



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

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

City Chambers
DUNDEE
DD1 3BY

20th March, 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, 27th March, 2018 at 2pm.

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

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 1

The minute of previous meeting of the Committee held on 13th February, 2018 is attached for approval.

4 ADULT SUPPORT & PROTECTION COMMITTEE – INDEPENDENT CONVENOR'S ANNUAL REPORT - Page 7

(Report No PAC13-2018 by the Chief Finance Officer, copy attached).

5 OUTCOME OF CARE INSPECTORATE INSPECTION – MACKINNON CENTRE RESPITE PROVISION - Page 31

(Report No PAC19-2018 by the Chief Finance Officer, copy attached).

6 OUTCOME OF CARE INSPECTORATE INSPECTION – HOMECARE (ENABLEMENT & SUPPORT CITYWIDE AND COMMUNITY MENTAL HEALTH OLDER PEOPLE TEAM) - Page 41

(Report No PAC20-2018 by the Chief Finance Officer, copy attached).

7 OUTCOME OF CARE INSPECTORATE INSPECTION – WHITE TOP CARE HOME SERVICE - Page 57

(Report No PAC21-2018 by the Chief Finance Officer, copy attached).

8 CORE TAYSIDE SUITE OF PERFORMANCE INDICATORS - Page 75

(Report No PAC15-2018 by the Chief Finance Officer, copy attached).

9 LOCAL GOVERNMENT BENCHMARKING FRAMEWORK - Page 83

(Report No PAC17-2018 by the Chief Finance Officer, copy attached).

10 AUDIT SCOTLAND ANNUAL REPORT 2016/17 – PERFORMANCE MANAGEMENT IMPROVEMENTS UPDATE - Page 95

(Report No PAC14-2018 by the Chief Finance Officer, copy attached).

11 HEALTH AND SOCIAL CARE STANDARDS - Page 103

(Report No PAC16-2018 by the Chief Social Work Officer, copy attached).

12 AUDIT SCOTLAND ANNUAL AUDIT PLAN - Page 127

(Report No PAC23-2018 by the Chief Finance Officer, copy attached).

13 DUNDEE INTEGRATION JOINT BOARD WORKFORCE INTERNAL AUDIT REVIEW - Page 143

(Report No PAC8-2018 by the Chief Finance Officer, copy attached).

**14 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT
- Page 157**

(Report No PAC22-2018 by the Chief Finance Officer, copy attached).

15 DATE OF NEXT MEETING

The next meeting of the Committee will be held in Committee Room 1, 14 City Square, Dundee on Tuesday 29th May, 2018 at 2pm.

PERFORMANCE AND AUDIT COMMITTEE
PUBLIC DISTRIBUTION LIST

(a) DISTRIBUTION – PERFORMANCE AND AUDIT COMMITTEE

(* - DENOTES VOTING MEMBER)

<u>Role</u>	<u>Recipient</u>
Non Executive Member (Chair)	Doug Cross *
Elected Member	Councillor Roisin Smith *
Elected Member	Bailie Helen Wright *
Non Executive Member	Judith Golden *
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

(b) DISTRIBUTION – FOR INFORMATION ONLY

<u>Organisation</u>	<u>Recipient</u>
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Dundee City Council (Chief Executive)	David R Martin
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee City Council (Members' Support)	Sharron Wright
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership	Arlene Hay
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

At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 13th February, 2018.

Present:-

Members

Role

Doug CROSS (<i>Chairperson</i>)	Nominated by Health Board (Non-Executive Member)
Judith GOLDEN	Nominated by Health Board (Non-Executive Member)
Roisin SMITH	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
David W LYNCH	Chief Officer
Dave BERRY	Chief Finance Officer
Jane MARTIN	Chief Social Work Officer
Cesar RODRIGUEZ	Registered Medical Practitioner (not providing primary medical services)

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

Tony GASKIN	Chief Internal Auditor
Diane McCULLOCH	Dundee Health and Social Care Partnership
Arlene HAY	Dundee Health and Social Care Partnership
Lynsey WEBSTER	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership

Doug CROSS, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Raymond MARSHALL Staff Partnership Representative

II DECLARATIONS OF INTEREST

No declarations of interest were made.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of this Committee held on 28th November, 2017 was submitted and approved.

IV OUTCOME OF CARE INSPECTORATE INSPECTIONS – JANET BROUGHAM HOUSE, MENZIESHILL HOUSE AND CRAIGIE HOUSE

There was submitted Report No PAC3-2018 by the Chief Finance Officer advising of the outcome of the recent Care Inspectorate inspections of the older people care homes Janet Brougham House, Menzieshill House and Craigie House.

The Committee agreed:-

- (i) to note the content of the report and the content of the inspection reports which were attached to the report as Appendices 1, 2 and 3;
- (ii) to note the one recommendation for Janet Brougham House as noted in paragraph 4.1.6 of the report and the three recommendations for Menzieshill House as outlined in paragraph 4.2.6 of the report;
- (iii) to note the grades awarded to the services, the strengths of the services, and the very positive comments made by service users and carers as outlined in the report;
- (iv) to note that from April, 2018 Care Inspectorate inspections would be measured against a new set of standards and that the Chief Social Work Officer would submit a report on this to a future meeting of the Committee; and
- (v) to record their appreciation for the contribution and diligence of staff within the Partnership with responsibility for the individual services referred to in the report towards achieving positive reports for the inspections carried out by the Care Inspectorate.

V OUTCOME OF CARE INSPECTORATE INSPECTION – DUNDEE COMMUNITY LIVING

There was submitted Report No PAC1-2018 by the Chief Finance Officer advising of the outcome of the Care Inspectorate inspection of Dundee Community Living which was undertaken in October, 2017.

The Committee agreed:-

- (i) to note the content of the Inspection Report dated 13th October, 2017 which was attached to the report as Appendix 1;
- (ii) to note the grades awarded to the services, the strengths of the services, and the very positive comments made by service users and carers as outlined in the report; and
- (iii) to record their appreciation for the contribution and diligence of staff within the Partnership with responsibility for the service referred to in the report towards achieving the positive report from the inspection carried out by the Care Inspectorate.

VI OUTCOME OF CARE INSPECTORATE INSPECTION – SUPPORTED LIVING TEAM

There was submitted Report No PAC2-2018 by the Chief Finance Officer advising of the outcome of the recent Care Inspectorate inspection of the Supported Living Team which was undertaken in December, 2017.

The Committee agreed:-

- (i) to note the content of the Inspection Report dated 12th December, 2017 which was attached to the report as Appendix 1;
- (ii) to note the grades awarded to the services, the strengths of the services, and the very positive comments made by service users and carers as outlined in the report; and

- (iii) to record their appreciation for the contribution and diligence of staff within the Partnership with responsibility for the service referred to in the report towards achieving the positive report from the inspection carried out by the Care Inspectorate.

VII DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT (QUARTER 3)

There was submitted Report No PAC4-2018 by the Chief Finance Officer providing an update on the Quarter 3 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 Appendix 1 of the report and section 4.8 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 Appendix 2 of the report and section 4.9 of the report.

VIII 2017/18 MID YEAR PERFORMANCE SUMMARY

There was submitted Report No PAC5-2018 by the Chief Finance Officer providing a summary of performance against key areas of service delivery reflected in the national health and wellbeing outcomes and indicators and Measuring Performance under Integration targets in the first six months of 2017/18.

The Committee agreed:-

- (i) to note the performance in each service delivery area from 1st April, 2017 to 30th September, 2017 as outlined in Appendix 1 of the report;
- (ii) to note the performance achieved by the Partnership in comparison to the pre-integration position (2015/16) as outlined in section 4.2 of the report;
- (iii) to note the variation in performance between Local Community Planning Partnerships in comparison to the pre-integration position as outlined at section 4.3 and Appendix 2 of the report; and
- (iv) to note planned improvement actions and timescales and planned investment in relation to areas of service delivery where performance had not been improving as outlined at sections 4.6 and 4.8 of the report.

IX MEASURING PERFORMANCE UNDER INTEGRATION – 2018/19 SUBMISSION

There was submitted Report No PAC6-2018 by the Chief Finance Officer informing of the 2018/19 submission made by the Partnership to the Ministerial Strategic Group for Health and Community Care as part of the Measuring Performance under Integration work stream.

The Committee agreed:-

- (i) to note the summary table of targets under each service delivery area as outlined in Appendix 1 of the report and the 2018/19 submission to the Ministerial Strategic Group for Health and Community Care as outlined in Appendix 2 of the report;

- (ii) to note the methodology used to develop proposed targets for submission to the Ministerial Strategic Group for Health and Community Care as outlined in sections 4.2.3 and 4.2.4 and Appendix 3 of the report;
- (iii) to note that 2018/19 targets would remain in draft until such times as the Integration Joint Board budget for 2018/19 had been confirmed as outlined in section 4.2.5 of the report and the submission had been approved by the Integration Joint Board at its meeting on 27th February, 2018; and
- (iv) to note that in relation to indicator 21 of Appendix 1 of the report the number under 2017/2018 Trajectory heading should have been 97.6%.

X ANALYSIS ON RE-ADMISSIONS TO HOSPITAL

Reference was made to Article XI of the minute of meeting of this Committee held on 12th September, 2017 wherein it was agreed to direct the Chief Finance Officer to submit a full analysis of reasons for re-admission to hospital by January, 2018 following completion of analytical work commissioned by the Unscheduled Care Board.

There was submitted Agenda Note PAC7-2018 reporting that resources identified by the Unscheduled Care Board had not yet been available as expected and as a result the detailed analysis had been delayed. The Unscheduled Care Board had given a commitment to identify alternative resources to support the progression of this work.

The Committee noted the position as outlined in the note and requested that this work be completed as soon as possible to allow for submission to be made to the Committee at the earliest opportunity.

XI DUNDEE INTEGRATION JOINT BOARD HIGH LEVEL RISK REGISTER UPDATE

There was submitted Report No PAC10-2018 by the Chief Finance Officer noting the status of the risks identified within Dundee Integration Joint Board's High Level Risk Register.

The Committee agreed:-

- (i) to note the status of the risks identified within Dundee Integration Joint Board's High Level Risk Register as reflected in Appendix 1 of the report;
- (ii) to instruct the Chief Finance Officer to continue to monitor and update these risks and other emerging strategic risks and present the risk position to the Performance and Audit Committee on a regular basis; and
- (iii) to instruct the Chief Finance Officer to bring forward an annual Risk Management report to the Performance and Audit Committee on 29th May, 2018, covering the year to 31st March 2018.

XII DUNDEE INTEGRATION JOINT BOARD CLINICAL, CARE AND PROFESSIONAL GOVERNANCE INTERNAL AUDIT REVIEW

There was submitted Report No PAC9-2018 by the Chief Finance Officer noting the findings of the Clinical, Care and Professional Governance Internal Audit Review and noting the management response and associated action plan.

The Committee agreed:-

- (i) to note the findings of the Clinical, Care and Professional Governance Internal Audit Review, which was attached to the report as Appendix 1; and
- (ii) to note the management response to the review and associated action plan as outlined in the report and instruct the Chief Officer to progress the action plan accordingly.

XIII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC12-2018 by the Chief Finance Officer providing 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.

XIV DATE OF NEXT MEETING

The Committee agreed to note that the next meeting of the Committee would be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 27th March, 2018 at 2.00 pm.

Doug CROSS, Chairperson.



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 27 MARCH 2018

REPORT ON: ADULT SUPPORT AND PROTECTION COMMITTEE – INDEPENDENT CONVENOR'S ANNUAL REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC13-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to present the Performance and Audit Committee with the Independent Convenor of the Adult Support and Protection Committee's Annual Report for the period April 2016 - March 2017 which includes a summary of the work undertaken and the priorities recommended for the coming year.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the contents of the Independent Convenor's Report (attached as Appendix 1).
- 2.2 Notes the progress that has been made in developing an effective partnership response to Adult Support and Protection issues in the city.
- 2.3 Notes the progress achieved in response to the Independent Convenor's recommendations for 2016 – 18 (section 4.5).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 In response to serious shortcomings in the protection and safeguarding of adults at risk of harm in Scotland, the Scottish Government introduced the Adult Support and Protection (Scotland) Act 2007. In line with the requirements of the Act, the Dundee Adult Support and Protection Committee was established in July 2008. Colin McCashey was appointed as Independent Convenor in November 2013. The main aim of the Adult Support and Protection (Scotland) Act 2007 is to keep adults safe and protect them from harm. The Act defines an adult at risk as people aged 16 years or over who:

- are unable to safeguard their own well-being, property, rights or other interests; and
- are at risk of harm; and
- because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

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

- 4.2 Section 46 of the Act requires the Independent Convenor to prepare a Biennial Report outlining the activities of the Adult Support and Protection Committee and more widely the progress made in Dundee in protecting adults at-risk of harm. The report is organised around a number of themes agreed by the Adult Support and Protection (Scotland) Act 2007 Code of Practice (Revised April 2014). The last Biennial Report was published in 2016 with the next due summer 2018.

- 4.3 In addition to the biennial report required by statute, the Independent Convenor of Dundee Adult Support and Protection Committee produces an annual report noting the progress of the identified priorities.
- 4.4 The report contains updates on the commitment to ensure that the protection of people of all ages is a key strategic priority, as well as wider developments to strengthen multi-agency responses to Protecting People concerns. It outlines how the Adult Support and Protection Committee has continued to work closely with all relevant partners, including the Integration Joint Board, the Community Safety Partnership and relevant Strategic Planning Groups, to ensure strategies and priorities are aligned and coordinated.
- 4.5 The Independent Convenor's Biennial Report 2016-2018 set out seven recommendations to progress a range of aspects of multi-agency work regarding adult support and protection. During the period 2016-2017 progress has been made in addressing these recommendations, including the following key developments:
- Whilst referrals from GP's remain low, links have now been formed with Ninewells Hospital and Medical school which allows medical students set for general practice to participate in awareness raising and training sessions for Adult Support and Protection.
 - In February 2017 work commenced on a Health and Social Care Partnership (HSCP) Public Protection Quality Assurance Plan which resulted in the formation of a Health and Social Care Partnership Quality Assurance Group. The improvement of communication between the HSCP and GP's features in this plan.
 - NHS Tayside has now established effective representation on the Adult Support and Protection Committee. They have also developed strategic and delivery groups to progress adult protection work, including developing and promoting ASP work within the NHS, improving communication and sharing information effectively.
 - Independent interviews were undertaken by Dundee Independent Advocacy Service (DIAS) during 2016 to evaluate the effectiveness of advocacy services provided to adults at risk.
 - Links have been established with the various Strategic Planning Groups (SPG's) which were formed in response to the integration of Health and Social Care. The ASP Convener has been invited to each SPG and, conversely, SPG members are now represented on the ASP Committee.
 - Dundee Alcohol and Drug Partnership is developing a strategy that explicitly sets out how services are linked with the HSCP, including adult protection responsibilities.
 - A Frailty Strategic Planning Group has been established with a focus upon how local practice links to the National Strategies, and early intervention across Dundee.
 - The ASP Reporting Framework has been updated to reflect learning from self-evaluation and reporting on outcome of audits and the impact on service users, carers and communities is now in place.
 - Work has continued to progress in implementing and revamping current information in regard to the Early Indicator of Concern (EIC) tool, including implementation of the EIC tool within Dundee Care Homes.
- 4.6 The Health and Social Care Partnership response to the recommendations is primarily being progressed through the HSCP Protecting People Quality Assurance Group. This group has developed and continuously monitors an improvement plan which responds to the recommendations with specific relevance to the Partnership, with progress regularly reported to the Adult Support and Protection Committee.

4.7 Areas for Further Improvement and Recommendations

- 4.7.1 At the time of writing, Dundee is one of six local authorities participating in the first thematic inspection of adult support and protection undertaken by the Care Inspectorate and Her Majesty's Inspectorate of Constabulary in Scotland. This will focus upon specific areas, namely, outcomes, key processes and leadership.
- 4.7.2 The strengths and areas for development identified by the inspection process will, together with the ongoing recommendations from the 2016-18 Biennial Report be the focus of short to mid-term activity undertaken by the Committee, inform the content of the fifth Biennial Report covering 2016-18 and influence further recommendations to keep adults in Dundee safe today and into the future.

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 for information and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

The Chief Finance Officer and the Clerk as well as the Chief Officers Group (Protecting People), Council Management Team and the Dundee Adult Support and Protection Committee have been consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 5 March 2018

Colin McCashey
Independent Convenor
Adult Support & Protection Committee

Andrew Beckett
Lead Officer
Protecting People

City of Dundee Adult Support & Protection Committee

Independent Convenor's Report to the Dundee City Council Community Safety and Public Protection Committee

April 2016- March 2017



Contents

1. INTRODUCTION AND CONTEXT	4
2. ANNUAL DATA	7
3. PROGRESS IN RECOMMENDATIONS FROM BIENNIAL REPORT 2015	9
4. SIGNIFICANT CASE REVIEWS	15
5. ADULT SUPPORT AND PROTECTION SUB GROUPS	15
5.1 Financial Harm Group	15
5.2 Stakeholder's Group	16
5.3 Policy, Procedures and Practice Task Group	16
6. PROTECTING PEOPLE GROUPS	16
6.1 Protecting People Self Evaluation Group	17
6.2 Protecting People Communication Group	17
6.3 Protecting People Learning and Workforce Development Group	19
7. CONCLUSIONS, RECOMMENDATIONS AND FUTURE PLANS	19

With thanks.

As Independent Convenor of the Dundee Adult Support and Protection Committee, I am pleased to present my midterm report as convenor for the period 2016/17 to the Community Safety & Public Protection Committee.

I am required by statute to prepare a Biennial Report outlining the activities of the Adult Support and Protection Committee and more widely developments made in Dundee in protecting adults at-risk of harm. This annual report provides midterm continuity between my biennial reports but also an opportunity to review the progress of the recommendations made in 2016.

I am pleased to note the continued development of Adult Support and Protection issues within the NHS and the shared responsibility maturing within the Health and Social Care Partnership.

The review of early screening and subsequent improvement plan has contributed to earlier intervention and timely and proportionate responses to concerns of risk.

The work undertaken by the committee by Dundee Independent Advocacy Service (DIAS) into the experience of adults at risk is informing the development of existing and commissioning of future services.

I would like to express my gratitude to members of the Committee, and to individuals within the Agencies with whom I work, for the support they have provided to me, and for their demonstration of exceptional levels of professionalism and commitment. I think it would be fair to say that collectively we have worked hard to support and protect adults at risk of harm in Dundee.

Furthermore, there is clear evidence that the work of the agencies goes far beyond the statutory definition of vulnerable people, and this I welcome.

Colin McCashey
Independent Convenor
City of Dundee Adult Support and Protection Committee



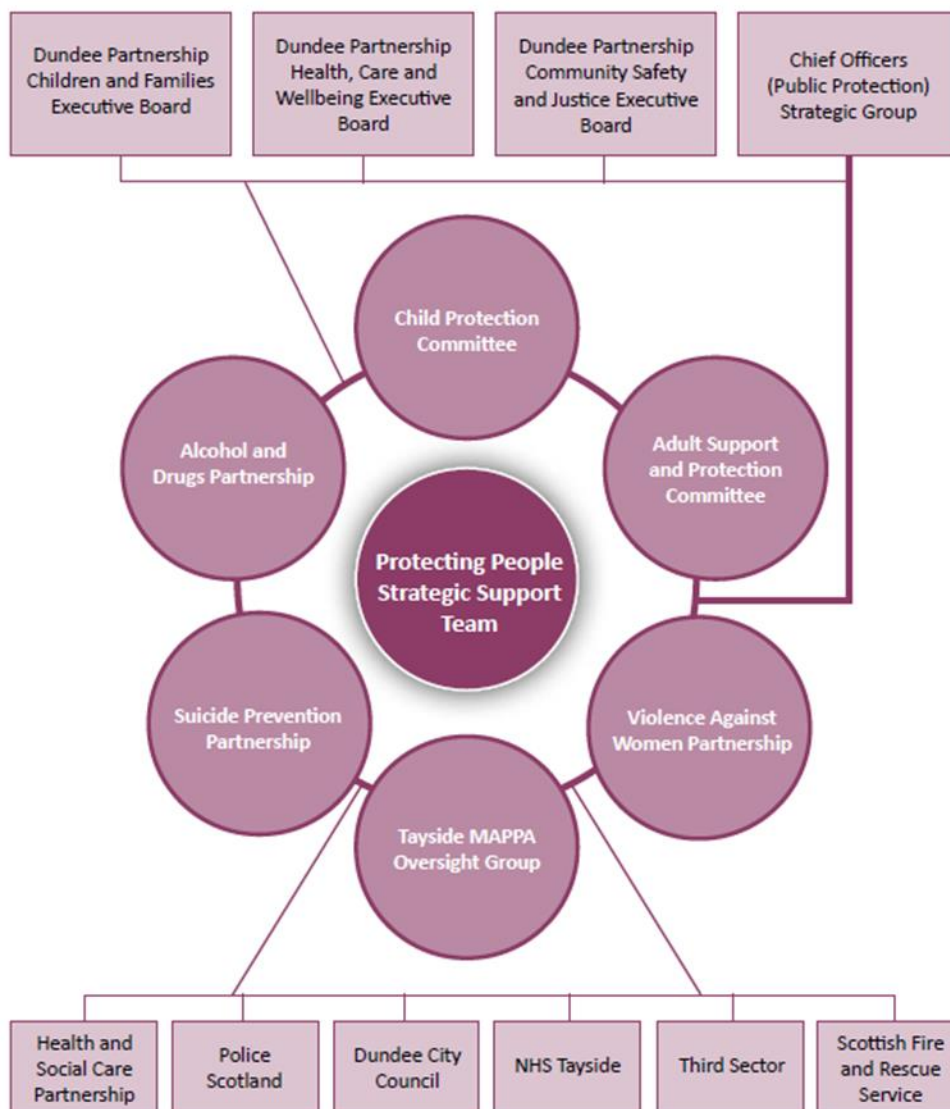
1. INTRODUCTION AND CONTEXT

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

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



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



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

The role of Lead Officer to the Adult Support and Protection Committee was set up in July 2013 and focuses on progressing the work of the Committee through its subgroups and the Protecting People meetings. Now entitled “Lead Officer protecting People” post provides an effective link between relevant agencies as well as co-ordinating within these agencies and with the Independent Convenor. There are currently three subgroups: Financial Harm, Policy, Procedures and Practice Task Group and a Stakeholder’s Group. The work undertaken by these groups is detailed in subsequent sections.

The past year has been a period of considerable change in the landscape of the main statutory bodies for Adult Support and Protection: Councils, Health and Police.

This report covers the first full year of operation of the Dundee Health and Social Care Partnership (HSCP). Adult Support and Protection work is one of the areas where local authority functions are delegated to the HSCP and the Integrated Joint Board is ‘host agent’ for the Protecting People Team in Dundee.

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

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

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

Other areas of Scotland have different ways of managing Police Referrals, and it is hoped that best practice from others can inform the continuing work in Dundee. This features a Recommendation 7 in last year’s biennial report.

ANNUAL DATA

Referrals

The total number of Adult Protection referrals in 2016/17 was 918. Of these;

734 came from Police Scotland,

50 from Social Work, 2 of which were other LA areas

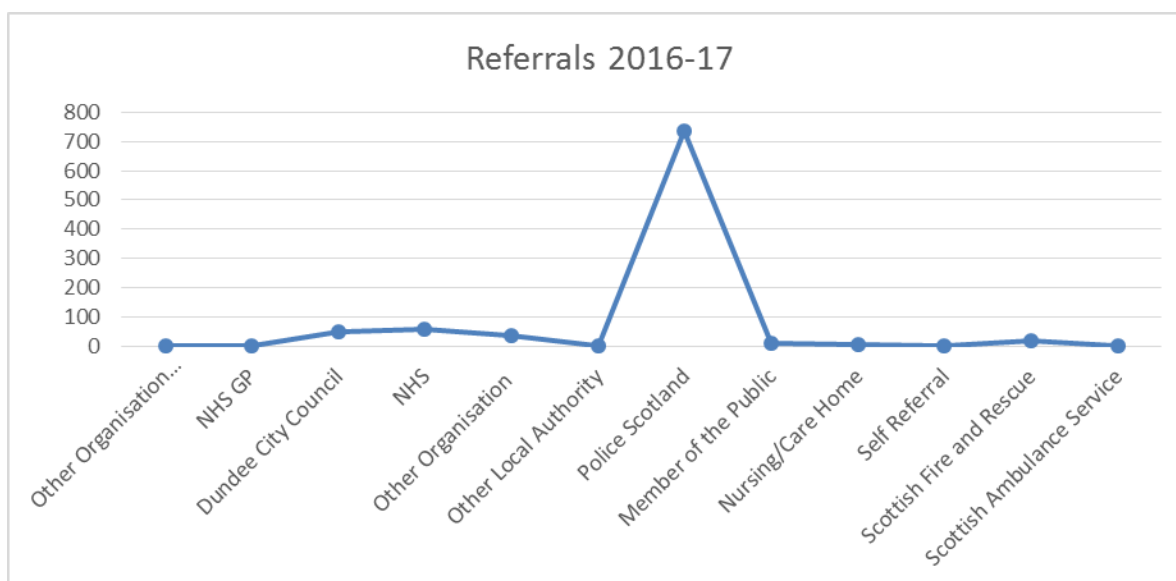
37 from other organisations

57 from NHS (though none from GPs)

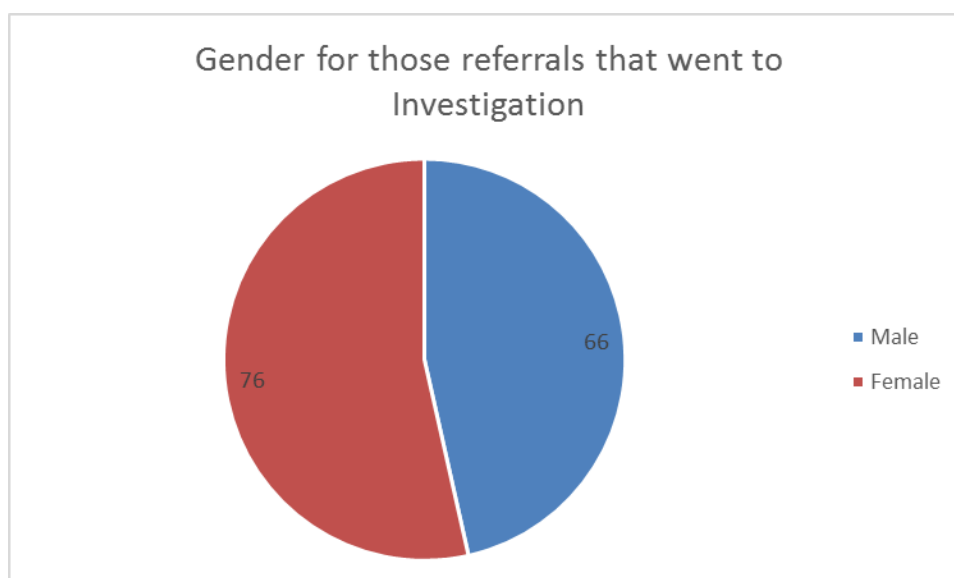
20 from Scottish Fire and Rescue

7 from Nursing Home

Others, in small numbers, came from family, friends, or other members of the public (9) and a self-referral (1), Scottish Ambulance Service (1)

**Investigations**

From these referrals there were 142 investigations (12.28%) under Adult Support and Protection procedures (66 males and 76 females)

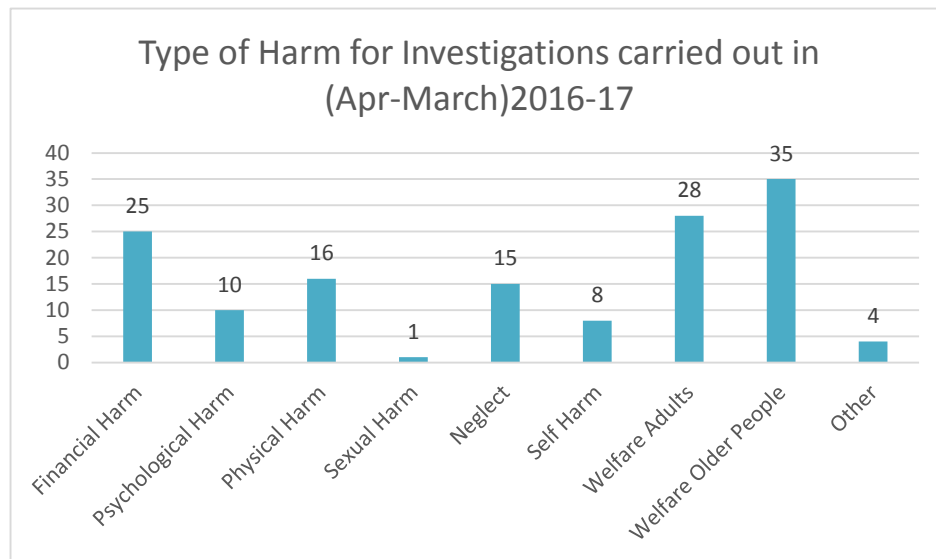


Types of Harm

For the 142 Investigations:

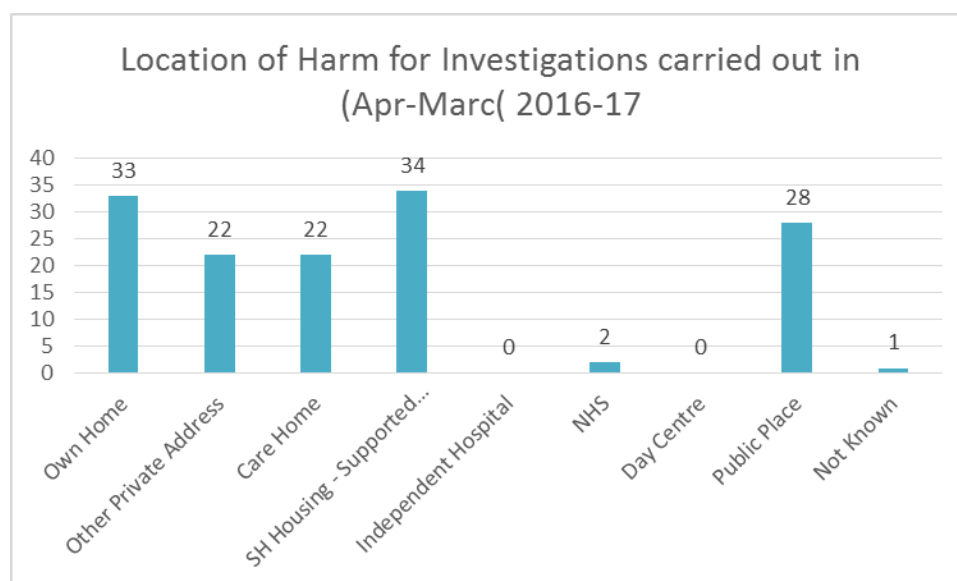
In terms of harm (4) were described as 'other', physical (16) and financial harm (25).

Others included: Domestic Abuse (2), Fire Safety Risk (1), harassment (1)



Location of Harm

In 33 of the investigations, the harm took place at home, 28 in a public place, 34 in sheltered or supported accommodation, 22 in a care home, 22 at another private address, and 2 in NHS premises.



Following the 142 investigations, 60 case conferences were held. (37% of investigations resulted in case conferences)

Type of ASP Case Conferences	Number of ASP Case Conferences
Initial ASP case conference	49
Review ASP case conference	of the 49 CC's 24 of these went onto further reviews (however - 44 review meetings in total took place - this includes more than one review for some clients)
Total	93 CC/Review meetings in total took place.

Six large scale inquiries were completed in this time.

2. PROGRESS IN RECOMMENDATIONS FROM BIENNIAL REPORT 2014

Recommendation 1	Ensure more effective linking and sharing information between the Committee and GPs as, despite more work having been undertaken with GPs over the past two years, this has not translated into increased referrals.
Recommendation 2	Continue to forge and maintain an effective link with NHS Tayside to ensure the ASP work within this area is facilitated, communication is improved, and information shared efficiently.

Although the nature and level of referrals from GP's has not changed there are three primary areas in which progress has been achieved in respect of this recommendation.

- i) In early 2017 a number of medical students set for general practice participated in an awareness and training session for Adult Support and Protection. Feedback from this will inform future development opportunities and it is intended to repeat this for subsequent graduates.
- ii) The Head of Service, Deputy Chief Executive's Department, NHS Tayside is now a member of the Adult Protection Committee and a number of strategic and delivery groups. Part of the focus of their work is to progress more effective linking and sharing information between the Committee and GPs.
- iii) In February 2017 work commenced on a Public Protection Quality Assurance Plan which resulted in the formation of a Health and Social Care Partnership Quality Assurance Group. Membership includes key representatives from a variety of NHS departments who will lead on the identified workstreams and deliver on the relevant recommendations. Although governed through the Health and Social Care Partnership, the group reports directly to the Adult Support and Protection Committee.

The above actions are key to progressing recommendations 1 & 2 specifically ensuring that the ASP work within this area is facilitated, communication is improved, and information shared efficiently.

Recommendation 3	Gather more qualitative data around the experience of service users who go through Adult Support and Protection services with a view to ensuring their voices are influential in improving the experience. <i>(This will be piloted from July 2016 with the support of Dundee Independent Advocacy Support and findings reported to the Committee with recommendations).</i>
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To understand the impact of Adult Support and Protection on Adults at Risk of Harm, Dundee Independent Advocacy Service (DIAS) agreed during 2016 to undertake independent interviews of Adults who had experienced Adult Support and Protection.

The interviews highlighted that Adults felt that the Adult Support and Protection intervention and experience has made a positive difference to their lives in that they feel safer and generally healthier, more settled, less worried, and three are looking to making plans for the future. All service users said they felt included, listened to and involved in decision-making.

Areas for improvement based on learning from the interviews were identified as...

- Organizing a method of gaining Adults and Carers who have experienced Adult Support and Protection interventions views on a systematic and regular basis so that their views and experience inform ongoing improvement activity.
- Ensuring that Adults are aware of the referral and ASP Meetings and have support and information to understand what this means and what supports are available through the process so that any response is personalized to the Adults circumstances.
- Ongoing promotion of independent advocacy as a means of supporting Adults to provide their views and participate in the decision making process in a meaningful way.

A number of recommendations arose from this activity, specifically;

- To commission an independent agency to gain Adults experience of Adult Support and Protection activity so that their views and experience can be gained on a systematic basis and used to inform ongoing improvement activity.
- That a service user and carer engagement strategy should be developed which supports the engagement of service users and carers in Adult Support and Protection developments and activity.
- To adapt Mosaic (Social Work Recording System) to gain wellbeing outcomes of Adults at Risk of Harm.

Recommendation 4	<p>Ensure the Committee has a clearer cognisance of work being undertaken with Adults (<65) and Older People (65+), in terms of the Health and Disability Characteristics of those who are referred under specific areas of concern:</p> <p>4a – Dementia/Alzheimer’s: including how local practice links to the National Strategies, and early intervention across Dundee</p> <p>4b - Mental Health and;</p> <p>4c – Alcohol and Drug misuse: including how supports and services are linked effectively between the Health and Social Care services and the Alcohol and Drug Partnership strategy.</p>
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Links have been established with the various Strategic Planning Groups (SPG’s) which were formed in response to the integration of Health and Social Care. The ASP convener has been invited to each SPG and, conversely, SPG members are now represented on the ASP committee.

Dundee Alcohol and Drug Partnership is developing a strategy that explicitly sets out how services are linked with the HSCP.

A frailty Strategic planning group has been established with a focus upon how local practice links to the National Strategies, and early intervention across Dundee.

In February 2017 work commenced on a Public Protection Quality Assurance Plan which resulted in the formation of a Health and Social Care Partnership Quality Assurance Group. Membership includes key representatives from a variety of stakeholder groups who will lead on the identified workstreams and deliver on the relevant recommendations. Although governed through the Health and Social Care Partnership, the group reports directly to the Adult Support and Protection Committee. This, coupled with the changes planned in relation to the Adult Support and Protection reporting Framework will contribute to delivering on this recommendation.

Recommendation 5	<p>Ensure the recommendations from the Thematic report – from past Case Based Self-Evaluations and Minutes Audits - are progressed and practice improves in these areas, with regular updates to the Committee: Advocacy, Risk Assessment and Protection Plans, Training access for wider services and Recording:</p> <p>5a - Increase the early uptake of Independent Advocacy across the city, pursue more consistency around how advocacy is explained and offered to service users, and review the information available to service users.</p> <p>5b - Review Risk Assessment and Protection Plans, ensure these are of good quality, available in every case and timeously for meetings, especially Case Conferences.</p> <p>5c - Ensure training for wider services continues to be available, and is actively encouraged, for all services,</p> <p>5d - Review and improve recording of case information</p>
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The initial Adult Support and Protection Reporting Framework was approved by the Adult Support and Protection Committee in August 2015 until September 2017. It has undergone a period of review which is detailed as follows...

The initial framework sought to bring together the range of statistical information requested into one framework and to create a culture of openness and transparency in how data is used to inform improvements.

Since the initial framework was completed, significant learning has taken place about a systematic approach to reporting on:

- Local and national required statistical data in a manner that enables identification of strengths and improvement actions.
- Outcomes from case conferences and IRD's
- The involvement of service users, family members, carers, advocacy and legal proxies in ASP Processes and an assurance that procedures are being followed.
- The impact of Adult Support and Protection on Adults at Risk of Harm and their experience of the process.
- Quality of our ASP processes including provision of required documents and adherence to timescales.

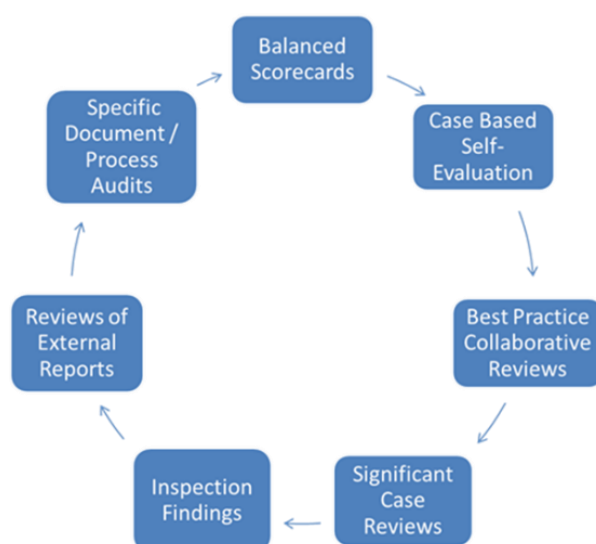
Alongside this, significant learning has taken place regarding means of recording and collecting data which both ensures best practice and accuracy of information recorded. This is so that valid and quality data is used to inform reporting and analysis of information.

In addition to this learning, locally arrangements have changed with the integration of health and social care, introduction of mosaic (social work recording system), development of Local Outcome Improvement Plans and Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Forum and Group.

The ASP Reporting Framework has been updated to reflect this learning, new arrangements and to include a standard report template, frequency of reporting, reporting on outcome of audits and reporting on impact on service users, carers and communities.

It is anticipated that the planned updates to mosaic will enable the required data to be gathered in a systematic way from October 2017 onwards.

In Dundee, our self-evaluation programme consists of a series of linked activities which include a focus on both quantitative and qualitative indicators. It involves a range of complimentary methods and approaches which, when applied together, help us to continuously reflect, learn, act and further improve outcomes for communities and service users, or jointly understand barriers to progress and develop realistic, achievable plans. The diagram below illustrates the local component parts of continuous improvement.



Recommendation 6	The development work in terms of the Early Indicators of Concern training to be remitted to the Health and Social Care Partnership and taken forward to include residential staff. Consideration to be given to its relevance for staff within community settings: e.g. sheltered housing, community multiple occupancy settings.
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Work has continued to progress in implementing and revamping current information in regards to the Early Indicator of Concern (EIC) tool and, as a Partnership how we can raise awareness of the EIC tool within Dundee Care Homes.

Following workshops convened in March, a scoping exercise was undertaken to explore how to raise awareness of the EIC tool in order for care homes to take a more proactive role in developing training materials which could be used in practice.

Two briefing sessions were arranged in June and July, managers from all care homes within Dundee were invited and a total of 12 care homes attended these sessions. The sessions were pitched in such a way as to promote awareness and show the benefits of using the EIC tool. As a follow on from the briefing sessions it was agreed that a focus group would be arranged with home managers to explore and develop new training materials that could be used by all the care homes within Dundee.

The main themes identified from the briefing sessions were:

- Larger care home companies had their own ASP training and were happy for EIC information to be emailed to them to incorporate information. There was a reluctance from these homes for co-production in developing updated training.
- These companies also felt information could be sent out as guidance with EIC tool attached and this then would be incorporated into practice within own homes through team meetings, CPD etc.
- Smaller standalone care homes with limited resources were more interest in working with Dundee Health and Social Care Partnership and being part of a co-produced training programme. This information could be delivered using train the trainer's format.

Following this, a number of visits were made to care home managers who were unable to attend the briefing sessions to raise awareness of the EIC tool and to encourage participation in the focus groups.

Focus groups convened in February 2017 were not well supported by providers and in March the plan was revised to explore options and engagement of care homes

Recommendation 7	Due to the continuing rise in Police Scotland Adult Concern Reports in Dundee, the ASP Committee requests that Dundee Health and Social Care Partnership and Police Scotland explore best practice in screening and managing Police referrals in other areas of Scotland and implement any effective learning.
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Dundee HSCP have provided an update on Benchmarking Activity. Police Scotland are progressing this agenda, it is recognised however that comparison with other areas is not without its challenges due to differences in approach and practice. As part of the work of the Public Protection Quality Assurance Group, a strategic support officer will undertake a benchmarking exercise with other Partnerships to explore models of ASP Practice, Service Delivery and Strategic Support and in particular make recommendations for developments in Dundee based on learning elsewhere.

Within Dundee to ensure an ongoing learning and improvement approach to the Early Screening Group an evaluation was undertaken during 2016 as a partnership with Police Scotland and Fire and Rescue. The purpose of the evaluation was to consider areas for further improvement and development in relation to the ESG and in doing so have a consistent focus on the support and protection of Adults.

The evaluation used feedback gained from case file audit, stakeholder discussion, review of statistical data, self-evaluation using Tayside Clinical, Care and Professional Governance Framework, reference to the ASP Biennial Report and consideration of the wider developments in relation to Public Protection and integration of health and social care.

An ESG improvement plan was implemented based on the evaluation.

It was identified that a key strength of the ESG is its multi-agency approach to screening of Adult Support and Protection referrals. Through this multi-agency approach it has enabled the development of positive working relationships between services involved.

This approach has supported a focus on responding to other forms of harm such as fire safety and scams and enabled development of and building links with substance misuse, mental health and neighbourhood services.

However, through statistical analysis it was also identified that a significant number of people are referred through the ESG who do not meet the criteria for formal intervention through Adult Support and Protection, Adults with Incapacity (Scotland) Act 2000 or Mental Health (Care and Treatment) (Scotland) Act 2003.

Risks subsequently identified through the evaluation and were that:

- There is no clear pathway for individuals who do not meet the threshold for formal intervention or health and social care supports but there remain concerns over risk of harm to self or others.
- Adults were not aware of discussion through ESG, outcome of decision making and due to this impact of ESG is not known on individuals.
- Inconsistent recording of inquiries and outcome of ESG and FCT decisions.
- Threshold of decision making and responses where repeat referrals are made.

In response to these risks, a multi-agency group consisting of representatives from Police Scotland, Fire and Rescue and Dundee Health and Social Care Partnership considered the current protocol so that models can be developed so that Adults referred to the ESG are supported and protected.

The Early Screening Group procedures were subsequently revised so that:

- Adults are made aware of Adult Support and Protection concerns received by Dundee Health and Social Care Partnership and outcome of ESG discussions.
- All referrals received for Adult Support and Protection where the Adult is not active to any Health and Social Care Partnership Team will be referred to the Early Screening Group.
- Risk management arrangements or Adult Support and Protection procedures as appropriate will be implemented where a person is referred on more than three occasions to the Early Screening Group and/or where there are concerns identified in order to proactively prevent harm and respond to risk.
- Appropriate recording and information sharing arrangements are in place so that decisions made at ESG are accurately recorded.
- There is systematic recording of Adults outcomes so that better understanding is gained about the impact of the ESG on Adults.

It is anticipated that by implementing this change of model that a shift towards preventative approaches, which reduce risk of harm and improve outcomes for individuals will be realised.

4 SIGNIFICANT CASE REVIEWS

Protocols for convening and conducting a *Significant Case Review (SRC)* and *Practice Review* are in place. A *Protecting People Protocol for Conducting a Significant Case Review* has been agreed also which covers adult protection cases.

A Significant Case Review was undertaken throughout 2016. The recommendations from this review have reported to both the ASPC and Chief Officers Group and the resulting Action Plan is continuing to be progressed.

5 ADULT SUPPORT AND PROTECTION SUB GROUPS

5.1 Financial Harm Group

The group consisting of representatives from Police Scotland, Trading Standards, Community Safety Team, Social Work, Communication Division, the Lead Officer for the Adult Support and Protection Committee, Environmental Protection and the Citizen's Advice Bureau meet six times per year. This group has developed and implemented an action plan.

In conjunction with the Protecting People Communication Group, a Calendar of Action was established including regular inputs on scams and rogue traders in local newsletters/LCPP, on the joint Facebook page with the Community Safety Partnership which was launched in April 2015 and on the ASP website <http://www.dundeeprotects.co.uk/>

Leaflets relating to financial harm and scams have been developed and distributed at events such as Police Doorstep Crime/Rogue Traders/National Consumer Week, scams packs given out in a local shopping centre, Citizen's Advice Bureau Scams awareness month in May 2016, Elder Abuse Day in June 2016 at the Farmer's Market.

Work has continued with local banks with some bank branches and post offices involved in the Police Doorstep crime information stalls.

As in other areas, Dundee receives a list of people who have possibly been scammed and Trading Standards complete the followups to the majority on the list who weren't open cases to the Social

Work Department or known to Police. Trading standards also have a role in speaking to local postal workers, who are in a good position to identify excessive scam mail.

The group has also been active in identifying vulnerable people who may be helped by the installation of a 'call blocker'.

The remit and membership of the group has recently been reviewed in order to identify those most at risk and target information and resources more effectively.

5.2 Stakeholder's Group

Recommendation 1 of the 2012 Biennial Report stated that "an adult support and protection stakeholder group should be formed, properly prepared and with a clear remit as to its role and relationship to the ASP Committee".

The Stakeholder's Group was set up in October 2013 and is made up of representatives from services for adults across the city including: BME groups, Older People, Advocacy, Mental Health, Sensory, Learning Disability and Autism, Physical Disability, Carers, Hate Crime, Violence Against Women.

The original chair was from Dundee Carer's Centre and after the first year this was changed to Advocating Together. Meetings have taken place regularly across 2016/17 and the main focus of the work of the group has been their three priority areas: Self Directed Support, Hate Crime and Financial Harm.

Members have been active in helping with the events arranged by the Protecting People Communication and Awareness raising group including the Self-Directed Support Carer's event and Elder Abuse Farmer's Market stall.

In 2016 the group undertook a survey on Dundee's progress in terms of the 2011 'Hidden in Plain Sight' report on the harassment of disabled people and produced a report for the ASP Committee.

Future plans for the group include a focus on advocacy and increased involvement in communication and awareness raising.

5.3 Policy, Procedures and Practice Task Group

This task group is arranged as and when needed to consider any new policies, both single and multi-agency, and how these might impact on existing policies and practice. In the past year the group have considered the multi-agency Harmful Practices Protocols on Forced Marriage, Female Genital Mutilation and Honour base violence, and the single agency procedures from Health.

Additionally, the Health and Social Care Partnership developed single and multi-agency procedures and guidance which were considered by the group.

6. PROTECTING PEOPLE GROUPS

Three Protecting People groups serve the Adult Support and Protection Committee, Child Care and Protection Committee and the Dundee Violence Against Women Partnership, with the recent addition of Suicide Prevention. The three groups, Self-Evaluation, Communication and Learning and Workforce Development, are designed to reduce duplication and bring about a more joined-up and consistent multi agency approach across the Protecting People areas of Child Protection, Adult Support and Protection, Violence Against Women, Alcohol and Drug Partnership and Multi-Agency Public Protection Arrangements (MAPPA).

6.1 Protecting People Self Evaluation Group

The Protecting People Self-Evaluation Reference Group is concerned with the coordination of self-evaluation of activity. The group has a key role in the leadership and coordination of multi and single agency activity across the statutory and third sectors, reporting to the COG and respective Committees. This encourages a focused approach, involving the reference group overseeing and reporting on:

- Planned self-evaluation activity informed by past findings
- Targeted self-evaluation activity on a single quality indicator, process or area of concern
- Themed self-evaluation activity covering shared aspects of each of the 4 groups
- Areas of focus to be determined by the relevant Committee

The main focus of self-evaluation activity will be at a single agency level, including the continued internal coordination of case file audits by members of the reference group. It encourages the involvement of practitioners in carrying out self-evaluations and for the findings of all activity to be cascaded to relevant staff in order to promote learning and continuous improvement. One-off, multi-agency activities, including case based evaluation, practice reviews and significant case reviews, will continue at a multi-agency level and focus on multi-agency aspects of practice, such as information sharing.

The Chief Officers Group has endorsed a Balanced Scorecard approach towards organisational development and performance improvement. The Balanced Scorecard was designed to align strategic direction with current and future internal and external processes and communications, in order to more efficiently, effectively and continuously improve performance and outcomes. The model offers opportunities for the COG to;

- Communicate its vision and intended destination for Protecting People
- Be very clear and consistent about what it considers to be the key strategic priorities
- Help translate plans into day-to-day measurable activities within services
- Drive integration between partnerships with shared or inter-related objectives
- Promote continuous learning and improvements in systems, practice and outcomes
- Involve all stakeholders in the ongoing development and implementation of strategy

Reports have been presented to the ASP Committee and Chief Officers Group throughout the year and have helped inform the review of the Adult Support and Protection Reporting Framework.

6.2 Protecting People Communication and Engagement Group

Before the setting up of the Protecting People Communication Group in 2013, various activities had been carried out to raise awareness of protecting people issues and of the role of the respective strategic, multi-agency fora. However, in the main, these activities had been done on a 'stand alone' basis and were not part of a coordinated campaign or programme developed as part of an overall plan.

The communications strategy aims to address these issues as well as achieving the aims set by the Scottish Government. It therefore seeks to:

- emphasise the importance of reporting concerns;
- clarify and simplify, as far as possible, the channels for reporting concerns; and
- reassure the public about confidentiality, anonymity and that concerns are always treated seriously.

To this end, the Communication group have concentrated on raising public awareness through attendance at public events, such as the Dundee Farmer's Market in June, and the Dundee Flower and Food Festival every year.

Partners from the Celebrate Age Network and Dundee Pensioner's Forum work with the Committee on the Elder Abuse Awareness event each June. 2016 also saw the involvement of Police Scotland Youth Volunteers at events.



The Protecting People Team and Celebrate Age Network at this Year's Farmers Market.

The Communication group has also joined with Dundee Community Safety Partnership to set up a Facebook page since June 2015 and initiatives and information are posted there.

[Protecting People of All Ages](#) in Dundee is a booklet which provides information for people who have concerns about harm and ensures they are directed to the right public protection agency. It was revised and published as an easy read version during the Summer of 2016. The booklet was put together with the involvement of community representatives of the 8 Local Community Planning Partnerships (LCPP's) in Dundee. It is supported by 4 key protecting people forums: Dundee Child Protection Committee (CPC), Dundee Adult Support & Protection Committee, Dundee Violence Against Women Partnership and Tayside Multi-Agency Public Protection Arrangements (MAPPA).

In March 2017 the Protecting People Communication and Engagement Strategy and Action Plan was completed. This will continue to be progressed through future ASP committee and Chief Officers Group.

6.3 Protecting People Learning and Workforce Development Group

Learning & Workforce Development Framework

This group started work under the auspices of Protecting People in August 2014 although considerable work had already been progressed by the Social Work Learning and Workforce Development team and the three Learning and Workforce Development task groups which existed previously.

The Learning and Workforce Development Framework is hosted on the Dundee Protects website available and accessible to all managers and staff. They can use this interactive tool to identify which of the contact groups they belong to and what core competencies, knowledge and skills they require to meet their responsibilities to Protect People. The three levels as detailed in the Framework are; General contact workforce; Specific contact workforce; Intensive contact workforce.

Through the Framework staff can access information about Learning and Development Opportunities (e.g. training, workshops, e learning, post graduate courses, self-directed reading), the expected outcomes and how they can book/access these opportunities.

Earlier this year the Protecting People Virtual College E Learning modules were developed in partnership with Dundee City Council. The Dundee Chief Officer Group and partner agencies have given their commitment to continuous learning and development of all staff and volunteers working with the people of Dundee. Five E Learning courses are now available to those working with Children, Young people and adults. All courses are free and easy to access after a simple registration process.

7. CONCLUSIONS, RECOMMENDATIONS AND FUTURE PLANS

At the time of writing Dundee is one of six local authorities participating in the first thematic inspection of Adult Support and Protection undertaken by The Care Inspectorate and Her Majesty's Inspectorate of Constabulary in Scotland.

This will focus upon specific areas, namely, Outcomes, Key Processes and Leadership.

The strengths and areas for development identified by the inspection process will, together with my previous recommendations, inform the content of Dundee ASPC's fifth Biennial Report covering 2016-18 and influence further recommendations to keep adults in Dundee safe today and into the future.





REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 27 MARCH 2018

REPORT ON: OUTCOME OF CARE INSPECTORATE INSPECTION – MACKINNON CENTRE RESPITE PROVISION

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC19-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Performance & Audit Committee of the outcome of the recent Care Inspectorate inspection of Mackinnon Centre Respite Service for people with physical disability.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report and the content of the inspection report (attached as Appendix 1).
- 2.2 Notes the Excellent grades awarded to the service, the strengths of the service, and the very positive comments made by service users and carers as detailed in paragraph 4.5.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Mackinnon Centre Respite

The inspection by the Care Inspectorate was completed on 12 January 2018 and the report is attached as Appendix 1. The service was inspected on two quality themes:

Theme	Grade
Quality of care and support	6 Excellent
Quality of environment	6 Excellent

Previous inspections	Themes inspected	Grade
15/02/17	Two quality themes inspected	2 x 6 (Excellent)
04/03/16	All 4 quality themes inspected	4 x 6 (Excellent)
27/11/14	All 4 quality themes inspected	3 x 5 (Very good) 1 x 6 (Excellent)

- 4.2 Mackinnon Centre Respite is registered as a care home and delivers respite care for people with physical disability. It has 10 rooms, two of which deliver care to people leaving the Centre for Brain Injury as a step towards them returning home or finding new accommodation.
- 4.3 The Inspector reported that the service had an 'excellent level of care, support and staffing for its customers'. They were impressed with the way this service enabled service users to live as full a life as possible during their stay in respite.

4.4 It was noted that the service engaged well with people who only reside in the service for a few days at a time and that attention to detail in relation to support, rehabilitation, social and personal activities was also exemplary. The service was commended for making the experience of respite a 'very positive and empowering one for the people who use it' and this was the reason which a high-grade of 'excellent' was awarded for care and support.

4.5 Relatives and service users' comments included:

- 'The food is amazing and there are always three choices.'
- 'I am very happy with my room it is spacious and well adapted for a wheelchair user.'
- 'I am a cold tatty but I am always warm here.'
- 'They support me to do what I can do and assist me with what I cannot do for myself.'
- 'The staff are friendly and professional: sometimes we have a laugh together.'
- 'They ask us about what we would like to do during our stay'.

4.6 There were no recommendations in the report.

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 therefore does not require a policy decision.

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: 5 March 2018

Alison Bavidge
Resource Manager
Health & Social Care Partnership

Mackinnon Centre Care Home Service

491 Brook Street
Broughty Ferry
Dundee
DD5 2DZ

Telephone: 01382 431970

Type of inspection: Unannounced
Inspection completed on: 12 January 2018

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Care service number:
CS2003000501

About the service

The Mackinnon Centre is a respite unit for people with a physical disability. It aims to give carers a break and service users an opportunity to be cared for. The service provides care which ranges from assistance for people to learn, or relearn skills, to simple respite to give their carers a break. It is a fully modern 10 bedded unit with individual bedrooms and lots of social space as well as spacious and accessible gardens.

The service also has a collaborative rehabilitation programme for people recovering from brain injuries. Staff have been specially trained and receive support from the brain injuries service.

What people told us

Three service users were interviewed as part of this inspection. Their views were overwhelmingly positive. Here are some examples of what they said:-

- 'The food is amazing and there are always three choices.'
- 'I am very happy with my room it is spacious and well adapted for a wheelchair user.'
- 'I am a cold tatty but I am always warm here.'
- 'They support me to do what I can do and assist me with what I cannot do for myself.'
- 'The staff are friendly and professional. sometimes we have a laugh together.'
- 'They ask us about what we would like to do during our stay.'
- 'I am going for a coffee in the town later.'
- 'Always a quick response when I use my buzzer for assistance.'
- 'Today they assisted me to make a phone-call to the pharmacy.'
- 'I am always happy here.'
- 'I feel safe here.'
- 'If I have any issues to discuss I can talk to the seniors - Ruth or Susan.'
- 'Yes I do have a support plan and it is regularly reviewed with me.'
- 'I self-administer my own medication.'

Self assessment

A self assessment was not required to be completed at this inspection; however the service spoke about their goals and aspirations for the forthcoming year. The management team had identified some of the strengths and areas that they wanted to develop and had their own service development plan for 2017/18.

From this inspection we graded this service as:

Quality of care and support	6 - Excellent
Quality of environment	not assessed
Quality of staffing	6 - Excellent
Quality of management and leadership	not assessed

What the service does well

The service had an excellent level of care, support and staffing for its customers. We were impressed with the way this service enabled service users to live as full a life as possible during their stay in respite. Here are some examples of the strengths:-

- Where service users needed support with rehabilitation the inspector observed it being carried out in a supportive, well-informed and sensitive manner.
- Support plans used by the service were outcome focussed and person centred. There was a high level of detail in relation to specific support, risk assessments and monitoring outcomes via reviews.
- Users of the service were consulted about what they wished to do during their stay and were assisted by staff to undertake a variety of social, personal and rehab-related activities.
- Service users were involved in how the service was run via participation groups, questionnaires, reviews and personal interviews.
- Staff were well-trained for the tasks they carried out. The inspector saw evidence of training in medication, adult protection, moving and handling, food hygiene and peg feeding.
- Staff were registered with the Scottish Social Services Council and were recruited using recognised good recruitment practice. One new member of staff confirmed that they had had an effective induction to the service.
- The service promoted use of staff skills, champions in areas like moving and handling, good practice via observations and tackling of poor practice.
- Observation of staff practice showed excellent relationships with service users, outstanding support and encouragement for rehabilitation support and a detailed knowledge of, and compassion for, the people they support.
- Service users also benefit from the added value of the skills centre (on site) which is available for them to use during and sometimes outside of their respite stay.

The inspector was very impressed with the way this service engages with people who only reside there for a few days at a time. The attention to detail in relation to support, rehabilitation, social and personal activities was also exemplary. The service manages to make the experience of respite a very positive and empowering one for the people who use it which is why a high-grade of 'excellent' has been awarded for care and support.

The culture of promotion of excellent staff practice was also impressive at this service where staff were supported to be the best they could be using their professional skills in a framework of support and scrutiny. A grade of excellent has also been awarded for the staffing of this service.

What the service could do better

This service has become more flexible in recent times with what it offered. Recently the possibility of intermediate care has been added to its rehabilitation, planned and un-planned respite. The inspector discussed this with representatives of the service's management team and encouraged them to re-visit their mission statement and to re-evaluate how they interact with the wider care sector. The service was aware of the need for this already but welcomed the discussion.

Intermediate Care

<http://hub.careinspectorate.com/media/205384/sg-intermediate-care-framework.pdf>

New Care Standards

<http://www.gov.scot/Resource/0052/00520693.pdf>

The inspector also discussed with them the new National Care Standards and emphasised that all services, including ones with high quality grades, should be preparing staff to assimilate and use the new care values and aspirations they contained. The service had already given copies to staff but were yet to embark on further discussion with staff.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

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	
15 Feb 2017	Unannounced	Care and support	6 - Excellent
		Environment	6 - Excellent
		Staffing	Not assessed
		Management and leadership	Not assessed
4 Mar 2016	Unannounced	Care and support	6 - Excellent
		Environment	6 - Excellent
		Staffing	6 - Excellent
		Management and leadership	6 - Excellent
27 Nov 2014	Unannounced	Care and support	5 - Very good
		Environment	6 - Excellent
		Staffing	5 - Very good
		Management and leadership	5 - Very good
13 Dec 2013	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
10 Dec 2010	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
10 Sep 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
24 Mar 2010	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed

Date	Type	Gradings	
29 Sep 2009	Announced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	5 - Very good
22 Dec 2008	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
22 May 2008	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 27 MARCH 2018

REPORT ON: OUTCOME OF CARE INSPECTORATE INSPECTION – HOMECARE (ENABLEMENT AND SUPPORT CITYWIDE AND COMMUNITY MENTAL HEALTH OLDER PEOPLE TEAM)

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC20-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Performance & Audit Committee of the outcome of the recent Care Inspectorate inspection of the Homecare – Enablement and Support Citywide and Community Mental Health Older People Team

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report and the content of the inspection report (attached as Appendix 1).
- 2.2 Notes that the service received one recommendation for Homecare – Enablement and Support Citywide and Community Mental Health Older People Team as detailed at paragraph 4.8 and the submitted action plan to address this (attached as Appendix 2).
- 2.3 Notes the grades awarded to the services, the strengths of the services, and the very positive comments made by service users and carers as described in paragraph 4.7.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Homecare – Enablement and Support Citywide and Community Mental Health Older People Team

The Team was inspected by the Care Inspectorate on 3 November 2017. 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 leadership and management	5 (Very good)

Previous inspections	Themes inspected	Grade
08/12/16	Two quality themes inspected	5 (very good)
16/09/15	Three quality themes inspected	2 x 5 (very good) 1 x 4 (good)
24/10/14	Three quality themes inspected	3 x 5 (very good)

- 4.2 The service has eight city-wide Enablement and Support Teams provided to people over 18 and one Community Mental Health Team (Older People). (It should be noted that the inspection report refers to seven Enablement and Support Teams which is incorrect). The service currently has some teams working the new rota patterns with service users receiving services from 7am.
- 4.3 The Enablement and Support Teams provide a first point of contact for people with home care needs, such as for people coming out of hospital. Initial assessment and enablement periods of six weeks are followed by further intervention or referral to other homecare resources if needed.
- 4.4 The Community Mental Health Team (Older People) element of the service is provided to people aged over 65 living in their own home with dementia and/or mental health issues who may have found it difficult to accept support in the past. This specialist service is not time limited and can be provided for as long as that person needs the support.
- 4.5 The service was found to be providing a good level of service to its users. Both the care provided and the management of the service were effective in ensuring people received the care and support they needed despite the recognition of the increasing workload.
- 4.6 Some of the things that characterised the high quality were:
- The service rarely (if ever) missed a visit to a service user down to the schedulers at the Resource Matching Unit and the flexibility of staff;
 - Staff have a high skill set, were well trained and well supported with regular supervision, appraisal and observation of their practice;
 - The management of the service was working hard in trying circumstances and it was recorded that the manager was not afraid to roll up his sleeves and spend time working on the front line in order to experience the conditions staff were working under;
 - Good use of the improvement agenda to test out new working practices in order to effect improvement for service users;
 - The service uses an integrated approach to utilise the skills of physiotherapists, pharmacy technicians, occupational therapists and housing support to provide an effective enablement; and
 - The service was in many cases assisting people to recover from a visit to hospital and gain their independence back. In other cases providing support before passing people safely on to more long-term supports.
- 4.7 Twenty service users or their carers were spoken with during the inspection as well as 33 care service questionnaires being returned. The views expressed were generally very positive:
- Delightful, friendly, considerate staff;
 - The girls are busy but chat as they work in a friendly way;
 - There are a lot of different staff who come to me but I expected that – all the people who come are the same – polite, professional and friendly;
 - They would do anything for you;
 - They have helped me get back on my feet.
- 4.8 There was one recommendation in the report which related to basic grade staff having access to the council's intranet in order to access emails, the internet and all the practice guidance and legislation changes that are always occurring in the care sector. An action plan was submitted in response to the recommendation, attached as Appendix 2, which confirmed the current restrictions on accessing the Council's intranet from the mobile phones provided to the staff and confirming that further consideration will be given to find solutions. The service will continue to use their messaging function to support the distribution of relevant information and hold team meetings to provide staff with up to date information.

- 4.9 In conclusion, the service was reported to be 'providing a very good service in a difficult global care environment. Despite the staff feeling under pressure they were still maintaining their high standards and commitment to service users and should be congratulated for so doing'.

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 therefore does not require a policy decision.

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: 5 March 2018

Beth Hamilton
Locality Manager
Health & Social Care Partnership

Stuart Fordyce
Team Manager
Health & Social Care Partnership

**Dundee City Council - Homecare -
Enablement & Support Citywide and
Community Mental Health Older People
Team
Housing Support Service**

Social Work Department
Jack Martin Way
Dundee
DD4 9FF

Telephone: 01382 307595

Type of inspection: Unannounced
Inspection completed on: 3 November 2017

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Care service number:
CS2011286180

About the service

The service has seven city-wide enablement and support teams provided to people over 18 and one community mental health team. The enablement teams provide a first point of contact for people with homecare needs, such as for people coming out of hospital. Initial assessment and enablement periods of six weeks are followed by further intervention or referral to other homecare resources if needed.

The Community Mental Health Older People element of the service is provided to people aged over 65 living in their own home who may have found it difficult to accept support in the past. Support is delivered by one team of Social Care Workers led by a Social Care Organiser. This service can be provided for as long as that person needs this support.

What people told us

Twenty service users or their carers were spoken with during the inspection and 33 Care Service Questionnaires were returned to the inspectorate. Giving the opinions of over 50 people who use the service. The views expressed were generally very positive about the service. Here are some of the things people said:-

- Delightful, friendly, considerate staff.
- Usually on time but will ring if they are going to be late.
- When they help me to have a wash they always wear gloves and aprons.
- The girls are busy but chat as they work in a friendly way.
- There are a lot of different staff who come to me but I expected that - all the people who come are the same - polite professional and friendly.
- They do treat me with dignity and respect.
- Yes they do fill out paperwork in the house when they come and when they leave.
- They would do anything for you...
- They have helped me get back on my feet.
- I'm not sure whether I have an information pack.
- I feel less isolated knowing they are coming.

Self assessment

A self assessment was not required to be completed at this inspection; however the service spoke about their goals and aspirations for the forthcoming year. The management team had identified some of the strengths and areas that they wanted to develop and will be working on their improvement plan over the next few months.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of staffing	not assessed
Quality of management and leadership	5 - Very Good

What the service does well

This service was found to be providing a very good level of service to its users. Both the care provided and the management of the service were effective in ensuring people received the care and support they needed. This despite carrying a heavy workload which allowed little room for pause. All staff were working hard to ensure standards were maintained. Here are some of the things that characterised the high quality:-

- The service rarely, if ever, missed a visit to a service user. This was down to the schedulers at resource matching unit and the flexibility of staff who were committed to ensuring people were supported.
- Staff had a high skills set, were well-trained and well supported with regular supervision, appraisal, observation of their practice and team meetings. In the field they were found to be hard-working and professional. Well liked by service users.
- Support plans that were inspected in people's homes were very detailed and reflected the needs of the people the service was working with.
- The management of the service was working hard in difficult conditions to ensure it consulted with staff and service users. A manager was not afraid to roll up their sleeves and spend some time working on the front line in order to experience the conditions staff were working under.
- Good use of an improvement agenda to test out new working practices in order to effect improvement for service users. There were examples of staff ideas being listened to and acted upon leading to the improvement of the service.
- A service that uses an integrated approach to utilise the skills of physiotherapists, pharmacy technicians, occupational therapists and housing support in order to provide an effective enablement service. A service that can signpost people to many more services available in the community.
- The service was in many cases assisting people to, for example, recover from a visit to hospital and gain their independence back. In other cases providing short-term support before passing people safely on to more long-term supports.

In conclusion the service was providing a very good service in a difficult global care environment. Although it was clear that staff were feeling the pressure they were still maintaining their high standards and commitment to service users and should be congratulated for so doing. This is why a grade of very good has been applied to both the care and management of this service.

What the service could do better

Basic grade staff were not able to freely access the council's intranet in order to access emails, the internet and all the practice guidance and legislation changes that are always changing in the care sector. The inspector felt that staff would be able to be kept up-to-date more effectively if they had access to the intranet. See Recommendation 1.

Note: Discussion with staff highlighted the stresses they were under and the difficulties of trying to provide consistency of staffing and visiting times in a service which was working close to capacity. The management were working hard to try and improve things by discussion, consultation and trying new things. The inspector felt the service should continue to seek improvement whilst acknowledging that service user feedback for this service was very positive: that customers in the main were more than happy with the service they received.

Note: Several service users spoken with were unaware whether they had an information pack which contained information on how to complain. Inspection in service user's homes found there was always an information pack present. The service should perhaps take time to remind people periodically of the information pack and their right to complain.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. It is recommended that the service allow staff to have regular access to the intranet in order to be kept up-to-date more effectively with changes in legislation, practice and knowledge in the care sector.

See National Care Standards 4, Care at Home - Management and Staffing.

You experience good quality care at home. This is provided by management and the care staff who have the skills and competence to carry out the tasks you require.

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
8 Dec 2016	Announced (short notice)	<div>Care and support</div> <div>5 - Very good</div> <div>Environment</div> <div>Not assessed</div> <div>Staffing</div> <div>5 - Very good</div> <div>Management and leadership</div> <div>Not assessed</div>
16 Sep 2015	Announced (short notice)	<div>Care and support</div> <div>4 - Good</div> <div>Environment</div> <div>Not assessed</div> <div>Staffing</div> <div>5 - Very good</div> <div>Management and leadership</div> <div>5 - Very good</div>
24 Oct 2014	Announced (short notice)	<div>Care and support</div> <div>5 - Very good</div> <div>Environment</div> <div>Not assessed</div> <div>Staffing</div> <div>5 - Very good</div> <div>Management and leadership</div> <div>5 - Very good</div>
10 Oct 2013	Announced (short notice)	<div>Care and support</div> <div>5 - Very good</div> <div>Environment</div> <div>Not assessed</div> <div>Staffing</div> <div>5 - Very good</div> <div>Management and leadership</div> <div>5 - Very good</div>
21 Nov 2012	Unannounced	<div>Care and support</div> <div>4 - Good</div> <div>Environment</div> <div>Not assessed</div> <div>Staffing</div> <div>4 - Good</div> <div>Management and leadership</div> <div>4 - Good</div>

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eForms Document

Inspection Documents **Action Plan**

Dundee City Council - Homecare - Enablement & Support Citywide and Community Mental Health

CS2011286180

General Information

General Information about the Inspection

Inspected by: Timothy Taylor

Type of Inspection: Unannounced

Inspection Completed on (date): 03 November 2017

Additional Information: What you enter in the text area below will be shown to the provider when the Action Plan is released. You will need to select Yes from the drop-down that is below the text area when you have finished entering your notes.

Do not select YES until you are ready for the document to be released to the provider - you cannot reverse this decision once you have clicked on "Save & Exit"

Information to provider

Release this form to the service provider? Yes / **No**

Requirements

Details of the following entries are included in the Appendix at the end of this document along with blank forms for adding new entries.

Quality Theme

Quality Statement

Requirement Number

Please enter responses for each of the requirements listed below

Recommendations

Details of the following entries are included in the Appendix at the end of this document along with blank forms for adding new entries.

Quality Theme	Quality Statement	Recommendation Number
Management And Leadership	1	1

Please enter responses for each of the recommendations listed below

1 record

Quality Theme	Management and leadership
Quality Statement/Theme No	1
Recommendation Number	1

It is recommended that the service allow staff to have regular access to the intranet in order to be kept up-to-date more effectively with changes in legislation, practice and knowledge in the care sector.

See National Care Standards 4, Care at Home - Management and Staffing.

You experience good quality care at home. This is provided by management and the care staff who have the skills and competence to carry out the tasks you require.

Action Planned:

This matter has been raised previously with the Council's IT services requesting the appropriate approvals to allow frontline staff access to the intranet through their mobile phones. At that time there was an issue in respect of the security parameters not being robust enough with the phones that had been issued thereby precluding staff from access to all the Council network.

A further IT bid request will be submitted - detailing the Inspector's recommendation - with a view that staff have more ready access to all the Council's systems thereby keeping them abreast of all changes in legislation, practice and knowledge in the care sector.

Timescale:

Early January 2018

Responsible Person:

Stuart Fordyce

Submission Declaration

Declaration I confirm that by submitting this action plan I have the authority of the service provider to complete the action plan.

Name:

Stuart Fordyce

I am: (Select an option)

The manager of the service / The owner of the service



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 27 MARCH 2018

REPORT ON: OUTCOME OF CARE INSPECTORATE INSPECTION – WHITE TOP CENTRE (RESPITE)

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC21-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Performance & Audit Committee of the outcome of the recent Care Inspectorate inspection of White Top Centre (Respite).

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report and the content of the inspection report (attached as appendix 1).
- 2.2 Notes the one recommendation from the inspection report as outlined in paragraph 4.8 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 extremely positive comments made by carers.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 White Top respite support was inspected by the Care Inspectorate on 22 November 2017. The Care Inspectorate inspection report is attached as Appendix 1. The service was inspected on two quality themes:

Theme	Grade
Quality of care and support	6 - Excellent
Staffing	5 – Very Good

Previous inspections	Themes inspected	Grade
6/01/17	Two quality themes inspected	2 x 6 - Excellent
10/12/15	All 4 quality themes inspected	4 x 6 - Excellent
22/09/14	All 4 quality themes inspected	4 x 6 - Excellent

- 4.2 The White Top respite flat is a domestic style three-bedroom flat. The respite flat forms part of a purpose built centre for adults with profound and multiple impairments and accompanying disabilities. The development of the Centre was the result of a collaboration between Dundee City Council Social Work Department, the University of Dundee and NHS Tayside.

- 4.3 Due to the profound nature of the disabilities of people the service supports, direct feedback from carers and family members is particularly important. Extremely positive comments were received from families, including

“staff are all brilliant”

“I would change nothing, couldn’t do better”

Parents commented on the flexibility of the service and the team’s understanding of personal demands facing carers.

- 4.4 The inspectors found evidence of staff demonstrating an excellent understanding of each person’s needs and their plan of care. Care plans and supporting documents were found to be of a high standard, with reviews being linked to individual outcomes.
- 4.5 The inspectors reported that there was evidence of excellent co-working alongside health professionals such as physiotherapists and speech and language therapists. This ensures that people who are supported also have access to good support around their health needs. The inspectors particularly liked the Holiday Summary Sheet, which showed clear short-term, respite based outcomes which fed into the individual’s generic care plan. This ensures that the person using the service is consulted and relevant information shared with their relative. This open communication is essential in promoting a good relationship between the service and relatives. It creates trust and a mutual understanding of objectives and aspirations.
- 4.6 It was found that staff received a full comprehensive induction. This equips new staff with the essential skills to support people in accordance with best and safe practices. Inspectors were delighted to see that staff commenced a programme of refreshing induction training, this to ensure that staff continue to operate at a high level and maintain the skills they had when they commenced their post. Evidence was found of competency assessments where practice is observed to ensure it is of the required standard e.g. administration of medication. Inspectors were told by staff their perspective that the current mix of age, skills and experience within the team offers them a lot of in-house knowledge to call upon.
- 4.7 Staff reported that they felt well supported by management and found them to be approachable and accessible. Management maintain this level of support by arranging staff team meetings over two separate dates to ensure the whole team are engaged and can participate.
- 4.8 One recommendation was made regarding staff supervision and appraisals. Some appraisals (Employee Development Reviews) were found to be marginally out of date and supervision timescales were not always being achieved. In order to be able to comply with the service’s own policy, timescales for supervision sessions have been reviewed and amended to ensure complete compliance whilst ensuring a safe system of support for the team. The new arrangements will involve a minimum of 4-5 formal supervision sessions per year per team member but with the continuing option of additional (formal or informal) support sessions.
- 4.9 An action plan was submitted to the Care Inspectorate regarding the recommendation made. All supervision and appraisal arrangements will meet the requirements of the service policy within 6/8 months respectively.

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 therefore does not require a policy decision.

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: 9 March 2018

Arlene Mitchell
Locality Manager
Health & Social Care Partnership

White Top Centre Care Home Service

Westfield Avenue
Dundee
DD1 4JT

Telephone: 01382 435198

Type of inspection: Unannounced
Inspection completed on: 22 November 2017

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Care service number:
CS2003000512

About the service

The White Top respite flat is a domestic style three-bedroom flat situated just off the Perth Road in the centre of Dundee. The respite flat forms part of a purpose-built centre for adults with profound and multiple impairments and accompanying disabilities. The centre was the result of a collaboration between Dundee City Council Social Work Department, the University of Dundee and NHS Tayside.

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com. This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

What people told us

We sent out three questionnaires to relatives and carers, we received two back. Although one felt that they weren't involved in developing the service they still agreed that, overall, they were happy with the service. The other response 'strongly agreed' that, overall, they were happy with the service and stated that 'staff are professional and knowledgeable concerning all aspects of my son's care'.

Relatives commented extensively on the quality of staff with such examples as; 'staff are all brilliant'. Also, relatives thought 'it's a very good idea that staff go across both services (day care and respite) as this helps them get to know him (son)'. As a general comment on the respite service, one relative stated, 'she (daughter) loves it here, if it's not broke don't fix it. I would change nothing, couldn't do better'.

Self assessment

Every year all care services must complete a 'self-assessment' form telling us how their service is performing. A self-assessment was not required to be completed at this inspection; however the service had completed a service plan and management action plan and they spoke about their goals and aspirations for the forthcoming year.

From this inspection we graded this service as:

Quality of care and support	6 - Excellent
Quality of environment	not assessed
Quality of staffing	5 - Very Good
Quality of management and leadership	not assessed

What the service does well

Our discussions with staff demonstrated an excellent understanding of peoples' individual assessed needs and their plan of care. People were assisted to maintain their identity and were treated with dignity and respect. We saw staff taking time with people, spending one to one time, and were being supported to be involved in meaningful person-centred activities and interests. We saw that the service had detailed information in relation to safety, care and support. This was evident through Family Information, Personal Evacuation Plans, Medicine Administration Records and person-centred Care Plans. We liked that the outcome categories of the care review were also person-centred and a clear link was made to an individual action plan.

We saw that there was excellent co-working alongside health professionals such as physiotherapists and speech and language therapists. This ensures that people that use the service also have access to good support around their health needs. We also liked the Holiday Summary Sheet, which showed clear short-term, respite based outcomes which fed into the individual's generic care plan. This also showed us that the person using the service was consulted and relevant information shared with their relative. This open communication is essential in promoting a good relationship between the service and relatives. It creates trust and a mutual understanding of objectives and aspirations.

We were also told and could read that care plan reviews took account of family views but were ultimately centred on the person they were supporting. Although the person using the service is the centre of decisions it is important that all those around them are involved. Staff were very familiar with enabling and supporting communication on an individual basis. We evidenced that the team encouraged the use of tablets, and the group had been involved in making music and sounds through the use of sound-beam technology. This had been used in some of the groups' music and drama projects, which gave a great enjoyment and a sense of achievement, which everyone seemed very proud of.

The rota and respite plans were very detailed, organised and considerate to individual circumstance. Parents commented on the flexibility of the service and it's understanding of personal demands. Staff were also praised for their commitment and motivation. Parents told us that staff would look for learning and development opportunities so that they could support the person in a better way. We received very positive feedback from all the relatives we spoke to. One example which illustrates this is, 'they put a value on my opinion, they ask you...that makes the service marvellous'.

We saw and read that staff received a full and comprehensive induction. This equips new staff with the essential skills to support people in accordance with best and safe practices. We were delighted to see that the service had commenced a programme of 'refreshing' induction training. This was to ensure that staff continued to operate at a high level and maintain the skills they had when they commenced in their post. We were told and could see that there was a wide range of training available, which staff were able to access to improve their practice, skills and knowledge. We saw very good evidence of competency assessments which is where practice e.g. administration of medication, is observed to ensure it is of the required standard. We were told by staff that the current mix of ages, skills and experience, within the team, gave them a lot of in-house knowledge to call upon.

Staff told us that they felt well supported by management and found them approachable and accessible. Management continued this level of support by arranging staff team meetings over two separate dates. This was to meet with the maximum number of available staff while continuing to provide a service. This makes sure that everyone in the team gets the same information so that a consistent service can be provided.

What the service could do better

Although care plan reviews were generally held within the legislative timescale, we found that some documents required evidence of being reviewed or up-dated. For example, the tool that can go to hospital with someone to assist hospital staff support them effectively, the DisDAT, was not always up-to date and we couldn't tell if this had been reviewed. We felt that some documents would benefit from more detail and include description of an outcome.

Some guidance was out of date and we didn't know if this had been reviewed. We suggested the file audit tool could be reviewed to include this detail. Also, a 'review pack' could accompany staff into care plan reviews, containing those documents which need confirming as accurate with relatives, such as contact information and risk assessments.

We found the files quite bulky and suggest that these are thinned-out to make them easier to navigate and therefore information more accessible. This would need to be sympathetic to essential records and done in accordance with the services archiving and retention policy.

We heard several very positive and complimentary comments about the service, and think it would be worthwhile finding a way to capture these effectively for the staff team.

Although staff confirmed that they felt well supported in their role, the service was not meeting their own good practice guidance on supervision. This was evidenced through supervision records and what staff told us themselves. The services' annual Employee Performance and Development Plans also appeared to be marginally out of date. It is recommended that the registered manager develops a system that is both manageable and meets the services own guidance in respect of supervisions and appraisals (see recommendation 1). This process could also act as a monitor to ensure that staff are meeting the requirements of their professional registration.

The staff files were audited, but instructions on remedial action was not always clear. A more detailed note of omission or action would assist. Also, a further column would improve the audit by indicating when the necessary remedial action had been completed. We also suggest that a system be in place to ensure the competency of the assessor when observations of staff are carried out.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The provider to ensure that staff supervision and appraisals are carried out regularly in accordance with their own guidance.

National Care Standards, Short Breaks and Respite, Standard 5 - Management and Staffing Arrangements.

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
6 Jan 2017	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and leadership</div> <div>6 - Excellent</div> <div>Not assessed</div> <div>Not assessed</div> <div>6 - Excellent</div>
10 Dec 2015	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and leadership</div> <div>6 - Excellent</div> <div>6 - Excellent</div> <div>6 - Excellent</div> <div>6 - Excellent</div>
22 Sep 2014	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and leadership</div> <div>6 - Excellent</div> <div>6 - Excellent</div> <div>6 - Excellent</div> <div>6 - Excellent</div>
21 Oct 2013	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and leadership</div> <div>6 - Excellent</div> <div>5 - Very good</div> <div>5 - Very good</div> <div>6 - Excellent</div>
19 Feb 2013	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and leadership</div> <div>6 - Excellent</div> <div>5 - Very good</div> <div>5 - Very good</div> <div>6 - Excellent</div>
15 Nov 2010	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and leadership</div> <div>5 - Very good</div> <div>Not assessed</div> <div>Not assessed</div> <div>Not assessed</div>
9 Sep 2010	Announced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and leadership</div> <div>5 - Very good</div> <div>Not assessed</div> <div>Not assessed</div> <div>5 - Very good</div>

Date	Type	Gradings	
14 Jan 2010	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
24 Sep 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
9 Mar 2009	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
4 Feb 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

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White Top Centre

CS2003000512

General Information

General Information about the Inspection

Inspected by: Craig Mullay

Type of Inspection: Unannounced

Inspection Completed on (date): 22 November 2017

Additional Information: What you enter in the text area below will be shown to the provider when the Action Plan is released. You will need to select Yes from the drop-down that is below the text area when you have finished entering your notes.

Do not select YES until you are ready for the document to be released to the provider - you cannot reverse this decision once you have clicked on "Save & Exit"

Information to provider

Release this form to the service provider? Yes / **No**

Requirements

Details of the following entries are included in the Appendix at the end of this document along with blank forms for adding new entries.

Quality Theme

Quality Statement

Requirement Number

Please enter responses for each of the requirements listed below

Recommendations

Details of the following entries are included in the Appendix at the end of this document along with blank forms for adding new entries.

Quality Theme	Quality Statement	Recommendation Number
Staffing	1	1

Please enter responses for each of the recommendations listed below

1 record

Quality Theme	Staffing
Quality Statement/Theme No	1
Recommendation Number	1

The provider to ensure that staff supervision and appraisals are carried out regularly in accordance with their own guidance.

National Care Standards, Short Breaks and Respite, Standard 5 - Management and Staffing Arrangements.

Action Planned:

Supervision agreements to be reviewed for timescales of planning for staff receiving supervision and amended to according to the guidance in the agreement. Supervision agreements for Social Care Workers will now be timescales of approximately every 12 - 14 weeks giving approximately 4 - 5 supervisions yearly. Should either party feel the need for extra support between those scheduled then this can be arranged to suit the convenience of both parties. There is also the opportunity for ad hoc advice and/or guidance at any mutually agreeable, reasonable time either in person or by telephone or by e-mail.

Manager will monitor through Senior supervision

EPDR/Appraisals to be carried out on a yearly basis

Timescale:

6 months - supervision 8 months- EPDR/appraisal

Responsible Person:

Ann Murray

Submission Declaration

Declaration I confirm that by submitting this action plan I have the authority of the service provider to complete the action plan.

Name:

Ann Murray

I am: (Select an option)

The manager of the service / The owner of the service



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 27 MARCH 2018

REPORT ON: CORE TAYSIDE SUITE OF PERFORMANCE INDICATORS

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC15-2018

1.0 PURPOSE OF REPORT

To inform the Performance and Audit Committee of progress towards developing an agreed set of indicators across the Angus, Dundee and Perth and Kinross Health and Social Care Partnerships for the purposes of benchmarking and supporting performance improvement.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the contents of this report and planned actions to complete and implement the suite of performance indicators (section 4.4 to 4.6).
- 2.2 Notes the draft suite of performance indicators contained within appendix 1.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 In February 2016 the Integration Joint Board (IJB) approved the development of a core suite of measures (DIJB10-2016 – Dundee Health and Social Care Partnership Outcomes and Performance Framework) to be used by the three Tayside Partnerships – Dundee, Perth and Kinross and Angus. Having core Tayside measures, with agreed definitions and data sources, ensures data consistency and accuracy. It also allows benchmarking across Tayside which can be used to drive performance, service improvement and improve outcomes for people who use health and care services in each Partnership.
- 4.2 The suite of measures will be reported from the three separate Social Care IT Systems and also the NHS Trak and Edison systems (for local health data) and National Services for Scotland, Information Services Division NSS ISD (for validated and published health data). The NHS data for each Partnership comes from the same system, therefore having core Tayside measures with agreed definitions, minimises reporting demands on NHS Tayside Business Support Unit and the NSS ISD LIST team.
- 4.3 A core suite of health and care indicators is at an advanced draft stage (see appendix 1). This suite has been developed by the three Partnerships, with contribution from the Local Intelligence Service Team (LIST) analysts. Draft indicators have been linked to Theme Groups / Strategic Priorities from the three Strategic and Commissioning Plans and also to the National Health and Wellbeing Outcomes. The draft core suite is in addition to the 23 National Health and Wellbeing Outcomes and Indicators for which benchmarking data is available across all Partnerships in Scotland.
- 4.4 Currently the Tayside Analytical Network is considering the resources required to fully implement the draft suite of indicators. Following implementation of the current draft core suite

it is recognised that a second phase of development will be required to address gaps in relation to mental health, sexual health, community health and waiting times data.

- 4.5 The indicators will be integrated into the Dundee multi-tiered outcomes and performance framework at the local indicator level. Data for indicators will be collected using Pentana (performance management system) which will allow information to be presented to PAC in a dashboard format in the future. The indicators which come from the Tayside suite will be identified on local performance reports and benchmarking data will be presented alongside other aspects of the available data, including appropriate narrative. Given the scope of the full suite of indicators this will be done on an exceptions basis, with individual indicators reported to support fuller understanding of specific performance issues identified within the high-level national health and wellbeing indicators.
- 4.6 Tayside level benchmarking data will be analysed at the operational Performance Group and also the Tayside Analytical Network with findings and recommendations being escalated to the Performance and Audit Committee as necessary. Discussion at the Tayside Analytical Network will be particularly valuable in allowing underlying reasons for variations in performance to be identified and for sharing and further developing best practice.

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 for information and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

The 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: 27 February 2018

Kathryn Sharp
Senior Manager
Health & Social Care Partnership
(on behalf of the Tayside Analytical Network)

Appendix 1

Theme	Measure	Breakdown	Source	Currently Reported to PAC
Delayed Discharge	Number of days people spend in hospital when they are ready to be discharged (All)	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location, Ward, Reasons for Delay	Edison / TRAK	Yes – LCPP only 75+ and 18+
	Number of days people spend in hospital when they are ready to be discharged (Standard Delays)	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location, Ward, Reasons for Delay	Edison / TRAK	No
	Number of days people spend in hospital when they are ready to be discharged (Complex Delays)	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location, Ward, Reasons for Delay	Edison / TRAK	Yes – 75+ and 18+
	Number (%) of delays over 72 hours (All)	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location, Ward, Reasons for Delay	Edison / TRAK	Yes - aggregate
	Number (%) of delays over 72 hours (Standard)	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location, Ward, Reasons for Delay	Edison / TRAK	No
	Number (%) of delays over 72 hours (Complex)	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location, Ward, Reasons for Delay	Edison / TRAK	No
Unscheduled Care	ECS Measures to be developed	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location, Ward, Specialty, Primary Diagnosis	TBC	No
	Number of A&E attendances	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location, Primary Diagnosis, ED Type	Business Support Unit	Yes – LCPP only
	Number of unscheduled hospital bed days, with separate objectives for Acute (SMR01), Geriatric Long Stay (SMR01E) and Mental Health (SMR04) specialties.	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location, Ward, Specialty, Primary Diagnosis	Business Support Unit	Yes - Aggregate and LCPP only 18+

Theme	Measure	Breakdown	Source	Currently Reported to PAC
	Number of emergency admissions into Acute (SMR01) specialties from A&E	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location, Ward, Specialty, Primary Diagnosis	Business Support Unit	Yes – LCPP only
	Number and % or rate of readmissions to hospital within 28 days	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location, Ward, Specialty, Primary Diagnosis (1st adm)	Business Support Unit	Yes – LCPP only
Pharmacy	polypharmacy reviews (to be developed)	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender	Pharmacy Team	No
	Antibiotic prescribing use (Defined Daily Dose) - per head of population	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender	Pharmacy Team	No
	Endocrine prescribing use (Defined Daily Dose) - per head of population	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender	Pharmacy Team	No
	CNS prescribing use (Defined Daily Dose) - per head of population	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender	Pharmacy Team	No
	Number of people in care homes with level 11 medication review	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender	Pharmacy Team	No
	Number of level 3 medication reviews completed	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender	Pharmacy Team	No
Frailty	Percentage of last 6 months of life spent in the community	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender	Business Support Unit	Yes – LCPP only
	Number of people with 1 or more LTCs (need to show rate of prevalence)	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender	Business Support Unit / National Services Scotland, Information Services Division	No
	Number of hospital admissions due to a fall	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender	Business Support Unit	Yes - LCPP only
	Number of people with Technology Enabled Care	Localities, Age Groups, SIMD, Gender	Mosaic	No
	Dementia Prevalence / Eurodem	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender	Business Support Unit	No

Theme	Measure	Breakdown	Source	Currently Reported to PAC
	% of new diagnosis of dementia in receipt of Post Diagnostic Support	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender	Business Support Unit	No
Substance Misuse	Number of drug deaths	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location	Public Health to Pentana	No
	Number of unallocated cases to substance misuse services	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location	Mosaic to Pentana	No
	Average workload in substance misuse services	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location	Mosaic to Pentana	No
	Drug related hospital admissions	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location	Public Health to Pentana	No
	Alcohol related hospital admissions	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location	Public Health to Pentana	No
	Substance misuse waiting times (speak to Russell)	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location	Public Health to Pentana	No
Public Protection	Number of ASP referrals	Localities, Age Groups, SIMD, Gender	Mosaic	No
	% of all referrals that resulted in Case Conference	Localities, Age Groups, SIMD, Gender	Adult Support and Protection Team to Pentana	No
	Number of MASH referrals	Localities, Age Groups, SIMD, Gender	Protecting People Team to Pentana	No
	Number of VAW incidents / people or other VAW measure	Localities, Age Groups, SIMD, Gender	Protecting People Team to Pentana	No
Statutory Inspection Gradings	Number of services receiving grade 4+	Localities, Age Groups, SIMD, Gender	Pentana	No
Balance of Care	Number of people receiving Home Care	Localities, Age Groups, SIMD, Gender	Pentana	No
	Number of people receiving Personal Care	Localities, Age Groups, SIMD, Gender	Pentana	No
	Number of people receiving 10+ hours of Home Care	Localities, Age Groups, SIMD, Gender	Pentana	No

Theme	Measure	Breakdown	Source	Currently Reported to PAC
	Number of people receiving enablement	Localities, Age Groups, SIMD, Gender	Pentana	No
	% of people requiring reduced or no homecare following enablement	Localities, Age Groups, SIMD, Gender	Pentana	No
	Number of people receiving SDS options 1-3 and spend	Localities, Age Groups, SIMD, Gender	Pentana	No
	Percentage of population residing in non-hospital setting for all adults and 75+.	Localities, Age Groups, SIMD, Gender	Business Support Unit	No
Care Homes	Number of people living in a care home	Localities, Age Groups, SIMD, Gender	Mosaic	No
	Number of unscheduled admissions from a care home	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location, Ward, Specialty, Primary Diagnosis	Business Support Unit	No
	Number of people living in care homes with ACP	Localities, Age Groups, SIMD, Gender	Mosaic	No
	Number of respite weeks provided in care home	Localities, Age Groups, SIMD, Gender	Mosaic	No
	Number of people in care homes with AWI (if appropriate)	Localities, Age Groups, SIMD, Gender	Mosaic	No
	Number of people in care homes with DNR / CPR decisions in situ	Localities, Age Groups, SIMD, Gender	TBC	No
Waiting Times	% alcohol treatment completed waits by timescale	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location (teams)	Business Support Unit	No
	% drug treatment completed waits by timescale	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location (teams)	Business Support Unit	No
	Number of unallocated cases to substance misuse services	Localities, Age Groups, SIMD, Gender, Location	Mosaic	No
	% patients seen within 18 weeks for psychological therapies	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location (teams)	Business Support Unit	No
	Number of patients on the waiting list for psychological therapies	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location (teams)	Business Support Unit	No
	Number or patients still waiting on first appointment for psychological therapies at month end by team	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location (teams)	Business Support Unit	No

Theme	Measure	Breakdown	Source	Currently Reported to PAC
	Number of patients waiting up to 18 weeks for psychological therapies at month end by team	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location (teams)	Business Support Unit	No
	% patients who received their first appointment for psychological therapies within 18 weeks	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location (teams)	Business Support Unit	No
	MSK waits (4 weeks)	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location (teams)	Business Support Unit	No
	Outpatient waits >18 weeks	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location (teams)	Business Support Unit	No
	% referrals responded within 5 days	Localities, Age Groups, SIMD, Gender, Location	Mosaic	No
	% referrals allocated within 6 weeks	Localities, Age Groups, SIMD, Gender, Location	Mosaic	No
	% of first reviews carried out within 6 weeks of assessment being completed	Localities, Age Groups, SIMD, Gender, Location	Mosaic	No
	% of subsequent reviews carried out within a year of previous review	Localities, Age Groups, SIMD, Gender, Location	Mosaic	No
	12 week treatment time guarantee	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location (teams)	Business Support Unit	No
	Diagnostic waits – 6 weeks	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location (teams)	Business Support Unit	No
	Elective inpatient waits	GP Clusters, GP Practices, Localities, Age Groups, SIMD, Gender, Location (teams)	Business Support Unit	No



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 27 MARCH 2018

REPORT ON: LOCAL GOVERNMENT BENCHMARKING FRAMEWORK

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC17-2018

1.0 PURPOSE OF REPORT

To inform the Performance and Audit Committee of the performance of Dundee Health and Social Care Partnership towards the social care indicators in the Local Government Benchmarking Framework (LGBF), for the financial year 2016/2017.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the performance detailed in this report and in Appendix 1.
- 2.2 Approves the proposed targets for future rank set out in Table 1, Appendix 1 and described in section 4.7 and instructs the Chief Finance Officer to advise Dundee City Council of these revised targets accordingly.
- 2.3 Notes that LGBF performance information will be published on the Dundee City Council website.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 The Improvement Service has recently published 2016/17 Government Benchmarking Framework (LGBF) performance data for all 32 local authorities in Scotland. This is now in its sixth year and provides valuable trend based insights as well as robust comparisons with other local authorities.
- 4.2 Each authority is allocated a Family Group of similar authorities based on factors such as deprivation and urban density in order that each authority can compare its performance to similar authorities and seek performance improvement where appropriate. Dundee's family group includes Glasgow City, North Lanarkshire, West Dunbartonshire, North Ayrshire, East Ayrshire, Inverclyde and the Western Isles.
- 4.3 Appendix 1 details the performance of the Dundee Health and Social Care Partnership towards the indicators in the 'social care' category of the LGBF. Within each category Dundee performance is compared to the performance of Family Group members. In addition to detailing performance against each of the six indicators in the 'social care category and benchmarking against other family group Partnerships, for four indicators in which performance is not best in family group planned improvement actions have been included.
- 4.4 The Council has set itself primary target of finishing in the top half of performances of its Family Group for 51.5% of the Local Government Benchmarking Framework indicators. In 2016/2017, the Council obtained an overall performance rate of 47% which is comparable with previous

performances but remains below target. Overall breakdown by service is (number of indicators with finish in top half of performances of its Family Group / total number of indicators in category):-

Children and Families	6/27
Social Care	3/6
Housing	1/5
Environment	6/9
City Development	11/12
Culture and Leisure	5/8
Corporate Services	3/8
TOTAL	<u>35/75</u>
	<u>47%</u>

- 4.5 The Adult Social Care functions within the National Benchmarking Framework are delegated to the Integration Joint Board and data from the framework forms part of the evidence to show the extent to which the integration of Health and Care can improve services. Out of 6 indicators, only one was behind the Council's Family Group average.
- 4.6 In addition to the primary target set by the Council (outlined at 4.4), where performance is already ranked 4th or higher, a target of the next rank above current performance is set by the Council and noted in the performance tables of each service. Table 1 in appendix 1 sets out future ranks on the basis of this formula.
- 4.7 An assessment has been made of current performance, planned future investment, resources and service delivery models, and the range of targets already agreed by the Integration Joint Board in the service delivery areas covered by the LGBF indicators (such as the Measuring Performance under Integration targets and Health and Social Care Partnership scorecard within the Council's Corporate Plan). The final column in table 1, appendix 1 sets out proposed targets for all indicators taking into account these factors. For 3 indicators these targets align with the Council's formula, however for indicators relating to Self-Directed Support, care at home and residential costs proposed targets differ.

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 meeting targets against LGBF indicators could affect outcomes for individuals and their carers and not make the best use of resources.
Risk Category	Financial, Governance, Political
Inherent Risk Level	15 – Extreme Risk
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Continue to develop a reporting framework which identifies performance against LGBF targets. - Continue to report data annually to the PAC to highlight areas of poor performance. - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as Self-Directed Support spend. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.

Residual Risk Level	9 – High Risk
Planned Risk Level	6 – Moderate Risk
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

The 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: 27 February 2018

Lynsey Webster
Senior Officer
Health & Social Care Partnership

Kathryn Sharp
Senior Manager
Health & Social Care Partnership

APPENDIX 1

SOCIAL CARE

Snap Shot Profile

The Health and Social Care Partnership provides services for a wide variety of needs and people in different situations, in some cases commissioned from the third and independent sector. Services can include helping people to live independently in their own home, helping with day care, if necessary, or providing enablement to help with daily living.

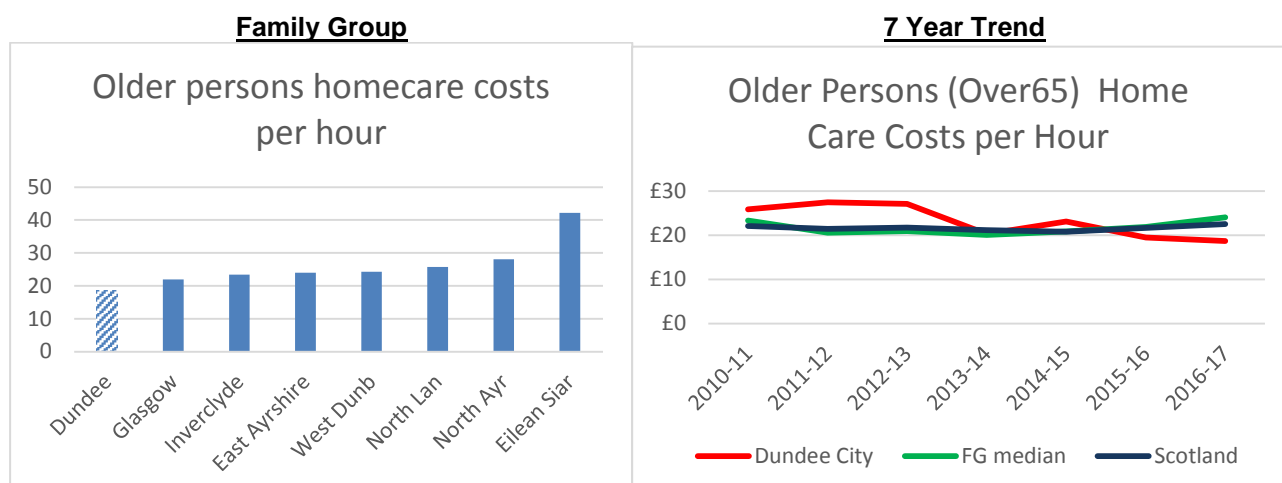
Most people will want to stay at home wherever practicable. Sometimes, however, they may need residential care for short periods or for a longer-term. Health and Social Care can also arrange nursing home care, if necessary.

The adult social care category consists of 6 indicators, covering unit cost, satisfaction and performance data. A summary of our 2016-2017 data, as well as the Family Group average has been provided below.

Table 1: Summary of Social Care Performance 2016/17

Indicator	Group Rank (out of 8)	2016/17 Data	Group Average	Scottish Average	Target	Dundee City Council - Future Rank (out of 8)	Proposed IJB – Future Rank (out of 8)
Older persons homecare cost per hour	1	£18.70	£27.09	£22.54	£18.50	(1)	1
SDS spend on adults as a %	8	0.98	5.14	6.48	2.29	(4)	6
% of older people with intensive care needs receiving care at home	3	38.42	34.23	35.27	38.42	(2)	3
% adults receiving care who rate it excellent or good	4	84	83	81	83	(3)	3
% adults supported at home who agree service impacted on their quality of life	3	88	86	84	89	(2)	2
Net residential cost per week for older people 65+	5	£407	£442	£375	£407	(4)	5

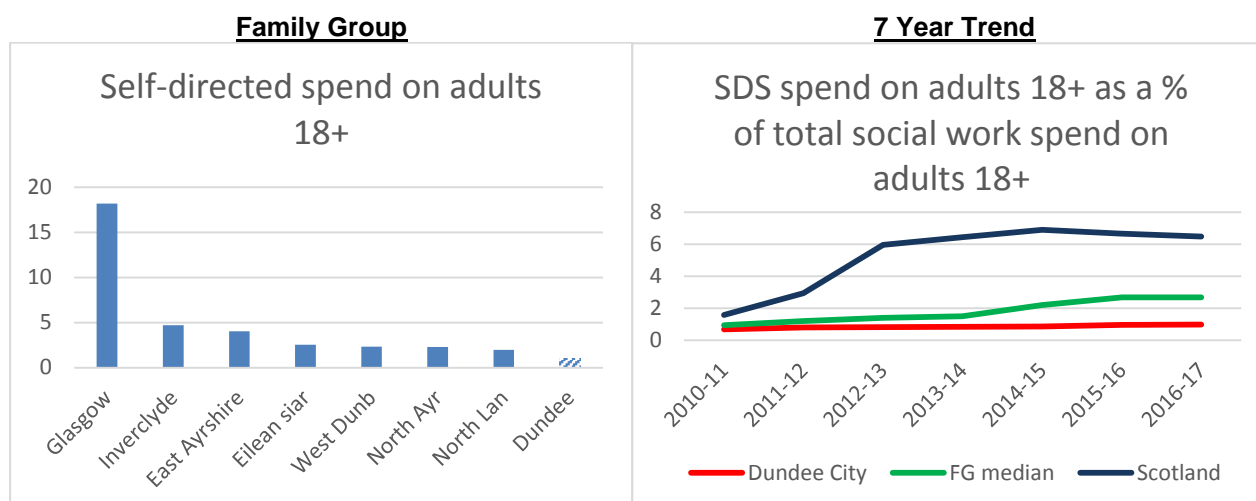
Our Performance Highlight - Older Person's Homecare Costs Per Hour



We continue to identify efficiencies and review models of service delivery in line with the review of Homecare. Dundee has significantly improved the level of homecare hours, which have grown by 47% since 2012 compared to a growth of 6% across Scotland. Over the same period there was a real terms growth of 6% in expenditure on homecare across Scotland, which combined with the higher growth in homecare hours in Dundee has led to Dundee having the best homecare productivity ratio in its Family Group. Additionally, the number of people with intensive needs receiving homecare has also increased, with Dundee providing a larger proportion of complex packages than both the Scottish and family group averages.

Since the retendering of homecare services in 2016-17, the National Minimum Wage has been paid to staff. Despite this increased cost in salaries, the number of homecare hours provided has increased at a higher rate than the total homecare spend, demonstrating that we are providing increasing efficient service delivery in our communities.

Area for Improvement - Self-Directed Support Spend On Adults 18+ as a % of Total Spend



Self Directed Support allows people needing support to choose how their support needs will be met. This indicator calculates the cost of Direct Payment (Option One) spend on adults as a proportion of the total social work spend on adults (aged 18+).

This indicator is important because it allows the Council to monitor Direct Payments as a proportion of total adult social care expenditure, both over time and in comparison with other Councils. Dundee has historically had a low uptake of Direct Payments. Under the Social Care (Self-directed Support) (Scotland) Act 2013, Direct Payments is one of four options that from 1 April 2014 local authorities have had a duty to offer eligible people assessed as requiring social care.

Dundee ranks 8th out of the above Family Group. Within this Family Group, Glasgow is an outlier in their performance due to their role in piloting this approach. When assessing the average spend of the remaining family members the variation is less.

Planned Improvements

The year on year spend continues with an increase of approximately 12% (£114,500) between 2014-2015 and 2015-2016. There was an increase of eight people receiving a Direct Payment and five older people stopped this option during 2015-2016.

There was an Internal Audit of SDS processes within Dundee Health and Social Care Partnership which demonstrates that processes currently in place support the use of SDS and provides information for the public.

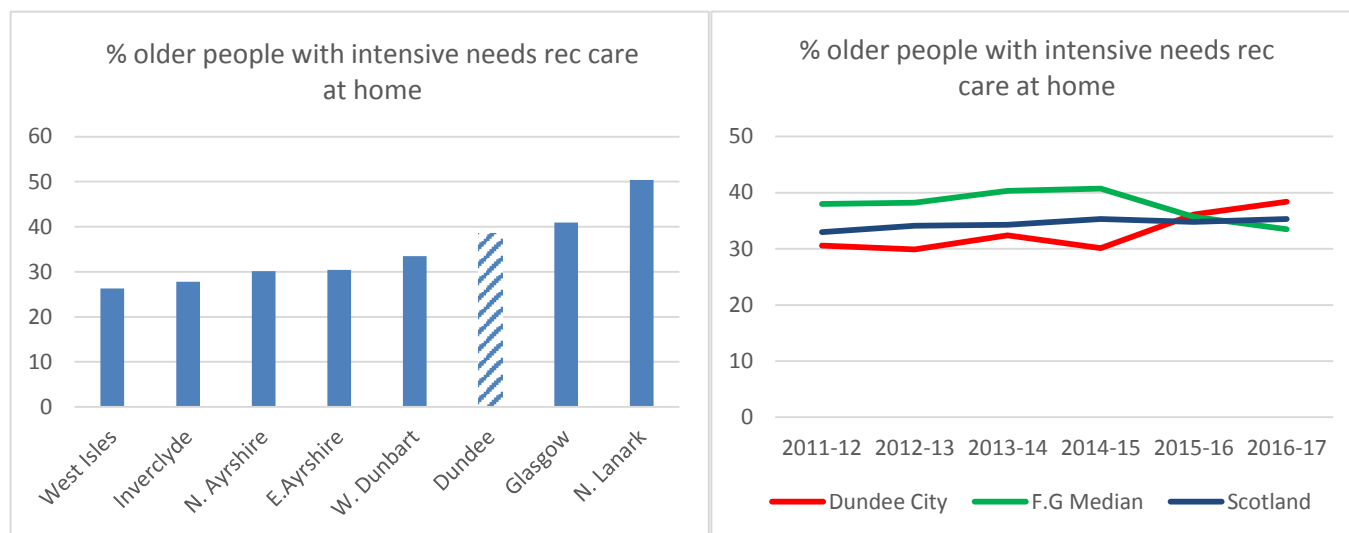
Option 1 and Option 2 training was delivered to all employees alongside multi-disciplinary Outcome Focussed Approaches Workshops. Rolling programmes for all three learning opportunities have been developed.

The new Mosaic IT system has been systematically introduced since November 2016 starting with referral to assessment, planning to outcomes and review pathways. There are still a few remaining sections of the system which have yet to be rolled out and until these are available not all of the benefits of the system will be achieved. This system embeds the SDS process with both prompts and monitoring systems to ensure staff are following the process so when the system is fully operational we will be better able to use data to allow us to further explore performance in this area.

Area for Improvement - % of older people (aged 65+) with intensive needs receiving care at home

Family Group

7 year trend



Dundee continues to shift the balance of care by supporting more people with intensive needs at home. This measure only includes homecare and personal care in its calculations and it is the number of people who receive 10+ hours of homecare as a % of all homecare. Homecare can include domestic assistance and personal care. It should be noted that the definition of this measure differs to the national health and wellbeing indicator with the same name.

Caution should be applied when benchmarking this indicator as different partnerships have different models of homecare which can skew the % of people receiving intensive homecare. Some partnerships do not provide domestic assistance, which means that the % of people receiving intensive homecare will be higher however the rate per head may in fact be lower. Also, some partnerships may provide a lot of intensive homecare but may also provide a lot of very small packages of care as well. This model of care would produce a lower %.

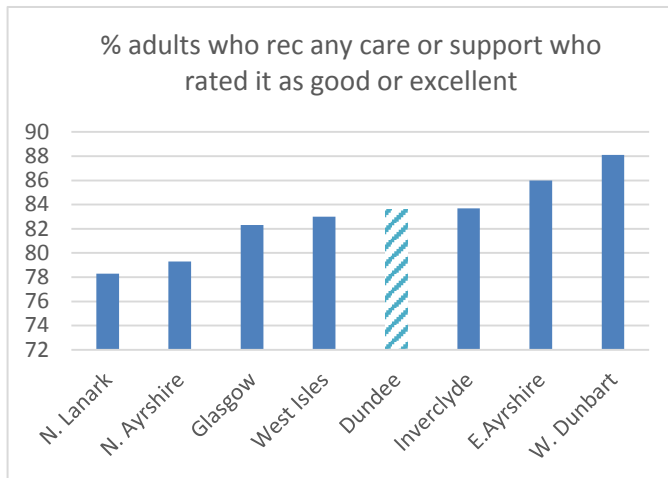
The % of people who receive intensive homecare in Dundee has increased and is now higher than the family group median and Scottish average. Dundee is performing 3rd in its family group, below Glasgow and North Lanarkshire.

Planned Improvements

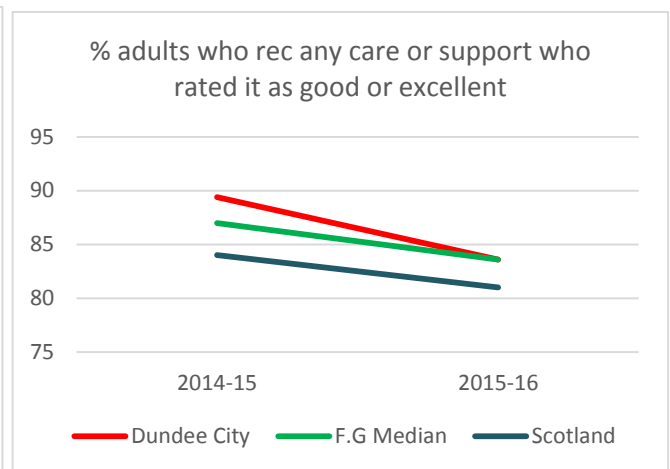
With the increased range of community supports available and planned for the future, the Partnership is not necessarily looking to further increase the provision of intensive homecare, however it will continue to be provided as required. Enablement is a form of homecare which aims to rehabilitate people, often after a spell in hospital. The effect of enablement has been to reduce packages of homecare, often to levels lower than were being provided previously. In 2016/17, 85 % of people required either the same hours of homecare, less hours or no hours, following enablement. The success of enablement means that there are now fewer people receiving 10+ hours of homecare, which despite being a positive is pulling down the performance of this indicator.

Area for Improvement - % of adults who received any care or support who rated it as good or excellent

Family Group

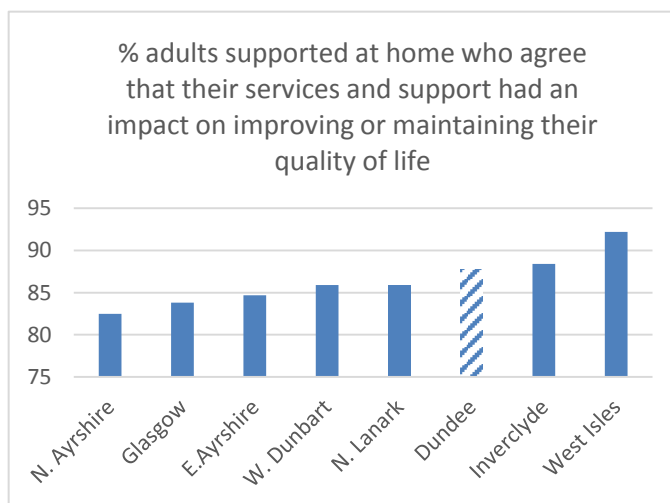


Trend

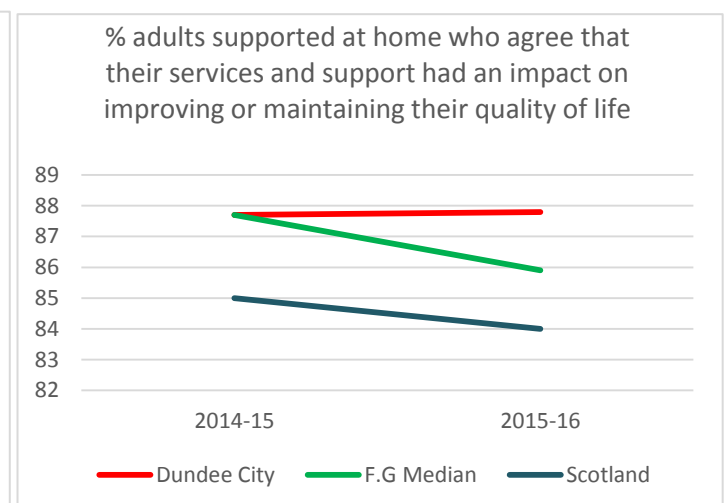


Area for Improvement - % adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life

Family Group



Trend



These are indicators which are already monitored through the National Health and Wellbeing Indicators reporting framework. These indicators are measured using a biennial Health and Wellbeing survey which is disseminated and analysed nationally. The most recent survey was completed in 2015/16.

Dundee performed better than or equal to the family group median and Scottish average for each of these indicators. In relation to % of adults supported at home who agree that their services and support had an impact on their quality of life it is interesting to note that the trend shows an improving position in Dundee against a declining family group and Scottish position.

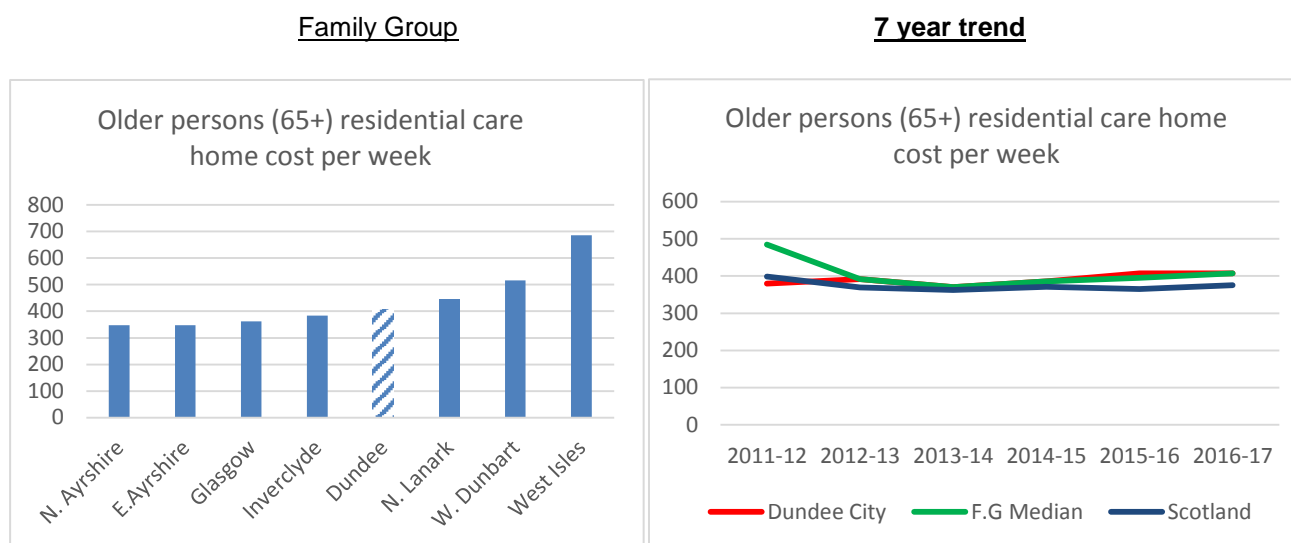
Planned Improvements

The satisfaction of people who use our services and their carers is extremely important to us and we frequently monitor information to inform us of this. The outcome of external scrutiny activity will continue to be regularly reported to the PAC. The Partnership's complaints process have also recently been updated and work is underway to implement the Duty of Candour.

A range of work is also taking place through Strategic Planning Groups to improve the quality of services delivered by the Partnership and to capture service users feedback about service provision. For

example, the Carers Strategic Plan has a clear focus on outcomes for carers and work is underway to build a balanced scorecard and accompanying data collection methods which include measures of carer satisfaction with services and impact on quality of life.

Area for Improvement - Older persons (65+) residential care home cost per week



The average weekly cost for a care home place in Dundee, for people aged 65+ was £407.5 in 2016/17.

Dundee's has an approximate median position and the family group range is from £347.9 to £685.7. There are a range of factors which impact on this particular benchmark and need to be taken into consideration in assessing relative performance across the country. The cost of residential care for each local authority area includes a combination of council operated care homes and private and voluntary sector run care homes. The relative spend in each area will be influenced by the balance of usage the council has of each type of home. The fees paid to private and voluntary sector run care homes are set nationally through the National Care Home Contract and are therefore standardised across the country. Generally, the cost of running council care homes is more expensive than private and voluntary sector provision. Dundee City Council's care homes are smaller in size, providing a more homely setting for residents however do not benefit from economies of scale and are therefore higher cost. Furthermore, the benchmark costs are net of residents financial contributions to the cost of their care. Dundee generally has less self funders than other areas therefore receives less charging income, increasing the net expenditure position of the sector locally.

Planned Improvements

The cost of providing council operated care homes continues to be reviewed to ensure best value is achieved. This includes reviewing staffing structures and managing absence levels to reduce the level of additional hours or in some instances, agency workers to ensure shifts are covered to the required levels.



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 27 MARCH 2018

REPORT ON: AUDIT SCOTLAND ANNUAL REPORT 2016/17 – PERFORMANCE MANAGEMENT IMPROVEMENTS UPDATE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC14-2018

1.0 PURPOSE OF REPORT

To update the Performance and Audit Committee regarding steps taken to address risks identified within the Audit Scotland Annual Report 2016/17 in relation to performance management improvements.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the contents of this report.
- 2.2 Notes the progress made in addressing outstanding improvements and tasks in relation to performance management and planned future actions (appendix 1).
- 2.3 Acknowledges the level of risk associated with staff resource for performance management improvements and mitigating actions (as described at section 6) and instructs the Chief Finance Officer to record this as a separate and specific risk within the high level risk register.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 In September 2017 the Performance and Audit Committee considered report PAC21-2017 (Audit Scotland Annual Report and Integration Joint Board Annual Accounts 2016/17) which included the draft external auditor's report for 2016/17. Appendix 1 of the external auditor's report highlighted issue/risk identified by Audit Scotland in relation to performance management improvements. Whilst it was recognised that a range of different mechanisms had been developed to scrutinise the performance and quality of services during 2016/17 it was also recognised that further work required to be undertaken in 2017/18 to ensure that the Integration Joint Board is fully effective in assessing its performance in delivering services. The external auditor recommended that an action plan should be prepared to deliver improvements identified for the performance management framework.
- 4.2 Work has been undertaken to identify outstanding improvements and recommendations agreed by the Performance and Audit Committee since its establishment in January 2017. An action plan has subsequently been developed and agreed with the internal auditor to provide an overview of progress achieved to date and planned future remedial actions (appendix 1).
- 4.3 The action plan sits within the wider context of resource pressures associated with the transition to the Mosaic IT system from the previous Social Work client database and records system. The need to support Mosaic transition to ensure that operational services can continue to be delivered and statutory reporting deadlines met has diverted available staff resource from planned development work. The general position in relation to staffing resources within support

functions been reflected in the recent internal audit of Health and Social Care Partnership Workforce.

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	Staff resource is insufficient to address planned performance management improvements in addition to core reporting requirements and business critical work.
Risk Category	Governance, Political
Inherent Risk Level	Likelihood 5 x Impact 4 = Risk Scoring 20 (which is an extreme Risk Level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Head of Service, Finance and Strategic Planning currently considering identified resource issues. - Action plan agreed with internal auditor and will be implemented. - Workplan for existing staff resource is in place and regularly reviewed to ensure appropriate priority given to range of tasks. - Performance management improvement capacity is on the high level risk register as part of wider support services capacity. - Through the Tayside Analytical Network joint working with NHS Tayside Business Support Unit is continuing to develop and strengthen. - Internal Audit report on workforce issues has been completed and identified capacity as an issue. -
Residual Risk Level	Likelihood 5 x Impact 4 = Risk Scoring 20 (which is an extreme Risk Level)
Planned Risk Level	Likelihood 4 x Impact 4 = Risk Scoring 16 (which is an extreme Risk Level)
Approval recommendation	Given the extreme level of planned risk it is recommended that the Performance and Audit Committee acknowledges the level of risk and mitigating actions, the impact of which will be continuously reviewed by officers. It is also recommended that capacity within the information function is added as a separate and specific risk within the high level risk register.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None

Dave Berry
Chief Finance Officer

DATE: 27 February 2018

Kathryn Sharp
Senior Manager
Health & Social Care Partnership

The action plan sits within the wider context of resource pressures associated with the transition to the Mosaic IT system from the previous Social Work client database and records system. The need to support Mosaic transition to ensure that operational services can continue to be delivered and statutory reporting deadlines met has diverted available staff resource from planned development work. The general position in relation to staffing resources within support functions has been reflected in the recent internal audit of Health and Social Care Partnership Workforce.

Recommendation / Action	Date of IJB / PAC Meeting	Progress to Date	Proposed Remedial Actions	Timescale for Delivery
1. Full implementation of performance framework, including development of local indicators against strategic shifts and local experience survey	January 2017 / July 2017	<p>Development of indicators has been progressed on a team / service basis with the support from the Health and Social Care Partnership Senior Officers (Information) / Strategy & Performance Assistant (Information). Draft scorecards which evidence progress towards strategic shifts have been developed in:</p> <ul style="list-style-type: none"> • Community Mental Health Older People community and inpatient teams • COPD team • Health Inequalities • Substance Misuse • Adult Support and Protection <p>Drafts are currently being progressed in:</p> <ul style="list-style-type: none"> • Palliative and End of Life Care • Medicine for the Elderly • Physical Disabilities • Discharge Management • Carers <p>Planned next steps are to develop scorecards within Learning Disabilities and other Mental Health services.</p> <p>Where draft scorecards have been agreed indicators are being uploaded onto Pentana and training is being provided to teams to enable them to use this system for continuous monitoring.</p> <p>No progress has been made regarding establishing a local experience survey.</p>	<p>Performance framework to be reviewed to identify any proposed amendments to reflect current/planned resources.</p> <p>Senior Officers (Information) / Strategy & Performance Assistant (Information) capacity currently being considered by Head of Service, Finance and Strategic Planning.</p>	<p>June 2018</p> <p>June 2018</p>

The action plan sits within the wider context of resource pressures associated with the transition to the Mosaic IT system from the previous Social Work client database and records system. The need to support Mosaic transition to ensure that operational services can continue to be delivered and statutory reporting deadlines met has diverted available staff resource from planned development work. The general position in relation to staffing resources within support functions has been reflected in the recent internal audit of Health and Social Care Partnership Workforce.

2. Establish Outcomes and Performance Co-ordination Group	January 2017	COMPLETE - a joint Performance Meeting between operational and support services, chaired by the Head of Service, Health and Community Care, has been established and has met over the second half of 2017. A meeting scheduled has been agreed for 2018 and terms of reference are currently being developed.	Formal terms of reference to be finalised.	February 2018
3. Establish appropriate links between performance framework and risk register	January 2017	COMPLETE – Performance and Audit Committee reports have been updated to include an enhanced risk section. All performance reports are therefore actively screened to identify risks and appropriate remedial actions.		
4. Analysis of management data on unscheduled care admissions	January 2017	Task has been allocated within Strategy and Performance Team with view to report being submitted to May 2018 Performance and Audit Committee.	Report to be submitted to Performance and Audit Committee	May 2018
5. Agree approach to submission of respite data to SOURCE	January 2017	Scottish Government have recently revised content of SOURCE dataset, including respite requirements. Based on current information regarding proposed content of the revised dataset DHSCP will be able to provide full submissions following the completion of Mosaic implementation.	Continue to progress planned implementation of Mosaic.	July 2018
6. Complete version 2 of HSCP Needs Assessment, including locality profiles	January 2017 / July 2017	COMPLETE - Version 2 of the HSCP Needs Assessment and 8 supporting locality profiles have been completed.	Documents to be formatted in Partnership corporate style.	April 2018

The action plan sits within the wider context of resource pressures associated with the transition to the Mosaic IT system from the previous Social Work client database and records system. The need to support Mosaic transition to ensure that operational services can continue to be delivered and statutory reporting deadlines met has diverted available staff resource from planned development work. The general position in relation to staffing resources within support functions has been reflected in the recent internal audit of Health and Social Care Partnership Workforce.

7. Develop Tayside HSCP benchmarking data set	January 2017 / July 2017	A draft framework has been progressed by Dundee HSCP which has been agreed in principle at the Tayside Analytical Network. Associate Medical Director and Locality Manager have indicated that they support this draft.	Formal approvals of dataset to be sought from each Partnership / IJB in line with local governance arrangements.	March 2018
8. Establish process for submission of IJB quarterly performance reports to DCC	January 2017 / July 2017	Chief Officer and Chief Finance Officer have agreed in principle a proposed set of arrangements for sharing of performance reports with both DCC and NHS Tayside. Chief Officer is progressing discussions with DCC and NHS Tayside Chief Executives with a view to having a system in place for the beginning of 2018/19. Annual Performance Report 2016/17 had been considered by Dundee City Council Policy and Resources Committee (February 2018).	Formal reporting arrangements to be agreed with NHS Tayside and DCC.	April 2018
9. Agree data pack requirements with NHS Tayside BSU to support quarterly performance reports	January 2017	COMPLETE - BSU now providing local data to support quarterly performance reports.		
10. Refresh CHI seeding	March 2017	COMPLETE		

The action plan sits within the wider context of resource pressures associated with the transition to the Mosaic IT system from the previous Social Work client database and records system. The need to support Mosaic transition to ensure that operational services can continue to be delivered and statutory reporting deadlines met has diverted available staff resource from planned development work. The general position in relation to staffing resources within support functions has been reflected in the recent internal audit of Health and Social Care Partnership Workforce.

11. Consider options for expansion of access to Tableau for purposes of viewing SOURCE, including any information governance requirements	March 2017	Discussion has been held at operational Performance Group to begin process of identifying desired levels of access to Tableau. Further assessment of access requirements for specific workforce groups is ongoing.	Scope IT, licence and information governance implications of desired access levels.	April 2018
12. Develop approach to costing of social care data within SOURCE	March 2017	Graduate Trainee, Finance is currently undertaking one year project which includes costing of key areas of social care data. Information Officer contribution has been completed in relation to care homes, meals and non-residential day care, with home care currently being progressed.	Continue to support the work of Graduate Trainee.	September 2018
13. Complete care home admissions analysis	March 2017	Task has been allocated within Strategy and Performance Team with view to report being submitted to May 2018 Performance and Audit Committee.	Report to be submitted to Performance and Audit Committee	May 2018
14. Produce and publish Annual Performance Report	March 2017	COMPLETE		

The action plan sits within the wider context of resource pressures associated with the transition to the Mosaic IT system from the previous Social Work client database and records system. The need to support Mosaic transition to ensure that operational services can continue to be delivered and statutory reporting deadlines met has diverted available staff resource from planned development work. The general position in relation to staffing resources within support functions been reflected in the recent internal audit of Health and Social Care Partnership Workforce.

15. Produce HSCP Delivery Plan for 2017/18	July 2017 / September 2017	A draft document has been developed, including a public facing version. Anticipated that this will be available for submission to PAC in April 2018.	Key deliverables to be further refined by operational staff. Outstanding targets to be set in collaboration with operational staff. Shared understanding to be reached amongst senior management team regarding purpose and format of local delivery plan.	January 2018 March 2018 March 2018
16. Develop health and social care scorecard for inclusion in DCC performance reporting arrangements (information only)	July 2017	COMPLETE - scorecard included in current DCC 5 year plan. Will be reported on for information purposes only.		
17. Produce summary version of the Annual Performance Report	July 2017	COMPLETE		
18. Complete further analysis of falls data, specifically	September 2017	Task has been allocated within Strategy and Performance Team with view to report being submitted to May 2018 Performance and Audit Committee.	Report to be submitted to Performance and Audit Committee	May 2018

The action plan sits within the wider context of resource pressures associated with the transition to the Mosaic IT system from the previous Social Work client database and records system. The need to support Mosaic transition to ensure that operational services can continue to be delivered and statutory reporting deadlines met has diverted available staff resource from planned development work. The general position in relation to staffing resources within support functions been reflected in the recent internal audit of Health and Social Care Partnership Workforce.

including benchmarking information				
19. Complete full readmissions analysis and detailed improvement plan for submission by January 2018	September 2017	No progress to date as resource originally identified has not been made available.	Home and Hospital Transition Board to identify alternative resource.	To be set following identification of resource.
20. Develop MSG targets for 2018/19	September 2017	COMPLETE - Draft submissions made to Scottish Government TO MEET 31 January 2018 deadline. Integration Joint Board approved submission on 27 March 2018.		



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 27 MARCH 2018

REPORT ON: HEALTH AND SOCIAL CARE STANDARDS

REPORT BY: CHIEF SOCIAL WORK OFFICER

REPORT NO: PAC16-2018

1.0 PURPOSE OF REPORT

To inform the Performance and Audit Committee of the new Health and Social Care Standards, which will inform future models of external scrutiny of health and social care services.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of the new Health and Social Care Standards (section 4.3 and 4.4 and appendix 1).
- 2.2 Notes the planned approach to incorporating the content of the new standards into the scrutiny of health and social care service (section 4.5 to 4.8).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 In 2017 the Scottish Government published 'Health and Social Care Standards: My support, my life' under section 50 of the Public Services Reform (Scotland) Act 2010 and section 10H of the National Health Services (Scotland) Act 1978. The standards replace the previous National Care Standards published in 2002. They do not replace or remove the need for health, social care and social work services to comply with legislation but are designed to complement relevant legislation and best practice. The new standards have been informed by knowledge gained from inspections and complaints investigations but also by the views of people experiencing care and extensive public consultation.
- 4.2 All services and support organisations, whether a registered service or not, are encouraged to use the guidelines to support them to improve, develop flexible services and innovate. The new standards will apply to all parts of the care system across health care, social care, early learning and childcare, and social work; meaning they will have a far wider impact and apply to many more people's experiences of care than the previous 2002 National Care Standards.
- 4.3 The standards set out what people can expect when using health, social care or social work services in Scotland. They aim to support the delivery of better outcomes for people, ensure that individuals are treated with dignity and respect and that their human rights are upheld. The standards contain five headline outcome statements:
 - I experience high quality care and support that is right for me.
 - I am fully involved in all decisions about my care and support.
 - I have confidence in the people who support and care for me.
 - I have confidence in the organisation providing my care and support.
 - I experience a high quality environment if the organisation provides the premises.

Each headline outcome is supplemented by a set of descriptive statements (of which there are 146 in total), contained in full in appendix 1, which explains what achieving the outcome looks like in practice. It is recognised that not every descriptor will apply to every service. In addition, the standards are underpinned by five principles that reflect the way in which everyone should be treated: dignity and respect, compassion, be included, responsive care, and support and wellbeing.

- 4.4 The new standards are relevant across planning, assessment, commissioning and delivery. The new standards have been aligned to sector specific standards and guidance, such as Healthcare Improvement Scotland's clinical standards and the sector specific guidance issued by the Care Inspectorate. Increasingly there will be a focus on issuing integrated guidance where this is relevant, such as the recent joint guidance from Healthcare Improvement Scotland and the Care Inspectorate on good practice regarding pressure ulcers.
- 4.5 From 1 April 2018 the standards will be taken into account by the Care Inspectorate, Healthcare Improvement Scotland and other scrutiny bodies in relation to inspections and registration of health and care services. It is intended that the standards will support a change of regulatory culture; encouraging a move away from policing compliance with a minimum baseline to a more collaborative approach to continuous improvement within and across services. It is recognised that this will require a different approach to inspection which promotes collaborative working with providers, staff and people experiencing care and has a focus on observing the quality of relationships and discussing how care is being provided and experienced.
- 4.6 Healthcare Improvement Scotland has indicated that there will be a phased roll-out of the updated inspection methodology in 2018, starting with secondary healthcare settings and independent hospitals. It is their intention to take a quality of care approach with a consistent core methodology and a set of tools that can adapt to the scale and topic of scrutiny. Part of the assurance function will include assessment of whether providers have in place robust processes for implementing the standards and for self-evaluating their provision against them. This approach places a strong emphasis on supporting continuous quality improvement and building supportive improvement-focused relationships with service providers. It will also assess factors such as service sustainability, organisational culture and leadership.
- 4.7 The Care Inspectorate also intends to take a phased approach to the incorporation of the standards into their inspection methodology. Consideration is currently being given to whether existing themes and grades used for inspection require to be amended and will consult before introducing any revisions to current arrangements. A new inspection methodology, informed by the new standards, is currently being tested within care homes for older people. The standards will be considered in relation to strategic inspections of how public bodies plan and commission care, as well as inspections of care services.
- 4.8 The Dundee Health and Social Care Partnership will work through the Clinical, Care & Professional Governance Group with Healthcare Improvement Scotland and the Care Inspectorate to consider how changes in their methodologies require to be incorporated into local self-evaluation and quality assurance activities. This will include activities such as raising awareness of the standards across the workforce and incorporating relevant outcome and descriptive statements into case file auditing and other self-evaluation tools.

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 for information and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

The Chief Officer, Chief Finance Officer, Head of Service - Health and Community Care, Professional Advisors to the Integration Joint Board and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

Jane Martin
Chief Social Work Officer

DATE: 27 February 2018

Kathryn Sharp
Senior Manager
Health & Social Care Partnership



**Health and
Social Care
Standards**
My support, my life.

Health and Social Care Standards

My support, my life





I am delighted to be able to introduce the new Health and Social Care Standards and commend all of the hard work that has gone into creating these new, human rights based Standards.

The new Standards are wide reaching, flexible and focussed on the experience of people using services and supporting their outcomes. One of the major changes to these Standards is that they will now be applicable to the NHS, as well as services registered with the Care Inspectorate and Healthcare Improvement Scotland.

Everyone is entitled to high quality care and support tailored towards their particular needs and choices. This might be in a hospital; a care home; a children's nursery; or within their own home. Each and every one of us at some point in our lives will use or know someone who uses a health or social care service. These Standards are therefore hugely important to ensure that everyone in Scotland receives the care and support that is right for them.

I would like to thank everyone across the health and social care sectors involved in creating these Standards. You have worked hard to make them innovative and aspirational. Contributions from professional bodies, people who use services, service providers, private and third sector organisations, have created Standards that are applicable to a wide range of health and social care services.

Moving forward, there is still work to be done to ensure that the Standards are implemented successfully. We will support health and care providers, commissioners of services and inspection agencies to ensure a full understanding of what is required to meet the Standards and improve levels of care and support in Scotland.

Shona Robison MSP

Cabinet Secretary for Health and Sport

Introduction

These Health and Social Care Standards (the Standards) set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

The objectives of the Standards are to drive improvement, promote flexibility and encourage innovation in how people are cared for and supported. All services and support organisations, whether registered or not, should use the Standards as a guideline for how to achieve high quality care.

Why have these Standards been developed?

The standards and outcomes set out in the Standards are published in exercise of the Scottish Ministers' powers under section 50 of the Public Services Reform (Scotland) Act 2010 and section 10H of the National Health Service (Scotland) Act 1978. They do not replace previous standards and outcomes relating to healthcare that have already been produced under section 10H of the National Health Service (Scotland) Act 1978 but they will replace the National Care Standards, published in 2002 under section 5 of the Regulation of Care (Scotland) Act 2001.

From 1 April 2018 the Standards will be taken into account by the Care Inspectorate, Healthcare Improvement Scotland and other scrutiny bodies in relation to inspections, and registration, of health and care services.

What are the Standards?

Throughout this document, 'standards' is used as a collective term to describe both the headline outcomes, and the descriptive statements which set out the standard of care a person can expect. The headline outcomes are:

- 1: I experience high quality care and support that is right for me.
- 2: I am fully involved in all decisions about my care and support.
- 3: I have confidence in the people who support and care for me.
- 4: I have confidence in the organisation providing my care and support.
- 5: I experience a high quality environment if the organisation provides the premises.

The descriptive statements, set out after each headline outcome, explain what achieving the outcome looks like in practice. Not every descriptor will apply to every service.

The Standards are underpinned by five principles: dignity and respect, compassion, be included, responsive care, and support and wellbeing. The principles themselves are not standards or outcomes but rather reflect the way that everyone should expect to be treated.

Who are these Standards for?

The Standards are for everyone. Irrespective of age or ability, we are all entitled to the same high quality care and support. The Care Inspectorate and Healthcare Improvement Scotland will take into account the Standards when carrying out their inspections and quality assurance functions, and when making decisions about care and health services which are, or are applying to be, registered. Our aim is that non-registered services also use the Standards as a guideline for how to achieve high quality care. The Standards can be applied to a diverse range of services from child-minding and daycare for children in their early years, housing support and care at home for adults, to hospitals, clinics and care homes.

The Standards do not replace or remove the need to comply with legislation which sets out requirements for the provision of services. Health and care services will continue to follow existing legislative requirements and best practice guidance which apply to their particular service or sector, in addition to applying the Standards. The Standards should be used to complement the relevant legislation and best practice that support health and care services to ensure high quality care and continuous improvement. Current best practice guidance can be found on the Care Inspectorate and Healthcare Improvement Scotland websites.

Principles



Dignity and respect

- My human rights are respected and promoted.
- I am respected and treated with dignity as an individual.
- I am treated fairly and do not experience discrimination.
- My privacy is respected.



Compassion

- I experience warm, compassionate and nurturing care and support.
- My care is provided by people who understand and are sensitive to my needs and my wishes.



Be included

- I receive the right information, at the right time and in a way that I can understand.
- I am supported to make informed choices, so that I can control my care and support.
- I am included in wider decisions about the way the service is provided, and my suggestions, feedback and concerns are considered.
- I am supported to participate fully and actively in my community.



Responsive care and support

- My health and social care needs are assessed and reviewed to ensure I receive the right support and care at the right time.
- My care and support adapts when my needs, choices and decisions change.
- I experience consistency in who provides my care and support and in how it is provided.
- If I make a complaint it is acted on.



Wellbeing

- I am asked about my lifestyle preferences and aspirations and I am supported to achieve these.
- I am encouraged and helped to achieve my full potential.
- I am supported to make informed choices, even if this means I might be taking personal risks.
- I feel safe and I am protected from neglect, abuse or avoidable harm.

1: I experience high quality care and support that is right for me

Dignity and respect

- 1.1 I am accepted and valued whatever my needs, ability, gender, age, faith, mental health status, race, background or sexual orientation.
- 1.2 My human rights are protected and promoted and I experience no discrimination.
- 1.3 If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.
- 1.4 If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected.
- 1.5 If I am supported and cared for in the community, this is done discreetly and with respect.

Compassion

- 1.6 I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.
- 1.7 I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively.
- 1.8 If I experience care and support in a group, the overall size and composition of that group is right for me.

Be included

- 1.9 I am recognised as an expert in my own experiences, needs and wishes.
- 1.10 I am supported to participate fully as a citizen in my local community in the way that I want.
- 1.11 I can be with my peers, including other people who use my service, unless this is unsafe and I have been involved in reaching this decision.

Responsive care and support

Assessing my care and support needs

- 1.12 I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.
- 1.13 I am assessed by a qualified person, who involves other people and professionals as required.
- 1.14 My future care and support needs are anticipated as part of my assessment.
- 1.15 My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.
- 1.16 As a child or young person needing permanent alternative care, I experience this without unnecessary delay.

Choosing my care and support

- 1.17 I can choose from as wide a range of services and providers as possible, which have been planned, commissioned and procured to meet my needs.
- 1.18 I have time and any necessary assistance to understand the planned care, support, therapy or intervention I will receive, including any costs, before deciding what is right for me.

Experiencing my care and support

- 1.19 My care and support meets my needs and is right for me.
- 1.20 I am in the right place to experience the care and support I need and want.
- 1.21 I am enabled to live in my own home if I want this and it is possible.
- 1.22 I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment.
- 1.23 My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.
- 1.24 Any treatment or intervention that I experience is safe and effective.

Wellbeing

- 1.25 I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.
- 1.26 I can choose to spend time alone.
- 1.27 I am supported to achieve my potential in education and employment if this is right for me.
- 1.28 I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services.
- 1.29 I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect.
- 1.30 As a child, I have fun as I develop my skills in understanding, thinking, investigation and problem solving, including through imaginative play and storytelling.
- 1.31 As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open ended and natural materials.
- 1.32 As a child, I play outdoors every day and regularly explore a natural environment.

Eating and drinking

- 1.33 I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.
- 1.34 If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.
- 1.35 I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible.
- 1.36 If I wish, I can share snacks and meals alongside other people using and working in the service if appropriate.
- 1.37 My meals and snacks meet my cultural and dietary needs, beliefs and preferences.
- 1.38 If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible.
- 1.39 I can drink fresh water at all times.

2: I am fully involved in all decisions about my care and support

Dignity and respect

- 2.1 I can control my own care and support if this is what I want.
- 2.2 I am empowered and enabled to be as independent and as in control of my life as I want and can be.
- 2.3 I am supported to understand and uphold my rights.
- 2.4 I am supported to use independent advocacy if I want or need this.
- 2.5 If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.
- 2.6 I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice.
- 2.7 My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used.

Compassion

- 2.8 I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs.

Be included

- 2.9 I receive and understand information and advice in a format or language that is right for me.
- 2.10 I can access translation services and communication tools where necessary and I am supported to use these.
- 2.11 My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.
- 2.12 If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.
- 2.13 If a decision is taken against my wishes, I am supported to understand why.
- 2.14 I am fully informed about what information is shared with others about me.
- 2.15 I am enabled to resolve conflict, agree rules and build positive relationships with other people as much as I can.
- 2.16 If I am fostered, my foster family is supported to fully include me in family life.

Responsive care and support

- 2.17 I am fully involved in developing and reviewing my personal plan, which is always available to me.
- 2.18 I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.
- 2.19 I am encouraged and supported to make and keep friendships, including with people my own age.
- 2.20 If I need or want to move on and start using another service, I will be fully involved in this decision and properly supported throughout this change.

Wellbeing

- 2.21 I take part in daily routines, such as setting up activities and mealtimes, if this is what I want.
- 2.22 I can maintain and develop my interests, activities and what matters to me in the way that I like.
- 2.23 If I need help with medication, I am able to have as much control as possible.
- 2.24 I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.
- 2.25 I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions.
- 2.26 I know how different organisations can support my health and wellbeing and I am helped to contact them if I wish.
- 2.27 As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity.

3: I have confidence in the people who support and care for me

Dignity and respect

- 3.1 I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention.
- 3.2 If I experience care and support where I live, people respect this as my home.
- 3.3 I have agreed clear expectations with people about how we behave towards each other, and these are respected.
- 3.4 I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me.
- 3.5 As a child or young person, I am helped to develop a positive view of myself and to form and sustain trusting and secure relationships.

Compassion

- 3.6 I feel at ease because I am greeted warmly by people and they introduce themselves.
- 3.7 I experience a warm atmosphere because people have good working relationships.
- 3.8 I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with.
- 3.9 I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me.
- 3.10 As a child or young person I feel valued, loved and secure.

Be included

- 3.11 I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support.
- 3.12 I can understand the people who support and care for me when they communicate with me.
- 3.13 I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me.

Responsive care and support

- 3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.
- 3.15 My needs are met by the right number of people.
- 3.16 People have time to support and care for me and to speak with me.
- 3.17 I am confident that people respond promptly, including when I ask for help.
- 3.18 I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.
- 3.19 My care and support is consistent and stable because people work together well.

Wellbeing

- 3.20 I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.
- 3.21 I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.
- 3.22 I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made.
- 3.23 If I go missing, people take urgent action, including looking for me and liaising with the police, other agencies and people who are important to me.
- 3.24 If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies.
- 3.25 I am helped to feel safe and secure in my local community.

4: I have confidence in the organisation providing my care and support

Dignity and respect

- 4.1 My human rights are central to the organisations that support and care for me.
- 4.2 The organisations that support and care for me help tackle health and social inequalities.

Compassion

- 4.3 I experience care and support where all people are respected and valued.
- 4.4 I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.

Be included

- 4.5 If possible, I can visit services and meet the people who would provide my care and support before deciding if it is right for me.
- 4.6 I can be meaningfully involved in how the organisations that support and care for me work and develop.
- 4.7 I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.
- 4.8 I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.
- 4.9 I can take part in recruiting and training people if possible.
- 4.10 As a child or young person unable to live with my immediate family, I can live with wider family members alongside my brothers and sisters if I want this and where it is possible and safe.

Responsive care and support

- 4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.
- 4.12 I receive proper notice and I am involved in finding an alternative if the service I use plans to close or can no longer meet my needs and wishes.
- 4.13 I have enough time and support to plan any move to a new service.
- 4.14 My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.
- 4.15 I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.
- 4.16 I am supported and cared for by people I know so that I experience consistency and continuity.
- 4.17 If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity.
- 4.18 I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.

- 4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.
- 4.20 I know how, and can be helped, to make a complaint or raise a concern about my care and support.
- 4.21 If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.
- 4.22 If the care and support that I need is not available or delayed, people explain the reasons for this and help me to find a suitable alternative.

Wellbeing

- 4.23 I use a service and organisation that are well led and managed.
- 4.24 I am confident that people who support and care for me have been appropriately and safely recruited.
- 4.25 I am confident that people are encouraged to be innovative in the way they support and care for me.
- 4.26 If I have a carer, their needs are assessed and support provided.
- 4.27 I experience high quality care and support because people have the necessary information and resources.

5: I experience a high quality environment if the organisation provides the premises

Dignity and respect

- 5.1 I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support.
- 5.2 I can easily access a toilet from the rooms I use and can use this when I need to.
- 5.3 I have an accessible, secure place to keep my belongings.
- 5.4 If I require intimate personal care, there is a suitable area for this, including a sink if needed.

Compassion

- 5.5 I experience a service that is the right size for me.
- 5.6 If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax.
- 5.7 If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible.

Be included

- 5.8 I experience a service as near as possible to people who are important to me and my home area if I want this and if it is safe.
- 5.9 I experience care and support free from isolation because the location and type of premises enable me to be an active member of the local community if this is appropriate.
- 5.10 If I experience 24 hour care, I am connected, including access to a telephone, radio, TV and the internet.
- 5.11 I can independently access the parts of the premises I use and the environment has been designed to promote this.
- 5.12 If I live in a care home, I can control the lighting, ventilation, heating and security of my bedroom.
- 5.13 If I live in a care home, I can decide on the decoration, furnishing and layout of my bedroom, including bringing my own furniture and fittings where possible.
- 5.14 If I live in a care home and there are separate facilities for people who support and care for me, these are in keeping with the homely environment.
- 5.15 If I am an adult living in a care home I can choose to see visitors in private and plan for a friend, family member or my partner to sometimes stay over.

Responsive care and support

- 5.16 The premises have been adapted, equipped and furnished to meet my needs and wishes.

Wellbeing

- 5.17 My environment is secure and safe.
- 5.18 My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.

- 5.19 My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes.
- 5.20 I have enough physical space to meet my needs and wishes.
- 5.21 I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices.
- 5.22 I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.
- 5.23 If I live in a care home, I can use a private garden.
- 5.24 If I live in a care home and want to keep a pet, the service will try to support this to happen.
- 5.25 As a child or young person living in a care home, I might need or want to share my bedroom with someone else and I am involved in this decision.
- 5.26 As an adult living in a care home, I have my own bedroom that meets my needs but can choose to live with and share a bedroom with my partner, relative or close friend.
- 5.27 As an adult living in a care home, I have enough space for me to sit comfortably with a visitor in my bedroom.
- 5.28 As an adult living in a care home, I have ensuite facilities with a shower and can choose to use a bath if I want. If I live in a small care home that has not been purpose built, I might need to share a bathroom with other people.

Glossary

Below is a list of terms and phrases commonly used across health, social work and social care sectors, along with a description of how these apply for the purposes of the Standards.

Term	Description
24 hour care	Where people are cared for and supported throughout the day and night.
advocacy/advocate	<p>Independent advocacy ensures that people know and better understand their rights, their situation and systems. Independent advocates help people to speak up for themselves and speak for those who need it.</p> <p>An independent advocate is someone who helps build confidence and empowers people to assert themselves and express their needs, wishes and desires.</p> <p>Collective advocacy happens when groups of people with a shared agenda, identity or experience come together to influence legislation, policy or services.</p>
assessment	A health, social work or social care assessment will find out what help and support a person needs, such as healthcare, medication, advocacy, equipment, care at home, housing support or a care home.
capacity	Capacity refers to an individual's ability to make decisions about their care and support. This may change over time and may be different in particular aspects of their life. For people who have been medically assessed as having incapacity there is legislation to protect them.
care home	A care service providing 24 hour care and support with premises, usually as someone's permanent home. See also 'small care home' below.
care plan	See 'personal plan' below.
carer	A carer is someone of any age who looks after or supports a family member, partner, friend or neighbour in need of help because they are ill, frail, have a disability or are vulnerable in some way. A carer does not have to live with the person being cared for and will be unpaid.
child	Although legal definitions vary, for these Standards a child is aged 0 to 16 years.
communal areas	An area in a care service such as a living or dining room, activity room, hairdresser, library, café, garden or quiet area that everyone can use.

Term	Description
communication tools	These help people to communicate in a range of ways. For example, visual prompts, talking mats (system of simple picture symbols) or mobile phone apps.
confidentiality	This means that information that is kept about someone by an organisation will not be shared with anyone else unless the person gives their consent for it to be shared. Confidentiality may only be broken if it avoids or reduces the risk of harm to a person.
creativity	Includes artistic activities, such as arts, crafts, music, drama and dance.
emergency or unexpected event	This is an incident or emergency that could require immediate action, such as the premises being evacuated.
emotionally resilient	Someone's ability to cope with, or adapt to, stressful situations or crises.
evidence, guidance and best practice	Written guidelines for agreed ways to provide care, support or carry out treatment. Often these are put together by professionals based on the best available evidence at the time. These guidelines often change so that they remain up to date.
human rights	Human rights are based on the principle of respect for the individual and they are the rights and freedoms that belong to every person, at every age. They are set out in international human rights treaties and are enshrined in UK law by the Human Rights Act 1998.
intimate personal care	This relates to activities which most people usually carry out for themselves, such as washing, brushing teeth, going to the toilet, dressing or eating.
open ended materials	Open ended materials (also called loose parts) are play materials that can be used in numerous ways indoors and outdoors by children. They can be moved, carried, combined and redesigned in any way the child decides.
permanent alternative care	Care provided to children to ensure they have stable, secure, nurturing relationships, normally within a family setting, that continues to adulthood.
personal plan	A plan of how care and support will be provided, as agreed in writing between an individual and the service provider. The plan will set out how an individual's assessed needs will be met, as well as their wishes and choices.
planned care	The term used to describe care, support or treatment which is carried out as detailed in someone's personal plan (see above).

Term	Description
positive risks	Positive risks means making balanced decisions about risks; it is the taking of calculated and reasoned risks, which recognises that there are benefits as well as potential harm from taking risks in day to day life.
premises	When an organisation providing care and support also provides premises, such as a nursery, hospital or care home. It does not apply when someone using a service is responsible for the premises, including housing support or care at home.
professional and organisational codes	These codes set out standards of conduct and competence, as well as the personal values, which people working and volunteering in health and care services are expected to follow.
representative	This may include someone appointed to have power of attorney, a guardian, family member, friend, neighbour or an agreed person who can speak on the individual's behalf. A representative may be formal or not formal.
restrictions to my independence, control and choice	Involves any restriction to independent movement or freedom of choice, such as a physical barrier. In some exceptional circumstances, this could involve searches and physical or chemical restraint. If physical detention, restraint or searching is used, the individual concerned will usually be subject to a formal legal order authorising this.
small care home	A care home for 6 people or less.
small group living	Small groups, usually numbering fewer than ten people, provided with their own lounge and dining facilities for their own group use in a homely environment. Small group living sometimes takes place within a larger care service such as a care home or hospital.
technology and other specialist equipment	Specialised equipment that helps people in their day to day life, such as telecare, telehealth or telemedicine, alarm call system, remote support and advice or mobility aids.
therapy	A specialised treatment or intervention, such as physiotherapy, occupational therapy, speech and language therapy, counselling and talking therapies.
young person	For these Standards, a young person is aged 16 to 21 years. And anyone over 21 will also be a young person for these Standards while they are being provided with continuing care by a local authority if they have been looked after by the local authority between the ages of 16 and 19.



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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 27 MARCH 2018

REPORT ON: AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2017/18

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC23-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to note and approve the proposed Dundee Integration Joint Board Annual Audit Plan 2017/18 as submitted by the IJB's appointed External Auditor (Audit Scotland).

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report;
- 2.2 Approves the proposed Audit Plan for 2017/18 as submitted by Audit Scotland (attached as Appendix 1).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 Dundee Integration Joint Board's (IJB) assigned External Auditor for 2017/18 is Audit Scotland who have produced their Annual Audit Plan in relation to the 2017/18 financial year. This plan contains an overview of the planned scope and timing of their audit work and is carried out in accordance with International Standards on Auditing (ISAs), and the [Code of Audit Practice](#) issued by Audit Scotland and endorsed by the Accounts Commission. This plan identifies the auditors work to provide an opinion on the financial statements and related matters and meet the wider scope requirements of public sector audit. The wider scope of public audit includes assessing arrangements for financial sustainability, governance and transparency and value for money.
- 4.2 In preparing this audit plan, Audit Scotland has drawn from a wide range of information such as IJB reports and other published documentation, attendance at IJB meetings and discussions with staff and have identified a number of main risk areas in relation to Dundee IJB. These are categorised as being financial risks and wider dimension risks with associated audit testing noted within the plan under Exhibit 1. These risks are summarised below:

Financial statement issues and risks:

- 1) Risk of management override of controls
- 2) Risk of fraud over income and expenditure
- 3) Hospital acute services (set aside)
- 4) Annual Governance Statement and Management Commentary

Wider Dimension Risks:

- 5) Financial sustainability
- 6) Demonstrating the delivery of Best Value

- 4.3 Once the audit is complete, Audit Scotland will submit an independent auditor's report to the members of Dundee City Integration Joint Board and the Accounts Commission, summarising the results of the audit of the annual accounts. They will also provide the IJB and the Controller of Audit with an annual report on the audit containing observations and recommendations on significant matters which have arisen in the course of the audit.
- 4.4 The auditor will give an opinion on the financial statements prepared by the IJB as to whether:
- the financial statements give a true and fair view of the state of affairs of the Integration Joint Board and the income and expenditure for the year
 - the annual accounts have been properly prepared in accordance with International Financial Reporting Standards as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom
 - whether the annual accounts have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, the Local Authority Accounts (Scotland) Regulations 2014, the Local Government in Scotland Act 2003 and other relevant legislation.
- 4.5 The unaudited annual accounts will be submitted to the IJB at its meeting on the 26th June 2018 for agreement prior to formal submission to Audit Scotland on the 29th June 2018. The audited accounts will be presented to the meeting of the Performance and Audit Committee to be held on 25th September 2018 for final sign off.
- 4.6 The annual audit fee set for Dundee City Integration Joint Board is £24,000 for 2017/18.

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 forms part of the IJB's statutory governance process. Any risks identified through the annual accounts process will be reflected in the relevant Integration Joint Board or Performance and Audit Committee Reports.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 9 March 2018

Dundee City Integration Joint Board

Annual Audit Plan 2017/18



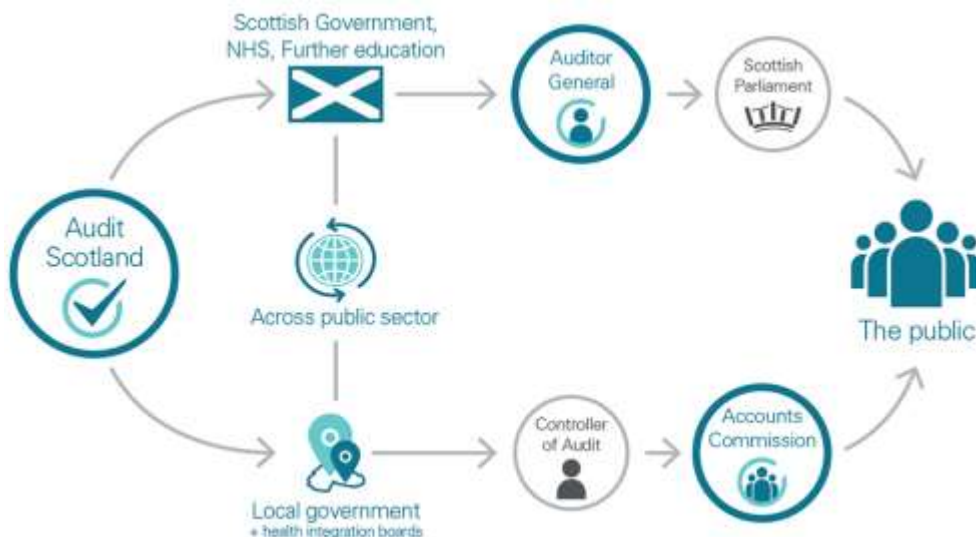
 AUDIT SCOTLAND

Prepared for Dundee City Integration Joint Board
March 2018

Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- The Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance.
- The Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government.
- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non – executive board chair, and two non – executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



About us

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

Contents

Risks and planned work	4
Audit risks	4
Reporting arrangements	6
Audit fee	7
Responsibilities	7
 Audit scope and timing	 8
Financial statements	8
Materiality	8
Internal audit	10
Audit dimensions	10
Independence and objectivity	12
Quality control	12
Adding Value	13

Risks and planned work

1. This audit plan provides an overview of the planned scope and timing of our audit of Dundee City Integration Joint Board (the IJB) for 2017/18. Our audit is carried out in accordance with International Standards on Auditing (ISAs) and the [Code of Audit Practice](#) issued by Audit Scotland and endorsed by the Accounts Commission.

2. The plan sets out the audit work necessary to allow us to provide an independent auditor's report on the financial statements and meet the wider scope requirements of public sector audit. The wider scope of public audit includes assessing arrangements for financial sustainability, governance and transparency, and value for money. We make a public report of conclusions on these matters in our Annual Audit Report to the Integration Joint Board and the Controller of Audit.

Audit risks

3. Based on our discussions with staff, attendance at meetings and a review of supporting information we have identified the following main risk areas for the Dundee City Integration Joint Board. We have categorised these risks into financial risks and wider dimension risks. The key audit risks, which require specific audit testing, are set out in [exhibit 1](#).

Exhibit 1

2017/18 Key audit risks

Audit Risk	Source of assurance	Planned audit work
Financial statement issues and risks		
<p>1 Risk of management override of controls</p> <p>ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. This includes consideration of the risk of management override of controls.</p>	<ul style="list-style-type: none"> In view of the nature of this risk, assurances from management are not appropriate. 	<ul style="list-style-type: none"> Detailed testing of journal entries. Service auditor assurances will be obtained from the auditors of NHS Tayside and Dundee City Council over the completeness, accuracy and allocation of the income and expenditure.
<p>2 Risk of fraud over income and expenditure</p> <p>ISA 240 includes an assumption on fraud over income. The Code of Audit Practice expands the ISA 240 assumption on fraud over income to aspects of expenditure.</p> <p>The income and expenditure of the IJB is processed through the</p>	<ul style="list-style-type: none"> Robust budget monitoring. Assurances to be provided to the IJB by Dundee City Council and NHS Tayside on the completeness and accuracy of transactions coded to IJB account codes. 	<ul style="list-style-type: none"> Obtain assurances from the auditors of Dundee City Council and NHS Tayside over the accuracy, completeness and appropriate allocation of the IJB ledger entries. Carry out audit testing to confirm the accuracy and correct allocation of IJB transactions, and that they

Audit Risk	Source of assurance	Planned audit work
<p>financial systems of Dundee City Council and NHS Tayside. There is a risk that non IJB related income and expenditure is incorrectly coded to IJB account codes.</p>		<p>are recorded in the correct financial year.</p>
<p>3 Hospital acute services (set aside)</p> <p>The “set aside” budget is the IJBs share of the budget for delegated acute services provided by large hospitals on behalf of the IJB.</p> <p>The budget and actual expenditure reported for the “set aside” were equal in 2016/17: the amount set aside, was based on 2014/15 activity levels and provided by NHS National Services Scotland’s Information Services Division.</p> <p>There is a risk that the income and expenditure of the IJB is misstated due to the lack of current activity information.</p>	<ul style="list-style-type: none"> The IJB has been working with NHS Tayside to agree an appropriate mechanism (Scottish Government guidance provided to NHS Directors of Finance on this matter on 21 February 2018). 	<ul style="list-style-type: none"> Engage with officers to ensure that a robust mechanism has been developed to quantify the IJBs set aside income and expenditure. Monitor Scottish Government guidance on the treatment of set aside in the 2017/18 financial statements to establish whether the financial statements are compliant.
<p>4 Annual Governance Statement and Management Commentary</p> <p>A number of disclosures required by extant guidance and Regulations had not been presented appropriately in the 2016/17 annual accounts. There is a risk that the accounts may not comply with current guidance and Regulations.</p>	<ul style="list-style-type: none"> Officers will liaise with external audit to ensure requirements are met. 	<ul style="list-style-type: none"> Review the annual governance statement and management commentary against the requirements of relevant regulations and guidance.
Wider dimension risks		
<p>5 Financial sustainability</p> <p>NHS Tayside and Dundee City Council face significant financial pressures with challenging funding levels and increasing costs. Associated with this the IJB has not been able to develop financial projections beyond one year which can undermine the delivery of longer term objectives.</p> <p>Latest 2017/18 financial results reported in February 2018 (as at 31 December 2017) project an overspend of £2.3 million, mainly arising from the NHS Tayside related prescribing budget. Recent budget data indicates that further cost pressures are also</p>	<ul style="list-style-type: none"> Strong working relationships between the council and the health board. Regular financial monitoring and reporting to the IJB. Integration Joint Board Transformation Programme and associated infrastructure established in response to the financial challenges 	<ul style="list-style-type: none"> Review ongoing budget monitoring and progress made on meeting savings targets and dealing with cost pressures. If available, review any long term financial plan and the assumptions made to ensure that they are reasonable. Review how the IJB will deal with overspends once the two year cost sharing period, as defined in the Integration Scheme, ends. Monitor the progress with the Transformation Programme.

Audit Risk	Source of assurance	Planned audit work
<p>emerging within the Dundee City Council related budgets.</p> <p>There is a risk that the IJB in partnership with NHS Tayside and Dundee City Council may not be able to identify and deliver sustainable savings measures or meet cost pressures as they arise.</p>		
<p>6 Demonstrating the delivery of Best Value</p> <p>The statutory duty of Best Value applies to all public bodies in Scotland. There is a risk that, the IJB is unable to demonstrate that it is meeting its statutory duty to deliver Best Value.</p>	<ul style="list-style-type: none"> Integration Joint Board Transformation Programme also aims to identify where best value is not being delivered. 	<ul style="list-style-type: none"> Engage with officers to ensure that the IJB has appropriate arrangements in place to demonstrate that it is meeting its statutory duty on delivering Best Value. A position statement will be reported in the Annual Audit Report.

Reporting arrangements

4. Audit reporting is the visible output for the annual audit. All annual audit plans and the outputs as detailed in [exhibit 2](#), and any other outputs on matters of public interest will be published on our website: www.audit-scotland.gov.uk.

5. Matters arising from our audit will be reported on a timely basis and will include agreed action plans. Draft reports will be issued to the relevant officer(s) to confirm factual accuracy.

6. We will provide an independent auditor's report to Dundee City Integration Joint Board and the Accounts Commission setting out our opinions on the annual accounts. We will provide the Integration Joint Board and the Controller of Audit with an Annual Audit Report on the audit containing observations and recommendations on significant matters which have arisen in the course of the audit.

Exhibit 2

2017/18 Audit outputs

Audit Output	Target date	Performance and Audit Committee/Integration Joint Board Date
Annual Audit Plan	28 February 2018	27 March 2018
Annual Audit Report *	11 September 2018*	25 September 2018
Independent Auditor's Report	25 September 2018	25 September 2018 (Board date)

* This date is the date the proposed Annual Audit Report will be presented for those charged with governance. To allow for potential subsequent post balance sheet events, the formal Annual Audit Report cannot be presented until after the date of certification of the annual accounts on 25 September.

Audit fee

7. The agreed audit fee for the 2017/18 audit of Dundee City Integration Joint Board is £24,000 (£17,400 2016/17). In determining the audit fee we have taken account of the risk exposure of Dundee City Integration Joint Board, the planned management assurances in place and the level of reliance we plan to take from the work of internal audit. Our audit approach assumes receipt of the unaudited financial statements, with a complete working papers package by 29th June 2018.

8. Where our audit cannot proceed as planned through, for example, late receipt of unaudited financial statements or being unable to take planned reliance from the work of internal audit, a supplementary fee may be levied. An additional fee may also be required in relation to any work or other significant exercises out with our planned audit activity.

Responsibilities

Performance and Audit Committee and Chief Officer

9. Audited bodies have the primary responsibility for ensuring the proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance and propriety that enable them to successfully deliver their objectives.

10. The audit of the financial statements does not relieve management or the Performance and Audit Committee, as those charged with governance, of their responsibilities.

Appointed auditor

11. Our responsibilities as independent auditor are established by the Local Government (Scotland) Act 1973 and the Code of Audit Practice and guided by the auditing profession's ethical guidance.

12. Auditors in the public sector give an independent opinion on the annual accounts. We also review and report on the arrangements within the audited body to manage its performance and use of resources. In doing this, we aim to support improvement and accountability.

Audit scope and timing

Financial statements

13. The statutory financial statements audit will be the foundation and source for much of the audit work necessary to support our judgements and conclusions. We also consider the wider environment and challenges facing the public sector. Our audit approach includes:

- understanding the business of Dundee City Integration Joint Board and the associated risks which could impact on the financial statements
- identifying major transaction streams, balances and areas of estimation and understanding how Dundee City Integration Joint Board will include these in the financial statements
- assessing the risks of material misstatement in the financial statements
- determining the nature, timing and extent of audit procedures necessary to provide us with sufficient audit evidence as to whether the financial statements are free of material misstatement.

14. We will give an opinion on the financial statements as to whether:

- the financial statements give a true and fair view of the state of affairs of the Integration Joint Board and the income and expenditure for the year
- the annual accounts have been properly prepared in accordance with International Financial Reporting Standards as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom
- whether the annual accounts have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, the Local Authority Accounts (Scotland) Regulations 2014, the Local Government in Scotland Act 2003 and other relevant legislation.



Materiality

15. We apply the concept of materiality in planning and performing the audit. It is used in evaluating the effect of identified misstatements on the audit, and of any uncorrected misstatements, on the financial statements and in forming our opinion in the auditor's report. Our calculated materiality levels are set out in [exhibit 3](#).

Exhibit 3:

Materiality levels

Materiality level	Amount
Planning materiality – This is the calculated figure we use in assessing the overall impact of audit adjustments on the financial statements. It has been set at 1% of net expenditure for the year based on the audited accounts for 2016/17.	£2.59 million
Performance materiality – This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality this would indicate that further audit procedures should be considered. Using our professional judgement we have calculated performance materiality at 55% of planning materiality.	£1.42 million
Reporting threshold (i.e. clearly trivial) – We are required to report to those charged with governance on all unadjusted misstatements in excess of the 'reporting threshold' amount. This has been calculated at 1% of planning materiality.	£26,000

Source: Audit Scotland



16. Items can be material by nature, rather than value; for example, a failure to comply with legislation. We review other information published with the financial statements including the management commentary, annual governance statement and the remuneration report. We consider whether the supporting information is consistent with the financial statements and our wider knowledge of the Integration Joint Board and its environment and provide comment and recommendations as appropriate.

Timetable

17. An agreed timetable is included at [exhibit 4](#) which takes account of submission requirements and planned Performance and Audit Committee dates:

Exhibit 4

Financial statements timetable

 Key stage	 Date
Consideration of unaudited financial statements by those charged with governance	26 June 2018
Agreed submission date of unaudited annual accounts with complete working papers package	29 June 2018
Latest date for final clearance meeting with Chief Financial Officer	24 August 2018
Issue of letter of representation and proposed independent auditor's report	11 September 2018
Agreement of audited unsigned annual accounts	11 September 2018
Issue of proposed Annual Audit Report including ISA 260 report to those charged with governance	11 September 2018
Independent auditor's report signed	25 September 2018

Internal audit

18. Auditing standards require internal and external auditors to work closely together to make best use of available audit resources. We seek to rely on the work of internal audit wherever possible and as part of our planning process we carry out an assessment of the internal audit function.

Adequacy of Internal Audit

19. The Integration Joint Board's internal audit function is provided by FTF Audit and Management Services (FTF), overseen by FTF's Chief Internal Auditor, and is supported by Dundee City Council's internal audit section.

20. Overall, we concluded that the internal audit service provided by FTF and Dundee City Council generally operates in accordance with the Public Sector Internal Audit Standards (PSIAS) and appropriate documentation standards and reporting procedures in place.

21. Several reports in relation to the previous year's audits are still to be reported and there is a risk that this could impact on the 2017/18 internal audit plan and consequently on IJB members and management obtaining the necessary assurances that they require for the Annual Governance Statement.

Areas of Internal Audit reliance

22. In respect of our wider dimension audit responsibilities we plan to consider the following areas of internal audit work:

- Workforce
- Clinical Care & Professional Governance
- Risk Management
- Transformation & Service Redesign

Audit dimensions

23. Our audit is based on four audit dimensions that frame the wider scope of public sector audit requirements, [exhibit 5](#).

Exhibit 5

Audit dimensions



Source: Code of Audit Practice

Financial sustainability

24. As auditors we consider the appropriateness of the use of the going concern basis of accounting as part of the annual audit. We also comment on the Integration Joint Board's financial sustainability in the medium and longer term. We will carry out work and conclude on:

- the effectiveness of financial planning in identifying and addressing risks to financial sustainability in the short, medium and long term; including the potential impact of the end of the public sector pay cap, new financial powers and EU withdrawal.
- the appropriateness and effectiveness of arrangements in place to address any identified funding gaps.

Financial management

25. Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively. We will review, conclude and report on:

- the effectiveness of the budgetary control system in communicating accurate and timely financial performance
- whether financial capacity and skills are adequate
- whether appropriate and effective arrangements for internal control and the prevention and detection of fraud and corruption have been established.

Governance and transparency

26. Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision-making and transparent reporting of financial and performance information. We will review, conclude and report on:

- whether governance arrangements are appropriate and operating effectively
- whether there is effective scrutiny, challenge and transparency on the decision-making and finance and performance reports

- the quality and timeliness of financial/performance reporting.

Value for money / Best Value

27. Value for money refers to using resources effectively and continually improving services. We will review, conclude and report on whether the Integration Joint Board can provide evidence that it is delivering value for money in its use of resources, has a focus on improvement and that there is a clear link to the outcomes delivered.

28. In this context, the Integration Joint Board should have arrangements in place to ensure that they can demonstrate how they are fulfilling their duty of Best Value. It is recognised that this is an area that IJBs need to develop. We will monitor and report on progress in the Annual Audit Report.

29. In Autumn 2018 Audit Scotland intends to publish, on behalf of the Auditor General and the Accounts Commission, a second national performance audit report on Health and Social Care Integration. We will contribute to the intelligence for this report as required.

30. In addition, Audit Scotland has requested auditors to provide information to support the assessment of the impact of the Changing Models of Health and Social Care performance audit (published in March 2016) during 2017/18 and provide information to support Audit Scotland in assessing the impact of the Social Work in Scotland performance audit (published in September 2016) during 2018.

Independence and objectivity

31. Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements auditors must also comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies. These standards impose stringent rules to ensure the independence and objectivity of auditors. Audit Scotland has in place robust arrangements to ensure compliance with these standards including an annual “fit and proper” declaration for all members of staff. The arrangements are overseen by the Director of Audit Services, who serves as Audit Scotland’s Ethics Partner.

32. The engagement lead for Dundee City Integration Joint Board is Fiona Mitchell-Knight, Assistant Director. Auditing and ethical standards require the appointed auditor Fiona Mitchell-Knight to communicate any relationships that may affect the independence and objectivity of audit staff. We are not aware of any such relationships pertaining to the audit of the Integration Joint Board.

Quality control

33. International Standard on Quality Control (UK and Ireland) 1 (ISQC1) requires that a system of quality control is established, as part of financial audit procedures, to provide reasonable assurance that professional standards and regulatory and legal requirements are being complied with and that the independent auditor’s report or opinion is appropriate in the circumstances.

34. The foundation of our quality framework is our Audit Guide, which incorporates the application of professional auditing, quality and ethical standards and the Code of Audit Practice issued by Audit Scotland and approved by the Auditor General for Scotland. To ensure that we achieve the required quality standards Audit Scotland conducts peer reviews, internal and external quality reviews. External quality reviews are conducted by the Institute of Chartered Accountants of Scotland.

35. As part of our commitment to quality and continuous improvement, Audit Scotland will periodically seek your views on the quality of our service provision. We welcome feedback at any time and this may be directed to the engagement lead.

Adding Value

36. Through our audit work we aim to add value to the Integration Joint Board. We will do this by providing a summary of our audit activity in an Annual Audit Report. We will provide clear judgements and conclusions on how well the Integration Joint Board has discharged its responsibilities and how well it has demonstrated the effectiveness of its arrangements. Where appropriate we will recommend actions that support continuous improvement and highlight any areas of good practice identified from our audit work.

Dundee City Integration Joint Board

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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 27 MARCH 2018

REPORT ON: DUNDEE INTEGRATION JOINT BOARD WORKFORCE INTERNAL AUDIT REVIEW

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC8-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to note the findings of the Workforce Internal Audit Review and note the management response and associated action plan.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of the report and the findings of the Workforce Internal Audit Review, attached as Appendix 1 to this report.
- 2.2 Notes the management response to the review and associated action plan (as noted in Appendix 1) and instructs the Chief Officer to progress the action plan accordingly.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 Dundee Integration Joint Board's (IJB) High Level Risk Register reflects a strategic risk for Workforce and the PAC agreed as part of the 2016/17 Internal Audit Plan presented to its meeting on 17 January 2017 (Internal Audit Plan 2016/17 - PAC2-2017) that given the potential level of risk involved this would be an area for Internal Audit review. This review is now complete and the full report is set out in Appendix 1 to this report.
- 4.2 The objective of the audit was to evaluate whether appropriate and effective workforce planning arrangements are in place to mitigate against the risk that there will be insufficient staff resources available to deliver effective integrated health and social care arrangements which may in turn impact on the delivery of organisational priorities and operational service delivery. A review of the corporate support functions was also included in the review given the reliance by Dundee Health and Social Care Partnership on receiving sufficient and effective support from NHS Tayside and Dundee City Council to discharge its duties.
- 4.3 The objectives in scope for this audit were:
 - Ensure that the Dundee Health & Social Care Partnership (DHSCP) Workforce and Organisational Development Strategy is aligned to all relevant existing strategies within Dundee City Council and NHS Tayside.

- Confirm that actions required to implement the Workforce and Organisational Development Strategy and assist with the delivery of integrated services have been identified and progressed effectively.
 - Confirm that formalised arrangements have been developed which ensure that the provision of corporate resources, including corporate support services, made available to the DHSCP by Dundee City Council and NHS Tayside as set out in the Integration Scheme and that these are regularly reviewed for adequacy and appropriateness.
 - Confirm that workforce planning arrangements have been developed by DHSCP in line with the Integration Scheme and that these are tailored to deliver the relevant elements of the Strategic Plan.
 - Ensure that operational plans are in place to enable integration arrangements to be progressed and maximise the use of resources made available to the DHSCP.
- 4.4 The outcome of this review is that the audit opinion reflects a view that business objectives are likely to be achieved however improvements are required to enhance the adequacy/effectiveness of risk management, control and governance (Category C – Adequate).
- 4.5 The main recommendations of the report are that:
- Work to fully implement the actions in the Workforce and Organisational Development Strategy should continue with regular reporting on progress towards implementation being submitted to the IJB. In addition, Locality Managers should strive towards ensuring that the DHSCP culture becomes fully embedded. Engaging staff in developing and maintaining the partnership culture and sharing and embedding the guiding principles should assist with this.
 - In order to ensure that all parties are aware of their responsibilities and clearly understand what is expected of them in respect of providing support to the DHSCP, consideration should be given to developing a formal Service Level Agreement (SLA) detailing all key corporate support services to be provided to the DHSCP by Dundee City Council and NHS Tayside. This SLA should be regularly reviewed by the Chief Officer to ensure that the defined support is being provided and continues to be appropriate. Alternatively, in the absence of a SLA, specific details regarding the types and level of support expected should be clearly documented and formally agreed by senior management at the DHSCP, Dundee City Council and NHS Tayside.
- 4.6 The audit recommendations and management response with associated actions and timescales are set out as an action plan within this report. It is recommended that the Chief Officer makes arrangements to progress these actions accordingly and ensure they are reflected in future Internal Audit progress reports to be provided to the PAC.

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 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: 5 March 2018

DUNDEE IJB
INTERNAL AUDIT SERVICE



WORKFORCE

REPORT NO. D06/17 (DCC REPORT NO. 2016/20)

Issued To: D Lynch, Chief Officer
D Berry, Head of Finance and Strategic Planning
D McCulloch, Head of Health and Community Care

For information: L McLay, Chief Executive, NHST
G Doherty, Director of Human Resources & Organisational Development, NHST
J Mudie, Deputy Director/Associate Director of HR & OD – Governance, NHST

G Colgan, Executive Director of Corporate Services, DCC
J Robertson, Head of Human Resources and Business Support, DCC
S Flight, Head of Corporate Finance, DCC
J Martin, Chief Social Work Officer, DCC

P Redpath, Senior Manager – Internal Audit, DCC

Performance and Audit Committee
External Audit

Date: 6 March 2018

INTRODUCTION & SCOPE

1. The Public Bodies (Joint Working) (Scotland) Act 2014 establishes the framework for the integration of health and social care in Scotland. The main purpose of integration is to use available resources to improve the wellbeing of people who use health and social care services, in particular those whose needs are complex and require support from both health and social care at the same time.
2. Dundee City Council and NHS Tayside agreed an Integration Scheme for Dundee that was approved by Scottish Ministers in September 2015, enabling the establishment of an Integrated Joint Board (IJB) in October 2015. The Integration Scheme sets out the functions that are delegated by Dundee City Council and NHS Tayside to the IJB. The IJB is responsible for the planning, oversight and delivery of the integrated services through the Dundee Health and Social Care Partnership (DH&SCP).
3. In order to support the IJB / DH&SCP, a five year Health and Social Care Strategic and Commissioning Plan (the Strategic Plan) was developed to help plan and deliver services to meet the needs of individuals now and in the future. The Strategic Plan describes how, over the five year period, the DH&SCP will make changes and improvements to develop the provision of health and social care for adults.
4. It was recognised that organisational arrangements and decision making processes needed to be replaced with a new, integrated, locality based organisational and service delivery framework with aligned management and staffing structures and the DH&SCP has been striving to achieve this. Whilst the DH&SCP does not directly employ staff, it is responsible for co-ordinating the delegated services detailed in the Integration Scheme and acknowledges that the vision and priorities within the Strategic Plan will only be achieved by the actions and behaviours of the integrated workforce. With that in mind, a Workforce and Organisational Development Strategy has been developed for all those working in the service areas detailed in the Integration Scheme to ensure that the right people are recruited, developed and retained and that they are in the right place at the right time to deliver positive outcomes for the people of Dundee. This includes staff employed by Dundee City Council, NHS Tayside, the third and independent sectors, volunteers, peer mentors and unpaid carers. Organisational transformational change programmes may influence the way services are delivered to and within the DH&SCP.
5. The DH&SCP through the IJB has developed a high level risk register to support the delivery of the integration arrangements and in particular the Strategic Plan. The IJB has also approved an Annual Internal Audit Plan, based in part on the risks identified from the risk register. This review will give assurances, or otherwise, around one of the Workforce risks within the risk register, which states that the volume of staff resource required to develop effective integrated arrangements may impact on the delivery of organisational priorities and operational delivery. It is therefore important that effective workforce planning arrangements are in place to mitigate against the likelihood of the risk arising.

OBJECTIVES

6. Review of arrangements established to control and mitigate the Workforce risk, around staff resource required to develop efficient integrated arrangements, as detailed on the high level risk register. A review of the corporate support functions was included in this exercise.

DETAILED OBJECTIVES

7. The following were identified as within scope for this audit.

- ◇ Ensure that the DH&SCP Workforce and Organisational Development Strategy is aligned to all relevant existing strategies within Dundee City Council and NHS Tayside.
- ◇ Confirm that actions required to implement the Workforce and Organisational Development Strategy and assist with the delivery of integrated services have been identified and progressed effectively.
- ◇ Confirm that formalised arrangements have been developed which ensure that the provision of corporate resources, including corporate support services, made available to the DH&SCP by Dundee City Council and NHS Tayside as set out in the Integration Scheme and that these are regularly reviewed for adequacy and appropriateness.
- ◇ Confirm that workforce planning arrangements have been developed by DH&SCP in line with the Integration Scheme and that these are tailored to deliver the relevant elements of the Strategic Plan.
- ◇ Ensure that operational plans are in place to enable integration arrangements to be progressed and maximise the use of resources made available to the DH&SCP.

AUDIT OPINION AND FINDINGS

8. The audit opinion is **Category C** – Adequate – Business objectives are likely to be achieved. However, improvements are required to enhance the adequacy / effectiveness of risk management, control and governance. A description of all audit opinion categories is given in the final section of this report.
9. The following chart shows where the grade lies within the C band:

A	B	C	D	E	F
		X			

10. The main areas commented upon in the report are as follows:

- ◇ Work to fully implement the actions in the Workforce and Organisational Development Strategy should continue with regular reporting on progress towards implementation being submitted to the IJB. In addition, Locality Managers should strive towards ensuring that the DH&SCP culture becomes fully embedded. Engaging staff in developing and maintaining the partnership culture and sharing and embedding the guiding principles should assist with this.
- ◇ In order to ensure that all parties are aware of their responsibilities and clearly understand what is expected of them in respect of providing support to the DH&SCP, consideration should be given to developing a formal Service Level Agreement (SLA) detailing all key corporate support services to be provided to the DH&SCP by Dundee City Council and NHS Tayside. This SLA should be regularly reviewed by the Chief Officer to ensure that the defined support is being provided and continues to be appropriate. Alternatively, in the absence of a SLA, specific details regarding the types and level of support expected should be clearly documented and formally agreed by senior management at the DH&SCP, Dundee City Council and NHS Tayside.

- ◇ It was noted that whilst a Workforce Plan has been developed for the DH&SCP for 2017, it relates to the NHS Tayside aspects of the DH&SCP and was incorporated into the NHS Tayside Corporate Workforce Plan. It was established that workforce planning arrangements are in the process of being developed. In addition, further guidance is awaited from the 3 part National Health and Social Care Workforce Plan. Future workforce plans for DH&SCP should include plans for all areas of delegated responsibility, tailored to deliver the relevant elements of the Strategic Plan. Plans should take account of demand for and availability of staff to maximise the use of resources within the DH&SCP.

Implementation of the Workforce and Organisational Development Strategy

11. Whilst actions required to implement the Workforce and Organisational Development Strategy (Strategy) have been identified, progress towards implementation of these actions has been limited. The Strategy was initially approved by the IJB in February 2017 and an update on the implementation of the Workforce Priorities within the Strategy was provided to management in July 2017. The update indicated that, of the 30 actions detailed, 27% were complete, 23% were not complete (some due to ongoing discussions surrounding whether the actions remain applicable or not) and 50% were completed in part. Some of the areas where progress had yet to be made include, expanding the use of group (multi-agency/multi-disciplinary) supervision models, creating new types of roles and working practices and introducing new leadership routes and qualifications for those staff working in integrated services.
12. At the time of the audit fieldwork, an update on progress towards implementation of the Strategy had not been provided to the IJB. The Dundee IJB Annual Internal Audit Report 2016-17 recommended that "consideration should be given to reporting arrangements against the Workforce and Organisational Development Strategy".
13. In addition, through discussions with key members of staff, the consensus of opinion was that, whilst some progress had been made, more work is required to fully embed the Workforce and Organisational Development Strategy into the DH&SCP. More specifically, the audit fieldwork highlighted that some staff are not aware that they are part of the DH&SCP and the partnership culture was embedded more in some areas than in others. Difficulties with communication were also referred to, with many staff having no awareness of what is available in relation to the learning and development programmes referred to in the Strategy or where to access it. Further work is also required in relation to engaging staff in developing and maintaining the partnership culture and sharing and embedding the guiding principles.

Recommendation

14. Work to fully implement the actions in the Strategy should continue with regular reporting on progress towards implementation being submitted to the IJB. In addition, Locality Managers should strive towards ensuring that the DH&SCP culture becomes fully embedded. Engaging staff in developing and maintaining the partnership culture and sharing and embedding the guiding principles should assist with this.

Provision of Corporate Resources

15. Paragraph 4.13 of the Dundee Health and Social Care Integration Scheme states that "It will be the responsibility of the Parties to work collaboratively to provide the Integration Joint Board with support services which will allow the Integration Joint Board to carry out its functions and requirements. An agreement will be developed through the NHS Tayside and Tayside Integration Joint Boards' collaborative, on behalf of the parties and within three months of the establishment of the Integration Joint Board, which will define the terms and arrangements for the provision of services to support the Integration Joint Board" The Integration Scheme also states that "These arrangements will be reviewed through regular reports from the Chief Officer to the Integration Board."
16. A report was taken to the IJB on the 15 March 2016 briefly outlining the support services that Dundee City Council and NHS Tayside had agreed to provide to the DH&SCP. The report states that the IJB would review the support service requirements through regular reports from the DH&SCP Chief Officer.
17. The specific detail surrounding the type and level of support to be provided, and how it will be provided, has not been formally documented as outlined in Paragraph 15 above. Whilst regular meetings have taken place between senior Dundee City Council staff and the DH&SCP Chief Officer and Chief Finance Officer regarding the support services being provided, an overall review of the support service requirements has not been carried out and no reports have been provided to the IJB by the Chief Officer.
18. During discussions with key members of staff within NHS Tayside and Dundee City Council, some concerns were raised regarding the level and adequacy of support being provided to the DH&SCP. More specifically, concerns were highlighted regarding the relative priority given to provision of corporate support to DH&SCP from each partner.

Recommendation

19. In order to ensure that all parties are aware of their responsibilities and clearly understand what is expected of them in respect of providing support to the DH&SCP, consideration should be given to developing a formal Service Level Agreement (SLA) detailing all key corporate support services to be provided to the DH&SCP by Dundee City Council and NHS Tayside. The service provided should be regularly reviewed along with the SLA to ensure that the defined support is being provided and the SLA continues to be appropriate. Alternatively, in the absence of a SLA, specific details regarding the types and level of support expected should be clearly documented and formally agreed by senior management at the DH&SCP, Dundee City Council and NHS Tayside. In addition, regular reports on the support service requirements should be provided to the IJB.

Workforce Planning Arrangements

20. The Scottish Government requires NHS Boards and Health and Social Care Partnerships to produce workforce plans annually. Local Authorities are, however, not required to do this. It was noted that whilst a Workforce Plan has been developed for the DH&SCP for 2017, it relates to the NHS Tayside aspects of the DH&SCP and was incorporated into the NHS Tayside Corporate Workforce Plan.

21. It was established that workforce planning arrangements are in the process of being developed. These include identifying the direction for the services, redesigning the current structure including development of integrated teams and identifying the types of posts required. In addition, ways of making the workforce more flexible and exploring opportunities for co-location of teams in localities is being considered.
22. The Locality Managers have been in post since January 2017 and are continuing to familiarise themselves with their areas of responsibility, finalising service models, auditing their workforce and developing structures and job descriptions where applicable.
23. The Scottish Government has carried out a consultation exercise regarding improving workforce planning in health and social care across Scotland. The output from that exercise is a 3 part National Health and Social Care Workforce Plan. The first part, relating to NHS Workforce Planning, was published in June 2017. The second and third parts, relating to Local Authorities and GP's workforce planning respectively have not yet been published but are expected to be available late 2017. The approach to be used by Health and Social Care Partnerships in terms of workforce planning may become clearer once all of these plans are published. We would note that both the Scottish Government report referred to above as well as the July 2017 Audit Scotland report on NHS workforce planning raise concerns in relation to the complex picture of workforce planning across health and social care integration.

Recommendation

24. Future workforce plans for DH&SCP should include plans for all areas of delegated responsibility, tailored to deliver the relevant elements of the Strategic Plan. Plans should take account of demand for and availability of staff to maximise the use of resources within the DH&SCP.

ACTION

25. An action plan has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

ACKNOWLEDGEMENT

26. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

A Gaskin BSc. ACA
Chief Internal Auditor

P Redpath,
Senior Manager – Internal
Audit, DCC

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by / Date
1.	<p>Whilst actions required to implement the Workforce and Organisational Development Strategy have been identified, progress towards implementation of these actions has been limited.</p> <p>At the time of the audit fieldwork, an update on progress towards implementation of the Strategy had not been provided to the IJB. The Dundee IJB Annual Internal Report 2016-17 recommended that "consideration should be given to reporting arrangements against the Workforce and Organisational Development Strategy".</p> <p>In addition, through discussions with key members of staff, the consensus of opinion was that, whilst some progress had been made, more work is required to fully embed the Workforce and Organisational Development Strategy into the DH&SCP.</p>	<p>Work to fully implement the actions in the Strategy should continue with regular reporting on progress towards implementation being submitted to the IJB.</p> <p>In addition, Locality Managers should strive towards ensuring that the DH&SCP culture becomes fully embedded. Engaging staff in developing and maintaining the partnership culture and sharing and embedding the guiding principles should assist with this.</p>	2	<p>The DH&SCP management team fully recognises the need to ensure the vision and objectives of the Workforce and Organisational Development Strategy become embedded within the partnership and acknowledged that this is a fundamental element of the partnership's continued development.</p> <p>Implementing in full the actions in the Strategy has been identified by the operational management team as one of the key actions to be delivered over the next 6 months.</p>	Head of Health and Community Care / Head of Finance and Strategic Planning / August 2018

Dundee IJB
Workforce - Report No. D06/17 (Dundee City Council 2016/20)

Action Plan

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by / Date
2.	<p>A report was taken to the IJB on the 15 March 2016 briefly outlining the support services that Dundee City Council and NHS Tayside had agreed to provide to the DH&SCP. The specific detail surrounding the type and level of support to be provided, and how it will be provided, has not been formally documented, nor has an overall review of the support service requirements been carried out.</p> <p>Concerns have also been raised regarding the level and adequacy of support being provided to the DH&SCP.</p>	<p>Consideration should be given to developing a formal Service Level Agreement (SLA) detailing all key corporate support services to be provided to the DH&SCP by Dundee City Council and NHS Tayside. The service provided should be regularly reviewed along with the SLA to ensure that the defined support is being provided and the SLA continues to be appropriate. Alternatively, in the absence of a SLA, specific details regarding the types and level of support expected should be clearly documented and formally agreed by senior management at the DH&SCP, Dundee City Council and NHS Tayside. In addition, regular reports on the support service requirements should be provided to the IJB.</p>	2	<p>The DHSCP Management Team continues to monitor the level of support being provided to the IJB from NHS Tayside and Dundee City Council on an informal basis and responds to the organisations in relation to shortfalls in service provision accordingly. Given the current stage in the partnership's development, with greater knowledge and awareness of what the partnership needs to support its business, the service will progress with its partners, a more formal statement of the expected level of support which can subsequently be monitored and report to the IJB.</p>	<p>Head of Finance and Strategic Planning / August 2018</p>

Dundee IJB
Workforce - Report No. D06/17 (Dundee City Council 2016/20)

Action Plan

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by / Date
3.	<p>It was noted that whilst a Workforce Plan has been developed for the DH&SCP for 2017, it relates to the NHS Tayside aspects of the DH&SCP and was incorporated into the NHS Tayside Corporate Workforce Plan.</p> <p>It was established that workforce planning arrangements are in the process of being developed. In addition, further guidance is awaited from the 3 part National Health and Social Care Workforce Plan.</p>	<p>Future workforce plans for DH&SCP should include plans for all areas of delegated responsibility, tailored to deliver the relevant elements of the Strategic Plan. Plans should take account of demand for and availability of staff to maximise the use of resources within the DH&SCP.</p>	2	<p>As DH&SCP continues to evolve, with the continued development of integrated locality based services and redesign of services, the shape and mix of the workforce required to deliver on the IJB's strategic objectives is becoming clearer and will be reflected in future integrated workforce plans. While acknowledging that further national guidance is awaited on this matter, the first integrated workforce plan will be developed over the next 6 months.</p>	<p>Head of Health and Community Care / Head of Finance and Strategic Planning / August 2018</p>

DEFINITION OF ASSURANCE CATEGORIES AND RECOMMENDATION PRIORITIES

Categories of Assurance:

A	Good	There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives.
B	Broadly Satisfactory	There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives, although minor weaknesses are present.
C	Adequate	Business objectives are likely to be achieved. However, improvements are required to enhance the adequacy / effectiveness of risk management, control and governance.
D	Inadequate	There is increased risk that objectives may not be achieved. Improvements are required to enhance the adequacy and/or effectiveness of risk management, control and governance.
E	Unsatisfactory	There is considerable risk that the system will fail to meet its objectives. Significant improvements are required to improve the adequacy and effectiveness of risk management, control and governance and to place reliance on the system for corporate governance assurance.
F	Unacceptable	The system has failed or there is a real and substantial risk that the system will fail to meet its objectives. Immediate action is required to improve the adequacy and effectiveness of risk management, control and governance.

The priorities relating to Internal Audit recommendations are defined as follows:

Priority 1 recommendations relate to critical issues, which will feature in our evaluation of the Governance Statement. These are significant matters relating to factors critical to the success of the organisation. The weakness may also give rise to material loss or error or seriously impact on the reputation of the organisation and require urgent attention by a Director.

Priority 2 recommendations relate to important issues that require the attention of senior management and may also give rise to material financial loss or error.

Priority 1 and 2 recommendations are highlighted to the Audit Committee and included in the main body of the report within the Audit Opinion and Findings

Priority 3 recommendations are usually matters that can be corrected through line management action or improvements to the efficiency and effectiveness of controls.

Priority 4 recommendations are recommendations that improve the efficiency and effectiveness of controls operated mainly at supervisory level. The weaknesses highlighted do not affect the ability of the controls to meet their objectives in any significant way.



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 27 MARCH 2018

REPORT ON: DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN
PROGRESS REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC22-2018

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.

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 2016/17 plan as approved by the Performance and Audit Committee (PAC) at its meeting held on the 17 January 2017 (PAC2-2017) and the planned internal audit activity as part of the 2017/18 Internal Audit Plan as approved by the PAC at its meeting of the 28 November 2017 (PAC37-2017).
- 4.2 In relation to the remaining items from the 2016/17 Audit plan, the Workforce review (D06-17) is presented at this PAC meeting (as agenda item 15) thereby concluding the 2016/17 audit reviews.
- 4.3 In relation to the substantive reviews as part of the 2017/18 plan, Risk Management and Transformation and Redesign; the Risk Management review is underway with the planning and scoping of the Transformation and Redesign also in progress. The findings of these are scheduled to be presented to the May PAC meeting.
- 4.2 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), 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: 5 March 2018

Appendix 1

	Audit	Indicative Scope	Target Audit Committee	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	Ongoing				
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	May 2018	Complete	In progress			
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	May 2018	In progress				

	Audit	Indicative Scope	Target Audit Committee	Planning Commenced	Work in Progress	Draft Issued	Completed	Grade
D01-17	Audit Planning	Agreeing audit universe and preparation of audit plan and mapping of Governance and Assurance arrangements within the IJB		Complete	Complete	Complete	Complete	N/A
D02-17	Audit Management	Liaison with managers and Directors and attendance at Performance and Audit Committee		Complete	Complete	Complete	Complete	N/A
D03-17	Annual Internal Audit Report	Chief Internal Auditor's annual assurance statement to the IJB and review of governance self-assessment		Complete	Complete	Complete	Complete	N/A
D04-17	Governance & Assurance	Ongoing support and advice on further development of governance and assurance structures, including issues identified as part of the annual report process		Complete	Complete	Complete	Complete	N/A
D05-17	Due Diligence	Review/validation of IJB post-implementation review		No longer relevant – no added value				
D06-17	Workforce	Review of arrangements established to control and mitigate Risk 3 from the high level risk register – staff resource to develop sufficient integrated arrangements To include a review of corporate support functions	March 2018	Complete	Complete	Complete	Complete	C
D07-17	Clinical, Care & Professional Governance	Review of arrangements established to control and mitigate Risk 8 from the high level risk register – Clinical, Care & Professional Governance	February 2018	Complete	Complete	Complete	Complete	B