and to ensure that individuals are treated with respect and dignity and that the basic human rights we are all entitled to are upheld. They are no longer just focused on regulated care settings but for use in health and social care, as well as in early learning and childcare, children's services, social work and community justice.

The method of inspecting services is also changing. Rather than just checking that a service is complying with basic inputs for all individuals, inspections are to look at what it is like to actually use the service. Inspectors from different scrutiny bodies now also work jointly to look at how individuals experience a range of services within the care system. More integrated standards, which look at how the rights and wellbeing of people who use care are protected and improved, from strategic commissioning to the actual experience of using services, should provide a more effective and relevant model of scrutiny fit for the future.

For 2017-18 the Care Inspectorate continued to inspect using a six-point grading scale (see below) against which the following key themes are graded:



Each theme is assessed from 1 to 6 with 1 being 'unsatisfactory' and 6 'excellent'.

- **Quality of Care and Support**
How the service meets the needs of each individual in its care
- **Quality of Environment**
Is the service clean, is it set out appropriately, is there easy access for individuals who use wheelchairs, is it safe, and is there a welcoming, friendly atmosphere?
- **Quality of Staffing**
The quality of the care staff including qualifications and training
- **Quality of Management and Leadership**
How the service is managed and how it develops to meet the needs of people it cares for

The grading scale used is:

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

OVERVIEW OF THE CARE HOMES INSPECTED

There are 28 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.

This number has reduced from 30 care homes in 2016-17. This is because:

- Wellburn closed in June 2017 (registered for 36 places)
- Brae Cottage closed in June 2017 (registered for 17 places)
- Magdalen House adapted its model of care to that provided in a care at home and housing support setting for people with learning disabilities therefore is no longer registered with the Care Inspectorate as a care home
- Thistle Care Home owned by The Danshell Group opened in January 2017 (registered for 10 places for adults with a learning disability).

A total of 32 inspections were carried out by the Care Inspectorate during the reporting period 2017-2018.

Balcarres was sold by BUPA in October 2017 and bought over by HC-One. Although inspected since this, a full inspection was not carried out as historically this has been a high performing care home in relation to gradings. Linlathen Neurodisability Unit has not yet been inspected as it also has more recently been sold by the Huntercombe Group to Living Ambitions.

Where 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	22	2	28
	%	14%	79%	7%	100%

Summary of the gradings awarded in Dundee

- 19 care homes (68%) received grades **4**, **5** or **6** in some or all themes
- 8 care homes (29%) received grade **3** 'adequate' in some or all themes
- 1 care homes (3%) received grade **2** 'weak' in all themes
- No care home received a grade **1** 'unsatisfactory' in any theme

Helenslea Care Home, owned by Bertinaley Care, has over a period of time experienced difficulties sustaining acceptable grades owing particularly to management and leadership and environmental issues. Staff from the care Inspectorate and Dundee Health and Social Care Partnership have worked very closely with the Home's management team in an effort to improve standards by carrying out regular follow up inspections and visits to the Home in addition to a series of formal contracts meetings. A voluntary moratorium on admissions was agreed between the Partnership and Bertinaley Care to allow outstanding issues to be resolved in relation to both the environment and the changes in management of the home. There has also been communication with other local authorities in Scotland where two Bertinaley care homes are located to ensure communication with the provider is consistent in an attempt to provide as much support as possible throughout this difficult period for the organisation. At the time of writing, a further full inspection has been undertaken and it is anticipated that the improvements reported by the organisation at contract meetings will be reflected in the Care Inspectorate report.

The Bughties Care Home, owned by Enhance Healthcare Scotland, was experiencing difficulties meeting requirements placed upon them by the Care Inspectorate therefore grades were deteriorating. Following a series of contract meetings and Enhance Healthcare submitting an action plan, the decision was taken to place a voluntary moratorium on new admissions. This would allow management and staff sufficient time to address the requirements and recommendations listed in the action plan. This was later amended to facilitate one admission per fortnight then in January of this year all restrictions on admissions were lifted. Following a change in leadership there has been a marked improvement in the management and leadership aspect of The Bughties and a follow up inspection of the care home resulted in both Quality of Care and Support and Management and Leadership themes being upgraded. At the time of writing an inspection has since taken place (9 May 2018) which has reflected improvement achieved, with grade 4 being awarded in all themes.

Table 2 shows the overall percentage awarded at grades 1 to 6 and also each key theme in Dundee in 2017-2018 and how this compares with Table 3 which is the same data collected from the previous year 2016-2017.

Table 2

Grade 2017-18	Overall	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management and Leadership
6 excellent	2% ↓	3%	3%	-	-
5 very good	40% ↑	35%	41%	51%	35%
4 good	31% ↑	31%	38%	22%	32%
3 adequate	20% ↓	22%	12%	22%	23%
2 weak	7% ↓	9%	6%	3%	10%
1 unsatisfactory	- ↓	-	-	-	-

Table 3

Grade 2016-17	Overall	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management and Leadership
6 excellent	3%	3%	3%	3%	3%
5 very good	39%	36%	39%	45%	36%
4 good	30%	33%	36%	25%	25%
3 adequate	19%	14%	14%	22%	25%
2 weak	9%	14%	8%	6%	8%
1 unsatisfactory	1%	-	-	-	3%

The following table shows the overall percentage award at a mix of grades and for each key themes in approximately 842 care homes in Scotland in comparison to Dundee [source: *Care Inspectorate Statistical Summary Report for Quarter 4 of 2017/18 – compiled by the Care Inspectorate*]

Table 4 – National averages 2017-18

Grades 2017-18	Quality of Care and Support		Quality of Environment		Quality of Staffing		Quality of Management and Leadership	
	Dundee	Scotland	Dundee	Scotland	Dundee	Scotland	Dundee	Scotland
5 and 6	37%	44%	43%	40%	50%	43%	37%	42%
1 and 2	10%	3%	7%	3%	3%	2%	10%	5%

Table 5 – National averages 2016-17

Grades 2016-17	Quality of Care and Support		Quality of Environment		Quality of Staffing		Quality of Management and Leadership	
	Dundee	Scotland	Dundee	Scotland	Dundee	Scotland	Dundee	Scotland
5 and 6	39%	41%	42%	39%	47%	42%	39%	39%
1 and 2	3%	2%	8%	2%	3%	2%	11%	4%

The above tables illustrate an improvement nationally for the award of grades 5 and 6 in all themes when compared with 2016-17. Dundee shows a similar improvement in two themes over the same period. For 2017-18 Dundee is significantly above the national average in relation to the Quality of Staffing theme and similarly the Quality of Environment theme.

Grades 1 and 2 for 2017-18 would appear to have Dundee showing a substantial increase in poor performance for Quality of Care and Support however this is attributed to 2 of the 28 care homes having 5 of the total 32 inspections carried out between them. The Care Inspectorate imposed a number of requirements on these 2 care homes necessitating a number of follow up visit throughout the year. The remaining 26 care homes all received grades 3 and above.

The following extracts from a selection of latest Inspection Reports summarise what the services do well:

Balcarres (HC-One)

(Graded **6** 'excellent' for key themes inspected - Quality of Care & Support and graded **5** 'very good' for Quality of Environment)

What the service does well

"It was good to see that staff had embraced the introduction of a new Provider or owner and were fully informed and feeling positive about some of the changes this had led to."

"We spoke to people who lived in the home, some of their relatives and the staff. We heard examples of excellent outcomes for people that had impacted positively on their health and wellbeing. For example, one relative told us that they thought all the staff had a very good knowledge about their relative's condition which had helped to avoid the introduction of more medication. Other examples included supporting people to engage with activities and other people in a way that they were comfortable doing which would help to reduce feelings of isolation and loneliness. Having meaningful things to do was important to people and we saw a range of activities planned that people could enjoy in groups and individually."

The environment was subject to regular review and development to help meet peoples' needs. For example the 'village' created in the gardens included a sweet shop, post office and a chapel. Plans were in progress for the development of a library. People we spoke to told us about the garden and the children's play area. One person was very happy that they could be involved in maintaining the garden in the better weather."

Comments from Care Standards Questionnaires

"Staff are all wonderful"

"I visit at all times of the day, always welcome"

"Staff are always visible, I've never had to go looking"

"I am fully informed about my relatives care and support"

Rose House (Kennedy Care Group)

(All themes awarded grade **4** 'good' however all grades increased from their previous inspection illustrating overall sustained improvement)

What the service does well

"We found the performance of the service for quality theme care and support to be good. We reached this conclusion after we spoke with the people living at Rose House, relatives, manager and staff. We also observed interactions of staff.... Staff demonstrated a good understanding of people's specific needs".

"The staff team came across as enthusiastic and motivated and were keen to make and sustain

improvements.

“People were assisted to maintain their identity and were treated with dignity and respect”.

Comments from Care Standards Questionnaires

“Very very good care from all Rose House staff including the manager – I know I can always go to the nurse for advice”

“They really do look after us”

“I enjoy living here”

Requirements

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

Requirements were placed on 4 of the 28 services following inspection during 2017-18 (see Appendix 2).

Complaints

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

During 2017-18 the Care Inspectorate received complaints relating to 10 of the 28 care home services in Dundee. Of these, all were upheld or at least one of the elements upheld.

General health and welfare

- continence care
- medication issues
- tissue viability
- infection control issues
- Protection of People - other

Communication

- between staff and service users/relatives/carers
- information about the service
- privacy and dignity

Policies and Procedures

- complaints procedure

Record keeping

- personal plans/agreements

Staff

- staffing levels

Choice

- care and treatment

Food

- choice

Access

- to other services eg Advocacy/Health

Enforcements

Enforcement is one of the Care Inspectorate's core responsibilities and is central to protecting residents and bringing about an improvement in the quality of care services.

No enforcement action has been required to be taken in respect of the services reported upon either directly by the Care Inspectorate or by Dundee Health & Social Care Partnership.

CONTINUOUS IMPROVEMENT

There continues to be a joint commitment to continuous improvement and a proactive approach to improving and sustaining quality which involves the care home providers, the Care Inspectorate and representatives of Dundee Health and Social Care Partnership. This is particularly evident when significant concerns arise. There have been many benefits of such an approach eg effective sharing of information, shared agreement about improvement activity required and monitoring of the same until such point as concerns have been adequately addressed.

The Contracts Officer attends Care Inspectorate feedback sessions following care home inspection visits. Service users' care needs are monitored and reviewed by the Department's Review Officers. They also undertake extra-ordinary reviews where there are concerns either about individuals or establishments. In addition, where there is evidence of poor quality and performance, senior officers meet with providers to discuss proposed actions to make improvements and how the Health & Social Care Partnership can support these actions.

Care Home Providers Forum

The care home providers forum is a meeting which takes place quarterly. The forum is attended by representatives from care homes across the city as well as members of the integrated care home team and a variety of professionals from Dundee Health & Social Care Partnership. The Care Inspectorate are also in attendance. The forum creates the opportunity for all present to discuss topical issues as well as hearing from a variety of speakers. Earlier this year one of the forum dates was used to have a focussed development event which was run in partnership between Dundee Health & Social Care Partnership and the Care Inspectorate.

Care Home Team

Following a period of significant service redesign, three teams (Older People's Review Team; Peripatetic Team and Care Home Liaison Team), which previously provided care and support to residents living in a care home setting, have now integrated together to form the 'Care Home Team'. The team comprises of Mental Health Nurses, General Nurses, Social Work Review Officers and two Advanced Nurse Practitioners. The team is also supported by a Psychiatrist and Pharmacist. Together the team works in unison to improve outcomes for older people residing in a care home.

Over the last year, the team's focus has been to provide a single point of contact to deliver a dedicated service specific to care homes utilising a holistic care approach to ensure the right discipline at the right time can tailor intervention to individual need. In addition the team is working with care teams within care homes on exciting educational developments around 'Essentials in Psychological Care' for people with dementia and in 'Palliative End of Life Care' to ensure we can meet the needs of residents nearing the end of their life within a care home.

The team continues to work closely with colleagues in primary care and one of the goals over the next year is to develop advanced clinical skills to support GPs by providing comprehensive nursing assessments to assist with increasing clinical demand.

Care Home Learning Network

The Care Home Learning Network has been running in Dundee since January 2016. The groups meets every 2/3 months comprising staff from across the Health & Social Care Partnership and providers of care. The group recently produced information in a variety of formats and distributed this appropriately to make it widely available to people thinking about moving to a Care Home or supporting a relative/friend to move into a care home.

Care Home Capacity

The number of individuals residing in care homes for older people in Dundee has reduced in the last year. This is due to the closure of Wellburn and Brae Cottage care homes. Craigie House also closed the upper floor which reduced the capacity in the home by 20 rooms. The combination of these closures has meant approximately 100 rooms have been reduced across the sector in Dundee. This equates to a 10% reduction in the overall capacity across the city which has increased demand for the small number of vacancies which arise. In addition this limits choice for those moving into a care. This reduction is however mitigated by an increase in housing with care in line with Government policy and shifting the balance of care through the development of a range of community based services and support models.

Challenges in the care home sector

Nursing homes across the city have reported a challenge in the recruitment and retention of nursing staff. This issue has affected a number of nursing homes and this does not appear to be linked to how well a home is performing in line with care inspections. Some care home managers have stated that they use agency nursing staff as a matter of course to staff their home which can be an expensive staffing solution. To help alleviate this problem, following the provision of appropriate training and supervision to staff care home providers have adapted their staffing structures and re-designated senior care staff to undertake a number of nursing tasks ie administering medication. This has followed discussions with both Dundee Health & Social Care Partnership and Care Inspectorate staff and, where granted, variations have been made to care home registrations to formalise these arrangements.

CONCLUSION

Of the 32 inspections of the 28 care homes listed in the Performance Report, the improvement in grades highlights the importance of the partnership approach between providers, local authority representatives and the Care Inspectorate and consequently leads to better outcomes for service users.

Theme (Quality of ...)	Improvement in Grade	Number of Homes	Reduction in Grade	Number of Homes
Care and Support	15% ↓	4	15% ↑	4
Environment	4% ↓	1	7% ↑	2
Staffing	11% ↓	3	11% ↓	3
Management & Leadership	7% ↓	2	11% ↓	3

In comparison to 2016-17, although the number of care homes showing an improvement in their grades is marginally lower, those care homes where inspections have resulted in a downgrading has shown an improvement.

Appendix 1

Summary of Care Inspectorate Gradings for Care Homes in Dundee - 1 April 2017 to 31 March 2018

	Category DHSCP/ Private/ Vol	Inspection Date	Quality of Care & Support		Quality of Environment		Quality of Staffing		Quality of Management & Leadership	Requirements	Complaints
Balcarres Care Home	P	06.03.18	6		5		not assessed		not assessed	No	No
Balhousie Clement Park Care Home	P	21.11.17	(4)		(4)		(5)		(5)	No	No
Balhousie St Ronans	P	19.03.18	4		(5)		(5)		(5)	No	No
Ballumbie Court Care Home	P	25.10.17	3		4		4↑		3	Yes	Yes
Ballumbie Court Care Home	P	09.02.18	(3)		(4)		(4)		(3)	Yes	-
Benvie Care Home	P	22.02.18	5		(5)		(5)		(5)	No	No
Brae Cottage	P	-	Closed June 2017								
Bridge View House Nursing Home	P	09.08.17	3		4		3		3	Yes	Yes
Bridge View House Nursing Home	P	16.02.18	(3)		(4)		(3)		(3)	Yes	Yes
Carmichael House Care Home	P	13.11.17	4		4		(4)		3	No	No
Craigie House	DHSCP	22.11.17	(5) ↑		(4)		(5)		(4)	No	Yes
Ellen Mhor Care Home Services	P	26.10.17	5 ↑		5		(5)		4	No	No
Ferry House Residential Home	V	25.05.17	5		(5)		(5)		(5)	No	No
Forebank Care Home Service	P	07.03.18	5		(5)		5		(5)	No	No
Harestane Nursing Home	P	15.06.17	5		(5)		5		(5)	No	No
Helenslea Care Home	P	23.05.17	4		3		3		3	Yes	Yes
Helenslea Care Home	P	07.11.17	2↓		2↓		(3)		2↓	Yes	-

[illegible]

**DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP – CARE HOME SERVICES
CARE INSPECTORATE REQUIREMENTS 2017-2018**

Appendix 2

Date of Inspection	Name of Org/Service	Service Type	Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
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25.10.17	Ballumbie	Care Home - Private	3	4	4↑	3
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Requirements

The service provider must ensure medication is managed in a manner that protects the health, welfare and safety of service users. In order to achieve this the provider must ensure:

- administration of medication or reason for omission must be recorded on the MAR sheet at the time of administration
- they maintain accurate, detailed records on how much and where to apply particular topical creams/ointments

The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure:

- fluid charts are completed for those service users who require them
 - review and record findings and update each care plan as so required to ensure that each service user who needs assistance to drink has a care plan that describes specific interventions for that individual
- This must include the individual's daily intake target

The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure:

- weight monitoring is carried out as prescribed in the care plan
- review and record findings and update each care plan as so required to ensure that each service user who needs assistance to monitor their weight and nutritional status has a care plan that describes specific interventions for that individual

The provider must ensure all activities support plans are meaningful and person centred and are used to inform and guide staff practice. This means the service should undertake a quality review of all support plans to ensure the planned support delivered by staff meets the assessed need.

The provider must ensure all staff who complete records used to evaluate service users health can do so accurately. This means the service should ensure all staff revisit essential training in how to complete:

- Malnutrition Universal Screening Tool (MUST)
- food and fluid charts
- activity records
- appropriate and meaningful evaluations

All staff competency in completing records should be assessed on a regular basis.

09.02.18 Follow up	Ballumbie	Care Home - Private	(3)	(4)	(4)	(3)
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Follow up	Priority areas for improvement (<i>new style report</i>)

The provider must ensure all activities support plans are meaningful and person centred and are used to inform and guide staff practice. This means the service should undertake a quality review of all support plans to ensure the planned support delivered by staff meets the assessed need.

09.07.17	Bridge View	Care Home - Private	3	4	3	3
Requirements <p>The provider must ensure the health and wellbeing of service users. To achieve this, the provider must:</p> <ul style="list-style-type: none"> - Review medication storage and administration procedures to ensure that the administration of medication follows best practice guidance and medication is administered within the prescribed timescale - Refresher training should be provided which includes evidence of competency <p>The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure:</p> <ul style="list-style-type: none"> - Staff carry out all dressing changes within timescales set in treatment plans and ensure all wound assessments are kept up to date. <p>The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure:</p> <ul style="list-style-type: none"> - Staff complete all relevant weight monitoring/ recording tools in the service users' care files as directed by the provider's policy and procedure documentation. This will enable effective monitoring and evaluation of care. 						
16.02.18	Bridge View	Care Home - Private	(3)	(4)	(3)	(3)
Requirements <p>At a follow up inspection held on 16 February 2018 none of the above requirements were met and will be carried forward to a future inspection.</p>						

23.05.17	Helenslea	Care Home - Private	4	3	3	3
Requirements The provider must ensure the premises are kept in a good state of repair. This means all staff must be aware of the reporting procedure for requesting repairs and maintenance of building and equipment used by service users. To achieve this the service must: <ul style="list-style-type: none"> - ensure that maintenance staff complete all safety checks as required by the provider. This includes but is not limited to water temperature safety - ensure that the radiators are of a safe temperature to protect service users. <p>The provider must demonstrate that it has followed good practice guidance in relation to safe recruitment practices and must not employ any person in the provision of a care service unless that person is fit to be so employed.</p>						
07.11.17	Helenslea	Care Home - Private	2↓	2↓	(3)	2↓
Requirements The provider must ensure that risks of under nutrition are recognised and acted upon by providing an appropriate fortified diet according to service users' needs and preferences. The provider must also offer nutritionally balanced choices. In order to do this you must: <ul style="list-style-type: none"> - develop and implement clear care plans to avoid unplanned weight loss, under nourishment or dehydration - develop and implement clear care plans when people are identified as underweight, malnourished or at risk of dehydration - ensure that staff are aware of dietary needs (fortified or texture modified) and preferences of individual service users - ensure that there is evidence of these needs and preferences being met by the use of food charts and observation of meals and snack times - ensure that staff have the necessary skills to identify people at risk of malnutrition, dehydration and weight loss - ensure that there is robust monitoring and audit of prevention and care plans. <p>The provider must demonstrate up-to-date and accurate risk assessment, care planning and follow-up in relation to falls prevention and management to ensure the timely provision of specialist advice and other preventative measures.</p>						

The provider must ensure that medication is managed and administered safely and to the standard of best practice guidance, including 'Handling Medicines in Social Care' 2007 and the Care Inspectorate's Health Guidance 'Maintenance of Medication Records'

The provider must demonstrate that there are suitable and sufficient meaningful activities for service users to engage in based on their personal choices and abilities. Activities should promote and maintain health and wellbeing of service users. There must be access to outdoor space and events.

The provider must ensure that there is an appropriate system in place for carrying out and monitoring safety of the environment, maintenance and repair procedures. This must include (but is not limited to):

- developing environmental risk assessments and taking steps to minimise risks identified
- carrying out regular and planned environmental audits
- ensuring that any deficits identified are addressed promptly
- ensure that any minor repairs are carried out timeously and records kept of this.

The provider must ensure that food products are managed safely. This includes (but is not limited to):

- dried food being dated on opening
- stored in sealed containers
- raw products being stored safely.

The provider must ensure that the home is kept clean, hygienic and that appropriate infection control systems are in place and being routinely monitored to control the spread of infection. Infection control procedures must be improved within the home with specific reference to laundry procedures including storage systems, cleaning procedures and schedules and use of personal protective equipment.

The provider to devise, implement and fully embed robust quality assurance arrangements that evidence improving outcomes for service users.

12.03.18	Helenslea	Care Home - Private	2	2	2↓	2↓
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Requirements

The provider must, having regard to the size and nature of the care service, the numbers and needs of service users, ensure that at all times suitably qualified and competent persons are working in the service in numbers as are appropriate for the health, safety and welfare of service users.

The provider must demonstrate that there are suitable and sufficient meaningful activities for service users to engage in based on their personal choice and abilities. Activities should promote and maintain health and wellbeing of service users. There must be access to outdoor space and events.

The provider must ensure that medication is managed and administered safely and to the standard of best practice guidance, including 'Handling Medicines in Social Care' 2007 and the Care Inspectorate's Health Guidance 'Maintenance of Medication Records'.

The provider must ensure that risks of under nutrition are recognised and acted upon by providing an appropriate fortified diet according to service users' needs and preferences. The provider must also offer nutritionally balanced choices. In order to do this you must:

- ensure that staff are aware of dietary needs (fortified or texture modified) and preferences of individual service users and meet these
- ensure that there is evidence of these needs and preferences being met by the use of food charts and observation of meals and snack times
- ensure that staff have the necessary skills to identify people at risk of malnutrition, dehydration and weight loss

The provider must ensure that there is an appropriate system in place for carrying out and monitoring safety of the environment, maintenance and repairs procedures. This must include (but is not limited to):

- developing environmental risk assessments and taking steps to minimise risks identified
- carrying out regular and planned environmental audits
- ensuring that any deficits identified are addressed promptly
- ensure that any minor repairs are carried out timeously and records kept of this.

The provider must ensure that the home is kept clean, hygienic and that appropriate infection control systems are in place and being routinely monitored to control the spread of infection. Infection control procedures must

be improved within the home with specific reference to laundry procedures including storage systems, cleaning procedures and schedules and use of personal protective equipment.

The provider must demonstrate that it has followed good practice in relation to safe recruitment practices and must not employ any person in the provision of a care service unless that person is fit to be so employed. The provider must ensure that the Care Inspectorate are notified within 24 hours of any unforeseen event including outbreaks of infection.

The provider must devise, implement and fully embed robust quality assurance arrangements that evidence improving outcomes for service users.

21.02.18	Pitkerro Care Centre	Care Home - Private	3↓	(4)	3↓	(4)
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Requirements

The provider must ensure that all residents' personal plans document how needs are identified, met and reviewed and reflect current management of care needs. In order to achieve this the provider must:

- demonstrate that written information about care arrangements for residents is accurate and up-to-date
- demonstrate that staff follow best practice in record keeping and documentation
- ensure that all care related documentation is regularly reviewed and audited.

The provider must ensure that all residents nutrition and hydration needs are adequately met. In order to achieve this the provider must:

- provide meals which are presented suitably
- ensure that, when help is needed, it is carried out in a dignified way
- demonstrate that mealtimes are conducted in as relaxed an atmosphere as possible
- provide access to fresh water at all times
- ensure that, when the monitoring of fluid intake is required, this is recorded accurately and reviewed regularly.

18.04.17	The Bughties	Care Home - Private	2	3↓	3↓	2
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Requirements

The provider must ensure that personal plans are reviewed at least once in every six month period. The provider must ensure all trained staff who administer medication are aware of their responsibility and accountability to administer prescribed medication and can demonstrate their understanding through practice. The service should introduce strategies which monitor and evaluate trained staff competency of the task on a regular basis. There should be evidence of a managerial oversight of all medication records

The service must make proper provision for the health, welfare and safety of service users. The service should meet the condition of registration to carry out improvements as agreed with the Care Inspectorate. The service must ensure that regular health and safety checks are carried out and recorded. Any remedial action identified should be taken to rectify repairs to the building and to equipment used by residents as soon as possible.

The service must review recruitment recording systems to evidence that all necessary checks have been completed as part of the recruitment process. Evidence of these checks must be kept with other recruitment records for that employee.

The provider must ensure all staff are aware of infection prevention and the control measures in place to prevent cross infection and contamination and when these should be introduced to practice. In order to achieve this the service should

- plan and confirm infection control training dates
- provide evidence of how they will evaluate staff understanding of the learning and be able to demonstrate through their practice

The service provider must ensure all information is shared and recorded in a consistent manner. In order to achieve this the service should ensure all staff are aware of the lines of communication within the service and can demonstrate their understanding through practice. This must include the use of appropriate documentation when recording, for example, accident and incident reports.

Legend:

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

() signifies that the theme was not assessed at this inspection therefore the grade is brought forward from previous inspection

Appendix B

EQUALITY IMPACT ASSESSMENT TOOL

Part 1: Description/Consultation

Is this a Rapid Equality Impact Assessment (RIAT)?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is this a Full Equality Impact Assessment (EQIA)?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Date of Assessment:	03/07/2018	Committee Report Number:	PAC26-2018
Title of document being assessed:		Dundee Registered Care Home Services for Adults	
1. This is a new policy, procedure, strategy or practice being assessed (If yes please check box) <input type="checkbox"/>		This is an existing policy, procedure, strategy or practice being assessed? (If yes please check box) <input checked="" type="checkbox"/>	
2. Please give a brief description of the policy, procedure, strategy or practice being assessed.		The purpose of this report is to summarise for the Committee the gradings awarded by the Care Inspectorate to registered care homes in Dundee for adults during the period 1 March 2017 to 31 March 2018.	
3. What is the intended outcome of this policy, procedure, strategy or practice?		To continue to support the partnership approach to the quality improvement agenda for care services in Dundee.	
4. Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.		Care Inspectorate Inspection Reports for 2017-2018; Performance Report – Care Inspectorate Gradings - Dundee Registered Care Home Services for Adults.	
5. Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.		Service users, staff and relatives are consulted during the inspection process	
6. Please give details of council officer involvement in this assessment. (e.g. names of officers consulted, dates of meetings etc)		Jenny Hill Rosalind Guild Kathryn Sharp Laura Menzies	
7. Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy? (Example: if the impact on a community is not known what will you do to gather the information needed and when will you do this?)		No	

Part 2: Protected Characteristics

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

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

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

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

Part 3: Impacts/Monitoring

<p>1. Have any positive impacts been identified?</p> <p>(We must ensure at this stage that we are not achieving equality for one strand of equality at the expense of another)</p>	<p>There has been an improvement in the quality of care provided in care home services which has resulted in an improvement in the quality of life for service users</p>
<p>2. Have any negative impacts been identified?</p> <p>(Based on direct knowledge, published research, community involvement, customer feedback etc. If unsure seek advice from your departmental Equality Champion.)</p>	<p>No</p>
<p>3. What action is proposed to overcome any negative impacts?</p> <p>(e.g. involving community groups in the development or delivery of the policy or practice, providing information in community languages etc. See Good Practice on DCC equalities web page)</p>	<p>N/A</p>
<p>4. Is there a justification for continuing with this policy even if it cannot be amended or changed to end or reduce inequality without compromising its intended outcome?</p> <p>(If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice)</p>	<p>N/A</p>
<p>5. Has a 'Full' Equality Impact Assessment been recommended?</p> <p>(If the policy is a major one or is likely to have a major impact on protected characteristics communities a Full Equality Impact Assessment may be required. Seek advice from your departmental Equality lead.)</p>	<p>No</p>
<p>6. How will the policy be monitored?</p> <p>(How will you know it is doing what it is intended to do? e.g. data collection, customer survey etc.)</p>	<p>Care home services will continue to be inspected by the Care Inspectorate and monitored and reviewed by Dundee Health and Social Care Partnership officers</p>

Part 4: Contact Information

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

Manager Responsible	Author Responsible
Name: Jenny Hill	Name: Rosalind Guild
Designation: Locality Manager	Designation: Contracts Officer
Base: Claverhouse Offices Dundee	Base: Claverhouse Offices Dundee
Telephone: 01382 438307	Telephone: 01382 433665
Email: jenny.hill@dundeecity.gov.uk	Email: rosalind.guild@dundeecity.gov.uk

Signature of author of the policy:	Rosalind Guild	Date: 03/07/2018
Signature of Director/Head of Service:	Diane McCulloch	Date: 03/07/2018
Name of Director/Head of Service:	Diane McCulloch	
Date of Next Policy Review:	September 2018	



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 31 JULY 2018

REPORT ON: PERFORMANCE REPORT – CARE INSPECTORATE GRADINGS
DUNDEE REGISTERED CARE SERVICES FOR ADULTS (EXCLUDING
CARE HOMES) - 2017-2018

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC39-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to summarise for the Performance and Audit Committee the gradings awarded by the Care Inspectorate to Dundee registered care services for adults (excluding care homes) for the period 1 April 2017 to 31 March 2018.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Notes the content of this report and the gradings awarded as detailed in the attached Performance Report (Appendix A) and highlighted in section 4.2 below.
- 2.2 Notes the range of continuous improvement activities progressed during 2017-18, as described in section 4.3.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The Care Inspectorate is responsible for the inspection and regulation of all registered care services in Scotland. The regulatory authority ensure that care service providers meet their respective National Care Standards and that in doing so they provide quality care services. The Care Inspectorate use a six point grading system against which certain key themes are graded. The grades awarded are published in inspection reports and on the Care Inspectorate's website at www.careinspectorate.com.

4.2 Gradings Awarded

- 4.2.1 Of the 65 registered services listed in the Performance Report, 55 inspections were undertaken.
- 4.2.2 Summary of the gradings awarded to registered care services in Dundee:
 - 40 registered services (62%) were awarded grades 4, 5 or 6 in some or all themes (8 of these services received grade 6 in all themes).
 - 11 registered services (17%) were awarded grades which included grade 3 'adequate' or grade 2 'weak' (only 1 service received grade 2).
 - 14 registered services (21%) were not inspected during this period.

- 4.2.3 Three internally provided Dundee Health and Social Care Partnership services and five externally provided private/voluntary services were graded **6** 'excellent' in all applicable quality themes. Of the 55 inspections undertaken, there was a 13% improvement in grades for Quality of Care and Support, 7% improvement in Quality of Staffing and 13% improvement in Quality of Management and Leadership.
- 4.2.4 Of the 55 inspections undertaken, 11% were downgraded for Quality of Care and Support, 5% downgraded for Quality of Staffing and 9% downgraded for Quality of Management and Leadership.
- 4.2.5 Only seven of the 55 inspections undertaken were graded against Quality of Environment with only one service being downgraded from a grade **5** to a grade **4**.
- 4.2.6 One inspection, Avenue Care Services Ltd, was graded **2** 'weak' in all themes.
- 4.2.7 The care at home service provided by Avenue Care Services Ltd falls under one registration that covers a wide geographical area of Scotland including Dundee. Monitoring meetings have taken place with the provider who shared their action plan detailing how they would address the issues/requirements from the inspection and the timescale for undertaking the necessary action. It was identified that the issues related to a branch of the service outwith Dundee. Dundee Health & Social Care Partnership placed an interim embargo on commissioning new care packages from Avenue Care Services prior to meeting with them but having received assurances regarding the quality of provision within the Dundee branch subsequently lifted this embargo. The provider now plans to separately register different branches of the service with the Care Inspectorate as a way of mitigating the impact that one poorly performing branch of the service has on overall grades moving forward.
- 4.2.8 Table 1 shows the percentage of grades awarded within each key theme in Dundee in 2017-2018.

Table 1 – Overall Dundee Inspection Gradings 2017-2018

Grade 2017-18	Overall	Quality of Care and Support	Quality of Environment*	Quality of Staffing	Quality of Management and Leadership
6 excellent	22%	18%	43%	24%	20%
5 very good	38%	43%	43%	40%	30%
4 good	22%	24%	14%	15%	30%
3 adequate	14%	11%	0	17%	15%
2 weak	4%	4%	0	4	5%
1 unsatisfactory	0	0	0	0	0

**Environment totals reflect 7 inspections out of 55 as not all services require the environment to be assessed eg within a service user's own home in the community*

4.3 Continuous Improvement

4.3.1 Support Services

The Homelessness Strategic Plan, 'Not Just a Roof' has now been approved by the Integration Joint Board (IJB) and by the Neighbourhood Services Committee. Work is ongoing across Housing, Dundee Health & Social Care Partnership and third sector agencies to transform homelessness services in Dundee. In particular this involves a review of temporary accommodation, and a move towards a housing first model where statutory and third sector agencies will work collaboratively to develop enhanced support packages for people who are homeless or at risk of homelessness within their own tenancies. This work sits alongside the review of Substance Misuse Services and Mental Health Services, and recognises that many people who become homeless have experienced adverse childhood experiences and may be coping with multiple issues.

In what is a challenging sector in terms of recruiting and retaining staff, the majority of care at home services have managed to either attain or retain grades of 4 or 5 for Quality of Care and Support, with the Care Inspectorate having offered feedback at inspection that some providers should now be aiming to achieve a grade of 6. There has been some recognition of the services provided in Dundee, including the Elite Care Dundee branch having achieved the award of 'Best Branch' across Elite Care's 57 UK branches, and the Assessment at Home Service, provided by British Red Cross under its care at home registration, successfully supporting people to return and remain at home upon discharge from hospital where previously they had been assessed as requiring care home provision. Where care at home services have grades below 4, this is generally because there are difficulties around the recruitment of social care workers or there has been a change around the management of the service. The Scottish Social Services Council register for care at home and housing support services opened on 2 October 2017 with the Care Inspectorate planning to run an Improvement Event for care at home services during 2018. Both of these developments should lead to a better service being provided to supported persons across Dundee.

4.3.2 Respite

In the last year there has been a focus on respite being an outcome. This has meant that there has been an increase in bespoke arrangements including short breaks and respite at home. There has also been a focus on ensuring that any assessed respite nights are appropriate. This has resulted in some changes to allocation and has subsequently increased the occupancy in our traditional respite services.

4.3.3 Care at Home/Housing Support (Combined)

The Strategic Housing Investment Plan (SHIP) sets out our plans to invest in housing developments for adults with particular health and / or social care needs. It supports our ambition to deliver flexible models of support that enable people to live within their own homes where at all possible and receive the right support at the right time. Significant investment has been made in this area in recent years and this has led to fewer people living in institutional settings or in placements outwith the city which are often very costly.

In partnership with Dundee City Council Neighbourhood Services we have commitments identified within the SHIP as far as 2021, with numbers for a further two years currently being confirmed. There continues to be a commitment to ensure that all new build housing provision has assistive / smart technology capabilities and this is reflected within the Health & Social Care Partnership's commissioning processes.

The work of the formally constituted collaborative group of care providers who provide support services for people with a learning disability and/or autism and mental health services in the city continues. At present, there is a test of change process underway to ensure a more collaborative approach to procuring social care whilst ensuring best use of available resources and increasing third sector influence in the commissioning process.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

This report has not been subject to a risk assessment as it relates to the publication of Care Inspectorate information and is for information only.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 4 July 2018

Rosalind Guild
Contracts Officer

Appendix A

PERFORMANCE REPORT – CARE INSPECTORATE GRADINGS

**DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP
DUNDEE REGISTERED CARE SERVICES FOR ADULTS
(EXCLUDING CARE HOMES)**

1 APRIL 2017 – 31 MARCH 2018

INTRODUCTION

The purpose of this report is to summarise for members the findings and gradings awarded by the Care Inspectorate to registered services for adults within Dundee for the period 1 April 2017 to 31 March 2018.

The Partnership and Care Inspectorate both collect statistical data for purposes of analysis however further work is currently being undertaken to ensure the accuracy of this data therefore detailed national benchmarking is not available.

BACKGROUND

The Care Inspectorate regulates and inspects care services to make sure they meet the right standards. It also works with providers to help them improve their service and make sure everyone gets safe, high quality care that meets their needs. The Care Inspectorate has a critical part to play to make sure that care services in Scotland provide good experiences and outcomes for the people who use them and their carers.

In June 2017, the Scottish Government published Scotland's new Health and Social Care Standards. These standards are currently being implemented during 2018. They set out what individuals should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone and to ensure that individuals are treated with respect and dignity and that the basic human rights we are all entitled to are upheld. They are no longer just focused on regulated care settings but for use in health and social care, as well as in early learning and childcare, children's services, social work and community justice.

The method of inspecting services is also changing. Rather than just checking that a service is complying with basic inputs for all individuals, inspections are to look at what it is like to actually use the service. Inspectors from different scrutiny bodies now also work jointly to look at how individuals experience a range of services within the care system. More integrated standards, which look at how the rights and wellbeing of people who use care are protected and improved, from strategic commissioning to the actual experience of using services, should provide a more effective and relevant model of scrutiny fit for the future.

For 2017-18 the Care Inspectorate continued to inspect using a six-point grading scale (see below) against which the following key themes are graded:



Each theme is assessed from 1 to 6 with 1 being 'unsatisfactory' and 6 'excellent'.

- **Quality of Care and Support**
How the service meets the needs of each individual in its care
- **Quality of Environment**
Is the service clean, is it set out appropriately, is there easy access for individuals who use wheelchairs, is it safe, and is there a welcoming, friendly atmosphere?
- **Quality of Staffing**
The quality of the care staff including qualifications and training
- **Quality of Management and Leadership**
How the service is managed and how it develops to meet the needs of people it cares for

The grading scale used is:

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

OVERVIEW OF THE SERVICES INSPECTED

This report covers a range of registered care services (see Appendix 1 attached) that are subject to regulation. These include:

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

Of the 65 registrations included in this report, a total of 55 inspections were carried out by the Care Inspectorate during the reporting period 2017-2018 (some services received more than one inspection throughout the year). When there is performance concerns at an inspection resulting in a number of requirements being imposed, a follow up inspection 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.

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

Who provides care and support services for adults in Dundee?

Table 1 shows which sectors provide care and support services for adults in Dundee:

Table 1

Care Home Service	Data	DHSCP	Private	Voluntary	Total
DUNDEE	No of Services	12	9	44	65
	%	18%	14%	68%	100%

Summary of the Gradings Awarded in Dundee

- 40 registered services (62%) were awarded grades 4, 5 or 6 in some or all themes (8 of these services received grade 6 in all themes)
- 11 registered services (17%) were awarded grades which included grade 3 'adequate' or grade 2 'weak' (only 1 service received grade 2)
- 14 registered services (21%) were not inspected during this period

Table 2 shows the percentage of grades awarded within each key theme in Dundee in 2017-2018.

Table 2 – Overall Dundee Inspection Gradings 2017-2018

Grade 2017-18	Overall	Quality of Care and Support	Quality of Environment*	Quality of Staffing	Quality of Management and Leadership
6 excellent	22%	18%	43%	24%	20%
5 very good	38%	43%	43%	40%	30%
4 good	22%	24%	14%	15%	30%
3 adequate	14%	11%	0	17%	15%
2 weak	4%	4%	0	4	5%
1 unsatisfactory	0	0	0	0	0

**Environment totals reflect 7 inspections out of 55 as not all services require the environment to be assessed eg within a service user's own home in the community*

Only 1 service, Avenue Care Services Ltd, received a grade 2 "weak" and there were no services in receipt of a grade 1 'unsatisfactory'.

The care at home service provided by Avenue Care Services Ltd falls under one registration that covers a wide geographical area of Scotland including Dundee. Monitoring meetings have taken place with the provider who shared their action plan detailing how they would address the issues/requirements from the inspection and the timescale for undertaking the necessary action. It was identified that the issues related to a branch of the service outwith Dundee. Dundee Health & Social Care Partnership placed an interim embargo on commissioning new care packages from Avenue Care Services prior to meeting with them but having received assurances regarding the quality of provision within the Dundee branch subsequently lifted this embargo. The provider now plans to separately register different branches of the service with the Care Inspectorate as a way of mitigating the impact that one poorly performing branch of the service has on overall grades moving forward.

Table 3 shows the percentage of grades awarded within each service model in Dundee.

Table 3 – Dundee Inspection gradings by service model

	Overall	6	5	4	3	2	1
Tenancy Support (10 services)	9%	6.5%	67%	20%	6.5%	0	0
Respite Services (3 services)	7%	84%	16%	0	0	0	0
Support – not care at home (13 services)	11%	0	74%	26%	0	0	0
Support – with care at home (18 services)	34%	0	38%	29%	21%	12%	0
Care at Home/Housing Support (21 services)	39%	39%	26%	20%	15%	0%	0

Requirements

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

Requirements were placed on 13 of the 65 services following inspection during 2017-18 (see Appendix 2).

Complaints

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

During 2017-18 the Care Inspectorate received complaints relating to 6 of the 65 services in Dundee. Of these, all were upheld or at least one of the elements upheld.

General health and welfare

- hydration
- nutrition
- continence care
- medication issues
- infection control issues
- oral health
- Protection of People – Adults
- Protection of People – Staff

Staff

- other fitness issues
- training/qualifications
- recruitment procedures (including Disclosure Checks)
- staff levels

Choice

- dignity and privacy
- care and treatment
- food

Communication

- between staff and service users/relatives/carers

- information about the service

Policies and Procedures

- complaints procedure

Record keeping

- personal plans/agreements

Environment

- security

Enforcements

Enforcement is one of the Care Inspectorate's core responsibilities and is central to protecting residents and bringing about an improvement in the quality of care services.

No enforcement action has been required to be taken in respect of the services reported upon either directly by the Care Inspectorate or by Dundee Health & Social Care Partnership.

CONTINUOUS IMPROVEMENT

Support Services

The Homelessness Strategic Plan, 'Not Just a Roof' has now been approved by the Integration Joint Board and by the Neighbourhood Services Committee. Work is ongoing across Housing, DHSCP and third sector agencies to transform homelessness services in Dundee. In particular this involves a review of temporary accommodation, and a move towards a housing first model where statutory and third sector agencies will work collaboratively to develop enhanced support packages for people who are homeless or at risk of homelessness within their own tenancies. This work sits alongside the review of Substance Misuse Services and Mental Health Services, and recognises that many people who become homeless have experienced adverse childhood experiences and may be coping with multiple issues.

In what is a challenging sector in terms of recruiting and retaining staff, the majority of care at home services have managed to either attain or retain grades of 4 or 5 for Quality of Care and Support, with the Care Inspectorate having offered feedback at inspection that some providers should now be aiming to achieve a grade of 6. There has been some recognition of the services provided in Dundee, including the Elite Care Dundee branch having achieved the award of 'Best Branch' across Elite Care's 57 UK branches, and the Assessment at Home Service, provided by British Red Cross under its care at home registration, successfully supporting people to return and remain at home upon discharge from hospital where previously they had been assessed as requiring care home provision. Where care at home services have grades below 4, this is generally because there are difficulties around the recruitment of social care workers or there has been a change around the management of the service. The SSSC register for care at home and housing support services opened on 2 October 2017 with the Care Inspectorate planning to run an Improvement Event for care at home services during 2018. Both of these developments should lead to a better service being provided to supported persons across Dundee.

Respite

In the last year there has been a focus on respite being an outcome. This has meant that there has been an increase in bespoke arrangements including short breaks and respite at home. There has also been a focus on ensuring that any assessed respite nights are appropriate. This has resulted in some changes to allocation and has subsequently increased the occupancy in our traditional respite services.

Care at Home/Housing Support (Combined)

The Strategic Housing Investment Plan (SHIP) sets out our plans to invest in housing developments for adults with particular health and / or social care needs. It supports our ambition to deliver flexible models of support that enable people to live within their own homes where at all possible and receive the right support at the right time. Significant investment has

been made in this area in recent years and this has led to fewer people living in institutional settings or in placements out with the city which are often very costly.

In partnership with Dundee City Council Neighbourhood Services we have commitments identified within the SHIP as far as 2021, with numbers for a further two years currently being confirmed. There continues to be a commitment to ensure that all new build housing provision has assistive / smart technology capabilities and this is reflected within our commissioning processes.

The work of the formally constituted collaborative group of care providers who provide support services for people with a learning disability and/or autism and mental health services in the city continues. At present, there is a test of change process underway to ensure a more collaborative approach to procuring social care whilst ensuring best use of available resources and increasing third sector influence in the commissioning process.

CONCLUSION

Of the 55 inspections carried out in the 65 services listed in the Performance Report, the improvement in grades highlights the importance of the partnership approach between providers, local authority representatives and the Care Inspectorate and consequently leads to better outcomes for service users. There is also evidence in Appendix 1 to support the effort of services who have previously achieved good grades for continuing to maintain their high standard of performance.

Theme (Quality of ...)	Improvement in Grade	Number of Services	Reduction in Grade	Number of Services
Care and Support	13%	7	11%	6
Environment	0	0	2%	1
Staffing	7%	4	5%	3
Management & Leadership	13%	7	9%	5

**Environment is only applicable to 7 of the 55 inspections carried out*

June 2018

**DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP
CARE INSPECTORATE PERFORMANCE GRADINGS 2017-2018
DUNDEE REGISTERED CARE SERVICES FOR ADULTS (EXCLUDING CARE HOMES)**

Organisation	Name of Service	Service Type	Category DHSCP/ Private/ Vol	Inspection Date	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership	Requirements	Complaints	Enforcements
TENANCY SUPPORT											
Bield Housing Association	Balgowan	Housing Support	Vol	15.02.18	5	n/a	(5)	5↑	No	No	No
Caledonia Housing Association Ltd		Housing Support	Vol	Last inspected 28.03.17							
Dundee Survival Group		Housing Support	Vol	19.01.18	4	n/a	(4)	4	Yes	No	No
Dundee Women's Aid		Housing Support	Vol	Last inspected 09.02.17							
Hillcrest Housing Association		Tenancy Support & Warden	Vol	Last inspected 13.01.17							
Home Scotland – Home Support*		Housing Support	Vol	18.08.17	5	n/a	(5)	5	No	No	No
Positive Steps (East)		Housing Support	Vol	13.12.17	5↓	n/a	(6)	3↓	Yes	No	No
Salvation Army	Burnside Mill	Housing Support	Vol	Last inspected 15.06.16							
Salvation Army	Strathmore Lodge	Housing Support	Vol	Last inspected 16.06.16							
Sanctuary Scotland Housing Association		Housing Support	Vol	31.05.17	5	n/a	5	(5)	No	No	No

*de-registered as of 1 April 2018

RESPITE

Dundee City Council	Mackinnon Centre	Adult Respite	DHSCP	12.01.18	6	(6)	6	(6)	No	No	No
Dundee City Council	White Top Centre	Adult Respite	DHSCP	22.11.17	6	(6)	5↓	(6)	No	No	No
Sense Scotland	Fleuchar Street	Respite/ Short Breaks	Vol	07.08.17	6↑	(6)	(6)	5	No	No	No

SUPPORT SERVICE – NOT CARE AT HOME

Alzheimer Scotland	Alzheimer Scotland – Action on Dementia	Support services – not care at home	Vol	Last inspected 17.03.16							
Bield Housing Association	Housing Support North & East	Support services – not care at home	Vol	19.04.17	5↑	n/a	(4)	5↑	No	No	No
Capability Scotland	Capability Scotland Dundee	Support services – not care at home	Vol	Last inspected 08.10.15							
Dundee City Council	Mackinnon Skills Centre	Support services – not care at home	DHSCP	Last inspected 07.03.16							
Dundee City Council	Oakland Centre	Support services – not care at home	DHSCP	Last inspected 28.09.16							
Dundee City Council	White Top Centre	Support services – not care at home	DHSCP	Last inspected 10.12.15							
Dundee City Council	Wellgate Day Support Service	Support services – not care at home	DHSCP	Last inspected 25.02.16							
Gowrie Care Ltd	Dundee College Support	Support services – not care at home	Vol	Last inspected 12.11.15							
Jean Drummond Centre	Jean Drummond Day Centre	Support services – not care at home	Vol	19.01.18	4↓	4↓	(5)	4↓	Yes	No	No

Mid-Lin Day Care Limited	Mid-Lin Day Care	Support services – not care at home	Vol	19.09.17	5	(5)	(4)	5↑	No	No	No
Penumbra	Dundee Nova Project	Support services – not care at home	Vol	Last inspected 19.05.16							
Scottish Autism	Autism Outreach Service (Dundee)	Support services – not care at home	Vol	29.12.17	5	(5)	(5)	5↑	No	No	No
Sense Scotland	Hillview Resource Centre	Support services – not care at home	Vol	25.04.17	5	(5)	5	(5)	No	No	No

SUPPORT SERVICES – WITH CARE AT HOME

Acasa Care Ltd		Support services – care at home	Private	09.03.18	5	n/a	(5)	5	No	No	No
Allied Healthcare Group Ltd	Allied Healthcare (Dundee)	Housing Support	Private	07.04.17	4	n/a	(5)	4	Yes	No	No
Avenue Care Services Ltd		Support services - care at home	Private	22.06.17	3↓	n/a	2	2	Yes	Yes	No
				Follow-up 08.12.17	(3)	n/a	2	2	Yes	Yes	No
				09.01.18	2↓	n/a	n/a	n/a	Re-grading as a result of a complaint		
				30.03.18	2		3↑	2	Yes	Yes	No
Bield Housing & Care	Dundee Housing with Care	Support services – care at home	Vol	15.02.18	5	n/a	(5)	5	No	No	No

[illegible]

Gowrie Care Ltd	Gowrie Homecare	Support service – care at home	Vol	11.01.18	4	n/a	4	4	No	No	No
The Inclusion Group (Dundee)	The Inclusion Group	Support Services – care at home	Vol	30.08.17	4	n/a	3	3	No	Yes	No
My Care Tayside		Housing support service – care at home	Private	07.03.18	5	n/a	5	5	No	Yes	No
Oran Home Care Ltd	Oran Home Care	Support services – care at home	Private	05.06.17	4	n/a	(4)	4	Yes	Yes	No
Scottish Association for Mental Health	Dundee Specialist Mental Health Outreach	Care at home/ housing support	Vol	14.02.18	5	n/a	(5)	5	No	No	No

CARE AT HOME / HOUSING SUPPORT (COMBINED)

Balfield Properties t/a Westlands	Westlands	Care at Home/ Housing Support	Private	12.04.17	6	n/a	(6)	6	No	No	No
Caalcare Limited	Rose Lodge	Care at Home/ Housing Support	Private	12.05.17	6	n/a	(6)	6	No	No	No
Carr Gomm	Support Services 2	Care at Home/ Housing Support	Vol	30.01.18	5	n/a	5↑	(4)	Yes	No	No
Cornerstone	Dundee and Angus Services	Care at Home/ Housing Support	Vol	22.03.18	4	n/a	(5)	4	No	No	No
Dudhope Villa	Dudhope Villa and Sister Properties	Care at Home/ Housing Support	Private	03.05.17	3	n/a	3	3	Yes	No	No
Dundee City Council	Dundee Community Living	Care at Home/ Housing Support	DHSCP	13.10.17	6	n/a	6	(6)	No	No	No

Dundee City Council	Supported Living Team	Care at Home/ Housing Support	DHSCP	12.12.17	6	n/a	6	(6)	No	No	No
Dundee City Council	Weavers Burn	Care at Home/ Housing Support	DHSCP	11.07.17	4↑	n/a	3	4↑	No	No	No
Gowrie Care	Dundee Central	Care at Home/ Housing Support	Vol	16.06.17	5↓	n/a	5↓	(6)	No	No	No
Gowrie Care	Dundee East	Care at Home/ Housing Support	Vol	23.08.17	6	n/a	(6)	6	No	No	No
Gowrie Care	Dundee North	Care at Home/ Housing Support	Vol	12.09.17	6	n/a	(6)	6	No	No	No
Gowrie Care	Dundee West	Care at Home/ Housing Support	Vol	09.06.17	5	n/a	(6)	4↓	No	No	No
Gowrie Care	Homeless Services	Care at Home/ Housing Support	Vol	19.04.17	4↓	n/a	(5)	4	Yes	No	No
Jericho Society	Jericho Society Dundee	Housing Support	Vol	26.10.17	5↑	n/a	5↑	(4)	No	No	No
The Richmond Fellowship Scotland	Angus and Dundee	Care at Home/ Housing Support	Vol	11.08.17	6	n/a	6	(6)	No	No	No
Sense Scotland	Supported Living: Dundee 1 & surrounding areas	Care at Home/ Housing Support	Vol	23.10.17	5	n/a	5	4	No	No	No
Sense Scotland	Supported Living Dundee 2 & surrounding areas	Care at Home/ Housing Support	Vol	23.10.17	5↑	n/a	5↑	4↑	No	No	No

Sense Scotland	Supported Living Dundee 3 & surrounding areas	Care at Home/ Housing Support	Vol	23.10.17	5	n/a	4	4	No	No	No
Scottish Autism	Tayside Housing Support & Outreach Service	Support Services – Care at Home	Vol	13.12.17	5	n/a	(6)	5	Yes	No	No
Transform Community Development		Housing Support Service	Vol	24.05.17	3	n/a	3↓	3	Yes	No	No
				Follow up 01.02.18	(3)	n/a	(3)	(3)	Yes	No	No
Turning Point Scotland	Dundee	Housing Support Service	Vol	23.10.17	5↓	n/a	6	(6)	No	No	No

KEY:

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

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

**DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP
DUNDEE REGISTERED CARE SERVICES FOR ADULTS (EXCLUDING CARE HOMES)
CARE INSPECTORATE REQUIREMENTS 2017-2018**

Date of Inspection	Name of Org/Service	Service Type	Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
19.01.18	Dundee Survival Group	Housing Support	4	n/a	(4)	4
Requirements (2) The provider must ensure that when it recruits staff, it follows the guidance in "Safer Recruitment Through Better Recruitment" (Scottish Government 2016). This will help to ensure that all staff who are employed in this service are fit to work with vulnerable people. The provider must ensure that all notifiable incidents are reported to the Care Inspectorate as per the guidance 'Records all services (except CM's) must keep and notification reporting guidance'.						
13.12.17	Positive Steps (East)	Housing Support	5↓	n/a	(6)	3↓
Requirements (2) The provider must ensure that when it recruits staff, it follows the guidance in "Safer Recruitment Through Better Recruitment" (Scottish Government 2016). This will help to ensure that all staff who are employed in the service are fit to work with vulnerable people. The provider must notify the Care Inspectorate of all accidents and incidents resulting in harm or potential risk of harm to a person who is using the service.						
19.01.18	Jean Drummond Centre	Support services - not care at home	4↓	4↓	(5)	4↓
Requirement The provider needs to review what it does, what it can do given its resources and re-visit and re-formulate its aims and objectives to reflect that so that there is a clear direction for the service.						
07.04.17	Allied Healthcare Group Limited	Support services – care at home	4	n/a	(5)	4
Requirement The provider must ensure that all notifiable incidents are reported to the Care Inspectorate as per the guidance 'Records all services (excl CM's) must keep and notification reporting guidance'.						
22.06.17	Avenue Care Services Ltd	Support service – care at home	3	n/a	2	2
Requirements (2) The service must ensure that all staff are employed following appropriate checks and that where necessary risk assessments are carried out to reduce any risk to people who use the service. The provider should ensure that the service has robust quality assurance processes and that audits and checks are completed within stated timescales and clearly evidence how any issues identified are to be addressed by whom and by when. These should be signed by an appropriate person to evidence that they have been completed and issues are addressed. <i>A follow up inspection was held on 8 December 2017 to see what the service had done to meet the above and any previous requirements not already met.</i>						
30.03.18	Avenue Care Services Ltd	Support service – care at home	2	n/a	3↑	2
Requirements (3) The provider must ensure that risk assessments are in place with control measures to reduce the risks to people						

using the service. This is to include:

- using information from assessments, families and staff to identify risks to people using the service;
- agreeing and recording the measures that staff should take to reduce these risks;
- providing information on who to contact if there are any difficulties in following the measures agreed from the risk assessment;
- reviewing risk assessments to ensure the measures are still appropriate and necessary.

The service must ensure that all services have a care plan which sets out how their needs will be met. In order to achieve this, the service must:

- ensure the plan is developed in full consultation with the service user and/or their relative/representative;
- review and update the care plan in line with changes in the service user's needs.

The provider must demonstrate they have an effective communication system in place to inform them if care at home workers do not attend service users' visits as planned. In order to do this, the provider must:

- ensure they have a communication system developed and implemented to notify senior staff when care at home workers do not attend a visit to a service user at the schedule time;
- ensure the communication system is not reliant on service users or their representatives making the provider aware of any non-visits.

30.06.17	Blackwood Homes and Care – Tayside	Support services – care at home	3	n/a	3	3
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Requirements (2)

The service should ensure that where a person has a scheduled visit there are systems in place to ensure that this takes place and that if a visit is missed the service knows about it quickly and can take steps to ensure that person is safe and supported.

The service should ensure that all customers receive a schedule outlining what staff are coming to support them and at what time this is planned to take place. The schedule should be given to people in advance of the time so they can plan their lives around this.

06.07.17	British Red Cross	Housing support service – care at home	4	n/a	(4)	3↓
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Requirements (2)

The provider must ensure that they have a robust quality assurance system in place that is effective in identifying areas for improvement. This includes ensuring that personal plans and associated documents are accurate and amended promptly when a change is required.

The provider must ensure that their recruitment procedures and practice demonstrate best practice. This includes establishing who is responsible for assessing the information received through recruitment checks such as reference and PVG results. Appropriate action should be taken to address any concerns highlighted and a record of the outcome held on file to help prevent any potential risk to people.

05.06.17	Oran Home Care Ltd	Support services – care at home	4	n/a	(4)	4
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Requirements (3)

The service provider must ensure medication is managed in a manner that protects the health and wellbeing of service users. In order to achieve this the service provider must ensure that:

- There is a comprehensive assessment to ensure the correct level of support is being carried out;
- There is a regular review of medication support carried out and recorded within the required six monthly care review or sooner if required;
- Care plans are updated to reflect the medication support required;
- Staff must be aware of the support required and record their actions on the medication log or Medication Administration Record depending on the type of medication support required.

The provider must ensure that it is always suitably competent persons who carry out safe and effective moving and assisting techniques in order to protect service users and staff. All staff must receive appropriate training, updates and observed competencies in line with good practice guidance in order to carry out safe and effective

moving and handling practices. In order to achieve this the service provider must:

- (a) Provide comprehensive moving and handling training at induction for new employees;
- (b) Provide the opportunity for all staff to attend a moving and handling training session;
- (c) Carry out a minimum of annual observed competency assessment of all staff in moving and handling practice;
- (d) Ensure there is a record of all moving and handling training and observed competency based moving and handling assessments for staff.

The provider must ensure that resident's care plans provide robust detail that has been fully assessed and provide staff with guidance on how to support residents. In order to achieve this, the provider must:

- (a) Undertake a full assessment of the resident's specific healthcare needs and carry out a risk assessment and instructions in the event of a potential emergency situation arising;
- (b) Ensure that the written plan is clear and concise;
- (c) Ensure that where end of life care is provided, there is a clear written plan of care to be provided and that all staff are aware of the information within the care plan;
- (d) Ensure that the written plan is being effectively monitored and audited.

30.01.18	Carr Gomm – Support Services 2	Care at Home/ Housing Support	5	n/a	5↑	(4)
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Requirement (1)

The provider must ensure that medication is administered safely and recorded properly. They must:

- Ensure that the correct medication is given at the correct time
- Ensure that the medication is taken
- Ensure that this is recorded and signed

03.05.17	Dudhope Villa & Sister Properties	Care at Home/ Housing Support	3	n/a	3	3
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Requirements (3)

The provider must ensure that support plans and risk assessments reflect current need and safety strategies. In order to achieve this the provider must:

- (a) Ensure support plans and risk assessments are reviewed no less than six monthly;
- (b) Ensure support plans and risk assessments are updated immediately following any change to the service user's needs.

The provider must ensure that its quality assurance methods are robust and effective.

To ensure the service is delivered in a way which promotes choice, autonomy and enablement the provider should develop a systematic approach to service improvement including drawing up an action plan with timescales.

19.04.17	Gowrie Care (Homeless Service)	Care at Home/ Housing Support	4	n/a	(5)	4
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Requirement

The provider must make sure that personal support plans are reviewed with each resident and their carers or representative if appropriate, at least once in each six month period to ensure that the care and support described continues to meet the needs of each individual. The provider should keep a record of these meetings and or discussions and a minute taken. Minutes should contain a summary of the discussion held, the decisions made as a result of the discussion and when this will be reviewed again.

13.12.17	Scottish Autism – Tayside Housing Support & Outreach Service	Support Services – Care at Home	5	n/a	(6)	5
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Requirement

The service provider must ensure that the recording of medication is clear and follows best practice guidance. This is to ensure that medication records are clear and easily understood. This is in order to protect the health and wellbeing of service users. In order to achieve this the service provider must:

- Ensure that administration of medication or reason for omission must be recorded on the MAR sheet at the time of administration. Administration codes must be used consistently by all members of staff to ensure that there is a shared understanding when a medication has not been administered or to explain

- other administration issues.
- Where handwritten instructions have been added to the MAR sheet these must be signed by the authorising GP or two members of staff who transcribe the doctors' instructions.
- As required medication must be recorded clearly, evidencing the effects of medication given.

24.05.17	Transform Community Development	Housing Support Service	3	n/a	3↓	3
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Requirements (4)

To ensure the health and wellbeing of service users the provider must ensure that appropriate financial safeguards are in place. In order to achieve this the provider must:

- Carry out a full review of all financial policies, procedures and processes;
- Ensure that, where appropriate, financial risk assessments are in place for service users;
- Ensure that steps are taken to obtain the appropriate financial safeguards for each service user;
- Ensure regular audits are carried out on the funds held for service users.

The provider must ensure that the support service users require from staff is clear. In order to achieve this the provider must ensure:

- Assessments of risk and the strategies to reduce risk are agreed and in place;
- Plans of support are agreed and in place and accurately reflect the current needs of service users;
- These assessments and plans are reviewed no less than six monthly and updated when necessary.

The provider must ensure that quality assurance methods are robust and effective.

To ensure the service is delivered in a way which promotes participation, good practice and improvement the provider should develop a systematic approach to service development including drawing up a clear plan with timescales.

A follow up inspection was held on 1 February 2018. Requirements 1 and 4 were met within timescale. Requirement 2 was not met and will continue in reports. Requirement 3 was met outwith timescales.

Legend:

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

() this signifies that the theme was not assessed at this inspection therefore grade brought forward from previous inspection

Appendix B

EQUALITY IMPACT ASSESSMENT TOOL

Part 1: Description/Consultation`

Is this a Rapid Equality Impact Assessment (RIAT)?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is this a Full Equality Impact Assessment (EQIA)?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Date of Assessment:	22 June 2018	Committee Report Number:	PAC39-2018
Title of document being assessed:		Dundee Registered Care Services for Adults (excluding Care Homes)	
1. This is a new policy, procedure, strategy or practice being assessed (If yes please check box) <input type="checkbox"/>		This is an existing policy, procedure, strategy or practice being assessed? (If yes please check box) <input checked="" type="checkbox"/>	
2. Please give a brief description of the policy, procedure, strategy or practice being assessed.		The purpose of this report is to summarise for the committee the gradings awarded by the Care Inspectorate to Dundee registered care services for adults during 2017-2018.	
3. What is the intended outcome of this policy, procedure, strategy or practice.		Continue to support the partnership approach to quality improvement for care services in Dundee.	
4. Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.		Care Inspectorate Inspection Reports	
5. Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.		Service users, staff and relatives are consulted during the inspection process.	
6. Please give details of council officer involvement in this assessment. (e.g. names of officers consulted, dates of meetings etc)		Diane McCulloch Kathryn Sharp Rosalind Guild Laura Menzies	
7. Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy? (Example: if the impact on a community is not known what will you do to gather the information needed and when will you do this?)		No	

Part 2: Protected Characteristics

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

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

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

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

Part 3: Impacts/Monitoring

<p>1. Have any positive impacts been identified?</p> <p>(We must ensure at this stage that we are not achieving equality for one strand of equality at the expense of another)</p>	<p>There has been an improvement in the quality of care provided in care services which has resulted in an improvement in quality of life for service users.</p>
<p>2. Have any negative impacts been identified?</p> <p>(Based on direct knowledge, published research, community involvement, customer feedback etc. If unsure seek advice from your departmental Equality Champion.)</p>	<p>No</p>
<p>3. What action is proposed to overcome any negative impacts?</p> <p>(e.g. involving community groups in the development or delivery of the policy or practice, providing information in community languages etc. See Good Practice on DCC equalities web page)</p>	<p>N/A</p>
<p>4. Is there a justification for continuing with this policy even if it cannot be amended or changed to end or reduce inequality without compromising its intended outcome?</p> <p>(If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice)</p>	<p>N/A</p>
<p>5. Has a 'Full' Equality Impact Assessment been recommended?</p> <p>(If the policy is a major one or is likely to have a major impact on protected characteristics communities a Full Equality Impact Assessment may be required. Seek advice from your departmental Equality lead.)</p>	<p>No</p>
<p>6. How will the policy be monitored?</p> <p>(How will you know it is doing what it is intended to do? e.g. data collection, customer survey etc.)</p>	<p>Care services will continue to be inspected by Care Inspectorate and monitored and reviewed by Dundee Health and Social Care Partnership.</p>

Part 4: Contact Information

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

Manager Responsible	Author Responsible
Name: Dave Berry	Name: Rosalind Guild
Designation: Chief Finance Officer	Designation: Contracts Officer
Base: Floor 2 Dundee House	Base: Claverhouse Offices Dundee
Telephone: 01382 433608	Telephone: 01382 433665
Email: dave.berry@dundeecity.gov.uk	Email: rosalind.guild@dundeecity.gov.uk

Signature of author of the policy:	Rosalind Guild	Date: 22 June 2018
Signature of Director/Head of Service:	Diane McCulloch	Date: 22 June 2018
Name of Director/Head of Service:	Diane McCulloch	
Date of Next Policy Review:	September 2018	



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 31 JULY 2018

REPORT ON: PERFORMANCE REPORT – QUARTERLY COMPLAINTS 2018/2019 – QUARTER 1

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC27-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to provide an analysis of complaints received by the Dundee Health and Social Care Partnership over the first quarter of 2018/19.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Notes the contents of this report in relation to the performance of Dundee Health and Social Care Partnership's Complaints process.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Complaints received are handled using either the Dundee Health and Social Care Partnership Social Work Complaint Procedure, the NHS Tayside Complaint Procedure or the Dundee City Integration Joint Board Complaint Handling Procedure.

4.2 Social Work Complaints

- 4.2.1 In the first quarter of 2018/19 a total of 10 complaints were received about social work or social care services in the Dundee Health and Social Care Partnership. This compares to 12 complaints received in the previous quarter, the 4th quarter of 2017/18.

4.3 Complaints by Reason for Concern

- 4.3.1 Four complaints were received about the attitude, behaviour or treatment by a member of staff. It is worth noting that none of these complaints were upheld. Four complaints were received about the failure to meet our service standards. One of these complaints was upheld, two were not upheld, and one complaint is still ongoing.

Attitude, behaviour or treatment by a member of staff	4
Delay in responding to enquiries and requests	0
Dissatisfaction with our policy	0
Failure to provide a service	0
Failure to follow the proper administrative process	2
Failure to meet our service standards	4

4.4 Complaints Stages

- 4.4.1 Five complaints were handled at a frontline resolution stage. One was handled as Investigation, having been escalated from a frontline resolution, and four were handled as an investigation from the start due to their complexities.

Frontline Resolution	5
Investigation (Escalated from Frontline)	1
Investigation	4

4.5 Complaints Resolved Within Timescales

- 4.5.1 Six of the Social Work complaints received by the Partnership were able to be resolved within the target dates. Two were resolved after the target date. Two complaints are still ongoing.

4.6 NHS Complaints

- 4.6.1 In the first quarter of 2018/19 a total of 21 complaints were received about Dundee Health and Social Care Partnership health services. This compares to an average of 28 complaints received quarterly in 2017-18.

4.7 Complaint Themes

- 4.7.1 Top themes of NHS complaints were:
- Staff attitude
 - Unacceptable time to wait for an appointment
 - Lack of clear explanation
 - Lack of support
 - Poor nursing care
 - Disagreement with treatment/care plan.

4.8 Complaints Stages

- 4.8.1 Nine complaints were handled at a frontline resolution stage. 12 were handled as Investigation, having been escalated from a frontline resolution, and 10 were handled as an investigation from the start due to their complexities.

Frontline Resolution	9
Investigation (Escalated from Frontline)	2
Investigation	10

4.9 Complaints Resolved Within Timescales

- 4.9.1 Fifteen of the Health complaints received by the Partnership were able to be resolved within the target dates. Three were resolved after the target date. Three complaints are still ongoing.

4.10 Complaints About the Integration Joint Board

- 4.10.1 No complaints were received about the functions of the Integration Joint Board in the first quarter of 2018/19.

4.11 Clinical, Care and Professional Governance

- 4.11.1 Complaints regarding care and professional standards are also considered by the Clinical, Care and Professional Governance group in order to act on concerns raised and to inform good practice. Any issues arising from such complaints are raised within the Clinical, Care and Professional Governance performance report and exception reporting to the Performance and Audit Committee as appropriate. Given the majority of complaints are in relation to the provision of services, future reporting of complaints will be presented through this route with an Annual Complaints Review provided to PAC to cover complaints performance.

4.12 Complaint Quality Assurance

- 4.12.1 Quality assurance processes are being undertaken to ensure that the quality of complaint outcome letters are of the required standard. These are undertaken through NHS Clinical Governance Huddles and regular review of complaint outcome letters.
- 4.12.2 Regular monitoring of complaints target dates is ongoing. The Health and Social Care Partnership's Customer Care Governance Officer post will shortly be recruited to after being vacant for a period and this post will focus on actively monitoring ongoing complaints to ensure that target dates are met.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	The risk of not improving our Complaint resolution timescales will result in increased customer dissatisfaction and non-compliance with our complaint procedure which may result in improvement recommendations from the Scottish Public Services Ombudsman (SPSO).
Risk Category	Governance
Inherent Risk Level	Likelihood 4 x Impact 3 = 12 (High Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Weekly reporting on open complaints to Locality Managers and Head of Service - Exception reporting of complaints outwith timescales to the Chief Officer - Increased staff awareness of the complaint procedures - Recruitment of staff member with focus on complaint administration by Dundee Health & Social Care Partnership
Residual Risk Level	Likelihood 3 x Impact 3 = 9 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = 6 (Moderate Risk)
Approval recommendation	Given the moderate level of planned risk and the expectation that the mitigating actions will make the impacts which are necessary to improve the complaint resolution timescales, the risk should be accepted.

7.0 CONSULTATIONS

The Chief Officer, the Clerk, Head of Service - Health and Community Care and Chief Social Work Officer were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 4 July 2018

Clare Lewis-Robertson
Senior Officer



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 31 JULY 2018

REPORT ON: OUTCOME OF CARE INSPECTORATE INSPECTION – CARE AT HOME CITY WIDE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC42-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Performance & Audit Committee of the outcome of the Care Inspectorate inspection of the Home Care City Wide Service, which was undertaken between 5 March 2018 and 21 March 2018. The report outlines the findings of the Care Inspectorate and gives a summary of the grades achieved.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Notes the contents of this report, and the content of the inspection report (attached as Appendix 1).
- 2.2 Notes that the service received one recommendation for the Care at Home City Wide Service as detailed at paragraph 4.11 and the submitted action plan to address this (attached as Appendix 2).
- 2.3 Notes the grades awarded to the service, the strengths of the service, and the positive comments made by service users, relatives and staff as described in paragraph 4.13.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Care at Home – City Wide Service

The service was inspected by the Care Inspectorate, starting on 5 March 2018. The Care Inspectorate inspection report is attached as Appendix 1. The service was inspected on two quality themes and retained Grades of 5 (Very Good):

Theme	Grade
Quality of care and support	5 (Very good)
Quality of Staffing	5 (Very good)

Previous inspections	Themes inspected	Grade
24/03/17	Two quality themes inspected	5 (very good)
05/01/16	Three quality themes inspected	5 (very good)
16/03/15	Three quality themes inspected	5 (very good)

- 4.2 The Care at Home City Wide Service provides Care at Home Services within nine localities across the City of Dundee (Cleington, Coldside, Forthill, Lilybank, West Ferry, Ardler/Kirkton, Blackness, Charleston, and Law). The service was re-registered with the Care Inspectorate in

December 2017 after combining both East and West Home Care services into one, city wide, service.

- 4.3 Housing with Care support is also provided within four Sheltered/Very Sheltered Housing Complexes across the city (Baluniefield, Brington Place, Powrie Place and Rockwell Gardens).
- 4.4 The service aims to provide high quality care and support to older people, and those with a disability, to enable them to remain in their own homes as independently as possible and for as long as possible, thereby supporting social inclusion and reducing the likelihood of long term care home or hospital admissions. The service also aims to support best outcomes for service users, including end of life support, whilst operating in line with individualised personal plans.
- 4.5 Nine locality teams currently exist within the service. Two further teams provide care and support to service users living within the Sheltered Housing Complexes. Each team has a number of Social Care Workers who are directly managed by a Social Care Organiser. The registered manager is responsible for the service and directly line manages each Social Care Organiser.
- 4.6 Referrals to the locality teams are routed through our Resource Matching Unit. Those requiring Housing with Care support are referred to the service from a variety of sources, including professionals within the Health and Social Care Partnership. The scheduling of duties, along with the monitoring of service quality, is achieved in conjunction with our CM2000 electronic system, which has extensive reporting facilities.
- 4.7 The range and level of care and support provided by all teams is wide and varied. Individuals are supported on a 1-1 or 2-1 ratio, in line with assessed needs and personal support plans. Support needs include personal care, meal preparation, bathing and medication prompting or administration (medication administration is supported within the Housing with Care Complexes only).
- 4.8 The annual inspection by the Care Inspectorate commenced on 5 March 2018 and was completed on 21 March 2018. The inspection was unannounced.
- 4.9 The following evidence was used to assist in the grading of the service:
 - Certification of Registration
 - Policies and Procedures relating to the service
 - Aims and Objectives of the service
 - Complaints records and follow-up actions
 - Compliments records and documents/cards
 - Service user reviews, personal support plans and supporting documentation
 - Minutes of service user focus group meetings
 - Training records/plan
 - Accident and Incident records
 - Care Inspectorate questionnaires from service users and staff
 - Face to face and telephone interviews with service users, carers and relatives
 - Service user, staff, stakeholder and telephone surveys
 - Team meeting minutes
 - Discussions with Team Managers, Social Care Organisers and Social Care Workers.
- 4.10 The inspection progressed well and the outcome was extremely positive, with the service being awarded Grade 5 (Very Good) in relation to Quality of Care and Support and Quality of Staffing. There were no requirements made. One Recommendation was made: "It is recommended that periodic PVG checks are carried out for staff. This is to ensure that all necessary checks are in place to ensure the safety of people using the service. This is in order to comply with 'Safer Recruitment through Better Recruitment' guidance for employers".
- 4.11 An action plan was submitted in response to the recommendation, attached as Appendix 2. This confirmed that PVG checks are carried out on staff as part of our safer recruitment practices, prior to anyone commencing work with vulnerable people within our service

provision. In consultation with the Human Resources service it was confirmed that within the current PVG Scheme, Disclosure Scotland undertakes on-going monitoring of scheme members and notifies the employer should there be any concerns. As this function currently exists we were advised that there was no mandatory requirement for routine checking of PVG members.

4.12 The Care Inspectorate included the following statements within their report:

- “We found that the service was operating at a very good level following this inspection”.
- “We spoke to people using the service, carers and staff, and also received feedback via the Care Standards Questionnaire’s that we sent out prior to our inspection. Most people told us that they had a good experience of using the service and were very happy. Several people told us ‘the staff really care’, and ‘I don’t know what I would do without them’”.
- “We saw that people using the service and relatives were well-informed about the service and were confident about what to do if they had any concerns”.
- “There were opportunities for people to feedback about the service through the ‘service user forum’, questionnaires and during reviews”.
- “People told us that the service supported them or their relatives to stay at home, in their own communities which was important to them”.
- “The service should continue to work hard to minimise staff changes to people receiving a service where possible”.
- “Staff told us that they enjoyed their jobs, and we heard that ‘things were improving’ following recent changes in the way the service is organised”.
- “Staff told us that there was a good range of training available to them, which supported them to carry out their jobs”.
- “The service should continue to link with NHS and other peripatetic professionals, in order to provide learning opportunities for staff. This ensures that staff have the knowledge and skills to support people who are living with specific conditions”.
- “We were pleased to see that senior staff carried out direct observations of staff practice, which were carried out prior to supervision”.
- “Staff also received an annual appraisal, which focused on learning and development needs and provided further opportunities for managers to feedback to staff”.
- “Staff told us that senior staff and managers were supportive, and accessible to them”.
- “We looked at staff recruitment, and found that staff were recruited following safe recruitment practices. This meant that people could be confident that the service was ensuring that all essential checks on staff were being carried out prior to employment”.
- “It was good to see that safe recruitment of staff was being carried out prior to staff commencing employment. However, it was noted that PVG checks were not being carried out periodically following commencement of employment. (See recommendation 1)”.

4.13 The following comments from service users, relatives and staff reflect the high quality care and support provided by the service:

- “The carers I have are excellent, kind and caring”.
- “I am very happy with the care I receive, all carers are very efficient and professional, I wouldn’t know what I would do without them”.
- “The carers are lovely and I like them all”.

- “I am really happy with the services I receive, I look forward to their visits”.
- “They are good at what they do, and make me feel better”.
- “The team is excellent in looking after my relatives needs”.
- “I am pleased with the care my relative receives, and have a good relationship with the individual carers. They treat her with respect and are aware of her specific needs”.
- “My relative enjoys a good standard of care”.
- “I have just completed my SVQ 2, the training I received is second to none”.
- “The managers are easy to speak to and always willing to help”.

4.14 In conclusion, the service has managed to maintain a “very good” grade 5, which is testament to the commitment of staff and their managers in continuing to deliver high quality care and support to service users, despite the many challenges and pressures faced by them.

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 risk assessment as it relates to the publication of Care Inspectorate information and is for information only.

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: 21 June 2018

Frank Thomson
Team Manager
Health and Social Care Partnership

Care at Home City Wide Housing Support Service

Jack Martin Way
Claverhouse East
Dundee
DD4 9FF

Telephone: 01382 438940

Type of inspection: Unannounced
Inspection completed on: 21 March 2018

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Care service number:
CS2011286187

About the service

Care at Home City Wide provides a care at home support service across the city of Dundee. This service was first registered on 10 January 2012 when it delivered a service to the east of the city. The service was re-named in December 2017 when it combined the east and west services into one service.

The service is provided by 11 staff teams to the residents of Dundee and the surrounding area. At the time of our inspection, support was being provided to approximately 330 people. Support is provided in people's own homes and in housing with care.

The service aims are 'to provide high quality care and support to older people and those with a disability to enable them to remain in their own homes as independently as possible, and for as long as possible. Thereby supporting social inclusion and reducing the likelihood of long-term care in care homes and hospital admissions'.

The service aims to support best outcomes for service users including end of life support whilst operating in the line with individualised personal plans.

This service is provided by Dundee City Council.

What people told us

In total we received 66 responses from service users, relatives and carers and staff. Comments included:

'The carers I have are excellent, kind and caring'.

'I am very happy with the care I receive, all carers are very efficient and professional, I wouldn't know what I would do without them'.

'Over the past few months, I have had a lot of strangers coming in to me, and my girls are being sent elsewhere'.

'I don't get a phone call if they are going to be late'.

'Very pleased with the service provided'.

'The staff are all fine, but don't get enough time with me'.

'The carers are lovely and I like them all'.

'The girls are sent to places when they are already there, then sent to a different part of the town'.

'Not enough time for carers travel, mostly due to traffic hold ups'.

'Lately I have a lot of different carers, and I find it hard to talk, this can be very frustrating, as I cannot tell them my needs. When it is regular carers, I find myself much more relaxed'.

'Happy with service, and happy with the staff'.

'Overall, I am happy'.

'They are good at what they do, and make me feel better'.

'We are very pleased with everything'.

'The girls who come in are like friends'.

Carers

'The team is excellent in looking after my relatives needs'.

'I am pleased with the care my relative receives, and have a good relationship with the individual carers. They treat her with respect and are aware of her specific needs'.

'I am really happy with the services I receive, I look forward to their visits'.

'They are extremely professional and polite'.

'We enjoy the carers coming in, we couldn't do without it'.

'My relative appreciates the help he receives but wishes that the carers had more time, and were not always in a hurry'.

'Carer times can get changed, which don't suit me'.

'My relative enjoys a good standard of care'.

Staff

'We are losing the care side of the job as we are given too many duties that we are constantly rushed and under pressure'.

'We don't have enough time to carry out paperwork'.

'We have to constantly check our phones as we get changes of duties which can change'.

'We have lots more paperwork, and we are never shown the proper way to do this, we are just expected to pick up on this'.

'I have just completed my SVQ 2, the training I received is second to none'.

'The managers are easy to speak to and always willing to help'.

'We spend more time travelling, than we do with the service users'.

'We could do with more training on specific health conditions'.

Self assessment

The service had not been asked to complete a self-assessment in advance of the inspection. We looked at their own improvement plan and quality assurance paperwork. These demonstrated their priorities for development and how they were monitoring of the quality of the provision within the service

From this inspection we graded this service as:

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

What the service does well

During this inspection, we considered evidence in relation to Quality of Care and Support and Quality of Staffing. We found that the service was operating at a very good level following this inspection.

We spoke to people using the service, carers and staff, and also received feedback via the Care Standards Questionnaire's that we sent out prior to our inspection. Most people told us that they had a good experience of using the service and were very happy. Several people told us 'the staff really care', and 'I don't know what I would do without them'.

We saw that people using the service and relatives were well-informed about the service and were confident about what to do if they had any concerns. This was evidenced by information that was available within support plans and from feedback from people using the service. There were opportunities for people to feedback about the service through the 'service user forum', questionnaires and during reviews. We were pleased to see that review documents were signed by the person receiving the support, or their legal representative. This meant that people had regular opportunities to express their views and were involved in the support they were receiving.

People told us that the service supported them or their relatives to stay at home, in their own communities which was important to them.

Staff told us that they enjoyed their jobs, and we heard that 'things were improving' following recent changes in the way the service is organised. Staff told us that there was a good range of training available to them, which supported them to carry out their jobs. We found that this was also evidenced within the staff training logs and the service training matrix, which detailed mandatory and voluntary training that staff had completed. We were pleased to see that the service was also developing a new system of monitoring staff training, to ensure that training updates were identified and provided within the required periods.

We were pleased to see that senior staff carried out direct observations of staff practice, which were carried out prior to supervision. This meant that any practice issues were addressed promptly and helped staff to reflect on their practice. Staff also received an annual appraisal, which focused on learning and development needs and provided further opportunities for managers to feedback to staff. Staff told us that senior staff and managers were supportive, and accessible to them.

We looked at staff recruitment, and found that staff were recruited following safe recruitment practices. This

meant that people could be confident that the service was ensuring that all essential checks on staff were being carried out prior to employment.

What the service could do better

Although most of the people that we spoke to, were very happy with the service, some people told us that they would prefer not to have so many different staff providing support to them. In addition we heard from staff, who told us that although things are improving, there were still some issues around the scheduling of staff visits to people.

We were pleased to see that the service was in the process of co-locating staff responsible for scheduling, with Homecare Team Leaders. This was in order to improve communication and understanding of individual support needs. The service should continue to work hard to minimise staff changes to people receiving a service where possible.

We found that there was a good level of mandatory and voluntary training for staff. However, staff told us that they would benefit from additional training in relation to specific conditions. It was good to see that this had already been highlighted to senior staff and managers, and some training had been sourced. The service should continue to link with NHS and other peripatetic professionals, in order to provide learning opportunities for staff. This ensures that staff have the knowledge and skills to support people who are living with specific conditions.

We found that most mandatory training updates were being carried out at required intervals. However, we noted that some staff had not had any recent adult protection training updates. We discussed this with senior managers, who were confident that training would be provided as soon as could be arranged. This was in order to ensure that staff were clear about their roles and responsibilities relating to adult protection concerns.

It was good to see that safe recruitment of staff was being carried out prior to staff commencing employment. However, it was noted that PVG checks were not being carried out periodically following commencement of employment. **(See recommendation 1.)**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. It is recommended that periodic PVG checks are carried out for staff. This is to ensure that all necessary checks are in place to ensure the safety of people using the service.

This is in order to comply with 'Safer Recruitment Through Better Recruitment' guidance for employers.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings
24 Mar 2017	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 5 - Very good
5 Jan 2016	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
16 Mar 2015	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
18 Mar 2014	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
11 Feb 2013	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good

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Frank Thomson



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 31 JULY 2018

REPORT ON: MENTAL WELFARE COMMISSION REPORT ON HOMELESS PEOPLE WHO EXPERIENCE MENTAL ILL HEALTH

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC44-2018

1.0 PURPOSE OF REPORT

- 1.1 To provide an update to the Performance and Audit Committee on progress in responding to recommendations made by the Mental Welfare Commission themed investigation report into homelessness and mental ill health.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

- 2.1 Notes the contents of this report and the recommendations made by the Mental Welfare Commission for Health and Social Care Partnerships outlined at section 4.1.2 and in Appendix 1.
- 2.2 Notes progress made in response to the recommendations through the work of the Dundee Housing Options and Homeless Partnership and the implementation of the Housing Options and Homelessness Strategic Plan as outlined in section 5.0.

3.0 FINANCIAL IMPLICATIONS

Improvement actions described within this report are funded within current resource allocated to the Health and Social Care Partnership.

4.0 MAIN TEXT

4.1 Background to Mental Welfare Commission Themed Investigation

- 4.1.1 The Mental Welfare Commission carried out a small scale project to explore how homeless people who experience mental ill health access and experience homeless and mental health services. They visited 43 people with mental health problems between July – October 2016 across an urban and a rural area.
- 4.1.2 The report, which was published in July 2017, made the following recommendations for NHS Boards/Health and Social Care Partnerships:
- Remove barriers for people who are homeless to registering with a GP.
 - Consider the needs of people who are homeless as part of the Psychiatric Emergency Plan and in particular consider how mental health services can respond out of hours to crisis in homeless units.
 - Review the working of substance use and mental health services to ensure that people with a dual diagnosis are fully supported.
 - Require prison based NHS staff to ensure that individuals who may be homeless register with a GP prior to release and to ensure that people leaving prison have continuity of care.

4.1.3 The report also made recommendations for Local Authorities, Scottish Government and Mental Welfare Commission which can be summarized as:

- Local Authorities should review and improve how they carry out their duties as corporate parents to ensure that appropriate aftercare support is provided to former looked after young people to prevent homelessness.
- Scottish Government should ensure the new agency set up to administer social security payments is fully accessible to homeless people.
- Scottish Government should address the links between mental health and homelessness, and the support needs of homeless people with mental health problems, in any future strategy on homelessness.
- Mental Welfare Commission will review the role of advocacy provision for people who are homeless.
- Mental Welfare Commission will produce new guidance on alcohol related brain damage and use of mental health and incapacity law.
- Mental Welfare Commission will review how the Mental Welfare Commission can include homelessness in other areas of work, including themed visits.
- Mental Welfare Commission will take account of learning and planning from this project in any future work visiting homeless people.

5.0 RESPONSE TO THE MENTAL WELFARE COMMISSION THEMED INVESTIGATION REPORT

5.1 The themed investigation report was welcomed by the Dundee Housing Options and Homeless Partnership (the Partnership) as a means of responding to the needs of people who are homeless who experience mental ill health. The Partnership includes Dundee housing providers and housing support services, carers, service user representatives and other stakeholders. The Housing Options and Homeless Strategic Plan (the Plan), which was ratified at the Integration Joint Board on 31 October 2017 (Item XI of the minute of the meeting refers), set out the partnership 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 live a fulfilled life and gain and maintain their own home.

5.2 In Dundee, we have adopted an integrated, collaborative and whole systems approach to the prevention and response to homelessness through the Partnership. Our aim through this approach is to improve the experience, opportunities and outcomes of people who experience homelessness, which includes improving opportunities for recovery for people who are homeless and experience mental ill health.

5.3 The timing of the publication of the Mental Welfare Commission's report enabled the Partnership to sense check the Plan against the recommendation prior to publication. As a result the Plan contains actions which enable a response to the recommendations from the themed investigation report for Health and Social Care Partnerships and Local Authorities. This includes implementation of the following actions relevant to the recommendations of the Mental Welfare Commission report:

- A review of health and homelessness outreach team. This review led to increased resource to support people who experience mental ill health who are homeless. The team along with temporary accommodation and housing support providers support people who are homeless to register with a GP.
- Development of joint working initiatives between homelessness and substance misuse services to promote recovery.
- A review of temporary accommodation and housing support arrangements to both support a shift towards prevention of homelessness and provide coordinated and personalised support to people who are homeless. It is planned that the review will be completed and implemented during period 2018 – 2019.
- A health and wellbeing sub group which will seek to reduce health inequalities and improve outcomes for people who are homeless.

- Joint working arrangements with Children and Families Services to prevent young people becoming homeless.
- Joint working arrangements with Community Justice to support effective transition from prison to community.

5.4 Alongside the work of the Partnership, joint working between mental health and substance misuse services is being reviewed and progressed via a redesign of substance misuse and mental health services so that people with a dual diagnosis are supported.

6.0 SUMMARY

6.1 We have made a commitment to redesigning homelessness services to improve access and support to citizens of Dundee and with that have implemented a Housing Options and Homelessness Strategic Plan, which includes actions noted above to support realisation of this commitment.

7.0 POLICY IMPLICATIONS

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

8.0 RISK ASSESSMENT

Risk 1 Description	The risk of not completing the implementation of the Housing Options and Homeless Strategic Plan could result in the recommendations within the Mental Welfare Commission report not being fully realised.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Review of progress at Housing Options and Homeless Partnership. - Redesign of substance misuse services.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate)
Approval recommendation	Given the mitigating actions in place, the risk is deemed to be manageable.

9.0 CONSULTATIONS

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

10.0 BACKGROUND PAPER

None.

DATE: 9 July 2018

Dave Berry
Chief Finance Officer

Alexis Chappell
Locality Manager

VISIT AND MONITORING REPORT

Themed visit to
homeless people
with mental ill
health

JULY 2017

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The Mental Welfare Commission for Scotland

What we do

We protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

We do this by

- **Checking if individual care and treatment is lawful and in line with good practice.**
- **Empowering individuals and their carers through advice, guidance and information.**
- **Promoting best practice in applying mental health and incapacity law.**
- **Influencing legislation, policy and service development.**

Executive summary

Introduction and background

The Commission carried out a small-scale project to explore how homeless people with experience of mental ill-health access and experience homeless and mental health services. We visited 43 homeless people with mental health problems in July – October 2016 in two local authority areas, one rural and one urban.

Who we visited

Of the 43 people we visited:

- Only seven (five men and two women) were experiencing homelessness for the first time.
- Thirty (68%) were male and 13 (32%) female.
- Twenty six told us they have depression, and 14 of these had recently self-harmed or had suicidal thoughts.
- Four people told us they have a bi-polar disorder.
- Eight told us they had a diagnosis that included psychosis, schizophrenia or schizo-affective disorder. Five had been detained under the Mental Health Act in the past.
- Thirteen were parents of children under 18.
- Seventeen men and two women told us they had spent some time in prison. Seven said the main reason they were homeless was as a result of being in prison.
- Fourteen (32%) had been looked after children in the care of the local authority.
- Twenty (12 male, eight female) had experienced sexual or physical abuse.
- Seventeen people told us that they currently had issues with drugs, including two with problems with both drugs and alcohol.
- Thirty six were unemployed.

Key findings

- Seventeen people felt they faced discrimination, particularly from private landlords.
- Thirty seven of the 43 people we saw were registered with a GP, but we heard about significant difficulties getting registered. Five of the 26 people who told us they have depression were not registered with a GP. Access to a

GP is crucial for mental health support and for referral to specialist services if required.

- On release from prison there is often a delay in accessing medication due to difficulties registering with a GP and GPs' reluctance to prescribe without input from a hospital consultant.
- Homeless services told us that access to psychiatric services was very difficult to arrange and there was a particular need for better arrangements out of hours.
- People with a dual diagnosis have difficulty accessing either mental health or addiction services as mental health services will not see people with addiction problems and addiction services refuse to see someone with mental health symptoms. This has been identified in the Scottish Government's new Mental Health Strategy: 2017-2027 as an area in need of improvement.
- We heard that staff in the homeless accommodation can be very helpful and offer a great deal of support, but many people experience difficulty and delays accessing psychological therapies.
- We heard from many people that the benefits system is not set up well for homeless people and in particular for people with mental health problems:
 - Personal Independence Payment (PIP) interviews are often not easily accessible for people with mental illness and sanctions are applied if appointments are missed.
 - The community care grant process is slow. This can have a major impact on people who are homeless because it can result in people having to pay rent for a tenancy, but unable to claim housing benefit because they can't move in until they receive the community care grant, which pays for essential items. This can mean people build up arrears.
- We heard that if the local authority offer a tenancy then someone in temporary accommodation is obliged to take it, which can lead to problems if the person is not ready to move on.
- The three young people we met aged 16-17 were all known to Child and Adolescent Mental Health Services (CAMHS).

Conclusion and recommendations

We found a picture of significant needs only partially met. Although some people were receiving the care and treatment they needed, others were not, or had had difficulty accessing it. We saw engaged and committed homelessness services supporting people with significant mental health needs but lacking direct referral routes to psychiatric and psychological services. We heard that the only access

route to these services was via the GP, but that there could be barriers to registering with a GP. We also heard that there is a disconnect between mental health and substance misuse services, and that people who need both may get neither.

Recommendations for supporting homeless people's mental health

NHS boards/health and social care partnerships should:

- Remove barriers experienced by people who are homeless to registering with a GP, to enable access to GP services for physical and mental health and to specialist mental health services where required, and consider linking GPs to homelessness services to facilitate access.
- Consider the needs of homeless people in the local psychiatric emergency plan and consider how mental health services can respond out of hours to crises in homelessness units.
- In line with Actions 27 and 28 of the Mental Health Strategy: 2017-2027¹, review the working of mental health and substance misuse services to ensure that individuals with dual diagnosis are fully supported.
- Require prisons-based NHS staff to:
 - Ensure that individuals who may be homeless are assisted to register with a GP prior to release, where necessary by requesting that the GP practice register the prisoner as a temporary resident. This would allow the sharing of information pre-release, so that health problems can be addressed in the community.
 - After appropriate risk assessment, ensure that all people leaving prison and requiring medication have continuity of care - for example, by providing both a small supply of medication and a prescription.

Local authorities should:

- Review and improve how they carry out their duties as corporate parents under the Children and Young People (Scotland) Act 2014, to ensure that appropriate aftercare is provided for former looked-after young people under 26 to prevent homelessness.

The Scottish Government should:

- Ensure the new Scottish agency set up to administer social security payments is fully accessible to people who are homeless.

¹ <http://www.gov.scot/Publications/2016/07/7151/0> Action 27: Test and learn from better assessment and referral arrangements in a range of settings for dual diagnosis for people with problem substance use and mental health diagnosis; Action 28: Offer opportunities to pilot improved arrangements for dual diagnosis for people with problem substance use and mental health diagnosis.

- Address the links between homelessness and mental health, and the support needs of homeless people with mental health problems, in any future strategy on homelessness.

The Mental Welfare Commission will also take forward some of the issues in our own work. We will:

- Look at advocacy provision for homeless people in our new role under the Mental Health (Scotland) Act 2015 to monitor how NHS boards and local authorities carry out their duties to provide advocacy services.
- Produce new guidance on alcohol-related brain damage and the use of mental health and incapacity law.
- Review how we can include homelessness in other areas of our work, including themed visits.
- Take account of the learning from planning and carrying out this exploratory visit in any future work visiting homeless people.

1. Introduction and background

The Commission carried out a small-scale project to explore how homeless people with experience of mental ill-health access, and experience, homeless and mental health services.

Because people who experience homelessness are more likely than the general population to have mental health problems, and are in a vulnerable situation, we wanted to know whether they are able to access the right support.

We wanted to hear from people with a range of experiences and stages of homelessness. This was an exploratory project, which aimed both to visit homeless people with mental illness and to learn about how best to reach this group.

We carried out visits to 43 homeless people from July to October 2016, in two local authority areas - one rural and one urban.

Why we carried out these visits

Studies from around the UK routinely find that homeless people are much more likely to have mental health problems, as well as poorer physical health, than the general population. Crisis, a national charity for single homeless people, states that the research indicates mental health problems such as anxiety and depression are twice as common, and psychosis is between four and fifteen times more common, in the homeless population².

Homeless people also die much earlier and are more likely to also have co-morbid drug or alcohol problems. Levels of suicide and deliberate self-harm are also higher.³

Research commissioned by the Joseph Rowntree Foundation, published in 2011, found that there is a strong over-lap between the people who experience homelessness and people who have been in institutional care as children, or who have experienced traumatic childhood experiences such as abuse. Homeless people are also often known to substance misuse services and/or criminal justice services and have multiple complex needs that cannot easily be addressed by a single agency.

² Rees, S. Public Health Resource Unit (PHRU) (2009) *Mental Ill Health in the Adult Single Homeless Population: A review of the literature*. Crisis, London.

<http://www.crisis.org.uk/data/files/publications/Mental%20health%20literature%20review.pdf>

³ Thomas, B. (2012) *Homelessness kills: An analysis of the mortality of homeless people in early twenty-first century England*. Crisis, London

<http://www.crisis.org.uk/data/files/publications/Homelessness%20kills%20-%20full%20report.pdf>

"There needs to be an integrated response across health, housing and social care."⁴

Homelessness is also a stressful and isolating experience that can cause or exacerbate mental health problems. It is essential that homeless support services are aware of the relationship between mental health and homelessness, and have the skills and resources to respond to it. They must have close working links with mental health professionals and others who have a focus on addressing the needs of homeless people who have mental health problems.

The Scottish Government national statistics report, "Homelessness in Scotland: Bi-annual update" for April to September 2016⁵ recorded that in this six month period, 10,312 unintentionally homeless households were supported to find an outcome. Four out of five of these households were found settled accommodation.

Despite the stigma attached to mental illness, 20% (n 1,974) of the applicants for support with homelessness in this period who completed the questionnaire, identified mental health problems as one reason they were unintentionally homeless. This was a 21% increase on the same six month period in the previous year. People who identified themselves as having mental health problems were marginally more likely to have a settled outcome, (83.1% rather than 80.7%), but were much less likely to be given a council tenancy (37.5% rather than 47.8%) and much more likely to be settled in non-permanent accommodation (8% rather than 1.7%)⁶.

The Scottish Public Health Observatory has analysed data from 2013 local authority and acute hospital records in Fife⁷, comparing healthcare use by homeless people and the general population. Among other findings, admissions related to self-harm or to injuries and poisonings were 12 times higher among homeless people. People who were homeless had a 13 times higher rate of admission to inpatient psychiatric care than the general population aged 15-64.

The Commission has not previously carried out a themed visit to homeless people with mental health problems. Homeless people are seen as "hard to reach" by health and social services. In 2008 the Commission conducted a consultation which

⁴ McDonagh, T. (2011) *Tackling homelessness and exclusion: Understanding complex lives*. Joseph Rowntree Foundation, York.

<https://www.irf.org.uk/file/40103/download?token=exQ7ROqZ&filetype=download>

⁵ Scottish Government, Social Security and Housing Access Statistics (2016) *Homelessness in Scotland: Bi-annual update: 1 April to 30 September 2016*

<http://www.gov.scot/Resource/0051/00512952.pdf>

⁶ Scottish Government Social Security and Housing Access Statistics, Communities Analysis Division. Data set: Cases assessed as unintentionally homeless, securing settled accommodation and where contact was maintained to duty discharge by mental health reason for homelessness (Private communication, 08/02/17)

⁷ <http://www.scolpho.org.uk/life-circumstances/homelessness/data/health>

identified a range of challenges for service providers in meeting the needs of homeless people with mental health problems.

The issue of how to connect with homeless individuals has also been discussed at the Commission's Advisory Group and internally. The most significant challenge in carrying out visits to homeless people was how to visit people who were actively homeless, especially those living rough, or who were "hidden homeless" such as "sofa surfers".

We worked in partnership with homeless organisations and Health and Social Care Partnerships to try to achieve this.

The legal framework

The Housing (Scotland) Act 1987, as amended, provides the legal framework for homelessness and gives rights to homeless people. It places duties on local authorities. Housing options guidance has been produced by the Scottish Government as a tool for local authorities to use when developing their approach to housing options for people who are homeless, or who are at risk of homelessness.

The guidance defines housing options as:

"a process which starts with housing advice when someone approaches a local authority with a housing problem. This means looking at an individual's options and choices in the widest sense. This approach features early intervention and explores all possible tenure options, including council housing, registered social landlords and the private rented sector.

The advice can also cover personal circumstances which may not necessarily be housing related, such as debt advice, mediation and mental health issues.

Rather than only accepting a homelessness application, local authority homelessness services will work together with other services such as employability, mental health, money advice and family mediation services, etc, to assist the individual with issues from an early stage in the hope of avoiding a housing crisis."⁸ (Our emphasis).

The Housing Support Services (Homelessness) (Scotland) Regulations 2012⁹ came into force on 1 June 2013. These regulations changed the duties on local authorities to assess the need for housing support for every applicant assessed by the local authority as unintentionally homeless or threatened with homelessness, and

⁸ Scottish Government (2016) *Housing Options Guidance*
<http://www.gov.scot/Resource/0049/00494940.pdf> (page 6)

⁹ The Housing Support Services (Homelessness) (Scotland) Regulations 2012. SSI 2012/331
<http://www.legislation.gov.uk/sdsi/2012/9780111018170/contents>

who the local authority has reason to believe would benefit from housing support services as prescribed in the regulations. If an assessment of a need for support is made, local authorities must ensure the housing support services are provided.

The legislation therefore requires that, from an early stage, staff with the necessary skills must be able to identify mental health problems and know how best to assist an individual to get their mental health needs met, linking in with mental health services.

Under the Mental Health (Care and Treatment) (Scotland) Act 2003 sections 25 and 26, local authorities have a duty to provide “care and support services” and “services designed to promote well-being and social development” for people who are not in hospital and who have, or have had, a mental disorder. The aim should be to “minimise the effect of the mental disorder” and give to people “the opportunity to lead lives which are as normal as possible.”

The Act further defines “care and support services” specifically to include residential accommodation. It also gives examples of what sorts of services should be designed to promote “well-being and social development” to include social, cultural and recreational activities; training; and assistance for people to obtain employment.

Under section 27, local authorities should also provide assistance for people to travel to and from these services to attend or participate in them. In our report ‘Living with severe and enduring mental health problems in Scotland’¹⁰, published in August 2016, we recommended that:

‘Local authorities and health and social care partnerships should review how they can work together to develop the provision of relevant services under ss. 25 to 27 of the Mental Health (Care and Treatment) (Scotland) Act 2003. Sections 25 to 27 of the Act are important, and should not be forgotten or overlooked.’

Objective

We wanted this project to listen to the voices of people who were homeless who had experienced mental health problems, and the views of homelessness services.

We hoped to identify potential areas of future focus and work for the Commission in relation to homelessness and mental health, and to inform how we might carry out future work.

¹⁰

<http://www.mwcscot.org.uk/media/340411/living-with-severe-and-enduring-mental-illness-in-scotland-report-final-2.pdf>

Scope

We aimed to visit roughly equal numbers of men and women, as we envisaged there may be different issues and factors experienced by each gender group. We also aimed to see a balance of people across the age range.

To capture how different demographic issues impacted on homelessness, we decided to meet with people in one urban area and one rural area.

The focus of the visits was intended to include:

- Access to mental health services and routes into services.
- Use of legislation: Mental Health Act and Adults with Incapacity Act.
- Exclusion from services.
- Dual diagnosis/lack of diagnosis/hidden mental health problems.
- Discrimination and disadvantage.
- Routes to recovery.
- Access to physical health services.
- Capturing diversity of experience, including:
 - ex-service personnel
 - migrants
 - women fleeing abuse
 - people who were in “looked after” care
 - ex-offenders
 - travellers
 - people with substance abuse issues
 - a range of ages

It was recognised that this was an exploratory project, and we predicted there might be other issues which would become apparent during the course of the planning and delivery.

To achieve our objective we initially planned to visit people who were in homeless hostels, or other temporary accommodation, or living rough, who had experience of a mental illness, personality disorder, alcohol related brain damage, learning disability, autism, dementia or related disorder; with or without a formal diagnosis (noting that there may not be a formal diagnosis).

We excluded from the small-scale project:

- people who have been previously homeless but are not now
- people with addictions but not mental illness
- people in hospital care

2. Planning and consultation for the themed visit

Consultation - What people told us was important to ask about

We held two focus group meetings in the rural area attended by 13 people in total.

We held one large meeting in the urban area with representatives from the majority of homeless service providers. We also held two meetings with leaders of local authority homeless housing and health and social care partnerships (eight people in total).

In the urban area we also met with three management groups of providers and seven people who were homeless.

We asked the question "What are the key issues that affect people with experience of homelessness who have also experienced mental health problems?"

The urban health and social care partnership told us that investment had been put into homelessness in recent years. The view of staff working in homeless services and some homeless people was that the system could be more helpful – for instance, a person vulnerable to mental health problems and with the stress of homelessness, may only be allowed 12 weeks in supported accommodation, and have to move on by a certain date. The impact of this is an increase in anxiety and depression, summed up by one member of staff as – *"no money, no job, a child to visit, the council on your back for service charges and rent arrears – and people will inevitably end up on anti-depressants. The system creates its own problems – you need to be very capable just to manage the system"*.

Key issues from the focus groups were:

- Quick access to homeless accommodation – delays increase the problems.
- Prison staff need to engage in-reach services to help homeless people with mental health problems organise support, medication, benefits and accommodation in preparation for release.
- Registration with a GP needs to be simple for homeless people.
- Mental health and drug addiction teams need to work seamlessly.
- Mental health services need to work closely with homeless services and provide a full range of inputs, including support, advice, psychological therapies and medication.
- In particular, psychological therapies and counselling should be available and accessible to survivors of abuse and trauma in homeless accommodation.
- Mental health services should include in their psychiatric emergency plans support for homelessness services and individuals when in crisis.
- Homeless people who are given a place in a guest house should have support - life in guest houses can be very difficult.

- Accommodation offered to homeless people needs to be
 - local to their family and friends
 - up to an acceptable living standard
 - offered when they are ready to move on
- Welfare reform was noted to be having a significant impact on homeless people.
- Being listened to – with understanding and positive attitudes, and not having to repeat their history to multiple professionals.

We designed questionnaires for individuals and homeless service managers and staff based on the information given to us at the focus groups.

We contacted a number of statutory and third sector housing and homelessness support providers in the two areas selected.

Outline of how homelessness services work in the two visit areas

The urban area

In the urban area we selected there is one local authority serving a city, entirely encompassed within a health board area. At the time of our visits, the two organisations had recently set up their integration joint board.

The urban area is not a housing transfer authority and has its own housing stock. There are 10 housing associations, also known as registered social landlords (RSLs)¹¹. Registered social landlords have a statutory duty to assist local authorities to house people who are homeless through Section 5 Referral under the Housing (Scotland) Act 2001. Three housing associations are part of a common housing register and common allocations policy within the area.

Homeless people have to present to the local authority housing options office (a bus journey from the centre of the city, although they can be seen at other locations on request). There is also a 24 hour homelessness out-of-hours emergency service. Where a person requires temporary accommodation, the local authority has a duty to provide accommodation immediately if the individual is roofless. An assessment of homelessness is carried out by the local authority within 28 days. If a single person is assessed as being unintentionally homeless and in need of accommodation, she or he will usually be assigned to an acute unit for short term accommodation. From these units they then can progress, usually after 28 days, to more stable rehabilitation or resettlement, depending on their need. Where an in-depth support

¹¹ RSLs provide a variety of accommodation and are run by professional staff and managed by a board of management made up of volunteers. These boards have overall responsibility for the work of the organisation and may include residents, representatives from local authorities and community groups, business people and politicians

assessment shows that the person would benefit from a resettlement unit, they are transferred and given support to suit their needs.

Families and pregnant women are provided with flats either from the local authority, or specialist voluntary sector agencies. Depending upon their needs, some can stay in these flats for an extended period of time, but the hope is to get them settled with an address, benefits and some stability. The ideal is then to get them a tenancy of their own, and employment.

Help is provided to access GP services, which are the only route to ongoing treatment and referral to mental health services.

There is a homeless outreach health team which has recently had a cutback in services; the mental health nurse attached to the team has only two days a week to cover the whole of the city. We were told the composition of the team is under review. The psychiatric services do not accept direct referrals from the team.

A local GP used to provide medical input into this service, but this is no longer the case.

All of the staff we spoke to in the units we visited reported difficulty in people being seen by the mental health services. In addition, individuals had to wait until medical records were sourced before GPs would prescribe their medication. This was especially true if there were also problems with addiction.

There is also a drop-in service provided by a retired nurse in a local church. She provides some health care. A dental service is available through the drop-in, and welfare rights and benefit officers attend regularly.

The rural area

The rural local authority is responsible for the needs of a large, mainly rural area, and has the same boundaries as the local health board. The population of the region is dispersed, with many people living in small villages and towns. There are four more densely populated areas.

The rural local authority does not have its own housing stock. Social housing in the area is managed by 10 RSLs, after a housing stock transfer.

The local authority is working with health and social care partners to ensure a collaborative approach to supporting people with mental health problems who present as homeless. This approach came about because the local authority was aware of "revolving door" presentations, by the same individuals, to homeless departments. This can be for a multitude of reasons, but the council is clear the most prominent issue is the lack of support available for mental health issues, accompanied by a reluctance to accept support by the individuals concerned.

There are no exclusion criteria for homeless presentations. If someone presents as homeless and the main issue centres on mental health care needs, a GP would need to make a referral to NHS mental health services. A homeless application would be taken, and early engagement with relevant services would be encouraged to identify accommodation and support requirements.

A local mental health association has accommodation and an outreach service, commissioned by the local authority.

It is recognised that individuals who are homeless are often in temporary accommodation for too long, some as long as 12 months. Recently the council says it has made good progress with RSLs to move people on more timeously to permanent accommodation. An area of difficulty reported to us by several homeless people is that the available permanent accommodation can be in poorer areas with higher levels of drug addiction.

We were also told by individuals and service providers that there are 'attitude issues' from RSLs that can sometimes prevent people from gaining housing. We were told that these issues can also mean that stays are short-lived, due to homeless people being told to leave by the RSLs if they are not deemed suitable to remain. This is important, not least because 33.3%¹² of people who identified as having mental health problems and were unintentionally homeless across Scotland in the latest available figures were settled by placement with an RSL. The council response is that, under housing legislation, RSLs cannot tell tenants to leave their accommodation as there is a legal process to follow.

The local authority and health board have set up a short life working group alongside the four locality groups to focus on the health and social care integration agenda, with one of the focuses being around homelessness. In this work there is a recognition of the need to target the prevention agenda to provide support before people become homeless. The housing options toolkit has been delayed nationally, so no work has progressed around this in the rural area as yet.

The Housing Regulator is also working closely with the council to improve their approach to the homeless population and delivery of its housing options and homelessness service.

¹² Scottish Government Social Security and Housing Access Statistics, Communities Analysis Division. Data set: Cases assessed as unintentionally homeless, securing settled accommodation and where contact was maintained to duty discharge by mental health reason for homelessness (Private communication, 01/02/17).

What we did

We visited homeless people and organisations supporting them and asked questions based on our consultations. Qualitative rather than quantitative research methods were used due to the low numbers of people being visited in this project.

We drafted three data collection sheets:

- A questionnaire concerning the individual. Part 1 consisted of largely open ended questions to be asked face-to-face; Part 2 was a detailed listing of demographic and background information, ideally to be obtained from the service provider prior to the interview with a view to being added to at the face-to-face interview with the individual.
- A questionnaire to be completed in conversation with a worker from the homeless service.
- A brief questionnaire for relative/friends/carers – to be issued with the permission of the homeless individual.

At the outset we set up an aspirational quota sheet, with the aim of guiding us towards a wide qualitative sample; we hoped to gain views from a range of individuals and a breadth of experiences across the homeless sector. The quota sheet was broadly guided by the relative population sizes of the two areas and the known relative divisions across gender and age-groups (eg 24 or under, 25 and over) cited in the national data sets.

Across these key parameters, we also aimed to gain some representation if possible from other key groups identified in the literature including: parents with children; people with experience of having been in “looked after” care; people with experience of mental health hospital care; people who have been in prison; ex-members of the armed forces; people who have survived abuse, exploitation or been trafficked; migrants or asylum seekers.

In practice we found it difficult to stick too closely to the quota sheet, largely because we could only interview those individuals who were willing to come forward on the days of our visits. Whilst we tried to be explicit with the staff in the homeless units about our criteria, sometimes these were loosely applied. We did not see homeless people who were not known to the homeless units and we did not formally interview the few “rough sleepers” seen (as they were in a drop-in). This was an exploratory themed visit project rather than formal research.

3. Arranging meetings with homeless services and individuals

We made contact with both local authority homelessness services and with the homelessness service providers in each area.

Each year, Scottish local authorities produce an annual performance report which details how they have performed in achieving their objectives for homelessness. We looked at the homelessness annual performance reports for the two areas we planned to visit. These reports gave us some information about the available services in the areas. We also had a general idea of some of the key services that exist, asked the local authority about routes for visiting homeless people, and we searched for services online.

In each area we identified services supporting homeless people and worked with them to arrange to visit people using their service. We asked each service to speak with homeless people they supported who they knew or suspected to have mental health problems, and encourage them to meet with us. We arranged times to visit each service and attempt to meet with people, using our questionnaire.

A training seminar was delivered in May 2016 by the Housing Regulator to ensure all project team members (and other Commission officers) were well informed about homelessness issues.

The rural area

We met with the local authority and with national organisations based in the rural area, APEX, Women's Aid¹³ and two outreach housing support providers commissioned by the council. Most were enthusiastic to help and some managed to find many people who met our criteria and were willing to meet with us. Staff at one of these said that it was quite hard to convince clients who had a mental illness and were homeless that it would be a good idea to speak with us and go through a questionnaire.

Key to meeting seemed to be the initial phone call explaining the Commission and the themed visit in a way that made services keen to help rather than worried or anxious about the additional work it would cause.

It was very quickly made clear to us that, as we had anticipated, it would be difficult to get homeless people to attend on specific days and at specific times due to the nature of life when homeless and the conditions many people experience. We agreed that preliminary meetings would be at places where people dropped in, and

¹³ www.scottishwomensaid.org.uk

that we would meet with people who were around. We chose days when people were usually expected to be there or when activities were already planned.

We asked the organisations to spread the word among their workers and homeless people who were using their services that we were coming and encourage them to speak to us.

Initial meetings were held with homeless people attending APEX Scotland services. On the whole, people were happy and sometimes eager to talk with us, but not everyone met our criteria. Because they had made contact with services and were engaging in activities, many had very recently found accommodation or had been in accommodation for some time but were struggling to keep the tenancy, rather than currently homeless. Equally, people often did not self-define as having mental illness. They identified issues such as stress, anxiety and depression, for which they might be receiving treatment, usually from a GP, but they did not necessarily associate this with having a mental health problem.

The urban area

We spent some time initially meeting with people from the council, health and social care partnership and managers. We also attended a multi-professional conference event on homelessness where all main services were represented. But the most effective route to reaching homeless people was by direct contact with the managers of the homeless hostels. The homeless support staff we spoke to, on the whole, were unfamiliar with the Mental Welfare Commission, but they were helpful and many also provided contacts with other agencies.

The people we saw had not all been through the main city centre hostel, but some had been referred straight to other direct access hostels. After initial assessment they would then progress onto longer term placements at other hostels. From here they are given support with benefits, training, employment etc with the hope that they will next move to their own tenancy. Supported accommodation can be available as an interim measure before this.

We visited the main council city centre homeless unit, another run by the Salvation Army¹⁴, and one run by the Cyrenians¹⁵.

In all three units the method of finding someone to speak to could be problematic. Making appointments wasn't practical and we had to rely on turning up to the unit and seeing those individuals who were available on the day.

¹⁴ <https://www.salvationarmy.org.uk/scotland-office>

¹⁵ <http://cyrenians.scot>

We also visited a resettlement service run by the Cyrenians, a sheltered housing scheme providing a follow-on service from the direct access units for vulnerable people, and a young persons' unit run by Action for Children¹⁶.

Finally, we visited a drop-in centre run by a church organisation. We spoke informally to some individuals who were voluntarily sleeping rough, who said they had worked hard to get off drugs and felt the situation in most of the hostels was such that they could not hope to stay off if they went to stay there. They described shouting and aggression in the corridors at night, and constant knocking on their doors with people trying to sell drugs, or asking for money to buy their own. The hostels themselves did not describe this level of activity; although they all had a 'no drugs' policy they acknowledged this was impossible to enforce.

How we carried out the visits

We offered to meet people in any location that they felt comfortable with and at any time of the day, and found that the most straightforward option for people was to meet them in working hours at the offices of each agency.

The longest interviews lasted about 1 ½ hours, the shortest about 20 minutes. In many cases people seemed very keen to speak and said that they appreciated the opportunity to talk about their experiences.

Some people wanted to be interviewed because they thought it might make a difference for other homeless people.. Not all individuals interviewed were able to answer all the questions in the questionnaire.

Two people preferred to be interviewed at the same time so that they could support each other. This seemed to work for them quite well for them, although it may have restricted what they were willing to talk about.

Service staff also provided important insights. They could often see very real problems around such things as referrals and systems that homeless people did not raise, or were unaware of, and could often illustrate different points with real examples.

We provided direct advice to the homeless person following nine of the 43 interviews. We also gave advice to managers and staff on accessing mental health services during three interviews.

¹⁶ <https://www.actionforchildren.org.uk>

4. Who we visited

We met with 48 people, 43 of whom met our criteria of being currently homeless or had been so up to the last month. Four had been homeless in the past year but were not currently homeless– these are excluded from the following counts but their stories or quotes may be used for illustration. One other was excluded on closer analysis of the data as, despite the service’s opinion, the individual did not feel they had a mental health problem and we agreed.

Only seven (five men and two women) of the 43 people we saw were experiencing homelessness for the first time. Four of these seven were over 25 years old.

Gender	Rural Area	Urban Area	Total seen
Female	4 (31%)	9 (32%)	13 (32%)
Male	9 (69%)	21 (68%)	30 (68%)
Total	13	30	43

We interviewed more than double the number of men (67% 29) compared to women (33% 14). We interviewed everyone who was willing to meet with us and who met our criteria (currently homeless and with experience of mental health problems). There are more men in homeless services (55%) than women (45%)¹⁷.

All of the homeless services we visited (eight in the urban area, four in the rural area) supported both men and women, and most reported that they usually have a majority of men, sometimes as much as 80 – 90%.

There were few communal places to spend time in at the homeless units we visited. This may reflect some of the opinions from individuals interviewed, who told us that, in the main, they did not have strong peer relationships with each other and did not necessarily seek this. This was backed up by staff, who also commented on the, at times, inappropriate mix of people in some accommodation – eg young women with a history of trauma being housed with offenders who are active drug users.

¹⁷ Scottish Government Social Security and Housing Access Statistics, Communities Analysis Division. Data set: Applications by household type and sex of main applicant (Private communication, 08/02/17).

Mental health

The Mental Welfare Commission's remit extends to people with mental illness, dementia and learning disability, and related conditions, such as autism.

Because of this, we excluded from this themed visit project people who told us they had no mental health problems.

SELF-DIAGNOSIS	Grand Total
Depression	12
Depression and Psychosis	1
Depression and Psychosis and Other MI	1
Depression and Other MI	12
Psychosis	5
Psychosis and Other MI	1
Bi-polar	3
Bi-polar and Other MI	1
Other MI	3
Anxiety	3
Personality disorder	1
Grand Total	43

Of the 43 people we spoke to, 26 told us they suffered with depression. Three told us they had post-traumatic stress disorder (PTSD) as a result of childhood abuse.

"JQ told us she believes dysfunctional family and abuse led to her mental health problems. Her parents were drug dealers. She witnessed her mother's abuse and was sexually abused herself."

"JM told us he had a 'mental breakdown' about one year ago. He was taken to hospital by his partner. He lost his job, his partner, and his house through extreme depression and anxiety. He still has anxieties regarding working and crowded spaces."

Twelve of the 26 individuals (nine men and four women) told us relationship breakdown was the main reason they had become homeless. Nine said that it was because of a deterioration in their mental health. Fourteen of the 26 individuals also told us they had recently self-harmed or had suicidal thoughts.

Four people told us they have a bi-polar disorder.

Eight individuals, all men, told us they had a diagnosis that included psychosis, schizophrenia or schizo-affective disorder. Five of the eight told us they had been detained under the Mental Health Act in the past (though no one we saw was currently subject to measures of the Act or on guardianship in the Adults with Incapacity (Scotland) Act 2000). Four thought their mental health was the main reason they were homeless, and two identified a breakdown in relationships.

Family life

None of the individuals we spoke to were married or in a civil partnership at the time of the interview. Thirty six individuals told us they had no current partner, seven of these were single following a divorce. Three were widows or widowers. Seven people told us they had a partner.

Highlighting the impact of homelessness on more than just the individual, there were 13 parents (10 fathers and three mothers) of children under 18 in our survey with a total of 26 children (one father had six children).

Other characteristics

Ex-prisoners

People who come into contact with the criminal justice system are at a higher risk of experiencing homelessness. This may be because they lose contact with their family, or because they lose their tenancy when in prison. Nineteen (17 men and two women) of the 43 individuals interviewed told us they had spent some time in prison.

Seven told us the main reason they were homeless was as a result of being in prison.

Shelter Scotland's 2015 report Preventing Homelessness and Reducing Reoffending¹⁸ found lack of planning around prison release put people at risk of homelessness, and that the right location for a tenancy was important in reducing the risk of reoffending.

Ex-services

Two individuals (both men) told us they had served in the armed forces.

Looked after children

Fourteen (32%) (nine men and five women) of the 43 told us they had been looked after children in the care of the local authority for some period. A child is defined as being "looked after" if they are in the care of the local authority for more than 24 hours, though most will be in care for much longer periods, sometimes until reaching adulthood. Recent data in Scotland is that 1.5% of the 0–17 age population are looked after children¹⁹.

The Scottish Government national homelessness statistics annual report asks whether any member of an applicant household, aged under 25, was looked after as a child by their local authority²⁰. It shows that 6% of applicant households answer yes to this question.

That almost one third of the homeless people with mental health problems who we saw had been looked after as children appears to be a much higher proportion than we might have expected, although our sample is small. However a research briefing on young homeless people published by Crisis in April 2012: "Young, hidden and homeless" found a similar situation and reported:

"The fact that 30% of young homeless people have been in care suggests that the care system too can fail to deal with some of the support needs young people have"²¹

¹⁸

http://scotland.shelter.org.uk/professional_resources/policy_library/policy_library_folder/preventing_homelessness_and_reducing_reoffending_-_insights_from_service_users_of_the_supporting_prisoners_advice_network_scotland

¹⁹ <http://www.gov.scot/Topics/Statistics/Browse/Children/PubChildrenSocialWork/CSWSAT1516> Table 2.1.

²⁰ Table 5 <http://www.gov.scot/Resource/0050/00502077.xlsx>

²¹ Research briefing: Young, hidden and homeless, Crisis, 2012 <http://www.crisis.org.uk/data/files/publications/Crisis%20briefing%20-%20youth%20homelessness.pdf> Also see "Care leavers' transition to adulthood", National Audit Office, <https://www.nao.org.uk/wp-content/uploads/2015/07/Care-leavers-transition-to-adulthood.pdf> "in 2010, 25% of those who were homeless had been in care at some point in their lives"

A local authority has a range of statutory duties to “looked after” children, laid out in section 17 of the Children (Scotland) Act 1995, one of which is to provide advice and assistance with a view to preparing the child for when he or she is no longer looked after (care leavers). They must also provide advice, guidance and assistance for young people who have ceased to be looked after. There is a duty on local authorities to provide this support up to the age of 19 and a duty to assess any eligible needs up to their 26th birthday^{22 23}.

For example, we met AJ, a young woman in the 18-24 age group, with a bipolar disorder. Her mother had schizophrenia and could not look after her. She told us she was looked after in care from the age of 12. When she was 14 she was sleeping rough and in and out of foster care. When she turned 18 and moved from foster care to a tenancy, she says social work said she could manage independently, but she does not feel that she can. She told us:

“social work said ‘we are not responsible anymore because you are now over 18”

Her homeless support worker told us that expecting a person just leaving care to manage and budget on a monthly payment, which includes rent, does not work.

Our findings support research showing that a disproportionate number of care leavers are becoming unintentionally homeless when leaving care.

Experience of abuse

A history of abuse is thought to be a common experience for people who are homeless, but it is not appropriate to ask direct questions about this in this kind of interview. However, if the individual raised this as an aspect of their personal history, or if staff were aware of this issue as being in the individual’s history, we recorded it. Of the 43 people interviewed, 20 individuals (12 male, eight female) either mentioned they had experienced abuse, either sexual or physical, or staff in the unit shared this information with us.

This shows that experience of abuse did not affect just one gender.

“MS stated she was neglected by her mother from a young age. Her mother was a single parent and had a drink problem and many parties at home which involved strange men frequently visiting her. MS told me she was sexually abused by a number of these men at this time. She feels her mother did not protect her.”

²² Children and Young People (Scotland) Act 2014 section 57

²³ Scottish Government: Throughcare and Aftercare

<http://www.gov.scot/Topics/People/Young-People/protecting/lac/careleavers> (accessed 03/03/17)

Drugs and alcohol

Just over 50% (n22) told us they had no current or past involvement with the misuse of drugs or alcohol. Five had some history, but told us they had no current problems with this.

Seventeen individuals (13 men and four women) told us that they currently had issues with drugs, which included 2 men who acknowledged having had significant problems with both drugs and alcohol. Both these men were ex-prisoners and both also experienced suicidal thoughts. But their stories showed that with the right support there was hope even in these difficult circumstances. One individual said:

"I am an ex user - mental health problems caused my addictions and homelessness. I am on antidepressants but I can manage myself - in the guesthouse a lot of people are off their faces - because of this I could have slipped back."

"I now work as a volunteer - this helps a lot - in prison I did a course which helped - it showed the cycle of drugs and depression. I'm ok but if something happens then there can be problems. For instance, a bill from the council caught up with me - independent living services sorted it. In the past I would have sold drugs to pay it - they are helping me pay it off in stages."

Six individuals told us they were receiving support from an addictions team during this episode of homelessness. All but 1 of the 17 were registered with a GP. The 1 individual had been put off the GP list and told us he was waiting to be seen by the Community Mental Health Team (CMHT), but had been waiting a long time. He said:

"I have just started to talk about things in the last 8-10 months. I'm feeling in a good place just now. I am in contact with the drug crisis team. I don't have any mental health support but I am waiting for an outpatient appointment."

Ethnicity

We saw no one from a minority ethnic background during the course of this project. All individuals seen were either white Scottish or white other British. This is surprising, as data (below) suggests that approaching one in 10 of the homeless population is from other ethnic groups.

Applications by Ethnicity of Main Applicant	Apr-Sept 2016	%
White Scottish	13,362	78.1
Other British	1,012	5.9
Irish	57	0.3
Other white ethnic group	405	2.4
African, African Scottish or African British	198	1.2
Caribbean, Caribbean Scottish or Caribbean British	16	0.1
Other Caribbean or Black	28	0.2
Indian, Indian Scottish or Indian British	27	0.2
Pakistani, Pakistani Scottish or Pakistani British	109	0.6
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	10	0.1
Chinese, Chinese Scottish or Chinese British	21	0.1
Other Asian, Asian Scottish or Asian British	62	0.4
Mixed or multiple ethnic group	46	0.3
Other ethnic group	484	2.8
Not Known	636	3.7
Refused	130	0.8
Gypsy/ Traveller	23	0.1
Polish	286	1.7
Other African	21	0.1
Black, Black Scottish or Black British	34	0.2
Arab, Arab Scottish or Arab British	140	0.8
All	17,107	100.0

(Figures obtained from the Scottish Government Social Security and Housing Access Statistics, Communities Analysis Division. Data set: Applications by Ethnicity of Main Applicant (Private communication, 8/2/17).

Employment

Thirty-six of the 43 were unemployed. One person was in full-time employment as a care worker, two were in part-time employment and two were in full-time education. (Two people were not asked the question).

Age range

We saw people in all age groups under 65. We did not exclude older people, but we did not meet anyone in this age group during our visits.

Age Range of people interviewed	Rural Area	Urban Area	Grand Total
16-17	1	2	3 (7%)
18-24	4	10	14 (32%)
25-35	1	8	9 (23%)
36-44	2	5	7 (16%)
45-64	5	5	10 (23%)
Grand Total	13	30	43

5. Findings

Attitudes and stigma

People who experience homelessness also have to face the negative attitudes that some people have to this group of people. Seventeen people told us they felt they faced discrimination. When it is from ordinary members of the public it can be hurtful but we heard about problems with private landlords.

"If a landlord doesn't like you, you are asked to leave with nowhere to go. Because you have been evicted you have to start applying for housing all over again. Having a private landlord with that control and power over people's lives – he has no right to that power."

In fact the council housing service told us that if a landlord wants to evict someone they must follow a process, but this individual did not feel this is how it worked in practice. Another individual told us:

"There is a big stigma in the guesthouses – you are seen as a 'down and out.'"

An individual who came to one of the focus groups told us:

"I didn't choose this lifestyle - I take drugs because of the abuse when I was a child."

When the homeless individual also has mental health problems they face an additional level of stigma. One individual visited told us:

"There is lots of stigma. When people realise that you are ill they judge you. There are a lot of negative attitudes - normal Joe public has no idea."

"People treated me like dirt. Everyone thought if you were homeless you also must have a drug problem."

But there were positive comments too, usually about homeless support staff:

"I feel better since being in here with support. I have started a 'hearing voices group' and am learning meditation and guitar. Because I am helping others they are putting me forward to be a befriender."

Quality of accommodation

Whilst the supported homeless accommodation was valued and the quality of the accommodation was good, in the rural area we were told individuals may be placed in guesthouses. We were told the quality of the property varies considerably.

In the rural area one individual spoke about their experience:

"I found syringes in the fire place – it wasn't family or child safe – it was a wreck - I lived in one room, I couldn't afford to heat it – there was no gas in the kitchen and the fire in the sitting room didn't work."

Shelter Scotland and the Chartered Institute of Housing Scotland publish Guidance on Standards for Temporary Accommodation²⁴, including physical standards on the quality of accommodation.

Access to a GP

In several focus groups problems were noted accessing GPs. GPs were refusing in one of the areas to register individuals without photographic ID. Until recently they had been accepting a photo on headed notepaper from the homeless units but they were now demanding official ID which most residents don't have and cannot afford.

People in the focus groups told us that when eventually they are allocated a GP, it is sometimes not easy to travel to the surgery. Without money they cannot afford buses to get there. We heard they are put off the GP's list if they miss two appointments.

Despite the difficulties, we heard about getting registered with a GP in the consultation, 37 of the 43 people we saw told us they were now registered. Some individuals found this contact very important as they struggled to be seen by a mental health service.

"I was admitted to [mental health hospital] for six months and have been mostly cared for by my GP since then".

"I was under a psychiatrist and had a CPN (community psychiatric nurse), but when I moved here I missed a few appointments and was discharged. Now I see my GP every three months. I get on with him and am happy he keeps an eye on my health."

On release from prison there is often a delay in accessing medication. If a sentence is longer than 3-6 months then they are put off the GP list and have to start again. Even if they have a GP, we were told that the GP was reluctant to prescribe anything without input from a hospital consultant, which takes time.

"I had to re-register with my GP following prison. I was just thrown off the list."

A few days' medication is supposed to be given on release, but we heard from some people that this often does not happen so individuals can arrive in homeless

²⁴

https://scotland.shelter.org.uk/data/assets/pdf_file/0009/322677/Temporary_Accommodation_Guidance.PDF / nocache

accommodation already stressed and having to manage without prescribed medication.

The potential 'treatment gap' experienced by prisoners having difficulty registering with a GP was highlighted in the National Prisoner Healthcare Network's report on throughcare²⁵ in 2016. The report identified difficulty in pre-registering prisoners before they are released, because when a patient is registered at a GP practice their Primary Care Electronic Patient Record transfers, and is no longer available to their previous provider. However, the report notes that this is 'currently managed in some areas by requesting that the community based GP practice register the prisoner as a temporary resident allowing for the sharing of relevant information between primary care teams pre-release.'

In the urban area, we heard there was a GP who covered all the homeless units one day per week. He was part of the outreach service, but he was being "recalled" to his practice at the end of the month and there was no plan for a replacement. There is a mental health nurse on the outreach team, two days a week, but the community mental health team do not accept referrals from her.

One woman told us she attends a women's rape and sexual abuse centre but had no help from her GP with access to psychology services. When she asked her GP for a referral, she said the GP *"just laughed and said that she would not be giving out any pills."*

Twenty-three of the 43 people we saw had a dentist. The urban area runs a mobile dental service and travels to key points in the city enabling individuals to visit this regularly without the need for an appointment.

Access to mental health services

Twenty one of the 26 individuals who told us they had depression were registered with a GP. Three had a psychiatrist; one of these and two others were also seeing a psychologist, and two had regular appointments with a community psychiatric nurse. None thought they were being supported by a community mental health team; however, individuals may not know when they are allocated to such a team..

In one case of a homeless person who told us he was depressed we were told:

"He had just arrived in the homeless unit one week ago. He had been in a tent for three and a half weeks. Staff have discussed him with a psychiatrist, a

²⁵ *Healthcare Throughcare Workstream Report*, National Prisoner Healthcare Network, Scottish Prison Service & NHS Scotland, January 2016, <http://www.nphn.scot.nhs.uk/wp-content/uploads/sites/9/2015/06/20160215-NPHN-Throughcare-Report-Final-v1.0.pdf>

CPN and social worker already. His depot Risperidone has been organised with them."

It is unlikely that this depot medication would be prescribed for depression and we should be cautious about accepting self-diagnosis. In this case the staff had not been asked to confirm the diagnosis.

In another:

"She still has social work support from the through and after care team and is on a parental responsibility order with her local authority. She is still open to the CAMHS team but not active, and sees a psychiatrist every four months".

Two of the four people who told us they have a bi-polar disorder told us they have regular appointments to see a psychiatrist and a community psychiatric nurse.

Three of the eight men who told us they had a diagnosis that included psychosis, schizophrenia or schizo-affective disorder were seen in a project specifically for people with severe and enduring mental health problems.

Four of these eight told us they were abused as children. Three were looked after by the local authority as children and five had spent time in prison. Four of the 8 currently had a psychiatrist, two also had a community psychiatric nurse.

"I was discharged from psychiatric services as I missed appointments after I moved house. I am now only monitored by my GP, but I am happy with this."

Access to psychiatric services was reported to us as being very difficult to arrange.

Staff in one unit described accessing mental health services as their main issue. The health outreach programme has been reduced considerably recently and two days a week of a mental health nurse for the entire area was not felt to be adequate. The general nurse has four days a week but covers all of the urban area so time is very limited. The general nurse told us she is not mental health trained.

One individual described being taken to A&E twice in one week having attempted suicide, but she was not admitted; she was told they would send a CPN to see her, but she is still waiting after seven months.

Staff have problems when they see someone who is obviously unwell and especially when the individual does not recognise this themselves. Staff feel some individuals have been masking illness for years, but once homeless and more vulnerable, it becomes more obvious.

During the day staff can sometimes speak to someone on the CMHT if someone is floridly unwell, but out of hours the advice is usually to phone the police.

The police are reluctant to attend in these situations and feel they have little to offer the individual other than putting them in a cell. Staff feel strongly that they are in a caring role, and feel it is a failure if they have to resort to getting someone arrested. In both the rural and urban areas staff said better arrangements for out of hours would help them to cope in these situations.

Another individual told us how important having support was to them:

"Mental health services are the only people I can talk to and open up to – they are like family to me."

Advocacy

Some people need support to speak up, to understand what is being said and to make decisions. Many people find that when they feel unwell or upset they are not as good at saying what they want and they need support to speak up. Independent advocacy helps individuals to make their voice stronger and to have as much control as possible over their life. Independent advocates and advocacy workers are separate from services. They do not work for hospitals, social work or other services. Under the Mental Health Act, people with learning disabilities and people with a mental illness have a right to independent advocacy. They do not have to be in hospital or under any Mental Health Act order to have the right to advocacy.

The individuals we saw should have been able to have an independent advocate and/or join an advocacy group if they wanted to. None of the people we spoke with had recently used advocacy and most were not aware of it. However, most staff were aware of the right to advocacy and said it was available if needed.

Co-morbidity – drug/alcohol and mental health problems

Often individuals have a dual diagnosis and neither service – mental health or drug addiction - is prepared to take overall responsibility. Housing support staff in the urban area told us the first question when they contact the CMHT, or any psychiatric service, is whether the individual is using drink or drugs. If 'yes' they refuse to see them. Similarly we heard that drug services refuse to see someone with mental health symptoms. And we were told communication between the two services is poor. Staff are often left with no option in a crisis but to phone the police to protect other residents.

"I have a CPN but it is taking a long time to be seen. I have had no contact with my keyworker since being here in the hostel."

One man in the urban area told us a more positive story:

"I am back on track now but I still hear voices. I am on a depot injection monthly and I see a CPN. I have a diagnosis of paranoid schizophrenia. I also have a methadone prescription. I feel well supported by staff here."

This has been identified in the Scottish Government's new Mental Health Strategy: 2017-2027 as an area in need of improvement.

Access to psychology and counselling

Sometimes we heard that homelessness was the cause of psychological distress, but often homelessness was the result of these problems and was compounded by them. As reported above nearly half of the individuals we saw said they had experienced abuse and many had thought about or attempted deliberate self-harm or suicide.

One woman, from the rural area, told us she had been held captive for several days by a controlling ex-partner and subjected to extensive abuse. She had requested psychological help, but said she cannot access any.

One individual told us:

"I was referred to a psychologist but after waiting for a year had to resort to solicitors to make sure I got seen – I got a letter from the NHS thanking me for pointing out the problem in the system."

Another individual told us his GP is his only contact. He has low moods, panic attacks and anger management problems. He was put on a waiting list for counselling and told he may have to wait 13 weeks. But he did not know where he would be living when the time comes.

"People mainly get medication - most people are not offered other options - and if they are, they have to wait for months and months."

"Being listened to is important. You need someone who can connect with you, who can talk to you and listen and talk at the right times. No mention has been made [by the homeless support workers] of my mental illness at all – all they say is contact the drug agency."

One individual trying to access psychological therapy told us in the consultation:

"I am not getting treatment because I take drugs - I have to have been dry for three months - I can think and have emotions on drugs – but no one listens - I should still get treatment."

Staff in the homeless accommodation can be very helpful and offer a great deal of support, but this might only be a solution for a short time. One person said:

"I am in emergency accommodation - if you have any problems the staff know how to fix them, but I am petrified of moving on and not being able to cope, especially if I have to deal with help for my abuse while alone."

Eleven of the 20 people with experience of abuse said they had thought about suicide or self-harm. Two individuals told us they were receiving support for their experience of abuse during this episode of homelessness. Amongst the many sad stories we heard one told us:

"I was in care till I was four years old then lived with my grandmother till I was ten when I was put back with my parents – they were 'smack-heads' – I was walking over needles in the house. I stopped school as I had no clothes – they spent the clothing allowance. All my family are drug users."

Another spoke of the impact of abuse as a daily experience, and of the support she gets:

"I get support here and I can talk about anything to [a member of staff], she is fantastic. I see a psychiatrist once a month by video link. I need to see a counsellor to deal with the abuse - I'm now ready to face it. They tell me it is not too late - not a day goes by when I don't think about the abuse."

The benefits system

We heard from many people that the benefits system is not set up well for homeless people and in particular for people with mental health problems. For instance, Personal Independence Payment (PIP) is a benefit set up specifically to help with some of the extra costs caused by long-term ill-health or disability for people between the ages of 16 to 64. But we heard that interviews are not easily accessible for people with mental illness and sanctions are applied if you miss appointments. It can be difficult to explain and talk about how a combination of lifelong low mood, anxiety, low self-esteem, and other mental health conditions can disable someone in every aspect of their life, but add the stress of homelessness and the interview situation is experienced as almost intolerable. One person said:

"Applying for benefits – if you don't present well you don't get them – where is your dignity?"

A member of staff told us she offered to help a service user fill in a benefit application form as he didn't understand it. The benefits officer "refused to let me help saying that it was a conflict of interest, even though I explained what I do".

We also heard that the community care grant²⁶ only really allows for the purchase of a limited number of second-hand furniture and white goods.

"You end up with furniture that people do not want – but they have no choice."

"I'm on benefits -ESA [Employment Support Allowance] and PIP. Sometimes it makes daily life difficult – it means I can't afford bills or to eat at times. Staff helped me with benefits. I am dyslexic so I have a problem with paperwork. I often use food banks."

But even here there were positive experiences:

"Yes - I needed help with the forms - someone came out to me from the benefits agency - it's been okay - I got PIP, it was easy to get."

Taking over a tenancy

One related issue we heard from several individuals and care providers occurs at the point an individual takes on a tenancy and applies for a community care grant.

A homeless individual has to sign a tenancy agreement on a property before they can apply for a community care grant. Often the tenancy is not fit to live in when they sign the agreement (with little or no furniture or white goods) and the individual plans to use the community care grant to buy the essentials and make the property fit to live in.

We heard that the rent for the tenancy is charged from the moment the tenancy agreement is signed, but the housing benefit only starts once the individual physically moves in. It can take weeks for a community care grant application to be processed and the necessary furniture and white goods to be purchased before a person moves in to their tenancy.

This results in people being in arrears even before they get to live in their tenancies. This is stressful for anyone but is even harder if the homeless person has mental health problems. On a low income it is hard to pay off the arrears. We were told some landlords are more sympathetic than others in these situations.

Rural v urban

We did not identify significant differences in people's experiences between the rural and the urban areas. We were told by some individuals that in the rural area some

²⁶ A community care grant of up to £700 can be made to help people on a low income live independently in the community (or to ease exceptional pressure on families). They are paid out of the Scottish Welfare Fund. They are only given in certain situations, for instance, if someone needs help to set up a home in the community after an unsettled way of life, for example, homelessness.

placements could be far away from the town familiar to the homeless individual and local to their family.

Timing

Staff in the consultations told us about the difficulty faced by homeless people if there are delays being offered support.

"There is a need for a quick referral, when people are at the point of wanting help and then they have to wait, they will disengage - they can't wait for help."

An individual told us of their experience:

"Until a couple of weeks ago I was staying at a women's aid centre. It took two and half years for me to get a house - it was too long."

In one case we heard an individual lost her flat because she had no money. She had been discharged from hospital without help to sort out her benefits and ended up phoning the homeless team on a Friday. By that evening she had been found temporary accommodation. Such a quick response had an immediate benefit.

"I have lost my house and ended up in a doss house, but I have met someone, and I am starting training. I hope to get work soon."

Timing is not just about delays - we were told that if the local authority offer a tenancy then the person in temporary accommodation is obliged to take it whether or not they are ready – a member of staff told us sometimes it is "a disaster to be offered permanent accommodation before the individual is ready to move on".

Distance from home

More of an issue in the rural area, was the distance from your home area to the area that you were eventually offered accommodation in. If people wanted to remain in close contact with family and friends this was not always easy or possible because of the distance between some of the towns in the rural area.

"There are a lack of services in [the rural area] so much funding is being lost - there are wee pockets but not many people or organisations to link into."

One individual said:

"You can get farmed out to [other towns] but that is no good if your family are here."

16-17 year olds

During this project we interviewed three very young people (two male, one female). Two were in supported accommodation run by Action for Children (Scotland)²⁷. One individual was in Apex supported accommodation.

All three had stories of families not being able to cope with their mental health problems. All three were known to Child and Adolescent Mental Health Services. One had bipolar disorder, one had ADHD and was seen in a children's clinic for seven years, and one had depression and a history of deliberate self-harm and currently had three-monthly appointments with a psychiatrist and had been recently discharged by a CPN. In one case the parent also had mental health problems. Two told us they had experienced abuse and in one case talked about a history of significant physical abuse. One individual had been in looked after care for a few weeks during a family crisis. One had slept rough for one night, but in general they had been sleeping on sofas and in the homes of wider family members or with friends before coming to supported homeless accommodation.

In terms of the Children (Scotland) Act 1995 a child is a person under the age of 18. The guidance to this Act highlights the role of social workers in providing support services to children and young people in need and their families. Children are also entitled to education.

None of the three mentioned being in education now (one had been excluded) and only one said they had seen a social worker during this episode of homelessness.

²⁷ Action for Children (Scotland) work with looked after and accommodated children and young people, young carers, children affected by parental drug and alcohol misuse and families at risk. www.actionforchildren.org.uk/what-we-do/our-work-in-scotland

6. Conclusion and recommendations

This was a project with two aims: to find out, on a small scale, more about the experiences of homeless people with mental illness, and to explore how best this group could be reached in future work.

What we found was a picture of significant needs only partially met. We found that although some people were receiving the care and treatment they needed, others were not, or had had difficulty accessing it. We saw engaged and committed homelessness services supporting people with significant mental health needs but lacking direct referral routes to psychiatric and psychological services. We heard that the only access route to these services was via the GP, but that there could be barriers to registering with a GP. We also heard that there is a disconnection between mental health and substance misuse services, and that people who need both may get neither.

Homeless people with mental health problems are at a particularly vulnerable point in their lives, and it is important that they are able to access care and treatment when they need it. We have therefore made the following recommendations.

Recommendations for supporting homeless people's mental health

NHS boards/health and social care partnerships should:

- Remove barriers experienced by people who are homeless to registering with a GP, to enable access to GP services for physical and mental health and to specialist mental health services where required, and consider linking GPs to homelessness services to facilitate access.
- Consider the needs of homeless people in the local psychiatric emergency plan and consider how mental health services can respond out of hours to crises in homelessness units.
- In line with Actions 27 and 28 of the Mental Health Strategy: 2017-2027²⁸, review the working of mental health and substance misuse services to ensure that individuals with dual diagnosis are fully supported.
- Require prisons-based NHS staff to:
 - Ensure that individuals who may be homeless are assisted to register with a GP prior to release, where necessary by requesting that the GP practice register the prisoner as a temporary resident. This would allow

²⁸ <http://www.gov.scot/Publications/2016/07/7151/0> Action 27: Test and learn from better assessment and referral arrangements in a range of settings for dual diagnosis for people with problem substance use and mental health diagnosis; Action 28: Offer opportunities to pilot improved arrangements for dual diagnosis for people with problem substance use and mental health diagnosis.

the sharing of information pre-release, so that health problems can be addressed in the community.

- After appropriate risk assessment, ensure that all people leaving prison and requiring medication have continuity of care - for example, by providing both a small supply of medication and a prescription.

Local authorities should:

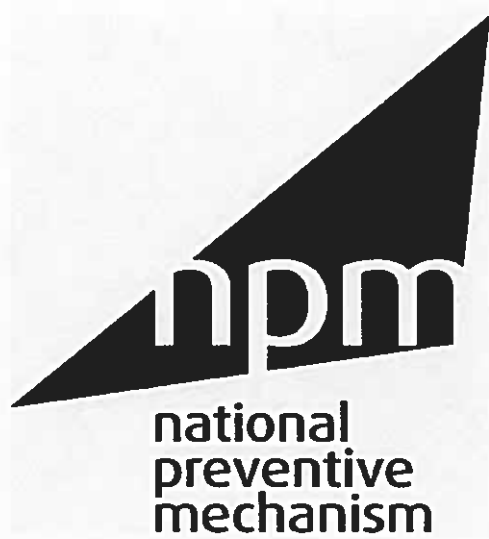
- Review and improve how they carry out their duties as corporate parents under the Children and Young People (Scotland) Act 2014, to ensure that appropriate aftercare is provided for former looked-after young people under 26 to prevent homelessness.

The Scottish Government should:

- Ensure the new Scottish agency set up to administer social security payments is fully accessible to people who are homeless.
- Address the links between homelessness and mental health, and the support needs of homeless people with mental health problems, in any future strategy on homelessness.

The Mental Welfare Commission will also take forward some of the issues in our own work. We will:

- Look at advocacy provision for homeless people in our new role under the Mental Health (Scotland) Act 2015 to monitor how NHS boards and local authorities carry out their duties to provide advocacy services
- Produce new guidance on alcohol-related brain damage and the use of mental health and incapacity law
- Review how we can include homelessness in other areas of our work, including themed visits.
- Take account of the learning from planning and carrying out this exploratory visit in any future work visiting homeless people.





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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 31 JULY 2018

REPORT ON: DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT REPORT 2017/18 & ANNUAL GOVERNANCE STATEMENT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC47-2018

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to advise the Integration Joint Board of the outcome of the Chief Internal Auditor's Report on the Integration Joint Board's internal control framework for the financial year 2017/18 and to agree the IJB's revised Annual Governance Statement following this assessment.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Notes the content and findings of the attached Annual Internal Audit Report 2017/18 (Appendix 1);
- 2.2 Instructs the Chief Finance Officer to develop an overall Governance Action Plan as recommended by the Chief Internal Auditor and present this to the PAC meeting to be held on 25 September 2018.
- 2.3 Notes and agrees the revised Annual Governance Statement (Appendix 2) to be incorporated into the IJB's Draft Annual Accounts following the Chief Internal Auditor's conclusion that reliance can be placed on the IJB's governance arrangements and systems of internal control for 2017/18

3.0 FINANCIAL IMPLICATIONS

There are no direct financial implications arising from this report.

4.0 MAIN TEXT

- 4.1 The Integrated Resources Advisory Group (IRAG), established by the Scottish Government to develop professional guidance, outlines the responsibility of the Integration Joint Board (IJB) to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This guidance also shows that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control.
- 4.2 The Performance and Audit Committee agreed in September 2017 to continue the arrangement for the provision of Internal Audit Services through the appointment of the Chief Internal Auditor of NHS Tayside to the role of Chief Internal Auditor for the Integration Joint Board with internal audit services provided by FTF Audit and Management Services supported by Dundee City Council's Internal Audit service. The attached report provides the Chief

Internal Auditor's opinion on the IJB's internal control framework in place for the financial year 2017/18.

- 4.3 The Internal Audit review examined the framework in place during 2017/18 to provide assurance to the Chief Officer, as Accountable Officer, that there is a sound system of internal control that supports the achievement of the IJB's objectives. In doing so, the review considered the areas of corporate, clinical, staff, financial and information governance.
- 4.4 The IJB's Draft Annual Statement of Accounts 2017/18 includes a Governance Statement based on a self assessment of the IJB's governance, risk management and control frameworks as they have developed during 2017/18. This has established there are no major issues.
- 4.5 The Chief Internal Auditors' assessment of these frameworks concludes that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in 2017/18. In addition, the Chief Internal Auditor is satisfied that the Governance Statement is consistent with the information gathered from their audit work.
- 4.6 The audit report sets out one recommendation which is that an overall Governance Action Plan is created to enable the PAC to monitor progress in implementing agreed actions arising from internal and external audit reports and other governance related recommendations. The Chief Finance Officer will develop this accordingly for consideration at the Performance and Audit Committee meeting to be held on 25 September 2018.
- 4.7 The IJB's Draft Annual Accounts 2017/18 included a draft Annual Governance Statement which was subject to review by the Chief Internal Auditor as part of the Internal Audit assessment of the adequacy and effectiveness of the IJB's arrangements for risk management, governance and internal control. The assurance now provided through the Annual Internal Audit report supports the IJB's assessment of the adequacy and effectiveness of these controls and the Annual Governance Statement has been amended accordingly.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that if required actions in response to Internal Audit recommendations are not coordinated and acted on appropriately the IJB's governance arrangements will not be adequate and effective.
Risk Category	Governance
Inherent Risk Level	Likelihood 3 x Impact 4 = 12 (High Risk)
Mitigating Actions (including timescales and resources)	- Implementation and monitoring of governance action plan as recommended by Chief Internal Auditor
Residual Risk Level	Likelihood 2 x Impact 3 = 6 (Moderate Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = 6 (Moderate Risk)
Approval recommendation	Given the moderate level of planned risk and the expectation that the mitigating action will make the impact necessary to enhance the IJB's governance arrangements the risk should be accepted.

7.0 CONSULTATIONS

The Chief Officer and the Clerk along with the Chief Internal Auditor of Dundee IJB were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 6 July 2018

FINAL REPORT

**DUNDEE IJB
INTERNAL AUDIT SERVICE**



ANNUAL INTERNAL AUDIT REPORT

2017/2018

Issued To: D Lynch, Chief Officer
D Berry, Chief Finance Officer

Dundee Integration Joint Board
External Audit- Audit Scotland

Date Issued: 6 July 2018

ANNUAL INTERNAL AUDIT REPORT 2017/18

INTRODUCTION AND CONCLUSION

1. The Integrated Resources Advisory Group (IRAG) guidance outlines the responsibility of the Integration Joint Board (IJB) to establish adequate and proportionate internal audit arrangements for review of the adequacy of arrangements for risk management, governance and control of the delegated resources.
2. This guidance states that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control.
3. Guidance issued in April 2017 requires IJBs to prepare their annual accounts and governance statements in accordance with Local Authority Accounts (Scotland) Regulations 2014. These regulations require an authority to:
 - i) Be responsible for ensuring that the financial management of the authority is adequate and effective and that the authority has a sound system of internal control which:
 - (a) facilitates the effective exercise of the authority's functions; and
 - (b) includes arrangements for the management of risk.
 - ii) Conduct a review at least once in each financial year of the effectiveness of its system of internal control.
4. The CIPFA 'Delivering Good Governance in Local Government Framework 2016' places a responsibility on the authority to ensure *additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor*.
5. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control. As Chief Internal Auditor, this annual report to the IJB provides my opinion on the IJB's internal control framework for the financial year 2017/18.
6. This review examined the framework in place during the financial year 2017/2018 to provide assurance to the Chief Officer, as Accountable Officer, that there is a sound system of internal control that supports the achievement of the IJB's objectives. It considered:
 - ✧ Corporate Governance
 - Clinical Governance
 - Staff Governance
 - Financial Governance
 - Information Governance

7. The 2015/16 IJB Annual Internal Audit Report first recommended that accountability and responsibilities of the IJB in respect of all governance arrangements should be clarified and agreed by the IJB, and thereafter flow through to risk management and assurance arrangements. We note that across Tayside, a degree of progress has been made, with NHS Tayside Audit Committee in December 2017 agreeing two models of HSCI governance as well as a set of underlying principles for all areas of governance which have been agreed by Tayside IJB Chief Officers. However, these principles have not yet been discussed with local authority colleagues.
8. A governance action plan to address the recommendations made in the 2016/17 Internal Audit Annual report was provided to Dundee IJB's Performance & Audit Committee (PAC) in September 2017. Minutes show that the PAC agreed to remit to the Chief Finance Officer (CFO) to provide a progress report prior to March 2018. Only a progress report against the external audit action plan was subsequently provided in May 2018. However, this also demonstrated that not all actions had been progressed in line with the initially envisaged timescales.
9. The IJB has been dealing with a number of complex issues, not least of which is the need for transformative change to resolve the consequences of the changing environment particularly in relation to performance and finance and workforce. As a consequence, a range of governance developments identified within the IJB's own self assessment and through internal and external audit recommendations have not progressed as anticipated.
10. Whilst we recognise that the IJB is still a nascent organisation and that its governance structures are, therefore, necessarily emergent, it must ensure that its governance arrangements are appropriate to its needs and that they develop with increasing responsibilities. It may be that the IJB will need to accept that not all developments can be undertaken concurrently, given the many other significant priorities the IJB must resolve. In the short term a pragmatic approach may be required in which the IJB prioritises the most important developments with a view to enhancing governance arrangements as the organisation develops further. It is vital that the PAC continues to regularly monitor progress in implementing agreed actions and understands the consequences of any non-achievement.
11. Dundee IJB directs the majority of its services from NHS Tayside but is also in a symbiotic relationship with both parent bodies in which the controls in place in one body inevitably affect those in the other. We note that NHS Tayside has indicated that its Governance Statement may not be in a position to conclude positively on the adequacy and effectiveness of controls. Therefore, whilst the controls in place within the IJB may be suitable for this stage in its development, there is now a need to reflect on whether all the services for which the IJB is responsible have been provided within the context of an adequate and effective control environment.

12. Dundee City Council has drafted a Governance Statement which concludes that *the annual review demonstrates sufficient evidence that the code's principles of delivering good governance in local government operated effectively and the Council complies with the Local Code of Corporate Governance in all significant respects*. In addition, the Annual Internal Audit Report concludes that *reasonable assurance can be placed upon the adequacy and effectiveness of the Council's framework of governance, risk management and control for the year to 31 March 2018*. Whilst both contain some issues which are of interest to the IJB, neither would give rise to any requirement for consideration in the IJB's Governance Statement.
13. The IJB has produced a draft Governance Statement for 2017/18 which includes reference to the control issues within NHS Tayside.
14. Audit Scotland issued a Good Practice Note relating to IJB Annual accounts in April 2018 which commented on the information to be provided in the governance statement and recommended that sufficient information should be provided in the identified developments for the reader to assess the adequacy of improvement actions to be taken. The draft Governance Statement for 2017/18 includes this information.
15. As Chief Internal Auditor, this annual report to the IJB provides my opinion on the IJB's internal control framework for the financial year 2017/18.
16. Based on work undertaken I have concluded that:

- **Reliance can be placed on the IJBs governance arrangements and systems of internal controls for 2017/18.**

17. In addition, I have not advised management of any concerns around the following:

- **Consistency of the Governance Statement with information that we are aware of from our work;**
- **The format and content of the Governance Statement in relation to the relevant guidance;**
- **The disclosure of all relevant issues.**

ACTION

18. The IJB is asked to **note** this report in evaluating the internal control environment for 2017/18 and to **consider** any actions to be taken on the issues reported for consideration.

INTERNAL CONTROL

19. Following a meeting of Dundee IJB in May 2016, FTF were appointed as the IJB's Internal Audit Service in conjunction with our Local Authority colleagues. Continuation of this arrangement for 2017/18 was approved by the Dundee IJB PAC in September 2017. We can confirm that FTF complies with the Public Sector Internal Audit Standards (PSIAS). The 2017/18 internal audit plan was approved by the PAC in November 2017. An Audit Charter as well as a Protocol for sharing audit reports between the parties were also approved at this meeting. Audit work has been undertaken, in partnership with the Dundee City Council Internal Audit Service, sufficient to allow the Chief Internal Auditor to provide his opinion on the adequacy and effectiveness of internal controls.
20. To inform our assessment of the internal control framework, we developed a self assessment governance checklist for completion by management. The checklist was based on requirements of the Integration Scheme, guidance issued by the Scottish Government to support Health and Social Care Integration and best practice. It was also cross referenced to the requirements of the CIPFA 'Delivering Good Governance in Local Government Framework 2016' and supporting guidance notes for Scottish Authorities. Our update of the checklist for 2017/18 also included a comparison to an example of a local authority governance statement self assessment, the October 2017 Audit Scotland 'Checklist for Councillors and Board Members' and the Audit Scotland technical guidance note 2017/10(LA) module 9 on IJBs.
21. Internal Audit validated the assessments reached through discussion with management and examination of the supporting evidence and documentation. Based on our validation work, we can provide assurance on the following key arrangements in place by 31 March 2018; and also comment on where further development is needed in 2018/19. Based on our assessment, we also recommend further issues for consideration by management.
22. We recommend that an overarching Governance Action Plan is created which also includes recommendations made in all previous annual internal and external audit reports, the further recommendations made within this report, a RAG rating for outstanding issues previously identified, and provides greater clarity on whether the action is on track, any remedial action being taken and the effectiveness of that remedial action. We also recommend that the removal of any items from the action plan is formally agreed by the PAC.
23. It is vital that the PAC continues to regularly monitor progress in implementing agreed actions and understands the consequences of any non achievement or slippage in the governance action plan in overall context.
24. Our evaluation of the IJB's Governance Framework is summarised below.

A - Corporate Governance
A1 - Key arrangements in place as at year end 2017/18
<p>I. The 2016/17 Annual Performance report was submitted to the IJB for approval in August 2017. We commend the detailed reporting and scrutiny at PAC level of the quarterly performance reports as well as additional detailed reports with clear links being made to the organisation's strategic risks.</p>

II.	The organisation's high level risk register was reported to the PAC in February 2018. The risk register identifies the ten key strategic risks for the partnership and provides a description, alongside the original, current and target risk scores, mitigating actions and a narrative section. An enhanced risk assessment section has been included in the decision making report template, providing for a mandatory narrative.
III.	Following on from the Mainstreaming Equalities Report which was approved by the IJB in May 2016, a progress update was received in March 2018.
IV.	Whilst no directions were formally issued for 2017/18, in February 2018 the IJB agreed to include a 'Directions' heading within IJB reports to identify where a decision would lead to a direction being issued and to whom.
V.	Our review of agendas and minutes of the IJB during the year shows that in this second year of operation, the main focus of the IJB was the redesign of care. For example, the IJB regularly considered the Mental Health Service Redesign Transformation Programme, Technology Enabled Care progress, Remodelling Care for Older People, Carers Act implementation and Reshaping Non-Acute Care in Dundee as well as the implementation of the new GP contract.
VI.	Dundee IJB has a Transformation Programme in place with an update in December 2017 which shows for each transformation project the link to a strategic plan priority and estimated and achieved savings.
VII.	The PAC met on 5 occasions during 2017/18. We commend good practice that for each meeting an assurance report is provided to the IJB on delegated decisions taken by the committee, performance against the workplan and any issues to highlight to the Board.
VIII.	A revised integration scheme to include new functions and duties contained in the Carers' Act 2016 was submitted for approval by Scottish Ministers in March 2018.
IX.	The Market Facilitation Strategy 'Shaping the Adult Health and Social Care Market in Dundee 2017-2021' was noted by the IJB in April 2017.
X.	An amendment to the Standing Orders in August 2017 extended the term of the chair to two years.
XI.	The concept of delivering and reviewing performance in relation to Best Value is noted as a key local outcome under the priority 'Managing our Resources Effectively' within the Strategic Plan. The Annual Performance Report for 2017/18 will build on the 2016/17 report which includes a Best Value overview. The Audit Scotland 'Auditing Best Value - Integration Joint Boards', March 2018 guidance should be taken into account as part of this.

A2 - Developments originally planned for 2017/18

Many of the areas planned for development during 2017/18 have not yet fully concluded and further developments are now planned for 2018/19.

Our review of progress of development actions originally planned for 2017/18 shows the following:

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| I. | Work has been ongoing during the year on the operational risk register. This work was originally planned to include business continuity planning and to be monitored by the PAC but this has not yet been presented. The Dundee IJB Annual Risk Management report presented to the 29 May 2018 PAC |
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<p>identified areas of further development and these will be supplemented by additional recommendations arising from internal audit D04/18 – Risk Management</p> <ul style="list-style-type: none"> II. In line with the national picture, work in relation to further clarification in relation to Large Hospital services and set aside budget remains ongoing. III. Some progress has been made in developing hosted service arrangements to support the Memorandum of Understanding agreed in 2016 including a basis for resource allocation and financial reporting. However, in our opinion, further work is required on risk & performance management arrangements for hosted services. IV. The Strategic Plan is now being reviewed with a view to producing an updated version for agreement in 2019. V. A mechanism was to be developed for the IJB to formally assess whether the level of Corporate Support it receives is sufficient to enable the IJB to successfully deliver the Strategic Plan. Internal Audit report D06/17 made recommendations in relation to this with actions due by August 2018.
<p>A3 - Recommended further issues for consideration by management</p>
<ul style="list-style-type: none"> I. We would recommend that the PAC considers the governance principles adopted by the HSCI Governance working group and ensures that they are taken forward within the IJB, in partnership with both parent bodies. II. Any changes necessitated by a formal agreement on integration governance should be taken into consideration as part of the next update to the Standing Orders, Scheme of (further) Delegation and Standing Financial Instructions. III. We note that future developments are planned for risk management during 2018/19. Internal Audit report D04/18 - Risk Management will conclude on risk management arrangements in detail and the recommendations should be taken into account as part of any update to risk management arrangements as described above. IV. We note that it was intended to develop the performance report information into a delivery plan framework but this has not as yet come forward to the committee. A Strategic Delivery Plan would help to ensure the IJB fulfils its remit in delivering the direction of travel within the Strategic Commissioning Plan. V. Membership of the IJB and the Audit Committee changed during the year including both voting and non-voting members. Although by 31 March 2018 all positions were appropriately filled, further changes in membership continue to take place. We would recommend that the IJB ensure a regular induction and development process for members. VI. We noted a number of instances where a decision taken by the IJB/PAC was not implemented as originally envisaged. We would recommend a clear action points update for each meeting of the IJB and PAC as well as development of an annual workplan to which any reports which are to come forward can be added and scheduled when agreed. At year end, the PAC should provide the IJB with a conclusion on whether it has fulfilled its remit and its view on the adequacy and effectiveness of the matters under its purview.

B - Clinical & Care Governance/Financial Governance/Staff Governance/Information Governance
B1 - Key arrangements in place as at year end 2017/18
<ul style="list-style-type: none"> I. The IJB and PAC have been regularly informed on Clinical, Care & Professional Governance issues. Internal audit report D07/17 Clinical, Care & Professional Governance concluded that there is evidence of structured activity and reporting which demonstrates a clear momentum and the reports to the IJB provide assurance that the 'Getting It Right For Everyone' (GIRFE) framework is being implemented. The PAC has agreed that exception reports on this topic will be presented at each meeting with biannual assurance provided to the IJB. II. The IJB confirmed the overall budgeted resources for delegated services at its meeting in June 2017 (subject to the adoption of the risk sharing arrangement for prescribing). The IJB was also regularly kept informed about the development of the 2018/19 budget. III. A Scheme of Delegation for the Chief Officer as well as a Reserves Policy for the IJB were approved in April 2017. IV. Regular Finance Monitoring reports were provided to the IJB which include updates on the financial position and financial outturn forecasts as well as risk assessments and risk management commentary. V. The financial monitoring position for Dundee Health and Social Care Partnership based on expenditure to 28 February 2018 showed a net projected overspend position of c£2M primarily as a result of overspends in GP prescribing and additional investment in capacity for care at home services and care home placements. VI. A Model Publication Scheme was adopted by Dundee IJB in April 2017 based on the information commissioner's statutory publication scheme. VII. A Data Sharing agreement is now in place for the new Source Social Care dataset for Scotland.
B2- Developments already agreed
<ul style="list-style-type: none"> I. The Clinical, Care & Professional Governance Framework GIRFE is currently under review across Tayside. In response to internal audit report D07/17 - Clinical, Care & Professional Governance, management has agreed to carry out a review to clarify and delineate the relationship between the PAC, the Clinical Forum and the Clinical Governance and Risk Management Forum. Clear reporting lines will be established with a particular focus given to the level and nature of data to be provided at each level and responsibility for risk, Information Governance and Care Commission reports clearly allocated. II. Whilst workforce is one of the high level risks of the IJB, reporting on workforce and staff governance is currently limited at IJB level. In response to internal audit report D06/17 - Workforce Planning, management have agreed to ensure the vision and objectives of the Workforce and Organisational Development Strategy become embedded within the partnership. In addition, integrated workforce plans will be developed. Actions are due by August 2018.

B3 - Recommended further issues for consideration by management
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| <ul style="list-style-type: none"> I. Given the review of the Strategic Plan being undertaken in preparation for approval in 2019, we recommend the development of a financial framework covering the same multi year period reflecting the transformation programme and any available financial planning assumptions. II. Whilst an update on preparations for GDPR was received in April 2018, it is not clear that, under its current configuration, the IJB itself owns the data it uses. There is a need for a wider discussion around information sharing, GDPR and ownership of information that clarifies responsibilities and accountabilities in this area; the HSCI governance principles referred to above also highlight the need for urgent clarification of these matters. |
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ACKNOWLEDGEMENT

25. On behalf of the Internal Audit Service I would like to take this opportunity to thank the Chief Officer and Chief Finance Officer of the IJB as well as staff within the partnership for the help and co-operation extended to Internal Audit throughout the year.

A Gaskin, BSc. ACA
Chief Internal Auditor

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
1.	<p>A range of governance developments identified within the IJB's own self assessment and through internal and external audit recommendations have not progressed as fully as anticipated.</p> <p>Our evaluation of the IJB's governance framework is set out in the body of this report and also includes recommended further issues for consideration by management.</p> <p>It is vital that the PAC continues to regularly monitor progress in implementing agreed actions and understands the consequences of any non achievement or slippage in the governance action plan in overall context.</p>	<p>An overall Governance Action Plan should be created to include:</p> <ul style="list-style-type: none"> Recommendations made in all previous annual internal and external audit reports actions or issues recommended for further consideration by management made within this report a RAG rating for outstanding issues greater clarity on whether the action is on track, any remedial action being taken and the effectiveness of that remedial action. <p>Removal of any items from the action plan should be formally agreed by the PAC.</p>	2	<p>Agreed – Chief Finance Officer will lead on the development of a Governance Action Plan to be presented at the Performance and Audit Committee meeting on 25 September 2018.</p>	<p>Chief Finance Officer</p> <p>30 September 2018</p>

Annual Governance Statement

Introduction

The Annual Governance Statement explains Dundee City Integration Joint Board's governance arrangements and reports on the effectiveness of the Integration Joint Board's system of internal control.

Scope of Responsibility

Dundee City Integration Joint Board is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

To meet this responsibility, the Integration Joint Board has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the Integration Joint Board's policies, aims and objectives. Reliance is also placed on the NHS Tayside and Dundee City Council systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the Integration Joint Board.

The system can only provide reasonable and not absolute assurance of effectiveness.

The Governance Framework and Internal Control System

Dundee City Integration Joint Board comprises six voting members, three nominated by Dundee City Council and three nominated by Tayside NHS Board, as well as non-voting members including a Chief Officer and Chief Finance Officer appointed by the Integration Joint Board. During 2017/18, the Integration Joint Board continued to develop and enhance its governance arrangements as it moved through its second year of being responsible for the strategic planning and operational delivery of integrated health and social care services. This included progressing areas highlighted as developments in the 2016/17 Annual Governance Statement.

The main features of the governance framework in existence during 2017/18 were:

- The Integration Scheme as the overarching agreement between the Integration Joint Board, NHS Tayside and Dundee City Council as to how the planning for and delivery of delegated health and social care services is to be achieved reflecting a range of governance arrangements required to support this arrangement.
- The senior leadership team consisting of the Chief Officer, Head of Finance and Strategic Planning (Chief Finance Officer) and Head of Health and Community Care. The Chief Finance Officer has overall responsibility for the Integration Joint Board's financial arrangements and is professionally qualified and suitably experienced to lead the Integration Joint Board's finance function and to direct staff accordingly.
- Monthly meetings of the senior leadership team.
- Standing Orders, Financial Regulations and a Code of Conduct including the publication of Register of Member's Interests and the nomination of the Clerk to the Integration Joint Board as Standards Officer were all in place during 2017/18.
- The Integration Joint Board met on eight occasions throughout the year to consider its business.
- The Integration Joint Board's Performance and Audit Committee met on five occasions throughout the year to enhance scrutiny of the performance of the

Integration Joint Board and audit arrangements in line with regulations and good governance standards in the public sector.

- Internal Audit arrangements for 2017/18 were approved including the appointment of the Chief Internal Auditor of FTF Internal Audit and Management Services to the role of Chief Internal Auditor of the Integration Joint Board supported by Dundee City Council's Internal Audit Service. An Internal Audit Plan for 2017/18 was approved drawing on resources from both organisations.
- The assurances provided from internal audit through their independent review work of the Integration Joint Board's internal control systems.
- The Clinical, Care and Professional Governance Framework continued to evolve as an action identified as an area of improvement from the 2016/17 annual governance statement through the leadership of the Dundee Health and Social Care Clinical, Care and Professional Governance Forum (R2). An Internal Audit Review found these arrangements as being broadly satisfactory.
- The Integrated Strategic Planning Group met on three occasions during the year.
- The establishment of the Transformation Delivery Group, consisting of senior leaders from the health and social care partnership, the voluntary sector, staff side representation and Dundee City Council and NHS Tayside transformation leads to provide oversight and governance to the developing range of service redesign and transformation projects.
- The Chief Finance Officer complied fully with the five principles of the role of the Chief Finance Officer, as set out in CIPFA guidance.

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2017/18 this included the following:

- The enhancement of risk management arrangements through the clear identification of risks in relation to Integration Joint Board decisions reflected in reports presented to the Integration Joint Board and Performance and Audit Committee, subsequently included within the High Level Risk Register with regular reviews provided to the Performance and Audit Committee as an area of improvement identified within the 2016/17 Annual Governance Statement.
- The approval and progressing of the Annual Internal Audit Plan.
- Continued development of the performance management framework with a range of performance reports published and scrutinised by the Performance and Audit Committee throughout the year, including more detailed reviews of specific areas of concern as requested by the committee.
- A process of formal regular reporting of financial performance and monitoring to the Integration Joint Board was in place throughout 2017/18.
- The provision of regular budget development reports for 2018/19 to the Integration Joint Board.
- The provision of an assurance report from the chair of the Performance and Audit Committee outlining the key issues raised at the previous Performance and Audit Committee meeting to the following Integration Joint Board meeting.
- In-year reporting on issues relating to Clinical, Care and Professional Governance in line with the overarching strategy: Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework with no major issues reported.
- The development of a process for issuing directions to NHS Tayside and Dundee City Council reflected in Integration Joint Board reports during the year.
- Regular reporting to the Performance & Audit Committee of external scrutiny reports relating to delegated services from scrutiny bodies such as the Care Inspectorate and Mental Welfare Commission and supporting subsequent action plans.

- Development and reporting of the Integration Joint Board's Complaint's Handling Procedure.
- Reliance on the procedures, processes and systems of NHS Tayside and Dundee City Council.

Continuous Improvement

The following areas for improvement have been identified through the self-assessment process and Annual Internal Audit Report. Progress against these will be monitored by the Performance and Audit Committee during 2018/19. Some of these are outstanding from the 2016/17 continuous improvement plan (marked as *) and have primarily been delayed due to resource capacity and the impact of other priorities across the wider partnership with NHS Tayside and the other Tayside Integration Joint Boards.

Area for Improvement	Lead Officer	Planned Completion Date
Development of Large Hospital Set Aside arrangements in conjunction with the Scottish Government, NHS Tayside and Angus and Perth and Kinross Integration Joint Boards	Chief Officer / Chief Finance Officer	December 2018
Implementation of an action points update to each meeting of the IJB and PAC in addition to an annual workplan to be agreed for both meetings	Chief Officer / Chief Finance Officer	October 2018
Development of improved Hosted Services arrangements around risk and performance management for hosted services*	Chief Officer / Chief Finance Officer	December 2018
Development of an overall Governance Action Plan to progress previous recommended areas for improvement	Chief Finance Officer	October 2018
Development of regular IJB and PAC member induction and development process	Chief Officer / Chief Finance Officer	December 2018
Further develop the Integration Joint Board's local Code of Governance*	Chief Officer / Chief Finance Officer	December 2018
Present the governance principles adopted by the Health and Social Care Integration Governance Working Group to the PAC to be taken forward by all parties (* reflects partial	Chief Finance Officer	September 2018

Area for Improvement	Lead Officer	Planned Completion Date
development from 2016/17)		
Development of multi-year financial plan as part of the review of the Strategic and Commissioning Plan	Chief Finance Officer	March 2019
Update the Integration Joint Board's Participation and Engagement Strategy*	Chief Officer / Chief Finance Officer	December 2018
Develop Scheme of further delegation in relation to delegated services to the Integration Joint Board*	Chief Officer / Chief Finance Officer	December 2018
Clarify responsibilities and accountabilities around the impact of General Data Protection Regulations (GDPR) legislation with partner bodies	Chief Finance Officer	October 2018
Update and enhance the IJB's Risk Management Strategy and further develop the IJB's operational risk register	Chief Finance Officer	December 2018

Dundee City Integration Joint Board complies in full with "The Role of the Head of Internal Audit in Public Organisations" (CIPFA) and operates in accordance with "Public Sector Internal Audit Standards" (CIPFA). The Head of Internal Audit reports directly to the Performance and Audit Committee with the right of access to the Chief Finance Officer, Chief Officer and Chair of the Performance and Audit Committee on any matter. The annual programme of internal audit work is based on a strategic risk assessment, and is approved by the Performance & Audit Committee.

Review of Adequacy and Effectiveness

Dundee City Integration Joint Board is required to conduct, at least annually, a review of the effectiveness of its governance framework including the system of internal control.

The review is informed by the work of the Senior Management Team (who have responsibility for the development and maintenance of the internal control framework environment), the work of the internal auditors and the Chief Internal Auditor's annual report, and reports from external auditors and other review agencies and inspectorates.

The review of Dundee City Integration Joint Board's governance framework is supported by a process of self-assessment and assurance certification by the Chief Officer. The Chief Officer completes a "Self-assessment Checklist" as evidence of review of key areas of the Integration Joint Board's internal control framework. The Senior Management Team has input to this process through the Chief Finance Officer. There were no significant internal control issues identified by the self-assessment review.

In addition, the review of the effectiveness of the governance arrangements and systems of internal control within the Health Board and Local Authority partners places reliance upon the individual bodies' management assurances in relation to the soundness of their systems

of internal control. Due to ongoing concerns during 2017/18, NHS Tayside has been subject to a number of internal (e.g. Internal Audit) and external (e.g. Scottish Government) commissioned reviews. These reviews have reported back to NHS Tayside and the Scottish Government with a series of actions set out to address identified weaknesses. These actions will be monitored locally by NHS Tayside's new leadership team and through the Scottish Government. A number of the weaknesses identified may have an impact on the Integration Joint Board and its ability to deliver on its strategic objectives. In particular, the Integration Joint Board is supported by NHS Tayside in relation to financial management and strategic planning capacity, with both of these regarded as weaknesses in NHS Tayside's own review of governance. The Integration Joint Board will continue to work in partnership with NHS Tayside to mitigate the impact of these issues.

In preparing the Annual Governance Statement, the Integration Joint Board gave consideration to both NHS Tayside and Dundee City Council's Annual Governance Statements. While recognising the issues noted above within NHS Tayside, there were no issues arising which require any further disclosure in the Integration Joint Board's Governance Statement.

Throughout the year, the Performance and Audit Committee has considered a range of issues which cover its core responsibilities in providing the Integration Joint Board with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and governance arrangements. The Chair of the Performance and Audit Committee provides an update to the next available Integration Joint Board meeting on the issues raised and any areas of concern which the Integration Joint Board should be made aware of. Over the course of 2017/18, no such areas of concern were noted by the Chair of the Performance and Audit Committee.

The Chief Internal Auditor has carried out his review of the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk management and control. The findings of this review are reflected in the Annual Internal Audit Report 2017/18 which was reported to the Performance and Audit Committee on 31st July 2018. The Annual Internal Audit Report supports the outcome of the self-assessment process noted above and concludes that reliance can be placed on the Integration Joint Board's governance arrangements and systems of internal controls for 2017/18. The Chief Internal Auditor has noted a number of areas for further consideration by management and an action plan to meet these has been developed and is to be submitted to the Performance and Audit Committee for approval at its meeting on 25th September 2018. These actions are noted under the continuous improvement section above and the action plan will be monitored by the Performance and Audit Committee.

Conclusion and Opinion on Assurance

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of Dundee City Integration Joint Board's governance arrangements.

We consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the Integration Joint Board's principal objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment.



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 31 JULY 2018

REPORT ON: DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN 2018/19 AND AUDIT ARRANGEMENTS

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC48-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to consider the proposed Dundee Integration Joint Board's 2018/19 Internal Audit Plan.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Recommends approval to the IJB of the continuation of the Internal Audit arrangements as outlined in section 4.1 and appoints the Chief Internal Auditor of FTF Audit and Management Services as the Integration Joint Board's (IJB) auditor for 2018/19.
- 2.2 Notes and approves the proposed Dundee Integration Joint Board 2018/19 Internal Audit Plan as outlined in Appendix 1.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 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 FTF Audit and Management Services and Dundee City Council internal audit service. The Chief Internal Auditor from FTF was appointed to this same role within the IJB. The Performance and Audit Committee agreed the continuation of this agreement in 2017/18 and in order to support consistency in approach and continue the good partnership working between NHS Tayside's and Dundee City Council's internal audit services it is recommended that this arrangement is continued for 2018/19.
- 4.2 Dundee IJB's Chief Internal Auditor and the Chief Officer and Chief Finance Officer have considered the key areas of the IJB's activities which would benefit from Internal Audit assessment during 2018/19. This includes areas of risk as highlighted in the IJB's Risk Register. The Chief Internal Auditor has subsequently developed a proposed Internal Audit plan which sets these and other audit governance issues alongside the level of internal audit resource available (attached as Appendix 1). The substantive areas of audit planned are in relation to risks around the financial environment within which the IJB operates, governance assurance and information governance, with the latter identified as an emerging risk to be included in the high level risk register. The respective internal audit plans of NHS Tayside and Dundee City Council are included at the end of this report to highlight the work planned which will in turn provide assurance to the Performance and Audit Committee from the host bodies in relation to operational issues.
- 4.3 As per Audit Scotland's recommendation and subsequent agreed action following the Dundee IJB External Audit Annual Report 2016/17, presented to the September 2017 Performance and Audit

Committee (PAC21-2017 - Audit Scotland Annual Report & Integration Joint Board Annual Accounts 2016/17), progress of the Internal Audit Plan will continue to be a standing item on all Performance and Audit Committee agendas.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that if the IJB does not have appropriate Internal Audit arrangements in place it will be unable to demonstrate it has adequate and effective governance arrangements.
Risk Category	Governance
Inherent Risk Level	Likelihood 2 x Impact 4 = 12 (High Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Approval of Internal Audit arrangements - Approval of Internal Audit Plan for 2018/19
Residual Risk Level	Likelihood 1 x Impact 3 = 3 (Low Risk)
Planned Risk Level	Likelihood 1 x Impact 3 = 3 (Low Risk)
Approval recommendation	Given the low level of planned risk and the expectation that the mitigating actions will make the impact necessary to support the IJB's governance arrangements the risk should be accepted.

7.0 CONSULTATIONS

The Chief Officer, Chief Internal Auditor, Head of Community Care and Health and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

Date: 6 July 2018

INTERNAL AUDIT PLAN 2018/19

1. PURPOSE OF THE REPORT

The purpose of this paper is to seek approval of the Annual Internal Audit Plan for Dundee Integrated Joint Board (IJB) for 2018/19.

2. RECOMMENDATIONS

The IJB is asked to:

- Approve the 2018/19 annual plan.

3. BACKGROUND

As stated in the IRAG guidance, it is the responsibility of the IJB to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. Following a meeting of Dundee IJB in May 2016, Fife, Tayside and Forth Valley Audit and Management Services (FTF) were appointed as the IJB's Internal Audit Service with continuation of this arrangement being approved by the Dundee IJB Performance and Audit Committee (PAC) in September 2017.

Resources to deliver the plan will be provided by the NHS Tayside and Dundee City Council Internal Audit services. A total of 40 days have been included in the 2018/19 Internal Audit Plans of the parties.

As in 2017/18, the discretionary elements of this year's plan will be focused around the Dundee IJB's Strategic Risk Register, with individual topics also informed by the professional views of the IJB Chief Officer and Chief Financial Officer and the Heads of Internal Audit of both parties.

It also takes account of assurance which can be provided to the IJB based on work performed under the Internal Audit plans of both parties.

We would highlight that the plan is predicated on the basis that operational controls over services are maintained and assured through the parties. As such, the Internal Audit plans of Dundee City Council and NHS Tayside are included as Appendices B & C to this report. PAC members are asked to note the audits highlighted which are likely to be shared under the output sharing protocol which will provide additional assurance to the IJB.

The audit plan is designed to provide the Chief Internal Auditor with sufficient evidence to form an opinion on the adequacy and effectiveness of internal controls.

The draft operational plan for 2018/19 has been designed to target the priority issues identified by our assessment of risk. The plan includes the delivery of standard products required each year, and is further based on professional judgement of the IJB risk environment. We therefore assessed audit need based on the IJB's own strategic risks as well as areas for improvement noted in the Governance Statement, our findings from our 2017/18 Annual Internal Audit Report and benchmarking with other IJBs. We have also discussed the proposed plan with the Chief Officer and Chief Finance Officer to ensure the substantive audit assignments add value.

The proposed plan is set out below:

Ref	Audit	Indicative Scope	Days	Target Audit Committee
D01-19	Audit Planning	Agreeing audit universe and preparation of strategic plan	2	July 2018
D02-19	Audit Management	Liaison with management and attendance at Audit Committee	4	Ongoing
D03-19	Annual Internal Audit Report	CIA's annual assurance statement to the IJB and review of governance self-assessment	4	July 2018
D04-19	Information Governance	Review of IT/ data processes supporting the delivery of the IJB's strategic plan through seamless cross system working	8	January 2019
D05-19	Finance	Review of arrangements established to control and mitigate Risks 1&2 from the high level risk register	12	March 2019
D06-19	Governance & Assurance	Governance mapping exercise: Assess the extent to which the IJB's structures support the delivery of strategic objectives Includes review of controls to address Risk 7	10	November 2018

Work to deliver the internal audit plan is undertaken under the supervision of the Chief Internal Auditor. An Internal Audit Joint Working Protocol has been agreed by the Internal Auditors of both parties as has a Protocol for sharing Internal Audit Outputs.

4. CONSULTATION

The Chief Officer, the Chief Finance Officer and the Senior Manager- Internal Audit of Dundee City Council have been consulted on the content of this paper. The draft plan has also been issued to the IJB's external auditors for comment.

A Gaskin BSc ACA
Chief Internal Auditor

Audit Need Assessment based on Dundee IJB's Strategic Risk Register as at February 2018					
	Risk Title / Description	Owner	Current Risk Level	Planned Risk Level	Internal Audit coverage 2018-19
			L = Likelihood I = Impact		
1	<p>Restrictions on Public Sector Funding</p> <p>Continuing restrictions on public sector funding will impact on Local Authority and NHS budget settlements in the medium term impacting on the ability to provide sufficient funding required to support services delivered by the IJB. This could lead to the IJB failing to meet its aims within anticipated timescales as set out in its Strategic and Commissioning Plan.</p>	Chief Finance Officer	<p>L= 4 I= 4</p> <p><u>16</u></p>	<p>L= 3 I= 4</p> <p><u>12</u></p>	<p>Included? Yes</p> <p><u>Rationale</u> High risk, no previous coverage</p>
2	<p>Unable to maintain IJB spend</p> <p>IJB is unable to maintain spend within allocated resources which could lead to being unable to deliver on the Strategic & Commissioning Plan.</p>	Chief Finance Officer	<p>L= 4 I= 4</p> <p><u>16</u></p>	<p>L= 3 I= 3</p> <p><u>9</u></p>	<p>Included? Yes</p> <p><u>Rationale</u> High risk, no previous coverage</p>
3	<p>Staff resource</p> <p>The volume of staff resource required to develop effective integrated arrangements while continuing to undertake existing roles / responsibilities / workload of key individuals may impact on organisational priorities and operational delivery.</p>	Chief Officer	<p>L= 4 I= 4</p> <p><u>16</u></p>	<p>L= 3 I= 3</p> <p><u>9</u></p>	<p>Included? No</p> <p><u>Rationale</u> Previous coverage</p> <p>Included in previous audit plan. Report issued March 2018. Further assurance will need to be provided in future audit plans following implementation of previous recommendations.</p>

Audit Need Assessment based on Dundee IJB's Strategic Risk Register as at February 2018					
	Risk Title / Description	Owner	Current Risk Level	Planned Risk Level	Internal Audit coverage 2018-19
			L = Likelihood I = Impact		
4	Staff Perception of Integration Negative staff perception of integration due to historical experiences and lack of communication will lead to an adverse effect on engagement / buy-in to new partnership.	Chief Officer	L= 3 I= 3 <u>9</u>	L= 2 I= 3 <u>6</u>	Included? No <u>Rationale</u> Low current risk score.
5	Employment Terms Differing employment terms could expose the partnership to equality claims and impact on staff morale.	Chief Officer	L= 3 I= 5 <u>15</u>	L= 3 I= 2 <u>6</u>	Included? No <u>Rationale</u> Previous coverage Included in previous audit plan. Report issued March 2018. Further assurance to be provided in future audit plans following implementation of previous recommendations.
6	Stakeholders not included/ consulted Relevant stakeholders have not been included and adequately consulted with during the development and subsequent implementation of the Strategic & Commissioning Plan which may lead to adverse political and/or reputational impact.	Chief Officer	L= 1 I= 3 <u>3</u>	L= 1 I= 3 <u>3</u>	Included? No <u>Rationale</u> Low current risk score.

Audit Need Assessment based on Dundee IJB's Strategic Risk Register as at February 2018					
	Risk Title / Description	Owner	Current Risk Level	Planned Risk Level	Internal Audit coverage 2018-19
			L = Likelihood I = Impact		
7	Increased Bureaucracy Revised governance mechanisms between the IJB and partners could lead to increased bureaucracy in order to satisfy the arrangements required to be put in place.	Chief Officer	L= 4 I= 3 <u>12</u>	L= 3 I= 3 <u>9</u>	Included? Yes <u>Rationale</u> High Risk and links to overall governance & assurance framework
8	Governance arrangements being established fail to discharge duties Clinical, Care & Professional Governance arrangements being established fail to discharge the duties required.	Chief Officer	L= 2 I= 4 <u>8</u>	L= 2 I= 2 <u>4</u>	Included? No <u>Rationale</u> Previous coverage Included in previous audit plan. Report issued January 2018. Further assurance to be provided in future audit plans following implementation of previous recommendations.
9	Uncertainty around future service delivery models Uncertainty around future service delivery models may lead to resistance, delay or compromise resulting in any necessary developments or potential opportunities for improvement not being fulfilled.	Chief Officer	L= 3 I= 3 <u>9</u>	L= 2 I= 2 <u>4</u>	Included? No <u>Rationale</u> Low current risk score.

2018/19 INTERNAL AUDIT PLAN	Proposed Coverage	Inherent Risk / CRR Risk No.
<i>Governance Reviews</i>		
Dundee Health and Social Care Partnership	To support the Dundee Integrated Joint Board (IJB) Chief Internal Auditor through the provision of internal audit reviews relating to the services operationally delegated to the IJB.	High CR2
Transformational Change	Review of the arrangements in place to manage the Council's transformational change agenda, C2022, including the identification, demonstration and reporting of proposed savings.	High CR11
General Data Protection Regulations (GDPR)	High level review of the Council's approach to implementing GDPR, with a view to ensuring its statutory duties are effectively discharged.	High CR7
Brexit	Review the arrangements in place to assess and report on the potential impacts of Brexit, including the development and implementation of a comprehensive contingency plan.	High CR9
Risk Management Arrangements	Review of the progress made towards improving the Council's risk management arrangements at a corporate and service level against recognised good practice.	High CR5
Waterfront Project	High level review of the governance arrangements in place to manage, monitor and report on the £1 billion waterfront regeneration project.	High CR4 & 10
Communication Strategy	Review to assess the effectiveness of the implementation of the Council's new corporate communication strategy, including how it helps manage reputational risk within the organisation.	High All
Fraud Governance	To assess the robustness of the framework in place within the Council to identify potential risks arising from fraud and the measures in place to mitigate these.	High CR5
<i>ICT Reviews</i>		
User Access Levels (Phase 2)	High level review of the appropriateness of user access levels and associated permissions for a number of the Council's key IT systems as identified via the business continuity planning exercise.	High CR7
Keystone Asset Management*	Review to assess the effectiveness of the implementation of the new CIVICA Keystone Asset Management system procured by Neighbourhood Services.	High CR5 & 9

2018/19 INTERNAL AUDIT PLAN (cont'd)	Proposed Coverage	Inherent Risk / CRR Risk No.
<i>Systems Reviews</i>		
Health and Safety	Review of the risk assessment process in place within the Council to examine work activities and identify, manage and mitigate corresponding health and safety risks.	High CR6
Mosaic	Review to assess the effectiveness of the new MOSAIC system procured by the Council in relation to deployment and achievement of expected outcomes.	High CR7 & 9
DWP Appointeeships	Review of the arrangements in place within the Council for the management of DWP benefits for clients who are deemed incapable of managing their own affairs.	Medium CR9
Attainment Challenge	Review of the arrangements in place to ensure that Attainment Scotland Fund monies are being appropriately utilised to ensure children and young people in Dundee are achieving their full potential.	High CR4
Fleet Management	Review of the arrangements in place for licensing, checking and maintaining Neighbourhood Services' vehicle fleet to ensure compliance with the regulatory system for commercial vehicles.	High CR9
Carbon Reduction Commitment and Climate Change*	A review of the Council's annual submission for the Carbon Reduction Commitment Energy Efficiency Scheme and arrangements in place to meet climate change targets.	High CR9
Energy Management*	Review of the Council's strategic and operational approach to managing and monitoring energy consumption and the identification of potential opportunities to make improvements.	Medium CR1 & 5
Health and Safety Contracts	Review of the Council's processes, procedures and controls in place to ensure compliance through health and safety contracts with relevant statutory requirements and best practice.	High CR6
Integrated Impact Assessments*	Review to ensure the new Integrated Impact Assessments process and associated staff guidance is being complied with throughout the Council.	Medium CR5
Leisure and Culture Dundee	Review of the arrangements in place for income collection and recording through the MRM system, the integrity of which is considered by management to be critical to the strategic decision making process.	High CR2
ABC Multi-operator Smartcards*	Review of the system established within the Council to discharge its new independent ABC scheme administrator responsibilities.	Low CR2
Electric Vehicles Parking*	Review to assess the operational arrangements in place to support the Council's commitment of offering free parking to those with electric vehicles.	Medium CR9

2018/19 INTERNAL AUDIT PLAN (cont'd)	Proposed Coverage	Inherent Risk / CRR Risk No.
<i>Procurement / Contract Reviews</i>		
Procurement Reform	Review to assess the Council's progress towards reforming its procurement practices, including no purchase order no pay policy, and achieving sustainable procurement in line with national guidance.	High All
e-tendering*	Review within the Council and Tayside Procurement Consortium of the processes in place for e-tendering to ensure that they are robust and in line with procurement legislation.	High All
<i>Financial Reviews</i>		
Grant Claims	To provide confirmation for specified grant claims that the required terms and conditions have been complied with.	Low CR1
Council Tax	Review of the arrangements in place within the Council to administer and monitor entitlements for Council Tax Reduction.	High CR1
Internal Financial Controls	Review to determine progress made by the Council towards implementing the recommendations made by PwC following the serious fraud incident.	High CR1
Housing Capital Plan	To assess the planning, monitoring and reporting arrangements in place for the programme of capital works contained within the approved Housing Capital Budget.	High CR1 & 10
Stocks and Inventories	Review of arrangements in place to ensure that procedures and processes are line with Council guidance and records are complete and accurate.	Low CR1

2018/19 INTERNAL AUDIT PLAN (cont'd)	Proposed Coverage	Inherent Risk / CRR Risk No.
<i>Contingency</i>		
Advice and Guidance	Provision of ad-hoc support to assist services in respect of specific queries and contribute to the delivery of improvements in the Council's control environment.	N/A
Follow-up Reviews	<p>Specific reviews undertaken by internal audit staff to provide formal assurances to management and Elected Members that recommendations previously agreed have been implemented.</p> <ul style="list-style-type: none"> • Internal Audit Report No. 2015/06 – Financial Systems • Internal Audit Report No. 2016/10 – ICT Risk Management • Internal Audit Report No. 2016/13 – Information Governance • Internal Audit Report No. 2016/21 – Revenue Monitoring • Internal Audit Report No. 2016/28 – Dangerous Buildings and Public Safety 	N/A
Prior Year Work	Finalisation of projects that are currently ongoing / nearing completion.	Medium
Progress Reviews	Completion of the annual exercise whereby formal assurances are obtained from management that internal audit recommendations have been implemented.	Medium
Specific Investigations	To respond to requests for advice and assistance as required in respect of cases of suspected fraud, corruption or malpractice.	Medium

NHS Tayside Operational Internal Audit Plan 2018-2019

Reference		Description		Scope
AUDIT PROCESS				
T	1	19	Audit Risk Assessment & Planning	Audit Risk Assessment & Operational Planning
		19	Audit Management & Liaison with Directors	Audit Management, Liaison with Directors of Finance and other Officers
T	2			
T	3	19	Liaison with External Auditors	Liaison and co-ordination with External Audit
T	4	19	Audit Committee	Briefings, preparation, attendance and action points
T	5	19	Clearance of Prior Year	Provision for clearance and reporting of 2017-2018 Audit Reports
CORPORATE GOVERNANCE				
Accountability and Assurance				
T	6	19	Annual Internal Audit Report	CIA's annual assurance to Audit Committee
T	7	19	Governance Statement	Preparation of portfolio of evidence to support governance statement
T	8	19	Interim Review	Overall assessment of adequacy & effectiveness of the framework of internal control
T	9	19	Audit Follow-up	Review of the audit follow-up mechanism & selective examination
Control Environment				
T	10	19	Code of Corporate Governance (SOs, SFIs and SoD)	Contribution to Governance Review Group
T	11	19	Board, Operational Committees and Accountable Officer	Attendance at Board meetings
T	12	19	Policies and Procedures	Identification, review, approval, communication and implementation of policies
Risk Management				
T	13	19	Staff and Patient Environment	Overall assurance mechanisms for risk 28 - Health Safety

T	14	19	<i>Sustainability</i> Environmental costs	Final review of CRC targets
HEALTH PLANNING				
T	15	19	<i>Health Plan</i> Three Year Transformation Plan	Review of key programme management controls operating over the Transformation Plan as highlighted within T08/18
T	16	19	Improvement, innovation and operational planning	Review of specific projects
T	17	19	<i>Service Monitoring</i> Organisational Performance Reporting	Review of implementation of performance reporting improvements recommended in T08/18
T	18	19	Organisational Performance Management	Specific review of CAMHS service
T	19	19	<i>Effective Partnerships and Integrated Care</i> Health and Social Care Integration	Working with local authority partners to deliver IJB Internal Audit Plan ongoing review of Health Board HSCI risk and associated controls
CLINICAL GOVERNANCE				
T	20	19	<i>Patient Safety</i> Medical Equipment and Devices	Review of restructure of Medical Equipment groups following Internal audit recommendations
FINANCIAL ASSURANCE				
T	21	19	<i>Accountability</i> Fraud Liaison Officer duties	Deputy Fraud Liaison Officer duties including reporting to Audit Committee, annual fraud checklist, responding to risk assessment
T	22	19	<i>Use of resources</i> Savings programme	Review of new arrangements to identify, deliver and report on recurrent and non-recurrent savings

FINANCIAL MANAGEMENT

T	23	19	Financial Planning	Review of 2017/18 Strategic Financial Planning process to identify areas for improvement for 2018/19.
T	24	19	Financial Management	Budgetary control; reporting, remediation and data accuracy

CAPITAL INVESTMENT

T	25	19	<i>Capital Strategy</i> Property Management Strategy	Property strategy to support organisations strategies and priorities: purchase, disposal and maintenance.
T	26	19	<i>Capital and Property</i> Contract Management	Project appraisal, pre-contract arrangements, contract management and post implementation review
T	27	19	Property Transaction Monitoring and Property disposals	Post Transaction Monitoring, Efficient effective planning for property disposal
T	28	19	<i>Capital Finance</i> Asset control	Recording, identification and monitoring of assets.

TRANSACTION SYSTEMS

T	29	19	SSPS	
T	30	19	Ordering, Requisitioning & Receipt	Purchasing and requisitioning
T	31	19	Service contract expenditure	Contracts for services received including arrangements for PFI/PPP and the 3rd sector
T	32	19	Service Contract income	Identification, monitoring and financial control of contracts for services provided

ENDOWMENT FUNDS

T	33	19	Endowment Funds/Patients funds	Operation of endowment committee and compliance with national endowment guidance.
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INFORMATION GOVERNANCE

			<i>Information Governance Standards</i>	
T	34	19	Information Assurance/Information Security Framework	Implementation of NHSScotland information security policy framework including ICT Asset Security, e-health Business Continuity and Disaster Recovery
			<i>eHealth</i>	
T	35	19	eHealth Strategic Planning and Governance	Alignment of eHealth strategic plan with the Board's clinical strategy and transformation programme, the National eHealth Strategy. Review of supporting governance processes.
T	36	19	eHealth Project Management, Development, Procurement, Implementation and Training	eHealth Project Management and procurement processes including planning and implementation stage of eHealth projects, learning from previous experience

CONTINGENCY

T	37	19	<i>Contingency</i> Departmental Reviews	Review requested by management, focused on rostering within support and admin services as well as medical staffing
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TOTAL



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 31 JULY 2018

REPORT ON: DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN
PROGRESS REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC37-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to provide the Performance and Audit Committee with a progress update in relation to the current Internal Audit Plan.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Notes the progress of the current Internal Audit Plan as outlined in this report and Appendix 1 attached.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 Dundee Integration Joint Board's current Internal Audit Plan incorporates outstanding reviews from the 2017/18 as approved by the PAC at its meeting of the 28 November 2017 (PAC37-2017 – Dundee Integration Joint Board Internal Audit Plan 2017-18).
- 4.2 In relation to the substantive reviews as part of the 2017/18 plan, Risk Management and Transformation and Redesign, a draft report has been issued for the Risk Management review and a scope agreed for the Transformation and Redesign work with fieldwork now in progress. The findings of the Risk Management review is scheduled to be presented to the September PAC meeting with the Transformation and Redesign audit outcome due to be presented to the November PAC meeting. Work in relation to the 2018/19 Internal Audit Plan has also commenced with the plan outlined as item 12 on this meeting agenda.
- 4.3 As per Audit Scotland's recommendation and subsequent agreed action following the Dundee IJB External Audit Annual Report 2016/17, presented to the September 2017 Performance and Audit Committee (PAC21-2017 – Audit Scotland Annual Report & Integration Joint Board Annual Accounts 2016-17), progress of the Internal Audit Plan is now a standing item on Performance and Audit Committee agendas.

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 risk assessment as it a status update and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

Date: 6 July 2018

Appendix 1

2017/18 Plan	Audit	Indicative Scope	Target PAC	Planning Commenced	Work in Progress	Draft Issued	Completed	Grade
D01-18	Audit Planning	Agreeing audit universe and preparation of strategic plan	August 2017	Complete	Complete	Complete	Complete	N/A
D02-18	Audit Management	Liaison with managers and Directors and attendance at Audit Committee	Ongoing	Complete				N/A
D03-18	Annual Internal Audit Report	Chief Internal Auditor's annual assurance statement to the IJB and review of governance self-assessment	June 2017	Complete	Complete	Complete	Complete	N/A
D04-18	Risk Management	Review of systems of risk management, assessment of risk maturity and consideration of assurance mechanisms for key controls	September 2018	Complete	Complete	Complete		
D05-18	Transformation & Service Redesign	Addresses Corporate Risks - 2/9/10: Review of system for prioritisation of service redesign options, financial impact and link to savings plans, stakeholder engagement and project management	November 2018	Complete	In Progress			

2018/19	Audit	Indicative Scope	Target PAC	Planning Commenced	Work in Progress	Draft Issued	Completed	Grade
D01-19	Audit Planning	Agreeing audit universe and preparation of strategic plan	July 2018	Complete	Complete	Complete	Complete	N/A
D02-19	Audit Management	Liaison with managers and Directors and attendance at Audit Committee	Ongoing					
D03-19	Annual Internal Audit report 2017/18	Chief Internal Auditor's annual assurance statement to the IJB and review of governance self-assessment	July 2018	Complete	Complete	Complete	Complete	N/A

PAC49-2018

PERFORMANCE AND AUDIT COMMITTEE – ATTENDANCES - JANUARY 2018 TO DECEMBER 2018

COMMITTEE MEMBERS - (* - DENOTES VOTING MEMBER – APPOINTED FROM INTEGRATION JOINT BOARD)

Organisation	Member	Meeting Dates 2018					
		13/2	27/3	29/5	31/7	25/9	27/11
NHS Tayside (Non Executive Member) **	Doug Cross *	✓	✓	✓			
Dundee City Council (Elected Member)	Roisin Smith *	✓	✓	✓			
Dundee City Council (Elected Member)	Helen Wright *	✓	✓	✓			
NHS Tayside (Non Executive Member)	Judith Golden *	✓	A	A			
Chief Officer	David W Lynch	✓	✓	✓			
Chief Finance Officer	Dave Berry	✓	✓	✓			
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Cesar Rodriguez	✓	A	✓			
Dundee City Council (Chief Social Work Officer)	Jane Martin	✓	✓	A			
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	A	A	✓			
Chief Internal Auditor ***	Tony Gaskin	✓	✓	✓			
Audit Scotland ****	Bruce Crosbie	****	✓	****			

✓ Attended

A Submitted apologies

A/S Submitted apologies and was substituted

☐ No longer a member and has been replaced / was not a member at the time

* Denotes Voting Members

** Denotes Office Bearer. Periods of appointment are on fixed terms in accordance with legislation. At meeting of the Integration Joint Board held on 25th October, 2016, Doug Cross was appointed as Chair (the Chair of the Committee cannot also be the Chair of the Integration Joint Board).

*** The Chief Internal Auditor is a member of the Committee and is not a member of the Integration Joint Board.

**** Audit Scotland are not formal members of the Committee and are invited to attend at least one meeting of the Committee a year.

(Note: First meeting of the Committee was held on 17th January, 2017).

(Note: Membership are all members of the Integration Joint Board (only exceptions are Chief Internal Auditor and Audit Scotland)).

