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

(See Distribution List attached)

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

City Chambers
DUNDEE
DD1 3BY

18th February, 2020

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I would like to invite you to attend a meeting of the above Integration Joint Board which is to be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 25th February, 2020 at 2.00 pm.

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

Yours faithfully

VICKY IRONS

Chief Officer

A G E N D A

1 APOLOGIES/SUBSTITUTIONS

2 DECLARATIONS OF INTEREST

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

3 MINUTE OF PREVIOUS MEETING - Page 1

The minute of previous meeting of the Integration Joint Board held on 17th December, 2019 is attached for approval.

4 MEMBERSHIP OF DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

(a) MEMBERSHIP –NHS TAYSIDE NOMINATION – POSITION OF VOTING MEMBER

Reference is made to Article V(a) of the minute of meeting of this Integration Joint Board held on 17th December, 2019, wherein it was noted that Professor Nic Beech had resigned from NHS Tayside Board and that NHS Tayside would advise of their nomination as his replacement on the Integration Joint Board in the capacity of voting member in due course.

It is reported that, at the meeting of the NHS Tayside Board held on 19th December, 2019 it was agreed that Professor Rory McCrimmon be nominated to be a member of the Integration Joint Board as replacement for Professor Nic Beech in the capacity of voting member.

The Integration Joint Board is asked to note the position.

(b) MEMBERSHIP – NHS TAYSIDE APPOINTMENT – PROXY MEMBER

It is reported that, at the meeting of NHS Tayside Board held on 19th December, 2019 it was agreed that Dr Norman Pratt be appointed as a Proxy Member for the NHS Voting Members on the Integration Joint Board.

The Integration Joint Board is asked to note the position and that Dr Pratt may attend as a Proxy Member for the NHS Tayside Voting Members on the Integration Joint Board.

5 MEMBERSHIP OF PERFORMANCE AND AUDIT COMMITTEE

(a) MEMBERSHIP - NHS TAYSIDE - VOTING MEMBER

Reference is made to Article V(a) of the minute of meeting of the Integration Joint Board held on 30th October, 2018 wherein the membership of the Performance and Audit Committee was agreed. Reference is also made to Article V(a) of the minute of this Integration Joint Board held on 17th December, 2019 wherein it was noted that Professor Nic Beech had resigned.

It is reported that Professor Nic Beech also served as a voting member from NHS Tayside Board on the Performance and Audit Committee.

The instructions of the Integration Joint Board are sought with regard to the filling of the vacancy on the Committee as a result of the resignation of Professor Beech from NHS Tayside Board.

6 PUBLIC HEALTH STRATEGY FOR NHS TAYSIDE 2020-2030

(a) Presentation by Dr Drew Walker, Director of Public Health, NHS Tayside.

(b) Report No DIJB9-2020 by the Chief Officer, copy attached. **- Page 9**

7 HOUSING CONTRIBUTION STATEMENT 2019/2022 - Page 51

(Report No DIJB1-2020 by the Chief Officer, copy attached).

8 DUNDEE CHILD PROTECTION COMMITTEE ANNUAL REPORT 2018/2019 - Page 75

(Report No DIJB2-2020 by the Chief Social Work Officer, copy attached).

9 ADULT SUPPORT AND PROTECTION COMMITTEE – INDEPENDENT CONVENOR'S MID-TERM REPORT 2018/2019 - Page 133

(Report No DIJB3-2020 by the Chief Social Work Officer, copy attached).

10 ARRANGEMENTS FOR MANAGING HIGH RISK OFFENDERS – ANNUAL REPORT 2018/2019 - Page 185

(Report No DIJB4-2020 by the Chief Social Work Officer, copy attached).

11 HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019 - Page 201

(Report No DIJB5-2020 by the Chief Officer, copy attached).

12 FINAL REPORT OF THE INDEPENDENT INQUIRY INTO MENTAL HEALTH SERVICES IN TAYSIDE – 'TRUST AND RESPECT' - Page 205

(Report No DIJB10-2020 by the Chief Officer, copy attached).

13 FINANCIAL MONITORING POSITION AS AT DECEMBER, 2019 - Page 361

(Report No DIJB6-2020 by the Chief Finance Officer, copy attached).

14 DUNDEE INTEGRATION JOINT BOARD 2020/2021 BUDGET DEVELOPMENT UPDATE - Page 381

(Report No DIJB7-2020 by the Chief Finance Officer, copy attached).

15 MEETINGS OF THE INTEGRATION JOINT BOARD 2019 – ATTENDANCES - Page 387

(A copy of the Attendance Return for meetings of the Integration Joint Board held over 2019 is attached for information and record purposes).

16 DATE OF NEXT MEETING

The next meeting of the Integration Joint Board will be held in Committee Room 1, 14 City Square, Dundee on Friday, 27th March, 2020 at 2.00 pm.

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

Role	Recipient
VOTING MEMBERS	
Non Executive Member (Chairperson)	Trudy McLeay
Elected Member (Vice Chairperson)	Councillor Ken Lynn
Elected Member	Councillor Roisin Smith
Elected Member	Bailie Helen Wright
Non Executive Member	Jenny Alexander
Non Executive Member	Professor Rory McCrimmon
NON VOTING MEMBERS	
Chief Social Work Officer	Diane McCulloch
Chief Officer	Vicky Irons
Chief Finance Officer (Proper Officer)	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	VACANT
Registered nurse	Kathryn Brechin
Registered medical practitioner (not providing primary medical services)	Dr James Cotton
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Eric Knox
Service User residing in the area of the local authority	Linda Gray
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Dr Drew Walker

(b) DISTRIBUTION – FOR INFORMATION ONLY

Organisation	Recipient
NHS Tayside (Chief Executive)	Chief Executive
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Chief Executive)	David R Martin
Dundee City Council (Executive Director of Corporate Services)	Greg Colgan
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Legal Manager)	Kenny McKaig
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Pauline Harris
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Linda Rodger
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Senior Audit Manager)	Bruce Crosbie
NHS Tayside (PA to Dr James Cotton)	Jodi Lyon
Dundee University (PA to Professor Rory McCrimmon)	Lisa Thompson
Proxy Member (NHS Appointment for Voting Members)	Dr Norman Pratt

Dundee Health & Social Care Partnership

At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 17th December, 2019.

Present:-

Members	**Role**
Trudy McLEAY *(Chairperson)*	Nominated by Health Board (Non-Executive Member)
Ken LYNN *(Vice-Chairperson)*	Nominated by Dundee City Council (Elected Member)
Roisin SMITH	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Dave BERRY	Chief Finance Officer
James COTTON	Registered Medical Practitioner (not providing primary medical services)
Kathryn BRECHIN	Registered Nurse
Diane McCULLOCH	Chief Social Work Officer
Drew WALKER	Director of Public Health
Raymond MARSHALL	Staff Partnership Representative
Jim McFARLANE	Trade Union Representative
Eric KNOX	Third Sector Representative
Linda GRAY	Service User Representative

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

Kathryn SHARP	Dundee Health and Social Care Partnership
Alison FANNIN	Dundee Health and Social Care Partnership

Trudy McLEAY, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Members	**Role**
David W LYNCH	Chief Officer
Jenny ALEXANDER	Nominated by Health Board (Non-Executive Member)
Martyn SLOAN	Carer Representative

II DECLARATION OF INTEREST

Councillor Ken Lynn and Eric Knox declared non-financial interests in relation to the item of business at Article XII of this minute by virtue of being members of the Drugs Commission.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of the Integration Joint Board held on 29th October, 2019 was submitted and approved.

IV APPOINTMENTS COMMITTEE – MINUTE OF MEETING

The minute of meeting of the Appointments Committee held on 28th October, 2019 and 19th November, 2019 was submitted and noted for information and record purposes, a copy of which is attached to this minute as Appendix I.

V MEMBERSHIP OF DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

(a) MEMBERSHIP – NHS TAYSIDE - POSITION OF VOTING MEMBER

Reference was made to Article IV(b) of the minute of meeting of this Integration Joint Board of 29th March, 2019 wherein it was noted that Professor Nic Beech had been nominated by NHS Tayside to serve as a member of the Integration Joint Board in the capacity of voting member.

It was reported that due to taking up other employment Professor Nic Beech had resigned from NHS Tayside Board. The Integration Joint Board agreed to note the position and that they would be advised of his replacement in due course.

(b) MEMBERSHIP – POSITION OF REGISTERED MEDICAL PRACTITIONER

Reference was made to Article III(c) of the minute of meeting of this Integration Joint Board of 30th October, 2018 wherein it was noted that Dr Frank Weber had been nominated by NHS Tayside to serve as a non-voting member on the Integration Joint Board in the capacity of Registered Medical Practitioner whose name was included in the list of primary medical service performers prepared by the Health Board.

It was reported that, due to work commitments, Dr Weber had resigned from this position effective from 14th November, 2019. The Integration Joint Board agreed to note the position and that they would be advised of his replacement in due course.

VI PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 26TH NOVEMBER, 2019

The minute of the previous meeting of the Performance and Audit Committee held on 26th November, 2019 was submitted and noted for information and record purposes.

(b) CHAIR'S ASSURANCE REPORT

There was submitted Report No DIJB57-2019 by Ken Lynn, Chairperson of the Performance and Audit Committee, providing an Assurance Report to the Integration Joint Board on the work of the Performance and Audit Committee.

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

VII PARTICIPATION AND ENGAGEMENT STRATEGY

There was submitted report No DIJB49-2019 by the Chief Officer presenting the revised Participation and Engagement Strategy to the Integration Joint Board for approval.

The Integration Joint Board agreed:-

(i) to approve the Participation and Engagement Strategy which was attached to the report as Appendix I;

(ii) to instruct the Integrated Strategic Planning Group to further develop the Framework for Engagement referred to at Section 4.5 of the report; and

(iii) to instruct the Chief Finance Officer to ensure that progress in implementation of the Participation and Engagement Strategy was reported to the Integration Joint Board as part of its ongoing governance arrangements.

VIII CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2018/2019

There was submitted Report No DIJB50-2019 by the Chief Social Work Officer, submitting for information the Chief Social Work Officer's Annual Report for 2018/19 which was attached to the report as Appendix 1.

The Integration Joint Board agreed:-

(i) to note the content of the Chief Social Work Officer's Annual Report for 2018/19 which was attached to the report as Appendix 1; and

(ii) to note the key developments and achievements across Social Work functions achieved during 2018/2019 as outlined in Section 4.3 of the report and priorities for future development during 2019/2020 as outlined in Section 4.4 of the report.

IX JOINT INSPECTION (ADULTS) : THE EFFECTIVENESS OF STRATEGIC PLANNING IN PERTH AND KINROSS (SEPTEMBER 2019)

There was submitted Report No DIJB51-2019 by the Chief Officer informing of the published inspection report of strategic planning within Perth and Kinross Health and Social Care Partnership and planned activity to identify areas of learning for the Dundee Health and Social Care Partnership.

The Integration Joint Board agreed:-

(i) to note the content of the report and the Perth and Kinross inspection report published by the Care Inspectorate and Healthcare Improvement Scotland which was attached to the report as Appendix 1 and summarised at 4.3 of the report;

(ii) to note that the report would be reviewed by the Clinical, Care and Professional Governance Group and other relevant stakeholder groups to identify areas of learning and associated improvement actions as outlined in Sections 4.4 and 4.5 of the report; and

(iii) to instruct the joint-chairs of the Clinical, Care and Professional Governance Group to provide an assessment of the Dundee position, identified areas of learning and associated improvement actions to the Performance and Audit Committee by March 2020.

X LARGE HOSPITAL SET ASIDE

There was submitted Report No DIJB52-2019 by the Chief Finance Officer providing an overview of the Large Hospital Set Aside and setting out how this could be applied through the Integration Joint Board's financial planning process.

The Integration Joint Board agreed:-

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

(ii) to remit the Chief Finance Officer to reflect the application of the Large Hospital Set Aside within the Integration Joint Board's financial plans for 2020/2021 onwards as part of the Integration Joint Board's budget setting process.

XI FINANCIAL MONITORING POSITION AS AT OCTOBER 2019

There was submitted Report No DIJB53-2019 by the Chief Finance Officer providing an update of the projected financial monitoring position for delegated health and social care services for 2019/2020.

The Integration Joint Board agreed:-

(i) to note the content of the report including the overall projected financial position for delegated services to the 2019/2020 finacial year end as at 31st October, 2019 as outlined in Appendices 1, 2 and 3 of the report;

(ii) to note the progress with implementation of savings initiatives as outlined in Appendix 4 of the report; and

(iii) to note that officers within the Health and Social Care Partnership were progressing with a number of actions required to effect a recovery plan as outlined in Section 4.7.1 of the report.

XII DUNDEE DRUGS COMMISSION REPORT – RESPONDING TO DRUG USE WITH KINDNESS, COMPASSION AND HOPE

There was submitted report No DIJB55-2019 by the Chief Officer informing of the response to the recommendations presented by the Dundee Drugs Commission and presenting the action plan developed to support the progress for change.

The Integration Joint Board agreed:-

(i) to note the contents of the Dundee Drugs Commission Report "Responding to Drug Use with Kindness, Compassion and Hope" which was attached to the report as Appendix 1;

(ii) to note the specific areas for improvement for the Dundee Health and Social Care Partnership as detailed in Paragraph 4.1.5 of the report; and

(iii) to note the action plan developed by the Dundee Alcohol and Drugs Partnership to address the recommendations in response to the Dundee Drugs Commission Report which was attached to the report as Appendix 2.

XIII DUNDEE INTEGRATION JOINT BOARD BUDGET UPDATE 2020/2021 – DEVELOPMENT UPDATE

On a reference to Article VI of the minute of meeting of this Integration Joint Board of 29th October, 2019 wherein a report on the Delegated Budget for 2020/2021 was submitted which set out the initial forecast of the cost pressures anticipated within the delegated budget 2020/21 and it was agreed that the Chief Finance Officer be remitted to bring updated reports to each of the remaining Integration Joint Board meetings to the end of the current financial year culminating in the presentation of a proposed budget for 2020/21 for consideration by the Integration Joint Board at its meeting in March 2020.

There was submitted Agenda Note DIJB56-2019 reporting that as a result of the UK Parliamentary General Election being called for the 12th December 2019, the Scottish Government had had to delay the announcement of the Draft Scottish Budget. The exact timescale for this announcement was currently not known however it was anticipated that this would be towards the end of January 2019.

The Chief Officer and Chief Finance Officer continued to engage with Dundee City Council and NHS Tayside in relation to developing an understanding of the implications of the various cost pressures and possible funding levels following the publication of the Scottish Government's Draft Budget, however at this time there was no further update available in relation to the development of the the Integration Joint Board's 2020/2021 budget.

XIV MEETINGS OF THE INTEGRATION JOINT BOARD 2019 – ATTENDANCES

There was submitted a copy of the Attendance Return DIJB54-2019 for meetings of the Integration Joint Board held to date over 2019.

The Integration Joint Board agreed to note the position as outlined.

XV DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Integration Joint Board would be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 25th February, 2020 at 2.00 pm.

Trudy McLEAY, Chairperson.

APPENDIX I

At MEETINGS of the **APPOINTMENTS COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 28th October, 2019 and 19th November, 2019.

Present:-

On 28th October, 2019:-

Trudy McLEAY *(Chairperson)*	Nominated by Health Board (Non-Executive Member)
Ken LYNN	Nominated by Dundee City Council (Elected Member)
Roisin SMITH	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Jenny ALEXANDER	Nominated by Health Board (Non-Executive Member)
Dr Robert PEAT	Nominated by Health Board (Non-Executive Member)

On 19th November, 2019:-

Trudy McLEAY *(Chairperson)*	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)
Jenny ALEXANDER	Nominated by Health Board (Non-Executive Member)
Dr Robert PEAT	Nominated by Health Board (Non-Executive Member)

Trudy McLEAY, Chairperson, in the Chair.

The Committee resolved under Section 50(A)(4) of the Local Government (Scotland) Act 1973 that the press and public be excluded from the meeting for the undernoted items of business on the grounds that they involved the likely disclosure of exempt information as defined in paragraph 1 of Part I of Schedule 7A of the Act.

I DECLARATION OF INTEREST

No declarations of interest were made.

II APPOINTMENT OF CHIEF OFFICER, DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

At the meeting held on 28th October, 2019, there were submitted details of the applications received and the Committee agreed the candidates to be invited for interview on 19th November, 2019.

At the meeting held on 19th November, 2019, the Committee interviewed the candidates. Following an exchange of views, and after hearing the officers, the Committee unanimously agreed to offer the post of Chief Officer, Dundee City Health and Social Care Integration Joint Board to Vicky Irons who intimated her acceptance.

Trudy McLEAY, Chairperson.

ITEM No …6(b)……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 FEBRUARY 2020**

REPORT ON: **PUBLIC HEALTH STRATEGY FOR NHS TAYSIDE 2020-2030 - CONSULTATION**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB9-2020**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to inform the Integration Joint Board of NHS Tayside's ongoing consultation on the draft Public Health Strategy for Tayside 2020-2030 and arrangements for responding to this consultation.

2.0 RECOMMENDATIONS

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

2.1 Note the publication of the draft Public Health Strategy for Tayside 2020 – 2030 and the associated consultation arrangements (section 4.1).

2.2 Note the arrangements that have been progressed to gather feedback on the draft strategy from across stakeholders within the Health and Social Care Partnership (section 4.2).

2.3 Instruct the Chief Officer to submit a consultation response on behalf of the Integration Joint Board by the deadline date of 28 February 2020.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 NHS Tayside has published its draft Public Health Strategy for NHS Tayside 2020-2030. The draft strategy has emerged from ongoing engagement with Community Planning Partnerships and Health and Social Care Partnerships across Tayside. The development of the draft strategy has also been supported by the creation of a new Public Health Committee for NHS Tayside during 2019. NHS Tayside is seeking the views of stakeholders regarding the draft strategy through an online consultation questionnaire, with a deadline date for submissions of 28 February 2020.

4.2 The draft strategy acknowledges the collective leadership and commitment of Health and Social Care Partnerships in co-creating the conditions needed to realise significant improvements in the health and wellbeing of local people. It is therefore important that stakeholders from across the Health and Social Care Partnership actively contribute to the ongoing consultation. Arrangements have been put in place to ensure that the draft strategy and associated consultation questions have been shared widely across the Partnership's workforce and strategic planning groups, inviting feedback to be provided to the Strategy and Performance Team. From these individual and group responses a composite response will be developed

for submission on behalf of the Integration Joint Board. This submission will also take account of discussion following the presentation from the Director of Public Health at the Integration Joint Board on 25 February 2020.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Head of Service, Health and Community Care and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 25 February 2020

Kathryn Sharp
Senior Manager, Strategy and Performance

WORKING TOGETHER FOR THE COMMON WEAL[1]

IMPROVING WELLBEING - A PUBLIC HEALTH STRATEGY FOR NHS TAYSIDE

2020-2030

[1] Old Scots to describe the concept of happiness, health and safety of all of the people of a community or a nation

ACKNOWLEDGEMENTS

NHS Tayside Public Health Directorate has used the excellent and recently published Public Health Strategy from NHS Greater Glasgow and Clyde as a framework for the development of our own Strategy. We are grateful to colleagues from NHS Greater Glasgow and Clyde for their permission, and acknowledge this as an early example in public health of a 'Once for Scotland' approach.

The Strategy has also emerged from our ongoing engagement with our Community Planning Partnerships and Health and Social Care Partnerships. The Partnerships play a leading role in shaping and articulating a compelling vision through their ongoing engagement with local communities. We are indebted to them for their continued collective leadership and commitment, to co-create the conditions needed to realise the necessary radical step change in the health and wellbeing of local people.

The creation in 2019 of a new Public Health Committee for NHS Tayside has provided added stimulus and a welcome profile for public health. We are grateful to committee members for their ongoing commitment, energy and support.

There is a wealth of specialist public health expertise within NHS Tayside's Directorate of Public Health. As Director of Public Health, I am deeply grateful for their support and the contribution they have made, not only to the development of this Strategy but, to the impact they have had in their specialist fields and for their readiness and willingness to embrace change.

FOREWORD

The goal of economic policy should not just be about how wealthy a nation is, it should also be about how happy and healthy the nation is - our collective wellbeing[2]. In effect, this means working together for the common weal - for the good of the whole community. This Strategy focuses on improving wellbeing and the common weal and is intended to complement the work of the Fairness Commissions and the steps they are taking to eradicate poverty.

Imagine living and working in a different Tayside, one where children grow up to be the best they can be and everyone is able to live longer healthier lives. Imagine living somewhere where you really belong, where community spirit and participation is at the heart of local life, where we nurture our young and, where we include our older citizens recognising their unique wisdom and insights. Imagine living in a community where there is no stigma or coercion, where we value healthy relationships, where we value, understand and respect one another and volunteering and mutual support is the norm. This could be our common weal.

Imagine truly valuing good health and wellbeing, believing in our own abilities, and our ability to meet the challenges ahead of us. Imagine living in a place where it is easy to make the right choices, and we are able to access the support and tools we need to stay healthy or successfully improve our own health - a smoke free environment and clean air, active travel and healthy food are the norm. Imagine there is access to support in the community aimed at improving health and wellbeing, where 'social prescribing' is an established part of our primary care services, and where we pick up and act on early symptoms. Imagine that we have completely embraced the ethos of *Realistic Medicine* including where individuals are at the centre of decision making and are truly equal partners in determining their own care. This could be our common weal.

Imagine a place where we all work together making prevention and early intervention the default for everything that we do. Imagine that we had not only reversed the trend in obesity-related type 2 diabetes, but eradicated it and stopped the unnecessary damage - amputation, blindness and heart disease and stroke - it causes. Imagine that our cancer survival rates not only mirror those of the best, but that we have dramatically reduced avoidable cases. Imagine there are no new transmissions of Human Immunodeficiency Virus (HIV). This could be our common weal.

Imagine a health and social care system where we design and develop all of our services alongside people and, the insights of people with lived experience add to our application of the scientific evidence to improve prevention, treatment and care. Imagine a system that bases its investment decisions on the benefits for longer term health and places a high value on the return on that investment: investing to save and deploying its people to use every healthcare contact as a health improvement opportunity. This could be our common weal.

Imagine that we had fully realised the potential of the Tayside Health Equity Strategy *Communities in Control* where true wellbeing is experienced by a far greater proportion of our population and, the widening health inequalities we see around us are instead, narrowed.

All of this should be our common weal.

The problems we face are often considered too complex or inevitable. Whilst this alternative future may seem an impossible or a fantastical, utopian ambition, there are real examples of where there has been this level of transformational change such as the world renowned work of the Violence Reduction Unit in turning around knife crime. The Strategy provides a

[2] First Minister TED Talk, July 2019 https://firstminister.gov.scot/fm-delivers-ted-talk/

number of local case studies where we have already begun to show, and in some instances in a very dramatic way, just what can be achieved when we apply a public health approach and, where there has been sustained collective action. I believe every single part of this vision is achievable with public, professional, organisational, political and media will. Scotland has one of the most conducive policy arenas in the developing world. Many of the necessary enablers are in place: maturing Health and Social Care Partnerships and Community Planning; newly formed Public Health Committee; Public Health Reform; and a clear set of national priorities.

This Strategy aims to reignite *Communities in Control* and achieve its widespread adoption across the system. However, we need to understand better why it was much admired and emulated elsewhere, yet only partially implemented locally. Perhaps some of the answer lies in the culture of the NHS in Scotland which is over reliant on tackling existing problems rather than preventing them from happening. The significance of these points and the urgent need for a radical change in approach have been strongly made by the Auditor General for Scotland[3] and the Health and Sport Committee of the Scottish Parliament[4].

This also applies to how we must respond to public health emergencies. The Strategy will complement our collective response to the problem of substance use and the escalating number of drug-deaths and the challenge, laid down by the Dundee Drugs Commission, as well as the whole system approach to radical transformation of mental health being advocated by the Mental Health Alliance.

The Strategy has emerged from our ongoing engagement with our Community Planning Partnerships and Health and Social Care Partnerships. The Partnerships play a leading role in shaping and articulating a compelling vision through their ongoing engagement with local communities. This Strategy aims to further enable the delivery of these ambitions as well as offering a realistic solution to the unprecedented challenges that will continue to face the NHS in Tayside. NHS Tayside has many plans, many improvement programmes and many strategies. This Strategy aims to build on these to provide a single and coherent public health strategy for NHS Tayside.

This is not a document to simply languish on a shelf. I want the Strategy to be dynamic and a catalyst that changes our organisational attitudes, approaches, behaviours and habits. I want it to provide the inspiration and courage to accelerate and spread our learning from public health successes to achieve our collective ambition of a common weal for the people of Tayside.

Dr Drew Walker
Director of Public Health

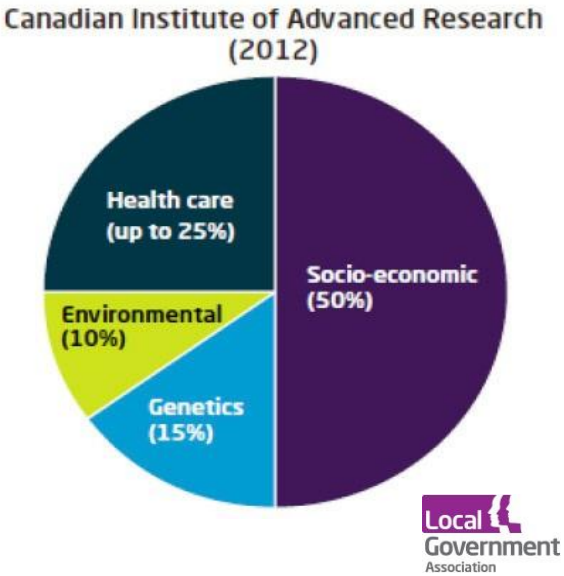
[3] Audit Scotland. The NHS in Scotland. 2018
[4] https://www.parliament.scot/S5_HealthandSportCommittee/Inquiries/HSS052018R10.pdfrliament report

1. INTRODUCTION

In June 2018, NHS Tayside made a far reaching commitment to adopt a public health approach to all our planning[5] and to prioritise public health by bringing prevention and early intervention to the fore of its agenda. This Strategy seeks to describe the way in which specialist public health will contribute and enable the whole organisation to deliver on this commitment, and play its full part in the ambitions of our various partnerships.

The NHS has a vital role in keeping people healthy and supporting them when they become ill. However, whilst early intervention and self-care can keep people healthier for longer, addressing the wider determinants will provide the greatest opportunity to improve health and wellbeing for our population. According to the King's Fund, the factors that impact most on people's health are beyond health services[6]. They are associated with income, social class, education or deprivation (Figure 1) and therefore collaborative working is essential to address the underlying causes of ill-health.

Figure 1: Estimated impact of detriments on health status of the population (Source: Canadian Institute of Advances Research, Health Canada, Population and Public Health Branch AB/NWT 2002)



Investment to predict and prevent risks to health can reduce the burden on the NHS and society, support resilient communities and, increase healthy years lived[7]. Discussions within the Health and Social Care Partnerships and with community planning partners has reinforced that there are substantial public health ambitions already set out in the Local Outcome Improvement Plans and Commissioning Plans. This means that this Strategy needs to focus on how NHS Tayside adds value and maximises its contribution, including that of specialist public health, to realising these collective goals.

The **National Performance Framework**, first developed in 2008 sets out Scotland's vision of national wellbeing. New National Outcomes were created in 2018, including outcomes on human rights, fair work, poverty, and a re-focussing on outcomes for children.

[5] Transforming Tayside: Working Together to Improve Health and Shape Health and Social Care for the Future, NHS Tayside Board, 28 June 2018.
[6] Buck and McGuire (2015) Inequalities in life expectancy Changes over time and implications for policy; The Kings Fund.
[7] WHO Europe (2014). The case for investing in public health.

Figure 2: Scotland's National Performance Framework

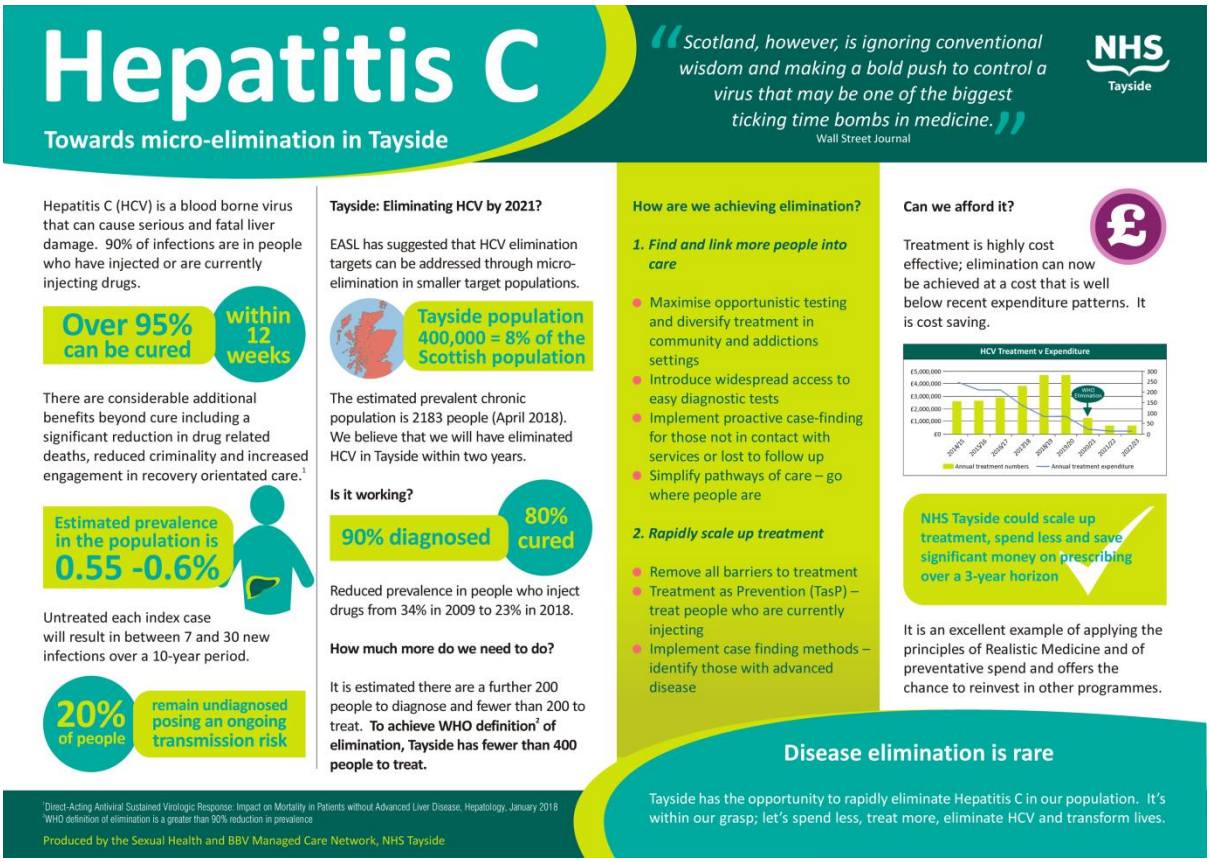
The Framework should drive and underpin all aspects of the work of Community Planning Partners.

The **Fairer Scotland Duty** that came into force in Scotland in April 2018 requires public bodies, including NHS Boards and Integrated Joint Boards, to actively consider how they can 'reduce inequalities of outcome caused by socio-economic disadvantage' when making strategic decisions. **It puts tackling inequality at the heart of public sector decision making**.

What has become clear is that partners want to have a greater understanding of what NHS Tayside will do to enable Community Planning Partnerships and Health and Social Care Partnerships to realise their public health ambitions. This Strategy aims to describe the explicit contribution that NHS Tayside will make as part of the partnerships. The Strategy also aims to provide clarity on the specific role of specialist public health to enabling the evolution towards a truly public health organisation that focuses on population health outcomes as part of a whole system.

NHS Tayside has a long history of the application of improvement science, and more recently its intent to modernise clinical services as part of its ambitious transformation programme. We are at a defining moment for health and social care. This Strategy sets out **why we need to take a public health approach, why it matters for the sustainability of the whole system and, how we will organise ourselves** to provide the necessary support and intelligence to supercharge the gains made through continuous improvement by better understanding the public health challenges and identifying collective actions. These are the critical elements, together with sustained distributed leadership that have driven the transformation that has made Tayside a global leader in the efforts to eliminate Hepatitis C (Case study 1 – please refer to Appendix 1 to readable version). This demonstrates that we can fundamentally change the health of our population, and we now need to inform our learning and underpin all our future programmes.

Case Study 1 – Achieving transformational outcomes



Improving health also means developing targeted approaches to tackle health inequalities and achieve health equity such as removing barriers to access and delivering services which take account of the social context of people's lives[8].

There are **three pressing public health issues that deserve more immediate and intensified action**, and where a whole systems public health approach is vital to attain a tipping point similar to that achieved in smoking. The Community Planning Partnerships have already identified the need for concerted and collective action on **substance use, mental health and wellbeing and childhood obesity**. These will be the primary focus of the Directorate of Public Health over the next three years and, will guide NHS Tayside in mobilising its assets to achieve the greatest impact.

This Strategy sets out NHS Tayside's aspiration to deliver a coordinated approach to achieving our public health ambitions over the next 10 years. It will require genuine transformational change characterised by profound and radical strategic shifts that re-orientate our health service in a new direction. Unlike 'turnaround', which implies incremental progress on the same plane, transformation implies a fundamental change of character with little or no resemblance to the past configuration. A public health approach incorporates:

- co-production
- needs assessment
- prevention
- best value and return on investment
- early intervention
- putting evidence into practice
- shifting the balance of care.

Like *Realistic Medicine* a public health approach puts people at the heart of all change and, attention to health literacy and asset-based approaches provide a resolute focus on equity.

The Strategy forms the basis for collaboration and partnership working in line with local, regional and national priorities by setting out six key elements of a public health approach that will enable a more integrated and comprehensive approach to population health. We show how our priorities meet the national priorities for public health reform. Our Strategy also includes health protection and, health and social care public health activities.

This Strategy provides a spring board to renewed discussions between the Board and Integration Joint Boards, with local authorities and Community Planning Partnerships and with Government activities to improve health in a way that reduces health inequalities in Tayside.

2. PUBLIC HEALTH CHALLENGES IN TAYSIDE

The population of Tayside currently stands at just over 400,000. Over the next 25 years, this population is predicted to increase by 4% with the over 65 years of age population increasing by 37%.

Scotland suffers from some of the poorest health and lowest life expectancy in Europe. Whilst health in Scotland has been improving over time, it is not improving at the same rate as in other European countries, and is not improving on an equal basis for all.

[8] The Inverse Care Law: "Those in greatest need often have access to the least health care services"

In Tayside life expectancy is ranked 9th out of 14 NHS Boards (with GGC ranked 14th). The Tayside ranking has dropped 0.2% in the last year. In Tayside there is wide disparity in health between the local authority areas with the following rankings out of 32 areas:

- Perth and Kinross ranked 6th
- Angus ranked 14th
- Dundee ranked 30th

Life expectancy varies across the Board: male life expectancy in the (15%) most deprived population is 68.8 years while in the (85%) least deprived population it is 80.4 years, a difference of 11.6 years; for females, life expectancy ranges from 76.3 years to 83.1 years, a difference of 6.8 years. This is explained by life circumstances, chiefly socio-economic factors which impact across the life-course, starting in the antenatal period and influencing education, employment, health behaviours and patterns of healthcare use.

Healthy life expectancy in Tayside i.e. years of life an individual lives without any life-limiting illness is slightly higher than the Scottish average and there is an overall upward trend over time. However, there are considerable variations linked to gender and socio-economic deprivation. Females in Tayside have a slightly higher healthy life expectancy at birth than males but spend a smaller proportion of their lives in good health because of their higher life expectancy. These differences are greater in areas of deprivation. In Dundee City in particular, male healthy life expectancy is 5.8 years lower than the Scottish average and, in spite of their lower life expectancy compared to Scottish males on average, they will spend a longer period in poor health.

Inequalities in income, health and quality of life persist and in some parts of Tayside are widening. There are specific concerns regarding the health and wellbeing of particular population groups such as lone-parents, children and young people in low-income families and frail, isolated older people. In Scotland, a quarter of all children are living in poverty, with 70% of those living in a household where at least one adult is working. In Tayside, levels of child poverty are lower than in Scotland as a whole, but highest in Dundee and least in Perth and Kinross. There is very strong evidence that child poverty has a very significant impact on the health and wellbeing of affected children, and that these effects persist into adulthood.

There are also growing concerns about mental health and wellbeing across all age groups and about the impact that substance misuse is having on individuals, families and the wider community.

All of these factors contribute to increasing demands on our health and social care system. They highlight the need for a public health response that can work effectively across organisational boundaries to prioritise and provide accessible, preventative services and support for the right people at the right time and in the appropriate way.

"Overall, our evidence base and a large body of international health evidence, emphasises the critical importance of addressing poverty. Poverty is the most ubiquitous and persistent risk factor for ill health; so a commitment to improving population health and to reducing health inequalities inherently means a commitment to reducing or eradicating poverty." [9]

[9] Glasgow Centre for Population Health, 2019

3. WHY WE NEED TO TAKE A PUBLIC HEALTH APPROACH AND WHY IT MATTERS FOR THE SUSTAINABILITY OF THE WHOLE SYSTEM

The determinants of health are well documented and many of them lie outside the direct influence of the NHS such as relieving poverty, improving housing and education. A crucial element of the Strategy is the effectiveness of our influence on these factors through Community Planning Partnerships and, the way we work with Scottish and UK government and the people who use our services. The NHS can also affect the social determinants of health through the design and delivery of services and, has a role in directly delivering health improvement programmes. The evidence for the effectiveness of many lifestyle changes, for example stopping smoking, being a healthy weight or being more physically active is strong. They can all reduce use of the NHS and other public services as well as promoting wellbeing and prolonging healthy life. However, it can be challenging for people to adopt healthy lifestyles unless we first improve the circumstances in which they live and work, changing environments to support healthy choices and supporting people in decisions about their health.

Public Health is truly everyone's business. Every health professional has a role in improving the public's health, in early intervention and in promoting preventative approaches. Many agencies and organisations affect health through their influence on important wider factors such as housing, transport, education, equality and welfare and social support. NHS Tayside's Public Health Directorate acts to improve the health and wellbeing of populations through intelligence led preventative action on a range of population health determinants. We work with community planning partners, local communities and many different services and professionals to improve the health of the population and tackle inequalities. We also collaborate with academia across the UK to commission as well as participate in research, stimulate fresh approaches and, support change processes to improve health and wellbeing and tackle inequalities. Public health specialists contribute to undergraduate teaching and wider capacity building through a range of teaching programmes for professionals across health and social care and beyond.

The determinants of health mean that public health works across social, legislative, community and individual change programmes. There are three domains of public health, with health equity and health intelligence being the common thread underpinning all three domains.

- **Health Protection** encompasses a set of activities within the Public Health function that involve: ensuring the safety and quality of food, water, air and the general environment; preventing the transmission of communicable diseases; and managing outbreaks and the other incidents which threaten the public health.
- **Health Improvement:** assessing and tracking the health status of populations and devising and applying evidence-informed strategies to improve the health circumstances in which populations live, with particular regard to reducing health inequalities.
- **Improving Health Services:** ensuring evidence-based and best value through public health analysis, investigation and comparisons. This includes action to support earliest diagnosis to support the best treatment outcomes, for example detect cancer early and screening systems.

Demand for services is a key mechanism that drives health care system behaviour. Public health and prevention is not driven in this way but by a comprehensive assessment of population need and the ability to change risk.

A World Health Organisation Europe (WHO, 2014)[1] report estimated that only 3% (range 0.6 - 8.2%) of national health sector budgets was spent on public health and, that those countries that invested more, experienced better health outcomes. **NHS Tayside invested in 2019 approximately £4.3m in specialist public health services, which equates to**

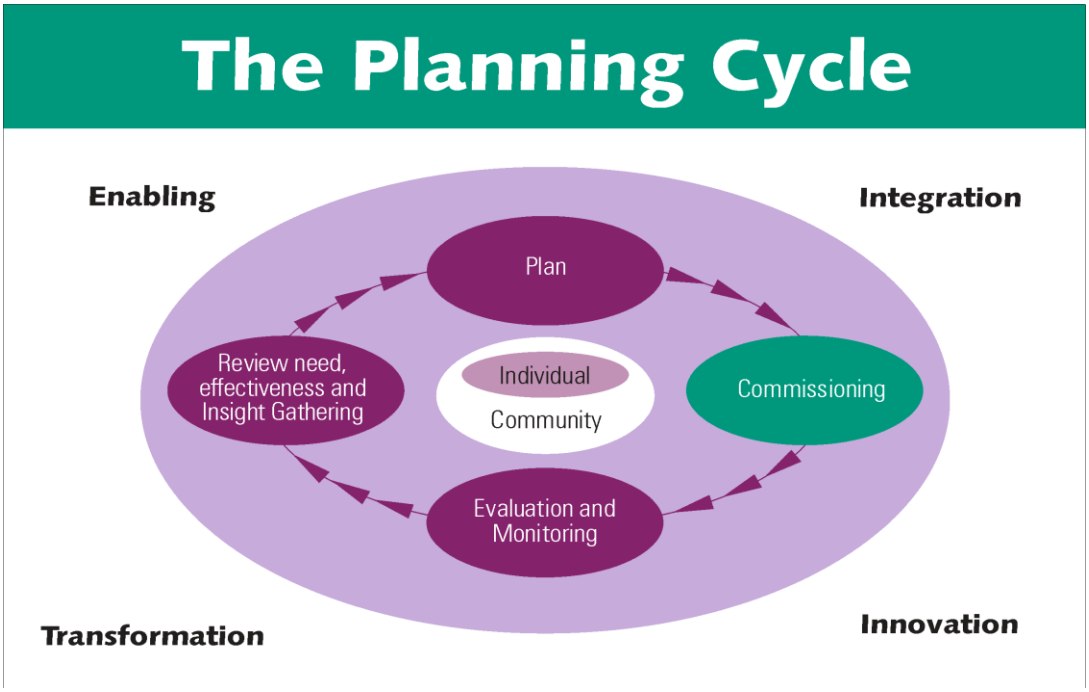
0.43% of the NHS budget. This disparity in investment is starkly illustrated in the way in which we apportion our resources on type 2 diabetes (T2D). T2D and treating its complications accounts for 9% of the total NHS spend, but only 0.03% of which is devoted to prevention, despite the fact that T2D is a preventable condition[10].

Given our current economic context, it is crucial that cost-effectiveness is considered in all of our activities and interventions. The case for investing in public health has been well made in successive reports and further highlighted by the Auditor General. The priorities set out in this Strategy draw heavily on robust evidence from a range of sources such as Frank et al which describes the seven key investments for health equity and Public Health England's 2014 report on the economics of investment in the social determinants of health[11] [12]. These reports show that investing in public health can generate cost-effective health outcomes and can contribute to wider sustainability with additional economic, social and environmental benefits. **These benefits are often described as 'social return on investment' which transcend purely financial outcomes.**

The World Health Organisation (WHO) report[13] on strengthening public health services and capacity describes how **public health can be part of the solution to the challenge of increasing healthcare costs** and outlines returns on investment in both the short and longer terms. The report highlights the cost-effectiveness of vaccination and screening programmes, the advantages of population level approaches rather than individual interventions and the best buy interventions for non-communicable disease prevention. These inform the priority programmes and actions of this Strategy.

Tayside has an impressive history of public health achievements. Even in some of the most intractable issues, we continue to see improvements, for example the decline in smoking rates and teenage pregnancy and in the work to eliminate Hepatitis C. Where we have been successful, it is when we have adopted a public health planning cycle to underpin a whole systems approach (Figure 3).

Figure 3: The Public Health Planning Cycle

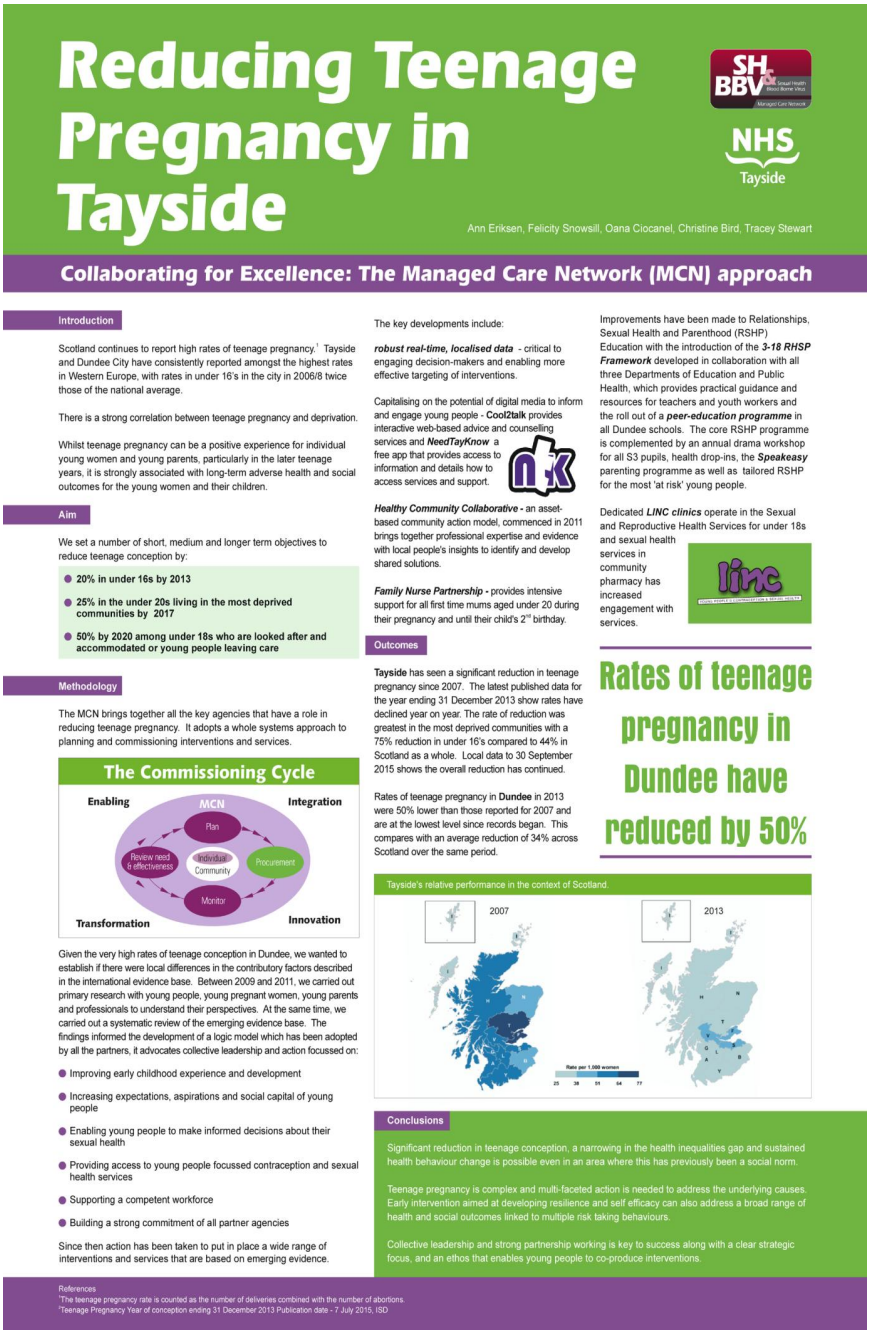


[10] Buck and McGuire (2015) Inequalities in life expectancy Changes over time and implications for policy; The Kings Fund
[11] Frank et al (2015) 'Seven Key Investments for health equity across the life course' SocSciMed 140: 136-146
[12] PHE's 2014 report with the IHE on 'Understanding the economics of investments in the social determinants of health'
[13] http://www.euro.who.int/en/health-topics/Health-systems/public-health-services/publications/2015/the-case-for-investing-in-public-health

At a time when public sector spending is under increasingly significant pressure, we will be challenged if this change in approach is affordable. The converse is true. Case study 2 (please refer to Appendix 1 for a readable version) on reducing teenage pregnancy exemplifies all the elements required in a whole system, or public health approach to address a complex and deep-rooted and intergenerational problem. Teenage pregnancy rates: a key indicator of inequality have dramatically reduced in Tayside. The rate of decrease has been greater than reported anywhere else in the UK, and not only contributes to improved health and social outcomes for the young women, but also delivers in an estimated £800,000 - £1M saving each year in avoided costs of maternity and abortion care. **Cumulatively, even at the lower estimate this will have saved £9.6 million in avoided costs in the 12 years to 2019.** The success of the programme demonstrates the impact of adopting a public health approach and the application of the planning cycle to sustain action over time.

We cannot afford not to take a public health approach.

Case Study 2 – Applying a whole system approach to deep-rooted problems



Reducing Teenage Pregnancy in Tayside

Ann Eriksen, Felicity Snowsill, Oana Ciocanel, Christine Bird, Tracey Stewart

Collaborating for Excellence: The Managed Care Network (MCN) approach

Introduction

Scotland continues to report high rates of teenage pregnancy.[1] Tayside and Dundee City have consistently reported amongst the highest rates in Western Europe, with rates in under 16's in the city in 2006/8 twice those of the national average.

There is a strong correlation between teenage pregnancy and deprivation.

Whilst teenage pregnancy can be a positive experience for individual young women and young parents, particularly in the later teenage years, it is strongly associated with long-term adverse health and social outcomes for the young women and their children.

Aim

We set a number of short, medium and longer term objectives to reduce teenage conception by:

- **20% in under 16s by 2013**
- **25% in the under 20s living in the most deprived communities by 2017**
- **50% by 2020 among under 18s who are looked after and accommodated or young people leaving care**

Methodology

The MCN brings together all the key agencies that have a role in reducing teenage pregnancy. It adopts a whole systems approach to planning and commissioning interventions and services.

The Commissioning Cycle

Given the very high rates of teenage conception in Dundee, we wanted to establish if there were local differences in the contributory factors described in the international evidence base. Between 2009 and 2011, we carried out primary research with young people, young pregnant women, young parents and professionals to understand their perspectives. At the same time, we carried out a systematic review of the emerging evidence base. The findings informed the development of a logic model which has been adopted by all the partners, it advocates collective leadership and action focussed on:

- Improving early childhood experience and development
- Increasing expectations, aspirations and social capital of young people
- Enabling young people to make informed decisions about their sexual health
- Providing access to young people focussed contraception and sexual health services
- Supporting a competent workforce
- Building a strong commitment of all partner agencies

Since then action has been taken to put in place a wide range of interventions and services that are based on emerging evidence.

The key developments include:

robust real-time, localised data - critical to engaging decision-makers and enabling more effective targeting of interventions.

Capitalising on the potential of digital media to inform and engage young people - **Cool2talk** provides interactive web-based advice and counselling services and ***NeedTayKnow*** a free app that provides access to information and details how to access services and support.

Healthy Community Collaborative - an asset-based community action model, commenced in 2011 brings together professional expertise and evidence with local people's insights to identify and develop shared solutions.

Family Nurse Partnership - provides intensive support for all first time mums aged under 20 during their pregnancy and until their child's 2nd birthday.

Outcomes

Tayside has seen a significant reduction in teenage pregnancy since 2007. The latest published data for the year ending 31 December 2013 show rates have declined year on year. The rate of reduction was greatest in the most deprived communities with a 75% reduction in under 16's compared to 44% in Scotland as a whole. Local data to 30 September 2015 shows the overall reduction has continued.

Rates of teenage pregnancy in **Dundee** in 2013 were 50% lower than those reported for 2007 and are at the lowest level since records began. This compares with an average reduction of 34% across Scotland over the same period.

Improvements have been made to Relationships, Sexual Health and Parenthood (RSHP) Education with the introduction of the ***3-18 RHSP Framework*** developed in collaboration with all three Departments of Education and Public Health, which provides practical guidance and resources for teachers and youth workers and the roll out of a ***peer-education programme*** in all Dundee schools. The core RSHP programme is complemented by an annual drama workshop for all S3 pupils, health drop-ins, the ***Speakeasy*** parenting programme as well as tailored RSHP for the most 'at risk' young people.

Dedicated ***LINC clinics*** operate in the Sexual and Reproductive Health Services for under 18s and sexual health services in community pharmacy has increased engagement with services.

Rates of teenage pregnancy in Dundee have reduced by 50%

Tayside's relative performance in the context of Scotland.

Conclusions

Significant reduction in teenage conception, a narrowing in the health inequalities gap and sustained health behaviour change is possible even in an area where this has previously been a social norm.

Teenage pregnancy is complex and multi-faceted action is needed to address the underlying causes. Early intervention aimed at developing resilience and self efficacy can also address a broad range of health and social outcomes linked to multiple risk taking behaviours.

Collective leadership and strong partnership working is key to success along with a clear strategic focus, and an ethos that enables young people to co-produce interventions.

References
[1]The teenage pregnancy rate is counted as the number of deliveries combined with the number of abortions.
[2]Teenage Pregnancy Year of conception ending 31 December 2013 Publication date - 7 July 2015, ISD

4. OUR OVERARCHING STRATEGIC AIM

The overarching strategic aim of the Strategy is for people in Tayside to **live healthier for longer - to reduce inequalities and increase life expectancy**. We need to accelerate the rate of improvement in healthy life expectancy and narrow the gap.

It is widely recognised that 'it all matters' and in order to improve public health, action is required on many fronts. Scotland has developed **six national public health priorities**, where as a people we:

- Live in vibrant, healthy and safe places and communities
- Flourish in our early years
- Have a good mental wellbeing
- Reduce the use of and harm from alcohol, tobacco and other drugs
- Have a sustainable, inclusive economy with equality of outcomes for all
- Eat well, have a healthy weight and are physically active

These priorities are not simply for public health professionals; they provide a foundation for the whole healthcare system, for other public services, the third sector, community organisations and others, to work better together. The Public Health Priorities for Scotland also commits to six key principles[14]:

1. **Reducing Inequalities** - Tackling health inequalities is a matter of social justice. Reducing the health inequalities which exist in Scotland will be the primary objective of our collaborative action and runs through all of our public health priorities.
2. **Prevention and early intervention** - Action on Scotland's public health priorities will prioritise preventative measures to reduce demand and lessen inequalities.
3. **Fairness, Equity and Equality** - Our approach will be based on the principles of fairness and equity, taking account of the avoidable differences in health among groups of people and providing access to the resources needed to improve health. Everyone has the right to the highest attainable standard of health and everyone should have equal opportunity to realise this right without discrimination.
4. **Collaboration and Engagement** - Effective services must be designed and delivered with, and for, people and communities. Early and meaningful engagement across organisations and with people and communities will be an essential element of action on Scotland's public health priorities.
5. **Empowering People and Communities** - We will work in a way that supports services and communities to produce the change they want to see together, and co-design the services they will use. Our goal will be to put people and communities at the heart of change.
6. **Intelligence, evidence and innovation** - Action on Scotland's public health priorities will be evidence-led. We will apply public health expertise, data and intelligence and draw o our communities' lived experience. The challenges within the priority areas will need new thinking and new solutions. Innovation, in particular in the areas of data science and technology, and the use of digital solutions will be a key tool in enabling, driving and supporting change.

[14] https://www.gov.scot/publications/scotlands-public-health-priorities/

5. STRATEGIC SHIFTS

In order for NHS Tayside to achieve the aspirations set out in the Public Health Priorities for Scotland, we need to bring about a transformational shift in population health and wellbeing in Tayside. Key to this ambition will be action across the whole system to create the conditions for success and a focus on:

- Reducing the burden of disease through effective health improvement programmes and a measureable shift to prevention and early detection
- Reducing health inequalities by more fully implementing the recommendations of *Communities in Control* around increasing community resilience, supporting the adoption of healthier lifestyles, particularly in our more deprived areas, transforming our services so that they better meet the health and social care needs of our more deprived communities and by making the achievement of health equity more central to the purpose and policies of NHS Tayside.
- Ensuring the best start for children with a focus on early years to promote healthy development, good health, wellbeing and quality of life throughout childhood and beyond
- Promoting good mental health and wellbeing at all ages.
- Systematic use and translation of data into meaningful information that can inform health service planning and public health interventions.
- Strengthen the Board, Integration Joint Boards and our collective advocacy in our roles as public health leaders.

6. OUTCOMES

NHS Tayside needs to have a detailed delivery plan linked to each of the national public health priorities, mapped to the national performance framework and relevant national indicators as well as meaningful, programme specific outcomes.

National Indicators measure overall outcomes in terms of population health, and several are self-reported through surveys from samples that may be limited in their representation of that population. We intend to develop indicators that will align to and answer the question 'How will we know we are progressing towards the vision outlined in the Director of Public Health's foreword to this Strategy?' and each of the key programmes will therefore describe what will be different in 2021; 2024 and by 2030.

As part of the Public Health Committee's work plan, an overarching outcomes framework is being developed to ensure that we can measure and track performance, and take appropriate action to accelerate improvement when required. The outcomes framework will support and link to the performance assessment arrangements for each of the local outcome improvement commissioning and transformation plans. This will provide long term outcomes, intermediate indicators and programme specific measures.

7. OUR APPROACH AND ETHOS

The way that we work is important. What we do and how we work with partners and people with lived experience, as a whole system to co-create a culture that is focused on improving and protecting population health.

What we will do:

We will continue to engage with our communities and our partners to refine and implement this Strategy over the next 10 years.

We will work with partners and communities to identify the health challenges within our population and use the best evidence and available assets to address these challenges and mobilise change.

We will make prevention core business of NHS Tayside and there will be a shift to prevention in all of our plans and strategies.

We will make sure our priorities are relevant to and addressed in a local context but be of a size and scale to create a population impact.

We will make sure our priorities reflect the national Public Health priorities and contribute to the outcomes within the National Performance Framework.

We will make sure that all of our services are transparently fair, equitable and empowering and that we take specific action to meet the health needs of equality groups and marginalised communities. This will include supporting social justice, equality and human rights work in Integration Joint Boards and Community Planning Partnerships.

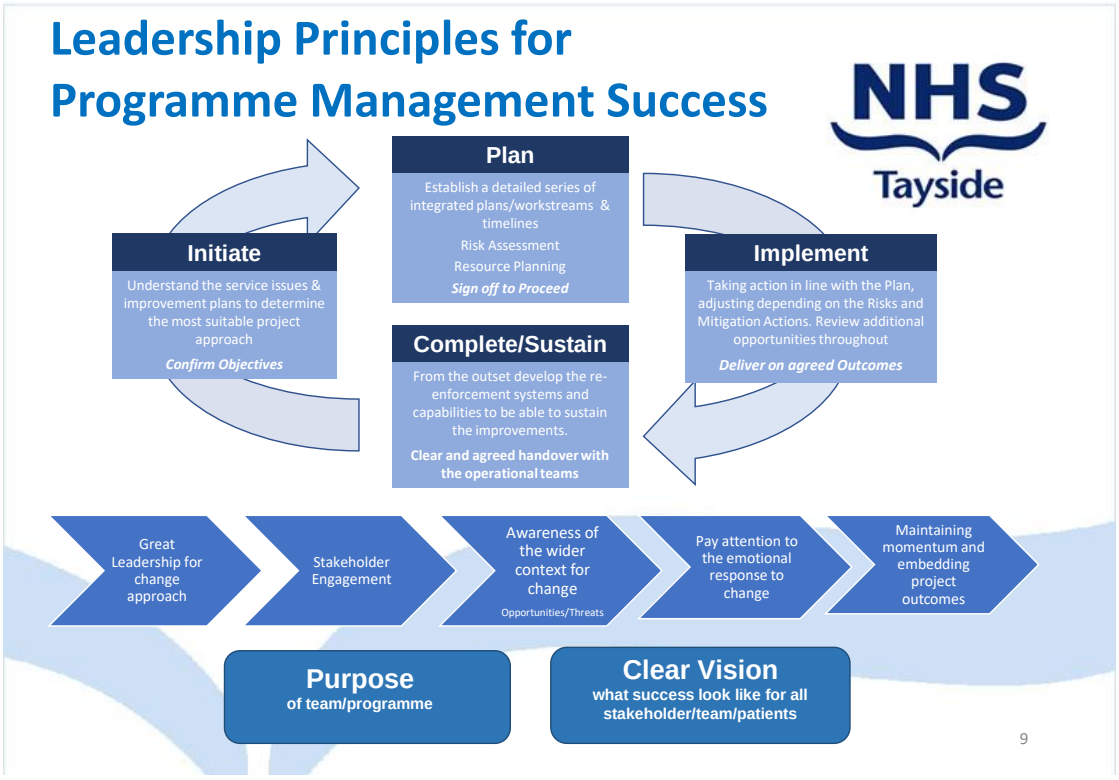
We will ensure that we adopt **Health in All Policies**[15]**.**

We will make sure that our public health workforce has the skills and capability to work with partners and the population to deliver the public health vision.

We will maximise what we do as an advocate and partner for public health, being clear about our role in preventing and mitigating the impact of inequalities in health.

We will apply a systematic approach to programme management (Figure 4) to make the most effective use of capacity and expertise to plan, deliver and monitor complex programmes of change.

Figure 4:



[15] https://www.fph.org.uk/media/1168/healthy-lives-fairer-futures-final.pdf

How we will do it:

We will work as a whole system across Tayside to improve public health, focused on the priority programmes within this Strategy while taking into account local needs and variations.

We will work collectively as co-producers of population health improvement and health equity with community planning partners.

We will demonstrate the values of human rights, respect, equality, dignity, compassion and kindness as a Board, as teams and as individuals.

We will support our staff to promote better health, prevent ill-health and reduce inequalities in their individual settings and workplaces by aligning them closely to the areas and partnerships where they can have the greatest impact.

We will support actions to enhance the health and wellbeing of our staff.

We will ensure the best use of all resources including collaboration and alignment of priorities with our partners and Public Health Scotland.

Who will be involved:

We will listen to and work with our communities, citizens, service users and people with lived experience to understand their needs, priorities and views about improvements.

We will build on our relationships with communities and community planning partners creating a multi-agency public health workforce to further enhance capacity to address our shared priorities.

How we will organise ourselves as a public health organisation:

By working across Tayside as a whole system we are committing to becoming an exemplar public health organisation. Our roles as a public health system are:

1. As a **partner**
   - to meet the ambitions of Public Service Reform, for example by supporting the application of the Community Empowerment (Scotland) Act 2015 to improve mental and physical health
   - to routinely involve the third sector as equal partners alongside other public services in planning and delivering services
   - to play a full and effective role in Community Planning and the delivery of Local Outcome Improvement Plans
   - to influence public sector budgets and services to improve public health outcomes and achieve best value

2. As a **procurer** of goods and services
   - to support communities to use social benefits clauses
   - to advocate for the living wage in external contracts and ensure the NHS supply chain supports good work and fair employment practises
   - to ensure capital investments impact positively on communities
   - to procure local products and services where possible

3. As an **advocate** for communities
   - to advocate for the inclusion of a health perspective in all aspects of social policy and advocate for progressive taxation

- to advocate for a reduction in poverty and socio-economic inequality by actively working to meet the requirements of the Child Poverty Act 2017 and the new socio-economic duty
- to work in partnership to mitigate the adverse impact of welfare reform and to advocate for a fair and dignified social security system that supports lone parents, people with disabilities and other vulnerable groups
- to drive change through a strengthening of leadership and capacity building for community experience and empowerment

4. As a **service provider**
   - to provide services that are person centred, accessible and inequalities sensitive
   - to address the inverse care law and provide services that are proportionate to need, and at their best where they are needed most
   - to design, deliver and transform services focused on prevention and early intervention, and that support health and wellbeing and reduce health inequalities

5. As an **employer**
   - to support staff health and wellbeing, longer fulfilled working lives, fair work principles and create a positive working environment for all staff
   - to promote health and wellbeing through treating employees with dignity and respect
   - to maintain a credible and competent dedicated public health workforce that is fit for purpose to lead the delivery of this Strategy, as well as providing support and development to enable the wider workforce to contribute to public health

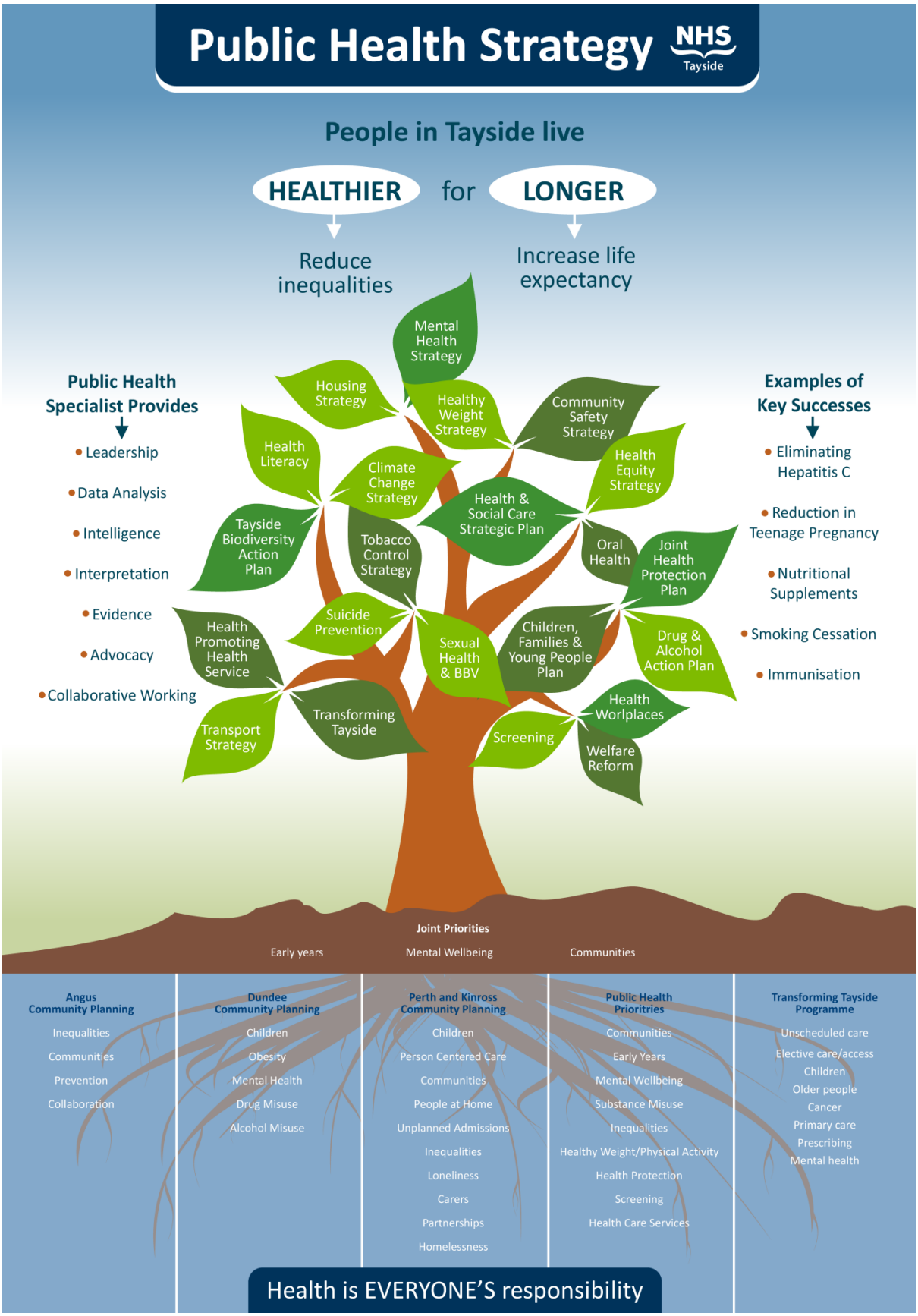
6. As an **enabler** to empower communities
   - to listen to those with lived experience and enable communities to have a real stake in the decisions made by NHS Tayside
   - to work alongside communities, in co-producing good physical and mental health and wellbeing across the life course
   - to involve and empower diverse communities, build social capital and develop good relations between groups
   - to operate in ways that share power and influence more widely, as one aspect of addressing the fundamental causes of health inequalities

7. As an **active participant** in creating a healthy environment
   - to advocate for investment in integrated transport and active travel and healthy food environments
   - to advocate for sustainable environments that are designed to support health for current and future generations
   - to work with partners to apply place-based approaches to reduce inequalities in the quality of neighbourhood environments within Tayside including access to good housing and a reduction in homelessness
   - create exemplar public health environments across the NHS Tayside estate

How we will organise ourselves as specialist public health to effectively engage with the wider system and partnerships:

The infographic in Figure 5 sets out the relationships and connections between the dedicated public health workforce, Health and Social Care Partnerships, the rest of NHS Tayside and Community Planning Partnerships. Together, we are well placed to provide evidence and data on best practise as well as its realistic application in local and specific contexts. Improved outcomes will be generated through the policies and practises of our wider staff groups, partner agencies and policy makers. Coherence between national, regional, local and community-based approaches is important to maximise the impact of public health policies and practise.

Figure 5: Shared roles and working across boundaries



8. ELEMENTS OF AN EFFECTIVE STRATEGIC PUBLIC HEALTH APPROACH

The elements of a public health approach outlined in this section reflect the Board's commitment to addressing the challenges outlined within this Strategy. They also describe activities that will be expected to be included in Health and Social Care Partnerships' delivery plans. These actions will be delivered through the approaches set out in this document, both in relation to the Board's role as a public health organisation and its shared commitment to collective leadership.

There are six core public health elements, or programmes underpinning this Strategy, all of which require cross sector collaboration:

1. Understanding the needs, experiences and assets of the population, how these vary by sub-group and change over time.
2. Tackling the fundamental causes of poor health and of health inequalities - these causes are the basis on which inequalities are formed - and mitigate their effects.
3. Applying a life course approach, recognising the importance of a healthy start in life and the need to maximise opportunities for health and wellbeing at all life stages.
4. Intervening on the intermediate causes of poor health and health inequalities: these are the wider environmental influences on health, including access to services, equality and human rights and other aspects of society.
5. Improving health services by ensuring effectiveness, accessibility, equity and best value, and strengthening the health impact of other services across Tayside.
6. Protecting the public's health from environmental, communicable and other potential risks.

The six elements have been matched across to the six national priorities (Table 1).

Table 1: Elements of a public health approach matched to national priorities

Elements of a Public Health Approach	**Links to national Public Health Priorities**
Element 1: Understand the needs of the population	✓ Place and Community
Element 2: Tackle the fundamental causes of poor health and of health inequalities and mitigate their effects	✓ Poverty and Inequality ✓ Place and Community
Element 3: Apply a life-course approach, recognising the importance of early years and healthy ageing	✓ Early Years and Children ✓ Diet and Physical Activity
Element 4: Intervene on the intermediate causes of poor health and health inequalities	✓ Poverty and Inequality ✓ Mental Health and Wellbeing ✓ Diet and Physical Activity ✓ Harmful Substances
Element 5: Improve the quality of services	✓ Poverty and Inequality ✓ Place and Community
Element 6: Protect the public's health	✓ Harmful Substances ✓ Poverty and Inequality ✓ Place and Community

WHAT WE NOW NEED TO DO
Element 1: Understanding the needs of the population
➢ **Provide public health surveillance and evidence based intelligence** to support decision-making for improving the population's health and wellbeing, health service effectiveness and addressing health inequalities. This will include the Board's transformational plans, reviews of unscheduled care, regional planning, development of Realistic Medicine; and Community Plans. ➢ In collaboration with communities, inform and create opportunities to **develop mutual understanding and shared solutions** to improve health and wellbeing through the co-production of place based approaches. ➢ Monitor local health intelligence resources to make sure that they are maintained, and developed to a level that **enables the whole system to understand population need and put it at the heart of our planning.** ➢ **Capitalise on the opportunities through the creation of Public Health Scotland as well as other national and international sources** of health intelligence and evidence **to inform NHS Tayside's horizon scanning** for future public health and service challenges. ➢ Collaborate with academic partners to **create the necessary capacity and capability to develop predictive modelling and analyse the economic impact of both prevention and, care and treatment** programmes to inform better decision making, investment and planning that will also tackle inequality.

WHAT WE NOW NEED TO DO

Element 2: Tackling the fundamental causes of poor health and health inequalities and, mitigating their effects

- Work alongside communities, **build social capital, strengthen community assets** and develop good relations across the whole population to **foster better cohesion and create more connected communities**.
- Strengthen the links to support community planning activities with a key focus on scaling up social prescribing and, engagement with communities and third sector organisations.
- **Make sure investment for mental health is effectively targeted** for mobilising sustainable, multi-partner approaches to **enable individuals to develop stronger emotional resilience** to improve their mental health and wellbeing throughout life.
- Support partners to **implement the learning and recommendations of the Fairness Commissions** to mitigate and prevent health inequalities caused by poverty (including child poverty), income insecurity (debt, low wages, labour market conditions) and the impact of welfare reform.
- Support partners to **develop and deliver new work,** through the **Child Poverty Action Plans,** that will **reduce child poverty and mitigate its lifelong impact**
- Provide advocacy, health intelligence and practical support to **maximise people's access to welfare benefits** such as the Best Start grant and, implement in full, the recommendations relating to welfare reform made in the Director of Public Health Annual Report 2017-2018.
- Develop NHS Tayside as a **health literate organisation** through fully implementing Scottish Government's *Making it easier: a health literacy action plan 2017-2025*.
- Ensure sufficient public health resource for a **credible collective public health response to 'neighbourhood quality'[16], housing, homelessness** and, health and wellbeing.

[16] Neighbourhood quality may include characteristics such as the incidence of crime and vandalism and hooliganism, litter, harassment, problem neighbours and noise.

WHAT WE NOW NEED TO DO

Element 3: Applying a life-course approach that recognises the importance of early years and healthy ageing

- Continue investment in the implementation of the New Universal Pathway, Getting it Right for Every Child (GIRFEC) and Curriculum for Excellence to make sure that children and young people benefit from early interventions within maternity and health visiting services and school based support. Maintain a focus on **supporting parenting and attachment**; readiness to learn and attainment; relationship development and employability skills, as well as physical health needs such as maternal and infant nutrition and healthy weight; oral health; immunisation; sexual health and relationships.

- Continue to **provide targeted interventions for vulnerable groups** based on learning from the Family Nurse Partnership, Adverse Childhood Experiences (ACEs) and, poverty mitigation approaches advocated by the Fairness Commissions.

- Further strengthen the specialist public health contribution to the work of the Tayside Regional Improvement Collaborative to enable informed decision making that will improve healthy development and especially at key points of transition.

- Advocate for policies to support 'good work' practises with local employers and within NHS Tayside to promote staff health and wellbeing.

- Provide **specialist public health support to inform key service developments**, redesign and innovations that have the potential to improve health and reduce inequalities at key life stages.

- **Strengthen the specialist public health contribution to the work of the Older People's Clinical Board** to support decision making that will improve healthy ageing with a focus on prevention, early intervention and self-care including at key points of transition.

WHAT WE NOW NEED TO DO

Element 4: Intervening on the intermediate causes of poor health and health inequalities

- In conjunction with partners, including the new Public Health Scotland, strengthen the Board's role to develop a ***Health In All Policies*** **approach to create a culture and environment supportive of health and wellbeing** including:
  - reducing the harm associated with drugs and alcohol
  - creating a tobacco free society through protection from second hand smoke; prevention of uptake of tobacco smoking and working to reduce the marketing of health-harming products to vulnerable populations
  - increasing the availability of affordable healthy eating opportunities
  - addressing determinants of good mental health such as nurturing early years, active citizenship and participation
  - promoting wellbeing and social inclusion
  - addressing the negative impact of discrimination and exclusion on health

- **Make sure that frontline staff are equipped to use every healthcare contact as health improvement opportunity** by providing effective training to enable them to raise health and wellbeing issues, promote individual behaviour change and, facilitate access to health improvement support **as part of a social prescribing approach**.

- Review and where relevant, strengthen specific health improvement programmes to **avert and address modifiable risk factors for major non-communicable diseases**:
  - **Mental wellbeing**
    - Systematic implementation of the Scottish Government's *Mental Health Strategy 2017-2027* and the recommendations of the Tayside Mental Health Alliance to better meet the needs of individuals in distress through increased access to mental health and wellbeing support including social prescribing, peer support and opportunities for social connections.
  - **Obesity**
    - Improve maternal and infant nutrition to support the establishment of good nutrition and healthy eating from an early age
    - Increase uptake of physical activity and therapeutic exercise programmes through expanded health referral pathways targeting least active groups
    - Improve access to weight management services and uptake of self-management of weight interventions.
    - Deliver on prevention, early detection and early intervention of type 2 diabetes framework through a targeted improvement plan
  - **Substance use - drugs and alcohol**
    - Strengthen the specialist public health leadership and contribution to preventing drug and alcohol related deaths in response to the public health emergency of drug related death, wider substance use and mental wellbeing including the specific recommendations of the Dundee Drug Commission.
    - Better understanding of protective factors that prevent harmful drug or alcohol use and more timely dissemination of local trends
    - Support investment and evaluation in primary, secondary and tertiary prevention
    - Routine identification and early intervention within acute care services of individuals experiencing harmful substance use, and proactive outreach to reduce ongoing harms and readmission
  - **Smoking**
    - Increased referral and engagement with effective smoking prevention and cessation programmes with focus on people at highest risk including those with severe and enduring mental ill-health, people admitted to hospital; with smoking-related conditions, people who are incarcerated and those living in deprived communities

WHAT WE NOW NEED TO DO

Element 5: Improving the quality of services

- Implement national developments and guidance to existing screening programmes and ensure compliance with standards and in particular, enhancing uptake for those programmes and population groups where uptake falls short of national standards.

- Maximise the potential of primary care including the new GP contract and community pharmacy to address health inequalities through its contribution to health improvement within communities, early detection, early support and living life well.

- Support Transforming Outpatient Programme and Transforming Tayside to make sure new pathways and services are developed and implemented that meet population need by:

  - focusing on reducing health inequalities
  - increasing prevention (where possible)
  - delivering early detection (particularly in deprived areas)
  - providing interventions early that meet an individual's needs by being person-centred
  - enhancing self-care interventions.

- Make sure that there is effective clinical leadership and every service is supported to enable appropriate uptake of health and wellbeing interventions, ensuring health inequalities are identified, targeted approaches are used, and services are designed to meet the needs of people with greatest need.

- Maximise the potential of *Realistic Medicine* and specialist public health will proactively support clinical teams in their action to reduce the harms of over treatment and over diagnosis

- Make sure that digital first approaches are integrated into the public health programmes and services, in designing digital solutions, take into account the needs of the whole population to avoid increasing inequality.

- Adopt and spread the principles of *Realistic Medicine* and the emerging evidence from social prescribing to reduce the inappropriate reliance of clinical interventions where more effective non-clinical alternatives exist.

- Promote mental health and wellbeing for people with long term conditions; promote the physical health for people with mental health conditions through the implementation of a physical healthcare policy and mental health strategy.

- Make sure all policies and service developments are underpinned by meaningful equality impact assessments.

- Develop a human rights approach to delivering services to enable people in our care to know and claim their rights.

- Evaluate and disseminate the learning from a whole system approach to eliminating Hepatitis C.

WHAT WE NOW NEED TO DO
Element 6: Protecting the public's health

- Continue to lead the strategic coordination and implementation of the Vaccination Transformation Programme, working in partnership with all stakeholders to manage the transition to new business-as-usual arrangements, ensuring that NHS Tayside's high uptake rates across children's and adult immunisations are maintained, and securing improvements to coverage where required.

- Continue to deliver effective Human Immunodeficiency Virus (HIV) prevention and treatment to meet or exceed the WHO 90:90:90 global targets[17] through implementing the *Tayside Getting to Zero Strategy* and the *Fast Track Cities* initiative.

- Eliminate Hepatitis C, continue to maintain effective prevention, proactive case finding, testing and treatment for Blood Borne Viruses (BBV) and sexually transmitted infections and, disseminate the learning to inform whole system approaches to complex multi-factorial public health challenges.

- Deliver on the actions in the statutory Joint Health Protection Plan to respond to communicable disease and environmental hazards.

- Create tobacco-free public spaces, where children and families can enjoy their time together without exposure to second-hand smoke and smoking.

- Actively contribute to collective action on violence prevention, hate crime, gender based violence (including sensitive routine enquiry, human trafficking and female genital mutilation) in line with national guidance.

- Proactively support the ambitions of the Community Planning Partnerships to create safer and healthier environments through action on tobacco control, alcohol over provision and the obesogenic environment, by fully realising the potential of legislation and planning regulations

- Promote good sexual and reproductive health and wellbeing by continuing to redesign whole system prevention, early detection, early intervention and treatment.

[17] https://www.unaids.org/en/resources/909090

9. CREATING THE CONDITIONS FOR SUCCESS: WHAT NEEDS TO CHANGE

This Strategy is being developed at the time of Public Health Reform and this presents new opportunities that will enable us to work differently at national, regional and local levels.

In addition to these opportunities, there a number of important conditions that need to be in place locally to make sure that we can realise the collective leadership commitment to adopt a genuinely public health approach made in each of the Community Plans and in Transforming Tayside. These can be distilled as[18]:

- A clear **conception** of what we want, a vivid vision, a goal clearly imagined.
- A strong **confidence** that we can attain that goal.
- A focused **concentration** on what it takes to reach the goal.
- A stubborn **consistency** in pursuing our vision.
- An emotional **commitment** to the importance of what we're doing.
- A good **character** to guide us and keep us on a proper course.
- A **capacity to enjoy** the process along the way.

This Strategy aims to support the strides already being made across the system to adopt these characteristics and in particular, to strengthen what we need to do differently if we are to maximise the benefits from a public health approach. NHS Tayside has already made a commitment to prioritising prevention and early intervention and, using a population health approach to underpin its planning. We recognise that in order to deliver on this, it means the way in which specialist public health operates also needs to change. There are examples illustrated in the case studies where specialist public health has effectively engaged to transform services and deliver sustainable improvements. This approach needs to be applied consistently across the specialist public health workforce.

Our Commitment to Developing the Specialist Public Health Workforce

Creating a culture of health in Scotland will require effective leadership nationally and locally. The Public Health Reform programme recognises the need for workforce development and strengthened public health leadership.

Public Health Scotland's primary focus is to enable the whole system to deliver better public health and wellbeing outcomes. It brings together health protection, health improvement and health intelligence to maximise their combined expertise and impact. We can expect to work more closely with Public Health Scotland to capitalise on national resources and expertise, and combine these with local specialist knowledge to develop 'Once for Scotland' approaches whenever possible. There are also opportunities to strengthen collaboration with the academic community locally, to bring in a breadth of complementary intellectual resources. This potential for improved access to research expertise and health intelligence, together with the six national priorities and greater strategic focus will enable local capacity to be deployed more effectively and will augment our ability to work together as part of a whole system approach. An early example is the commissioning of an independent health needs assessment in substance use from Public Health Scotland, which will combine the skills and capability across the range of public health disciplines nationally, with local knowledge and expertise.

The next iteration of the **Workforce Plan** in 2020 will consider the future skills mix requirements to meet changing needs, and progressively align the specialist expertise and resources to the national priorities and the local areas identified for immediate action. We have begun to realign capacity to give a greater priority to substance use and mental health and wellbeing.

[18] http://www.tomvmorris.com/blog/2014/10/22/seven-conditions-for-success

We also need to work differently. A critical skill for the future is the ability to work across services, and organisations to meet complex and changing population needs. We need agile and visible leaders that can thrive in complexity and uncertainty. This will require individuals with highly developed skills to form, and sustain the productive relationships needed to overcome systemic barriers and, can identify opportunities and synergies to deliver the benefits of whole systems thinking.

We need to invest in our staff to enable them to lead and contribute more effectively. We will prioritise leadership development, such as Project LIFT to support public health advocacy and augment our contribution to public health service improvement.

Getting the balance right: Preventative spend

Inequality is a major determinant of healthcare demand and therefore of spend. *The Christie Commission*[19] report on the Future Delivery of Public Services identified the importance of preventative action and a preventative approach to avoid failure demand with resources tied up to address short-term problems. It defined preventive spend as**:** "***spending public money now with the intention of reducing public spending on negative outcomes in the future."***[20] In 2011, the Scottish Parliament's Finance Committee examined the concept of preventative spending in-depth and noted the "remarkably strong evidence about the benefits that such an approach could deliver". The Committee endorsed the need for "there to be a shift from reacting to crisis, to a greater focus on prevention and early intervention."

In its response to the Commission, the Scottish Government committed to an approach for public services that combined four key elements: **a decisive shift towards prevention**; greater integration of public services at local level driven by better partnership, collaboration and effective local delivery; greater investment in the people who deliver services though enhanced workforce development and effective leadership; and a sharp focus on improving performance, through greater transparency and innovation. Whilst progress since 2011, notably in relation to integration, we have yet to make the decisive shift towards prevention, or in the resources needed to make this a reality.

The Health and Sport Committee of the Scottish Parliament in its report in 2018 on *Preventative Action and Public Health*[21] highlighted the continued lack of longer term focus and strategic direction to increase preventative action and measures to assess achievements and spend. Audit Scotland also continues to urge action to identify and measure preventative activities.

We have drawn on their recommendations to set out a number of immediate steps that NHS Tayside could take to provide greater transparency and to prepare for a decisive shift towards prevention:

- NHS Tayside should adopt the *Christie Commission* definition of preventative spend and develop a methodology to calculate its baseline and future preventative spend

- A breakdown of NHS Tayside's preventative spend, showing the split, should be produced and reported to the NHS Board at least annually

- The Public Health Committee should consider how targets can be set for the NHS Board and the Integration Joint Boards in relation to the minimum percentage of preventative spend to be achieved in each of the next 5 years

[19] https://www.gov.scot/publications/commission-future-delivery-public-services

[20] Christie Commission definition of preventative spend

[21] **Health and Sport Committee,** Preventative Action and Public Health, 10th report (Session 5)

- NHS Tayside should consider how to incentivise those successfully introducing new ways of working that embrace whole systems or public health approaches and investment to save

- The NHS Board should consider opportunities where effective prevention has delivered savings, to reinvest all or a proportion of the financial gains to 'pump-prime' or fund other effective prevention programmes

- NHS Tayside, and the specialist Public Health Directorate, should actively seek opportunities to attract inward investment, including collaborative bids for academic grant monies or clinical trials, and from Scottish Government to test innovative preventative approaches and whole systems redesign

- NHS Tayside should require all strategic plans to make reference to the areas for which there are obvious preventative gains to be made, including specifically in tackling type 2 diabetes, and have appropriate indicators in place to measure achievements and spend

10. GOVERNANCE

Implementation of the Strategy will be led by the Director of Public Health, working with Health and Social Care Partnerships and Community Planning Partnerships. A new Outcomes Framework will provide the Board's Public Health Committee with assurances on progress to enable it to play its key role in overseeing implementation and reporting to Tayside NHS Board.

APPENDIX 1 – Case Studies

The following case studies provide examples of where the public health approach is applied:

Case study 1 - Eliminating Hepatitis C
Case study 2 - Reducing teenage pregnancy in Tayside
Case Study 3 - Suicides in Tayside: using health intelligence to direct effective prevention and support
Case Study 4 - Public health service improvement
Case Study 5 - Scaling up social prescribing in Tayside

Case Study 1

Hepatitis C

Towards micro-elimination in Tayside

"Scotland, however, is ignoring conventional wisdom and making a bold push to control a virus that may be one of the biggest ticking time bombs in medicine."
Wall Street Journal

NHS Tayside

Hepatitis C (HCV) is a blood borne virus that can cause serious and fatal liver damage. 90% of infections are in people who have injected or are currently injecting drugs.

Over 95% can be cured within 12 weeks

There are considerable additional benefits beyond cure including a significant reduction in drug related deaths, reduced criminality and increased engagement in recovery orientated care.[1]

Estimated prevalence in the population is 0.55 -0.6%

Untreated each index case will result in between 7 and 30 new infections over a 10-year period.

20% of people remain undiagnosed posing an ongoing transmission risk

Tayside: Eliminating HCV by 2021?

EASL has suggested that HCV elimination targets can be addressed through micro-elimination in smaller target populations.

Tayside population 400,000 = 8% of the Scottish population

The estimated prevalent chronic population is 2183 people (April 2018). We believe that we will have eliminated HCV in Tayside within two years.

Is it working?

90% diagnosed **80% cured**

Reduced prevalence in people who inject drugs from 34% in 2009 to 23% in 2018.

How much more do we need to do?

It is estimated there are a further 200 people to diagnose and fewer than 200 to treat. **To achieve WHO definition[2] of elimination, Tayside has fewer than 400 people to treat.**

How are we achieving elimination?

1. Find and link more people into care

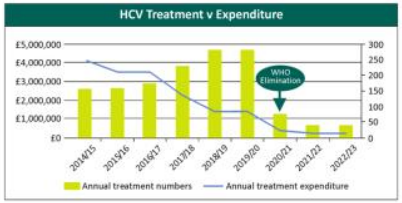
- Maximise opportunistic testing and diversify treatment in community and addictions settings
- Introduce widespread access to easy diagnostic tests
- Implement proactive case-finding for those not in contact with services or lost to follow up
- Simplify pathways of care – go where people are

2. Rapidly scale up treatment

- Remove all barriers to treatment
- Treatment as Prevention (TasP) – treat people who are currently injecting
- Implement case finding methods – identify those with advanced disease

Can we afford it?

Treatment is highly cost effective; elimination can now be achieved at a cost that is well below recent expenditure patterns. It is cost saving.



NHS Tayside could scale up treatment, spend less and save significant money on prescribing over a 3-year horizon

It is an excellent example of applying the principles of Realistic Medicine and of preventative spend and offers the chance to reinvest in other programmes.

Disease elimination is rare

Tayside has the opportunity to rapidly eliminate Hepatitis C in our population. It's within our grasp; let's spend less, treat more, eliminate HCV and transform lives.

[1] Direct-Acting Antiviral Sustained Virologic Response: Impact on Mortality in Patients without Advanced Liver Disease, Hepatology, January 2018
[2] WHO definition of elimination is a greater than 90% reduction in prevalence

Produced by the Sexual Health and BBV Managed Care Network, NHS Tayside

Case Study 2

Reducing Teenage Pregnancy in Tayside

Ann Eriksen, Felicity Snowsill, Oana Ciocanel, Christine Bird, Tracey Stewart

Collaborating for Excellence: The Managed Care Network (MCN) approach

Introduction

Scotland continues to report high rates of teenage pregnancy.[1] Tayside and Dundee City have consistently reported amongst the highest rates in Western Europe, with rates in under 16's in the city in 2006/8 twice those of the national average.

There is a strong correlation between teenage pregnancy and deprivation.

Whilst teenage pregnancy can be a positive experience for individual young women and young parents, particularly in the later teenage years, it is strongly associated with long-term adverse health and social outcomes for the young women and their children.

Aim

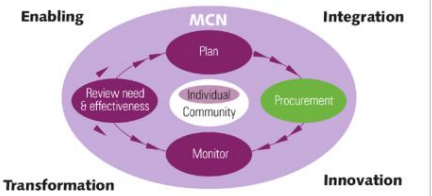
We set a number of short, medium and longer term objectives to reduce teenage conception by:

- **20% in under 16s by 2013**
- **25% in the under 20s living in the most deprived communities by 2017**
- **50% by 2020 among under 18s who are looked after and accommodated or young people leaving care**

Methodology

The MCN brings together all the key agencies that have a role in reducing teenage pregnancy. It adopts a whole systems approach to planning and commissioning interventions and services.

The Commissioning Cycle



Given the very high rates of teenage conception in Dundee, we wanted to establish if there were local differences in the contributory factors described in the international evidence base. Between 2009 and 2011, we carried out primary research with young people, young pregnant women, young parents and professionals to understand their perspectives. At the same time, we carried out a systematic review of the emerging evidence base. The findings informed the development of a logic model which has been adopted by all the partners, it advocates collective leadership and action focussed on:

- Improving early childhood experience and development
- Increasing expectations, aspirations and social capital of young people
- Enabling young people to make informed decisions about their sexual health
- Providing access to young people focussed contraception and sexual health services
- Supporting a competent workforce
- Building a strong commitment of all partner agencies

Since then action has been taken to put in place a wide range of interventions and services that are based on emerging evidence.

The key developments include:

robust real-time, localised data - critical to engaging decision-makers and enabling more effective targeting of interventions.

Capitalising on the potential of digital media to inform and engage young people - **Cool2talk** provides interactive web-based advice and counselling services and ***NeedTayKnow*** a free app that provides access to information and details how to access services and support.

Healthy Community Collaborative - an asset-based community action model, commenced in 2011 brings together professional expertise and evidence with local people's insights to identify and develop shared solutions.

Family Nurse Partnership - provides intensive support for all first time mums aged under 20 during their pregnancy and until their child's 2nd birthday.

Outcomes

Tayside has seen a significant reduction in teenage pregnancy since 2007. The latest published data for the year ending 31 December 2013 show rates have declined year on year. The rate of reduction was greatest in the most deprived communities with a 75% reduction in under 16's compared to 44% in Scotland as a whole. Local data to 30 September 2015 shows the overall reduction has continued.

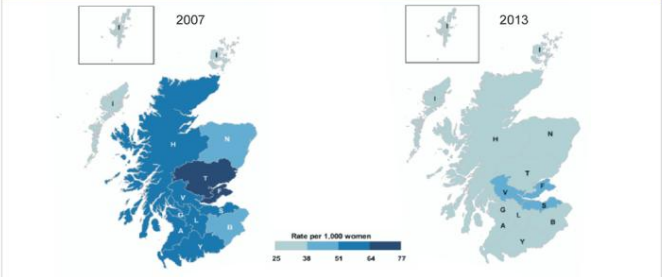
Rates of teenage pregnancy in **Dundee** in 2013 were 50% lower than those reported for 2007 and are at the lowest level since records began. This compares with an average reduction of 34% across Scotland over the same period.

Improvements have been made to Relationships, Sexual Health and Parenthood (RSHP) Education with the introduction of the ***3-18 RHSP Framework*** developed in collaboration with all three Departments of Education and Public Health, which provides practical guidance and resources for teachers and youth workers and the roll out of a ***peer-education programme*** in all Dundee schools. The core RSHP programme is complemented by an annual drama workshop for all S3 pupils, health drop-ins, the ***Speakeasy*** parenting programme as well as tailored RSHP for the most 'at risk' young people.

Dedicated ***LINC clinics*** operate in the Sexual and Reproductive Health Services for under 18s and sexual health services in community pharmacy has increased engagement with services.

Rates of teenage pregnancy in Dundee have reduced by 50%

Tayside's relative performance in the context of Scotland.



Conclusions

Significant reduction in teenage conception, a narrowing in the health inequalities gap and sustained health behaviour change is possible even in an area where this has previously been a social norm.

Teenage pregnancy is complex and multi-faceted action is needed to address the underlying causes. Early intervention aimed at developing resilience and self efficacy can also address a broad range of health and social outcomes linked to multiple risk taking behaviours.

Collective leadership and strong partnership working is key to success along with a clear strategic focus, and an ethos that enables young people to co-produce interventions.

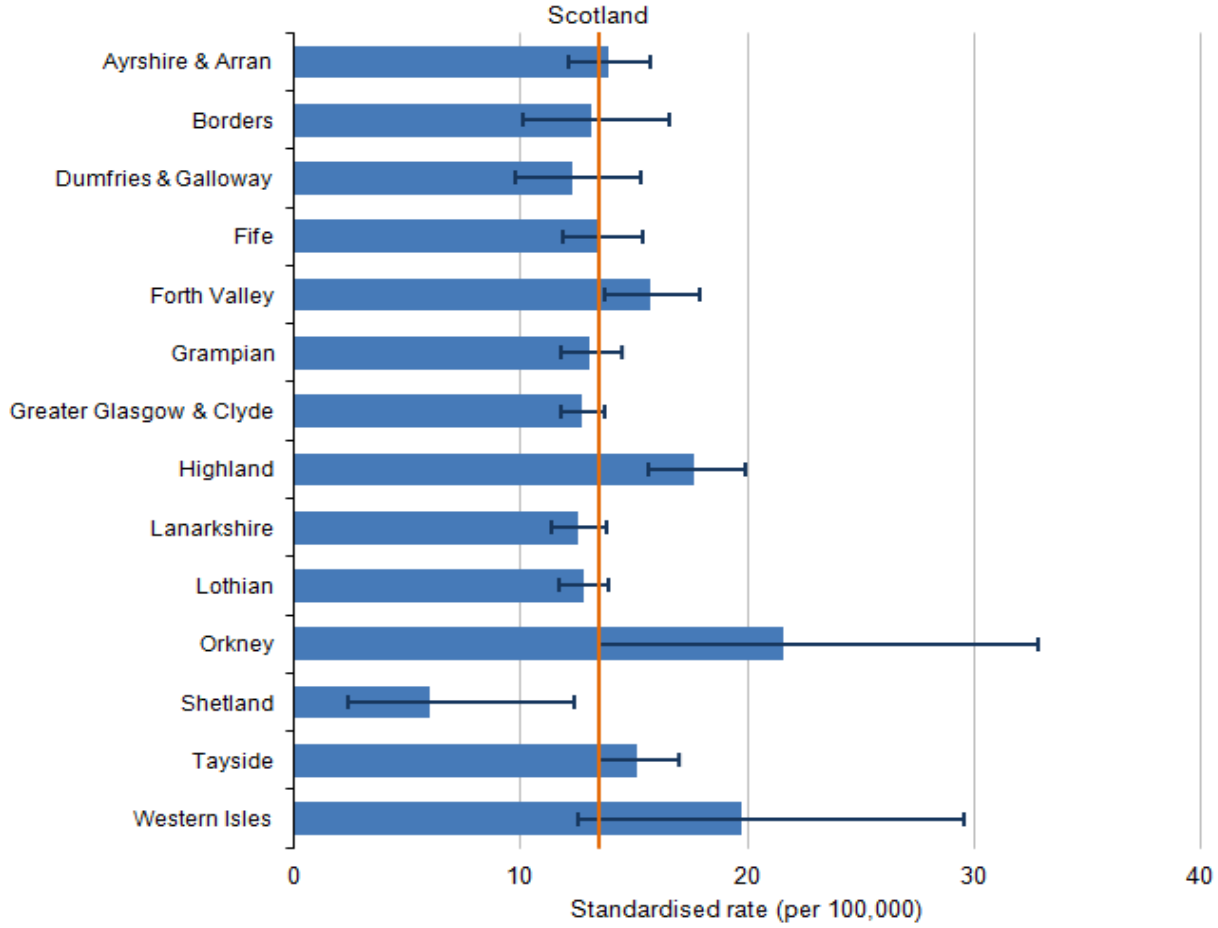
References
[1]The teenage pregnancy rate is counted as the number of deliveries combined with the number of abortions.
[2]Teenage Pregnancy Year of conception ending 31 December 2013 Publication date - 7 July 2015, ISD

Case Study 3

Suicides in Tayside: Using Health Intelligence to Direct Effective Prevention and Support

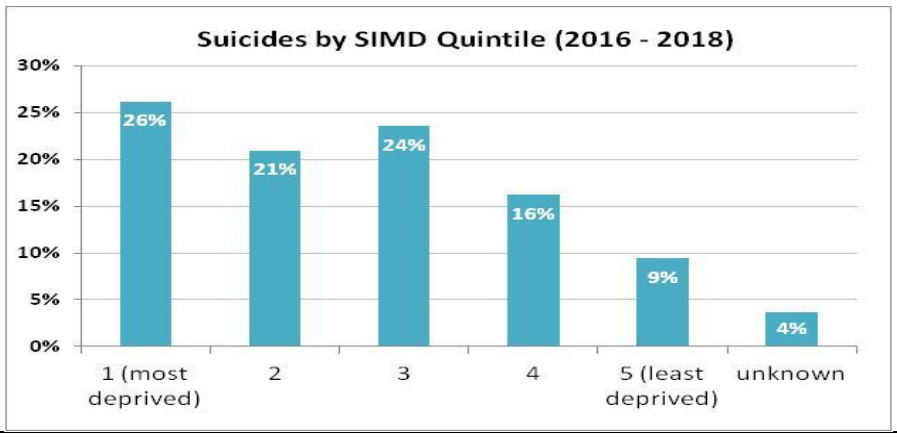
Scotland has a relatively high rate of suicide with an age-sex-standardised rate of 13.4 per 100,000 compared to 11.2 in England see Chart 1[22].

CHART 1 - European age-sex-standardised rates per 100,000 population: suicide deaths by NHS board, 2014-18, using new coding rules (Persons - all ages)



Within Tayside Dundee City has a particularly high rate of 20.4 per 100,000, primarily due to the strong association between suicide and socio-economic deprivation.

Tayside suicide deaths by Scottish Index of Multiple Deprivation (SIMD)



[22] https://www.scotpho.org.uk/health-wellbeing-and-disease/suicide/data/nhs-board/

Approach taken

Tayside is the first area in Scotland to adopt a systematic approach to collecting and interrogating its suicide data. This is adapted from the methodology used for drug related deaths[23]. Led by specialist public health, a Tayside Multiagency Suicide Review group (TMASRG) was set up in 2016 and includes strategic leads from each of the local authority areas, NHS, police, ambulance, criminal justice, fire and rescue and the third sector. The collaborative approach is backed by joint funding from the three local authorities and NHS Tayside.

Each suicide is individually reviewed and common themes are identified. This intelligence directs the collective approach and agreed actions to prevent suicides and improve care and support for those affected by suicide.

Improvements achieved

- Real time data, central interrogation and analysis of detailed information on all Tayside suicide deaths.
- Shared communication of suicide death information to all relevant services.
- Early recognition and response to potential clusters and locations of concern.
- Pro-active and timely action based on local data, research evidence and best practice guidance.
- The approach taken by TMASRG is acting as a path finder to demonstrate how to implement recommendations from the Scottish Suicide Prevention Leadership group's first annual report 2019[24]:
  - **Recommendation 2**: *'The provision of timely and accessible data about suicides must improve.'*
  - **Recommendation 5**: '*...multiagency reviews should be undertaken of all deaths by suicide which take place in a community setting.'*
  - **Recommendation 9**: '*The Scottish Government should make funding available to pilot a new model of care for those bereaved by suicide which should include evaluation and appropriate mechanisms to ensure that learning is shared.'*

Outcomes

- A local needs assessment was undertaken to understand support needs for people bereaved by suicide. It recommended the development of pro-active services to support those bereaved by suicide. These have been implemented.
- Local demographic information allowing targeted suicide prevention activity, for example the unemployed.
- Specific recommendations for services and preventative pathways are now made to the relevant governance and review structures within NHS Tayside and partner organisations.
- National issues requiring national action are identified such as medication supplies of deceased individuals which are often left with relatives due to complex issues of ownership and disposal, leaving ready access to the means to commit suicide.

[23] https://www.nhstayside.scot.nhs.uk/News/Article/index.htm?article=PROD_322284
[24] https://www.gov.scot/publications/national-suicide-prevention-leadership-group-annual-report-2019-making-suicide-prevention-everyones-business/pages/2/

Case Study 4

Public Health Service Improvement

Improving Outcomes for People with Coeliac Disease.

Using co-production and continuous improvement to improve diagnosis and care, and access to prescribed gluten-free foods.

"Co-production is the process of active dialogue and engagement between people who use services, and those who provide them." Sir Harry Burns, Chief Medical Officer for Scotland.

Coeliac disease (CD) is a long term autoimmune disease caused by a reaction to gluten.

Around 1% of the UK population have CD but only 24% have a diagnosis and 76% remain undiagnosed.

Complications of untreated CD include anaemia, osteoporosis, neurological conditions, small bowel cancer and intestinal lymphoma[25].

Once diagnosed, CD is treated by following a gluten-free diet for life.

In Tayside, variations in diagnosis and access to dietetic advice and gluten-free foods, rising prescribing costs, and unnecessary use of specialist gastroenterology and general practitioner expertise were evident.

People with lived experience of CD, NHS staff, community pharmacists and Coeliac UK came together to consider population demographics and inequalities, map the existing clinical pathway and service provision, identify variation, and compare with national guidelines. Priorities for improvement were:

- diagnosis and the clinical pathway
- access to prescribed gluten-free foods.

Clinical Pathway - a new clinical pathway was co-designed with people with CD and changes include:

- shifting routine care away from gastroenterology consultants and nurses to dietitians and community pharmacists
- direct access to gastroenterology consultants for complex cases
- supporting people closer to home by moving care from secondary care to community settings
- improving access to dietetics, group interventions, and digital solutions such as 'Near Me' and NHS Inform.

Gluten-free Food Scheme (GFFS) and Community Pharmacies - treatment includes gluten-free foods on prescription from general practice. In 2010:

- the annual cost was £250k per annum and costs were increasing at 10% each year
- neither people with CD nor general practitioners were happy with this approach - it was time consuming and impractical for both and costly to the NHS.

A new GFFS was co-designed putting control firmly in the hands of the individual with CD:

- everyone has access to a first-class range of gluten-free foods that meet their individual nutritional requirements and from their chosen community pharmacy
- the online scheme uses pictorial images to help people with health literacy needs
- a universal community pharmacy health check removes the need for a gastroenterology

[25] NICE, 2015 https://www.nice.org.uk/guidance/ng20

service review.

As a result of the new clinical pathway and GFFS:

- 34% of people with CD in Scotland/Tayside have a diagnosis compared to the UK national average of 24%.
- There is less need for gastroenterology service outpatient appointments.
- NHS staff and people with CD consider the service more efficient and a better way of working.
- Increasing prescribing costs have stabilised despite increased number of people with a diagnosis of CD. If the trend in 2008/09 had continued NHS Tayside would now be spending approximately £655,000 this financial year. Instead the estimated annual cost in 2019/20 is £255,000 - a saving of £400,000. Cumulatively over the past 10 years this has contributed a saving of £1.4 million.
- The pathway is dietetic led and dietetic care experience is high - evidence from Care Opinion and evaluation of group sessions are very positive.
- Health economist evaluation demonstrated they are less costly in the short and long term.
- This approach should realise longer term benefits for individuals and the NHS through reduced osteoporosis and cancer risk as people are better supported to self-manage and adhere to their gluten-free diets.

In 2013 Scottish Government rolled the GFFS model out across Scotland.

The Tayside pathway was also used as the basis for a new national CD pathway (Scottish Government's Modernising Patient Pathways Programme).

Case Study 5

Scaling up Social Prescribing in Tayside

Using Social Prescribing to improve health and address lifestyle and well-being issues at a population level.

It estimated that 20% of general practice consultations are to address social issues and that these could be dealt with through other sources of support. Many long-term conditions are closely linked to poverty and socio-economic disadvantage; some conditions have a strong association with lifestyle and with wellbeing.

There is some evidence that non-clinical interventions may provide better outcomes than traditional medicines prescribing for people experiencing problems caused by overweight or lack of physical activity. **Social prescribing is an approach in which the person engages with a non-clinical intervention and is supported to achieve a series of self-defined goals**. Social prescribing works for a wide range of people, including people who:

- have one or more long-term conditions
- need support with their mental health
- are lonely or isolated
- have complex social needs which affect their wellbeing.

Social prescribing is a way for local agencies to refer people to a link worker. Such agencies may be situated in health – primary or secondary care. When social prescribing works well, people can be easily referred from a wide range of local agencies, including general practice, pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations and voluntary, community and social enterprise organisations. Self-referral can also be encouraged.

Link workers engage with individuals, giving them time, focusing on 'what matters to me'; making sure that there is a holistic approach to their health and wellbeing. They connect people to practical, financial and emotional support, though either community groups or statutory services.

Many organisations, community groups and providers already exist in Tayside that offer diverse activities. Social prescribing fosters individual social capital, social enterprise and active communities, helping to build and sustain thriving communities.

All three Health and Social Care Partnerships have established small-scale social prescribing. These services are **not of the required scale or scope to deliver the required step-change** in social prescribing activities, as an appropriate alternative to deploying clinical resources for lifestyle and wellbeing issues.

Social prescribing is an explicit priority of each Community Planning Partnership. The Primary Care Development Fund has identified establishing a Link Worker resource in each Tayside GP practice as a key deliverable by 2021. We are working with national health economic input to assess the Social Return on Investment for this project, and this along with local data is informing the development of a costed business case to justify investment by the NHS Board across all three Health and Social Care Partnerships.

Social prescribing should form an essential part of the Transforming Tayside programme, enabling people in our communities to access a range of activities that promote their health and well-being.

ITEM No …7……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 FEBRUARY 2020**

REPORT ON: **HOUSING CONTRIBUTION STATEMENT 2019-2022**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB1-2020**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to seek approval of the Partnership's Housing Contribution Statement 2019-2022.

2.0 RECOMMENDATIONS

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

2.1 Note the work undertaken to revise the Housing Contribution Statement, including the contributions made by a range of stakeholders (sections 4.1 to 4.5).

2.2 Approve the Housing Contribution Statement 2019-2022 (attached as appendix 1).

2.3 Note that the Housing Contribution Statement 2019-2022 will be formatted and published on the Partnership's website (section 4.6).

3.0 FINANCIAL IMPLICATIONS

3.1 Funding to deliver the ambitions set out in the Housing Contribution Statement will mainly be reflected in Dundee's Strategic Housing Investment Plan and Dundee City Council's Capital Plan.

4.0 MAIN TEXT

4.1 In March 2019 the Integration Joint Board approved the Partnership's Strategic and Commissioning Plan 2019-2022 (Article VII of the minute of the meeting held on 29 March 2019 refers). Section 53 of the Public Bodies (Joint working) (Scotland) Act 2014 requires Integration Authorities, Local Authorities and Health Boards to have regard the Housing Advice Note (Scottish Government, 2015) that provides statutory guidance on their responsibilities to involve housing services in integration arrangements. The Advice Note includes a requirement to produce a Housing Contribution Statement as a component of the Strategic and Commissioning Plan. Work has therefore been ongoing since April 2019 to revise the IJB's Housing Contribution Statement to align this with the approved Strategic and Commissioning Plan 2019-2022.

4.2 Housing Contribution Statements (HCS) were introduced by the Scottish Government in 2013 and provided an initial link between the strategic planning process in housing at a local level and that of health and social care. Following the 2014 Act and the establishment of Integration Authorities, the purposes of HCS has expanded to provide an overarching strategic statement of how the Integration Authority intends to work with housing services, whether delegated to it or not, to deliver its outcomes.

4.3 The process of revising the Housing Contribution Statement has been led by the Partnership's Strategy and Performance Service and Dundee City Council, Neighbourhood Services, Housing Quality and Performance Unit. The Statement has been produced in full compliance with statutory guidance contained within the Housing Advice Note.

4.4 The content of the Housing Contribution Statement is drawn from the priorities and outcomes already agreed through the Strategic and Commissioning Plan 2019-2022 and key housing sector strategies; primarily the Local Housing Strategy 2019-2024 and the accompanying Strategic Housing Investment Plan 2019-2024. The Contribution Statement therefore does not contain any new commitments but simply provides a summary of how the housing sector will work as part of health and social care integration arrangements to support the delivery of housing related priorities and outcomes.

4.5 A wide range of health and social care and housing stakeholders were fully involved in work to produce the underpinning strategic documents that the Contribution Statement summarises. Members of the public also had the opportunity to influence the content of these underpinning strategies prior to their approval by the IJB and, in the case of the Local Housing Strategy, Dundee City Council. In finalising the content of the Housing Contribution Statement the Partnership's Integrated Strategic Planning Group and Dundee City Council, Neighbourhood Services Management Team have been consulted regarding the content, style and format of the HCS. The final draft, taking account of stakeholder comments, is attached in appendix 1.

4.6 If approved, the Contribution Statement will be formatted as a companion document to the Strategic and Commissioning Plan 2019-2022 and published on the Partnership's website. The implementation of priorities and developments within the Housing Contribution Statement and their impact will be monitored as part of wider arrangements to monitor the implementation of the Strategic and Commissioning Plan; including through reports to the Integrated Strategic Planning Group and the Integration Joint Board.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	That the statement is not fully implemented and/or does not achieve the desired outcomes.
Risk Category	Operational, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is High risk level)
Mitigating Actions (including timescales and resources)	The Statement is already supported by a range of more detailed Strategic Plans developed in collaboration with the housing sector. The primary underpinning documents, the Local Housing Strategy and Strategic Housing Investment Plan, were approved by Dundee City Council in October 2019.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is Moderate risk level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is Moderate risk level)
Approval recommendation	Given the risk mitigation actions in place the risk is deemed to be manageable and should be accepted.

Risk 2 Description	There is a risk that future funding (2020/21 onwards) will be insufficient to fully implement the Statement.
Risk Category	Financial
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is High Risk Level)
Mitigating Actions (including timescales and resources)	The underpinning Local Housing Strategy and Strategic Housing Investment Plan have been approved by Dundee City Council and as such, future years budget settlements with the IJB and internal budget allocations to Neighbourhood Services and other relevant Council services should take account of the commitments within the Statement.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the risk mitigation actions in place the risk is deemed to be manageable and should be accepted.

7.0 CONSULTATIONS

7.1 The Integrated Strategic Planning Group, Chief Finance Officer, Head of Service, Health and Community Care, Neighbourhood Services Management Team and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 25 February 2020

Kathryn Sharp
Senior Manager, Strategy and Performance

Appendix 1

Housing Contribution Statement

Strategic and Commissioning Plan 2019-2022

This statement outlines the role and contribution of the local housing sector in meeting the outcomes and priorities identified within the Dundee Health and Social Care Partnership Strategic and Commissioning Plan 2019-2022.

CONTENTS

INTRODUCTION

Health and Social Care Integration

The Dundee Health and Social Care Partnership (the 'Partnership') is responsible for delivering person centred adult health and social care services to the people of Dundee. The Partnership consists of Dundee City Council, NHS Tayside and providers of health and care services from across the third and independent sectors.

Our Partnership vision for health and social care is that:

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

We will deliver our vision by targeting our resources to respond to four priority areas:

- Health Inequalities
- Early Intervention and Prevention
- Localities and Engaging with Communities
- Models of Support / Pathways of Care

You can find out more about the Partnership, its vision, ambitions and priorities in our Strategic and Commissioning Plan 2019-22.

The Housing Contribution

Housing is at the heart of our communities and essential to providing safe, stable and secure place for families, individuals and carers to live healthy and fulfilled lives. The housing sector and DHSCP are passionate about place making and supporting people in Dundee's communities to be healthy, strong and resilient.

Dundee City Council Neighbourhood Services and the Partnership together acknowledge that living in good quality and suitable housing has a positive effect on people's overall health and wellbeing, including the health and wellbeing of carers. Conversely, poor quality accommodation, being at risk of homelessness, anti-social behaviour, high energy costs and low incomes may have a negative impact on health and wellbeing.

This Housing Contribution Statement is not only focused on the bricks and mortar of building new housing or on regenerating and adapting existing stock. It is also concerned with taking forward innovative ways of addressing social issues that sometimes get in the way of people, including carers, being able to sustain their tenancies and, live fulfilled lives, peacefully and safely in their communities. We want to support people to live in the community of their choice in a household that accommodates those who they chose to live with including partners, families and carers.

The housing sector has supported health and social care priorities over many years. The needs, requirements and ambitions of people in Scotland are supported through the provision of housing, housing support and housing management services. The vital contribution that the housing sector makes is reflected in the requirement (Section 53 of the Public Bodies (Joint Working) (Scotland) Act 2014) to produce a Housing Contribution Statement as a companion to the Integrated strategic Plan. It is also reflected in the key outcomes the Scottish Government would like to achieve for housing and communities in Scotland:

Scottish Government Housing and Regeneration Outcomes:

Housing vision: All people in Scotland live in high-quality sustainable homes that they can afford and that meet their needs.

Regeneration vision: A Scotland where our most disadvantaged communities are supported and where all places are sustainable and promote well-being.

A well-functioning housing system.	High quality sustainable homes.	Homes that meet people's needs.	Sustainable communities.
Availability and choice. Home people can afford. Growth of supply.	Efficient use of natural resources. Safe Warm Promote well-being	Access to a home Able to keep a home Independent living supported	Economically sustainable Physically sustainable Socially sustainable

Dundee Partnership Housing Contribution Statement

This Housing Contribution Statement sets out how the local housing sector will actively work with the Partnership to support them to achieve the priorities and outcomes within the Strategic and Commissioning Plan for people who use health and social care services and their unpaid carers. The Local Housing Strategy (2019-2024) is the primary strategic document for tackling fuel poverty, provision of housing, housing support and homelessness services, and is embedded in the city`s Community Partnership Planning Framework. This Housing Contribution Statement sets out how the priorities, actions and outcomes contained within the Local Housing Strategy, and other key strategic plans for housing, have been informed by and will contribute to the achievement of the Partnership's four priorities for health and social care integration.

You can find out more about planning arrangements for housing in appendix 1.

THE STORY SO FAR

Since Health and Social Care Integration came into force on the 1st April 2016, much has been achieved through joint working with Dundee City Council Neighbourhood Services and the wider housing sector. Some performance highlights include:

- Delivering 361 additional affordable homes between 1st April 2016 and 31st March 2019;
- Commissioning 133 Particular Needs housing units over the same three year period, 21 more units than had initial been planned;
- In 2017/18 49% of people who used Housing Options approaches did not require to use the homeless pathway, significantly exceeding the target level of 30%;
- Reducing the number of young adults (aged 16 to 26 years) presenting as homeless by 23%;
- Commissioning and developing additional Housing with Care Units for older people;
- Introducing the Lead Professional approach to support many agencies to work together towards common outcomes for homeless people, their families and carers;
- Completing housing adaptations with a value of £3 million during the two-year period form 2016/17 across Council, Registered Social Landlord and Private Sector properties;
- Improving the response as Corporate Parents to young people who are Care Leavers, including by increasing the numbers of young people 'staying put' in their placement after their 16th birthday, as well as of young adults remaining in their existing kinship and foster care placements.

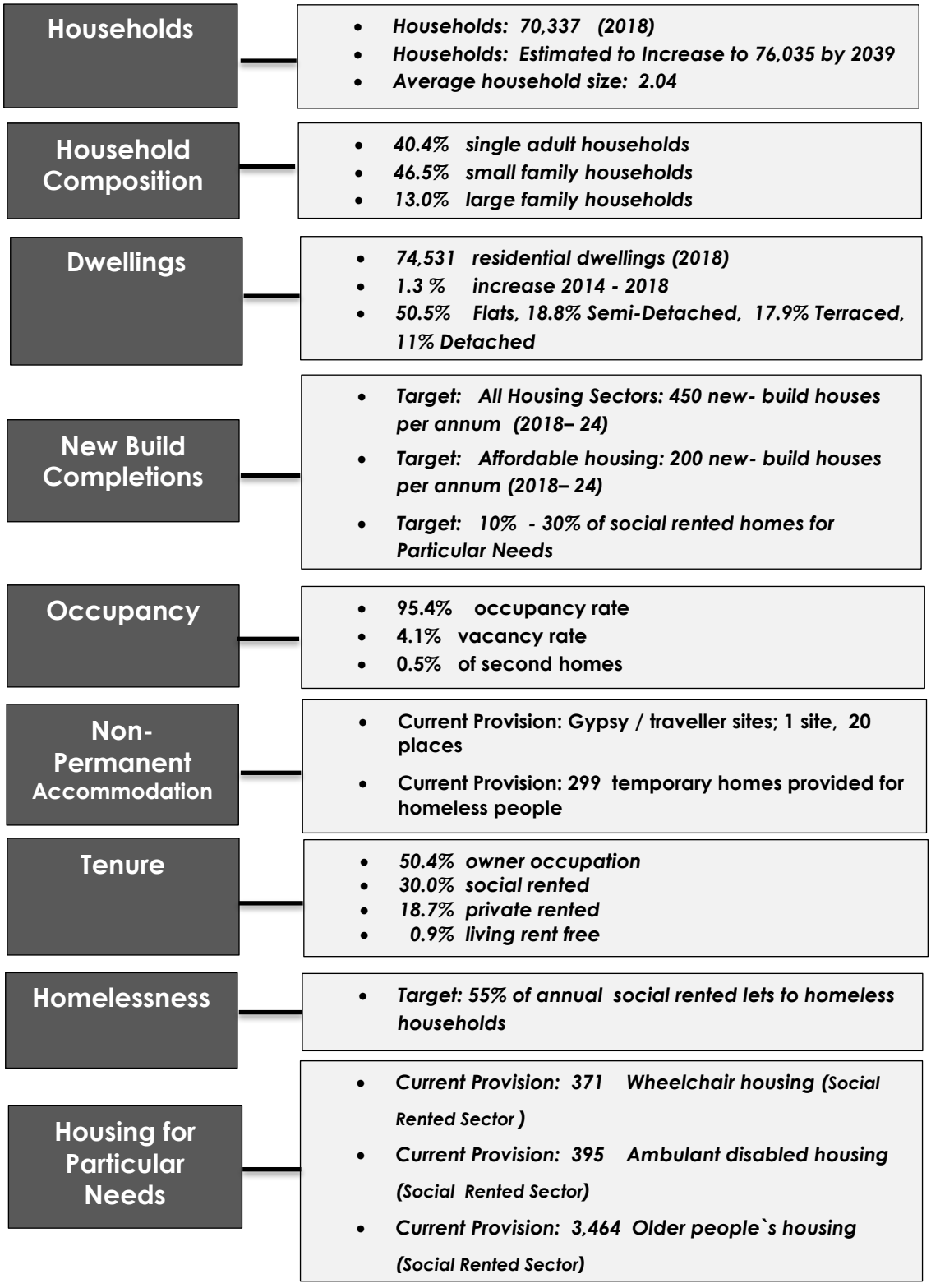
You can read more about our achievements over the first three years of health and social care integration in our Performance against Housing Contribution Statement report.

HOUSING PROFILE

Figure 1 provides a summary of the key aspects related to the city`s housing.

The data is collated from a number of sources at local and national level, for example: National Census; National Records for Scotland; Scottish Government Statistical Returns; Dundee: Local Housing Strategy, Strategic Housing Investment Plan, Dundee City Council Neighbourhood Services.

Figure 1. City of Dundee Housing Profile: A Summary



HEALTH INEQUALITIES – the Strategic and Commissioning Plan says 'we want everyone to have the best health and wellbeing they can have. There should not be any difference between people who live in different areas of the city or who have different circumstances.'

Issues such as homelessness, fuel poverty and poor housing conditions impact disproportionately on people, including carers, living in the most deprived areas of Dundee and those who are part of protected equality groups. Working collaboratively with the housing sector to tackle these issues is therefore an important part of our wider commitment to tackle health inequalities. We will work together with the housing sector to address health inequalities by:

Tackling Homelessness and Supporting Vulnerable People

- Reducing the number of people rough sleeping on the night preceding their application as homeless from 84 per year to 0 by 2024 through provision of appropriate support and accommodation.
- Reducing the number of people leaving prison who become homeless applicants from 93 to 50 by 2024 through application of the SHORE standards.
- Reducing the number of families made homeless from private tenancies from 156 to 100 by 2024 through early intervention approaches.
- Reducing the number of homeless applicants due to domestic abuse from 199 to 100 by 2024.
- Implementing the Housing First model.
- Remodelling temporary accommodation to meet the needs of applicants and reviewing current provision to ensure that it is fit for purpose to meet future need.
- Continuing to work across a range of services to deliver the Vulnerable Persons Resettlement Scheme.

Tackling Fuel Poverty

- 100% of council houses to achieve Energy Efficiency Standard for Social Housing by 2023.
- Reducing % of households across all tenures that are fuel poor from 31% to 24% by 2022.
- Visiting every new Dundee City Council tenant to give advice on heating demonstration and signpost to other relevant services.
- Increasing return on income maximisation / benefits checks from £407,409 to £500,000 each year.
- Providing external wall insulation to an additional 400 private flats per year and improve heating in all Dundee City Council housing.

Improving Standards in the Private Rented Sector

- The Working Group considering issue identified through consultations regarding private and private rented sector housing will develop an action plan for inclusion in the Local Housing Strategy annual update in September 2020.
- Increasing the number of private sector landlord signing up to Homefinder Project to improve standards from 148 to 264 by 2027.
- Maintaining % of registered private sector properties managed by an Accredited Landlord or letting agent at 25%.

Homelessness

Dundee City Council and the Partnership have agreed a joint strategy "Not Just a Roof: Housing Options and Homelessness Plan 2016-2021" which sets out the strategic direction for the Dundee Homeless and Housing Options Strategic Planning Partnership for the next 5 years. The vision of the Partnership is:

"If people do become homeless, they will be able to access quality information, advice and support which will enable them to live a fulfilled life and gain and maintain their own home"

The plan was developed through gathering the views and experiences of people who have been homeless and other key stakeholders. The main aims of the plan are to:

- Prevent homelessness from happening.
- Ensure a positive experience of support and services for people who are at risk of becoming or are already homeless.
- Ensure individuals can live independent, fulfilled and healthy lives.

Rapid Rehousing and Housing First are two of the key approaches that will be delivered through "Not Just a Roof". Rapid rehousing is taking a housing led approach for rehousing people who have experienced homelessness ensuring that they reach a settled housing option as quickly as possible rather than staying too long in temporary accommodation. Housing First is specialist provision for people with complex needs that includes personalised, open ended and flexible support.

Rapid Rehousing

Dundee's Rapid Rehousing Transition Plan was approved in January 2019 and will be implemented by Dundee City Council's Neighbourhood Services, the Partnership and the third sector over the next five years to transform Housing Options and Homelessness services. Key outcomes within the plan include:

- Early intervention and prevention of homelessness.
- People should have a settled mainstream housing outcome as quickly as possible.
- Housing First.
- Implementation of the National SHORE standards for people leaving prison.
- Reducing the use of temporary accommodation, and, where this is not possible reducing the time spent in temporary accommodation.

Housing First

Housing First is an evidence-based approach. Individuals with multiple and complex needs have access to independent, stable accommodation to support them to move away from homelessness and where needed to begin recovery. 70-90% of Housing First residents can remain housed as a result of the provision of intensive, flexible and person-centred support. Housing First Dundee is an innovative programme that will work positively and proactively with those that have had difficulty in engaging with traditional housing and support services due to a variety of complex needs. It is an exciting opportunity to give participants hope and end the revolving door of homelessness.

Housing First Dundee has been developed as a partnership between Transform Community Development (lead), Salvation Army, Dundee Survival Group and Addaction. The project is currently funded via the Housing First Fund. Unlike some other supported housing models, there are no conditions placed on individuals other than a willingness to maintain a tenancy agreement. Housing First is designed to provide long-term, open-ended support for their on-going needs. Housing First Dundee will provide 33 supported tenancies in its first year, with an extension to 100 tenancies being anticipated over the lifetime of the project.

Community Justice

Sustainable Housing on Release for Everyone (SHORE) standards have been developed by the Housing and Prison Leaders Network to improve national consistency of response to the housing needs of people leaving prison. These are being implemented as part of the Rapid Rehousing Transitions Plan. The standards aim to make a contribution to reducing repeat offending and repeat homelessness

and improve our ability to effectively resettle people leaving prison and returning to the community. This approach should increase the number of discharging prisoners going directly into a tenancy with appropriate support. Those people who do need to use temporary accommodation will be rehoused through the rapid rehousing model. Neighbourhood Services, Scottish Prison Service, Community Justice and the Partnership have been working together closely to implement the standards.

Domestic Abuse

In 2018/19 there were 2,103 incidents of domestic abuse recorded by Police Scotland in Dundee, this equates to the fourth highest prevalence rate (rate per 10,000 population) of any local authority in Scotland. The prevention of homelessness through domestic abuse is a high priority for the Scottish Government and housing issues are a significant obstacle to women seeking to leave an abusive relationship. Historically Neighbourhood Services has worked with Dundee Women's Aid and Barnardo's on a Big Lottery funded project providing housing information, home security resources and support. Learning from the project has now been integrated into the Council's Housing Options Service and joint work continues with third sector organisations. Neighbourhood Services has also signed the Make a Stand Pledge developed by the Chartered Institute of Housing, Women's Aid and the Domestic Abuse Housing Alliance.

Care Leavers and Corporate Parenting

The housing sector has a significant role to play in the implementation of seamless and positive transition to adult life for 'looked after' young people.

Health boards and the local authorities are legally designated as 'corporate parents' within the terms of Part 9 of the Children and Young People (Scotland) Act 2014. The Health and Social Care Partnership supports this and shares responsibilities as a Corporate Parent. This legal responsibility ensures that agencies collaborate to enhance the wellbeing of looked after children and care leavers. As corporate parents we must take action to ensure that looked after children and young people leaving care have safe, secure, stable and nurturing homes. Dundee's Corporate Parenting Plan (2017-2020) identifies the development of approaches that support young people agreed 16 and over to remain in their placement and that support young people transitioning from residential houses (for example, satellite flats) as key areas for development.

Vulnerable Persons Resettlement Scheme

The Vulnerable Persons Resettlement Scheme and Vulnerable Children's Resettlement Scheme is a managed migration scheme, run by the United Nations High Commissioner for Refugees. Since December 2015 more than 50 refugee families have been resettled in Dundee from a range of countries of origin. The Resettlement Scheme in Dundee is delivered in partnership by a range of partners from across the statutory and voluntary sectors, including the Partnership. Safe and secure housing, alongside a range of health and social care needs are some of the most important aspects of the resettlement programme.

Poverty and Fairness

Fuel Poverty

Living in fuel poverty affects householders across all tenures. It is recognised that fuel costs and heating your home can be an even greater concern and have a major effect on people with health and social care needs and on their families and carers. There are four main drivers of fuel poverty: energy inefficient properties; high fuel prices; low incomes; and, use of fuel in the home. There has been considerable investment by the Council and Housing Associations in physical energy efficiency

measures and the work of Dundee Energy Efficiency Advice Project, Home Energy Scotland and other advice services. However, high fuel prices in recent years have acted against the impact of the assistance measures.

It is estimated that 1 in 3 people currently live in fuel poverty, to address this Dundee's Built Environment and Climate Change Action Plan along with the Local Housing Strategy have set a joint target of achieving 100% of houses meeting the Energy Efficiency Standard for social housing.

Private Rented Housing

Dundee has a large private rented sector with over 17,000 registered private rented sector properties. Improving housing quality within the private sector is essential to improve the lives of private sector tenants. Below Tolerable Standard properties can be identified as a result of inspections and visits to properties for other reasons, such as visits by the Private Landlord Support Officer, as well as from information provided by third parties.

Care and Repair is an important service for people living in private sector housing. The aim of Dundee Care and Repair is to improve the quality of life for older people and people of any age with disability or chronic illness, who are living in unsatisfactory housing conditions. This can be achieved by the provision of practical advice and assistance with necessary improvements and repairs, which allow the client to remain comfortably and safely in their own home. The service is part of the Council's Scheme of Assistance for Private Sector Housing.

EARLY INTERVENTION AND PREVENTION – the Strategic and Commissioning Plan says 'we will have the best community based supports. We want people to have support sooner and stay healthy.'

Supporting people, including carers, at an early stage who are experiencing difficulties in sustaining good quality and safe housing is an important part of our wider work to intervene early and prevent health and social care needs developing or escalating. We will work together with the housing sector to strengthen early intervention and prevention by:

Housing Options and Homelessness Prevention

- Expanding Neighbourhood Services housing options service, supported by an integrated IT system.
- Reducing the number of homeless applicants with children.
- Reducing the number of homeless applicants who are young people (aged 18-25) through a focus on prevention and testing of a youth housing options service.
- Reducing the number of homeless applicants as a result of prison discharge from 93 to 50 by 2024 through application of the SHORE standards.

Housing Support

- Increase the % of new Dundee City Council tenancies sustained for more than one year from 83.7% to 90% by 2022 and sustain the % at 90% for RSL tenancies.
- Deliver person-centred approach, with tenancy sustainment at its heart.

Housing Options Policy

Housing options provides a person centred approach to advice and information which can help individuals to achieve the solutions that best suit their needs, assisting them to sustain their current housing.

Dundee City Council is currently working towards the provision of a consistent and effective housing options service. The existing service focuses on individuals' personal circumstances, providing advice on: housing, support options, managing debt, substance use, and mental health issues. The main outcome of the service is to deliver a personalised support plan to enable individuals to move forward with their lives. Dundee`s ambition is to expand the service over the next five years, which will involve working in partnership with housing associations and the third sector. This will include developing:

- Sustainable Housing Outcomes on Release (SHORE) Standards for people leaving prison;
- A Social Lettings Agency;
- Tenure Neutral Housing Support services;
- The Lead Professional approach;
- Specialist Housing Options Services, for example for young people;
- Specialist provision within trauma informed environments;
- Assertive Outreach Support; and,
- Protocols for people being discharged from hospital.

These developments will be supported by the introduction of a new integrated Housing IT system from 2019/20 onwards. The new system will help the workforce to ensure that people are advised of all housing options available to them in a consistent manner.

Prevention of Homelessness

A key priority is, where possible, to prevent homelessness occurring, by improving planning and pathways into tenancies and expanding the housing options service. The Dundee Rapid Rehousing Transition Plan acknowledges that the aim is always to prevent homelessness occurring however where this is not possible and people become homeless, a partnership approach is required to ensure that the time they spend in temporary accommodation is kept to an absolute minimum.

Reduction in children who are homeless

Currently, 26% of the homeless applicants in Dundee have children; this compares with 39% in 2005/06. Although the number of homeless applicants with children has reduced over the past 10 years, we are committed to further reductions over the period of the Local Housing Strategy.

Reduction in young people who are homeless

The city experienced a rise in the proportion of 18-25 year old applicants from 27% in 2013-14 to 31% in 2014-15. Over the period of the Local Housing Strategy, local partners will work to reverse this trend through a focus on prevention, improved supports and by testing a youth housing options service.

Reduction in people becoming homeless on leaving prison

At 30 June, 2013 Dundee showed a rate of 322 applicants becoming homeless on leaving prison; compared with the Scottish average of 179 applicants. To improve outcomes for individuals, a key priority is early intervention, and where necessary identify a range of appropriate accommodation and support. A current example of good practice in this area is the Community Reintegration project. This project has led to a marked increase in prisoners voluntarily engaging with statutory and third sector services, while in prison and on their release to live in Dundee. There has also been a significant increase in the number of young people and women accessing resettlement support whilst in custody at Her Majesty`s Prisons (HMP): Polmont, Edinburgh and Cornton Vale. Developing these and similar outcome focused projects over the period of the Local Housing Strategy will significantly contribute to better outcomes for individuals.

Housing Support

Housing support is provided to individuals living in different settings across all housing tenures. In Dundee, services are person centred and focused on prevention, early intervention, and enablement, with an overarching outcome to support individuals to live independently in their own homes. Service provision is diverse and can include support with life skills e.g. budgeting, and housing tenancy related matters.

Dundee City Council's Neighbourhood Services has established a Tenancy and Estates Housing Service which aims to place the emphasis on ensuring that its tenants are given the help and assistance they need to manage and maintain their council tenancy. The new service has allowed Housing Officers to spend more time on the person, not the property. Some staff being have been redesignated as Tenancy Officers whose prime responsibility is to work with tenants to sustain their tenancy from the start. This includes a focus on early intervention and identification of need, adopting a holistic approach to needs assessment, taking a person-centred approach and working collaboratively with various partner agencies within the locality to deliver for the tenant. Similar arrangements are also in place within and across local Housing Associations.

Pre-tenancy Support

The City Council's Neighbourhood Services, Advice, Revenues and Benefits Services intend to work collaboratively to test a new model of pre-tenancy support which will aim to prepare prospective new tenants taking on the responsibilities of a new tenancy. A holistic, multi-agency approach will link Tenancy Officers with advice staff and the Scottish Welfare Fund to prepare tenants for their responsibilities and provide support, where necessary, by way of advice, income maximisation, budgeting support and access to grants such as Community Care Grant. New tenants will be given a better insight into what they need to do to help them keep their tenancy. By inputting various supports at the pre-tenancy stage, it is hoped that levels of sustainment within the city improves and instances of tenancy failure amongst new tenants reduces.

Lead Professional Approach

The Lead Professional Approach to assessment was introduced in 2016, across the range of Homelessness services in Dundee. A lead professional is a member of staff who will call a multi-disciplinary meeting to discuss and agree personal outcomes for a person needing more than one type of support. Those attending the meeting will agree an outcome focused action plan for the person covering an agreed timeframe. The plan will be reviewed within an appropriate timescale. The review is key to tracking progress against personal outcomes. A multi-disciplinary operational group has been set up to drive forward future developments of the approach.

LOCALITY WORKING AND ENGAGING WITH COMMUNITIES – the Strategic and Commissioning Plan says 'we will provide services and supports as close to home as possible and respond to the specific needs of local communities.'

Supporting the regeneration of specific localities is an important part of our ambition to plan and deliver health and social care supports and services as close to home as possible. We will work together with the housing sector to strengthen locality working and engagement with communities by focusing on regeneration in the HIlltown, Whitfield, Lochee and Mill O'Mains areas.

Regeneration

Historically where there has been a problem of low demand for parts of the housing stock this has been addressed by applying a range of initiatives to help turn unpopular stock into sustainable long-term attractive properties. Regeneration within the existing priority areas of Hilltown, Whitfield, Lochee and Mill O Mains is well established. Alongside continuing activity in these areas priorities for investment will now start to look at City-wide opportunities for housing investment.

Priority actions within the Local Housing Strategy for further regeneration include:

Hilltown

- Revision of the Hilltown Physical Regeneration Framework with aim of significantly improving the physical environment and creating safe and attractive neighbourhoods.
- Completion of ongoing development by Caledonian Housing Association at Maxwelltown Works.

Whitfield

- Focus on changing the tenure balance (currently 58% social and 42% private) to achieve a more balanced tenure within the area.

Lochee

- Redevelopment of vacant sites for housing development as well as other uses.

Mill O'Mains

- Complete Phase 4 of demolition of unpopular flats during 2019/20 and deliver new build programme of social rented homes.

MODELS OF SUPPORT, PATHWAYS OF CARE – the Strategic and Commissioning Plan says 'we will have community based, person-centred services that work together to help people live independently at home for longer.'

One of the central components in achieving the Partnership`s Strategic and Commissioning Plan`s independent living priority is the provision of: good quality; well designed; adaptable, energy efficient residential accommodation across all housing tenure; city-wide. The availability of this standard of accommodation in the city's existing and new-build housing stock is a key contributor to the good health and wellbeing of all citizens of Dundee, thereby enhancing the concept of independent living. Therefore, the Partnership`s SCP Housing Contribution Statement endorses the Local Housing Strategy`s commitment to develop:

- Housing quality, choice, and affordability
- 450 new-build house per annum across all Housing Sectors
- 200 new-build affordable housing per annum within the Affordable Housing Supply Sector.

We will work together with the housing sector to:

Particular Needs Housing

- Commissioning 95 additional units of additional needs housing between 2019/20 and 2022/23.
- Reducing waiting lists for wheelchair housing, through provision of additional units and better understanding of current barriers to reducing waiting times.

Housing Adaptations

- Continuing to provider housing sector public adaptations service and Private Sector Scheme of Assistance, including the Care and Repair service.
- Continuing to apply the Local Housing Strategy commissioning processes for new build social rented supported housing that includes smart / assistive technology capabilities.

Particular Needs Housing

The Strategic Housing Investment Plan (SHIP) is the key statement on affordable housing development priorities within Dundee, which includes mainstream and particular needs housing. It is inextricably linked to the LHS, identifying the affordable housing investment priorities outlined in the strategy. In addition, it guides the allocation of Scottish Government Housing Grant, which is central to the delivery of the Dundee Affordable Housing Supply Programme (AHSP). The current SHIP covers the period 2019-2024.

Particular needs housing is specifically designed for people who require care and support or a physically adapted property to live independently. The models of particular needs housing are varied, and can range from 24/7 supported accommodation for individuals with complex needs; to those who require fully adapted wheelchair housing. The Affordable Housing Supply Programme target for particular needs housing is up to 30% of the total number of units commissioned through the Strategic Housing Investment Plan.

Identifying the number of particular needs houses for the city is facilitated through the Housing, Health and Social Care Strategic Planning Groups. The identified particular needs housing requirements are reflected in the Local Housing Strategy, the Partnership`s Strategic and Commissioning Plan and the Housing Contribution Statement.

Table 1 outlines the particular needs housing requirements covering 2019 – 2023 period.

	Year	2019/20	2020/21	2021/22	2022/23	2019-2023
	Service Area	**Commissioning Targets**	**Commissioning Targets**	**Commissioning Targets**	**Commissioning Targets**	**Total**
1	Learning Disabilities and Autism (DHSCP)	10	10	6	To be confirmed	26
2	Mental Health (DHSCP)	4	4	4	To be confirmed	12
3	Physical Disabilities (DHSCP)	10	7	To be confirmed	To be confirmed	17
4	Wheelchair Housing (DCC)	10	10	10	10	40
	Total	34	31	20	10	95
DHSCP		Dundee Health and Social Care Partnership: Supported Housing				
DCC		Dundee City Council: Social Rented Wheelchair Housing Waiting List				
1 & 3		A proportion of homes may be built to wheelchair standard				
N. B.		The rate of development of particular needs housing is subject to the availability of: suitable land, developing landlords' finance, Scottish Government funding, and local planning consent.				

Social Rented Wheelchair Housing

Dundee has a large demand for social rented wheelchair adapted housing, the requirements are considered in every new build social rented affordable housing development. The size of housing required varies from 1 to 5 bed wheelchair units and wheelchair sheltered units. Table 2 shows the demand as at July 2019.

Table 2. Dundee Social Rented Wheelchair Waiting List Demand

No. of Bedrooms	**No. on Waiting List**
1	40
2	29
3	16
4	5
5	1
Sheltered	7
TOTAL	**98**

Since 2015, 45 new build social rented wheelchair units have been completed or currently under construction, with a further 65 proposed units for future development identified within the Strategic Housing Investment Plan.

Local investigations suggests that some of the barriers to reducing the waiting list for wheelchair housing include:

- Waiting list demand out strips wheelchair housing supply
- Reducing demand for wheelchair housing in specific letting areas
- Reducing demand for specific house types e.g. flats, sheltered or older properties.

- Members of household who used a wheelchair no longer living their but other household members continue to occupy the property.

Finding ways to overcome these barriers is a priority for both Neighbourhood Services and the Health and Social Care Partnership.

Housing Adaptations

Housing adaptations assist people to live independently in their own homes, thereby contributing to independent living. Where the accommodation allows for safe installation, adaptations can provide improvements to the accessibility of an individual`s home environment, internally and externally. Making it easier for them to manage at home independently or with the support of carers or care workers. Examples of housing adaptations are: assistive technology, level access, handrails, and converting kitchens and bathrooms.

The provision of housing sector public adaptations services across all housing tenures in the city is crucial to maintaining individuals` independence; now and in the future. The Partnership has aids and adaptations criteria to support the assessment of individual's needs; and the safe installation of housing sector public adaptations in their homes.

Dundee City Council Housing Department allocates £750k each year to assist with the installation of Occupational Therapy recommended adaptations within homes of council tenants. In 2017/18 the Council carried out 407 adaptations. In the private sector 76 applications were completed at a total cost of £326,499.

Private Sector: Scheme of Assistance for Housing Purposes

Part 2 of the Housing (Scotland) Act, 2006 outlines the Scheme of Assistance. Under the Scheme, local authorities have a duty to provide advice, information and financial assistance to the private sector, owner-occupiers and private landlords, to enable and encourage them to maintain and improve their housing. This local authority duty also applies to private sector residents who require their homes to be adapted to meet their assessed health needs.

Care and Repair

This is an important service for people living in private sector housing. Its aim is to improve the quality of life for older people or individuals of any age with disability or chronic illness who are living in unsatisfactory housing conditions. Home improvements are achieved through providing practical advice and financial assistance. With regard to financial assistance, qualifying applicants may receive a small repairs award or grant towards the necessary works. Dundee Care and Repair is part of the Council's Scheme of Assistance for private sector housing.

Assistive/Smart Technology

The Partnership's Smart Health and Care Strategy 2017 – 2020 identifies 5 key assistive technologies to improve personal health, wellbeing and independence. These are as follows:

- Digital
- Telecare
- Telehealth
- Equipment
- Adaptations

The Strategy recognises that assistive technologies enabled care has a significant role to play in supporting individuals to live independently in their own homes. These types of technology can be provided in existing housing through the health and social care housing adaptations process, as well as in new build provision. In relation to the latter, this commitment is reflected in the city`s current LHS and SHIP commissioning processes for new build social rented supported housing.

To support the implementation of the Smart Health and Care Strategy, the Partnership is committed to developing an associated action plan. Once the plan has been developed, housing related actions will be incorporated into the Housing Contribution Statement, Local Housing Strategy, and Strategic Housing Investment Plan through the respective annual update processes.

Supporting Economic Development across Tayside

The TAYplan Strategic Development Plan 2016-2036 was approved in 2017 and sets out the vision for how Dundee, Perth, Angus and North East Fife should develop over the next 20 years. The vision for the area is that the "…region will be sustainable, more attractive, competitive and vibrant…The quality of life will make it a place of first choice where more people choose to live, work and visit and where business choose to invest and create jobs." This ambition is critical to supporting the Partnership's Workforce Strategy; attracting key workforce groups to live and work in the area and independent providers to set-up in business.

WHAT SUCCESS LOOKS LIKE

We believe that if we have achieved the priorities and developments set out in this Housing Contribution Statement that:

- Communities, families and individuals, including carers, will thrive in the areas they live in.
- The health and social care inequality gap will be reduced for people living in deprivation and for those who are part of protected equality groups and fuel poverty will be reduced.
- More people will take greater control of their lives and feel more motivated to make lifestyle choices that will positively enhance their health and wellbeing.
- People, including carers, will be happier living in rejuvenated localities with better quality, safer and more energy efficient housing.
- More people with health conditions or disabilities will receive care and/or supports in their own home or homely setting and their accommodation will provide the best possible environment to support their care from carers and the Health and Social Care workforce.
- Fewer people will spend time in temporary accommodation and for short periods when this is necessary.
- Housing and homeless advice/ information will be easily accessible in localities and available closer to home.

As a Partnership, we will monitor and report on progress through the range of performance and quality assurance activities that we have developed over the last three years. The implementation of priorities and developments within the Housing Contribution Statement and their impact will be monitored as part of wider arrangements to monitor the implementation of the Strategic and Commissioning Plan; including through reports to the Integrated Strategic Planning Group and the Integration Joint Board.

APPENDIX 1 - STRATEGIC PLANNING FOR HOUSING

Dundee Housing Need and Demand Assessment

A Housing Need and Demand Assessment (HNDA) of the city was finalised in 2014. The overall purpose of the assessment is to inform the City's Local Development Plan and Local Housing Strategy on future housing requirements, housing policy and land use. A revised HNDA is currently being prepared for the TAYplan area (Angus, Dundee, Fife and Perth and Kinross Council).

Dundee Partnership's Local Housing Strategy, 2019-2024

The Housing (Scotland) Act 2001 requires local authorities to prepare a Local Housing Strategy (LHS), which sets out how local partners will tackle identified housing needs and demand and informs the future investment in housing and related services. Dundee`s LHS is developed in partnership through the Dundee Community Planning Framework and is reviewed annually. Housing requirements for individuals requiring adapted or supported housing (housing for particular needs) contained within the LHS are agreed through the Health and Social Care Partnership's strategic planning framework. The city's current LHS covers the period 2019-2024

Strategic Housing Investment Plan 2019 - 2024

The Strategic Housing Investment Plan (SHIP) is the key statement on affordable housing development priorities within Dundee. It is inextricably linked to the LHS, identifying the affordable housing investment priorities outlined in the strategy. In addition, it guides the allocation of Scottish Government Housing Grant, which is central to the delivery of the Dundee Affordable Housing Programme (AHP). The current SHIP covers the period 2019-2024.

ITEM No …8……..

Dundee Health & Social Care Partnership

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 FEBRUARY 2020**

REPORT ON: **DUNDEE CHILD PROTECTION COMMITTEE ANNUAL REPORT 2018/19**

REPORT BY: **CHIEF SOCIAL WORK OFFICER**

REPORT NO: **DIJB2-2020**

1.0 PURPOSE OF REPORT

1.1 This report brings forward for Integration Joint Board Members' information the Dundee Child Protection Committee Annual Report 2018/19, attached as Appendix 1.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report and of the Child Protection Committee Annual Report 2018/19, including key achievements and challenges over the reporting year (attached as Appendix 1).

2.2 Note the progress that has been made in developing an effective partnership response to child protection issues in the city (section 4.4).

2.3 Note the development of the Child Protection Delivery Plan for the current year (2019/20) (contained within appendix 1), including how priorities the alignment of priorities to long-term outcomes for the Child Protection Committee (section 4.5).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 All agencies, professional bodies and services that deliver child and/or adult services and work with children and their families have a responsibility to recognise and actively consider potential risk to a child, irrespective of whether the child is the focus of their involvement. As statistical information contained within the annual report demonstrates (see page 14 of appendix 1) the causes of concern leading children to be registered on the Child Protection Register evidence the significant contribution that adult services, including the Health and Social Care Partnership, have to make to the protection of children and young people.

4.2 Child Protection Committees have overall strategic responsibility for the continuous improvement of child protection policy and practice in their local areas. There are 31 Child Protection Committees across Scotland and they consist of representatives from a range of backgrounds including the police, health services, local authorities, health & social care partnerships, community planning structures and relevant voluntary sector fora.

4.3 Although not a statutory requirement, most Child Protection Committees publish some form of annual report. A copy of the report for 2018/19 is attached as Appendix 1. The annual report outlines Child Protection in the wider Protecting People context before examining the role and membership of the Child Protection Committee. It details the key achievements over the year, as well as challenges associated with delivering improvements. The Delivery Plan sets out the priorities of the Child Protection Committee for 2019/20, including how these align to the long-term outcomes for the Committee, and details the actions required to achieve these goals.

4.4 **Key Achievements and Future Plans**

4.4.1 Key Achievements detailed in the report include.

- Significant improvement in the collation and use of data by Dundee Child Protection Committee and Chief Officers Group, some of which is summarised in the annual report.

- In partnership with the Improvement Service, Transformation, Performance and Improvement Team Dundee Child Protection Committee undertook a variety of self-evaluation activity of core business. This has led to the development of thematic agendas and personal statements from all CPC members. Work is ongoing in the development of a corporate risk register in respect of Protecting People which reflects Child Protection needs.

- In partnership with the Care Inspectorate the Chief Officers Group (Public Protection) has embarked upon an ambitious two year transformation programme. The Child Protection Committee is an integral partner in this.

- Earlier this year a multi-agency case file audit of Child Protection and Looked After Children (LAC) services was undertaken by a sub-group of the Protecting People Self-Evaluation Group as part of its commitment to learning and continuous improvement.

- Over the last year review and development of Initial and Significant Case Reviews (SCRs) featured as part of work undertaken by both the Chief Officers Group and Tayside Regional Collaborative. Dundee Child Protection Committee undertook two Initial Case Reviews (ICRs) last year with practice improvement actions arising from both. The Committee has also considered learning identified from a national review of SCR's undertaken by the Care Inspectorate. Revisions to the Dundee Significant Case Review protocol have been piloted throughout the year.

- The report details continuous improvement activity undertaken by NHS Tayside.

4.5 Areas for Further Improvement and Recommendations

4.5.1 Dundee Child Protection Committee is committed to reviewing and improving its activity in relation to keeping people safe. To this end, a delivery plan has been developed for the current year (2019/20). An analysis has been undertaken identifying key issues, strengths and areas for improvement from the following sources:

- Former Balanced Scorecard and associated Child Protection datasets including the proposed national minimum dataset for Child Protection;
- Preventative work with the GIRFEC Delivery Group action plan;
- Case file audit outcomes and action plans;
- Learning and workforce development activity;
- Work carried out by the Improvement Service;
- Actions being progressed by Priority Group 5 of the TRIC;
- The findings of SCRs and ICRs; and,
- Protecting People Transformation Programme.

The plan has also been informed by interim findings of the national care review; the new national child protection minimum dataset; and Care Inspectorate quality framework.

The Care Inspectorate guide for the joint inspection of services to children in need of care and protection (http://www.careinspectorate.com/index.php/joint-inspections/services-for-children/the-guide) has also been referenced in developing the plan. The plan compliments improvement work being undertaken elsewhere across the partnership.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

7.1 The Chief Officer, Chief Finance Officer, Council Management Team, members of the Dundee Child Protection Committee and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Diane McCulloch
Chief Social Work Officer

DATE: 25 February 2020

If not you ...who?

Dundee Child Protection Committee

Annual Report

2019

www.dundeeprotectschildren.co.uk

Dundee Child Protection Committee

Contents

Introduction

Independent Chair of Dundee Child Protection Committee

Welcome to our Dundee Child Protection Committee Annual Report 2019; this report covers the period April 2018 – March 2019.

For the third consecutive year I am very pleased to present this overview report of our multi-agency activity for the past year. This report presents our key achievements; both key strengths and identification of areas for improvement. In our last report (April 2017 to March 2018) we stated that we aimed to have in place a refreshed and updated website – ***that has been achieved***. We also stated that we aimed to publish updated multi-agency child protection instructions – ***that has been achieved***. Each of these considerable achievements would not have been possible without the hard work and commitment of those staff to whom the tasks were assigned.

This year's report details our progress on the recommendations made last year and I am very pleased to say that we can report positively on each. Of particular significance is the progress made in providing the committee with relevant data and information to inform future planning, in particular, the forthcoming delivery plan for 2019 - 2020. Prospective planning and scrutiny will be further enhanced following the committee's agreement to adopt the National Minimum Dataset proposed by the Scottish Government; the dataset is also to be adopted by Angus and Perth & Kinross Child Protection Committees thereby increasing the potential for collaborative work and joint initiatives across Tayside which will be based on comparable data.

There is certainly more work to be done, as highlighted in the report, in order to fulfil the city's ambition of providing its children, young people and families "…. ***with the protection they need, when they need it, to keep them safe from harm***" but the commitment by all multi-agency partners and staff, to achieve that goal is, without doubt, in place.

Finally, in this my last report before demitting my role as independent chair of the committee, I wish to acknowledge the hard work, commitment and dedication of staff, who, working in partnership continue to realise the city's ambition of "… ***creating a community which is healthy, safe, confident, educated and empowered***". (City Plan for Dundee 2017 - 2026).

Norma Ritchie
Independent Chair
Dundee Child Protection Committee


If not
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Protecting People

Dundee's future lies with its people. They deserve the best this city can give them. We will provide the protection they need, when they need it, to keep them safe from harm.

Key Principles of Protecting People

The protection of people in Dundee is part of the overall provision of services that will deliver positive outcomes for people in Dundee.

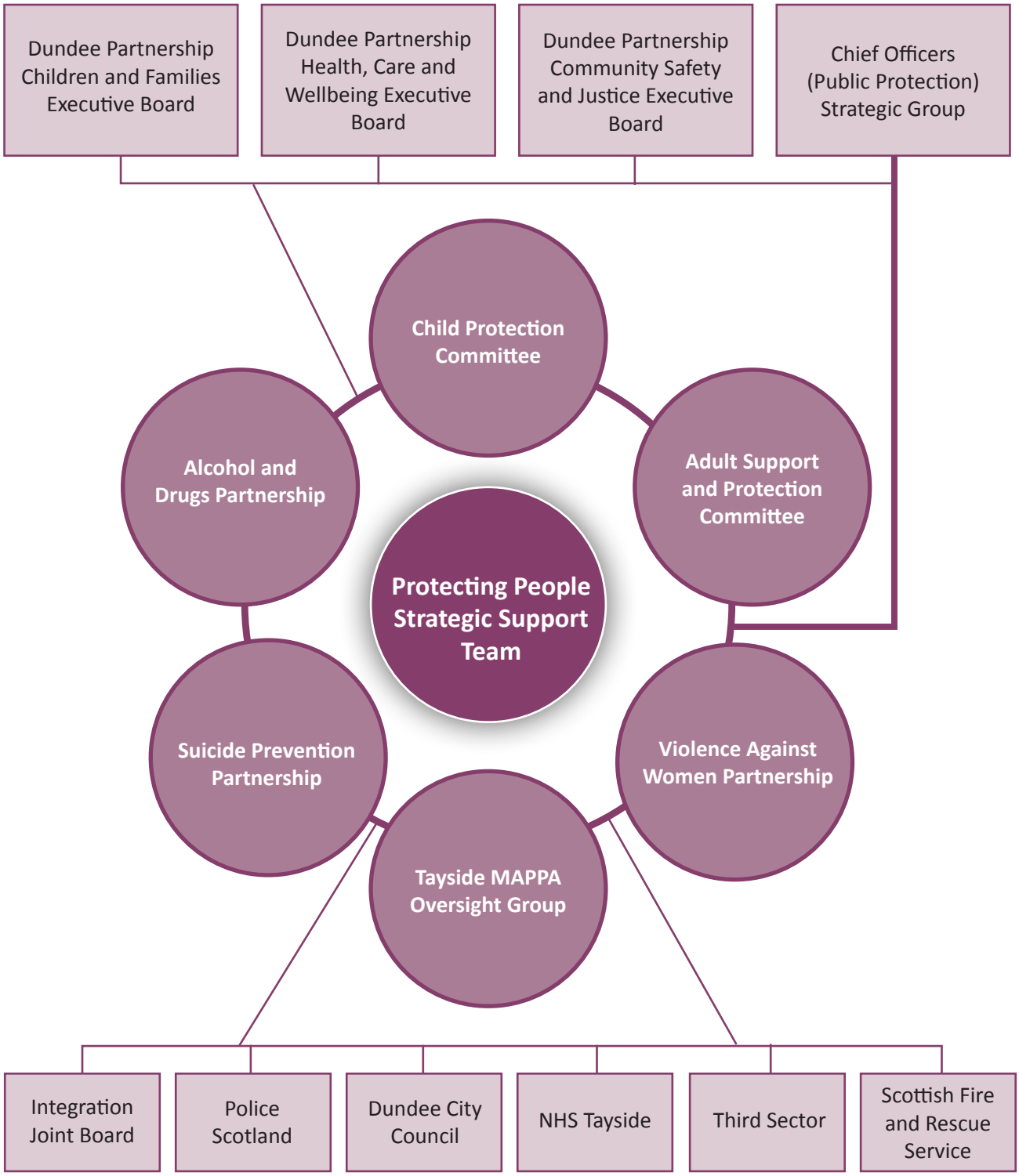
The people delivering those services will have the knowledge, skills and experience to deliver quality services.

We will deliver our vision by working in partnership across the statutory (Dundee City Council, NHS Tayside, Police Scotland and Scottish Fire and Rescue Service) and voluntary sector.

We will work with our partners in other local authority areas, both in Tayside and throughout Scotland, to improve services to protect people and work towards a consistent approach.

The wider Protecting People strategic agenda in Dundee City is led by a number of key public protection partnerships - these include the Adult Support and Protection Committee, the Child Protection Committee, the Violence Against Women Partnership and the MAPPA Strategic Oversight Group, all reporting to the Chief Officers Group (COG). Over the last year, the Protecting People Strategic Support Team has broadened its responsibility to include suicide prevention and displaced persons.

The Chief Officers 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.



Child Protection

All agencies, professional bodies and services that deliver child and/ or adult services and work with children and their families have a responsibility to recognise and actively consider potential risk to a child, irrespective of whether the child is the focus of their involvement. Child Protection Committees have overall strategic responsibility for the continuous improvement of child protection policy and practice in their local areas. There are 31 child protection committees across Scotland and they consist of representatives from a range of backgrounds including the police, health services, local authorities, children services and community planning structures and relevant voluntary sector fora amongst others.

Child Protection in Dundee

Dundee is home to 23,949 children and young people under the age of 16 (General Records of Scotland 2018), most of whom live in safe and nurturing home environments where they are supported to develop and reach their full potential.

It is widely recognised that children and young people living in poverty often have poorer outcomes than their more affluent peers. Deprivation is a significant issue for Dundee with almost half of its children and young people, **10,393 (43.4%)**, living in communities identified as the most deprived in Scotland.

Deprivation also contributes to the prevalence of other health and social inequalities such as alcohol and substance misuse, physical and mental health and domestic violence and these in turn are recognised as contributory factors to the abuse and neglect of children.

However, any child, from any background, living in any community can be at risk of abuse or neglect and we all share a responsibility to protect children from harm.

All local authority areas have a responsibility to provide supports and services to minimise risk and protect children and young people. This includes raising awareness amongst the public, supporting the development of our community as well as the provision of a structure by which risks can be identified, responded to and, where necessary, appropriate proportionate action taken.

Child Protection Committees

Child Protection Committees were first established in each local authority area across Scotland in 1991. Since then, they have been subject to many reforms and reviews, in particular in 2005 when they were strengthened as part of the then Scottish Executive's Child Protection Reform Programme.

Child Protection Committees are locally based, inter-agency strategic partnerships responsible for the design, development, publication, distribution, dissemination, implementation and evaluation of child protection policy and practice across the public, private and wider third sectors in their locality and in partnership across Scotland. Their role, through their respective local structures and memberships, is to provide individual and collective leadership and direction for the management of child protection services across Scotland. They work in partnership with their respective Chief Officers' Groups and the Scottish Government to take forward child protection policy and practice across Scotland.

Dundee Child Protection Committee

The Dundee Child Protection Committee core membership consists of representatives of key stakeholder agencies, namely…

The committee is chaired by an independent chairperson contracted to fulfil this role by Dundee City Council on behalf of Dundee Child Protection Committee. The Vice Chair role is undertaken by the Service Manager, Strategy and Performance Team, Children and Families Service, Dundee City Council.

There may be more than one representative of a partnership agency, for example, The Chief Social Work Officer for Dundee City attends together with a Learning and Organisation Development Officer. The committee also has a number of minuted members who are not required to attend every meeting. In addition, the Lead officer is neither a core nor minuted member but provides the necessary support for the committee. Full details of the membership of Dundee Child Protection Committee can be found in **Appendix 1**.

The work of the Dundee Child Protection Committee takes place within a framework on both a local and national level. The committee is represented in a Tayside collaborative as well as the Central and North Scotland Child Protection Committee Consortium and Scottish National Chairs and Lead Officers group. Over the past 12 months this has provided an opportunity to share learning and experiences and develop areas for joint working in an effort to further develop continuous improvement of child protection policy and practice.


If not
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The Child Protection Process
(Management Information)

The following summarises key management information relating to the formal Child Protection process.

The Child Protection process is one end of a spectrum of staged interventions applied across the partnership in Dundee to address concerns in respect of children and young people. Social Work come into contact with a very small number of families, with the majority not requiring any additional support at all. All children will, however, at various stages have ongoing input from health or education professionals and it is these services that are often the first point of contact to recognise and respond to issues of concern. When a child or young person is identified as having significant additional support or wellbeing needs, a written plan describing these needs and how they might be met is prepared. This involves a "Team Around the Child" (TAtC) meeting which includes parents, the child or young person and any other professional agencies who may provide support.

Most Team Around the Child meetings will not result in statutory child protection procedures, the presenting issues being adequately addressed by the appropriate agencies at the appropriate stage.

Similarly, Police Scotland operate a "Risk and Concern Hub" ensuring that all concerns raised are assessed appropriately and where wellbeing concerns are identified, relevant and proportionate information is shared with partners in a timely manner to enable the necessary additional support from all partner services.

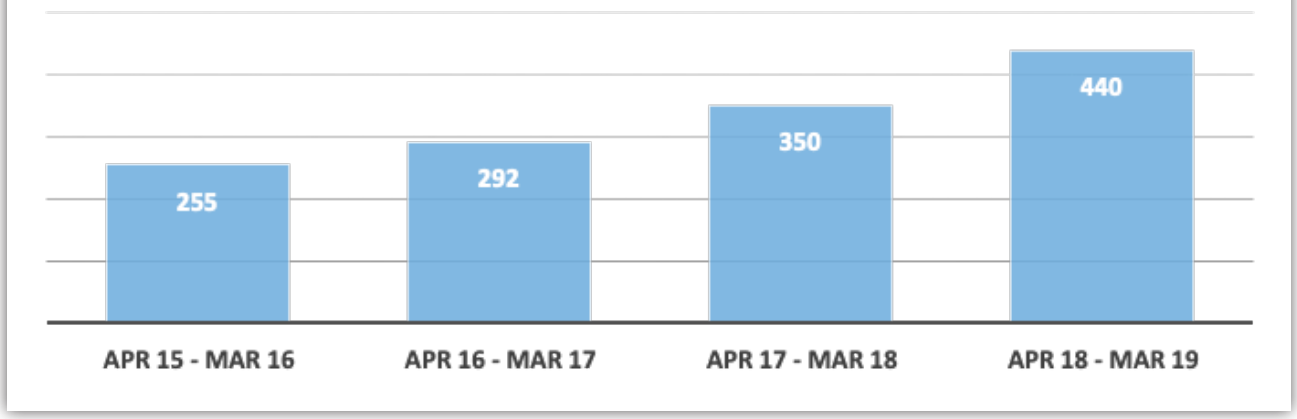
For a small number of children and young people it may be necessary to address the identified risk by way of statutory child protection procedures. This involves a referral to Local Authority for assessment / investigation.

1115 **referrals were made made to the Child Protection intake service in 2018/19 representing a 10% increase on the previous year.**

The first stage of the Child Protection process is the Initial Referral Discussion. This is a multi-agency meeting that considers how best to proceed when investigating a concern and making immediate plans to keep children and young people safe.

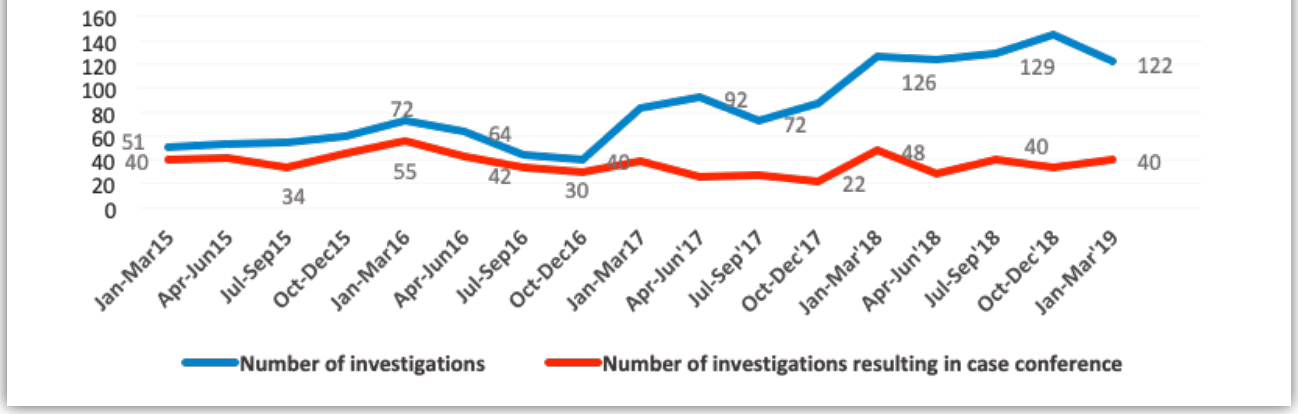
The table below illustrates a steady increase in Initial Referral Discussions in recent years with a 26% increase from 350 last year to 440 in 2018-19.

IRDs and DeBriefs - 3 year comparison



Some of these referrals may not relate to risk that requires a statutory response, however where it is suspected that a child or young person has suffered, is suffering or maybe at risk of harm or abuse then a joint assessment of this risk is undertaken.

Number of investigations per quarter and number progressing to case conference

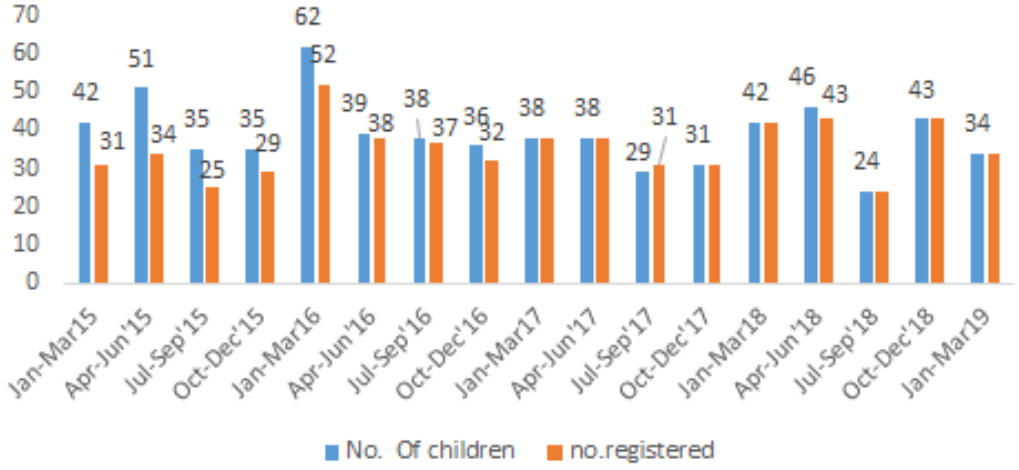


410 **Child Protection Investigations were recorded in 2018/19. An increase of 135 (33%) on the same period last year.**

An initial Child Protection Case Conference (ICPCC) is held if the child is assessed as being at risk of significant harm, so that all of the relevant professionals can share information, identify risks and outline what needs to be done to protect the child.

Any agency may request a Case Conference and Social Work Services are responsible for responding to the request. A significant part of the function of the Case Conference is to determine if a child's name should be entered onto the Child Protection Register.

Number of children at case conferences number registered per quarter

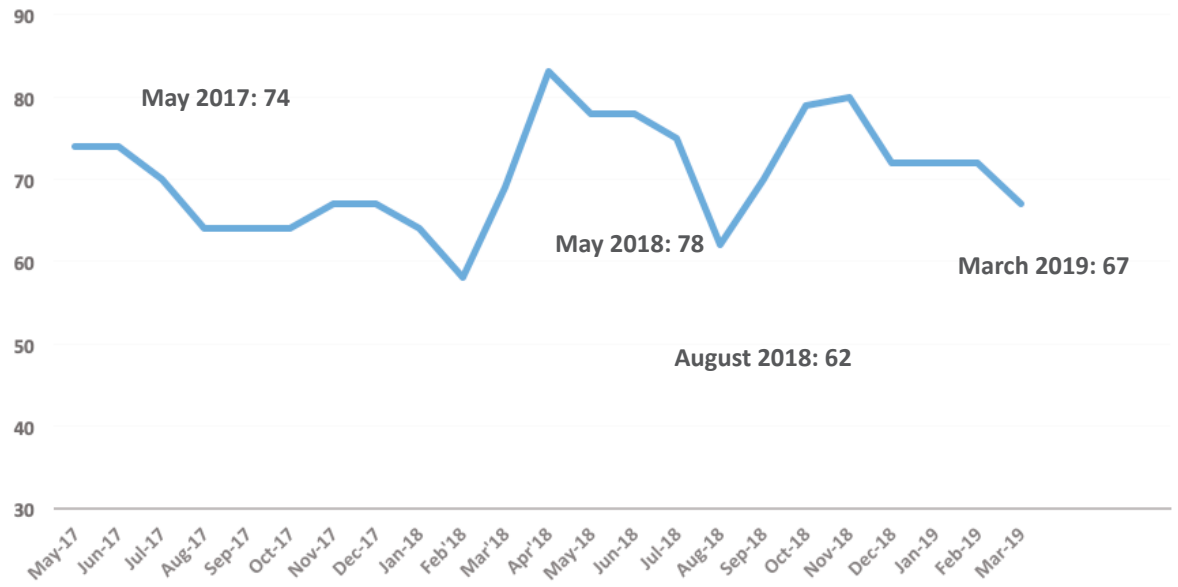


147 **children were at initial case conferences in 2018-19, all but three of whom were registered.**

Every local authority area in Scotland has a Child Protection Register, which is a list of children who may be at risk of current or future harm. A child's name (including unborn babies) will be entered onto the register when they are believed to be at actual or potential risk of significant harm. The number of children whose names are on the register at any given time will vary.

67 **children and young people were on the Child Protection register for Dundee on 31st March 2019.**

Number of Children on the Child Protection Register since May 2017



Children's names can be entered onto the register for a variety of reasons relating to identified risk.

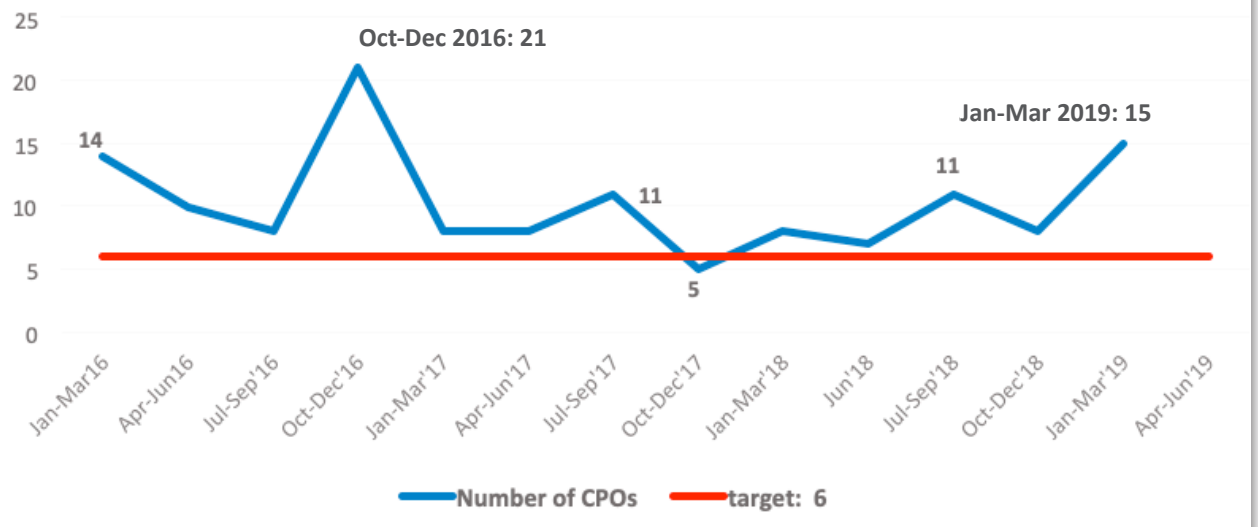
A child's name will remain on the register until it has been agreed by a Child Protection Review Case Conference that they are no longer at risk of significant harm. This may be because the issues identified as placing them at risk have been addressed and no longer warrant registration, the child has been made subject to a supervision order by way of a Children's Hearing or the child is being cared for by someone else in a living environment other than the one in which they were considered to be at risk. This may be with relatives or family friends (kinship care) or in a foster placement or residential establishment.

If, at any point during the child protection process, a child is considered to be in immediate danger, an order can be made through the sheriff court. A Child Protection Order (CPO) can be issued to immediately remove a child from circumstances that put them at risk, or to keep a child in a place of safety (e.g. a hospital). Anyone can apply to the sheriff for a CPO although in practice this is normally undertaken by the local authority. These emergency measures allow time to decide the best way to protect a child. This may involve a Case Conference and possibly care proceedings.

41 **CPO's were granted in Dundee during 2018-19.**

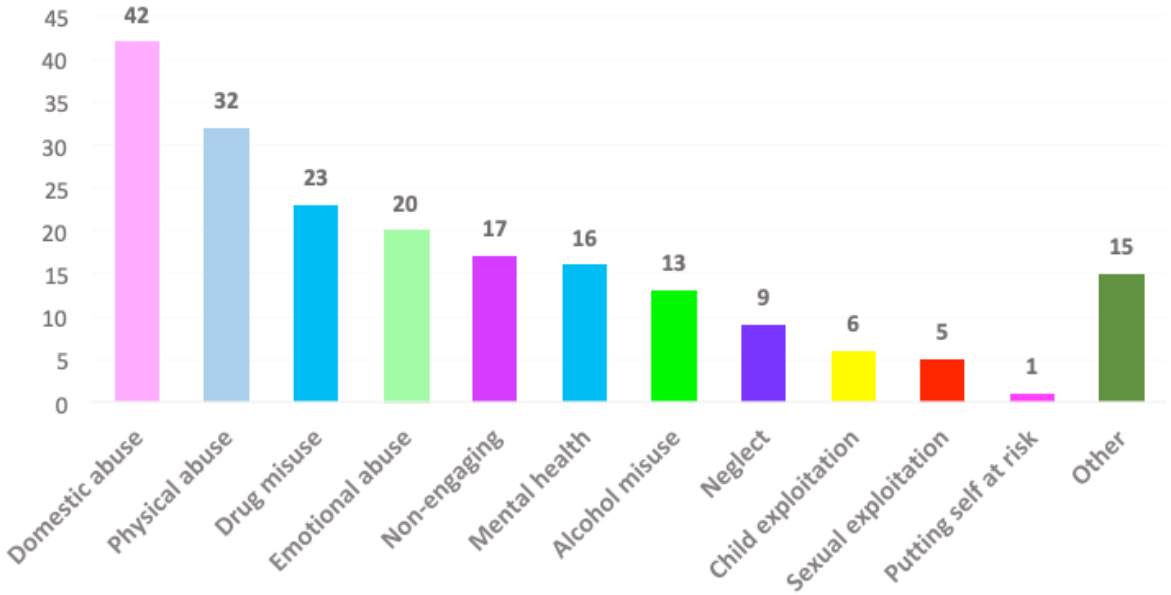
The graph below illustrates the impact of work undertaken to reduce the number of Child Protection Orders applied for in Dundee. Working in partnership with the Scottish Children's reporters administration the committee is assured that the nature and level of CPO's being sought is appropriate and proportionate to the risks identified.

Child Protection Orders per Quarter 2016-19



Children's names are entered onto the register for a variety of reasons. The table below illustrates the identified causes for concern recorded in relation to registrations.

Snapshot of Causes of Concern recorded for Children on the Register May 2019



Domestic abuse remains the most prevalent cause of concern. However, there has been a significant increase in the recording of incidents of physical abuse.

In Summary

Referrals have continued to increase although not to the extent noted in the previous year's annual report. This is largely attributed to increased awareness across both the public and partnership and a growing confidence in the workforce in recognising and responding to abuse and neglect. Similarly the Children and Families service report an increase in young people reporting concerns relating to themselves and their peers. This may be a result of the distribution of awareness raising materials and the publication of operational instructions and the launch of the public facing website.

The number of Child Protection Case Conferences and Joint Investigative Interviews have stabilised with only a marginal increase on the previous year.

There has been an increase in the reporting of physical abuse as a cause for concern.

Progress with Recommendations from Last Year's Report

Six recommendations were made in the 2018 Annual Report. Progress relating to these is detailed in the following section.

Recommendation One:

We will improve the integrity, collation and presentation of data to Dundee Child Protection Committee and Chief Officers Group to better inform decision making and the monitoring progress.

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

The appointment of a senior officer – Information, to the Protecting People Team has complimented the work already progressed across the partnership. NHS colleagues have developed a reporting framework and partners across Dundee have contributed to the development of national data set for Child Protection.

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

Recommendation Two:

We will undertake a review of roles, core functions and membership of Dundee Child Protection Committee.

In partnership with the Improvement Service, Transformation, Performance and Improvement Team Dundee Child Protection Committee undertook a variety self-evaluation activity of core business. This has led to the development of thematic agendas and personal statements from all CPC members. Work is ongoing in the development of a corporate risk register in respect of Protecting People which reflects Child Protection needs.

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

Recommendation Three:

We will consider the Recommendations from The Thematic Joint Inspection of Adult Support and Protection through the Public Protection Improvement Programme, monitor and evaluate progress with regular reports to the Committee and identify specific areas for development in respect of Child Protection.

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

Recommendation Four:

We will develop a working culture across the partnership whereby multi-agency self-evaluation activity is planned, supported and quality assured. The Child Protection Committee will seek to bring together single and multi-agency self-evaluation activity into an integrated picture, including supporting preparation for inspections as and when appropriate.

Earlier this year a multi-agency case file audit of Child Protection and Looked After Children (LAC) services was undertaken by a sub-group of the Protecting People Self-Evaluation Group as part of its commitment to learning and continuous improvement.

The findings from this audit are detailed later in this report. This, in turn, informs the Child protection delivery Plan detailed in the appendices of this report.

Recommendation Five:

We will work with our partners across Tayside to deliver on the priorities identified by the Tayside Plan for Children, Young People and Families.

Please refer to the section relating to Tayside Regional Improvement Collaborative Priority Group 5 for details of progress against this recommendation.

Recommendation Six:

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

Over the last year this has been an area of significant development in Dundee. Review and development of Initial and Significant Case Reviews features as part of work undertaken by both the Chief Officers Group and Tayside Regional Collaborative. Dundee Child Protection Committee undertook two initial case reviews last year with practice improvement actions arising from both. The committee has also considered learning identified from a national review of SCR's undertaken by the Care Inspectorate. Revisions to the Dundee Significant Case Review protocol have been piloted throughout the year.


If not
you
...who?

NHS Tayside: Continuous Improvement

NHS Tayside is one of 14 health boards across NHS Scotland providing healthcare for the residents of Tayside. We are committed to transforming the lives of the children and young people, protecting them from harm and helping them to build a healthy future.

Our Services including doctors, nurses and other health professionals are often the first to recognise and respond to issues of concern about a child or young person and all of our staff are responsible for acting on concerns they may have about children and young people.

Child Protection Services A dedicated team of medical, nursing and other key professional support our staff and provide specialist child protection expertise to ensure children and young people are protected from harm. The child protection service ensures appropriate work is undertaken and support is available to services and health practitioners to ensure child protection standards are met across NHS Tayside.

NHS Tayside Child Protection Standards ensure we deliver the very best service to children and young people. This year we have successfully achieved 95% of our targets and we continue to make great progress in the work we do with others to protect children and young people. In the forthcoming year we will continue to build on the success made and address any challenges ahead.

How well are we doing?

In 2018/2019 a range of activities to strengthen and develop services to protect children and young people were undertaken.

Working in partnership to protect all children & young people

When a concern is raised about an unborn baby or a child or young person who may be at risk of significant harm, NHS Tayside contributes to the child protection process and supports partnership working in a number of ways.

Protecting children before they are born

NHS Tayside's Unborn Baby (UBB) Protocol, developed by the Child Protection Service, encourages a range of health practitioners to consider the unborn baby's needs and to seek the support needed to keep vulnerable unborn babies and pregnant women safe. In 2018/2019 353 Unborn baby referrals were made by health professionals.

Protecting Pre- School & School Aged Children

Health Visitors and Family Nurses services are often the first point of contact for children aged 0-5 years, while School Nurses support school aged children and young people. The information they share in reports to Child Protection Case Conference meetings and Scottish Children's Reporter Administration ensure decisions about risk and what needs to happen next to protect children and young people are made using all the available information.

In 2018/2019, 1168 reports were submitted to the Child Protection Case Conferences and 603 reports were submitted to the Scottish Children's Reporter Administration by Health Visitors, Family Nurses and School Nurses across Tayside.

Looked After Children and Our Corporate Parenting Role

Looked After Children (LAC) have the poorest health and wellbeing outcomes. Our corporate parenting role and responsibilities are to improve outcomes and ensure the rights and needs of care experienced and looked after children and young people are met.

In 2018/2019 Health Visitors, Family Nurses and School Nurses submitted 1,167 Looked After Children review reports.

Child Protection Advice Line

NHS Tayside's centralised telephone child protection staff advice line provides advice on child protection matters and signposts staff to other agencies when needed, Mon - Fri 9.00am - 4.30pm (excluding Public Holidays).

In 2018/19 there were 499 calls to the CP Advice Line from a wide range of health services.

Child Protection Training

A programme of training including mandatory Child Protection e-learning for all staff, core child protection training and training on specific topic areas was delivered by the Child Protection Service in 2018/2019. This year we piloted a new Child Protection Core Skills programme which included input from the Children's Reporter, Police Scotland and Social Work services. We also delivered a range of training to partner agencies in a variety of areas including neglect, Child Sexual Exploitation and Hostile Non engaging families.

In 2018/2019:

282 new staff attended child protection induction and briefings.

5,394 staff completed Level 1 training.

414 staff attended Level 2 workshops.

164 staff attended Level 3 training.

Multi- Agency Training Programmes

We recognise that children are best protected when we work together and the Child Protection team continues to deliver and support multiagency training programmes across the local authority partnerships and this year supported the delivery of Child Sexual Exploitation, Working with Hostile and Non-Engaging Families and children and young people experiencing neglect.

Case Supervision Programmes

For staff involved in the day-to-day work with children, young people and families, effective supervision is important to promote good standards of practice.

In 2018/2019, the Child Protection Service offered 596 one to one child protection supervision sessions to Health Visitors and Family Nurses.

Multi Agency Case File Audit

Earlier this year a multi-agency case file audit of Child Protection and Looked After Children (LAC) services was undertaken by a sub-group of the Protecting People Self-Evaluation Group as part of its commitment to learning and continuous improvement.

The following section summarises the key findings from the audit process.

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Areas of Strength

Early Intervention: Early intervention activity was seen as an area of particular strength in the majority of cases. This included:

- Recognising when additional support was needed at an early stage.
- The timeliness and effectiveness of early support provided.
- Effective sharing and use of information to provide early support.

Initial Response to Child Protection Concerns: Services initial responses to child protection concerns were also highlighted as an area of strength. This included:

- The speed and effectiveness of responses.
- Involving the appropriate agencies.
- Involving Family Members.
- Multi-agency working and communication.
- Securing appropriate accommodation to keep the child / young person safe.

Improving Family Resilience and Parental Confidence: Overall, services were assessed as very effective in relation to improving family resilience and parental confidence. In particular this appeared to be due to services supporting parents / carers to develop skills to recognise and respond appropriately to their child's needs and to make safety plans.

Improving the Wellbeing of the Child / Young Person: When rating the extent to which the child / young person's wellbeing had improved as a result of the services they had received, the majority of cases contained evidence that wellbeing had improved to some degree. This suggests that services are having a positive impact on the children and young people receiving them although there was scope for further improvement in some of the cases.

Areas for Improvement

Chronologies: The audit process highlighted inconsistencies in practice regarding where chronologies are stored within social work records and what they contain. When assessing the quality of chronologies, the following issues were highlighted:

- Chronologies appeared incomplete (either missing significant events or key information about events).
- Chronologies included information that was not judged as relevant or contained unnecessary detail.
- Chronologies appeared to be not up-to-date.

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

Quality of Plans: The majority of plans were not assessed as being SMART. In particular:

- Actions were not always clearly linked to specific individuals or timescales.
- It was unclear how risks and needs connected to actions within the plan.

Initial Response to Wellbeing Concerns: Just under half of cases (4) were rated as 'weak' in relation to their initial response to wellbeing concerns. In these cases, it appeared that the initial focus of workers tended to be on child protection concerns which led to a delay in addressing other wellbeing concerns. This at times led to wellbeing concerns escalating when unaddressed.

Involving the Child / Young Person and Offering Advocacy: Overall, the evidence within case file records suggested that involving the child / young person in key processes and supporting them to understand and exercise their rights, comment on the service they received, and express dissatisfaction were areas for improvement. However, it was noted that these findings may be partly explained by inconsistencies in how this information is recorded or by this information being included in education files which were not included in this audit.

In the majority of cases for children and young people, and in all cases for parents and carers, independent advocacy was not offered.

Reviewing the Child / Young Person's Progress: There were cases which showed evidence of good practice in relation to reviewing the child / young person's progress. However, approximately half of all cases (7) were rated as 'adequate', 'weak', or 'unsatisfactory' in regards to reviewing progress. The main issues identified in these cases were that:

- The evidence suggested that reviewing did not occur regularly enough as appropriate to the child / young person's needs.
- There did not appear to be evidence within case files of analysis or change resulting from reviews.

In response to the findings from this audit an action plan has been applied and this informs the Child Protection Delivery Plan detailed in the appendices of this report.

SAFE & TOGETHER

There has been renewed focus on implementing S&T in Dundee over 2018/19 and the following we have made good progress in a number of areas.

A short life working group has been set up to develop resources/ guidance for Dundee with Social work staff from children and families and community justice involved in this. A short guide to Safe &Together/Risk Assessment tool for domestic abuse has been developed and wider guidance on Domestic Abuse and Child Protection is in progress.

Our Practitioner Forum has been re-established and we have focused on developing skills and confidence in the delivery of Safe and Together briefing sessions to prepare for delivering these across a range of services and teams. 20 practitioners who undertook the original 4 day Core training have now had training to deliver the briefings and a standardised briefing presentation and materials have been developed. At the most recent forum the focus was on strengthening our understanding of perpetrator behaviour and a Forensic Psychologist led this discussion.

Briefing sessions are underway and we have had support from the Communications Team (DCC) to develop a communication strategy for S&T and we have received requests from C&F teams, high schools and the Caledonian team. The Children's Panel have also requested sessions. In future we hope to extend briefing sessions to health staff and initial meetings have taken place Community Nursing Teams. We are also keen to extend sessions to Police Scotland, ISMS and housing.

Sample feedback from briefing sessions delivered so far:

"Very informative, gave lots of food for thought and will impact positively on my responses when working with children and families experiencing domestic abuse"

Staff are asked to give examples of how they will implement S&T in their practice:

"More aware of what language I'll use and focus on the perpetrator"

"To try and stop placing responsibility for child's safety on the non-abusive parent"

"What language you use when speaking to parents/how to change your mind set when dealing with these situations"

A full day training delivered by the Safe and Together Institute UK lead took place for C&F SW team managers we can now offer Case Consultation for practitioners to discuss and reflect on their case to help them work more effectively with a family. It will be facilitated by our domestic abuse resource worker with assistance from other S&T trained champions. The case consultation supports professionals to consider the case from a domestic abuse lens; it can assist an assessment process and the development of the child's plan.

As we have progressed with S&T implementation there has been consistent feedback around the need for further CORE training. A proposal is currently being developed around implementing the S&T Certification training in Dundee. This would allow us to have a certified trainer to deliver Core 4 day training and 1 day overview training at a vastly reduced cost in comparison to using Safe and Together Institute trainers from the US.

Tayside Plan for Children, Young People and Families

The **Tayside Plan for Children, Young People and Families 2017 - 2020** [11Mb] (also available in **poster** [2Mb] format) is the first joint plan to be produced by the three Community Planning areas of Angus, Dundee and Perth and Kinross. It reflects shared leadership towards multi-agency cross-border collaboration in the planning, management, commissioning, delivery, evaluation and improvement of services to children, young people and families.

Priority Five of the plan states

"Our children and young people will be safe and protected from abuse at home, school and in the community".

Over the last year, Priority Group 5 has continued to build on the longstanding commitment of the Child Protection Committees in Angus, Dundee and Perth and Kinross to working in collaboration, sharing practice and to pooling resources whenever it is appropriate and to add value to our continuous improvement in services to protect children and young people. A successful joint leadership event was held in April 2019 which brought together Chief Officers and Child Protection Committee members across the collaborative. This considered the potential for further collaboration in relation to the leadership of child and public protection and a commitment to developing best practice in relation to multi-agency case review.

The initial focus of PG5 was to ensure incremental improvements to result in consistent high quality child protection practices across the collaborative and to provide a more solid foundation for larger scale change and integrated models of delivery over the life time of the plan. A delivery plan is supported by Action Groups with representation sufficient to implement improvement across agencies forming the collaborative and a clear remit to achieve step change in key areas which are notoriously complex and problematic both locally and nationally. Taking time to connect through regular meetings and developing shared understandings of similarities or variations is building stronger partnership working. Very good progress has been made in relation to the original identified actions particularly in relation to the development of shared key processes and guidance for staff.

The Priority Group has ambitious plans going forward into 2019/20 and beyond particularly in relation to workforce development, learning from case review and further strengthening leadership of child protection. Monitoring progress systematically has been a key feature of our work and the delivery of a single comprehensive performance management and information framework for child protection by January 2020 will mark a major step forward.

In the Tayside Plan, we said we would do the following to ensure our children and young people will be safe and protected from abuse at home, school and in the community:

1 Develop, implement and quality assure a standardised approach to key child protection processes across Tayside, in particular Inter-Agency Referral Discussions (IRDs) and Medical Examinations to improve practice consistency and to provide better outcomes for children and young people.

IRDs are fundamental to prompt and robust responses to children and young people who are at risk of abuse, exploitation and neglect. These discussions form the cornerstone of robust initial sharing of information; risk assessment; identification of actions to ensure the child is kept safe; planning and decision-making. Lessons from case review and independent inspection underline the importance of high quality IRDs to immediate and proportionate responses to children and young people at risk and that this is an area for improvement national across Scotland. New standardised multi-agency guidance for conducting Inter-agency Referral Discussions along with associated templates and tools have been completed for application across Tayside. These have taken account of local areas for improvement, inspection findings and national operating procedures for Police Scotland and are now future-proofed for the review of National Guidance for Child Protection. The views of a wide range of staff who are involved in IRDs across the collaborative have been gathered between Jan-March 2019 and their views have informed the final versions.

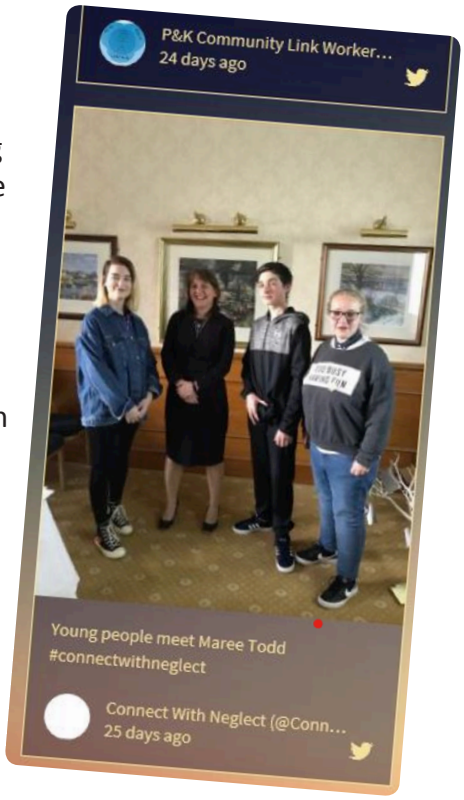
A protocol for Paediatric Medical Examinations has been drafted to fit with IRD guidance and will be finalised by September 2019 to take account of local case review and after further consultation.

Next Steps:

Support the implementation of the new guidance through a programme of workforce development, and, establish multi-agency quality assurance and review of IRDs.

2 Continue to build a confident, competent and supported workforce in order to protect children and young people from abuse, exploitation and neglect.

In partnership with the CELCIS, strengthen our approaches to tackling and mitigating the effects of childhood neglect.



With the aim of raising practitioner awareness and understanding on tackling neglect and enhancing wellbeing a Tayside Conference Connect with Neglect was held in Dundee in November 2018. The conference started with keynote addresses by Maree Todd, Minister for Children and Young People and James Docherty. The views of people with experience of childhood neglect featured prominently throughout the programme and the importance of developing trusting relationships and talking directly with children and young people about what they are experiencing was a key learning point.

The programme also included the opportunity to share learning from the work in partnership with CELCIS in Dundee and Perth and Kinross in Addressing Neglect and Enhancing Wellbeing using a Getting it Right for Every Child approach and the use of the Graded Care Profile in Angus.

The conference was attended by 160 practitioners across health, education and early years, social work, youth services, police and the third sector. Evaluations were very positive with 4 out of 5 attendees agreeing that as a result of the conference they were more confident and assessing the impact of neglect and responding to families in which childhood neglect is a factor.

Next Steps:

To build on the conference content and develop learning materials which can be used in a variety of contexts to continue to build confidence across the workforce.

Continue to support the improvement work via Addressing Neglect and Enhancing Wellbeing supported by CELCIS to develop early intervention and preventative approaches to neglect across the collaborative where this links to services to protect children.

3 Develop creative approaches to helping children and young people to stay safe online.

An initial mapping of current programmes aimed at keeping children safe online carried out by 3rd sector reps across all three local authority areas and Further Education colleges was completed. In partnership with the University of Abertay, a research project was completed which sets out learning from research into the interface between children, young people, online risks and their views about the best ways to support them to stay safe.

A highly-evaluated training programme has now been selected for a multi-agency audience and commissioned from the Marie Collins Foundation and this alongside training of local champions will be delivered later in the year.

Following a successful and highly evaluated Getting it Right: Staying Safe On Line event in March 2019 in Perth which has been recognised nationally as good practice, the model will be adapted and rolled out across the three local authority areas before end June 2020.

Next steps:

Establish a multi-agency working group to plan, coordinate and implement the roll out of good practice.

4 Develop and implement best practice for the involvement and participation of children, young people and families in key child protection processes and in the work of the CPCs.

An analysis of practice across the collaborative has been completed to identify key areas for development and as a result a detailed work-plan has been developed which will lead to:

- Tayside guidance for Child Protection Case Conferences based on best practice principles
- Revised and updated information for parents, carers, children and young people
- Resource bank of tools for engaging with children, young people and families
- Shared approach to quality assurance and evaluation of practice across the collaborative (data and management information will be collated and shared across the collaborative from January 2020)

Next steps:

Over the next year complete the work-plan actions and implement best practice in participation and involvement across the collaborative.

Carry out a review of advocacy services for children, young people and families involved in key child protection processes and consider the potential for strategic, joint commissioning.

5 Develop and pilot qualitative measures in relation to the impact of child protection interventions on the safety and wellbeing of children and young people.

This is an area of significant challenge across Scotland. As a result of close working with the Performance Group, Tayside partners and support from CELCIS in relation to their work as part of the National Child Protection Improvement Programme, Priority Group 5 will have in place by January 2020 a comprehensive performance and management information and reporting framework. This will allow consistent data to be collected, analysed and scrutinised in a quarterly basis within each Child Protection Committee and across the collaborative. The data will include quantitative and qualitative information in relation to key child protection processes. Helpful questions have also been devised to aid scrutiny and evaluation.

Next steps:

To ensure reporting commences by October 2019 and to provide development opportunities for Child Protection Committees and Chief Officers on the framework and effective scrutiny.

To quickly identify areas for good practice worthy of sharing and scaling up across the collaborative and identify areas for targeted improvement to be included in the Priority Group 5 work plans.

6 Review and implement a consistent approach to chronologies (single agency and multi-agency) to improve practice consistency and to provide better outcomes for children and young people.

The review and refresh of the Tayside Practitioner's Guidance on Chronologies was completed in February 2019. This has been developed to provide all practitioners working with or involved with children, young people and their families across Tayside, with clear practice guidance on the effective use of Chronologies.

This guidance is for all practitioners and managers working across the public, private and third sectors across Tayside and provides minimum standards aimed at ensuring a consistent practice approach to Chronologies.

A key underpinning document is the Code of Practice for Information Sharing, Confidentiality and Consent published by the Perth and Kinross Community Planning Partnership in January 2019 and which has been adopted across the collaborative to take account of the Data Protection Act 2018 and GDPR.

These two publications together support staff and volunteers across the public, independent and third sectors to share information lawfully and to compile chronologies of significant events which are designed to safeguard the welfare and safety of children and young people.

Next steps

To ensure that training and workforce development plans support the ongoing implementation of good practice in information-sharing and chronologies.

7 Other developments

Leadership of child protection

Learning from Case Reviews

ICRs and SCRs – Sharing learning across Tayside

Priority Group 5 had considered a local analysis of Child Protection Initial and Significant Case Reviews undertaken across Tayside from January 2016 and considered the findings in January 2019.

Following the publication of the Care Inspectorate's Triennial Review in May 2019 the group has agreed to commission a researcher with UK expertise to identify recurrent themes and trends; a profile of the children and families subject to case review in Tayside; identify policy and practice implications of the findings and to examine the effectiveness of resulting improvement activity across the collaborative. It is anticipated that this work will be completed by December 2019.

Next Steps

To report to the Chief Officers Groups on the research findings and to propose new arrangements for case review across Tayside which build on good practice and focus on identifying learning quickly and ensuring effective arrangements for realising practice improvement as early as possible.

Dundee Child Protection Delivery Plan 2019-2020

Dundee Child Protection Committee is committed to reviewing and improving its activity in relation to keeping children and young people safe.

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

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

- Former Balanced Scorecard and associated Child Protection datasets including the proposed National Minimum Dataset for Child Protection.
- Preventative work in with the GIRFEC Delivery Group action plan
- Case File Audit outcomes and Action Plans
- Learning and Workforce Development activity
- Work carried out by the Improvement Service
- Actions being progressed by Priority Group 5 of the TRIC
- The findings of SCRs and ICRs
- Protecting People Transformation Programme.

The plan has also been informed by interim findings of the national care review; the new national CP minimum dataset; and Care Inspectorate quality framework.

The **Care Inspectorate guide** for the joint inspection of services to children in need of care and protection has also been referenced in developing the plan.

The plan compliments improvement work being undertaken elsewhere across the partnership. Five priority areas have been identified, namely;

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

These priorities are closely linked to the **quality framework for children and young people in need of care and protection 2019** (revised).

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

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

1 What key outcomes has Dundee Child Protection Committee achieved?

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

To what extent can we demonstrate:

- Positive and sustained trends (three years or more) in improving outcomes for children and young people in need of care and protection.
- Good use of reliable data measures is providing results that demonstrate improving outcomes over time for children in need of care and protection.
- Improved outcomes as a result of carefully gathered and analysed trend data which has been well used to understand cause and effect.
- Key measures demonstrate that children in need of protection are increasingly safer.

Evidence to support plan.

- Evidence from local performance management systems.
- Reports on performance using the shared dataset (Commencing 1st October 2019)

- Systems and processes in place which produce reliable and robust data gathering and analysis.
- Trend data and benchmarking against comparators.
- Perceptual data gathered from children, young people, families and other stakeholders.

Data to committee on Quarterly Basis commencing 1st October 2019 includes…

- Number of children subject to initial/pre-birth Case Conferences
- Newly registered
- Numbers referred on non-offence grounds
- Conversion rate of Children to Registration
- Number of Children (including Pre-Birth) on the Child Protection Register
- New Registrations, De-Registrations, Re-Registrations within 3, 6, 12 and 24 months of de-registration
- Characteristics of our vulnerable children and young people
- Concerns recorded for Children and Young People at Registration
- Children and young people in the children's Hearing System – Referrals and Child Protection Orders Granted
- Parental or carer attendance at initial Child Protection Case Conferences and initial Core Group Meetings
- Annual national to local benchmarks

Please refer to scrutiny questions & annual national to local benchmarks (Appendices).

.....

Proposed Action(s): 2019-2020

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

2 How well does Dundee Child Protection Committee meet the needs of our stakeholders?

This section is about the experience and feelings of children and young people in need of care and protection and their parents and carers. It relates to the differences services are making to their lives and their life chances in the future. It includes the impact of services in optimising the wellbeing of individual children and young people across the wellbeing indicators. It takes into account how well care leavers feel they have been supported towards adulthood by their corporate parents. It considers how vulnerable children, young people and

families are helped through compassionate, supportive and empathic engagement with staff. It focuses on the extent to which families are helped to build resilience and meet their own needs.

To what extent can we demonstrate:

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

Evidence to support plan:

- Feedback from children and young people in all forms, including digital communication.
- Focus groups.
- Use of the GIRFEC practice model and wellbeing web.
- Recording of children's and young people's views in case records.
- Contributions from children and young people to child protection case conferences, core groups and looked after child reviews.
- Use of independent advocacy services.

Proposed Action(s): 2019-2020

The Tayside Review Officers Network will finalise a practice evaluation framework focusing on assessment, planning and outcomes for children and young people. Consultation on our 'My Views' in Dundee will be extended to consult on local application ahead of a full launch across two Tayside areas.

Children, families and young people's views to be recorded by reviewing officers and collated to inform individual care plans, trend analysis and strategic planning.

Practitioner's forum to focus on gauging stakeholders views.

3 How good is Dundee Child Protection Committee's delivery of services for children, young people and families?

This section is about processes for service delivery. It considers the effectiveness recognition and initial response to children and young people when there are concerns about their safety. It focuses on the timelines and quality of decision making when a child or young person needs to become looked after. It looks at how assessments of risk and need are kept up to date and relevant to changing circumstances and children and young people's development. It considers the quality of plans to reduce risk, meet needs and improve wellbeing. It takes account of the effectiveness of arrangements for reviewing progress, looks at timely and effective intervention and considers the extent to which children, young people and families are informed, included and enabled to take part meaningfully in assessment, planning and intervention according to individual needs / life experience.

.....

To what extent can we demonstrate:

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

Evidence to support plan:

- Feedback from children, young people and families.
- Results of previous scrutiny.

- Relevant plans and policies.
- Information sharing guidance and protocols.
- Child protection procedures.
- Looked after children and young people procedures.
- Public information.
- Relevant performance management data.
- Review of records for individual children and young people.
- Audit of initial referral discussion minutes.
- Audit and review of medical examinations.

Proposed Action(s): 2019-2020

Continue to progress Case File Audit Action Plan for Children and Families Social Work and ensure this informs review of training / guidance. (appendices)

Establish a working group to facilitate a deeper dive of CP cases and those where neglect is an issue in particular.

4 How good is Dundee Child Protection Committee's operational management?

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

To what extent can we demonstrate:

- Policies and procedures are consistent with the strategic vision.
- Policies and procedures carefully consider and reflect local partnership arrangements to ensure cohesion across structural boundaries.
- Policies and procedures are equality impact assessed, effectively implemented and regularly evaluated and reviewed.

- A cohesive suite of policies are in place to ensure we have no significant gaps.
- Policies and procedures reflect a focus on outcomes.
- Effective communication and management systems are in place to ensure that employees understand and implement policies and procedures.
- Single and multi-agency policies and procedures fit well together and enhance partnership working.
- Best practice is promoted through the development of new policies and procedures.
- Legal measures are always appropriately considered when making decisions about the care of children and young people.

Evidence to support plan:

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

Proposed Action(s): 2019-2020

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

5 How good is Dundee Child Protection Committee's leadership?

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

To what extent can we demonstrate:

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

Evidence to support plan:

- Plans including the local outcome improvement plan, children's services plan, corporate parenting plan, Tayside Plan / Tayside Regional Improvement Collaborative (TRIC).
- Senior managers' communication with the workforce about professional standards.
- Examples of how senior managers have communicated their vision for children and young people in need of care and protection.
- Employee surveys that demonstrate employees understand the vision.
- Communication from children, young people and families demonstrating that they have been involved in developing the vision, values and aims.
- Feedback from engagement with children, young people, families, staff and community members.

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Proposed Action(s): 2019-2020

Dundee CPC adopts a shared vision.
Further develop actions identified from Improvement Service Activity.
Further develop Corporate Risk Register for Protecting People.
Further progress Transforming Public Protection

Appendices

Appendix 1

Appendix 1: Dundee Child protection Committee Membership as of March 2019	
Position	**Organisation**
The following are core members. Dundee CPC also has a number of minuted members who are not required to attend every meeting. In addition, the Lead officer is neither a core nor minuted member but provides the necessary support for the committee.	
Independent Chairperson	Dundee Child Protection Committee
Panel member(s)	Dundee Children's Panel
Lead Officer (Alcohol and Drug Partnership Representative)	Alcohol and Drug Partnership
Chair of the Vulnerable Adolescent Partnership	Dundee City Council
Chief Social Work Officer	Dundee City Council
Learning and Organisational Adviser	Dundee City Council, Learning and Organisational Development Service
Strategy and Performance Manager (IJB)	Dundee Health and Social Care Partnership
Principal Officer	Dundee City Council, Children and Families Service, Strategy and Performance
Service Manager (Vice Chair)	Strategy and Performance Team, Children and families Service, Dundee City Council
Locality Manager	Scottish Children's Reporters Administration
Assistant Director (Third Sector Rep)	Barnardo's Scotland
Independent Chair	Violence Against Women Partnership
Protecting People Team Leader	Dundee City Council, Neighbourhood Services
Lead Paediatrician Child Protection	NHS Tayside
Lead Nurse Child Protection	NHS Tayside
Lead Nurse Children and Young People	NHS Tayside
Detective Chief Inspector PPU & CID Partnerships and Support	Police Scotland

Appendix 2 Glossary

This is an explanation of some Child Protection terms.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

A

Assessment of need - Evaluation of the child and family identifying areas of need, which may require additional support.

Assessment of Risk - Evaluation of possibility of child abuse has taken place or that it is likely to occur in the future.

B

Buddy Scheme - is aimed at supporting children to express their views in any child protection meeting. Each child will be ask to choose someone they trust who can act as their Buddy, their voice in meetings. The scheme is supported by Children 1st

C

Child - For the purpose of child protection instructions a child is defined as a young person under the age of 16 years or between 16-18 if he/she is the subject of a supervision requirement imposed by a Children's Panel or who is believed to be at risk of significant harm and there is no adult protection plan in place.

Child Abuse - Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent, significant harm to the child. Children may be abused in a family or in an institutional setting, by those known to them or, more rarely, by a stranger. Assessments will need to consider whether abuse has occurred or is likely to occur. To define an act of omission as abusive and/or presenting future risk a number of elements can be taken into account. These include demonstrable or predictable harm to the child that would have been avoidable except for the action or inaction by the parent(s) or other carers.

Chief Officers Group – the COG comprises of the chief officers for each of the key partner agencies in Child Protection and Protecting People. This includes members from Health and Social Care, Children and Families, Health, Neighbourhood Services Police and Third (voluntary) Sector.

Child Assessment Order - A Child Assessment Order allows for a child to undergo a medical examination or assessment where this has been deemed necessary. This does not supersede the child's rights under the Age of Legal Capacity (Scotland) Act 1991. At all times the child's welfare is paramount.

Child Protection Committee – Every Local Authority must have a Child Protection Committee. Child Protection Committees are locally based, inter-agency strategic partnerships responsible for the design, development, publication, distribution, dissemination, implementation and evaluation of child protection policy and practice across the public, private and wider third sectors in their locality

Child Protection Order - A Child Protection Order may be granted on application to a Sheriff if conditions for making such an order exist. A Child Protection Order can allow for the removal of a child to a place of safety or prevent removal of a child from their home or any other safe place. A Child Protection Order can last up to six days and is granted to secure the safety and wellbeing of a child.

Child Protection Plan - Agreed inter-agency plan outlining in detail the arrangements to ensure the protection of the child and supports to the family.

Child Protection Register - A formal list of named children where there are concerns about the possibility of future abuse and where a child protection plan has been agreed.

Child Trafficking - This is the term given to the movement of children into and within the country with the intent to exploit them.

Core Group Meeting - Meeting of small group of inter-agency staff with key involvement with the child and family who meet (with child and family) to review progress and make arrangements for implementing the child protection plan.

E

Emergency Police Powers - The Police have the power to remove a child to a place of safety for up to 24 hours where the conditions for making an application for a Child Protection Order exist.

Emotional Abuse - Emotional abuse is persistent emotional neglect or ill treatment that has severe and persistent adverse effects on a child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person. It may involve the imposition of age or developmentally inappropriate expectations on a child. It may involve causing children to fee frightened or in danger, or exploiting or corrupting children. Some level of emotional abuse is present in all types of ill treatment of a child; it can also occur independently of other forms of abuse.

Exclusion Order - An Exclusion Order allows for a named person to be ejected or prevented from entering the child's home. Conditions can also be attached to secure the child's safety and wellbeing.

I

Initial Child Protection Conference - An inter-agency meeting to consider the safety and welfare of children who have been the subject of a child protection investigation. The meeting will consider whether the child is a risk of significant harm, and place their name on the child protection register. It will also create a child's protection plan. The parents and sometimes the child will also attend this meeting.

Inter-Agency Child Protection Discussion - An IRD is an inter-agency meeting to share information where there are child protection concerns which need further clarification. Strengths within the family and the family's capacity to co-operate with agencies should be discussed. Any support required should also be identified and a plan of intervention should be agreed which could include organising a Initial Child Protection Conference.

J

Joint Investigative Interview - A Joint Investigative Interview is a formal planned interview with a child. It is carried out by staff, usually a social worker and a police officer trained specifically to conduct this type of interview. The purpose is to obtain the child's account of any events, which require investigation.

N

Non-organic Failure to Thrive - Children who significantly fail to reach normal growth and development milestones (i.e. physical growth, weight, motor, social and intellectual development) where physical and genetic reasons have been medically eliminated and a diagnosis of non-organic failure to thrive has been established.

P

Physical Abuse - Physical abuse is causing physical harm to a child or a young person. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after.

Physical Neglect - Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment. It may also include neglect of, or failure to respond to, a child's basic emotional needs. Neglect may also result in the child being diagnosed as suffering from 'no organic failure to thrive', where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated. In its extreme form children can be at risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. With young people in particular, the consequences may be life-threatening within a relatively short period of time.

Planning Meeting - A Planning meeting (usually between social work and police) is usually held to plan a joint investigation - who does what and when is agreed.

Pre-Birth Child Protection Conference - An inter-agency meeting which considers the risk of harm to an unborn child and future risk upon the child's birth.

R

Review Child Protection Conference - An inter-agency meeting which reviews the circumstances of a child whose name is on the Child Protection Register.

S

Safe and Together - Is a programme for working with families where there are concerns about domestic abuse. It is a strengths bases approach working in partnership with the victim of abuse to reduce risk to themselves and any children. It is an approach that strives to help the perpetrator of the violence responsible for their behaviour.

Sexual Abuse - is any act that involves the child in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities such as involving children in looking at, or in the production of, pornographic material or in watching sexual activities, using sexual language towards a child or encouraging children to behave in a sexually inappropriate way.

Significant Harm - Physical or mental injury or neglect, which seriously affects the welfare or development of the child.

T

Team Around the Child – Is a meeting involving parents and children with key professionals where some concerns or the need for additional supports are identified. There are usually three levels meeting. A level one meeting will be a meeting between the names person and the parent, level 2 will involve other professionals – sometimes a specialist such as speech and language, a specialist nurse or similar. If there are increased concerns a level 3 team around the child will involve a social worker. A TATC meeting at levels 2 and 3 will agree a Childs Plan to support the child and their family to ensure needs are met and risks reduced.

Transfer Child Protection Conference - An inter-agency meeting which considers arrangements to transfer cases of a child whose name is on the Child Protection Register where the family moves to another area.

What I need from you!

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

www.**dundeeprotectschildren**.co.uk

Dundee Child Protection Committee

ITEM No …9……..

Dundee Health & Social Care Partnership

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 FEBRUARY 2020**

REPORT ON: **ADULT SUPPORT AND PROTECTION COMMITTEE – INDEPENDENT CONVENOR'S MID-TERM REPORT 2018/19**

REPORT BY: **CHIEF SOCIAL WORK OFFICER**

REPORT NO: **DIJB3-2020**

1.0 PURPOSE OF REPORT

1.1 This report brings forward for Integration Joint Board Members' information the Adult Support and Protection Independent Convenor's Mid-Term Report 2018/19 , attached as Appendix 1.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report and of the Independent Convenor's Mid-Term Report 2018/19, including key achievements and challenges over the reporting year (attached as Appendix 1).

2.2 Note the progress that has been made in developing an effective partnership response to adult support and protection issues in the city, including progress against recommendations made by the Independent Convenor in the Biennial Report 2016-18 (section 4.6).

2.3 Note the development of the Adult Support and Protection Delivery Plan for the current year (2019/20) (contained within appendix 1) (section 4.7).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Scottish Government introduced the Adult Support and Protection (Scotland) Act in 2007. In line with the requirements of the Act, the Dundee Adult Support and Protection Committee was established in July 2008. Elaine Torrance was appointed as Independent Convenor in April 2018.

The main aim of the Adult Support and Protection (Scotland) Act 2007 is to keep adults safe and protect them from harm. The Act defines an adult at risk as:

- people aged 16 years or over who are unable to safeguard their own well-being, property, rights or other interests;
- are at risk of harm; and
- because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

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

4.2 A range of statutory duties under the Adult Support and Protection (Scotland) Act 2007 are amongst the functions delegated by Dundee City Council to the Dundee Integration Joint Board under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Dundee Health and Social Care Integration Scheme. The Health and Social Care Partnership manages and delivers core adult support and protection operational processes in collaboration with a range of Community Planning partners.

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

4.4 In addition to the biennial report required by statute, the Independent Convenor of Dundee Adult Support and Protection Committee produces a mid-term report noting progress against identified priorities.

4.5 The mid-term 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 and Health and Social Care Partnership, the Community Safety Partnership and relevant Strategic Planning Groups, to ensure strategies and priorities are aligned and co-ordinated. The Independent Convenor's Mid Term Report March 2018 to April 2019, is attached at Appendix 1.

4.6 Progress Against Priorities in 2018-19

4.6.1 The Independent Convenor's Biennial Report 2016-2018 set out eight recommendations to progress a range of aspects of multi-agency work regarding adult support and protection. During the period 2018/2019 progress has been made in addressing these recommendations, including the following key developments:

- significant improvements in the collation and use of data by the Adult Support and Protection Committee and Chief Officers Group, including additional capacity within the Protecting People Team and establishment of a reporting framework by NHS Tayside;
- self-evaluation of the Adult Support and Protection Committee, supported by colleagues from the Improvement Service, leading to the development of thematic agendas and revised terms of reference;
- activity within the Transforming Public Protection Programme, including work to strengthen risk assessment practice within adult services;
- continued development of the Council Officer's Forum to ensure that practitioners make a significant contribution to development and improvement activities;
- commissioning of a review of advocacy services that is due to report later in the current financial year;
- continued representation of people with lived experience of the Adult Support and Protection Committee, including regular opportunities to meet with the Chair and Lead Officer;
- delivery of a range of learning and development opportunities across the multi-agency workforce; and,
- hosting a learning event to embed local learning from a Significant Case Review carried out in another local authority area.

4.7 Areas for Further Improvement and Recommendations

4.7.1 Dundee Adult Support and Protection Committee is committed to reviewing and improving its activity in relation to keeping people safe. To this end, a delivery plan has been developed for the current year (2019/20). An analysis has been undertaken identifying key issues, strengths and areas for improvement from the following sources:

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

4.7.2 The delivery plan for the current year has subsequently been focused on five priority areas, namely:

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

Each section of the delivery plan considers a priority area, considering the extent to which Dundee Adult Support and Protection Committee can demonstrate key outcomes and proposed actions to support the improvement. Progress against the plan will be reported as part of the Independent Conveners' next Biennial Report.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

7.1 The Chief Officer, Chief Finance Officer, Council Management Team, members of the Adult Support and Protection Committee and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Diane McCulloch
Chief Social Work Officer

DATE: 25 February 2020

If not you ...who?

Adult Support & Protection Committee Dundee

Independent Convenor's Mid Term Report

March 2018 - April 2019

www.dundeeprotects.co.uk

Adult Support & Protection Committee Dundee

Contents

Independent Convener of Dundee Adult Support and Protection Committee

This report summarises the work of the Adult Support and Protection Committee (ASPC) for the year 2018/19.

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

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

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

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

With thanks.

Elaine Torrance
Independent Convenor
Dundee Adult Support and Protection Committee
December 2019

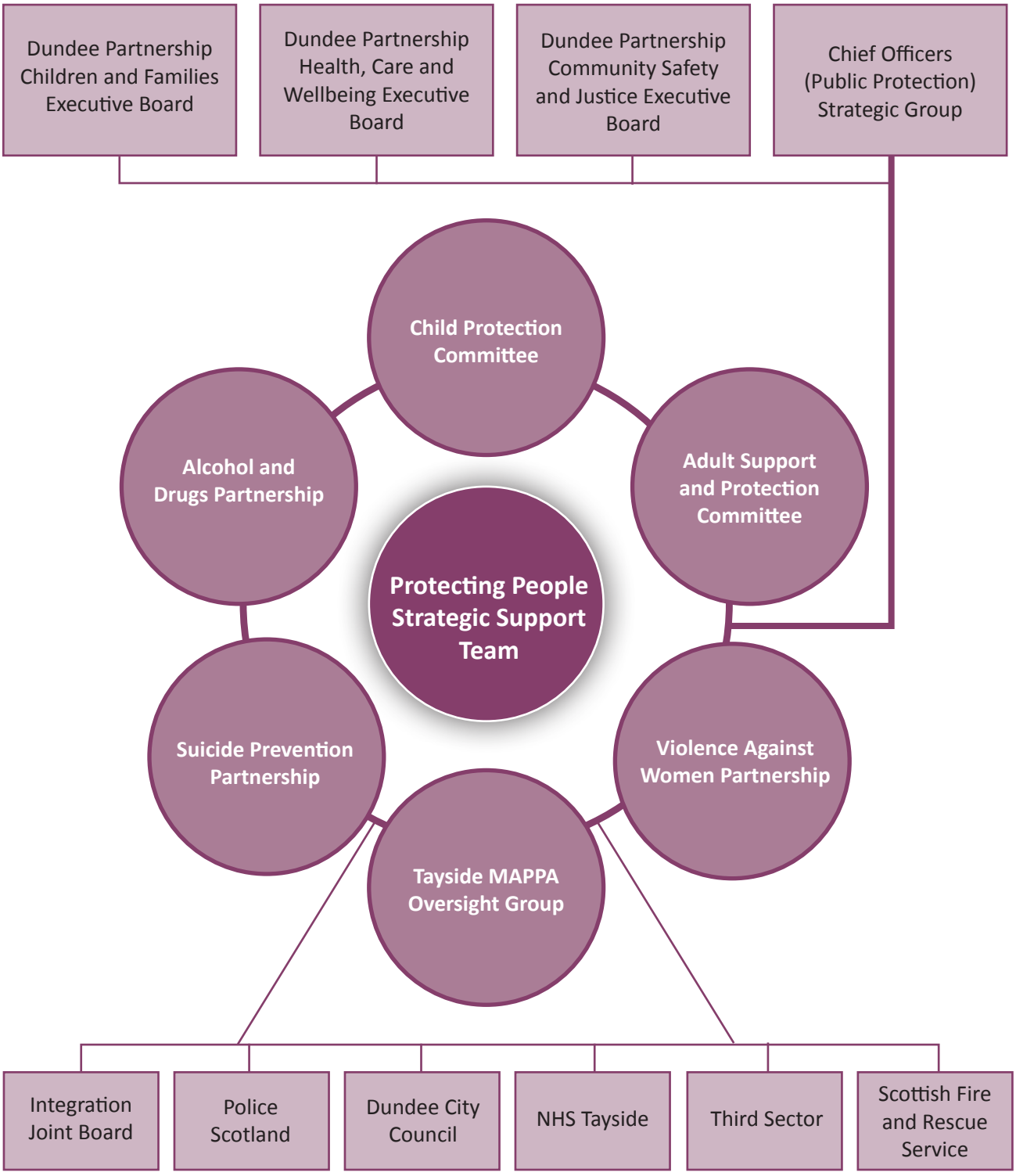

If not
you
...who?

Introduction and Context 1

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

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

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



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

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

The structure of the new Partnership, the role of the Integrated Joint Board and the role of staff within the joint services has been the focus of much work in respect of Adult Support and Protection 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 to work closely with all relevant partners to ensure our strategies and priorities are aligned and coordinated.

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

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

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

Dundee at a Glance 2

The following provides key demographic information relating to Dundee.

Population

148,710
Dundee's Population

(Mid 2017 population estimates Scotland – National Records of Scotland)

22,000
people living outside city registered with GP practices

+0.7%
projected population growth by 2026, versus projected population growth for Scotland to 2026 of 3.2%.

2nd
highest population density of any Council area in Scotland.
Studies indicate that higher levels of population density can increase anxiety levels and life satisfaction
(How does where you live affect your wellbeing? The Knowledge Exchange blog)

Higher proportion of people with one or more disability in comparison to the rest of Scotland.

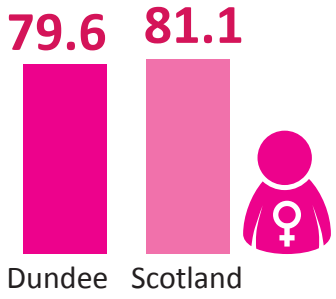
East End, Lochee and Coldside are the areas of Dundee that have the highest prevalence of people with mental health conditions, physical disabilities, learning disabilities and sensory impairment.
(source: 2011 census)

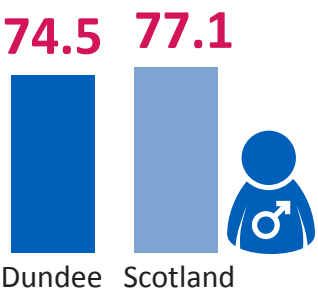
13,072 people who identified as being a carer in the 2011 census.

360,000 hours of care per week provided by carers in Dundee.

Life Expectancy

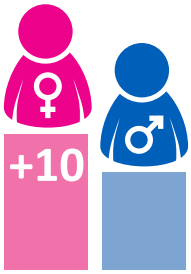
2nd
lowest life expectancy of any council area in Scotland.





Average life expectancy in Dundee compared to Scotland

(NRS Life Expectancy for administrative areas within Scotland 2014/16)



Life expectancy of a female who lives in one of the least deprived areas of Dundee is over ten years more than a male who lives in one of the most deprived areas.

63.7
years Healthy Life Expectancy (HLE) for females in Dundee.

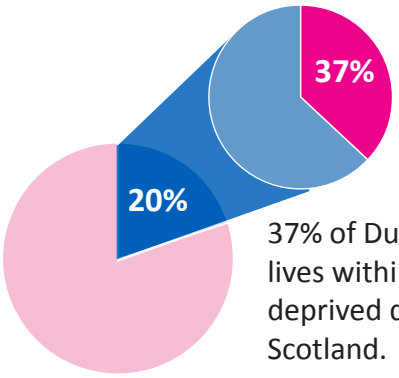
This is lower than Scotland which is 65.3 years.

61
years Healthy Life Expectancy (HLE) for males in Dundee.

This is lower than Scotland which is 63.1 years.

Deprivation and Health Inequalities

Given the stark variation in how long a person lives and critically how long they live healthily, Dundee needs to invest resources where deprivation is at its most pronounced. Deep rooted deprivation is closely linked to health inequalities.



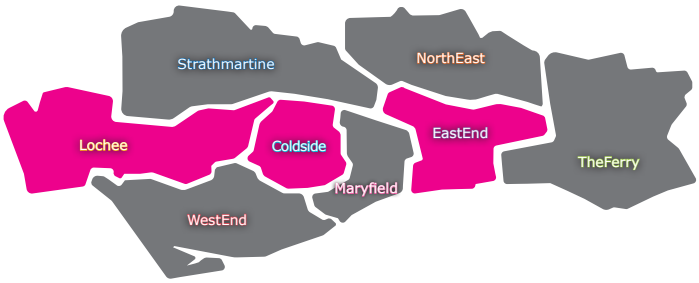
37% of Dundee's population lives within the 20% most deprived data zones in Scotland.

20

times higher rate of drug related hospital discharges in the most deprived areas of the city.

drug related deaths per year on average between 2013 and 2017, the highest rate across Scotland.

More than half of those living in East End, Coldside and Lochee live in the 20% most deprived areas in Scotland.



Lochee, East End and Coldside have the highest rates of mental health conditions.
(source: 2011 census data)

3rd highest prevalence of substance use in Scotland.

2,900 Estimated problem drug users in Dundee.

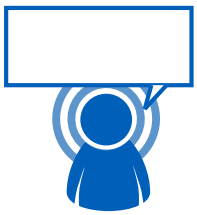
2nd

highest prevalence of domestic abuse in Scotland, 40% higher than the rate across all Scotland
(Domestic abuse recorded by the Police in Scotland, 2016-17)

Rate of Accident & Emergency attendances due to alcohol related harm is 4 times higher in the most deprived areas of the city.

4th

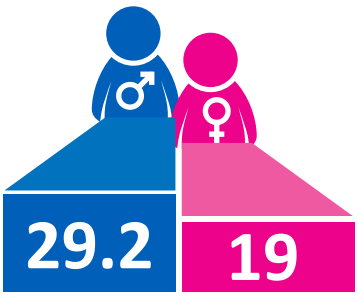
highest number of people self reporting a mental health condition across Scotland.



63%

increase in hospital stays for mental health and behaviour disorders since 2013/14.

Males in Dundee have the second highest suicide rate in Scotland.



The suicide rates in Dundee per 100,000 is 29.2 for males and 19 for females for the period 2013 - 2017.

Further Information

Further information about Dundee's demographic context and health and social care needs, including how these vary across localities, can be found in our **Strategic Needs Assessment** and accompanying **Locality Needs Assessments**.


If not
you
...who?

Health and Social Care National Context 3

At a national level, new ideas have emerged around the delivery of health and social care, with an increased focus on further shifting the balance of care from hospital to community based settings. This Plan responds to the changing national policy landscape, including the:

- **Carers (Scotland) Act 2016**, which places a range of duties on Integration Joint Boards to support unpaid carers, including developing a carers strategy and having clear eligibility criteria in place.
- **Free Personal Care** for under 65s, which extends free personal care to all under 65s who require it regardless of condition.
- **General Medical Services (GMS) Contract in Scotland 2018** which envisages a radical change and expansion within primary and community care across Scotland. The Contract acknowledges the need to shift the balance of work from GPs to multi-disciplinary teams.
- **Health and Social Care Standards,** which set out what people should expect when using health, social care or social work services in Scotland. For the Partnership, the standards mean a new framework for inspections will be introduced over time for our own services. We will work with third and independent sector providers to evaluate contracted services against the new standards.
- **Mental Health Strategy 2017-2027** which outlines an ambitious set of priorities, with considerable focus on prevention and early intervention. The Partnership's own emerging strategic commissioning plan for mental health and wellbeing is consistent with the national strategy and is being guided by the views of people living in Dundee who have experienced mental health challenges.

- **Public Health Priorities for Scotland,** sets out a national approach to improving the health of the population, centred on six priorities - healthy communities; early years; mental wellbeing; use of alcohol, tobacco, drugs; a sustainable economy; and healthy eating and physical activity.

In addition, to these most recent, significant national developments, the Partnership has developed this Plan within the context of a wide range of other national policies, reviews and strategies, including:

- **Health and Social Care Delivery Plan**
- **National Clinical Strategy for Scotland**
- **National Health and Social Care Workforce Plan**
- **Scotland's Digital Health and Care Strategy**
- **Social Services in Scotland: A shared vision and strategy 2015-2020**
- **Strategic Framework for Action on Palliative and End of Life Care**.

This Plan also aligns new priorities with the developing Tayside Public Health Strategy and several landmark regional and local plans, including:

- **City Plan for Dundee 2017-2026** - Dundee's City Plan identifies the biggest strategic priorities, opportunities and challenges ahead as the Community Planning Partnership improves the city over the next ten years. The City Plan's strategic priorities are Fair Work and Enterprise; Children and Families; Health, Care and Wellbeing; Community Safety and Justice; and Building Strong and Empowered Communities. All of these priorities will complement this Plan in delivering a better future for Dundee citizens.
- **Dundee Community Justice Outcome Improvement Plan** – Sets out how we and our community justice partners will work together with communities to reduce re-offending through developing the community justice workforce and providing interventions at every stage of the community justice pathway (prevention, community alternatives, and support to those in custody and post custody support).

- **Fighting for Fairness** – This report, prepared for the Fairness Commission, sets out a series of recommendations to help Dundonians struggling with poverty. These recommendations have been collated under the themes of people and money, mental health and stigma.
- **Tayside Drug Death Annual Report** – sets out a series of recommendations to reduce drug deaths across Tayside.
- **Tayside Plan for Children, Young People and Families 2017 – 2020** – Community Planning Partners in Angus, Dundee and Perth & Kinross have set out their vision for reducing inequalities and improving outcomes for all children in Tayside. This includes joint priorities to address the impact of substance misuse, mental health and obesity on the lives of children and to enhance parenting support.
- **Tayside Primary Care Improvement Plan (PCIP)** builds on the **General Medical Services (GMS) Contract in Scotland 2018**. Developed by the Partnership with Angus and Perth & Kinross

Partnerships and NHS Tayside will systematically reshape primary care services over the next three years to allow GPs to fulfil their role as "expert medical generalists" at the heart of coordinating clinical care for patients in each specific community.

Transforming NHS Tayside Programme - NHS Tayside is leading on a range of improvement projects including the development of an Integrated Clinical Strategy that will support NHS Tayside and Integration Joint Boards to develop new service models and pathways for the local population for the next five to 10 years.

We are closely aligning how we plan and deliver services across localities. Aligning services in this way helps support the requirements of other plans, particularly the **General Medical Service Contract**.

This Plan is also influenced by a series of Partnership strategies, each of which respond in detail to different needs across the city. It is by planning and working together with council, NHS, third and independent sector organisations and people accessing services and their carers, that we can make the positive changes that Dundee citizens need. These local strategies are led by Strategic Planning Groups, which comprise of people who use services, their carers and people delivering services. The Partnership currently has the following Strategic Planning Groups:

** The Strategic Planning Groups for Alcohol and Drugs and for Suicide Prevention also form part of wider strategic planning arrangements for Public Protection.*

Many of the Strategic Planning Groups have developed strategic plans. The following strategic plans have been approved by the IJB:

- **A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee** – The plan identifies the actions required to achieve four outcomes for carers – *'I am identified, respected and involved; I have had a positive caring experience; I can live a fulfilled and healthy life; I can balance my life with the caring role.'*
- **Dundee Smart Health and Care Strategy** – This plan sets out the commitment to becoming a leader in the use of technology to improve the lives of people living in Dundee.
- **Joint Sensory Services Strategic and Commissioning Statement 2017-2020** – The statement provides the strategic direction for developing services and support for people with sensory requirements.
- **Not Just a Roof! Housing Options and Homelessness Strategic Plan 2016-2021** – This plan sets out how partners, including people with lived experience of homelessness, will work together to ensure that the people of Dundee live a fulfilled life in their own home or homely setting and are able to able to access quality information, advice and support if they do become homeless.
- **Strategic and Commissioning Statement for Adults with a Physical Disability 2018-2021** – This plan focuses on five key action areas to improve outcomes for people with physical disabilities in Dundee - improving health and social care support; having somewhere to live and the support to live there; learning and working , keeping safe and taking risks.

- **Substance Misuse Strategic Commissioning Plan for Dundee 2018-2021** - This plan proposes a focus on the prevention of substance misuse to achieve the vision that *'People in Dundee thrive within safe, nurturing and inclusive communities supported by effective alcohol and drug services that focus on prevention, protection, resilience and recovery.'*

In addition, strategies are currently in development for frailty, learning disability and autism, mental health and wellbeing, suicide prevention and humanitarian protection, and active and independent living. These strategies are being developed with underpinning themes including, a focus on mental health promotion, prevention and early intervention and person centred, strength based approaches to care and support services.

There are also other important documents that complement this plan, including:

- **Equality Outcomes and Mainstreaming Equalities Framework**, which describes the equality outcomes as developed for the Partnership, alongside a framework and reporting cycle for the review of the Partnership's progress in mainstreaming equalities.
- **Housing Contribution Statement** outlines the contribution of the local housing sector to achieving the outcomes identified in this Plan.
- **Strategic Needs Assessment (version 2)** describes the socio demographic characteristics of Dundee as well as levels and patterns of health and social care needs
- **Shaping the Adult Health and Social Care Market in Dundee (2017-2021)** represents a continuing dialogue between the Partnership, service providers, people using services, carers and other stakeholders, about the future shape of our local social care market and how, together, we can ensure this is responsive to the changing needs and aspirations of Dundee's citizens.
- **Workforce and Organisational Development Strategy** sets out how the Partnership recruits, develops and retains the right people, in the right place, at the right time to deliver positive outcomes for the people of Dundee.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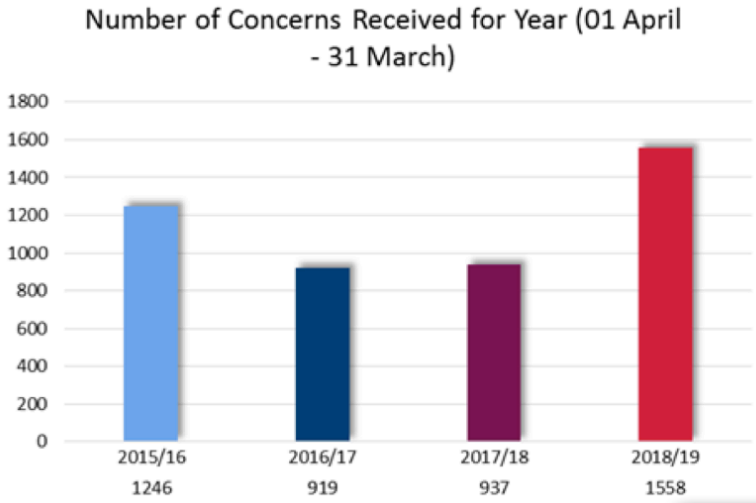
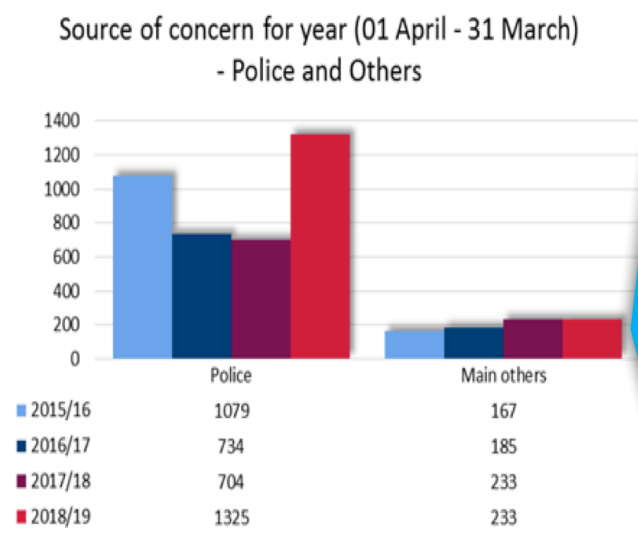
...who?

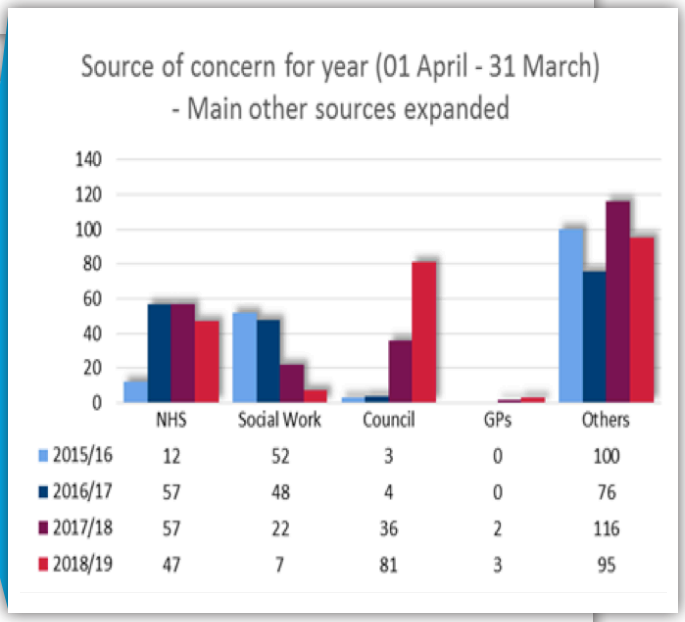
ASP Annual Data 4

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



During the period covered by this report there has been a significant rise in concerns reported (621 / 40% more than the previous year.) The vast majority of these originate from Police Scotland who explain that this is reflective of current practice and the ASP pathway being the only agreed means of reporting concerns.





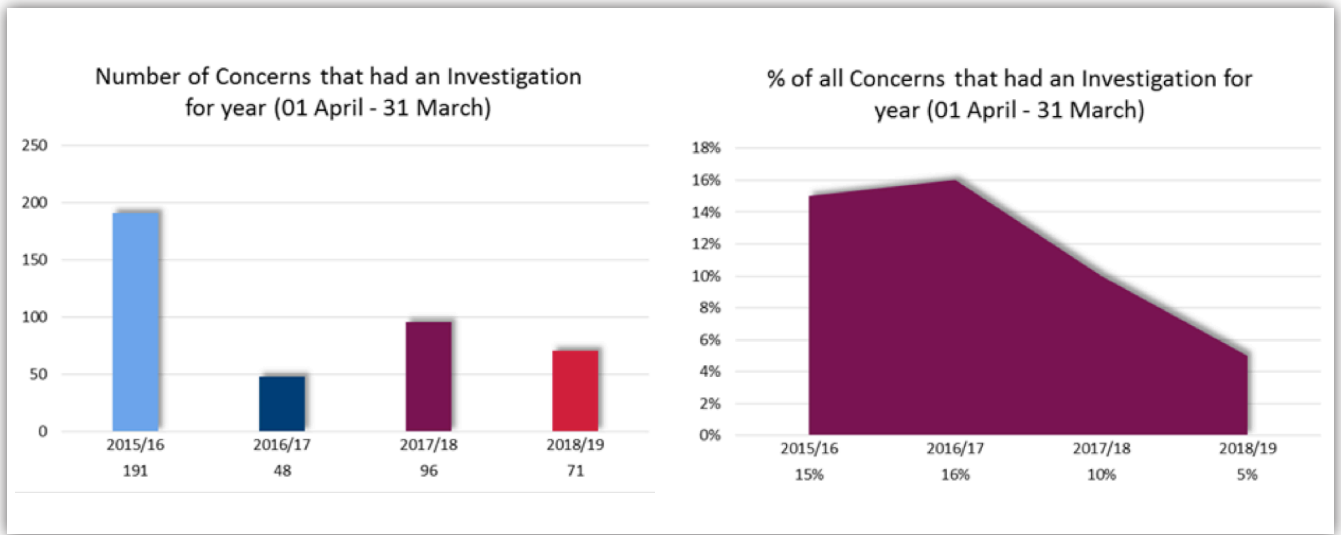
Referrals

The total number of Adult Protection referrals in **2018/19 was 1558. 1325** came from Police Scotland.

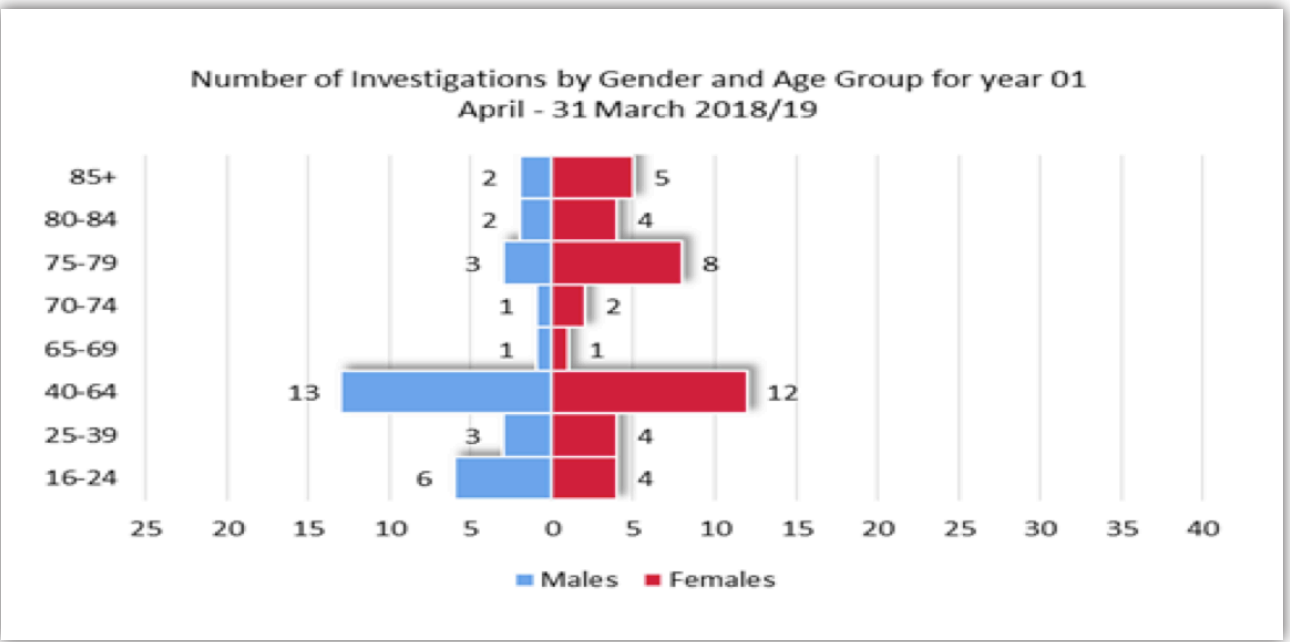
Others	2015/16	2016/17	2017/18	2018/19
Scottish Ambulance Service	35	1	-	-
Scottish Fire & Rescue Service	8	20	5	8
Office of Public Guardian	-	-	-	2
Mental Welfare Commission	-	-	-	-
Healthcare Improvement Scotland	-	-	1	-
Care Inspectorate	3	18	10	13
Other organisation	37	20	56	41
Other Local Authority	3	-	-	3
Self (Adult at risk of harm)	3	5	5	2
Family	6	4	15	9
Friend/Neighbour	-	1	7	1
Unpaid carer	-	-	-	-
Other member of public	-	-	2	1
Anonymous	3	4	1	2
Nursing / Care Home	2	3	14	3
Others	-	-	-	10
Total Others	100	76	116	95

Investigations

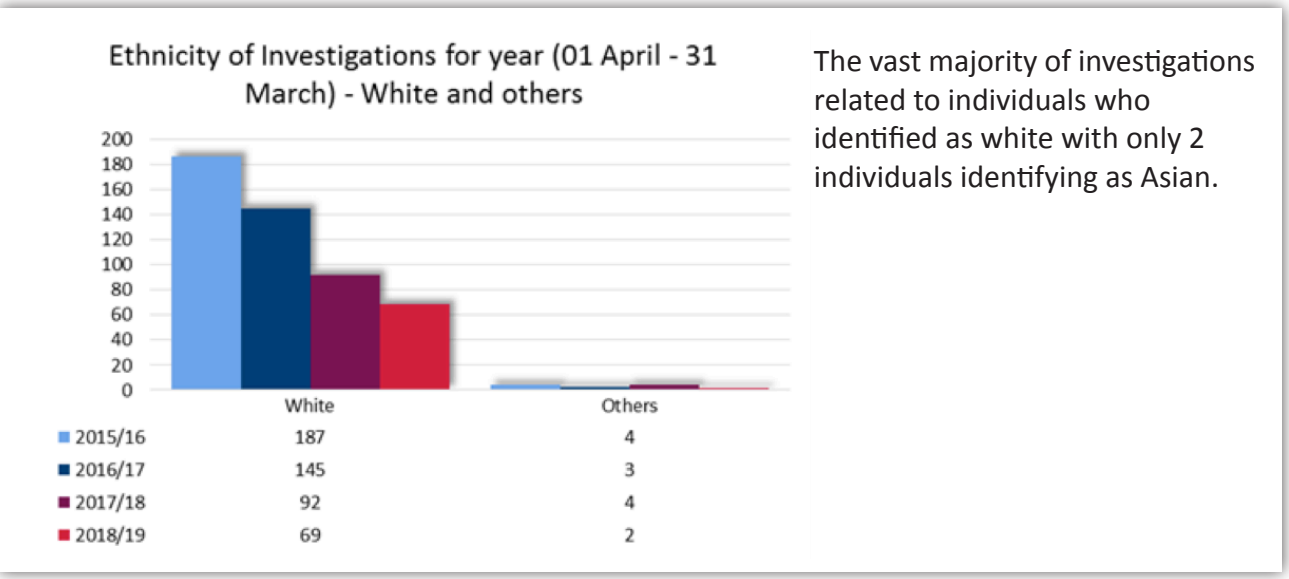
From these referrals there were **71** investigations (5%) under Adult Support and Protection procedures (**31 males and 40 females**)



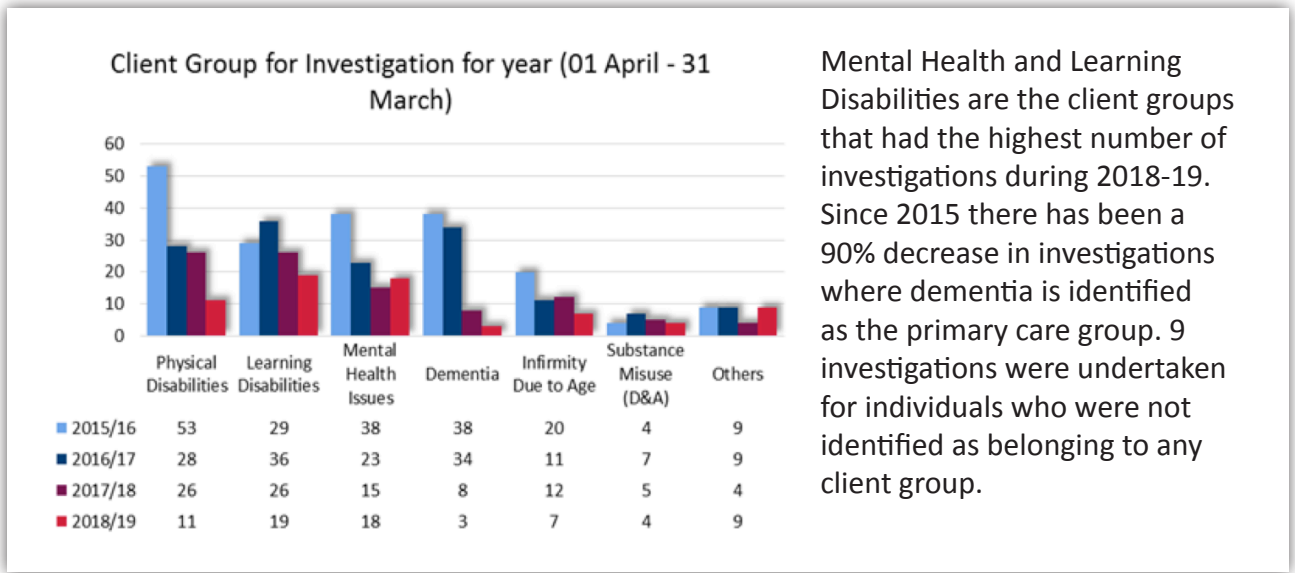
The conversion rate of concerns to investigations has declined at the same % rate for the past three years, this is in spite of the number of concerns increasing significantly.



The 40-64 age group accounts for the highest number of investigations for both genders.



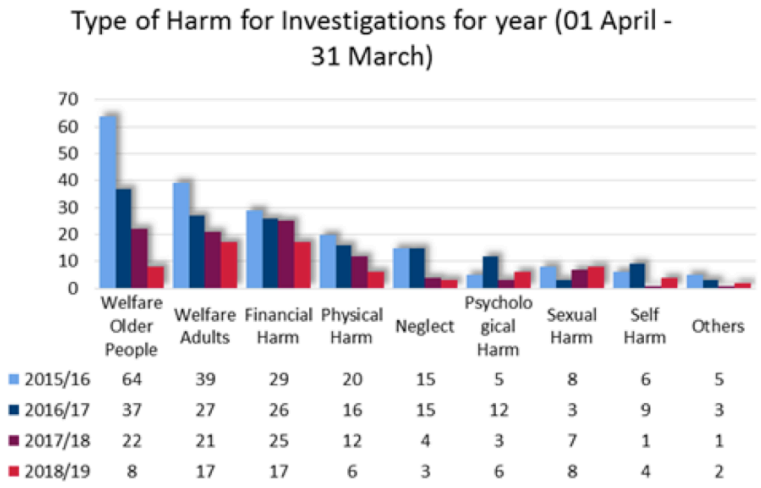
The vast majority of investigations related to individuals who identified as white with only 2 individuals identifying as Asian.



Mental Health and Learning Disabilities are the client groups that had the highest number of investigations during 2018-19. Since 2015 there has been a 90% decrease in investigations where dementia is identified as the primary care group. 9 investigations were undertaken for individuals who were not identified as belonging to any client group.

"Other" client groups

	2015/16	2016/17	2017/18	2018/19
Acquired Brain Injury	1	2	0	0
Palliative Care/Progressive Illness	1	4	0	0
Visual/Hearing Impairment	1	0	0	0
No Client Group	5	3	4	9
Down Syndrome	1	0	0	0



Adult welfare and financial harm are most prevalent types of harm subject to investigation. All types of harm have seen a reduction in terms of investigation with the exception of psychological, sexual and self-harm. Older people's welfare investigation have decreased by 88% since 2015 / 16.

"Other" types of harm

	2015/16	2016/17	2017/18	2018/19
Fire Safety Risk	3	1	1	0
Harassment	1	1	0	0
Domestic Abuse	1	1	0	1
Exploitation	0	0	0	1

NHS Tayside Activity 5

Throughout the period covered by this report, NHS Tayside has further progressed its commitment to Adult Support and Protection.

Some examples of this include The Dundee Partnership was assessed as:

Increase in completion of ASP LearnPro Module, 8,400 staff across Tayside completed in 2018/19

Case file audit of adult protection Undertaken across Tayside

2 year rolling programme of ASP Briefing sessions accessible to all NHS staff

Hosted a Learning Event relating to a significant case review undertaken in Glasgow with an improvement plan developed across localities.

Human Trafficking learning event hosted on Ninewells site

Awareness raising materials distributed across NHS sites

Development of Lead ASP role provides a single point of contact for advice and consultancy to NHS staff

Focused ASP work within Accident and Emergency / Acute Medical Unit

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

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

Adult Support and Protection Learning and Development Activity 6

In the last year there has been a significant increase in Adult Support and Protection learning and development opportunities available to the workforce on both a multi-agency and Tayside partnership basis.

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

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

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

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

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

Post Graduate Certificates/MHO Award		
	2018/19	**2019/20**
ASP PG certificate	3 completed (academic year September 18 to June 19)	4 candidates currently undertaking the award
MHO Award	1 completed (award November 18 – July 19)	• 1 full time applicant • 2 conversion award from Approved Mental Health Practitioner (England)

E-learning (Dundee City Council Only)		
Course	**No. completed 1 April 18 – 31 March 19**	**No. completed 1 April 19 – 31 August 19**
Protecting People Awareness	174	73
Adult Support and Protection Introduction	74	34
Human Trafficking	77	60
Prevent (Protect Against Terrorism)	43	49

TurasLearn – Tayside Protecting People E-learning resources.

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

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

New ASP Learning and development opportunities (Rolling programmes launched August 2019)	
What	Learning Outcomes/content
ASP Defensible Decision Making	This is a full day multi-agency workshop developed and delivered on a Tayside Partnership basis covering; • ASP legislation • Risk Assessment and Management • Chronologies • Learning from Significant Case Reviews
ASP 2nd Interviewer Training	This is a full day multi-agency workshop developed and delivered on a Dundee and Angus partnership basis.
Dundee and Angus Council Officer Programme	The programme includes two days of investigative interviewing and council officer training, agreed shadowing and the completion of an Open Learn resource.
Tayside Crossing the Acts Workshop	This is a full day programme delivered on a Tayside partnership basis by Mental Health Officers.

Single Agency Workshops/Events

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


If not
you?
...who?

Other Protection Related Activity 7

Although much of the activity undertaken on behalf of the Adult Support and Protection Committee relates to statutory processes, Dundee Community Safety Partnership oversees a variety of initiatives to help keep the people of Dundee safe. The following section summarises this activity.

Reduced Levels of Crime

Over the last 12 months, a number of successful initiatives have either continued or been newly implemented across the city. They appear to be having a significant impact on reducing most types of crime and this is evidenced in the paragraphs below.

A joint scheme with the National Retail crime group was run to tackle issues relating to thefts within the City Centre with a “pop up shop” set up, staffed by Community Officers providing guidance and advice. Lanyards for attaching purses and wallets to for extra security were handed out as well as whistles for alerting assistance.

In Operation Moonbeam during Halloween and Bonfire night, joint partnership patrols were undertaken with Community Wardens and members of the Scottish Fire and Rescue Service to assess and respond to incidents appropriately. Community Officers visited schools and provided input in relation to the risks around fireworks, to discourage individuals from obtaining them and setting them off recklessly.

Partners worked together in Operation Fundamental and Operation Slate, to target people involved in the supply of illicit drugs and to minimise its harmful impact on local communities and families, including child and adult protection issues. A number of arrests were made, drugs were seized and 1091 people were given advice regarding available support services and outlets for Naloxone.

The Scottish Government has recently published reconviction rate figures for the 2016/17 offender cohort. The two key reconviction rates are the '1 year reconviction rate', which is the percentage of offenders who are reconvicted in a year and 'average number of reconvictions per offender'. Reconviction rates in Dundee have continued to reduce, which marks an overall ten year downward trend. They moved from 27.8% (2015/16 cohort) to 25.2% (2016/17 cohort). The average number of reconvictions per offender has also reduced from 0.47 to 0.42 in the same time period. The Dundee figures for the 2016/17 cohort are better than the Scottish average of 27.2% and 0.48 respectively.

Reduced Levels of Domestic Abuse

In response to disproportionately high levels of domestic abuse across the city, there was a particular focus on both targeting perpetrators and providing helpful support to victims. A range of initiatives were similarly maintained or developed, these include Safe and Together, the Caledonian System and the Multi-Agency Risk Assessment Conferencing (MARAC).

There was a renewed focus on implementing Safe and Together in Dundee. The Safe and Together model is based on the assumption that a wide range of professionals and frontline staff must be 'Domestic Abuse Informed' in order to adequately respond to their responsibility of child safety and well-being. It provides a concrete framework for improving competencies and multi-agency collaboration in domestic abuse cases involving children. Essentially, this is a set of tools and interventions that are perpetrator pattern-based, child-centred and take a survivor strengths approach to working with domestic violence. Staff feedback at an event in October 2018 resulted in a number of actions, including a short life working group to develop resources/guidance; a practitioner forum to develop skills and confidence in the delivery of the framework; and briefing sessions to services and teams. A series of topics will be discussed at each forum, with the first focusing on the Multi-Agency Risk Assessment Conferencing (MARAC) risk assessment tool. Case mapping/mentoring will be introduced in the longer term.

The Caledonian System for addressing domestic abuse has been implemented in Dundee. This introduces an accredited programme to address the behaviour of men convicted of a Domestic Abuse offence and sentenced by the Court to an Order (most commonly a Community Payback Order) with a Requirement to undertake a Domestic Abuse Programme. In addition, the Caledonian system works to an integrated model, drawing on the principles that inform the Safe and Together model, namely that steps should be taken to address the behaviour of perpetrators, whilst simultaneously offering support to victims, and providing support to children. The Caledonian programme will involve partnership working with Action for Children and Women's Aid to support women and children along with the recruitment of new staff and an extensive programme of staff training in the Community Justice Service. The programme became available to the Court from May 2019.

A review of the Multi-Agency Risk Assessment Conferencing (MARAC) was carried out by the Protecting People Team with support from the Violence Against Women Partnership. The Chief Officer Group were presented with the findings and the implementation of the recommendations are underway. These include recommendations relating to attendance, chairing and administration arrangements, support for representatives, practice issues relating to strengthening referral pathways and training and development for the wider workforce.

The introduction of the new Domestic Abuse (Scotland) Act 2018 which came into force at the beginning of April 2019, will enhance the tools available to bring perpetrators to justice including the addition of coercive control. Whilst in its infancy this legislation will lead to an increase in domestic abuse incidents being recorded due to the added behaviours that constitute criminality along with ensuring the corresponding recording to meet Scottish Crime Recording Standards. Extensive training has been carried out to ensure Police Officers understand and can implement the legislation.

Develop Alternatives to Short-Term Prison Sentences and Remand

Partners continue to develop a range of interventions across the criminal justice system in order to ensure that timely, proportionate and cost effective responses can be delivered, increase community safety and improve outcomes for adults who offend. Some key points are as follows:

- A further increase in Diversion from Prosecution referrals from 56 in 2016/17 to 92 in 2017/18.
- Overall, a smaller proportion of people received a custodial sentence following consideration of a court report. Instead, the Sheriff Court has imposed a higher proportion of community based sentences.
- Successful completion rates for CPOs continued to increase over the last 5 years – in 2017/18, 81% were successfully completed.
- Dundee Community Justice Service has also prioritised funding for a mentoring scheme that offers support to those on bail and on community orders.
- In addition, the Service offers national validated programmes such as Moving Forward Making Changes (MFMC) to address sexual offending. Co-located nursing staff are able to offer Drug and Alcohol treatment programmes and a specialist Women's team offers holistic support to women.

In the last year, Dundee City Council has continued to develop and maintain individual placements to offer a more broad range of opportunities to meet the needs of community organisations as well as utilise and develop the skills of people made subject to unpaid work. Specific examples of unpaid work activities in 2017/18 includes constructing and maintaining stands for the Vegetable Society's Dundee branch at the Dundee Flower and Food Festival, transforming neglected areas of land into more productive Community Gardens, one of which ('The Tattie Patch'), was briefly featured on the BBC Beechgrove Garden. Efforts are ongoing to explore how improvements can be made in relation to skills training opportunities for people whilst they are undertaking unpaid work, enhancing current links to community based employability services and developing new placement opportunities.

It is also of note that a new Community Custody Unit for women who have offended was approved over the last 12 months. This positive initiative is being progressed with the Scottish Prison Service and other partners.

Road Safety

In order to improve road safety, a Tayside Road Safety Forum has been established. The purpose is to develop a strategy of co-ordination and co-operation between Forum members, in relation to the delivery of road safety education, enforcement, engineering and encouragement in Tayside, whereby all members will work jointly, where practicable, towards achieving Government set road safety casualty reduction figures. A Terms of Reference has been developed and a strategy and action plan are in progress.

A number of initiatives relating to road safety have taken place. As part of the ongoing work with Go Safe Dundee to raise awareness and promote road safety of pupils in and around primary schools, a short film has been funded and recorded. Filming took place across various locations in Dundee with the assistance of Community Police Officers and partner agencies, highlighting specific dangers a child can encounter whilst walking to school. The film is to be used to raise awareness with pupils and parents through various formats including social media and the web.

Within this reporting period, Community Police Officers have also undertaken training to become Bikeability instructors. This will allow officers to support schools in the delivery of training to pupils about riding their bike safely. This is a great opportunity for officers to build trust and confidence with school pupils which will assist with crime prevention and ASB inputs.

In April 2019 City Centre Officers worked in partnership to launch the Safe Travel Initiative. This is a new initiative to set out local processes to facilitate Xplore Dundee, Police Scotland and the Community Safety and Antisocial Behaviour Team working together to manage and prevent incidents of criminality and antisocial behaviour on or near Xplore Dundee's buses. This initiative will provide support and reassurance to Xplore staff and passengers and ensure that whilst they are carrying out their work or travelling on the bus they can do so without fear of any incidents. It is the intention, through this joint protocol, for Police Officers and Community Safety Wardens to regularly carry out high visibility patrols on the buses and to prevent the number of incidents of criminality or antisocial behaviour happening and in turn keep drivers and passengers safe.

The multi-agency Safe Drive Stay Alive (SDSA) Roadshow continues to provide positive feedback year on year whilst providing a hard hitting message to develop awareness of the serious risks associated with driving. SDSA events bring together a large number of young people, and use a mixture of film, live presentation and real life testimony from members of the emergency services (who regularly deal with road collisions) and from members of the public (whose lives have been affected by road collisions). The latest event was held at the Caird Hall, Dundee in November, stewarded by Dundee Community Action Team members and local firefighters and was delivered to approximately 1400 S5 school pupils across Dundee Secondary Schools and a number of other youth groups. By sharing experiences of needless tragedies with young people it helps them consider their actions so they can choose never to put themselves or others at risk. This event will be reviewed for the forthcoming year as part of the partnership approach to effective and efficient delivery of youth engagement activities.

Community Safety

Efforts continue to improve safety within our local communities by reducing the risk to life, property and the environment from fire and reduce levels of anti-social behaviour. The Anti-social Behaviour (ASB) team use CCTV to assist with general community safety and last year this led to several permanent overt cameras installed in Maryfield, an area where there had been repeat problems. This has reduced complaints in this area. In 2019/20, they will be rolling out a similar installation in the Lochee Ward.

The use of the Fast Online Referral and Tracking (FORT) system is being explored as a means to implement the Home Safety Scheme. FORT is an electronic system that allows for agencies to easily refer clients online to other agencies in order to provide a particular service. The system creates heightened awareness of the importance and effectiveness of joint working and information sharing, supporting agencies and staff to work within their own areas of expertise, whilst aiding the development of a broader understanding and utilisation of other services. It can be accessed through standard internet browsers. If it is used to implement the Home Safety Scheme, it would provide a co-ordinated response for those in vulnerable groups and allow opportunity to make full use of all available services.

Community Safety Wardens have reported that information sharing has improved with the introduction of local Multi-Agency Tactical and Co-ordinating (MATAC) meetings, which also allow for a wider set of interventions to be considered. Community representation will be encouraged through 2019/20.

The ASB team continues to have an input in housing allocations. The allocations policy of housing can play a part in reducing anti-social behaviour complaints. Furthermore changes have been made to the eviction process to improve working practices between the ASB team and Housing Options team. Previously, if an eviction was granted, the person would go into the normal homeless process. Now, they look at holding a multi-agency meeting with all relevant staff involved with the individual to plan the best outcome post eviction, including supported accommodation options and level of supports required to ensure a sustainable tenancy moving forward. Similarly, the working relationship with Tenancy and Estates also continues to improve, and as such, some of the low level tenancy management issues are being more appropriately recorded and managed by the Tenancy Officers.

Joint patrols with Community Wardens and Police Scotland have taken place across the reporting period to tackle areas of anti-social behaviour and criminal activity, this is supported by analytical product highlighting hot-spot areas and resulted in environmental scanning which has highlighted areas for improvement in security measures. This sort of activity and target tasking allows us to focus on key locations and prevent and deter incidents from occurring.

Various different diversionary measures were trialled and used across the City, including:

- Twilight Basketball at the Kirkton Community Centre, held every Friday night by professional coaches and supported by the Kirkton Management Group, which sees youngsters provided with a safe place to learn and take part in sport.
- Joint visits to identified youths were carried out by Police Officers, Community Wardens, Night Time Noise and Anti-Social Behaviour Teams across the city, in order to intervene early in an effort to disrupt incidents which may result in violence. These visits not only resulted in a reduction in calls of anti-social behaviour/violence, but they were positively received by the youths who were supportive and receptive to this approach.
- A 146% increase in Diversion cases for 16-17 year olds, where cases increased from 15 to 37.

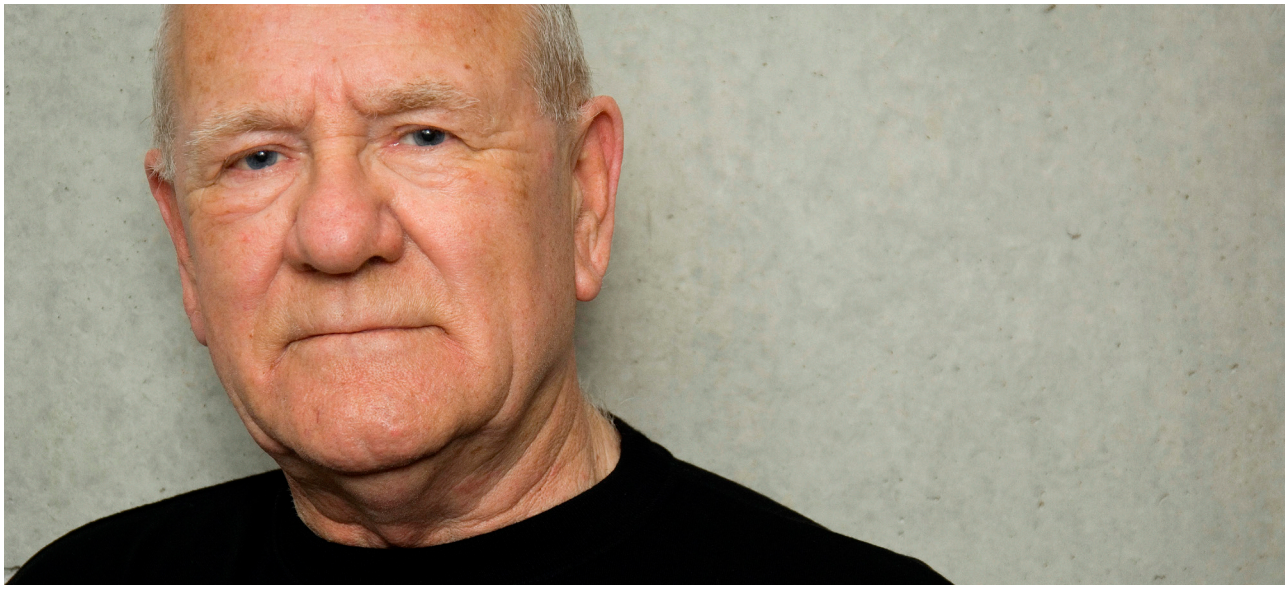
Operation Islington was launched in January 2018 by Police Scotland and continues to tackle violence and anti-social behaviour within the City of Dundee. As part of this initiative, officers asked local licensees, off licences and taxi companies to pass on any information or concerns they may have regarding large purchases of alcohol or food, which may identify so called 'party' flats or locations where alcohol or drugs may be being misused.

The Safety and Alarm Response Centre (SARC) has been successfully built within the West District Housing Office. It became fully operational as of 1 April 2019 and aims to create a safer community for residents by empowering the council to respond to incidents faster. Prior to the 1 April, there was only a partial service provided to tenants in multi storey blocks. This new system will provide comprehensive CCTV monitoring, 24 hours a day, 365 days a year, providing footage from property-related council CCTV cameras under one roof, including all multi-storey blocks, environmental depots and council car parks and Dundee House. The initiative is hoped to tackle crime and antisocial behaviour as well as protect locals, buildings and other assets. It will also allow the council to respond in a timely manner during emergencies as well as play a crucial role in emergency planning. Since 1 April, staff have already been able to detect a variety of incidents from serious assault to house parties and insecure properties.

In addition, the Hate Incident Sub Group has been established as a sub group of the Community Safety Partnership. The group aims include increasing education, awareness and understanding of hate incidents, helping reduce the occurrence of hate incidents and number of victims, optimising the ways in which victims can report hate incidents and sharing best practice.

Progress with Recommendations from Biennial Report 2016-18

8



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

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

Recommendation 1

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

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

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

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

Recommendation 2

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

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

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

Recommendation 3

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

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

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

Recommendation 4

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

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

Recommendation 5

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

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

Recommendation 6

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

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

Recommendation 7

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

Evaluation is due to report later this year.

Recommendation 8

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

Evaluation is due to report later this year.


What I
need
from you

Dundee Adult Support & Protection Delivery Plan 2019-2020 9

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

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

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

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

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

Five priority areas have been identified, namely;

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

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

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

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

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

To what extent can we demonstrate:

- Positive and sustained trends (three years or more) in improving outcomes for adults in need of protection.
- Good use of reliable data measures is providing results that demonstrate improving outcomes over time for adults in need of protection.
- Improved outcomes as a result of carefully gathered and analysed trend data which has been well used to understand cause and effect.
- Key measures demonstrate that adults in need of protection are increasingly safer.

Evidence to support plan.

- Evidence from local performance management systems.
- Reports on performance using the ASP dataset (Commencing 1st June 2019)
- Systems and processes in place which produce reliable and robust data gathering and analysis.
- Trend data and benchmarking against comparators.
- Perceptual data gathered from Adults at risk and other stakeholders.

Data to committee on Quarterly Basis commencing 1st June 2019 includes…

How many ASP referrals were received?

Number of Referrals to Social Work, considered under ASP which proceeded to:

a) Initial Referral Discussion (IRD)

b) Case Conference (CC)

- Source of Principal Referral
- Number of Investigations commenced under the ASP Act
- How many investigations commenced for people by gender and age group?
- Number of Investigations commenced for people by Ethnicity Group.
- How many investigations were commenced for clients by primary main client group?
- Type of principle harm which resulted in an Investigation.
- Where did the principle harm take place which resulted in an investigation?
- How many Protection Orders were granted?

- Number of Protection orders that are currently in effect
- Number of large scale investigations commenced. (2019)

Proposed Action(s): 2019 -20

Further develop multi-agency data set.

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

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

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

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

To what extent can we demonstrate:

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

Evidence to support plan:

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

Proposed Action(s): 2019-2020
Further develop role of stakeholder group in representing views of people and groups at risk.
Review of advocacy services for people and carers subject to adult support and protection activity.
Consistent recording of outcomes to be included in key ASP activities.
Coproduction of ASPC carers strategy alongside carers organisations.

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

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

To what extent can we demonstrate:

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

Evidence to support plan:

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

Proposed Action(s): 2019-2020

Audit activity to be undertaken to focus upon individuals who do not meet the three point test.
Evaluation of Early Screening Activity across the partnership.
Develop and apply mechanism by which learning from SCR's (out with Dundee) can be demonstrably considered and applied in a Dundee context.

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

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

To what extent can we demonstrate:

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

Evidence to support plan:

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

Proposed Action(s): 2019-2020

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

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

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

To what extent can we demonstrate:

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

Evidence to support plan:

- Plans including the local outcome improvement plan, Adult's services plan, corporate parenting plan, Tayside Plan / Tayside Regional Improvement Collaborative (TRIC).
- Senior managers' communication with the workforce about professional standards.
- Examples of how senior managers have communicated their vision for children and young people in need of care and protection.
- Employee surveys that demonstrate employees understand the vision.
- Communication from adults demonstrating that they have been involved in developing the vision, values and aims.
- Feedback from engagement with adults at risk, families, staff and community members.

Proposed Action(s): 2019-2020

Dundee ASP adopts a shared vision.
Further develop actions identified from Improvement Service Activity.
Further develop Corporate Risk Register for Protecting People.
Further progress Transforming Public Protection

What I need from you!

Adult Support and Protection Committee Dundee

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

www.**dundeeprotects**.co.uk

Adult Support & Protection Committee Dundee

ITEM No …10……..

Dundee Health & Social Care Partnership

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 FEBRUARY 2020**

REPORT ON: **ARRANGEMENTS FOR MANAGING HIGH RISK OFFENDERS – ANNUAL REPORT 2018/19**

REPORT BY: **CHIEF SOCIAL WORK OFFICER**

REPORT NO: **DIJB4-2020**

1.0 PURPOSE OF REPORT

1.1 This report brings forward for Integration Joint Board Members' information the Annual Report of the Tayside Multi-Agency Public Protection Arrangements (MAPPA) Annual Report 2018/19, attached as Appendix 1.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report and of the MAPPA Annual report 2018/19, including developments in relation to the risk assessment and risk management of high risk of harm offenders (attached as Appendix 1) (section 4.2).

2.2 Note the areas for further improvement during 2019/20 identified within the Annual report (section 4.4 and appendix 1).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Overview of MAPPA

4.1.1 The Management of Offenders etc (Scotland) Act 2005 (the Act) introduced a statutory duty on Responsible Authorities - Local Authorities, Scottish Prison Service (SPS), Police and Health - to establish joint arrangements for the assessment and management of the risk of harm posed by certain offenders. The Act also placed a duty on agencies who come into regular contact with high risk of harm offenders to co-operate in risk assessment and risk management processes. These 'Duty to Co-operate' agencies include, for example, Third Sector partners and suppliers of Electronic Monitoring. The Responsible Authorities are required to keep the arrangements under review and publish an annual report.

4.1.2 The introduction of Multi Agency Public Protection Arrangements (MAPPA) in 2007 created a consistent national approach towards the implementation of the Act and initially focused on Registered Sex Offenders (RSOs). In 2008, arrangements were extended to include Restricted Patients who are persons who, by virtue of their mental health, are confined for treatment under current Mental Health legislation and present a risk of harm to the public. In 2016, arrangements were further extended to include 'Category 3' persons, defined as anyone who has been convicted of an offence; who by reason of that conviction is considered to be a high or very high risk of serious harm to the public; and who therefore requires multi-agency management.

4.1.3 In Tayside, a MAPPA Strategic Oversight Group (SOG) oversees developments and consists of the Responsible Authorities and local Duty to Co-operate agencies. Whilst the Integration Joint Board are neither a Responsible Authority or Duty to Co-operate body under the Act, the Health and Social Care Partnership has an important contribution to make to the management of offenders both in relation to operational responses to individuals who are being managed and

as part of wider Protecting People strategic planning arrangements. This includes responding to emerging challenges in meeting the health and social care needs of individuals as the age profile of the population of managed individuals increases, largely due to increases in reporting of historical abuse.

4.2 Developments in MAPPA in 2018/19

4.2.1 In 2018/19, the responsible authorities continued to work together to maintain and strengthen arrangements for managing offenders in the Tayside area. Key developments during the year include:

- Progressing the commissioning of two Significant Case Reviews (SCRs) started across the region. In the context of public protection, SCRs are a multi-agency process for appraising practice and learning lessons from a situation where a person has died or been significantly harmed. The respective reports were not finalised until after the reporting period and will therefore be reflected in the 2019/20 MAPPA Annual Report.
- Continued effort to increase the usage of the Violent and Sex Offender Register (ViSOR) database by all relevant agencies. The ViSOR database is the agreed system provided by the Home Office to facilitate the storage and exchange of secure information on the offenders managed through the MAPPA between the responsible authorities and across geographical boundaries.
- Contributing the national review of the Moving Forward Making Changes Programme (MFMC) to address those convicted of sexual offences. The aim of the revision is to ensure the future flexibility and sustainability of the programme. This includes a particular focus on ensuring a revised programme can effectively meet the needs of both moderate and high risk offenders in custodial and community settings.

4.3 Key Data

4.3.1 As of 31 March 2019 there were 380 Registered Sex Offenders (RSOs) within Tayside, an increase of 16 offenders since March 2018. This increase relates to a change in reporting, with RSOs in custody and subject to a MAPPA review now being included in the figure.

4.3.2 130 RSOs are managed jointly by Police Scotland and Social Work, a decrease of 40 from the previous report.

4.3.3 34% of RSOs are on statutory supervision involving a Community Payback Order with supervision requirements or License Conditions from custody.

4.3.4 The distribution of RSOs across the 3 authorities is 156 in Dundee, 102 in Angus and 122 in Perth and Kinross.

4.3.5 There are 27 Restricted Patients managed by NHS Tayside, the same number from the last report.

4.4 Areas for Further Improvement 2019/20

4.4.1 The following improvement priorities have been identified for 2019/2020:

- Jointly implement all recommendations from the Significant Case Reviews that were commissioned during 2018/19.
- Progress audits of all MAPPA activity using the new national tool and implement an associated action plan which identified areas for improvement.
- Improve the range and relevance of quantitative and qualitative data reported to the Strategic Oversight Group to help identify themes and support improvement actions.
- Continue to deliver training across the Tayside partnership with a focus on learning from audits and significant reviews to improve our practice.
- Review and streamline the arrangements for undertaking Initial Case Reviews, including any learning from other Protecting People forums and the potential for integrated approaches.
- Continue to contribute towards the review of the Moving Forward Making Changes Programme with Scottish Government and the Scottish Prison Service.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

7.1 The Chief Officer, Chief Finance Officer, Council Management Team, members of the Tayside MAPPA Strategic Oversight Group and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Diane McCulloch
Chief Social Work Officer

DATE: 25 February 2020

MAPPA

Annual Report

2018-19

MAPPA
Tayside Multi Agency
Public Protection Arrangements

FOREWORD

Welcome to the 2018/2019 annual report on Tayside's Multi Agency Public Protection Arrangements (MAPPA) This report details activity and work undertaken by the Tayside Strategic Oversight Group during 2018/19 who overview the policies, procedures and practice arrangements for the management of MAPPA offenders.

The MAPPA are fundamental to the effective protection of the public, management of offenders and the support of victims. It is recognised that this is not a task that agencies can do alone and effective multi-agency working is crucial. MAPPA is composed of experienced and specialist personnel working together and together we can share significant information, provide advice and training to those managing the risk posed by the most serious and complex offenders.

Public protection remains a challenging area of work for all involved. I acknowledge this and wish to thank all partner agencies for their continued commitment and dedication.

Elaine Torrance
Independent Chair of
Tayside MAPPA Strategic Oversight Group

THE LAST 12 MONTHS

Multi-Agency Public Protection Arrangements in Tayside

Multi-Agency Public Protection Arrangements (MAPPA) provide a framework to manage the risk posed by registered sex offenders, restricted patients (mainly violent offenders, with a small number of sex offenders) and offenders who by reason of their conviction are subject to supervision in the community and are assessed as posing a high or very high risk of serious harm to the public which requires active multi-agency management at MAPPA Level 2 or 3.

MAPPA brings together professionals from the police, social work, housing, health and the Scottish Prison Service. These agencies are known as the 'responsible authorities'. While the Tayside arrangements are co-ordinated by a central unit based in Dundee, the practical management of offenders remains the responsibility of these agencies at a local level.

The geographic area covered by our arrangements incorporates the local authority areas of Dundee City, Perth and Kinross, and Angus. Services cover a mixture of urban and rural areas.

The responsible authorities represented are:

- **The Dundee City Council**
- **Perth and Kinross Council**
- **Angus Council**
- **Police Scotland**
- **Scottish Prison Service**
- **NHS Tayside**

PRACTICE DEVELOPMENTS

Throughout this year the responsible authorities have continued to be involved in working together to strengthen the arrangements for managing offenders in the Tayside area. In 2018/2019 we said we would:

- Deliver an agreed programme of quality assurance audits

Throughout 2018/2019 a small working group of MAPPA Co-ordinators from across Scotland have been working with the Scottish Government, Care Inspectorate and Risk Management Authority to develop an audit tool to examine the MAPPA process and to allow a national approach to MAPPA audits in Scotland. Awaiting the completion of this tool has resulted in a delay in progressing the audit across the 3 local authorities. Now complete, the MAPPA Operational Group (MOG) will undertake an audit of a representative sample of cases across Tayside any learning highlighted from the audit will be used to improve processes and practice across Tayside.

- Examine and action any recommendations from reviews of practice and self-evaluation

Throughout this reporting year there are ongoing investigations into 2 Tayside significant case reviews. The Strategic Oversight Group (SOG) and MOG await the publications of these SCRs and will directly implement or contribute towards the implementation of recommendations.

- Continued effort to increase the usage of the ViSOR database by all relevant agencies

The ViSOR database is the agreed system provided by the Home Office to facilitate the storage and exchange of secure information on the offenders managed through the MAPPA process. All police offender management officers and community justice public protection social workers attend a 3 day training course to authorise them to use the system. The ViSOR database provided the statistical information for this annual report.

With the introduction of Category 3 individuals to MAPPA, Community Justice Services are the lead agency in respect of these offenders and are responsible for creating and maintaining the ViSOR record. Since March 2016, 16 Category 3 records have been created and maintained to the agreed standards. Community Justice Services also update the records of the registered sex offenders who are subject to statutory orders and who are jointly managed with the Police offender management unit.

ViSOR is also used by the restricted patient team at Scottish Government and by the Intelligence unit of the Scottish Prison Service to update records of the restricted patients managed under MAPPA and those offenders serving a custodial sentence.

Whilst all key agencies use the ViSOR system there is ongoing work to seek solutions to improve access to ViSOR by key staff which will continue in the coming year.

LEARNING AND DEVELOPMENT

Links with other lead officers in Child and Adult Protection across Tayside continues with the MAPPA Co-ordinator being a member of Protecting People Angus and Protecting People in Dundee groups.

Training is always foremost in the minds of the agencies working within MAPPA and this year the MAPPA Co-ordinator has carried out MAPPA chair training for all personnel from Police, Social Work and Health who are required to chair Level 1, 2 and 3 MAPPA meetings.

Development days were also held across the three local authority areas with Social Work Public Protection teams, Police Offender Management Units and Housing Liaison Officers to jointly improve and standardise the documentation required for the MAPPA meetings as an aid to defensible decision making.

The number of offenders convicted of internet based offences continues to rise nationally, and to increase awareness and skills of staff across the Tayside partnership, Police Scotland Internet Investigations Unit were invited to deliver a workshop at a Tay Project training event focussed on Technology Mediated Sexual Offending. The workshop was very well received with participants reporting increased knowledge to enable them to better assess and supervise people who commit internet offences.

A closer working partnership has developed in Tayside with the staff at HMP Castle Huntly and in the last year HMP Castle Huntly Managers, alongside Tayside MAPPA partners have attended a total of 14 meetings covering a caseload of 6 prisoners.

During this same period HMP Castle Huntly supported Tayside MAPPA to provide a venue over two separate days to facilitate Development day workshops for MAPPA members, on new paperwork. These workshops were delivered by the MAPPA Co-ordinator. The MAPPA Co-ordinator also provided awareness training to HMP Castle Huntly; to managers new to roles which were now involved in MAPPA cases.

HOUSING

There are many issues to consider within MAPPA management of people who have committed High Risk Offences and one aspect is housing . MAPPA housing decisions must always consider public protection and where new accommodation is sought for people managed under MAPPA, an Environmental Risk Assessment will be carried out. When housing an offender the Environmental Risk Assessment (ERA) process is vital in every case. An ERA is carried out by the Responsible Authorities to identify whether there are any housing-related risks associated with a particular offender. The assessment brings together information on the offender, proposed property and location and nearby households. This informs the responsible authorities' decisions on housing the offender in a way that can be used in the risk management of that offender to minimise risks to the community.

Environmental risk assessments must be done collaboratively with individual agencies providing the relevant information that they hold. Where an ERA is required all agencies are involved in carrying out the assessment.

Within Tayside housing representatives are core members of all MAPPA meetings and are also members of the MOG and SOG. These members are invaluable as there is a well-evidenced and complex relationship between homelessness and offending. There is evidences that spending time in prison increases the risk of homelessness and a lack of stable accommodation increases the likelihood of (re) offending. The Homelessness & Rough Sleeping Action Group (HARSAG) was set up by the Scottish Government in October 2017 to produce short and long term solutions to end homelessness and rough sleeping. Led by best evidence, the cornerstone of the recommendations, adopted by the Scottish Government's Ending Homelessness Together strategy, is a transition to a 'Rapid Rehousing' approach. Angus, Dundee and Perth & Kinross have each developed their plans in collaboration with partners and stakeholders over a planned and costed phase of 5 years (2019 to 2024), setting out their priorities and actions required to ensure people who experience homelessness reach a settled housing outcome as quickly as possible.

TAY PROJECT

The Tay Project is responsible for delivering assessments and interventions for men who commit sexual offences and are subject to a Community Payback Order or License Conditions across Tayside.

Interventions are delivered through an accredited programme called Moving Forward Making Changes (MFMC). MFMC is designed to meet the treatment needs of male sexual offenders who have committed either sexual offences, or offences with a clear sexual element. The programme is for medium to very high risk offenders over the age of 18 years.

The MFMC programme is a cognitive behavioural programme that utilises an integrated theory of change approach. The aim of the programme is to reduce reoffending of men convicted of sexual/sexual motivated offences. The length of time an offender will spend in treatment will depend upon their risk and needs which will inform the treatment formulation. This will be individualised for each offender. Tay Project workers are responsible for assessing the suitability of an offender for inclusion on the programme.

During this reporting year 86 assessments were carried out for suitability for inclusion on the MFMC Group and in the same period 40 men completed the course.

STRATEGIC OVERVIEW ARRANGEMENTS

Tayside Strategic Oversight Group (SOG) continues to have the overview and co-ordination of the Multi-Agency Public Protection Arrangements, ensuring the sharing of best practice and learning from significant case reviews. The group also provides a strategic lead for developing local multi-agency policy and strategy in relation to shared priorities regarding the management of offenders.

A crucial role for the SOG is to consider the circumstances of any re-offending by a person managed under MAPPA. MAPPA Guidance states that the overarching objectives of a SCR are to:

- Establish whether there are lessons to be learned about how best to protect the public from the risk of harm. Reviews should be viewed as a process for learning and improving public protection;

- Where appropriate, make recommendations for action (albeit that immediate action to improve service or professional shortcomings need not await the outcome of a formal review);

- Address accountability, both at the level of the responsible authorities and the professional groups involved;

- Provide public reassurance in relation to the actions of the responsible authorities in the specific circumstances; and

- Identify good practice.

A significant case need not comprise just one significant incident and the criteria when the SCR process should be instigated is detailed below:

- When an offender managed under MAPPA at any level, is charged with an offence that has resulted in the death or serious harm to another person, or an offence listed in Schedule 3 of the Sexual Offences Act 2003;

- Significant concern has been raised about professional and/or service involvement, or lack of involvement, in respect of the management of an offender under MAPPA at any level;

- Where it appears that a registered sex offender being managed under MAPPA is killed or seriously injured as a direct result of his/her status as a registered sex offender;

- Where an offender currently being managed under MAPPA has died or been seriously injured in circumstances likely to generate significant public concern.

Statistically, very few offenders subject to MAPPA processes re-offend. This rarity needs to be balanced with serious harm that can result from any single instance of reoffending by such an offender and the legitimate level of public interest generated in such cases. Eight (2%) individuals subject to MAPPA in Tayside were reconvicted this year.

The MAPPA Strategic Oversight Group considers every reported case to establish whether a review should take place.

As stated earlier two cases have been subject to external scrutiny and the publication dates of both these reports fall outwith this reporting year. However the MAPPA Strategic Oversight Group remain involved with the reviewers and will oversee any recommendations coming from the published reports.

SUMMARY AND STATISTICS

The structures and processes that contribute to the operation of MAPPA have continued throughout the past year. The following information is of note:

- The management of over 500 offenders (includes community and custody figures) through all levels of MAPPA arrangements
- The continued development of the MAPPA Operational Group
- Development training days for staff involved in the day to day management of offenders
- Continued involvement with Protecting People in Dundee and Protecting People Angus

As of 31 March 2019 there were 380 Registered Sex Offenders managed in the community in Tayside, an increase of 16 offenders on the previous year. Of these, 130 (34%) were subject to a statutory supervision order with Community Justice Social Work and managed jointly with Police Scotland Offender Management officers.

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

ANGUS - 102
DUNDEE - 156
PERTH & KINROSS - 122

The offenders that are managed across the three local authorities range in age from under 18 year to over 80 years. The majority of offenders fall in to the age range of 31 – 60 (59%). However 20% of offenders are in the age of bracket of 60 years and over, which over time may have an impact on accommodation issues.

In March 2016, certain high risk offenders became eligible for management through MAPPA (known as Category 3). This year, 8 offenders across Tayside have been considered under the Category 3 processes.

When managing offenders and certain aspects of their behaviour is seen as a concern the Police have the ability to seek for a prevention order through the civil courts. Similarly these orders can also be added at the time of sentencing for a sexual crime. Such orders are known as Sexual Offences Prevention Orders and can be used to manage certain behaviour of concern. In this reporting year 5 orders have been granted by the courts to manage concerning behaviour.

FORWARD PLANS

The following priorities have been identified for the coming year 2019/2020

- Examine and action any recommendations from the significant reviews that are currently ongoing
- To progress Audits across the 3 local authorities
- Improve data collection and reporting to the SOG
- Continue to deliver training across the Tayside partnership with a focus on learning from audits and significant reviews to improve our practice.
- Review and streamline the arrangements for undertaking ICR's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MAPPA Co-ordinator
Friarfield House
Barrack Street
Dundee, DD1 1PQ

Tel: 01382 435518
Fax: 01382 435080

MAPPA
Tayside Multi Agency
Public Protection Arrangements

Recycled Paper

Designed by Communications, Dundee City Council MT/10/19

ITEM No …11……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 FEBRUARY 2020**

REPORT ON: **HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB5-2020**

1.0 PURPOSE OF REPORT

The report provides the Integration Joint Board with information relating to the implementation of the Health and Care (Staffing) (Scotland) Act 2019. The legislation creates a new statutory duty on Health Boards and registered providers to provide safe staffing through the use of evidence based decision-making in relation to staff requirements.

2.0 RECOMMENDATIONS

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

2.1 Notes the duties arising from the introduction of the Health and Care (Staffing) (Scotland) Act 2019 as detailed in section 4.1.3 and 4.1.4.

2.2 Notes the implementation of the Health and Care (Staffing) (Scotland) Act 2019 from 1st April 2020.

2.3 Instructs the Chief Officer to bring forward a Workforce Plan for Dundee health and Social Care Partnership by June 2020 and review this in light of any formal guidance received from the Scottish Government**.**

3.0 FINANCIAL IMPLICATIONS

Should there be any financial matters arising from the implementation of this legislation a further report will be brought back to the IJB.

4.0 MAIN TEXT

4.1 Background

4.1.1 The Health and Care (Staffing) (Scotland) Act 2019 (the Act) is the first comprehensive multi-disciplinary workload and workforce planning legislation in the UK. It aims to improve outcomes for those using health and social care services, by building a workforce which meets the needs of those working with them. The Act puts in place a transparent process to assess immediate staffing requirements through the use of a range of workforce tools. The Act will enable further improvements in workforce planning by strengthening and enhancing arrangement already in place such as the Common Staffing Methods and associated decision making processes. Through the workforce assessment processes, there is an expectation that the multi-disciplinary voice is heard at all levels by ensuring that real time staffing assessments are in place and that these take into account any identified risks. There are different staffing tools for different professions and health/care settings and further work is ongoing to provide a full and refreshed set of workforce tools where these are required.

4.1.2 The Act builds on a set of guiding principles namely

- That the main purposes of staffing for health and care services are to provide safe and high-quality services and to ensure the best health or care outcomes for service users, and
- That staffing for health and care services is to be arranged while:
  - Improving standards and outcomes for service users;
  - Taking account of the particular needs, abilities, characteristics and circumstances of different service users;
  - Respecting the dignity and rights of service users.
  - Taking account of the views of staff and service users;
  - Ensuring the wellbeing of staff;
  - Being open with staff and service users about decisions on staffing;
  - Allocating staff efficiently and effectively; and
  - Promoting multi-disciplinary services as appropriate.

4.1.3 The Act sets a range of duties for Health Boards the main ones which include which include:

- The duty to ensure appropriate staffing, including the specific guidance regarding the use of agency workers
- The duty to have real time staffing assessment in place
- The duty to have real-time staffing assessment in place.
- The duty to have risk escalation processes in place.
- The duty to have arrangements to address severe and recurrent risks.
- The duty to seek clinical advice on staffing.
- The duty to ensure appropriate staffing: number of registered healthcare professionals etc.
- The duty to ensure adequate time given to clinical leaders.
- The duty to ensure appropriate staffing: training of staff, and
- The duty to follow common staffing methods

4.1.4 For care service providers, the Act requires providers to ensure appropriate staffing is in place. In doing this, providers must ensure that staff are suitably qualified and competent and in such numbers that the health, wellbeing and safety of service users is maintained; that the provision of care is of high quality and that the well-being of staff is taken into account. In addition care providers must ensure that staff receive appropriate training for the work they are to perform and appropriate assistance, including time of work, to achieve the qualifications they require.

4.1.5 There is an expectation that reporting to the Scottish Government will be required on an annual basis and that Scottish ministers will lay out reports setting out how the relevant agencies have carried out their responsibilities in meeting the duties laid out in the act. This information will be collated through a framework of reporting to the Scottish Government.

4.1.6 The Act further provides the Scottish Government with the means to provide guidance on the implementation of the Act. At the time of writing the final guidance to support the Act had not yet been received.

4.2 Current Arrangements

4.2.1 The use of workforce tools are established within clinical and care settings. Currently within Health settings a range of allied health professional and nursing workforce tools are used to examine workforce requirements across in-patient and community services. Not all areas have specifically designed tools for their areas, and some nursing teams have tried to adapt the tools used for other areas. Where validated workforce tools are established the Act will be implemented with immediate effect from the 1st of April. Where tools are not yet in place, the principles will apply.

4.2.2 Dundee Health & Social Care Partnership (DH&SCP) currently engage in workforce planning at a service level with nursing workforce tools embedded in most areas. The services have run the tools to ensure the current workforce levels meet the identified need. These tools are has identified where the capacity and demand has increased or the profile of patients has changed to become more frail etc. and how this impacts on current workforce levels. The tools take into account the skill mix and the environment in which the service is delivered. As a result of this process, services have reviewed the service model and their skills mix. Where there are risks to the sustainability of safe staffing levels, the service escalates the risk through both the Clinical Care and Professional Governance Group and through the operational management team and this is recorded as a risk. The services will use additional hours and agency staff to address any short term shortfalls in workforce numbers.

4.2.3 Social care services are regulated by the Care Inspectorate and as part of the inspection process are asked to demonstrate that they take a safe staffing approach, managing levels of need and demand. More recently we are experiencing a slowing down in the level of interest in recruitment to social care posts and have taken steps to adjust our level of service provision in the short term. As with our health services, we will utilse additional staff hours and agency staff where short term vacancies arise.

4.2.4 It has been confirmed that Social Work functions (Social Workers and Care Managers) are not included in the Act.

4.3 Future Arrangements

4.3.1 The Scottish Government have indicated that the Act will come into force on the 1st April 2020 and will apply to both care services and those health professions where validated workforce tools currently exist.

4.3.2 DH&SCP have supported the production of the NHS Tayside workforce plan each year but has not yet produced a plan for the whole partnership. It is proposed that a partnership workforce plan is produced with a date of June 2020 for completion. This workforce plan will be reviewed in light of any further guidance received.

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	Future Arrangements – there is a potential that the partnership will not be able to meet the safe staffing levels directed through the Act using permanent staff as a result of recruitment issues.
Risk Category	Workforce, Operational, Financial
Inherent Risk Level	Likelihood : Possible (3) x Impact Major (4) = 12 High risk
Mitigating Actions (including timescales and resources)	Short term measures would be applied including agency staff use, reduction of service to meet staffing levels. Daily workforce monitoring in place
Residual Risk Level	Likelihood: Possible (3) x Impact Moderate (3) = 9 High Risk
Planned Risk Level	Likelihood: Possible (3) x Impact Moderate (3) = 9 High Risk
Approval recommendation	Recommend acceptance of the risk.

7.0 CONSULTATIONS

The Chief Officer, Executive Director of Corporate Services (Dundee City Council), the Clerk, Dundee City Council Communications; NHST Chief Executive, NHST Communications were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

None.

Vicky Irons
Chief Officer

DATE: 10/02/202

Diane McCulloch
Head of Health and Community Care

ITEM No …12……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 FEBRUARY 2020**

REPORT ON: **FINAL REPORT OF THE INDEPENDENT INQUIRY INTO MENTAL HEALTH SERVICES IN TAYSIDE, 'TRUST AND RESPECT'**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB10-2020**

1.0 PURPOSE OF REPORT

This report provides the Integration Joint Board with information about the publication of the final report of the Independent Inquiry into Mental Health Services in Tayside and about the collaborative approach that is being taken in response to the Inquiry's findings.

2.0 RECOMMENDATIONS

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

2.1 Notes the publication of the final report of the Independent Inquiry into Mental Health Services in Tayside, 'Trust and Respect' and the contents of the report. (Appendix 1)

2.2 Notes the intention to develop a comprehensive action plan in response to the 51 recommendations contained within the final report as noted within section 4.8 of this report.

2.3 Instructs the Chief Officer to provide the IJB with a further report in April 2020 detailing the action plan and progress being made in relation to the findings of the report.

2.4 Notes the Tayside Executive Partners' 'Statement of Intent' (Appendix 2)

3.0 FINANCIAL IMPLICATIONS

None specifically related to the publication of the Independent Inquiry report however any significant financial implications associated with the implementation of the action plan will be brought back to the IJB for consideration.

4.0 MAIN TEXT

4.1 In response to a number of critical reports and following a debate in the Scottish Parliament in May 2018, the interim Chief Executive of NHS Tayside and the interim Chairman of the NHS Tayside Board commissioned an Independent Inquiry into mental health services in Tayside.

4.2 In July 2018, Dr David Strang was appointed as Chair of the Independent Inquiry and thereafter the following Terms of Reference were agreed:

To inquire into the accessibility, safety, quality and standards of care provided by all Mental Health Services in Tayside, report on the findings and make recommendations for improvement. The scope of the Independent Inquiry will incorporate a review of end-to-end service pathways covering all mental health services delivered to Adults, and also those delivered as part of the Child & Adolescent Mental Health Services (CAMHS). The Inquiry will focus on inpatient, outpatient and community mental healthcare, extending to third sector agencies primary care and community services as appropriate.

4.3 To support the work of the Independent Inquiry, a Stakeholder Participation Group was established to ensure that the voices and experiences of people and their families were heard and to enable a broad range of stakeholders to engage with the Inquiry. The Group, which was coordinated by the Health and Social Care Alliance Scotland, met regularly to inform the Inquiry.

4.4 An Employee Participation Group (EPG) was also established, comprising representatives from NHS trade unions, professional bodies and employee relations representatives. The Employee Participation Group carried out a survey of staff working in mental health services in Tayside and submitted a confidential report to the Inquiry.

4.5 The Independent Inquiry published an Interim report in May 2019, '*Capturing Experiences of Mental Health Services in Tayside*'. The interim report reflected the views of those who had given evidence to the Inquiry and identified a range of issues that had been raised.

4.6 On 5 February 2020, the Independent Inquiry published its final report. This followed up on the themes that had been identified in the interim report through further investigation and analysis. The final report, '*Trust and Respect,'* was informed by the views and experiences of over 1,500 people who contributed evidence to the inquiry, including patients, families, carers, staff, partner organisations, professional bodies, third sector organisations and community representatives.

4.7 The Inquiry report highlights a need to rebuild trust and respect in relation to Mental Health Services in Tayside, both with the public and within the workforce, by focussing on 5 cross-cutting themes: Strategic Service Design, Governance and Leadership, Engaging with People, Learning Culture and Communication. The report also states a need to collectively focus more on developing community mental health supports as opposed to a predominant focus on in-patient care by taking a collective, and more strategic, whole system approach.

4.8 The Inquiry report makes 51 recommendations, with an accompanying requirement to produce an action plan outlining how these are being/ to be addressed.

4.9 NHS Tayside's Interim Chair and Chief Executive have accepted the recommendations in *'Trust and Respect'* and have welcomed the report as providing the opportunity to embrace a fresh approach to the design and delivery of mental health services in Tayside. NHS Tayside has committed to ensure that the underlying themes of trust and respect will run through all future plans, which will be developed in partnership with the three IJBs in Tayside. A collective response to the Inquiry report recognises the importance of ensuring better engagement with staff, service users, partner organisations and communities.

4.10 Recognising that the success of future improvement activity across mental health services in Tayside will depend on strong partnership working, the three local authority

Chief Executives in Tayside, along with Police Scotland's Divisional Commander and the Chief Executive of NHS Tayside have signed a 'Statement of Intent' (Appendix 1), which outlines a shared commitment to work together to make the necessary improvements and address the issues raised in the Independent Inquiry's final report.

4.11 In addition, the Scottish Government has announced that additional measures will be put in place to support NHS Tayside's mental health services. This will include the involvement of specialist advisors who will provide peer support, an assessment of clinical services by the Royal College of Psychiatrists and Healthcare Improvement Scotland undertaking quality visits to crisis and community mental health services. The Scottish Government has indicated that support will extend to communications expertise, organisational development and programme management support. Further, the Scottish Government will continue to seek assurance of the quality of mental health services through the Tayside Oversight Group that was set up last year, under their enhanced monitoring arrangements. This will give particular attention to the level of engagement and the effectiveness of partnership working in Tayside, taking into account the responsibilities of the three IJBs, as well as local authorities and Police Scotland.

4.12 Since the publication of the inquiry's final report on the 5 February, work has begun to develop a comprehensive Action Plan. This will identify, prioritise and assign the actions and improvements that will be progressed in order to address the 51 recommendations in the inquiry's final report. The Action Plan will be presented at the meeting of NHS Tayside's Board on the 27 February, 2020 along with a report on '*Trust and Respect*'. The three IJB's will have an important role in informing and endorsing the Action Plan, particularly where the actions relate specifically to the responsibilities of the IJBs for commissioning and overseeing the delivery of mental health services across Tayside.

4.13 It is recognised that the content of such a report can have a significant emotional impact on members of the public and teams working to support people experiencing mental health challenges. On the day of release, the Locality Manager and Clinical Lead for Community Mental Health and Learning Disability Services informally visited teams at Wedderburn House, Alloway Centre, Recovery@Dundonald Centre and Dudhope Terrace. This was to offer support, recognising that the release of the report and related media coverage might lead to an increase in contact from concerned patients/ members of the public and to enable team members to discuss the impact of the report on themselves.

4.14 Dundee Mental Health and Wellbeing Strategic and Commissioning Group met on the day of release to discuss the impact and significance of 'Trust and Respect' and to start to think through how the report will be used as a key reference point within the work of the Group. As an initial action, it was agreed that the Group use the 51 recommendations of the report to self assess progress to date and agree any further actions required relating to the messages within the Inquiry report. This session is due to take place on 19th February 2020.

4.15 Tayside Mental Health Alliance also met on the day of release to discuss the report and the collective approach being taken to both the welcoming of its release and future activity required to ensure that the recommendations of the Inquiry are addressed strategically and collectively.

4.16 On the day following the publication of Trust and Respect, the Locality Manager and Clinical Lead for Community Mental Health and Learning Disability services, accompanied by a Staff Side Representative met with a significant number of staff in

meetings conducted at Claverhouse, the Alloway Centre, Wedderburn House and Dudhope Terrace. The purpose of these meetings was to distil the narrative report into a briefer form and begin to shift the position from the identified issues within the service to what may need to happen to address these. The visual diagram used during these meetings is contained within Appendix 3. It should be noted that the purpose of this was to convey those parts of Trust and Respect most likely to result in service change/direct impact on the workforce and require coproduction as a result.

4.17 Report DIJB44-2019 "Dundee Mental Health and Wellbeing Strategic Plan 2019-2024" was approved by Dundee Health and Social Care Integration Board in August 2019 (Article VI of the minute of meeting of this Integration Joint Board of 27th August 2019 refers). The fully co-produced Strategic Plan includes a financial framework and has an accompanying Commissioning Framework that sets out priority areas for action as determined by the Dundee Mental health and Wellbeing Strategic and Commissioning Group and/ or Tayside Mental Health Alliance. The Commissioning Framework recognises that some improvements require to be led locally in Dundee, whereas others require a Tayside approach with key partners. Appendix 4 highlights some of the areas where improvements have been made, both locally and Tayside wide.

4.18 In conclusion, the final report of the Independent Inquiry 'Trust and Respect' is welcomed. Whilst many of the messages within 'Trust and Respect' are difficult to hear, particularly given the report is written through the lens of experiences of people we support, and staff, who feel they have been let down, there is much appetite for change and continued improvement. Dr Strang CBE has commended the professionalism of staff for delivering high quality, compassionate care in challenging circumstances and he has identified some positives and areas where improvement work is already underway. He has also identified that this report can become a catalyst for change and has outlined what he sees as the opportunity it now offers;

'*The publication of this final report of the Independent Inquiry represents a major opportunity for Tayside to develop and put in place world class mental health services. Tayside's NHS Board and the Health and Social Care Partnerships, together with support from the Scottish Government, are in a position to tackle the underlying barriers to progress and to make the radical changes necessary. Tayside has the potential to become an attractive place for mental health service professionals to work, where the population are served with commitment and passion. The prize is the restoration of public confidence in mental health services, where staff at all levels are confident, supported and inspired by hope and ambition.'* Dr David Strang CBE, February 2020.

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	That people in Dundee do not receive effective and quality support in relation to mental health and wellbeing, and that the workforce are not supported in their respective roles.
Risk Category	Operational
Inherent Risk Level	Likelihood (4) x Impact (5) = Risk Scoring (20 - Extreme)

Mitigating Actions (including timescales and resources)	Progress is already being made in respect of most of the priority areas set out within Dundee's Mental Health and Wellbeing Strategic and Commissioning Plans. Dundee Mental Health and Wellbeing Strategic and Commissioning Group and Tayside Mental Health Alliance will continue to own local and Tayside wide improvements and the commissioning and governance arrangements associated with the Strategic Plan and the recommendations from the Independent Inquiry Report.
Residual Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6 - Moderate)
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6 - Moderate)
Approval recommendation	Given the mitigating actions noted above the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

None.

Vicky Irons
Chief Officer

DATE: 13 February 2020

Arlene Mitchell
Locality Manager

THE INDEPENDENT INQUIRY
into Mental Health Services in Tayside

Trust and Respect

Final Report of the Independent Inquiry into Mental Health Services in Tayside

February 2020

David Strang CBE

Independent Inquiry and Acknowledgements

Chair

David Strang was appointed to chair the Independent Inquiry in July 2018. Prior to this he was, for five years, Her Majesty's Chief Inspector of Prisons for Scotland. This followed a 33 year career in the police service – in London and in Scotland. He was Chief Constable of Lothian and Borders Police from 2007 to 2013. He was awarded an Honorary Doctorate from the University of Stirling in 2018, and a CBE in Her Majesty's Birthday Honours in 2019.

Secretary to the Inquiry

Denise Jackson was seconded to the Independent Inquiry by the University of Dundee in August 2018. She has worked in the University's Library and Learning Centre Services for 26 years, latterly as the Deputy Director. She is also an experienced complaints handler and an accredited mediator with Scottish Mediation.

Acknowledgements

The Chair would like to thank the following for their contribution to the Independent Inquiry's work:

- All those who gave evidence to the Independent Inquiry – particularly those for whom it was no easy task
- Irene Oldfather, Director of the Health and Social Care Alliance (the ALLIANCE), for convening and supporting the Stakeholder Participation Group
- NHS Tayside staff who contributed to the Employee Participation Group
- The Clinical Advisors to the Independent Inquiry:
  - Paula Shiels, Senior Nurse, Mental Health and Learning Disability
  - Dr Ian Clarke, Consultant Psychiatrist, NHS Greater Glasgow and Clyde
- Samaritans in Dundee and in Perth for their support for people giving evidence to the Independent Inquiry
- The University of Dundee, who hosted and supported the Independent Inquiry
- Bill Nicoll, Director of Strategic Change, NHS Tayside, who acted as the key link between the Independent Inquiry and NHS Tayside
- The Independent Inquiry team for their research and support

Contents

1. Introduction

Mental Health in Scotland

1.1 There is no doubt that there has been a marked increase in the awareness of mental health issues in Scotland in recent years. Mental health and wellbeing have received a much-needed greater attention as the subject has moved from the shadows to a position of prominence in public awareness and debate. There is a welcome increased emphasis on recognising and addressing the underlying causes of mental ill-health and providing support and treatment for those affected.

1.2 Mental health disorders are the third highest cause of death and disability in Scotland, after heart disease and cancer. Across the UK, mental illness is the top cause of sickness absence from work and accounts for almost half of all ill-health of those under the age of 65[1]. The largest number of deaths of men under the age of 45 in the UK is by suicide. In 2018 in Scotland, 43% of all probable suicides occurred within the 35-54 age range and roughly 75% of these were of men[2].

1.3 Research has shown that poverty increases the risk of mental health problems and can be both a causal factor and a consequence of mental ill-health. Across the UK, both men and women in the poorest fifth of the population are twice as likely to be at risk of developing mental health problems as those on average incomes[3].

1.4 In 2017 the Scottish Government published its ten-year Mental Health Strategy[4], in recognition of the significance and importance of promoting positive mental health and wellbeing for the whole population. The strategy emphasised the need to improve prevention and early intervention, access to treatment, the physical wellbeing of people with mental health problems, and the promotion of rights, use of information and involvement in planning for all. The strategy acknowledged the changes that had occurred in the previous decade and the excellent work of many people involved in the provision of mental health services across Scotland.

1.5 Tayside has seen a *"gradual increase in the prevalence of mental health conditions since 2008, as recorded by primary care"* according to the Tayside Director of Public Health. More specifically, all three of the local Health and Social Care Partnerships (HSCPs) have given examples of the prevalence of mental health issues in their respective strategic commissioning plans. For example, in Angus 1 in 20 people are affected by depression[5] and in Perth & Kinross, around a quarter of adults experience a mental health episode in a year, from anxiety and depression to "more acute symptoms."[6] Within Dundee City, there was a 63% increase in hospital admissions for mental health and behavioural disorders between 2013/14 and 2019. Dundee has the fourth highest number of people across Scotland self-

1. NHS Tayside. (2018). Director of public health annual report 2017/18: Mental health and wellbeing. http://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&dDocName=PROD_320152&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1.
2. Scottish Government/COSLA. (2019). Making suicide prevention everyone's business: The first annual report of The National Suicide Prevention Leadership Group. https://www.gov.scot/publications/national-suicide-prevention-leadership-group-annual-report-2019-making-suicide-prevention-everyones-business/
3. Mental Health Foundation. (2016). Poverty and mental health: a review to inform the Joseph Rowntree Foundation's anti-poverty strategy. https://www.mentalhealth.org.uk/publications/poverty-and-mental-health
4. Scottish Government. (2017). Mental health strategy 2017-2027. https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2017/03/mental-health-strategy-2017-2027/documents/00516047-pdf/00516047-pdf/govscot%3Adocument/00516047.pdf
5. Angus Health and Social Care Partnership. Strategic commissioning plan 2019-2022. http://www.angus.gov.uk/sites/angus-cms/files/2019-04/Report%2020-19%20Strategic%20Commissioning%20Plan%202019-2022%20Appendix%202.pdf
6. Perth & Kinross Health & Social Care. Strategic commissioning plan 2016-2019. https://www.pkc.gov.uk/media/38714/Health-and-Social-Care-Strategic-Commissioning-Plan/pdf/2016193_strat_comm_plan_CLIENT.pdf?m=636208505265700000

reporting a mental health condition.[7]

Independent Inquiry into Mental Health Services in Tayside

1.6 Following widespread concerns raised in the Scottish Parliament in May 2018[8] about the provision of mental health services in Tayside, NHS Tayside commissioned an Independent Inquiry to examine the accessibility, safety, quality and standards of care provided by all mental health services in Tayside.

1.7 A Stakeholder Participation Group (SPG) was established to represent patients, families, carers and third sector organisations, and to enable stakeholders to engage with the Independent Inquiry. The SPG was coordinated and chaired by the Health and Social Care Alliance Scotland (the ALLIANCE), and met regularly with the Independent Inquiry team since its inception.

1.8 The Independent Inquiry was guided by five principles agreed in the Scottish Parliament debate, which were to:

- be open and transparent
- include and involve staff from NHS Tayside, its partners and third sector providers
- include and involve patients, their families and carers
- be truly independent
- include a public call for evidence to ensure everyone's voice was heard

1.9 The Terms of Reference for the Independent Inquiry were finalised after consultation with the SPG and with NHS Tayside staff representatives and were published in September 2018[9]. A public call for evidence was issued across Tayside, which resulted in over 200 submissions of written evidence.

1.10 An Employee Participation Group (EPG) was also established, chaired by a representative from UNISON. The EPG consisted of representatives from all NHS recognised trade unions, professional bodies and employee relations representatives. The EPG conducted a survey of staff working in mental health services in Tayside and submitted a confidential report of the survey to the Independent Inquiry.

1.11 Between September and November 2018, the ALLIANCE held focus groups across the communities in Tayside to capture the voices of those with lived experience of mental health services in Tayside. This was a significant piece of community research which produced a range of valuable recommendations. The ALLIANCE report was submitted to the Independent Inquiry as evidence in December 2018[10].

1.12 In addition to receiving written submissions, the Independent Inquiry team took oral evidence from individuals and organisations, including patients, families, carers, NHS and local authority employees, health professionals, and statutory and third sector organisations across Angus, Dundee and Perth & Kinross. Volunteers from both the Dundee and Perth Samaritans provided pastoral support for patients, families and carers after oral evidence sessions.

1.13 A list of the organisations submitting evidence to the Independent Inquiry is at Appendix A.

7. Dundee Health & Social Care Partnership. Strategic commissioning plan 2019-2022. https://www.dundeehscp.com/sites/default/files/publications/dhscp_strategic_plan_2019-2022.pdf
8. Official report of the Scottish Parliament 9th May 2018. http://www.parliament.scot/parliamentarybusiness/report.aspx?r=11516&mode=pdf
9. The Independent Inquiry into Mental Health Services in Tayside. (2018). Terms of reference. https://independentinquiry.org/terms-of-reference-for-inquiry/
10. Health and Social Care Alliance Scotland (2018). The Independent Inquiry into Mental Health Services in Tayside: Hearing the voice of people with lived experience. https://www.alliance-scotland.org.uk/blog/independent-inquiry-into-mental-health-services-in-tayside-hearing-the-voices-of-people-with-lived-experience/

1.14 The Independent Inquiry published an interim report[11] in May 2019, which identified six key themes emerging from the evidence it had received.

1.15 These themes were:

- Patient access to mental health services
- Patient sense of safety
- Quality of care
- Organisational learning
- Leadership
- Governance

1.16 Subsequent to the interim report, the Independent Inquiry conducted extensive investigation and analysis of the issues which had been identified. This final report of the Independent Inquiry, *Trust and Respect*, has been shaped by the voices of people who have provided evidence, many of whom had felt that their voices were not being heard. Over 1,500 people contributed evidence to the Independent Inquiry, including patients, families, carers, staff, partner organisations, professional bodies, third sector organisations and community representatives.

How to read this report

1.17 This report, *Trust and Respect*, is founded on the extensive evidence provided to the Independent Inquiry by a wide range of stakeholders. The Independent Inquiry received evidence relating to incidents and circumstances which had taken place over many years. The report's conclusions and recommendations are based on multiple sources of confirming evidence from the time period between January 2017 and December 2019. The report includes examples of positive experiences of service delivery, which reflect constructive work across the range of services in Tayside. The Independent Inquiry team were impressed with many committed staff who were delivering positive outcomes for patients. The NHS Tayside News Update published in January 2020 contains examples of recent initiatives and improvements. (Appendix B). However, the positive impact of good initiatives has been undermined by the absence of joined-up working and coherent structures and strategy.

1.18 This report opens with a chapter focusing on *Trust and Respect*. This chapter provides an executive summary of the broad findings of the Independent Inquiry that are fundamental to how Tayside needs to improve mental health services. It elaborates five foundational issues which challenge all areas of service delivery. A table is provided bringing together all the recommendations emerging from the Independent Inquiry.

1.19 Governance and Leadership form the first evidence chapter because these are central to the delivery of mental health services in Tayside and where fundamental changes are required.

1.20 The next three chapters report the evidence relating to key areas of service provision – Crisis and Community Mental Health Services, Inpatient Services, and Child and Adolescent Mental Health Services (CAMHS). The Staff chapter addresses staffing issues and challenges raised with the Independent Inquiry. Each of these chapters summarises the evidence presented to the Independent Inquiry, together with a summary of what needs to improve and a list of the recommendations.

1.21 The final chapter outlines parameters for the development of an effective implementation plan. Whilst it might have been tempting for the Independent Inquiry to provide a checklist of what Tayside needs to do and how to do it, this would have been to miss the point. Rather, a fresh approach is needed, which engages patients, staff, partner organisations and communities in

11. The Independent Inquiry into Mental Health Services in Tayside. (2019). Interim report: inquiry update and emergent themes. https://independentinquiry.org/wp-content/uploads/2019/05/Independent-Inquiry-Interim-Report-May-2019.pdf

redesigning the services which are required. New voices need to be heard.

Opportunities

1.22 The publication of this final report of the Independent Inquiry represents a major opportunity for Tayside to develop and put in place world class mental health services. Tayside's NHS Board and the Health and Social Care Partnerships, together with support from the Scottish Government, are in a position to tackle the underlying barriers to progress and to make the radical changes necessary. Tayside has the potential to become an attractive place for mental health service professionals to work, where the population are served with commitment and passion. The prize is the restoration of public confidence in mental health services, where staff at all levels are confident, supported and inspired by hope and ambition.

2. Executive Summary and Recommendations

Trust and Respect

2.1 The provision of healthcare is fundamentally a relational activity. The successful delivery of healthcare services depends on good levels of trust between healthcare providers and patients, their families and carers.

2.2 However good the technical skills, expertise, facilities and environment available to patients, these will be insufficient for the delivery of effective health outcomes unless they operate in the context of well-functioning relationships.

2.3 Such constructive relationships need to operate at all levels and between all organisations involved in the provision of healthcare services. The key relationships essential for successfully delivering mental health services are between patients and healthcare professionals, between staff and NHS Tayside, between separate disciplines within healthcare, and between partner organisations, such as local authorities, Integration Joint Boards, third sector agencies, and Police Scotland.

Trust

2.4 Three essential elements of trust relate to ability, reliability and motivation. Firstly, does the person believe that the provider has the skills, capacity, knowledge and ability to deliver what is required? Secondly, does the person trust that the provider will do what is required - that they will reliably deliver? And thirdly, does the person trust the integrity and honesty of the provider - that they are well-motivated to act with transparency and openness?

Breakdown of trust

2.5 It is clear from the evidence presented to the Independent Inquiry that there has been a breakdown of trust in many aspects of the provision of mental health services in Tayside. Whilst there are undoubtedly examples of good relationships which have led to positive outcomes for patients and staff, there have been too many instances of relationships across Tayside which have suffered as a result of a lack of trust. For example:

- The shortage of consultant psychiatrists has undermined patients' belief that NHS Tayside are able to deliver the treatment and care they require.
- As a result of NHS Tayside not always delivering what they say they will, a number of people do not have confidence in NHS Tayside. People see a gap between the stated values of the organisation and the behaviours they observe.
- Some staff do not trust the organisation's motivation, experiencing a culture of fear and blame. They see a failure of the organisation to take responsibility, and evidence of defensiveness and lack of transparency.

A lack of respect

2.6 Trust is built on the foundation of treating others with respect. The essential elements of respect include attitudes and actions. Whether someone perceives that they are being treated with respect will be as a result of the behaviour of the other person. Such behaviour patterns include how they are spoken to, the extent to which they are listened to and how reliable and truthful

are the messages communicated to them. This can be particularly challenging for staff when they feel that the respect is not reciprocated.

2.7 All people affected by or involved in the provision and receipt of mental health services should feel respected. This includes patients, families and carers; staff at all levels and in all disciplines and professions; partner organisations; elected representatives; community groups.

2.8 When people are treated with respect they feel listened to, valued, involved, consulted, and encouraged to participate. Concrete behaviour patterns should reinforce these values.

2.9 The Independent Inquiry team has received widespread evidence of a lack of respect in a range of relationships. Patients, families and carers have been described by some staff as troublesome, antagonistic, problematic and not to be trusted.

2.10 Many staff do not feel that they are listened to or their views seriously sought and respected. There are examples where people have put forward constructive suggestions, but these have been ignored or disregarded. This results in staff feeling they are undervalued, disempowered and less inclined to contribute positively to improvements.

2.11 It is apparent that there is hostility between professional groupings, with a lack of respect for the decisions and approach of different disciplines. There is a history of managers blaming clinicians and clinicians blaming managers.

2.12 Between organisations there are problematic relationships, such as between NHS Tayside, Integration Joint Boards and local authorities. Tensions are evident too in the relationships with the Scottish Government. Too often politicians and representatives of the media are seen as "the enemy" and not to be respected for their different roles.

What needs to change

2.13 A radical, new approach to restoring and building trust is urgently needed. This requires a change to the organisational culture in order to demonstrate openness, transparency and honesty, where all individuals are treated with respect, dignity and kindness. Each person should feel that they are valued and listened to. This will lead to positive, trusting relationships. Many of the solutions will lie within the staff and wider stakeholder groups – but only if they are listened to.

2.14 The prevailing culture should demonstrate a commitment to admitting errors, apologising early and seeking reconciliation and restoration of the relationship when these are damaged. There should be clear processes for dispute resolution and responding to conflict, which seek to listen to the other person and understand their position.

2.15 An attitude of candour should be evident, where those in authority choose to be open, transparent and honest – not when they are forced to, but because it is the right thing to do. Organisational integrity is the foundation on which trust is built.

2.16 A breakdown in trust and a loss of respect has undoubtedly led to poor service, treatment, patient care and outcomes. The breakdown in trust and respect is caused by the lack of effective, engaged strategic leadership and planning.

Cross-cutting themes

2.17 The challenges facing mental health services in Tayside have not just arisen in recent years; they are of a long-standing nature. Consequently, the changes that are

required cannot occur overnight.

2.18 This Independent Inquiry report is intended to help a new direction to be set for mental health services in Tayside, which will lead to improvements in the services and outcomes for patients and communities. Following the publication of the Independent Inquiry's interim report[12] in May 2019, the issues discussed in this final report should not come as a surprise. Most of these issues were identified in the interim report. There have been opportunities to implement changes since May 2019, but these have only happened to a limited extent.

2.19 From the evidence received and the further research and analysis conducted by the Independent Inquiry team, five cross-cutting themes have emerged, which are the key areas which Tayside needs to address to improve mental health services.

1. Strategic Service Design

2.20 In recent years (and probably for many years prior), too much focus has been placed on short-term issues, to the detriment of long-term strategic planning. Whilst of course there will always be a need to address short-term and urgent issues as they arise, this should not mean that the necessary focus on long-term and strategic issues is neglected. Additionally, there has been too much focus on inpatient services to the detriment of wider community mental health services, where the vast majority of patients are treated.

2.21 Long-term planning is required to address the changing shape of the mental health services workforce. There needs to be a fundamental service redesign which will take into account the much-reduced level of consultant psychiatrists and focus on the wider needs of the whole community, with an emphasis on prevention and early intervention.

2. Clarity of Governance and Leadership Responsibility

2.22 It is acknowledged that whilst the governance arrangements for the planning and delivery of mental health services are complex, there is a lack of clarity about the current arrangements which hinders good governance and effective leadership. Too often, the complexity of governance arrangements is cited as a reason why decisions cannot be made in good time. Additionally, some managers feel that these arrangements disempower them from decision-making and are used more to identify fault and blame.

2.23 Between the four public sector organisations with key responsibility for the delivery of mental health services (NHS Tayside and the three Health and Social Care Partnerships), there needs to be a shared understanding of governance arrangements and leadership responsibilities in a way that is mutually supportive and accepted. Where the arrangements prevent this, they should be adjusted accordingly. A shared understanding of the governance arrangements should lead to greater cooperation and constructive engagements between the parties involved.

3. Engaging with People

2.24 It was apparent to the Independent Inquiry that there are many committed and dedicated staff working in mental health services in Tayside, but whose potential is not being realised. Many of these people felt frustrated that their voices were not being heard and felt that they were undervalued by some of those leading the services. Patients and carers too felt that they were not listened to or, worse, that they were not respected nor taken seriously. Some third sector organisations said that they were often marginalised.

2.25 Good relationships lie at the heart of the design and delivery of effective mental

12. The Independent Inquiry into Mental Health Services in Tayside. (2019). Interim report: inquiry update and emergent themes. https://independentinquiry.org/wp-content/uploads/2019/05/Independent-Inquiry-Interim-Report-May-2019.pdf

health services. There needs to be much greater genuine engagement with people who are closely involved in or affected by the delivery of mental health services.

4. Learning Culture

2.26 A learning organisation should use every opportunity for feedback to learn from incidents and events. On too many occasions, Tayside has adopted a defensive position, giving the impression of wanting to protect its reputation at all costs. Front-line staff feel that the organisation is more interested in identifying who is to blame and attributing fault than genuinely learning in a supportive environment. Patients, families and carers were told that they would be invited to contribute to a review following an adverse event, but were then not involved.

2.27 A culture of greater openness and commitment to learning needs to be developed, so that the gap between sound policies and their implementation is reduced.

5. Communication

2.28 Public confidence in mental health services is a precious commodity. It is built on a relationship of trust and respect, where people engaging with services believe that there is organisational integrity. There has been a breakdown in trust in Tayside, between organisations, partners, staff, patients, families, carers and communities.

2.29 To restore a relationship of trust, a new approach to communication is required, which is based on treating others with respect, openness and transparency.

Recommendations

2.30 The following table lists all the recommendations by chapter from the Independent Inquiry and identifies the cross-cutting themes associated with each recommendation.

Recommendations	Strategic Service Design	Clarity of Governance and Leadership Responsibility	Engaging with People	Learning Culture	Communication
Governance and Leadership					
1. Develop a new culture of working in Tayside built on collaboration, trust and respect.		X	X		X
2. Conduct an urgent whole-system review of mental health and well-being provision across Tayside to enable a fundamental redesign of mental health and wellbeing services for Tayside.	X	X			
3. Engage with all relevant stakeholders in planning services, including strong clinical leadership, patients, staff, community and third sector organisations and the voice of those with lived experience.	X	X	X		X
4. Establish local stakeholder groups as a mechanism for scrutiny and improvement design to engage third sector, patients' representatives and staff representation.		X	X		X
5. Review the delegated responsibilities for the delivery of mental health and wellbeing services across Tayside, to ensure clarity of understanding and commitment between NHS Tayside and the three Integration Joint Boards. This should include the decision to host General Adult Psychiatry inpatient services in Perth & Kinross Integration Joint Board.	X	X			
6. Ensure that Board members (NHS and Integration Joint Boards) are clear about their responsibilities, confident and empowered to challenge and make sound decisions. Review their selection, induction and training processes in preparation for their important role.		X	X		
7. Provide sufficient information to enable board members to monitor the implementation of board decisions.		X			X
8. Deliver timely, accurate and transparent public reporting of performance, to rebuild public trust in the delivery of mental health and wellbeing services.			X		X

Recommendations	Strategic Service Design	Clarity of Governance and Leadership Responsibility	Engaging with People	Learning Culture	Communication
9. Clarify responsibility for the management of risks within NHS Tayside and the Integration Joint Boards, at both a strategic and operational level.		X			
10. Ensure that there is clarity of line management for all staff and that all appraisals are conducted effectively.		X	X	X	X
11. Ensure that the policy for conducting reviews of adverse events is understood and adhered to. Provide training for those involved where necessary. Ensure that learning is incorporated back into the organisation and leads to improved practice.		X		X	
12. Conduct a national review of the assurance and scrutiny of mental health services across Scotland, including the powers of Healthcare Improvement Scotland and the Mental Welfare Commission for Scotland.		X			
Crisis and Community Mental Health Services					
13. Ensure that there is urgent priority given to strategic and operational planning of community mental health services in Tayside. All service development must be in conjunction with partner organisations and set in the context of the community they are serving.	X	X	X		
14. Consider developing a model of integrated substance use and mental health services.	X	X			
15. Develop comprehensive and pertinent data-capture and analysis programmes, to enable better understanding of community need and service requirement in the community mental health teams.	X			X	
16. Prioritise the re-instatement of a 7 day crisis resolution home treatment team service across Angus.	X	X			
17. Review all complex cases on the community mental health teams' caseloads. Ensure that all care plans are updated regularly and there are anticipatory care plans in place for individuals with complex/ challenging presentations.	X				

Recommendations	Strategic Service Design	Clarity of Governance and Leadership Responsibility	Engaging with People	Learning Culture	Communication
18. Plan the workforce in community mental health teams in the context of consultant psychiatry vacancies with the aim to achieve consistent, continuous care provision across all community services.	X	X			
19. Prioritise the development of safe and effective workflow management systems to reduce referral-to-assessment and treatment waiting times. This should also include maximum waiting times for referrals.	X	X			
20. Consider the development of a comprehensive Distress Brief Intervention training programme for all mental health staff and other key partners to improve pathways of care for individuals in acute distress.		X	X		
21. Foster closer and more collegiate working relationships between the crisis resolution home treatment team and community mental health teams and other partner services, based on an ethos of trust and respect.		X	X	X	X
22. Develop clear pathways of referral to and from university mental health services and the crisis resolution home treatment team.	X		X		X
Inpatient Services					
23. Develop a cultural shift within inpatient services to focus on de-escalation, ensuring all staff are trained for their roles and responsibilities.		X	X	X	
24. Involve families and carers in end-to-end care planning when possible.			X		X
25. Provide clear information to patients, families and carers on admission to the ward, in ways which can be understood and remembered.			X		X
26. Make appropriate independent carer and advocacy services available to all patients and carers.					X
27. Provide adequate staffing levels to allow time for one-to-one engagement with patients.	X	X	X		
28. Ensure appropriate psychological and other therapies are available for inpatients.	X	X			
29. Reduce the levels of ward locking in line with Mental Welfare Commission for Scotland guidelines.	X	X			

Recommendations	Strategic Service Design	Clarity of Governance and Leadership Responsibility	Engaging with People	Learning Culture	Communication
30. Ensure all inpatient facilities meet best practice guidelines for patient safety.	X	X			
31. Ensure swift and comprehensive learning from reviews following adverse events on wards.		X		X	
32. A national review of the guidelines for responding to substance misuse on inpatient wards is required.	X	X			
Child and Adolescent Mental Health Services					
33. Focus on developing strategies for prevention, social support and early intervention for young people experiencing mental ill-health in the community, co-produced with third sector agencies.	X	X	X		
34. Ensure that rejected referrals to Child and Adolescent Mental Health Services are communicated to the referrer with a clear indication as to why the referral has been rejected, and what options the referrer now has in supporting the patient.			X	X	X
35. Ensure the creation of the Neurodevelopmental Hub includes a clear care pathway for treatment, with the co-working of staff from across the various disciplines not obfuscating the patient journey. The interdisciplinarity of the hub may give rise to confused reporting lines or line management structures/ governance issues. A whole system approach must be clarified from the outset.		X			X
36. Clarify clinical governance accountability for Child and Adolescent Mental Health Services.		X			
37. Support junior doctors who are working on-call and dealing with young people's mental health issues.		X			X
38. Ensure statutory confidentiality protocols for children and young people are clearly communicated to all staff. The protocols should also be shared with patients and families at the outset of their treatment programme, so that parents and carers know what to expect during the course of their child's treatment.		X	X		X

Recommendations	Strategic Service Design	Clarity of Governance and Leadership Responsibility	Engaging with People	Learning Culture	Communication
39. Consider the formation of a service for young people aged 18 – 24, in recognition of the difficulties transitioning to adult services and also recognising the common mental health difficulties associated with life events experienced during this age range. This may reduce the necessity for these patients to be admitted to the adult in-patient services.	X	X			
40. Ensure comprehensive data capture and analysis systems are developed to appropriately manage waiting lists and service users' expectations. Work should be undertaken to look at what data is available and what could be useful to inform decision making on service development/monitoring of services. This should be aligned to national reporting requirements.	X	X			
41. Consider offering a robust supportive independent advocacy service for parents and carers of young people who are engaged with Child and Adolescent Mental Health Services. This may include carer support groups.		X	X		
Staff					
42. Ensure all staff working across mental health services are given opportunity to contribute to service development and decision-making about future service direction. Managers of service should facilitate this engagement.	X	X	X		X
43. Prioritise concerns raised by staff by arranging face-to-face meetings where staff feel listened to and valued.		X	X	X	X
44. Arrange that all staff are offered the opportunity to have a meaningful exit interview as they leave the service. This applies to staff moving elsewhere as well as those retiring.		X	X	X	X
45. Prioritise recruitment to ensure the Associate Medical Director post is a permanent whole-time equivalent, for at least the next 2 years whilst significant strategic changes are made to services.	X	X			
46. Encourage, nurture and support junior doctors and other newly qualified practitioners, who are vulnerable groups of staff on whom the service currently depends.		X	X		X

Recommendations	Strategic Service Design	Clarity of Governance and Leadership Responsibility	Engaging with People	Learning Culture	Communication
47. Develop robust communication systems both informally and formally for staff working in mental health services. Uses of technology are critical to the immediacy and currency of communications.		X	X		X
48. Ensure that bullying and harassment is not tolerated anywhere in mental health services in Tayside. Ensure that staff have confidence that any issues or concerns they raise, will be taken seriously and addressed appropriately.		X	X	X	X
49. Ensure there are systems analysis of staff absences due to work-related stress. These should trigger concerns at management level with supportive conversations, taking place with the staff member concerned.		X	X	X	X
50. Ensure there are mediation or conflict resolution services available within mental health services in Tayside. These services should exist to support and empower staff in the rebuilding of relationships between colleagues, between managers and their staff, and between the services and the patients, during or after a period of disharmony or adverse event. This includes NHS Tayside's mental health services' relationship with the local press.		X	X	X	X
51. Ensure that all external review processes are embraced wholeheartedly and viewed as an opportunity to learn and develop. Managers should ensure that all staff receive details of the recommendations from reviews and are included in the analysis and implementation.	X	X	X	X	X

3. Governance and Leadership

3.1 Governance and leadership lie at the heart of the Independent Inquiry's final report because good governance and leadership are central to the effective delivery of mental health services in Tayside. Essential elements of governance and leadership inevitably shape how mental health services are planned and delivered. This chapter includes the structures which support the delivery of mental health services, the management of change, performance management, organisational learning and the impact of the quality of relationships between and within organisations.

Structure

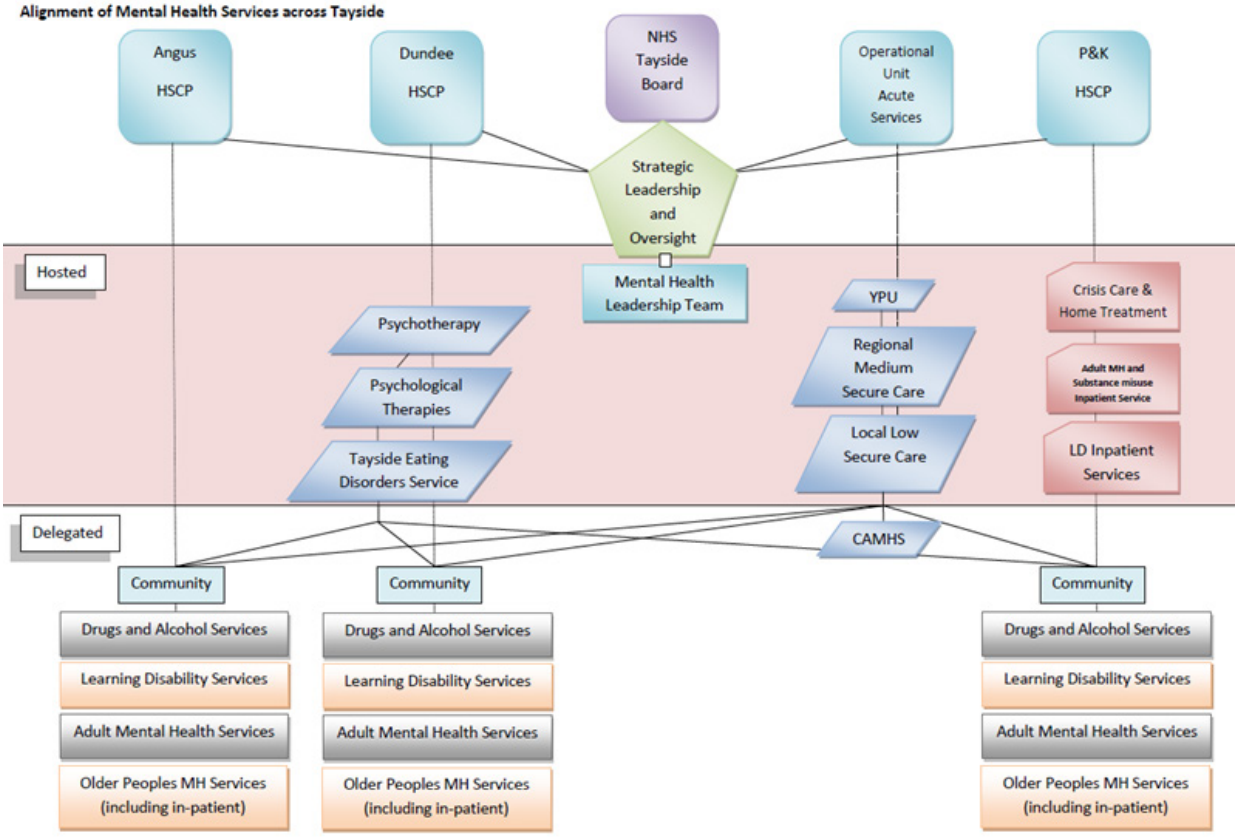
Integration of Health and Social Care

3.2 The current structures of the organisations responsible for the delivery of mental health services in Tayside are a product of the integration of health and social care (Public Bodies (Joint Working) (Scotland) Act 2014[13]) and came into full operation in 2016. The resulting three Integration Joint Boards (IJB) are formed by joint representation of members of NHS Tayside together with members of the three respective local authorities – Angus, Dundee, and Perth & Kinross. In December 2017 the Audit Committee of NHS Tayside resolved that two distinct models of governance should operate in Tayside. Within Angus and Dundee, the governance of the delivery of delegated functions would be undertaken by the IJB. Within Perth & Kinross, the responsibility for delivery, including for hosted services, would remain with the parent bodies (Audit86/2017)[14].

3.3 As a result, some mental health services are currently delegated to the three Integration Joint Boards (IJB), whilst others are retained within the responsibility of NHS Tayside. The underlying rationale for these arrangements in 2015/16 is not clear; the Independent Inquiry was informed that decisions had been taken with limited consideration of the options and implications.

13. http://www.legislation.gov.uk/asp/2014/9/contents/enacted
14. Tayside NHS Board. Audit Committee. 14 December 2017. Tayside NHS Board Integration Joint Board Governance. AUDIT86/2017.

Figure 1: NHS Tayside, schematics illustrating the alignment of functions and accountabilities across mental health: Alignment of mental health across Tayside[15]



3.4 As an example of the complexity of the arrangements for leadership in mental health services, the following describes the management of consultant psychiatrists. *"The Consultant grade medical workforce for inpatient care, crisis care/home treatment and community mental health services (CMHS) is managed on a region-wide basis by Perth & Kinross IJB via the hosted Mental Health and Learning Disability functions. However, day-to-day CMHS are managed within the three IJBs, who retain full accountability for the delivery of safe and effective services."* [16] The complex interdependencies between different elements of service mean that difficulties within one component of service can lead to challenges in related areas.

3.5 Integration arrangements are intended to encourage positive joint working, shared commitments and a common understanding and approach to tackling challenges. In practice, it is apparent that these differing arrangements add complexity to the governance mechanisms and do not aid clear lines of accountability and responsibility, resulting in a fragmentation of services and accountability.

Implications for delivery of services

3.6 The Independent Inquiry found that in Tayside there was a widespread lack of clarity regarding responsibility for commissioning, delivery and performance monitoring of mental health services. Senior officers told the Independent Inquiry that they did not have confidence in the capacity of these complex and complicated

15. Evidence provided by NHS Tayside in 2019.
16. Evidence provided by NHS Tayside in 2019.

arrangements to enable the effective delivery of services.

3.7 This perspective is reflected in the submission of the Royal College of Psychiatrists in Scotland (RCPsych in Scotland)[17] to the Independent Inquiry:

"Our members strongly believe that there is a lack of leadership and governance and feel there is a considerable lack of accountability within services. The service's structure is so unclear that there are no obvious lines of responsibility and governance from the top management, leading to a deficit of managerial oversight at present and a management vacuum. We have heard that there is little or no line management for some staff."

3.8 In 2019 Healthcare Improvement Scotland (HIS) and the Care Inspectorate (CI) reported on the effectiveness of strategic planning for services to adults in Perth & Kinross Health and Social Care Partnership.

"The allocation and arrangements for hosted services were an area of difficulty for the partnership. The need for transformation of mental health inpatient services had already been identified when the service was delegated…."

"These hosted service arrangements placed a pressure and resource requirement on the partnership which impacted on capacity to focus on other aspects of integration. It was widely recognised as a contributing factor to the slow pace of integration." [18]

3.9 Senior officers from both NHS Tayside and Perth & Kinross IJB told the Independent Inquiry that they did not agree with or understand the decision to host mental health inpatient services in Perth & Kinross IJB.

Risk Management

3.10 The responsibility for managing risks is an important element of improving the services. It requires an unambiguous clarity of responsibility. In Tayside there is uncertainty about the processes for risk management and the risks do not sit with people who are able to respond effectively to them. Strategic risks remain the responsibility of NHS Tayside, but the operational risks for mental health services are the responsibility of the three Health and Social Care Partnerships (HSCPs) and the Acute Services Unit. This can be an arbitrary distinction and does not provide the necessary clarity of responsibility. NHS Tayside's response to the Independent Inquiry interim report[19] identifies at least five governance bodies with responsibility for risk management: Clinical Quality Forum, Strategic Risk Management Group, Clinical and Care Governance Committee, Audit Committee and the Tayside NHS Board.

Accountability

3.11 The Independent Inquiry received evidence that the current governance arrangements create difficulties at multiple levels. NHS Tayside staff complained that the idiosyncratic arrangements across the three IJBs make them difficult to engage with.

3.12 At an operational level, senior practitioners felt that they did not have the means to make decisions effectively. *"We are at the mercy of the three IJBs" "We can't make decisions; the IJBs are in charge." (senior NHS Tayside staff).* IJB members argued that: *"NHS Tayside are quick to pass the buck when things go wrong"* and quoted the example of NHS Tayside's response

17. Evidence provided by RCPsych in Scotland in 2019.
18. Healthcare Improvement Scotland and Care Inspectorate. (2019). Joint inspection (Adults). The effectiveness of strategic planning in Perth and Kinross Health and Social Care Partnership. http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/joint_inspections_strat_com/perth_and_kinross_sep_19.aspx
19. The Independent Inquiry into Mental Health Services in Tayside. (2019). Interim report: inquiry update and emergent themes. https://independentinquiry.org/wp-content/uploads/2019/05/Independent-Inquiry-Interim-Report-May-2019.pdf

to Carseview Centre BBC TV programme *Breaking Point*[20] July 2018.

3.13 This ambiguity undermines staff morale and commitment as suggested by the RCPsych in Scotland[21]:

"The Royal College of Psychiatrists in Scotland have, for some time now, been very concerned about the growing problems faced by the mental health services in NHS Tayside. Our members tell us of long-term disengagement between senior management and coal-face clinicians in the health board and – more recently IJBs."

3.14 Non-Executive Members (NEM) of the Tayside NHS Board have an important role to play in providing effective scrutiny and support for NHS Tayside. To perform this function effectively, there needs to be a good level of trust and cooperation between all the members of the Board. It was apparent to the Independent Inquiry team that there was a lack of trust between Non-Executive and Executive Members. NEMs felt that they were not treated with respect and that their requests for information and briefings were ignored. At the Tayside NHS Board meeting in June 2019, NEMs said that they had previously asked for (a) a copy of the organisational structure for mental health services (b) board papers to be issued with sufficient notice in advance and (c) a copy of the single consolidated mental health action plan. None of these had been provided. This was one example of many requests which the NEMs described to the Independent Inquiry team.

3.15 NEMs said they learnt of what was happening in NHS Tayside from what they read in the news or saw in the media, rather than coming from NHS Tayside direct. Board papers frequently amounted to over 500 pages, which NEMs felt were overwhelming. They did not feel equipped to challenge what they were being told by executive members. NEMs expressed the view that they were not able to take an informed position on subjects where they were told that there were no real options for them to consider. This raises the question of how well new NEMs have been inducted, trained and prepared for this important role of governance of NHS Tayside and other health and social care business.

3.16 There are inevitably complexities in the delivery of such an important public service as the provision of health services. One of the consequences of the governance arrangements is the range of responsibilities which individual people are required to consider. A local authority councillor who is a member of the health board will be used to taking responsibility for making decisions affecting one particular local authority area; their role on the IJB or the health board requires them to consider matters which affect all three local authority areas in Tayside. Legitimate questions can be raised about the potential for conflicts of interest between responsibilities towards a local authority area and Tayside wide interests. Whilst the local authority members also have responsibilities within the health governance structures, a senior member of staff of NHS Tayside pointed out,

"It's NHS Tayside that will always be held accountable and answerable to ministers."

3.17 Following the BBC TV programme *Breaking Point* in July 2018, the Scottish Government set out the respective responsibilities of the IJBs and NHS Tayside as follows:

"In practice, in this shared responsibility framework, the IJBs may wish to seek assurance from NHS Tayside as to how it, as the employer of staff delivering services, intends to investigate what has happened, how it intends to keep IJBs informed of its findings, and what action NHS Tayside will take to put right any matters that need to be addressed. The IJBs will then need to assure themselves that NHS Tayside's plans are appropriate in line with the requirements set out in the Public Bodies (Joint Working)

20. https://www.bbc.co.uk/programmes/b0b98nsd
21. Evidence provided by RCPsych in Scotland August 2019.

(Scotland) Act 2014."

3.18 There needs to be greater clarity about the responsibility for holding to account those who are responsible for delivering the services – in both the IJBs and in NHS Tayside.

Tayside Mental Health Alliance

3.19 With the intention of addressing the apparent difficulties which the governance structures presented, in early 2019 it was proposed that a new structure, a Tayside Mental Health Alliance, should be established "*to act as a key enabler for NHS Tayside and the three HSCPs to support the continuous improvement of mental health services across Tayside*."[22] The Alliance was intended to be a formal strategic and decision-making alliance between NHS Tayside and the three partnerships. The first meeting of the Alliance took place in June 2019, with meetings held in each subsequent month. Progress has been made in developing plans for reviewing pathways for patients in relation to a number of different conditions. The work of the Alliance would be enhanced if active membership included service users with lived experience, carers and third sector representatives.

3.20 By November 2019 the Terms of Reference and Memorandum of Understanding for the Alliance had been broadly established, but the finalised wording had yet to be agreed and was due to be approved at the Perth & Kinross IJB meeting in December 2019[23]. There remains a need to clarify how responsibility for decision-making can be delegated from the IJBs to the Tayside Mental Health Alliance, particularly on contentious issues.

Relationships

3.21 In any organisation, people thrive on encouragement and appreciation. They work well where they feel that they are supported by good leadership. This includes having a clear sense of direction and purpose, well-defined job roles and responsibilities, sufficient training, resources and the time required to fulfil their responsibilities. There should be clear accountability structures, with identifiable line managers who are able to support and direct where necessary. Staff should be empowered to take responsibility for contributing to improving outcomes.

Staff

3.22 Across Tayside many people felt that they were not treated with respect and were not valued. The high turnover of senior staff contributed to the deterioration of the quality of relationships at work. Staff widely reported a number of shortcomings in how they felt they were treated. Some did not know who their line manager was and were not informed when there was a change of line manager. This led to a lack of clarity about reporting lines. Those who did know who their line manager was felt that there was a lack of interest in listening to their views. Emails were not responded to and their views were ignored or not requested.

"I can't get senior people to listen."

3.23 On account of the high number of locum psychiatrists, trainee doctors were not able to receive the supervision they needed without continuity from suitably qualified psychiatrists. The RCPsych in Scotland view was that when concerns had been raised with senior management, they had been ignored. Letters to senior post-holders either received no response or a response that matters were "*in hand*".

22. Evidence provided by NHS Tayside in July 2019.
23. Perth and Kinross Integration Joint Board. 17 December 2019. The Tayside Mental Health Alliance. G/19/206

"There has also developed a culture of fear and concern with regard to whistleblowing, as staff fear being reprimanded. This has led clinicians to have lost confidence in the system. Members report having been misled about recruitment of staff taking place at a national level and not in Tayside. A lack of honesty and transparency, and much misunderstanding, has developed within the mental health services in Tayside."

3.24 Staff felt that the critical reports in the media about inpatient services in Tayside had made their jobs harder and had had a negative impact on morale.

"There had also been inquiries into the quality of care provided in the inpatient units. These highly publicised inquiries have had a damaging effect on staff morale." [24]

Patients and families

3.25 The high number of locums working in psychiatry provided a particular challenge for patients, who experienced a frequent change of health professional and a lack of continuity of care. This made many patients feel badly treated. Where families, patients and carers felt that they were not listened to or they were misled in what they were told, this led to a breakdown in trust between the individual and the organisation.

3.26 A level of suspicion was evident in relation to patients, their families and carers, particularly when they requested information from NHS Tayside. The initial response from NHS Tayside seemed to be to not disclose information, rather than being open and transparent with information. There will, of course, be circumstances where disclosure would be inappropriate, but where non-disclosure is the default option, this can lead to a deterioration of trust and makes potential recipients more suspicious and less trusting of the organisation's official position.

3.27 Written communication from NHS Tayside and from the IJBs was often poorly constructed. Formal jargon and official language were a barrier to clear communication. That Tayside had a "*below Scotland average suicide rate*" may have been factually accurate, but should not have been included in a letter to a bereaved family. Similarly, references to a patient experiencing "*vanilla depression*" left the family in the dark about what was being communicated.

3.28 A significant number of patients had experienced written communication from NHS Tayside or the IJBs which they knew from their own experience did not accurately reflect the facts known to them. Adverse event reviews in particular had been a source of dissatisfaction for patients, families and carers. Patients' families had received letters from NHS Tayside informing them that they would be invited to attend an adverse event review meeting, but they then heard nothing more. Where they had attended a review meeting, the content of some of these reports did not match the patients' or families' recollection of events. They therefore concluded that the organisation was trying to rewrite history in a way that would show them in a more favourable light. There is a real danger of a perception that NHS Tayside is more interested in protecting its reputation than looking after the interests of its patients.

3.29 A lack of confidence in complaints handling, and the conduct and grievance processes was expressed both by patients and by staff.

Boards

3.30 The Independent Inquiry received widespread evidence of poor relationships within the Tayside NHS Board and with other organisations across Tayside. It was apparent to the Independent Inquiry team that documents considered at

24. Healthcare Improvement Scotland and Care Inspectorate. (2019). Joint inspection (Adults). The effectiveness of strategic planning in Perth and Kinross Health and Social Care Partnership. http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/joint_inspections_strat_com/perth_and_kinross_sep_19.aspx

the Tayside NHS Board or IJB meetings sometimes presented an over-optimistic view, giving the impression of reassurance to board members, when such assurances were not appropriate. Some reports were criticised by members for presenting the strengths and risks of the options in a very one-sided way – i.e. all the strengths of the recommended action with no risks articulated, whilst at the same time articulating all the risks of the actions not recommended, with none of the strengths. Such reports undermined the validity and integrity of the arguments proposed.

3.31 It is understandable why someone might wish to present a positive response to events and circumstances, but when these result in board members being misled about factual positions, this becomes completely unsatisfactory.

3.32 The Mental Health Strategy Update[25] paper presented to the Tayside NHS Board in June 2019 is such an example. The four logos on the cover suggested that this was a paper to which the three HSCPs had contributed, but this was not the case. There were a number of inaccuracies in this paper, the results of which were likely to have misled the Board members into believing that more progress had been made than was the case. This related to the Tayside Mental Health Alliance (p3), the Mental Health Clinical Design Authority (p6), the Tayside Mental Health Leadership Team (p7), the Mental Health Improvement Action Plan (p9), Engagement and Communications (p11) and the Mental Health Stakeholder Engagement Group (p11).

3.33 Similarly, in July 2019 a previously publicised public meeting of Perth & Kinross IJB had been declared private at short notice. Members of the public who had attended did not understand the decision to make it a private meeting. The consequences were that this further undermined trust in the IJB as an open and transparent organisation and impacted negatively on public confidence in the IJB.

3.34 There has been a high turnover of members of the Tayside NHS Board, with knock-on consequences for membership of the IJBs. Since April 2018 there have been four Chairs and three Chief Executives. In the same time there has been a significant turnover of non-executive members. This represents a substantial loss of corporate memory on the Board. There has also been a significant turnover of IJB chairs and membership in this period.

"The IJB was at an early stage in developing its capacity to lead on strategy and direction for the partnership. It had experienced a high rate of membership turnover, with 34 voting members since its inception in 2016. The involvement of NHS Tayside members had been particularly inconsistent. The Associate Nurse Director was filling a non-executive vacancy, but had not attended meetings. The IJB had a full quota of four elected members. Encouragingly, the voting members on the IJB were motivated and enthusiastic, and keen to fulfil their role in direction and scrutiny of the partnership." [26]

"The board membership has changed significantly since 1 April 2018, with 11 members leaving (nine non-executive members and two executive members) and 15 members being appointed (12 non-executive members and three executive members). This has resulted in significant changes to committee membership and chairs. NHS Tayside has supported new board members through a variety of training and development activities." [27]

25. Tayside NHS Board. 27 June 2019. Transforming Tayside Mental Health Strategy Update. BOARD57/2019
26. Healthcare Improvement Scotland and Care Inspectorate. (2019). Joint inspection (Adults). The effectiveness of strategic planning in Perth and Kinross Health and Social Care Partnership. http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/joint_inspections_strat_com/perth_and_kinross_sep_19.aspx
27. Auditor General. (2019). The audit of NHS Tayside 2018/19. https://www.audit-scotland.gov.uk/report/the-201819-audit-of-nhs-tayside

Partners and external relationships

3.35 Partner organisations, including local authorities, considered that NHS Tayside did not engage well with partnership planning. NHS Tayside either failed to attend or were represented by someone who was too junior in the management structures and had no authority to make decisions.

3.36 It was evident that there was a particularly deep mistrust of the media, which was perceived as having an axe to grind. Staff told the Independent Inquiry team that they did not feel that NHS Tayside represented their views sufficiently in the media, with some saying that they felt they had been "thrown to the wolves" or "*thrown under a bus*". Senior staff said that they felt unable to contribute to public meetings of the Tayside NHS Board or IJBs because of the presence of reporters from the media. Such an attitude of mistrust leads to an absence of openness and transparency, thereby fuelling the suspicions that the authorities are seeking to hide or obscure the facts.

Performance Management

3.37 Effective management of performance requires robust and timely information and data to support decision making and judgement. Scrutiny should be delivered through consistent and thorough reviews of adverse events, Fatal Accident Inquiries (FAI) and complaints procedures. These are only effective where feedback is welcomed and there is robust monitoring and follow-up.

3.38 A gap between what is set out in policy and what happens in operational practice indicates poor performance management. In Tayside there are numerous examples of well-developed policies which are not followed in practice.

Record keeping and document management

3.39 Throughout the lifetime of the Independent Inquiry, NHS Tayside have consistently struggled to provide documents which have been requested by the Independent Inquiry. Examples include Local Adverse Event Reviews (LAERs), Significant Clinical Event Analysis (SCEAs), action plans, and terms of reference. Long delays in responding to such requests raised the question of whether these related to an inability to provide the documentation or an unwillingness to do so. What became clearer as time went on was that many documents were not suitably stored or identified for access and retrieval, raising serious questions about the ability of NHS Tayside to track and monitor policy implementation.

3.40 Given the scale of the changes proposed within mental health services, the quantity and quality of mental health service reports to the Tayside NHS Board were quite limited. A greater level of performance data would have been required to ensure that there was meaningful scrutiny and monitoring of performance improvement in mental health services.

3.41 In 2017[28], HIS identified a lack of fluency, capability and capacity with regard to quality improvement. In particular there was a lack of accurate data to drive improvement. The establishment of a Quality Improvement Team has led to greater involvement of front-line staff in initiatives to improve the quality of service for inpatients. The Mental Health Quality Improvement Programme is a whole system programme designed to assist adult mental health services in Tayside to improve performance across a range of different aspects of service provision.

28. Evidence provided by Healthcare Improvement Scotland of their correspondence with NHS Tayside following HIS's June 2017 visit.

Learning Culture

3.42 An organisation committed to continuous learning and driving improvements must have robust systems in place for reviewing adverse events and learning from experience. This needs to be done within a supportive and non-blame culture. Such learning can come from complaints systems, formal external reviews, internal reviews and staff-initiated enquiries. In particular, the Independent Inquiry team examined three opportunities for organisational learning: adverse event reviews, Fatal Accident Inquiries and complaints.

3.43 This is an area where Tayside needs to improve its practice. A number of staff told us that they would welcome more openness in the scrutiny of the services provided in Tayside. Honest scrutiny is a powerful tool leading to improvements in service.

3.44 The culture of fear extended to the conduct of adverse event reviews, where there was a perception that the purpose was to apportion blame, rather than seek genuine organisational learning. The Independent Inquiry was told that some clinicians would not participate in such reviews unless they were accompanied by a legal representative. Some witnesses who gave evidence to the Independent Inquiry asked if it could be guaranteed that their giving evidence would not get back to their employer.

3.45 Many staff did not feel empowered to contribute to solutions. When they have had constructive views on improving the service, they have not put these forward. "*What's the point? I wouldn't be listened to. I wouldn't get a reply*." Even those in leadership positions of authority felt disempowered from leading and making decisions. "*I have no power or authority to tell others what to do*." In addition, the disempowerment led to an attitude that it was somebody else's responsibility, even if it was not clear who that somebody else was.

3.46 The outgoing Interim Associate Medical Director (AMD) for Mental Health in 2018 was requested by NHS Tayside to write a report of his views on what was needed to tackle the serious challenges facing the mental health services in Tayside. He submitted his report by November 2018, complete with recommendations for improvement. Eight months later the mental health leadership team in Tayside was unaware of this report and had not considered its contents. This represented a serious loss of opportunity to learn from the experience of the outgoing AMD and ideas for improving the service. Likewise, exit interviews with departing staff should be seen as an important source of views on the service and organisation.

Adverse event reviews

3.47 Reviews of adverse events present an opportunity for constructive lessons to be learnt to improve the delivery of mental health services. Whilst the recently revised policy published in 2019 was thorough and comprehensive, the delivery of such reviews was found to be poor in many cases. The policy was not adhered to in terms of timescales and participants. Staff were not clear about the process and purpose of such reviews. Some were fearful of the consequences of attending adverse event reviews, fearing that its main purpose was to identify who was to blame.

3.48 In many cases, such reviews identified some actions to be taken or recommendations for system improvements. However, there were no clear processes for deciding whether such recommendations were to be approved and who was responsible for (a) implementing them and (b) monitoring that they had been implemented.

3.49 For many families, the adverse event reviews did not deliver what they had been led to expect. Some were told that they would be invited to participate in an adverse event review, but subsequently did not hear anything about such a review taking place. Where families had participated,

some reported that the review report did not accurately reflect the facts of the case or what was said at the review meetings.

3.50 Finalised reports were often incomplete, with key questions left unanswered, such as:

"Could this have been avoided? Yes/No".

3.51 Such failings seriously undermined confidence in the integrity of the process and, more importantly, in NHS Tayside. HIS reviewed the Adverse Event Review policies of health boards in Scotland in 2019. They found that NHS Tayside were unique [among health boards] in not providing copies of adverse event reviews to families and carers unless they ask for them.

3.52 In October 2019 the Independent Inquiry team requested a copy of a report from an adverse event review for an event which had occurred in Carseview Centre in August 2017. The review report was delivered to the Independent Inquiry team in December 2019, dated December 2019. The family had not been involved in the review and had no knowledge it had taken place.

3.53 It was clear that there was not an easily accessible record of all LAERs and SCEAs in Tayside. If these were not readily available, it was hard to see how there could be consistent learning across the whole of Tayside from such adverse event reviews. A consultant psychiatrist provided the Independent Inquiry team with an analysis of recommendations from LAERs and SCEAs over a five-year period, which the consultant themselves had conducted. It was found that in less than five per cent of the recommendations could there be confidence that they had been implemented.

Fatal Accident Inquiries (FAI)

3.54 Responsibility for deciding whether or not a Fatal Accident Inquiry should be held following the death of a patient rests with the Crown Office and Procurator Fiscal Service. The Scottish Fatalities Investigation Unit carry this responsibility (amongst others). The purpose of the FAI is to establish the circumstances of the death and to consider what steps (if any) might be taken to prevent other deaths in similar circumstances. The sheriff may make recommendations to the authorities in order to prevent similar future deaths. The purpose is not to establish civil or criminal liability. These are, therefore, opportunities to learn lessons and to improve the delivery of mental health services. In reality, very few deaths of patients lead to FAIs, it often being thought that the local reviews will have identified the lessons well in advance of a formal FAI.

3.55 Where there is to be an FAI, it can take many years from the death for the FAI to be held. In one Tayside case, it has taken more than five years to proceed to an FAI. Long delays reduce the value of the learning and place an intolerable burden on both the families and on the staff involved. Delays can be caused by the need to obtain expert evidence from medical specialists. It is not always transparent why one case should merit an FAI, when another death in apparently similar circumstances does not. This is hard for families to understand. When the death of a patient occurs who is compulsorily detained in hospital, there is no statutory requirement for an FAI (as there is for people who die in a prison in Scotland). The White Report[29] recommended a number of significant improvements to how the deaths of patients should be investigated. These are included in Appendix C.

29. Scottish Government. (2018). Review of arrangements for investigating the deaths of patients being treated for a mental disorder. https://www.gov.scot/publications/review-arrangements-investigating-deaths-patients-being-treated-mental-disorder/pages/5/

Complaints

3.56 Complaints should provide a rich source of information about how the service is performing and how it might be improved. Many people who have complained about mental health services in Tayside have been dissatisfied with how their complaints regarding standards of care and treatment have been addressed. The system does not appear to be designed around the needs of complainants.

3.57 Bureaucratic processes result in complaints being redirected to other organisations (such as from NHS Tayside to the relevant IJB). There can be long delays in responding to complaints, and letters of reply sometimes contain insensitive and inappropriate comments about the circumstances of the complaint. Most marked is the very defensive attitude towards dealing with complaints.

3.58 Dismissive comments have been expressed by NHS Tayside staff about people who make complaints or pursue legal action. They have been treated with suspicion and questions have been raised about their motivations for raising a complaint.

3.59 A number of investigations by the Scottish Public Services Ombudsman (SPSO) into mental health services in Tayside have identified the inadequacy of Tayside's internal complaints procedures. In these cases, significant failings were identified by the SPSO, when Tayside had not upheld any of the complaints. This is echoed by staff who report a lack of confidence in how allegations of bullying, lack of integrity or underperformance are addressed under NHS human resource policies.

3.60 All of these are indicative of missed opportunities to learn from experience and to improve the performance within mental health services.

Monitoring

3.61 In relation to mental health services there was a limited availability of relevant and accurate information for those who were charged with driving improvements. Board members were not always equipped with the relevant information to enable them to fulfil their role of scrutiny and support. Actions that had been approved by the Board were not necessarily completed and there was not a robust system in place to report back on progress or variation of implementation from the approved plan.

3.62 Reports from HIS, the MWCS (Mental Welfare Commission for Scotland) and the SPSO contained recommendations for NHS Tayside to implement. These were often accepted by NHS Tayside at the time of the reports' publication, but there was not a systematic process in place to ensure that these recommendations were implemented or that progress was monitored. There needs to be a clear process in place to identify the response to review recommendations and whether such recommendations are being accepted or rejected.

3.63 Following the broadcast of the BBC TV programme *Breaking Point*[30] in July 2018, an internal review of Carseview Centre was conducted by senior NHS Tayside staff. A report[31] was produced, containing eleven recommendations for action, not all of which had been implemented (by October 2019). There was a lack of a clear mechanism for monitoring or scrutinising the implementation of these recommendations and no real clarity as to which were the responsibility of NHS Tayside and which of the IJB.

National Scrutiny

3.64 At a national level there is limited scrutiny and oversight of mental health service delivery in Scotland. There is

30. https://www.bbc.co.uk/programmes/b0b98nsd
31. Evidence provided by NHS Tayside in 2019. Report on mental health services provided at Carseview Centre, Dundee. November 2018.

not a system of assurance for mental health services across Scotland. While organisations such as HIS and the MWCS make recommendations following their visits or reviews, they do not have any powers of enforcement to ensure that these recommendations are implemented. Similarly, there are no mechanisms for ensuring that the recommendations made by a sheriff in the determination of an FAI are implemented or monitored. There appear to be no consequences for the Board if they publicly accept such recommendations but do not proceed to implement them. This raises the question of whether these oversight and scrutiny bodies should have stronger powers to monitor the result of their recommendations.

"We have put forward a range of recommendations that are intended to help NHS Tayside secure further improvements in the local service. The review team acknowledges the steps that NHS Tayside has put in place to strengthen the mental health service in recent months and the further work that is under way.

We have asked NHS Tayside to provide a detailed improvement plan and we will follow up to ensure that progress is made so that patients in Tayside continue to see further improvements in the quality of mental health services." Review team chair, HIS inspection of Carseview Centre, 2014[32]

3.65 Although the word "*ensure*" is used, HIS would not appear to have any real power to do so. They carried out a further two reviews in 2017[33] [34] and a follow-up visit in 2018[35], identifying similar issues to those initially observed in 2014.

3.66 The Sharing Intelligence Group (SIG), co-convened by NHS Education for Scotland (NES) and HIS meets regularly to review the information, data and intelligence on each health board. The group comprises NES, HIS, the CI, Audit Scotland, SPSO and the MWCS. It was an alert to the SIG which triggered the visits to Carseview Centre by HIS and the MWCS in November and December 2017.

Management of Change

3.67 Poor performance in mental health services in recent years in Tayside has led to significant external scrutiny. This has resulted in a programme of recommended improvements at both strategic and operational levels. It is disheartening for those involved in the delivery of services and – more importantly – for patients and communities, that there is not more evidence of effective change and transformation in the services.

3.68 Since 2017 – and possibly over a longer time period – Tayside has had a poor record of implementing coherent changes to its organisation and delivery of mental health services. There is evidence of credible plans being approved, but these plans not being comprehensively implemented.

3.69 On the other hand, a number of changes have taken place, often at short notice in response to a perceived urgency of need, where the planning and management of these changes have been poor.

32. Healthcare Improvement Scotland. (2014). Findings and recommendations from a review of concerns presented to the National Confidential Alert Line: NHS Tayside. http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/responding_to_concerns/nhs_tayside_jul_14.aspx
33. Evidence provided by Healthcare Improvement Scotland of their correspondence with NHS Tayside following HIS's June 2017 visit.
34. Healthcare Improvement Scotland. (2018). Review of adult mental health services in Tayside, 7-9 December 2017. http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/programme_resources/tayside_mental_health_review.aspx
35. Healthcare Improvement Scotland. (2018). Progress meeting (June 2018) following Healthcare Improvement Scotland review of Mental Health Services in Tayside (Dec 2017). http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/programme_resources/tayside_mental_health_review.aspx

Lack of implementation of recommendations

3.70 The following are three examples of recommendations which were not implemented effectively:

1. Mental Health and Learning Disability Services Redesign Transformation Programme[36]

The most striking example of a planned change having an unsatisfactory journey related to what was entitled the 'Mental Health and Learning Disability Services Redesign Transformation Programme' when it was initiated in 2017.

Rather than being a programme designed to transform mental health services in Tayside, this was described to the Independent Inquiry team as a proposal to change "*beds and sites*". In reality, it was a plan to manage the assets – wards, beds and staff – rather than a more fundamental strategic plan to tackle the serious challenges which were facing mental health services in Tayside. Its focus was solely on mental health and learning disability inpatient facilities and did not cover the wider issues affecting community mental health services, psychiatry of old age or CAMHS (Child and Adolescent Mental Health Services).

The Independent Inquiry team received evidence that there was widespread dissatisfaction about the consultative process in arriving at the decision to centralise adult inpatient beds in the wards at the Carseview Centre. Both staff and patients' representative groups felt that the consultation was not genuine and had been tokenistic. The process lacked the confidence of staff, patients, families, community groups and partner organisations. The final decision was perceived as having been made without proper consideration of all the relevant information, data, options, resources and impact. Many respondents said that the NHS Tayside had already made up their mind before the consultation process began.

The final decision to implement the chosen option (3a) was made at the meeting of the Perth & Kinross IJB in January 2018[37]. The decision had not been implemented by the time of the publication of the Independent Inquiry's Interim Report in May 2019.

3.71 Programme management throughout the changes has been poor, with milestones missed and actions not completed. Seemingly ad hoc alterations to the plan were introduced (such as the decision not to relocate Learning Disability Assessment Unit patients from Carseview Centre to Strathmartine).

36. https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/MentalHealthServiceRedesignTransformationProgramme/index.htm
37. Perth and Kinross Integration Joint Board. 26 January 2018. Mental Health and Learning Disability Service Redesign Transformation (MHLDS-RT) Programme Consultation. G/18/7

2. By June 2019, it was still recognised that a new Tayside-wide mental health strategy was urgently required.

An NHS Tayside and IJBs paper was presented at the Tayside NHS Board meeting in June 2019[38], entitled "*Mental Health Services in Tayside – Mental Health Strategy Update*". This stated that "*... the pace and scale of change required is significant. It is essential to set the strategic direction, design the future shape of the service and support, build the capability and capacity to provide assurance around the delivery of change and improvement.*"

In September 2019 a paper was presented to the Perth & Kinross IJB, entitled "*Adult Mental Health and Learning Disability; Service Redesign Programme Progress Report and Risk Review Paper*[39]."

This stated that "*The Tayside Mental Health Alliance has been established and tasked with mapping out the end-to-end clinical pathways for mental health services to ensure that the people of Tayside receive the best possible mental health and wellbeing, care and treatment, with a focus on early intervention and reducing stigma.*"

"*It is acknowledged that end-to-end redesign of mental health care and treatment pathways is required.*"

3.72 Despite the stated intentions of NHS Tayside and the IJBs to conduct a full review, this has not yet been undertaken. When the Independent Inquiry interim report was published in May 2019[40], it emphasised the urgency of completing such a review in order to enable the planning of future services needed by the population of Tayside. Seven months on, this work remains incomplete.

3. General Medical Council Enhanced Monitoring

In the period since 2016, concerns had been raised about the training of junior doctors following visits from the General Medical Council and the East of Scotland Deanery. Concerns were initially focussed on Murray Royal Hospital in 2016, but were extended after further visits to include Tayside-wide General Adult Psychiatry. Following visits in 2017 and 2018, improvements had not been implemented, so the decision was taken to place NHS Tayside into enhanced monitoring status. Despite five visits and reports, training for junior doctors had not improved, particularly in relation to their supervision and on-call arrangements. Many of the locum psychiatrists were not in a position to provide the supervision required for trainees.

Normally when training is placed in enhanced monitoring, this would lead to improvements in the training and supervision arrangements. This had not happened in Tayside, with the risk of special conditions being applied or the removal of training of junior doctors in psychiatry completely. It is concerning that the training arrangements for junior doctors had not appeared to improve, despite the findings from the Deanery visits. The report from the latest Deanery visit in October 2019 included 13 requirements requiring action within six months, seven of these requirements having been continued from the previous visit in January 2019[41].

38. Tayside NHS Board. 27 June 2019. Transforming Tayside Mental Health Strategy Update. BOARD57/2019
39. Perth and Kinross Integration Joint Board. 27 September 2019. Adult Mental Health and Learning Disability; Service Redesign Programme Progress Report and Risk Review Paper. G/19/159
40. The Independent Inquiry into Mental Health Services in Tayside. (2019). Interim report: inquiry update and emergent themes. https://independentinquiry.org/wp-content/uploads/2019/05/Independent-Inquiry-Interim-Report-May-2019.pdf
41. NHS Education for Scotland. (2019). Scotland Deanery quality management visit report: General adult services, Tayside. Date of visit: 9th October 2019. https://www.scotlanddeanery.nhs.scot/media/3111194/191009-final-visit-report-pan-tayside-mental-health-web-version.pdf.

Unplanned changes

3.73 In contrast to the examples above, where planned improvements were not implemented satisfactorily, the Independent Inquiry team was made aware of a number of situations where changes had taken place, often at short notice in response to a perceived urgency of need, but where the planning and management of these changes had been poor. Where such changes had been expedited at short notice, there had been insufficient time to consult fully and develop options for careful consideration by the appropriate governing mechanisms.

3.74 Tayside NHS Board members and senior staff in both NHS Tayside and the relevant IJBs have felt these short notice decisions have been presented as faits accomplis, with little real opportunity for scrutiny, challenge or decision making. *"Senior clinicians advised us that we had no choice but to accept their recommendation for reasons of patient safety."* NHS Tayside Non-Executive Board Member

3.75 In particular a number of short-notice changes had been made in the last three years in relation to the closure of wards, without a process of consultation and consideration of options to generate confidence in the validity of the decisions made. The closure of the Mulberry Ward at Stracathro and its move to Carseview Centre in February 2017, the amalgamation of two wards at Murray Royal Hospital and the closure of the Craigowl Ward at Strathmartine all follow this pattern of short-notice changes which did not allow comprehensive consultation and planning.

1. Closure of the Mulberry Ward at Stracathro and move of the ward to Carseview Centre in February 2017.

This closure (described by NHS Tayside as a relocation, not a closure) was implemented at short notice as a contingency measure, on account of a shortage of suitably qualified medical staff. Staff, patients and families were given very short notice of the move. The result was that staff were required to travel to and from Carseview Centre from Angus, a distance of 35 miles, an arrangement which continued for more than two years. The ward environment at Carseview Centre was considerably poorer than that at Stracathro. The MWCS commented on the negative impact of the move on patients in their report of their visit in November 201742. *"When the Mulberry Unit was based at Stracathro Hospital it was in a new build facility, with plenty of space and good access to gardens. The environment in Mulberry Unit at Carseview is more cramped and is much less attractive. We heard comments from both staff and patients about the fact that the building is much less comfortable and pleasant. Patients in Mulberry Unit also do not have the same ready access to a secure garden area which patients in Ward 1 and 2 have."* At the time, NHS Tayside indicated that the move was a temporary one and that the ward at Stracathro would be reoccupied. It remains empty to date.

2. Amalgamation of two wards at Murray Royal Hospital

This again happened at very short notice and without consultation with senior medical staff, patients or families. There was not a detailed plan for these changes nor an indication of how they fitted in with the wider strategic developments for mental health services in Tayside.

42. Mental Welfare Commission for Scotland. (2018). Report on unannounced visit to: Wards 1, 2 and the Mulberry Unit at Carseview Centre, 4 Tom McDonald Avenue, Dundee DD2 1NH. Date of visit: 22 November 2017. https://www.mwcscot.org.uk/sites/default/files/2019-06/carseview_acute_admisison_wards.pdf

3. Closure of Craigowl Ward at Strathmartine

Once again, this was a contingency move, arranged at short notice, without full consultation with staff, patients and families. Many staff found out via Facebook that this was happening. The empty ward has been described not as "*closed*" but as "*non-operational*". Senior medical staff were opposed to the closure and relocation of the patients to Bridgefoot wards because of the detrimental impact on the patients affected. Following these changes, the sickness absence levels of the staff increased, compounding the problems caused by staff shortages.

3.76 These short notice changes had the effect of undermining the confidence of the staff, patients and families that changes to the provision of mental health services in Tayside would be widely consulted on and implemented with a well devised plan.

3.77 Because of what is perceived as poor communication by NHS Tayside and the IJBs with staff, patients, families, carers and partner organisations, including statutory and third sector, consultation processes do not command respect and confidence. Many staff feel that they are either not consulted, or, if they are, that their views will be disregarded. Genuine consultation must be grounded in integrity and openness. To approach it in any other way is to undermine trust in the process and is worse than doing no consultation whatsoever.

Senior Staffing challenges

3.78 The Independent Inquiry frequently heard that the need for the short-term urgent changes was as a result of a shortage of psychiatrists in Tayside – and that this was a common problem across Scotland and throughout the UK.

3.79 The serious shortage of consultant psychiatrists in Tayside and the resulting requirement to rely on locum staff to fill these responsibilities represents a major risk for the future of mental health services. The response to these shortages has not been strategic and coordinated.

3.80 A contributory factor will have been the lack of continuity in senior posts in recent years and the level of vacancies in key posts in 2019. Since (and including) 2017, there have been four AMDs for Mental Health and Learning Disability in Tayside. Some have been appointed as interim posts, the last two being part-time only. The post-holder in 2018-19 found that it was not possible to fulfil the strategic requirements of the role on a part-time basis on account of the operational demands on the post. The Independent Inquiry interim report stated at 4.5.2 "*The lack of a full-time Associate Medical Director for mental health services exacerbates the line management difficulties.*"[43]

3.81 In the HIS recommendations after their June 2017[44] review, one of their deliverables was:

"Full time Associate Medical Director employed who is a psychiatrist and has experience in leading organisational turnaround."

3.82 A new AMD was appointed in September 2019, but on a part-time basis only. The previous two AMDs were of the view that the role needed to be full-time.

3.83 The level of vacancies in key posts has grown throughout 2019. In addition to an absence of an AMD for Mental Health from June to September, by November there were vacancies in lead clinician posts in all three GAP (General Adult Psychiatry) services, CAMHS, Learning Disability and there was no AMD in POA (Psychiatry of Old Age).

43. The Independent Inquiry into Mental Health Services in Tayside. (2019). Interim report: inquiry update and emergent themes. https://independentinquiry.org/wp-content/uploads/2019/05/Independent-Inquiry-Interim-Report-May-2019.pdf
44. Evidence provided by Healthcare Improvement Scotland of their correspondence with NHS Tayside following HIS's June 2017 visit.

3.84 Additionally, there were significant vacancies in consultant psychiatry posts. In September 2019[45] the position was as follows:

Eight services with no substantive consultant psychiatrists

- Dundee Community Mental Health Team West
- Angus Community North
- Rehabilitation inpatient ward
- Intensive Psychiatric Care Unit at Carseview Centre
- Crisis Care and Home Treatment Service
- Moredun Ward at Murray Royal Hospital
- Ward 1 at the Carseview Centre
- Perth South Community Health Team

3.85 It is important to note that there were some examples of good leadership across Tayside. Amongst others, there were areas of good practice identified in Psychiatry of Old Age and Forensic services. The Young People's Inpatient Unit at Dudhope Terrace had also received positive reports, including from the MWCS's visit in July 2019[46].

3.86 It is clear that Tayside mental health services have suffered from poor strategic leadership in recent years. This may have been true for longer, but the Independent Inquiry has only looked in detail at leadership since 2017. HIS worked with NHS Tayside during 2017 to assist them to identify and address the particular challenges facing mental health services at that time. Their report identified a number of challenges facing Tayside's General Adult Psychiatry Services, particularly in relation to leadership and culture.

3.87 These challenges included:

- "Leadership culture – everyone in the system thinks the problems are someone else's fault; micromanaging and highly controlling; decisions being imposed with no team involvement or discussion; staff feeling belittled and dismissed; confrontational behaviours both verbally and in emails; poor behaviour of consultants reported by junior medical staff and non-medical staff; culture of fear and blame; risk averse culture; culture of fire-fighting with little headspace to think."
- "Leadership structure and roles – staff don't understand the Mental Health leadership structures; lack of clarity about who is making what decisions; quite significant differences in cultures and issues across the three IJBs; lack of forums for professional leaders; inability of the external [HIS] team to identify the key operational and decision making groups; consistent theme of managers blaming doctors and doctors blaming managers; sense of division between the NHS and the IJBs with both sides appearing to blame the other for the current state of services; no clear vision for mental health services across Tayside."

Need for whole system response

3.88 The proposed reconfiguration of General Adult Psychiatry Mental Health Services requires a whole system response to mitigate the risks associated with the reduced inpatient capacity and reduced consultant grade medical workforce across Tayside's local community services.

3.89 There is no simple solution to addressing the current risks and challenges that General Adult Psychiatry services are facing. Analysis of capacity, demand and activity has failed to highlight any single solution. The high levels of patient occupancy across the inpatient unit, access and waiting time issues within the community mental health teams and growing demands into overstretched crisis care services indicate a whole system response is required.

45. Evidence provided by NHS Tayside in 2019.
46. Mental Welfare Commission for Scotland. (September 2019). Report on announced visit to: Dudhope Young People's Unit, 17 Dudhope Terrace, Dundee DD3 6HH. Date of visit 9 July 2019. https://www.mwcscot.org.uk/sites/default/files/2019-09/Dudhope_YoungPersonsUnit_20190709a.pdf

3.90 In August 2019 and initiated by the Independent Inquiry, a participatory group model-building workshop took place with student practitioners and quality improvement managers working in NHS Tayside's mental health services. This was led by an external facilitator with expertise in healthcare systems improvement. In the workshop, participants focused on five of the themes highlighted in the Independent Inquiry's interim report published in May 2019[47], (patient access to care, patient sense of safety, quality of care, organisational learning and governance) and identified areas of fragility and those suitable for improvement (Appendix D).

Summary

3.91 As described in the Governance section above, there is an urgent need for the development of a long-term strategic review of the requirements for mental health services across Tayside. Until the outcomes of such a review are known, it is impossible to make sensible plans for managing the significant changes which are required. Without a proper assessment of the needs of the population of Tayside for mental health services, any changes can only be piecemeal and may not fit in with the longer-term plans which will emerge. It seems that the attention and effort of the leadership team has focused on trying to resolve the immediate problems with the result that there has not been the capacity to invest in the longer-term strategic planning that is required.

3.92 Good governance lies at the heart of any well-functioning public service. This is particularly true when a number of organisations have to work together; without good governance there would be scope for confusion, duplication, overlap and gaps.

3.93 Similarly, within a single organisation good governance is necessary to ensure there is clarity about responsibilities, roles, accountability, performance and risk management. The distinctive functions and responsibilities of executive and non-executive members are important to understand, so that there is effective challenge and support, founded on relevant, accurate and up-to-date information and data, to enable proper decisions to be made and those decisions implemented and monitored. Clear values of transparency, integrity and honesty need to be demonstrated at every stage and by all people involved in the system.

3.94 Whether it is from the complexity of the governance and decision making arrangements or from a breakdown in relationships between NHS Tayside and IJB staff, there is a clear need for a restatement of the responsibilities for commissioning, decision making, delivery, accountability, performance management and risk management. To work successfully, the integration of health and social care must be built on good relationships, positive attitudes and constructive behaviours. The structure itself cannot guarantee effective outcomes, nor can the flaws in delivery be attributable solely to the integration structures.

3.95 The most striking failure of governance of mental health services in Tayside is the lack of a mental health strategy. In the light of the reduction in the availability of consultant psychiatrists and the requirements for providing care and treatment for patients with mental ill health in the community, there is a pressing need for a significant redesign of how mental health treatment and services are to be delivered in the 21st century in Tayside. There needs to be a strategy to deliver a whole system, end-to-end, multi-disciplinary, radical transformational redesign of mental health services.

3.96 In relation to the requirement for a strategic plan to address the need for a mental health

47. The Independent Inquiry into Mental Health Services in Tayside. (2019). Interim report: inquiry update and emergent themes. https://independentinquiry.org/wp-content/uploads/2019/05/Independent-Inquiry-Interim-Report-May-2019.pdf

strategy for Tayside, two observations need to be made. Firstly, it was disingenuous to suggest that the fact of senior staff leaving was a cause of the need for urgent change; what should have been seen was that the departure of so many senior psychiatrists was a symptom of deeper problems within mental health services in Tayside, a result of the poor management of services and people and of poor strategic planning. Secondly, the shortfall of psychiatrists in Tayside and Scotland had not suddenly occurred in recent years. This had been happening over a number of years and was predictable from an analysis of ages and retirement patterns, and of recruitment rates to the profession.

3.97 There is a need for senior medical, nursing and allied health care professional leadership to be involved in shaping the development of a sustainable service model for mental health services in Tayside. To be enabled to fulfil these responsibilities it is essential that they have sufficient training, support and time allowed in the job planning process. NHS Tayside have indicated that they are moving towards a model of leadership which is *"clinically led and managerially supported"*. This is to be welcomed within the context of wider leadership development.

3.98 Any changes to services, organisational structures or operational procedures should be well planned and managed. Enough time should be included in all change management plans, to enable sufficient consultation with all relevant people and organisations. Consultation should be as wide as necessary and should be meaningful and genuine. Plans should identify clear actions, with timescales, resources and responsibilities articulated.

3.99 Implementation of plans should be regularly monitored to enable progress against plans to be assessed. The completion of actions and milestones should be reported at agreed timescales. This enables actions and decisions to be reviewed where necessary.

3.100 Positive relationships are fundamental to the delivery of good leadership. Continuity in post can be important for staff and for patients in mental health services. This contributes to effective performance management, appraisal and welfare support. Trust can then be built up in a supportive and open environment. The cultures in an organisation are the product of the values and behaviours – such as openness, transparency and integrity. The quality of relationships within an organisation and with partner organisations has an impact on the quality of service which the community and patients experience. Good communication forms a vital part of developing a positive culture (relationships). All people should feel that they are treated well. Other characteristics of a thriving service might be trust, cooperation, collaboration, inclusion and a learning organisation.

3.101 A learning organisation is committed at every level to learning from events and takes every opportunity to listen to feedback from others, so that performance and services can be improved. This is essential for the prevention of future harm. Whilst an adverse event in the past cannot be undone, there is always an opportunity to learn from a comprehensive review of the circumstances surrounding it. Tayside needs to develop a culture of being willing to listen to others and to learn from experience in order to improve practice.

Recommendations

1. Develop a new culture of working in Tayside built on collaboration, trust and respect.

2. Conduct an urgent whole-system review of mental health and wellbeing provision across Tayside to enable a fundamental redesign of mental health and wellbeing services for Tayside.

3. Engage with all relevant stakeholders in planning services, including strong clinical

leadership, patients, staff, community and third sector organisations and the voice of those with lived experience.

4. Establish local stakeholder groups as a mechanism for scrutiny and improvement design to engage third sector, patients' representatives and staff representation.

5. Review the delegated responsibilities for the delivery of mental health and wellbeing services across Tayside, to ensure clarity of understanding and commitment between NHS Tayside and the three Integration Joint Boards. This should include the decision to host General Adult Psychiatry inpatient services in Perth & Kinross Integration Joint Board.

6. Ensure that board members (NHS and Integration Joint Boards) are clear about their responsibilities, confident and empowered to challenge and make sound decisions. Review their selection, induction and training processes in preparation for their important role.

7. Provide sufficient information to enable board members to monitor the implementation of board decisions.

8. Deliver timely, accurate and transparent public reporting of performance, to rebuild public trust in the delivery of mental health and wellbeing services.

9. Clarify responsibility for the management of risks within NHS Tayside and the Integration Joint Boards, at both a strategic and operational level.

10. Ensure that there is clarity of line management for all staff and that all appraisals are conducted effectively.

11. Ensure that the policy for conducting reviews of adverse events is understood and adhered to. Provide training for those involved where necessary. Ensure that learning is incorporated back into the organisation and leads to improved practice.

12. Conduct a national review of the assurance and scrutiny of mental health services across Scotland, including the powers of Healthcare Improvement Scotland and the Mental Welfare Commission for Scotland.

4. Crisis and Community Mental Health Services

4.1 Crisis and community mental health services are key to supporting the mental wellbeing of the population. This is evident in Scottish Government's Mental Health Strategy 2017-2027 which identified three actions relating to unscheduled care:

4.2 Scottish Government: Mental Health Strategy 2017-2027[48]

- Access to treatment and joined-up, accessible services
- Tackling inequalities in unscheduled care

  "Action 13: Ensure unscheduled care takes full account of the needs of people with mental health problems and addresses the longer waits experienced by them."

  "Action 14: Work with NHS 24 to develop its unscheduled mental health services to complement locally-based services."
- Workforce

  "Action 15: Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings."

4.3 Mental health services in Tayside consist of CAMHS: child and adolescent under the age of 18 years (16 if not in secondary education); GAP: individuals between the age of 18 and 65 years (16-18 if not in secondary education) and POA: individuals over the age of 65 years. These services are provided by both community and crisis mental health teams.

4.4 In recent years, NHS Tayside service development and management strategy for mental health has been focused on inpatient services (6% of the patients in mental health), with staff in the CMHTs (Community Mental Health Teams) feeling increasingly neglected as they struggle to support the remaining 94%.

4.5 Community and crisis services should develop as a whole system and not as separate entities. This would reduce service fragmentation and silo-working of teams. It is critical that crisis provision complements and supports the wider mental health and wellbeing strategies across communities and adopts a trauma-informed approach whilst embracing all the components of a compassionate community service.

4.6 Community mental health can be unpredictable and complex and for that reason should be a focus of attention for managers of services. In terms of funding, community provision should be a priority. Ensuring there are appropriate services in the community will address the 'upstream' challenges of supporting early intervention and prevention of more complex mental health issues.

4.7 However because requirements of community services are difficult to predict, to do so, the CMHTs require detailed knowledge of the community they are serving - with comprehensive data made available to them to enable them to produce very clear strategies for appropriate service provision. Indeed, there is a requirement for all statutory and voluntary services to have a thorough knowledge of the communities they are serving. NHS Tayside,

48. https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2017/03/mental-health-strategy-2017-2027/documents/00516047-pdf/00516047-pdf/govscot%3Adocument/00516047.pdf

in conjunction with the three Health and Social Care Partnerships, should empower communities through co-productive methods to sustain services across the region.

4.8 Crisis services have been a continuing key theme in the Independent Inquiry's evidence gathering. Recent evidence received by the Independent Inquiry from patients, families and carers raised repeated concerns about the centralisation of crisis services to Dundee from Angus and Perth & Kinross. The impact of the loss of these services in Angus and in Perth & Kinross is also felt by the police who immediately saw an increasing pressure on their services.

4.9 Effective local delivery of crisis and community services is essential to support Tayside's increasing demand on mental health services. These services should develop in conjunction with national service providers e.g. NHS 24; Police Scotland; Scottish Ambulance Service, as well as third sector agencies.

4.10 The NICE clinical guideline CG136[49] lists the following quality statements:

- People using community mental health services are normally supported by staff from a single, multidisciplinary community team, familiar to them and with whom they have a continuous relationship [QS4]
- People can access mental health services when they need them [QS6]
- People using mental health services who may be at risk of crisis are offered a crisis plan [QS9]
- People using mental health services feel less stigmatised in the community and NHS, including within mental health services [QS15]

4.11 The evidence provided to the Independent Inquiry showed that mental health services in Tayside did not consistently achieve care and treatment for patients in line with these guidelines. There were many examples where the treatment had fallen short of the national expectation in quality of care. In addition to concerns raised by patients, families and carers, there was also a real concern amongst clinicians working in the services, that the lack of strategic analysis of community mental health services in Tayside over many years had generated an increased risk to patients' lives.

Crisis Resolution Home Treatment Team (CRHTT)

"Action 13: Ensure unscheduled care takes full account of the needs of people with mental health problems and addresses the longer waits experienced by them". Scottish Government Mental Health Strategy 2017-2027[50].

4.12 NHS Tayside's General Adult Psychiatry Crisis Resolution and Home Treatment Team operational protocol[51] states:

"The multidisciplinary team will provide an alternative to acute hospital admission by providing emergency assessment and intensive intervention within the community. The team will act as the single point of access to all inpatient mental health admissions. Where hospital admission does occur, the CRHTT will assist in providing intensive home treatment to support early discharge back to community living."

4.13 Crisis provision should be available 24 hours a day, 7 days a week to anyone, who after assessment, would benefit from enhanced care and treatment. Immediate assessment and treatment is essential to prevent the situation worsening. There is a requirement

49. National Institute for Health Care and Excellence. (2011). Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services (clinical guideline CG136). https://www.nice.org.uk/guidance/cg136
50. https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2017/03/mental-health-strategy-2017-2027/documents/00516047-pdf/00516047-pdf/govscot%3Adocument/00516047.pdf
51. Source: NHS Tayside, December 2018.

for crisis service provision to be seamless, regardless of the age of individuals. Crisis services which attempt to separate CAMHS and adult provision cause further distress to individual patients and their families and carers but also confusion and frustration for the other services involved (i.e. the police or A&E).

4.14 In Tayside, the crisis service delivers a 24 hour, 365 days per year service to people experiencing an acute mental health crisis so severe that, without intervention from the service, the person would require hospitalisation. It covers the whole of the Tayside health board geographical area - encompassing Angus, Dundee and Perth & Kinross localities. The multidisciplinary team act in specific mental health pathways, such as: crisis response; single point of access for General Adult Psychiatry hospital admissions, intensive home treatment; and early supported discharge.

4.15 The consultant staffing of the crisis service is currently two locum consultants.

4.16 At busy times, staff report it is not always possible to keep on top of paperwork, resulting in delays writing to GPs or to CMHTs.

In their review of December 2017 [52], HIS reported that:

"Crisis resolution and home treatment team was organised and well resourced."

4.17 However, staff reported the CRHTT often runs on a lower than optimal staffing model. This means the service does not have capacity to be responsive and can only operate in a reactive manner. Risk assessments in crisis services focus on the risk of serious harm/death. This may, at times, under-value a patient presenting in severe mental distress but with no imminent risk to life. If a risk assessment indicates no risk to life, the patient is treated as a non-urgent referral to other services. The intensity of follow-up for those presenting with high risk to life is good. However, the quality of the decision on risk to life depends on the judgement of the staff assessing the patient and the use of risk-screening tools. Patients who are judged to have a low-risk to life but are in high-distress, may have a very poor level of community follow-up. The result is often that the patient is repeatedly referred back to crisis provision as GPs and families struggle to manage the patient's declining mental health condition, without adequate community support. These circumstances often also show an increased risk of self-harm as patients feel they have no other way of getting help.

4.18 The CRHTT does not have good working relationships with the CMHTs and there is poor integration of the services. This has resulted in a lack of continuity in patient care with transfer back to community difficult to manage after a crisis event and, as a result, patients ultimately often return to crisis services.

4.19 The caseload of the CRHTT includes patients with personality disorders. Some clinicians question the appropriateness of this, as the very nature of the service is that it is short-term. The needs of individuals diagnosed with either a personality disorder or psychological trauma are not best met by a short-term and inconsistent approach to care. Therefore it seems that the structure of existing crisis services can at times exacerbate symptoms for these patients, rather than alleviate them.

Access to treatment

4.20 The CRHTT accept referrals from:

- Accident and Emergency/ Minor Injury Units
- Out of Hours Service

52. Healthcare Improvement Scotland. (2018). Review of adult mental health services in Tayside, 7-9 December 2017. http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/programme_resources/tayside_mental_health_review.aspx

- Tayside Substance Misuse Service
- GPs
- Mental Health Inpatient wards
- Community Mental Health Teams
- Police
- Tayside Psychological Therapies Service
- Liaison Psychiatry Service

4.21 There are a range of outcomes or types of support offered to people who are referred to the CRHTT, dependent on their clinical presentation and the outcome of their assessment.

4.22 These include:

- Discharge back to GP care only (no ongoing mental health service involvement / no referral required to another agency)
- Referral/signposting to another agency outwith mental health service
- Referral to another agency within mental health service
- Continued contact with an existing mental health service
- Admission onto the caseload of the Home Treatment Teams
- Admission into Hospital.

4.23 For patients requiring emergency assessment, the CRHTT arrange assessment within 4 hours of referral. However, CRHTT state they will not be able to assess individuals if they:

- Have a primary physical health need that requires immediate intervention or are undergoing immediate physical health treatment e.g. intra-venous infusion.
- are currently prisoners.
- are intoxicated to the extent that their responses are impaired

4.24 The ability of the CRHTT to assess individuals who are intoxicated is a contentious issue and is very much predicated on the judgement of those on duty at the time the individual is referred. Some psychiatrists' views are that it is possible to assess the person regardless of their level of intoxication, albeit with limited outcomes, which is preferable to being taken to a police cell or taken home. Others take the view that the person needs to be coherent and reasonably compos mentis before an assessment is carried out.

4.25 In many of these cases, the individual is with a police officer who has made the judgement that the individual is suitable for mental health assessment. There is not currently any facility in Tayside which can take responsibility for individuals who are displaying mental ill health symptoms and are under the influence of substances or alcohol.

4.26 The challenge of the comorbidities of mental health and substance use was addressed in the recently published Drugs Commission report for Dundee[53] (full recommendations in Appendix E), which made the following recommendation:

"Recommendation 13: Full integration of substance use and mental health services and support. This is recommended UK and international best practice - and it needs to happen in Dundee. Trauma, violence, neglect and social inequalities lie at the root of both mental health problems and substance use problems and most people with substance use problems also have mental health problems."

Universities

4.27 A significant component of the population within Dundee and Perth are students of the three universities. Many of these are young people away from home for the first time, who are adjusting to a significant change in

53. Dundee Drugs Commission. (2019). Responding to drug use with kindness, compassion and hope. Part one: The report. https://www.dundeecity.gov.uk/sites/default/files/publications/part1reportfinal.pdf

their life. These young people often come to university with previously diagnosed mental health conditions and who expect to receive support both from university services and Tayside mental health services. They often have no local support from family and are entirely dependent on friends and local services. Both universities in Dundee report they have seen an exponential growth in demand on university counselling services in recent years.

4.28 The ability for university mental health services to respond quickly to a crisis is critical. However, it is not currently possible for the university health services in Dundee or Perth to refer directly to CRHTT – despite employing mental health nurses who are able to assess students appropriately. The student is required to go to their GP in order to get access to crisis services. Other universities in Scotland do have referral pathways in place directly to crisis services.

4.29 Interestingly, it is possible for the CRHTT to refer to the universities' mental health teams but this can become problematic when a student is stepped down from the CRHTT. The university team may already have a full caseload and cannot take the student. This is not checked first - the assumption being that the referral is similar to the referrals made to the CMHTs where the CMHT have no choice but to accept the referral. For young people who are seriously mentally unwell, this carries a significant risk.

4.30 Given the size of population of the student communities in Dundee and Perth and the well-known risk of suicides in young men under the age of 30, a referral pathway into CRHTT for the universities' mental health services should be considered as a matter of urgency.

Out of hours/NHS 24

"Action 14: Work with NHS 24 to develop its unscheduled mental health services to complement locally-based services."
Scottish Government Mental Health Strategy 2017-2027[54].

4.31 Between 6pm and 8am daily and the full 24 hours on Saturday and Sunday, NHS services revert to out-of-hours services with NHS 24 providing the triage service.

4.32 In March 2019, NHS 24's Mental Health Hub was established as part of the 111 service. There is now an option to speak directly to someone about mental health, rather than going through the general assessment questions required of all callers to the 111 service. The Mental Health Hub operates 6pm-2am, Thursday to Sunday (busiest times for mental health-related phone calls to NHS 24). Initial calls are answered by a Psychological Welfare Practitioner who may be someone with a psychology or counselling background, but the calls can then be referred to a mental health nurse. There are different possible outcomes from the call e.g. ambulance called, referral to GP, call back by local out-of-hours team (1, 2 or 4 hours) or referral to mental health services the following day. The Hub has good links to police and social work services.

4.33 The Mental Health Hub is not a panacea, however. It is currently only available 4 nights a week. In terms of service, it is entirely dependent on the local provision it is referring on to, in whichever region the caller is based. Call-handling staff also only have limited access to patient information. Data can be entered by GPs ("key information summary") but so far this is used in less than 5% of the cases.

4.34 The service is still under review, but initial evaluation has shown a desire to expand the service to 7 nights per week.

54. https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2017/03/mental-health-strategy-2017-2027/

4.35 For NHS Tayside regions currently without a fully functioning CRHTT (Angus), the NHS 24 default position is to call the police when a patient is in distress. However, local advocacy services reported that this can be detrimental to patients who then shy away from calling NHS 24, for fear of the police arriving at their door.

Centralisation of Service

4.36 The decision-making behind the centralisation of the CRHTT from Angus and Perth & Kinross to Dundee can be tracked through Tayside NHS Board papers as follows:

- BOARD57 /2017 Tayside NHS Board 29 June 2017[55]: Crisis Resolution and Home Treatment services for Angus locality have been delivered from Dundee locality in the Out of Hours period since August 2015 as an emergency measure to address the continued vacancies on the junior doctor rotas.
- BOARD102/2017 Tayside NHS Board 31 August 2017[56]: In February 2017, the contingency plan was invoked, triggering a significant operational planning in partnership across NHS Tayside and the three IJBs. The process was clinically led, worked up with staff organisations and the Scottish Government. From the 1st February the Perth & Kinross Out of Hours Crisis Response Service relocated to Carseview Centre between the hours of 15.00 and 09.00 and 24/24 at weekends.
- BOARD01/2018 Tayside NHS Board 16 January 2018[57]: Business Continuity plans were evoked in February 2017 by the AMD, Lead Clinicians and Heads of Service to temporarily relocate Mulberry Ward and Perth locality Out of Hours assessments to Carseview Centre as a result of current Junior Doctor workforce shortages to ensure continued provision of safe services across Tayside. These arrangements continue and recent notification of availability of Junior doctors has extended the current arrangements for a further six months.

4.37 These reports show that the centralisation of the CRHTT to Dundee from Angus and Perth & Kinross was not planned. It was a response to a deficit in staffing at the time. By 2017, it was clear that whilst the centralisation had reduced the difficulties of adequate and appropriate staffing levels, it was now posing other challenges in terms of managing a different type of relationship with the community mental health teams.

4.38 In their December 2017[58] review, HIS stated:

"The CRHTT sees all out-of-hours crisis assessments of adults in Tayside…. one of the biggest challenges in the CRHTT was engaging with community mental health teams in different localities, which offer different services. Senior management had recently established an 'acute community interface group' to help address some of these issues and to improve communication."

4.39 It was disappointing for the Independent Inquiry to hear in October 2019 that relationships between the CRHTT and the CMHTs were still poor, despite the establishment of a group specifically to address this issue in February 2018.

4.40 The report went on to include the following recommendation:

"Lack of 7 day a week home treatment service for Angus patients needs to be addressed."

documents/00516047-pdf/00516047-pdf/govscot%3Adocument/00516047.pdf

55. Tayside NHS Board. 29 June 2017. Mental Health Service Redesign Transformation (MHSRT) Programme – Option Review and Consultation Plan Reports. BOARD57/2017

56. Tayside NHS Board. 31 August 2017. Mental Health Services – Sustainability of Safe and Effective Services. BOARD102/2017

57. Tayside NHS Board. 16 January 2018. Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme Consultation Feedback. BOARD01/2018

58. Healthcare Improvement Scotland. (2018). Review of adult mental health services in Tayside, 7-9 December 2017. http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/programme_resources/tayside_mental_health_review.aspx

4.41 At the following progress meeting with HIS in June 2018 (4 months later) the latter recommendation was revisited in the light of news that patients in Angus were having to be admitted to hospital in Dundee at weekends in the absence of any home-based provision. The response from the Angus IJB was to state that the earliest a 7 day a week home treatment service could be made available was April 2019[59].

4.42 To date, there is still no 7 day a week crisis home treatment service in Angus.

4.43 The following appeared in the Angus IJB papers:

> *"APPENDIX 1 AGENDA ITEM No 8 REPORT No IJB 63/19*[60]
>
> *Community Mental Health Seven Day Service.*
>
> *We will expand the existing Monday to Friday Community Mental Health Teams to deliver Enhanced Home Treatment to support people, who may require daily visits by professional staff in their own homes to manage an acute mental health episode, seven days per week, 52 weeks per year.*
>
> ***Seven Day working in place with North CMHT by January 2020.***
>
> ***Seven day working in South CMHT by December 2020.***
>
> ***We will have reduced the number of unplanned mental health beds days by 10%.***"

4.44 The 7-day CRHTT in Angus has been unavailable for 5 years. There is no doubt that during this time there has been detriment to patients discharged from Carseview Centre to the Angus community who did not receive adequate intensive home treatment or supported discharge.

CRHTT location

4.45 Ideally, crisis services should be sited in the heart of the community they are serving.

4.46 The centralised CRHTT for Tayside is located within the Carseview Centre, Dundee. Whilst it is understood the initial decision to co-locate alongside inpatient services was taken some years ago to assist with staffing, there is no doubt its location is affecting patient, family and carers' expectations of care and treatment. After being assessed, the patient and/or their family invariably anticipate admission to the inpatient wards in the same building. Staff confirmed that crisis team location within the inpatient facility increases expectations of an admission to hospital and that families and carers often feel angry and concerned at the decision not to admit the patient. This leads to notions of being "*turned away from Carseview Centre*", when in fact they were assessed well enough to be able to return home with community support.

4.47 Families and carers feel concerned when it appears the onus is put back to them to take the patient home to keep them safe. Again, this becomes even more acute when families have travelled 30 or 40 miles with a patient who is severely unwell, only to be told to take them home again. There is no doubt the location of the CRHTT inside the inpatient hospital is having an adverse effect on patient and family satisfaction with crisis services. This in turn is having an adverse effect on staff morale and confidence when making clinical decisions on patients' presentations. Doctors in CRHTT report the threshold for admitting a patient in crisis is much lower in Tayside than in other places, as the pressure to do so is high.

59. Healthcare Improvement Scotland. (2018). Progress meeting (June 2018) following Healthcare Improvement Scotland review of Mental Health Services in Tayside (Dec 2017). http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/programme_resources/tayside_mental_health_review.aspx

60. Angus Health and Social Care Integration Joint Board. 30 October 2019. Report 63 Angus Mental Health Services Strategic Priorities. REPORT NO IJB 63 /19

Police

4.48 The Community Triage Service is a service coordinated by local mental health services. The service is used when police are dealing with a suspected mental health incident. The individual is initially triaged via a telephone consultation which aims to assess the needs of the person whilst also assisting the police in their decision-making. This multi-agency approach aims to provide a timely intervention by mental health professionals where required, avoiding unnecessary detentions in police stations and hospitals and overall, making for better provision of services.

4.49 In terms of efficiencies, the triage service aims to reduce the amount of time police officers spend accompanying individuals who hitherto would have required face to face consultation, whilst also aiming to reduce the number of people seeing mental health professionals unnecessarily.

4.50 Police only take distressed individuals directly to Carseview Centre if it is clear that community triage is inappropriate. However, there is no walk-in service, so police accompanying an individual have to queue at Carseview Centre as any referral needs to come from within NHS itself. Geography is an issue, with police officers having to transport distressed individuals across significant distances in the Tayside region to Carseview Centre.

4.51 Research[61] shows that the most successful approaches to dealing with those in mental health distress in the community are centred around well-co-ordinated strategies between police and mental health services. In those cases, a high degree of information sharing and clear communication is essential. A 'co-response team' approach (one mental health nurse and one police officer) in other health board regions has shown a reduction in detaining, hospitalising or charging individuals.

4.52 There is evidence that calls to the police which are related to mental health, including transportation requests, are not evenly distributed across geographical areas and in fact there are 'hot spots' where their occurrence is particularly high. A recent study in the US applied a co-response model to policing the hot-spots where a police and mental health worker had a regular presence in the communities in a pro-active rather than reactive manner. This proved successful for early intervention/ prevention work and also allowed for a community-targeting of co-morbidity of mental health issues with substance use.[62]

Distress Brief Intervention and Sanctuary Support

4.53 Crisis provision should function well enough to be able to differentiate and support acute mental illness (psychosis, mania, severe depression) as well as managing increasing distress.

4.54 There should be a clearly developed distress pathway.

4.55 Distress Brief Intervention (DBI) is explained:

"A Distress Brief Intervention is a time limited and supportive problem-solving contact with an individual in distress. It is a two-level approach. DBI level 1 is provided by front line staff and involves a compassionate response, signposting and offer of referral to a DBI level 2 service. DBI level 2 is provided by commissioned and trained third sector staff who would contact the person within 24-hours of referral and provide compassionate community-based problem solving support, wellness and distress management planning, supported connections and signposting for a period of

61. McGeough, Emma & Foster, Rebecca. (June 2018). What works? Collaborative police and health interventions for mental health distress. Scottish Government. https://www.gov.scot/publications/works-collaborative-police-health-interventions-mental-health-distress/
62. McGeough, Emma & Foster, Rebecca. (June 2018). What works? Collaborative police and health interventions for mental health distress. Scottish Government. https://www.gov.scot/publications/works-collaborative-police-health-interventions-mental-health-distress/

up to 14 days." [63]

4.56 Crisis service provision needs to be underpinned by DBI training – across all areas of the community (i.e. primary care; emergency care; police) to help in the understanding and management of crisis whilst also providing more psycho-social and trauma-informed approaches to supporting individuals in distress.

4.57 The need to improve the response to people presenting in distress has been strongly advocated by people who have experience of distress and by front line service providers. The new Mental Health Strategy for Scotland 2017 – 2027[64] reaffirms the commitment to DBI through the inclusion of Action 11, which aims to "*complete an evaluation of the Distress Brief Intervention Programme by 2021 and work to implement the findings from that evaluation.*" The DBI programme for Scotland has four test sites (Aberdeen, Borders, Inverness, and Lanarkshire) and has recently won a Scottish Health Award in recognition of the work being done at national and local levels. The programme also now includes support for 16 and 17 year olds. There are several third sector agencies supporting DBI in Scotland, including Penumbra, SAMH (Scottish Association for Mental Health), Richmond Fellowship, Lifelink and Lanarkshire Association for Mental Health (LAMH).

4.58 Within the local community triage context, Police training on DBI has had a positive response. Officers feel the training has given them tactical options for dealing with people in distress, leading to reduction in instances of officers taking those in distress to crisis services at Carseview Centre for unnecessary assessment, or into police custody. It has helped police officers to look beyond the initial reasons for presentation when helping someone in distress.

4.59 Support for individuals in distress (using DBI) should be accompanied with additional 'Sanctuary' support being made available. Ideally this would be developed as a co-produced service with third sector organisations, as is in place in Cambridgeshire and Peterborough NHS Foundation Trust (Appendix F).

4.60 Dundee Mental Health and Wellbeing Commissioning Group is working on supporting people in distress. The following action tracker shows the intention to purchase premises in Dundee to operate 24/7, as a place of sanctuary for those in distress.

"This workstream is to be overseen by the Dundee Mental Health & Wellbeing Commissioning Group and the funding delivered from Action 15 & DHSCP revenue budget monies."[65]

63. https://www.dbi.scot/
64. https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2017/03/mental-health-strategy-2017-2027/documents/00516047-pdf/00516047-pdf/govscot%3Adocument/00516047.pdf
65. Evidence provided by NHS Tayside in 2019.

Workstream/Redesign Group	Action	Timescale
Support for People Experiencing Distress	Develop triage response with Ambulance Service / Police/ Accident & Emergency Department, including out of hours.	Phased implementation from early 2020.
	Commission 2 properties with availability and provision of 24/7 short term mental health support.	Summer/Autumn 2020.
	Create further opportunities for people to access tailored support when needed using a drop in approach.	Phased implementation from early 2020.

66

Community Mental Health Teams (CMHT)

4.61 The CMHTs were set up to support the most seriously unwell psychiatric patients in the community. In Tayside there are CMHTs across the three HSCP areas, Angus, Dundee and Perth & Kinross. The CMHTs work with specialist services such as Learning Disability, Tayside Substance Misuse Services, Adult Psychological Therapies Services.

66. Modified from Dundee Mental Health & Wellbeing Commissioning Framework (2019-2024). https://www.dundeehscp.com/sites/default/files/publications/mental_health_wellbeing_commissioning_framework.pdf

Context of Community Mental Health Services in Tayside

Locality (Areas)	Community Mental Health Team	Service
Angus (West; South East)	1.South Angus CMHT (Gowanlea)	-General Adult Psychiatry Psychiatry of Old Age (Community)
North West; North East; South	2.North Angus CMHT (Stracathro and Whitehills)	-General Adult Psychiatry
	3 Brechin/Montrose CMHT (Based in Brechin)	-Psychiatry of Old Age (Community)
	4.Forfar/ Kirriemuir CMHT (Based in Whitehills)	-Psychiatry of Old Age (Community)
Angus-wide	5. Substance Misuse	-Angus Integrated Drug and Alcohol Recovery Service (Community)
Dundee (Maryfield and East End; Strathmartine and Lochee; The Ferry and North East; West End and Coldside)	1.Dundee East CMHT (Alloway Centre)	-General Adult Psychiatry (Community)
	2.Dundee West CMHT (Wedderburn House)	-General Adult Psychiatry (Community)
	3. Recovery@Dundonald (Dundonald Centre)	-General Adult Psychiatry (Community)
	4.Learning Disabilities Community Team (Wedderburn House, Hawkhill Day Hospital & White Top Centre)	-Learning Disabilities Community
	5.Dundee East/Dundee West (Kingsway Care Centre)	-Psychiatry of Old Age Community
	6.Dundee Integrated Substance Misuse Service (Constitution House)	-Community Service
Perth and Kinross (north Perthshire; South Perthshire & Kinross; Perth City)	1. North Perth CMHT, Blairgowrie (Strathmore) + Highland Perthshire (x 2)	-General Adult Psychiatry-community -Psychiatry of Old Age-Community x2
	2. Perth & Kinross Community team hosted in North locality (based at Murray Royal Hospital)	-Perth & Kinross Community Learning Disability Service
	3. South Perthshire CMHT Kings Centre, Crieff /Kinross	-General Adult Psychiatry (community) -Psychiatry of Old Age (Community)
	4. Perth City CMHT Perth Royal Infirmary - Cairnwell	-General Adult Psychiatry Community and Move Ahead -Psychiatry of Old Age – OPMHT Murray Royal Hospital
	5. Perth and Kinross Community Substance Misuse Drumhar Health Centre	-Community Service

4.62 The three Health and Social Care Partnerships have clear principles for how hosted services will be managed effectively and consistently and recognise that strategic planning responsibility for the services should be retained by all three IJBs in respect of their own population[67].

Dundee	Angus	Perth & Kinross
• **Psychology services** • Sexual and Reproductive Health services • Homeopathy service • Specialist Palliative Care • The Centre for Brain Injury Rehabilitation (CBIRU) • **Eating disorders** • Dietetics • Medical Advisory Service • Tayside Health Arts Trust • Keep Well • **Psychotherapy**	• Locality Pharmacy • Primary Care Services (excludes the NHS Board administrative, contracting and professional advisory functions) • GP Out of Hours • Forensic Medicine • Continence service • Speech and Language Therapy	• **Learning disability inpatient services** • **Substance misuse inpatient services** • Public Dental Services/ Community Dental Services • **General Adult Psychiatry Inpatient Services** • Prison Healthcare • Podiatry

* In black, the hosted services related to Community Mental Health Service and, in red, the ones related to Inpatient Mental Health Services. There is a dedicated speech and language therapy input to mental health services.

4.63 Public awareness of mental health provision is inextricably linked with inpatient services at Carseview Centre and to a certain extent, Murray Royal Hospital. However, these two facilities represent only 6% of patients undergoing treatment for mental health conditions. 94% of patients within mental health services are treated in the community.

4.64 The CMHTs within Tayside region do not know their catchment area size or their population demographics and therefore have no capacity to appropriately manage the service they are delivering. One community-based consultant reported repeatedly being unable to find out the size of their own caseload. As 94% of all mental health patients are treated by the CMHT services, there should be a real focus on changing practices to improve patient access to services. To do so however, requires significant investment in community mental health teams and co-produced services with third sector

67. Modified from: Perth and Kinross Health and Social Care. (2019). Strategic Commissioning Plan 2016-2019. (Final draft, September).

agencies.

4.65 The ability to deliver high quality, appropriate and proportionate care within a local community is imperative if there is a real desire to improve outcomes for all. Clear and consistent service provision is essential, with excellent communication and pathways of care developed across both the statutory and voluntary service providers. Unfortunately, some of the CMHT have been dependent on locum psychiatrists for many years which is detrimental to the continuity of care for patients. Many of the CMHTs have disjointed functionalities, with interfaces to other services not working well. The relationship with crisis services and the CMHTs is, at times, fractious. All referrals from crisis services must be seen in the CMHT (they cannot be rejected) but the decision-making around those referrals is not always understood by the CMHT.

4.66 Tayside operates a mixed model of medical staffing within mental health services, with most consultants being based either in the community or within the hospitals. Other health boards operate split posts – with consultants working both in the community and on the wards. Carseview Centre currently operates a regional approach to patient admissions to wards, mirroring geographical locations of CMHTs. It would therefore be possible to consider adopting a split-post model of working for psychiatrists – which would allow for patients to be treated by the same consultant as an inpatient and then in the community. It would also speed up discharge to the community, if the patient's needs were already well known. In fact, NHS Tayside have already considered this approach as evidenced by the two extracts from the minutes of the progress meeting with HIS in June 2018[68]:

"The Associate Medical Director told us that there was inconsistency across the GAP inpatient beds in relation to psychiatrists not having split posts. If a psychiatrist has a split post this means they provide consistent intervention and treatment throughout the patient's journey if they are treated in the hospital and the community. We were told that a consistent model of split posts for psychiatrists will be applied across all GAP services."

"Increasing the numbers of psychiatrists and the consistent model of split posts will facilitate person-centred care and improve communication. We understand that this will take time to implement, again we would encourage NHS Tayside to ensure this is an immediate priority."

4.67 This shows there was recognition by both HIS and NHS Tayside in 2018 of the problems related to the lack of continuity of care between a patient's contact with a psychiatrist in hospital and then with someone else when returning to the community. There does not seem to have been any further consideration given to this HIS recommendation.

4.68 The staff in the CMHTs work hard and are well respected in the communities, but they are working within largely unknown parameters, making their jobs very difficult to carry out satisfactorily. The lack of caseload management is detrimental to service provision and development. In addition, internal waiting lists (i.e. for occupational therapies, psychology) and cumbersome internal referral procedures exacerbate the problems. CMHTs often become paralysed navigating the processes to admit a patient, and hours may be spent on a single patient moving from CMHT to inpatient facilities.

4.69 Many people known to mental health services either have a personality disorder diagnosis or their mental health is negatively impacted due to previous trauma or current social stressors.

68. Healthcare Improvement Scotland. (2018). Progress meeting (June 2018) following Healthcare Improvement Scotland review of Mental Health Services in Tayside (Dec 2017). http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/programme_resources/tayside_mental_health_review.aspx

These individuals require a consistent, compassionate approach to improve mental health and wellbeing and the ability to build trust is crucial if long term improvement is to be sustained. The recent increase in neurodevelopmental disorders diagnoses - Autistic Spectrum Disorder (ASD) and, Attention Deficit Hyperactivity Disorder (ADHD) - has had a significant impact on the CMHTs, with staff reporting a lack of capability to deal with these disorders but without knowing what they can do to address it.

4.70 As a result of the increase in individuals with personality disorder diagnoses, waiting times to see Community Psychiatric Nurse (CPNs) and consultant psychiatrists are long and GPs have become frustrated. They refer cases as urgent in the hope the patients will be seen quicker. They also refer, simply to get a patient on the waiting lists, so that if they themselves are not able to appropriately treat in general practice the patient will be closer to being seen by the CMHT at the point where the GP has run out of options. This causes waiting lists to be artificially inflated.

4.71 GP practices report referring to CMHTs only to receive rejected referrals with no real understanding of why the patient is not being admitted to the service. GPs repeatedly requested that CMHTs at least see their patient once, rather than rejecting simply on the basis of their referral. There is a feeling that their judgement to refer is being questioned, something which they do not experience when referring to other disciplines.

4.72 The lack of CRHTT in Angus has adversely affected the functioning of the CMHTs, as they have had to prioritise patients in crisis, and have not been able to engage with lower risk patients in community therapies. In these circumstances, crisis work runs alongside planned treatments. A member of staff stated:

"CMHT staff are expected to offer crisis support to patients, formulate crisis and risk management plans whilst also managing the high-risk patients. This creates a bottleneck of patients who are categorised as 'routine', who are accepted for treatment in the community but who end-up waiting 6 months or more for the treatment."

4.73 The challenges being faced by the CMHTs are known to IJBs and NHS Tayside. At the November 2019 meeting of the Perth & Kinross IJB[69], nine key issues were identified as challenges to supporting people with mental ill-health in the community:

"3.9 Emerging Issues

Although the review of community health services and supports is still ongoing a number of issues and themes are emerging.

- Accessibility of services, especially in rural areas, needs to be inves*tigated.*
- *More community-based supports, especially in Perth City, are needed to reduce the requirement for statutory supports at a later date and there is a need for increased Social Prescribing capacity to help people access them.*
- *The pathway for people with a Personality Disorder needs to be reviewed to ensure timeous access to appropriate support.*
- *Links between mental health and substance use services need to be improved especially for younger adults; integrated funding needs to be investigated and pathways need to be developed.*
- *A review of support to reduce the risk of people completing suicide is required, especially in Perth City.*
- *To reduce hospital admissions the support for people in crisis needs to be improved, including the development of A and E Liaison Service and improved Anticipatory Care Planning.*

69. Perth and Kinross Integration Joint Board. 6 November 2019. Emerging Issues for Community Mental Health provision, as outlined at Perth and Kinross Integration Joint Board, 6 November 2019. Update on Redesign of Community Mental Health Services and Supports in Perth and Kinross. (G/19/171).

- *The reasons for people being readmitted to hospital need to be investigated to identify approaches that reduce the incidence of this.*
- *Investigation and benchmarking is required to identify the reason(s) for the rising number of people from Perth & Kinross being compulsorily detained.*
- *The potential of Advanced Mental Health Nurse Practitioners needs to be explored as a role that can developed to support people with complex mental health needs to remain in the community."*

Waiting Times

4.74 There is no doubt it is challenging to manage demand and capacity across all systems in the services. However, by using data effectively, better flow through the system can be achieved. The service needs to understand three key components: a) the size of the population it is serving and b) the balance between rural and urban dwelling and c) the demographics of the constituents.

4.75 NHS Tayside data collection and usage is poor. Refining the data-entry would allow for better data-outputs which in turn will allow for better informed decisions to be taken on services. Data collection is a skill: only meaningful data required for strategic planning should be recorded and methodologies and consistencies need to be applied to the collection of this data.

4.76 There is a perception that the only way to reduce waiting times is to recruit more staff. As this is unlikely to happen quickly, if at all, the other option is to reduce the work by increasing the rejected referral rates. A properly informed strategy needs to be developed to manage waiting times/ workloads to ensure patients are treated appropriately and timeously. Addressing these issues is a matter of urgency, as staff are feeling completely overwhelmed with workloads within the CMHTs. One of the Dundee CMHTs received 25-30 referrals a week, mostly nominated for psychiatrist assessment. They reported:

"We are already in the difficult position that we continue to accept patients for CMHT input at team referral meetings despite being aware the there is no possibility of their being seen by a psychiatrist or trainee in the foreseeable future. Patients are being informed that they are on a waiting list to be seen when a psychiatrist becomes available, but the number being accepted vastly exceed the capacity of remaining doctors."

4.77 In Perth & Kinross the CMHTs reported that cumulatively the CMHTs will work with around 1,800 people at any given time. People will mostly be offered an assessment appointment within 12 weeks as per referral criteria however in reality many people will be offered an appointment within six weeks depending on referral demand and team capacity.

4.78 The transitions between services needs to be person-centred and needs-led. In Tayside, the pressure on caseloads has resulted in a caseload management system which ensures patients are 'transitioned' whether or not it is in their best interest, simply because they have reached a certain age. General Adult Psychiatry are under pressure in terms of caseload and so are motivated to move people on at 65 in order to get their numbers down. This does not fit with person-centred care – particularly if the person is getting along very well in GAP.

Community-based therapies

4.79 Many patients, families and carers giving evidence to the Independent Inquiry reported waiting long periods for access to psychological therapy services. In August 2019, it was reported that over 800 patients had been waiting over 18 weeks to be seen by the psychological therapy services due to staff shortages. This situation was rectified with the recruitment of staff to the service in autumn 2019. The online CBT (Cognitive Behavioural Therapy) service:

Beating the Blues[70] has also been launched with the aim to reduce waiting lists significantly, once fully operational.

4.80 Once patients have accessed the services, they report the treatments they receive to be very good with supportive and helpful staff contributing to their recovery processes. The psychotherapy services in Perth & Kinross were very well received by patients who had been referred there. In all cases however, the services were reportedly under-resourced with staff absences not covered and patients having to wait for long periods between treatments if the specialist staff were unavailable. It was also reported that community-based therapies cease once a patient is admitted to inpatient services. This makes sense from a practical perspective, however the patients reported that the therapy was often something which was "keeping them going" and to withdraw it just at their point of crisis seemed detrimental to the recovery process. It also was not an easy process to get back into the therapy services after discharge.

Primary care mental health support

> ***Action 15: Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings.***" Scottish Government Mental Health Strategy 2017-2027[71]

4.81 NHS Tayside and the three IJBs are developing low-intensity interventions to address the burgeoning instances of mental ill-health in the communities. Primary care mental health support, within GP practices is being developed to afford GPs more options for the high volume of patients who present with mental ill-health.

4.82 The primary care mental health staff give support to patients without them needing to be referred into the mental health system and without them needing to see a GP first. The service is designed to provide a high volume low-intensity response to common mental health issues, including mild to moderate depression, anxiety or phobias and offer various forms of self-help and psychoeducation. The easy-access and brief treatment model is highly effective. Data from similar services elsewhere in Scotland shows that 60% of patients display clinical and reliable change, following treatment. This model of low-intensity interventions is key to addressing service provision in the community.

Third Sector

4.83 There are many third sector organisations providing services to those in crisis to complement the CRHTT services. However, for individuals seen by the CRHTT and assessed as not needing to be admitted to any NHS services (inpatient or community) there is not currently a clear understanding of what services/agencies are available for ongoing support for the individual. Individuals have said that they had not been able to find out where to go to get help. The Independent Inquiry team found a variety of examples of contact details for crisis services in Tayside. These lists were compiled by a range of organisations, both statutory and third sector, but links were often found to be broken or information not updated for months or years. An aggregated and mobile device-responsive site offering access to accurate and current mental service information, ideally produced as part of a cross-sectoral collaborative effort such as the Sheffield Mental Health Guide[72], could be of real benefit to Tayside.

4.84 Dedicated services such as Peer-Recovery should be available to all patients who have

70. https://www.nhstayside.scot.nhs.uk/BeatingtheBlues/index.htm
71. https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2017/03/mental-health-strategy-2017-2027/documents/00516047-pdf/00516047-pdf/govscot%3Adocument/00516047.pdf
72. https://www.sheffieldmentalhealth.co.uk/

been in a hospital setting for a long time. Peer-Recovery allows for connection to a peer recovery worker who will accompany individuals after discharge and as they reintegrate in their community. There is no such provision in Carseview Centre at present, despite attempts to establish one by a third sector agency.

4.85 There has been a pilot peer link service in Angus at Carnoustie, Arbroath and Monifieth GP surgeries, available to anyone over 16.

4.86 The Social Prescribing Sources of Support (SOS) service was piloted on a small scale in 2011 and expanded incrementally to the current position of 10 link workers across GP practices in Dundee as part of the Scottish Government national Community Link Worker Programme and more recently within Action 15 of the national Mental Health Strategy. In November 2018, Audit Scotland's report "Health and Social Care Integration: an update on progress[73]" included a case study on the Sources of Support (SOS) service, based on Dundee:

"Social prescribing 'Sources of Support' (SOS) is one means of supporting people to better manage their health conditions. Link workers, working within designated GP practices, take referrals for people with poor mental health and wellbeing affected by their social circumstances and support them to access a wide range of non-medical services and activities that can help. In 2017/18, 256 patients were referred to three link workers and 220 people were supported. An external evaluation demonstrated that the service had a positive impact on both clients and on GPs themselves. 65 per cent of patient goals were met and 84 per cent had some positive outcome, including decreased social isolation, improved or new housing, financial and benefits issues being addressed, and increased confidence, awareness and self-esteem. Outcomes from a GP perspective include reduced patient contact with medical services, providing more options for patients, raising awareness of non-clinical services, and increased GP productivity. 2017/18 saw a major scale-up of the SOS scheme through the Scottish Government Community Link Worker programme, extending the service from four GP practices to 16."

4.87 There has been a lot of good work in Tayside in developing crisis support, particularly within the third sector (Appendix G).

SAMH

Tayside mental health services - SAMH alternative delivery

4.88 SAMH have been working with various agencies/bodies including CAMHS, CPNs, GPs and CMHTs "to support the drive to increase access to preventative and short-term interventions." There is a hope that this work will help reduce NHS waiting times. The work includes development of bespoke, CBT-based services including short-term crisis response, medium-term resilience and capacity-building, and peer support. There is a belief that this approach could enhance existing mental health services infrastructure and: *"reduce waiting times for access to psychological therapies & demand for mental health related support from NHS Tayside/Increase capacity across the region/Introduce a range of person-centered support options."*

4.89 The portfolio of interventions includes:

- Distress Brief Intervention. (DBI)
- ALBA - physical activity and CBA behavioural change intervention.
- Living Life to the Full.
- Peer support.

73. Audit Scotland. (2018). Health and social care integration: an update on progress. https://www.audit-scotland.gov.uk/report/health-and-social-care-integration-update-on-progress.

Summary

4.90 It is clear that a whole system approach to delivery of community services (CRHTT and CMHT) in Tayside is highly desirable. Co-production with third sector organisations is essential, rather than simply commissioning a service.

4.91 Community services need strong links to other services (Learning Disability, Criminal Justice and Substance Misuse) and should be playing key roles in transition from CAMHS to GAP and from GAP to POA. Patients need to feel they are part of one mental health service, not a series of fragmented services that do not have good internal relationships.

4.92 Each community service needs a multi-disciplinary/multi-agency approach to service delivery. Patients should not, as much as is practicable, be required to travel to receive alternative treatments. Consistency and continuity of services is paramount, with all staff from across the separate disciplines building up knowledge and understanding of patients within each community service. There needs to be a system of a good use of anticipatory care plans for complex presentations.

4.93 Community services need closer and better relationships with inpatient facilities and also with local GP practices, to build professional trust across the wider system which in turn fosters good and timely information sharing beneficial to patient care.

4.94 HIS have a further scrutiny visit planned for January 2020, to conduct a full Quality Assurance Review of Adult Mental Health Community Services. The review will cover Community (CMHTs) and Crisis Resolution Home Treatment (CRHTTs).

4.95 Action 15 monies have been made available from Scottish Government to all three Health and Social Care Partnerships to support the mental health strategy for Scotland.

Recommendations

13. Ensure that there is urgent priority given to strategic and operational planning of community mental health services in Tayside. All service development must be in conjunction with partner NHS organisations (NHS 24, the Scottish Ambulance Service), Police Scotland, third sector agencies and set in the context of the community they are serving.

14. Consider developing a model of integrated substance use and mental health services.

15. Develop comprehensive and pertinent data-capture and analysis programmes, to enable better understanding of community need and service requirement in the Community Mental Health Teams.

16. Prioritise the re-instatement of a 7 day Crisis Resolution and Home Treatment Team service across Angus.

17. Review all complex cases on the Community Mental Health Teams' caseloads. Ensure that all care plans are updated regularly and there are anticipatory care plans in place for individuals with complex/challenging presentations.

18. Plan the workforce in Community Mental Health Teams in the context of consultant psychiatry vacancies with the aim to achieve consistent, continuous care provision across all community services.

19. Prioritise the development of safe and effective workflow management systems to reduce referral- to-assessment and treatment waiting times. This should also include maximum waiting times for referrals.

20. Consider the development of a comprehensive Distress Brief Intervention training programme for all mental health staff and other key partners to improve pathways of care for individuals in acute distress.

21. Foster closer and more collegiate working relationships between the Crisis Resolution and Home Treatment Team and Community Mental Health Teams and other partner services, based on an ethos of trust and respect.

22. Develop clear pathways of referral to and from university mental health services and the Crisis Resolution and Home Treatment Team.

5. Inpatient Services

5.1 Given the scrutiny placed on inpatient care in Tayside to date, there are concerns that the needs of hospital-based care will continue to dominate a much needed system-wide review. Only a small proportion of overall patients are treated as inpatients (6% as opposed to 94% who are treated in the community).

5.2 Modern mental health services are based around Community Mental Health Teams, who act as gatekeepers to the services. They assess all referrals and develop care plans, which include the possibility of admission as inpatients. Most, if not all, patients with severe and enduring mental disorders will be known to the CMHTs. The care plans of patients who have had inpatient admissions will reflect their personal circumstances and will proactively include plans for possible future admissions. This is especially pertinent for patients who have multiple diagnoses, including substance misuse.

5.3 The provision of appropriate inpatient services is, of course, a critical requirement for a functioning mental health system. Hospital-based services care for some of the most vulnerable and acutely unwell patients, often after a point of crisis in their lives. It is therefore crucial that the treatment they receive should not only be of the highest quality but also person-centred and proportionate to their needs.

5.4 Inpatient services have therefore formed an important element of the work of the Independent Inquiry. Challenges have been identified in many aspects of the provision of these services, including in the governance and the leadership associated with inpatient services. These have been dealt with in greater detail in other sections of this report.

Ward Environment

5.5 There is perhaps an inevitability that because some patients are detained in a psychiatric hospital, they may view their environment in a negative manner. If they do not wish to be in the ward/hospital, they will not feel positive about their experience of being treated there, for however short a period of time. That said, however, every effort should be made to make the environment as welcoming and supportive as it can possibly be. Many patients who are admitted will be in a vulnerable state, traumatised, fearful and potentially disorientated. The environment in the ward must be a safe place for them, in order to aid their recovery and positively to support their treatment. At a time of acute distress, a mental health setting should be a place of safety and comfort for the patient. This idea incorporates both the physical and the human relational aspects of the environment in the ward.

Physical environment

5.6 Many patients described their experience of being in a mental health ward in Tayside as negative. The physical space, fabric, decoration and atmosphere at Carseview Centre are not conducive to a welcoming and safe space. The building itself is dated, with poor quality furniture and fittings, tired and in a poor state of repair. Patients have described it as feeling bleak, which impacts on the ability to improve wellbeing and deliver good therapeutic care.

"There is nothing to do in Carseview – it is a wasteland environment. It is desperate, even the café area has wooden seats, there is no music, the tea and coffee is awful, there is no artwork on the walls – there is a real feeling of repression." (Third sector organisation)

"In wards 1 and 2…the general ward environment was good, however, some bedrooms were sparse and lacked basic comforts such as a work surface or writing area." (HIS[74]).

5.7 Although a programme of refurbishment was approved and has commenced in 2019, concentrating on ensuring the bedrooms met required safety standards, it would have been helpful for the overall environment to be improved with better quality furnishing, artwork, music and facilities to make it feel more welcoming and supportive.

5.8 Some wards at Carseview Centre do not have ready access to outside space and fresh air. Patients have felt that the outside space that was available was dominated by patients who were smoking. The limited internal spaces and the bleak environment in the inpatient wards at Carseview Centre can heighten patient anxiety and concern.

5.9 The patients who moved in 2017 from the Mulberry Ward at Stracathro to the Mulberry Ward at Carseview Centre were very aware that the facilities were not as extensive as at Stracathro. The ward has limited facilities in comparison and does not have access to gardens, open air and to as much light, which were all features at Stracathro. A number of members of staff have also commented on this deterioration in the environment for Mulberry patients. Patients' access to telephones was more limited.

"Patients in Mulberry Unit have no direct access to a garden area and some patients in Ward 2 also told us that, while they can access the garden directly from the ward, access to the garden can be very limited. Patients also raised a number of other issues about the physical environment in the ward. For example, we were told by some patients in Ward 2 that the layout of furniture in the lounge areas can feel very regimented, and can make it difficult for patients to chat informally together in a group." [75]

5.10 It was not uncommon for wards to be locked for long periods of time. Whilst locking a ward may be appropriate in certain circumstances, there should not be general locking of acute wards. The reasons given by staff for locking wards include staff shortages, for a particular patient's safety, or to stop other people from entering the ward. They stated that wards were only locked for a short duration. Elsewhere in Scotland keypad systems enable effective control of entry and exit to wards. Patients who are required to be restricted for safety reasons should be known to staff and under enhanced observations.

5.11 There have been instances of young people under 18 years of age being admitted to adult wards. A child should only be admitted to wards which are designed for the care and treatment of children. There is a danger that they would find being placed in an adult ward disorientating and unsettling. This practice is completely unacceptable.

5.12 On a number of occasions wards have been closed or relocated at relatively short notice. This has had a detrimental impact on patients, as the quality of the environment has reduced and the short notice changes can be unsettling for both patients and their families and carers. The move to mixed gender wards and to wards where other patients display more challenging behaviour can be frightening for vulnerable patients, who are unsettled by the unpredictable and erratic behaviour of others.

Patient experience

5.13 Patients have described feelings of isolation, boredom and loneliness. Their interactions with others on the wards – with both other patients and staff – have been

74. Evidence provided by Healthcare Improvement Scotland of their correspondence with NHS Tayside following HIS's June 2017 visit.
75. Mental Welfare Commission for Scotland. (March 2018). Report on unannounced visit to: Wards 1, 2 and the Mulberry Unit at Carseview Centre, 4 Tom McDonald Avenue, Dundee DD2 1NH. Date of visit; 22 November 2017. https://www.mwcscot.org.uk/sites/default/files/2019-06/carseview_acute_admisison_wards.pdf

difficult and, at times, frightening. Some have described feeling frightened of other patients and having been bullied by other patients. Fights between patients have been witnessed. Whilst many patients felt that they were well cared for by the staff, some felt that the staff were not interested or were too busy to pay them the attention they requested. They sensed a lack of staff engagement with patients. Staff felt they had limited time for one-to-one interaction with patients. Patients with particular dietary requirements did not always receive suitable meals which met these requirements. As a consequence, patients may have gone without sufficient food.

Staff experience

5.14 Staff also expressed fear about the environment in the ward, potentially feeling isolated and unable to implement ward improvements which they thought were needed. Some felt that they would not be supported by senior managers. This was particularly so following the broadcast of the BBC TV programme *Breaking Point*[76] in July 2018. The subsequent internal review[77] of Carseview Centre conducted by NHS Tayside found staff were difficult to engage with and were defensive in their attitudes.

Smoking and illegal drugs

5.15 The management of smoking in the wards has been a frequent source of complaint for patients and families. More seriously, the consumption of illegal drugs in the wards has been a consistent theme in the evidence submitted to the Independent Inquiry. This raises obvious security concerns and the potential for bullying, tension and disorder within the wards.

5.16 Staff were particularly vocal in expressing their fears and their sense of impotence in being able to make a positive difference. At times they felt that they were not supported by their management. Staff had an expectation that the police would attend to respond to illegal drugs, but this did not always happen. Although liaison arrangements had been developed with Police Scotland locally, staff were not able to control the availability of illegal drugs on the wards, nor had legal powers to do so. Patients and their families and carers reported seeing drugs being delivered, sold and taken within Carseview Centre site. Staff confirmed that this was a serious issue which was not being adequately addressed. These issues are not unique to Tayside; a national approach to guidance on managing illegal drugs in hospitals is required.

5.17 On occasions when illegal drugs were found in a patient's room, there was a possibility that the patient would be discharged from mental health services, as a consequence, against the patient and family wishes. Families often felt in those circumstances that they were not in a position to meet the needs of the patient.

5.18 An example of one month's incidents during 2019 in one ward at the Carseview Centre:

"Clear ward theme this month relating to illicit drug use and alcohol use challenges. Breakdown of Illicit Drug and Alcohol related adverse events:

- Patient found to be supplying other patient with amphetamines.
- Patient found to have a bag of white powder in possession – police contacted.
- Patient under the influence of illicit substances.
- Patient intoxicated with alcohol on ward.
- Patient's belongings searched following failed return from pass – bag of powder & tablets found, police informed.
- Patient smoking cannabis.
- Visitor observed supplying drugs to patient on ward.
- Patient smoking cannabis.

76. https://www.bbc.co.uk/programmes/b0b98nsd
77. Evidence provided by NHS Tayside in 2019. Report on mental health services provided at Carseview Centre, Dundee. November 2018.

Update from [staff] relating to illicit drug use and alcohol incidents - "Although illicit drug use and alcohol incidents have risen this month, on discussion with [staff] police presence on ward has increased, meetings have taken place and this is under control and being acted on accordingly. No further support required at this time."[78]

Sense of safety

Patient experience

5.19 The Independent Inquiry received evidence of excellent staff providing compassionate and professional care for patients, in what can be extremely challenging circumstances. The Staff chapter in this report details a number of examples of comments from patients, families, and clinical and medical staff, with descriptions of excellence in providing professional and compassionate care to patients in a variety of settings. However, other patients often reported that they felt that they were not treated with dignity and kindness. They felt that some members of staff were very judgemental in their attitudes towards patients and did not treat them with respect. Patients described a level of hostility from staff, a "them and us" culture, where the genuine concerns of patients were not taken seriously.

5.20 Patients who talked about suicide reported that they were told to "get a grip", "pull yourself together", "you wouldn't be here if you didn't harm yourself", adding to the perception that staff blamed the patients for their situation, rather than recognising that they were seriously unwell. This was particularly true for patients who were suspected of using illegal drugs, who felt that staff treated them particularly poorly. They felt as if they were treated as non-deserving, and that staff were quick to seek to remove them from mental health treatment. Some patient records confirmed unhelpful attitudes of staff towards patients with descriptions such as "manipulative, uncooperative and attention-seeking".

5.21 Such attitudes made patients feel more isolated and fearful, particularly when they were already feeling vulnerable. The tensions between patients resulted in arguments and fights, leaving other patients feeling intimidated and unsettled. This contributed to them feeling unsafe - a perception shared by their families and carers.

5.22 The lack of visibility and presence of staff on the wards added to these fears and perceptions. The physical environment and the continuing presence of potential ligature points contributed to a heightened level of risk, which was recognised by all staff working in mental health services.

Staff experience

5.23 Staff reported that they did not feel that they received the support they needed in managing volatile situations on the wards. Some staff had been subjected to negative criticism on social media, occasionally using photographs taken of them without their permission. This led to a further sense of being isolated and not supported by NHS Tayside. Some patients and their families were also reported to have threatened to report staff to the press and other media.

5.24 Nursing staff felt that too much of their time had to be spent on compiling reports, preventing them from spending more time with their patients. The Independent Inquiry heard in 2018 that plans were in place for clerks to be employed in wards, to reduce the time that nursing staff had to spend inputting to IT systems, but these were still not in post by November 2019. The situation was compounded by the lack of integrated IT systems and duplication through both paper records and different IT systems. Staff would like to be able to spend more time with patients and find themselves relying on night shifts in order to catch up on paperwork.

78. Evidence provided by NHS Tayside in 2019. Quality management system for mental health GAP wards adverse events, 2019.

5.25 A consistent theme submitted in evidence to the Independent Inquiry was the poor learning from adverse events and reviews. Many of these were completed well outside the timescales required in the review policy. Subsequent events and incidents in the wards where mistakes were repeated, indicated that there had not been practical learning from previous events.

5.26 Greater emphasis and focus is needed on prevention and proactive intervention before events happen, rather than only responding to incidents and events after they have occurred. There should be swifter and more comprehensive learning from the reviews following adverse events in the wards.

Control and Restraint

5.27 The use of control and restraint is a very sensitive issue within a hospital setting. There are, of course, instances when the use of physical restraint is necessary for the prevention of harm to a particular patient, to other patients and to staff and other people present. Any use of restraint must be appropriate and proportionate to the incident and use the minimum amount of force necessary.

5.28 For a patient subject to restraint, its exercise can cause anxiety, fear and feelings of humiliation. There is the potential for patients to feel violated and traumatised, particularly if they have suffered violent abuse in their past. Patients witnessing the use of restraint on another patient can also experience raised anxiety and fear. Physical and psychological trauma can be caused by the use of restraint.

5.29 Potentially traumatic treatment include being handled by a group of staff of up to six people, being held face down, having staff kneeling on the patient's back, intramuscular injection. If the patient has previously suffered any form of sexual abuse, then actions such as a patient's trousers being lowered can provoke psychological trauma. Figures[79] for the use of restraint for mental health services from March 2018 to February 2019 show that six or more members of staff were involved in the use of restraint in 43 incidents in mental health services.

5.30 Some staff were described by patients as being gentle and calming when using restraint, whilst others were perceived as being aggressive, both verbally and physically. Staff reported that they found the use of control and restraint distressing and contributed to raising their own levels of anxiety. Responding appropriately to aggressive behaviour in an inpatient ward can be significantly challenging and demanding. The safety of staff is an important factor in decision-making when dealing with situations which may require the use of force.

5.31 A number of staff members told the Independent Inquiry about their concerns about what they perceived as the overuse of control and restraint. Some staff were uncomfortable that they were being expected to carry out restraint without having undertaken the appropriate training. The variations in the use of control and restraint between different inpatient wards in Tayside would tend to corroborate this perception. It is essential that all staff are appropriately trained in the use of restraint and control techniques.

"Prevention and Management of Violence and Aggression (PMVA): Confirmed PMVA trainers present in every ward. Feedback that 96% of Carseview staff have been PMVA trained. Mulberry Ward have the lowest number of staff trained and work is ongoing with senior charge nurse of ward to increase numbers of trained staff for this ward. Use of bean bags are being incorporated into the training. Feedback was that bank staff have been added on to recent courses." [80]

79. Evidence provided by NHS Tayside in 2019. Mental health performance review presentation.
80. Evidence provided by NHS Tayside in 2019. Least Restrictive Care 08.10.19 agenda and meeting note (draft).

5.32 There is always the risk of an escalating cycle of increased distress and resistance from the patient resulting in even more intensive control and restraint. It is therefore clear that the limited internal spaces and the bleak environment in the inpatient wards at Carseview Centre are likely to heighten patient anxiety and concern.

5.33 Greater emphasis needs to be placed on the prevention of the need for the use of physical restraint, through the use of listening, talking and de-escalating the underlying causes. Measures need to be in place to reduce the use of control and restraint and to minimise its impact. Whenever possible, patients should not be placed in a prone position, which carries particularly high risks. Any use of restraint must be for the minimal length of time.

5.34 An internal review[81] of the use of control and restraint found that not all instances of their use were being accurately recorded. Without an accurate recording of such incidents, it is impossible for there to be meaningful monitoring of the use of restraint and control by managers. The power imbalance between staff and patients and the fact that it is staff who record the use of restraint without reference to the patient's view, add to the potential harm. The Quality Improvement Team have been implementing improvement processes to address the shortcomings identified in the review.

5.35 There is evidence from Tayside that they have been doing much more restraint reduction training, including trauma-informed training. It is too early to say whether this is having a positive impact on patient experience.

Availability of Services

5.36 It is apparent that there has been a disconnect between services and treatments in the community and in the inpatient wards. Some patients who have been receiving particular treatments or therapy in the community find that such treatments or therapy may not be available for them when they are admitted as inpatients. In particular, psychological therapies and occupational therapy are not offered to the same extent as in the community. Support services and therapeutic treatment which were highly valued in the community were not available for inpatients, to their disappointment.

5.37 Services in Dundee that dealt with both substance misuse and mental health did not operate jointly to complement each other's work. Patients who needed to be referred to substance misuse services were discharged from Carseview Centre service without a relevant referral. For some patients in mental health services, if they took an overdose they were discharged from mental health services and referred to the Integrated Substance Misuse Service (ISMS).

5.38 For many inpatients there were insufficient constructive activities for them to take part in. A target has been introduced for 17 hours per week of activities for each patient. This led to some improvements in 2019, but many patients continue to feel that there is not enough for them to do, with a sense of boredom and aimlessness, while they seem just to be waiting to see a doctor. Where there was equipment in the wards, these were not always available for use by patients, such as the gym being locked because of a lack of staff to supervise, television remote controls with no batteries, or the removal of games console cords. Activities which had been advertised for patients were often cancelled at short notice due to staff shortages.

5.39 The Independent Inquiry heard that a number of third sector organisations had offered to provide programmes to support patients, such as recovery interventions, but these organisations felt that their offers were not always welcomed. They were

81. Evidence provided by NHS Tayside in 2019. Report on mental health services provided at Carseview Centre, Dundee November 2018.

either discouraged from attending inpatient facilities or even denied access on arrival. The Health and Social Care Alliance report published in December 2018 does however positively describe the staff-carers support group within Carseview Centre run by the voluntary organisation Cairn Fowk.

"Cairn Fowk have developed a relationship with Carseview, having a carers' group that meets with staff, enabling communication. Carers have reported positive outcomes with regards to developing positive relationships with the staff."[82]

Communication

5.40 NHS Tayside's communication plan for the Carseview Centre[83], updated in August 2019, identifies the following challenges:

- "General Adult psychiatry Inpatient Service staff are based on two sites, which can make communication problematic.
- Staff, through their commitment to the delivery of clinical care, often find it difficult to "free up" time to attend meetings and often have to rely on meeting minutes for information.
- Intranet access is limited as each area has only one dedicated computer terminal therefore ward based staff find communication via e-mail and intranet difficult.
- Cascade of information to key people is often not timely (e.g. staff catching up on emails during periods of night duty rotation). This can make access to up-to-date information difficult.
- Provision of information to patients and their carers or significant others regarding service delivery/development remains an ongoing challenge and requires innovative resolutions, often compounded in relation to the client's named person and the requirement for client confidentiality."

On admission

5.41 Patients felt that they were not given sufficient, clear information when they were admitted as an inpatient. In particular, some basic induction information about the ward routines, timetables, arrangements for meals, how to summon help or assistance, were not communicated in a clear and memorable way. This left some patients feeling uncertain about the rules and procedures, and anxious in case they got them wrong. This was particularly true for patients who were in hospital for the first time, who might otherwise feel disorientated. Clear information should be regularly provided in ways which can be understood and remembered.

5.42 Care and treatment plans for individual patients were not always communicated clearly to patients, leaving them uncertain about what was meant to be happening to them, what activities they could participate in and when they would be seeing healthcare professionals. Families and carers similarly felt that they were not made aware of all the information they needed to be able to support the patient during their time as an inpatient, nor what level of support was available for them as family and carers. Where possible, all patients should be involved in their care planning and should have regular access to their care plans.

5.43 An inconsistent approach to the production of care plans was identified in several visits by the MWCS although they noted improvements in subsequent visits.

On discharge

5.44 Again, some patients felt there was a dearth of accurate and helpful information for them as they approached the time when they were discharged from the ward.

82. Health and Social Care Alliance Scotland (2018). The Independent Inquiry into Mental Health Services in Tayside: Hearing the voice of people with lived experience. https://www.alliance-scotland.org.uk/blog/independent-inquiry-into-mental-health-services-in-tayside-hearing-the-voices-of-people-with-lived-experience/
83. Evidence provided by NHS Tayside in 2019. General adult psychiatry in-patient service (Carseview Centre). Communications plan.

Patient care plans were not always clear and they were at risk of leaving the ward without being aware of what the next stage of their treatment was to be. This uncertainty caused a considerable level of stress and anxiety, particularly for patients who had been inpatients for an extended length of time.

5.45 There were instances reported to the Independent Inquiry where patients were medically discharged to return to their home late at night when there was no-one at home to care for them. This is unacceptable, in the same way that a patient with a physical condition would not be discharged home without there being suitable arrangements in place for social care. Mental health patients may be particularly ill-equipped to cope with such unsatisfactory arrangements. In those circumstances, the risks of the patient needing to re-engage with crisis services are obvious. The Carers (Scotland) Act 2016[84], which came into effect in 2018, has implications for this part of the patient's journey. Carers have a legal right to be told when the person they care for is being discharged (unless they were detained under the Mental Health Act provisions).

5.46 Discharge planning should begin at point of admission with Multi-Disciplinary Team (MDT) reviews, which all the relevant professionals should attend. Advocacy groups should also be invited to step-down and discharge meetings. Similarly, CMHTs should always be informed when a patient is being discharged from hospital.

5.47 There should be clear step-down care plans for patients going home, so that there is continuity of care when they move from hospital back to the community. If patients' families and carers are expected to play a role in supporting the patient after their discharge, then clear and accurate information needs to be communicated to them. Healthcare professionals have cited patient confidentiality as a reason for their not being able to pass on information about the patient to others. Patient confidentiality must, of course, be respected and adhered to within the context of the legal framework, but if the support of families and carers at home or in the community is so important, greater efforts should be made to seek the consent of the patient to such information sharing. Where information cannot be shared, greater efforts should be made to explain to families and carers why this is the case. The 'Triangle of Care' provides clear and unambiguous guidance on the sharing of such information.[85]

Communication between services

5.48 The Independent Inquiry heard many examples of poor communication between services. Patients have reported that when they are referred from one service to another, they have to start again, as if they were a new patient in mental health services. Information from a patient's record does not always accompany them into the ward, leaving the hospital staff not well informed about up-to-date treatment and medications. In addition, there has been poor communication between clinical staff in Carseview Centre and other parts of NHS Tayside, such as Ninewells and CMHTs.

5.49 Family members found on occasion, that nurses did not appear to know the patients who were on the ward. This may have been attributable to shift patterns or other reasons for staff absence. Additionally, staff were not always clear about the rights of the named person, nor were patients informed of their rights to independent advocacy.

5.50 When patients have walked out of Carseview Centre unexpectedly, there has been inconsistent application of the

84. https://www2.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers/Implementation/Carers-scotland-act-2016
85. Carers Trust Scotland. (2019). The triangle of care. Carers included: a guide to best practice in mental health care in Scotland. Scottish Government. 3rd edition. https://carers.org/sites/default/files/media/the_triangle_of_care_carers_included_a_guide_to_best_practice_in_mental_health_care_in_scotland.pdf

self-discharge protocol. Subject to the requirements for patient confidentiality, it might be expected that families and next of kin are informed of such a change in a patient's circumstances. However, this has not consistently happened. Police in Tayside have expressed concerns about the number of people reported missing from psychiatric inpatient facilities.

5.51 In particular, the police considered that challenges existed around the volume of people being reported missing from mental health services across Tayside who left without challenge. Often there was no clear information provided to detail what checks or attempts, if any, to contact the individual or family members, had been carried out by health professionals. Mental health services appeared to have limited provision to carry out the necessary welfare checks themselves, particularly during out of hours. Therefore the NHS was reliant on the police to undertake these tasks, when the police were often dealing with other demands. All inpatients should have a plan for the management of potential unplanned discharges, which should be completed on admission and updated at each MDT meeting.

5.52 Poor record-keeping has contributed to difficulties in communicating clearly between staff and services. The mixture of written and computer records means that unnecessary duplication and inconsistencies persist. Incomplete or unclear care plans have restricted communication between professional services.

Continuity and consistency of care

5.53 Many patients found it unsettling to have appointments with multiple psychiatrists, rather than seeing one consultant consistently. This was exacerbated by the number of locum psychiatrists employed in Tayside, who often adopted different approaches to diagnosis and treatment. Families and carers were also frustrated at the frequent change of consultants.

5.54 Consultants and community nurses did not attend community or ward team meetings regularly, resulting in care being disconnected.

Management of Change

5.55 Both patients and staff reported to the Independent Inquiry that they found out about major changes to the ward arrangements at short notice. Patients found this particularly unsettling, as did their families and carers. Staff felt frustrated that they had not received more notice about ward moves, and felt disengaged and excluded from the decision-making processes. The poor management of change impacted both on staff and on patients, their families and carers.

5.56 It is always beneficial to involve carers and families in care planning, but too often such involvement was either absent or inconsistent. Advance statements are helpful in setting the expectations that carers and families will be involved in the planning of care.

5.57 Senior clinicians learnt that their ward was to be closed either without consultation or contrary to the clinicians' advice. On occasions, it was stated that such changes were to be of a temporary nature, but became, in reality, permanent changes. It was felt that services were being put through a rapid change process without fully understanding the needs of the service. Insufficient time was allowed to implement the changes smoothly and in a way that built confidence in those managing the changes.

5.58 Quality Improvement analysis shows that all staff need time to make changes, to build their knowledge and to adapt to new arrangements.

Summary

5.59 Planning for inpatient services needs to sit in the wider context of a comprehensive, strategic plan for the delivery of mental health services in Tayside. To date, inpatient services would appear to have dominated the processes and decision making, at the expense of community services, including prevention and early intervention. There needs to be a major shift of focus from meeting the needs of the services and organisation to meeting the needs of patients and communities.

5.60 Despite the focus of NHS Tayside on the provision of inpatient services, the Independent Inquiry learnt of multiple layers of poor practice and dysfunctional activities in inpatient services. For the treatment of patients to be effective, inpatient wards should be places of safety and security, where patients feel cared for and respected.

5.61 In line with accepted national guidance, greater emphasis needs to be placed on the prevention of the need for the use of physical restraint, through the use of listening, talking and de-escalating the underlying causes. Measures need to be in place to reduce the use of control and restraint and to minimise its impact. Patients should not be placed in a prone position and any use of restraint must be for the minimal length of time.

5.62 There needs to be a clear care plan in place for every patient. Such planning should begin prior to admission and should continue throughout their time as an inpatient and then extend to planning for their return to the community after discharge from hospital. Care planning should involve and include all relevant people and services, such as the patient, their families and carers, community mental health services and third sector organisations. Any failure to support patients with adequate care plans would increase the likelihood of their being readmitted as an inpatient.

5.63 There needs to be greater clarity about the criteria for admission to inpatient wards. An absence of clarity can fuel misunderstandings and inaccurate expectations from patients, partner organisations and staff. A more structured and formal system for bed management is required, which would inform decisions about how long patients stay on the ward and ensure sufficient “flow” in the system.

5.64 Allied to effective care planning, there needs to be comprehensive communication and information sharing with relevant parties. A lack of clear and transparent communication has led to many of the problematic issues raised in this chapter.

5.65 Finally, there needs to be a greater willingness to learn from events and incidents, through the development of a learning culture. Such learning should result from swift and comprehensive reviews following adverse events.

Recommendations

23. Develop a cultural shift within inpatient services to focus on de-escalation techniques, ensuring all staff are trained for their roles and responsibilities.

24. Involve families and carers in end-to-end care planning when possible.

25. Provide clear information to patients, families and carers on admission to the ward, in ways which can be understood and remembered.

26. Make appropriate independent carer and advocacy services available to all patients and carers.

27. Provide adequate staffing levels to allow time for one-to-one engagement with patients.

28. Ensure appropriate psychological and other therapies are available for inpatients.

29. Reduce the levels of ward locking in line with Mental Welfare Commission for Scotland guidelines.

30. Ensure all inpatient facilities meet best practice guidelines for patient safety.

31. Ensure swift and comprehensive learning from reviews following adverse events on wards.

32. A national review of the guidelines for responding to substance misuse on inpatient wards is required.

6. Child and Adolescent Mental Health Services (CAMHS)

6.1 In June 2018, the Cabinet Secretary for Health and Sport announced a joint Task Force with COSLA on Children and Young People's Mental Health in Scotland. In September 2018, Dame Denise Coia, Chair of the Task Force, published her preliminary view and recommendations[86]. In this, she identified three key system improvements, to improve children and young people's services for the whole of Scotland:

- There should be stronger focus on prevention, social support and early intervention;
- There should be a wider range of more generic, less specialist interventions to allow specialist services more time to see those in most need;
- There should be better information and understanding for the public and all agencies/services of where emotional distress and mental health and wellbeing problems are best supported.

6.2 To address these, the Task Force developed a framework which focused on four themes - each of which represented a grouping of characteristics of young people. The themes are not mutually exclusive and indeed it is essential that flexibility in delivery of services for young people is paramount to ensuring good quality and high standards of care.

6.3 The themes are:

- **Generic**: children and young people experiencing emotional distress and anxiety.
- **Specialist**: children and young people with serious mental health problems who require rapid access, assessment and treatment.
- **Neurodevelopmental**: children and young people who may have early developmental issues which could indicate a neurodevelopmental disorder (e.g. autistic spectrum disorder; attention deficit disorder; or learning disability) requiring specialist assessment from paediatrics, psychology and/or third sector organisations. These disorders have significantly impacted CAMHS in recent years.
- **At Risk**: children and young people who have had serious or multiple adverse experiences in their lives, who may be in care or are looked-after and who may fall through gaps due to changes of address, unstable home environments and/or lack of school attendance. This group would include young people who have experienced addictions, homelessness and poverty.

CAMHS – NHS Tayside

Management and Governance

6.4 In NHS Tayside, the CAMHS service lies outside the managerial remit of mental health services. CAMHS are positioned managerially within the Women, Children and Families Division of NHS Tayside. The Associate Medical Director of the Division is a paediatrician. The Clinical Care Group

86. Children and Young People's Mental Health Task Force. (2018). Preliminary view and recommendations from the Chair. Scottish Government. https://www.gov.scot/publications/children-young-peoples-mental-health-task-force-preliminary-view-recommendations/

Director is a paediatrician. Although in itself, this structure is not unique to NHS Tayside, the lack of managers with mental health expertise was raised as a concern in meetings with staff groups.

6.5 Locally, there are differing views as to where CAMHS should be managed. If CAMHS should be aligned with child development it is correctly placed in the Women, Children and Families Division. However others held the view that CAMHS could sit equally well within mental health services and have a link back to paediatrics. Irrespective of where CAMHS is located there is a need to clarify the provision of professional support for all staff.

6.6 The Clinical Lead for CAMHS resigned in September 2019 and has yet to be replaced.

6.7 In recent years there have been fractured working relationships with adult psychiatry services mainly due to the managerial disconnect between the two services. The location of CAMHS in another directorate creates issues which clinicians have difficultly navigating. One such issue is clinical governance where reporting processes are not clear, nor is it clear where responsibility lies. If there is a clinical governance issue with the psychiatric treatment of a child, medical staff are unclear as to whether this should be reported via their own directorate or passed across to mental health. Clinical governance is integral to the management of services.

6.8 Ideally, paediatricians and psychiatrists should be working together, irrespective of where the service is sited operationally. The present management structure and reporting lines seem at times to be an impediment to staff working in CAMHS. There is a feeling that communications are difficult: for example, making arrangements for a multidisciplinary team meeting (e.g. social work, CAMHS staff, GP groups, and crisis services) has proved difficult, although should not be impossible if the working environment supports the idea.

6.9 The newly-formed Tayside Mental Health Alliance which meets monthly and includes staff from CAMHS is chaired by the Associate Nurse Director for Mental Health and Learning Disability, should encourage all those working in mental health services to regularly meet together - thus fostering a culture of sharing practices and encouraging open communication. This should in turn ensure that CAMHS' location in a different directorate no longer isolates staff from others working in psychiatric services elsewhere.

Services

6.10 There is a view in Tayside that CAMHS has been failing the community, due mostly to the number of rejected referrals and lengthy waiting times. All GP practices who submitted evidence to the Independent Inquiry cited CAMHS as being a service which was under pressure and therefore in their opinions, failing in the delivery of services.

6.11 There are many very capable and caring staff working hard to deliver services to children and young people in Tayside but there is also a recognition that there is so much to be done in terms of improving services and systems, it feels almost paralysing. A former interim Associate Medical Director for Mental Health produced a report on mental health services. He noted that whilst attending a team meeting with CAMHS staff it was "*one of the most depressing meetings I have attended in my career…some of the staff's personal reflections about their inability to provide the level of service that they knew was required were heart-breaking*."

6.12 There is a strong feeling of a lack of managerial support (particularly at Board level) for the service, with the main focus being on adult inpatient services. CAMHS services are one of the most vulnerable parts of Tayside mental health services. They deserve support and resource to improve their services. There are mixed

views on CAMHS from the three local authorities where one feels the new CAMHS arrangements are working well but another records that NHS Tayside are not very holistic in their approach to the CAMHS service delivery agendas. There is a very clear need to invest in children's early intervention and prevention services, to truly improve adult services. By neglecting one area of mental health services (in this case CAMHS) NHS Tayside are accepting a risk of consequential detriment to other services, in the long term.

6.13 CAMHS is located in Dundee (Dudhope Terrace) and in Perth (St Leonard's Bank). The Dundee-based service currently also incorporates Angus patients. There are plans to source premises in Angus in order to be able to offer services within the Angus community. In total CAMHS has four psychiatrists. There is currently a consultant based in Dundee dedicated to the treatment of patients based in Angus.

The MacX Service (intensive outpatient outreach)

6.14 The intensive outreach model ensures that suitably trained and qualified CAMHS nurses are available to provide ongoing and responsive support to the most unwell and high risk (Tier 4) children and young people in the community. The service supports young people aged 12-18 suffering from severe mental health difficulties or who have complex social and educational difficulties alongside mental health difficulties and whose needs were not being met within the current services. The MacX service engages with the young people and their families in order to provide a coordinated service. There are no waiting lists for MacX, which shows excellence in service management.

Waiting Times

Accepted Referrals

6.15 Long waiting times have been a predominant feature of CAMHS nationally but especially in Tayside. The most significant issue is the performance of the CAMHS outpatient service in Tayside against the 18 week target. Local Delivery Plan (LDP) Standards are set and agreed by Scottish Government and NHS Boards to provide assurance on NHS performance. CAMHS waiting time (LDP standard) quotes "90 per cent of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral."[87]

6.16 The 18 weeks target measures the number of patients who started CAMHS treatment within 18 weeks of referral. Performance in NHS Tayside in April, May and June 2019 averaged at 61%, (against the LDP target of 90%). This showed a significant improvement against November 2018's figure of 39%. The most recent data published in December 2019[88] for the quarter ending 30 September showed a Tayside performance figure of 54.2%.

6.17 CAMHS has been working with a privately-owned specialist online mental health and neurodevelopmental service called Healios to provide initial treatment assessments, in an attempt to ameliorate the length of time some children and young people are waiting to be seen. Healios is a team of highly experienced and qualified CAMHS doctors and nurses who deliver a service to children and their parents and guardians via a secure, video-based channel. Healios provide a range of psychological assessments, therapy services and wellbeing tools that are readily accessible, flexible and designed to fit around the lifestyle of the child, young person and their

87. Health Performance and Delivery Directorate. (2019). NHS Scotland performance against LDP standards. Scottish Government. https://www.gov.scot/publications/nhsscotland-performance-against-ldp-standards/pages/camhs-waiting-times/
88. National Services Scotland Information Services Division. (2019). Child and adolescent mental health services in Scotland: waiting times. Quarter ending 30 September 2019. https://www.isdscotland.org/Health-Topics/Mental-Health/Publications/2019-12-03/2019-12-03-CAMHS-WaitingTimes-Report.pdf

family. This type of online assessment is used in other areas of the UK and has been reviewed and is supported by the CAMHS team. Since the service was launched, Healios have focused on patients in Tayside who have been waiting over 18 weeks to be seen.

6.18 Following the publication of the Independent Inquiry interim report, where the discrepancy of the age of transition to adult services was highlighted as a problem, and in conjunction with national policy NHS Tayside reviewed its transition policy and from October 2019 began to implement a staged change for CAMHS to include all young people under the age of 18 whether or not they are in full-time education. The target date for completion of this transition is August 2020. This shows a needs-led, patient-centred approach to addressing concerns about young people's ability to cope with treatment within the adult domain.

6.19 However, increasing the age-range scope for CAMHS patients will inevitably increase numbers of referrals to CAMHS and therefore waiting times and costs to the service. Analysis of costs by age are interesting. The costs of providing a service to patients aged between 0 and 16 years is the same as the cost of providing a service to patients aged between 16 years and 18 years. This shows that the decision to extend CAMHS services to aged 18 will have a significant impact on waiting times and costs and there should be appropriate resource transfer from adult services to address this.

6.20 There continue to be long internal waits for the ASD assessment and care pathways. There is a concern that patients who have waited a long time for their initial assessment and then have a further lengthy internal wait for the ASD pathways, may deteriorate, making the work of the CAMHS staff much more difficult in the long run. Moreover, these young people will quite likely transition to adult services with serious mental health presentations and probable poorer outcomes in the longer term. It is therefore imperative that appropriate preventative responses to support the mental ill-health of children and young people are in place to improve the long-term mental wellbeing of the population.

6.21 CAMHS waiting time statistical analysis across health boards have until recently been impossible to compare, as not all boards recorded waiting times in the same way. National targets have now been given to health boards allowing for unified measurements. In NHS Tayside, data gathering on CAMHS waiting times has been inconsistent, with a lack of relevant data captured to actively manage waiting times.

Rejected Referrals

6.22 GP practices are frustrated with the number of rejected referrals.

6.23 In June 2018, the Scottish Government carried out an audit[89] of rejected referrals to CAMHS and invited all 14 health boards to participate. Seven health boards participated in this audit but this did not include NHS Tayside.

6.24 In Tayside, waiting lists are controlled by the CAMHS Referral Management Group, which analyses each referral and either rejects or accepts it. The CAMHS staff consider that gatekeeping in this way is essential as, to their mind, some children are being referred inappropriately. The Referral Management Group make every effort to signpost rejected referrals. The group is aware of waiting lists being inappropriately long but are struggling with a significant increase in referrals associated with emotional wellbeing issues – a societal feature of young people's declining mental health. The distinction between these issues and mental ill-health are not clear to those working outside mental health services. The

89. Audit Scotland. (2018). Children and Young People's Mental Health. https://www.audit-scotland.gov.uk/report/children-and-young-peoples-mental-health

Innovations Team for CAMHS have created a toolkit, namely: Health and Wellbeing Toolkit to assist with supporting and assessing young people's mental wellbeing and assisting GPs to help the patients and their families.

6.25 Rejected referrals may occur for a number of reasons:

- Pending more information
- If the person is in the service already, the referral is rejected
- Do not meet the referral criteria because they are being referred for something that CAMHS cannot help with.

6.26 There are societal drivers for children being referred to CAMHS. Parents want children to do well academically but the schools will not offer intensive educational support until their child's condition has been diagnosed. Educational psychology do not undertake cognitive testing and so the child needs to be referred to CAMHS for their diagnosis. CAMHS staff question whether a specialist mental health service should be required to accept referrals for cognitive testing. CAMHS staff now audit all rejected referrals as part of the improvement services work. There should be care taken that the resource engaged in rejecting referrals could not be better used to assess a child instead. The clinical time spent per week discussing rejecting referrals should be quantified and routinely measured against clinical time available for seeing patients.

Neurodevelopmental Disorders

6.27 Assessment for neurodevelopmental disorders for children over the age of 8 years within NHS Tayside is currently undertaken by CAMHS. In some other health boards this work is undertaken by neurodevelopmental paediatric staff.

6.28 There has been a decision to create a Neurodevelopmental Hub which will allow specialist mental health support to remain in CAMHS. The hub will be a multi-agency service involving education specialists, social work and parenting specialists as well as paediatricians, which should allow for more support to children presenting with neurodevelopmental disorders. The recommendation from HIS in November 2018 to redesign the neurodevelopmental pathway has been taken on board by NHS Tayside CAMHS and work continues to progress this initiative, although at a slower pace than initially expected due to resource issues. Once in place, CAMHS will be able to focus on service improvements in Tier 3 mental health disorders. All staff in CAMHS should manage appropriate and proportionate caseloads which utilise their knowledge and skill sets. There is currently a significant number of children with ADHD on the CAMHS caseload who need to be seen regularly. Sometimes these children have other mental health needs too. Socio-economic deprivation has a big impact on disorders such as ADHD. The Neurodevelopmental Hub should make it easier to address some of these children's needs, more quickly and with a targeted focus.

6.29 The creation of the hub will not however negate the need for flexibility across the whole system. Children should receive the treatment they need from the right people at the right time.

6.30 In terms of referrals to CAMHS, these should not be seen as a therapeutic intervention. There should be other types of support to children and their families in the community such as an advice line.

Crisis services

6.31 Young people in crisis are, on occasion, being admitted to adult inpatient facilities, which is unacceptable and potentially detrimental to the mental health of the child concerned. Young people's admissions to adult wards should become a never-event, and instead the community must develop

better intensive home-based support for children and young people.

6.32 The service for CAMHS switches to NHS 24 after 5 pm on Fridays and all weekend. There is no direct access to on-call CAMHS specialists anywhere in Scotland; children and young people require to be seen by GP or A&E first. Another impediment to crisis treatment for children is that trainee doctors (psychiatry) working on-call will only have access to a child's medical records if they have completed a rotation in CAMHS and been given the requisite login to the system. This concern was identified by the trainee doctors as an administrative obstacle which they felt could be easily remedied, but had not been, despite repeated requests.

6.33 Not all CAMHS consultants participate in the out of hours rota for mental health services in Tayside. However, workforce planning is currently considering how CAMHS consultants can be part of the out of hours rota to support general adult psychiatry colleagues.

Workforce

6.34 In recognition that staffing models will need to change as the availability of psychiatrists diminishes, CAMHS is moving to a model of employment of Advanced Nurse Practitioners (ANPs). These staff are currently being trained and will be employed to enhance and extend the skills mix. Clinical support workers' roles have also been introduced to work within the intensive outreach teams, allowing the qualified clinicians to concentrate on delivering psychological and specialist medical treatments. There are however a number of barriers to the new working model of upskilling lower graded staff. Changes to working practices and roles need to be fully accepted by all involved, and a culture of professional reciprocity is essential to service delivery in an environment of declining availability of medical staffing. Strong leadership from Board level right through management hierarchies to those at operational level, should exist to support the processes of organisational change. This will ensure staff feel included and empowered and the changes are well-structured.

6.35 The process for replacing vacant posts is cumbersome, with unnecessary delays to get requests signed off in order to move to advertisement. This puts the service into reduced capacity for longer periods than is necessary. In addition, budgetary errors in recent months have removed vacant posts from workforce planning models. Although now corrected, this took time, whilst patients were waiting to be seen.

6.36 The HIS report in 2018 for Tayside CAMHS noted that a proportion of clinical staff time was being spent on non-clinical work, including administration[90]. This is typical in mental health services where drivers to reduce cost often eliminate clerical and support roles. However, with waiting list challenges and services working at maximum capacity, clinicians' time should be protected.

6.37 The Independent Inquiry interim report highlighted the removal of the community-based Primary Mental Health Worker roles as being deleterious to mental health care and support for children and young people. These posts were created under the *Framework for Promotion, Prevention and Care* (FPPC)[91] published in 2005 which was underlined by the *Action Framework for Children's Health (2006)* [92] and included a target that 25% of NHS specialist CAMHS activity would be primary mental health work by 2015. There seems to be confusion around the decision-making process for

90. Healthcare Improvement Scotland. (2018). Tayside Child and Adolescent Mental Health Services Report for NHS Tayside on Opportunities for Improvement. Executive Summary. Healthcare Improvement Scotland's Mental Health Access Support Team. November 2018. https://ihub.scot/media/5454/20181123-final-dcaq-executive-summary.pdf

91. Scottish Executive. (2005). The mental health of children and young people: a framework for promotion, prevention and care. https://www.gov.scot/publications/mental-health-children-young-people-framework-promotion-prevention-care/

92. Scottish Executive. (2007). Child and Adolescent Mental Health Services Primary Mental Health Work Guidance note for NHS Boards/Community Health (and Social Care) Partnerships and other Partners February 2007. https://www2.gov.scot/resource/doc/167355/0045998.pdf

the removal of the posts, with NHS Tayside stating the funding was withdrawn by local authorities at the point when the funding was mainstreamed in 2016. However, other viewpoints are that funding for these posts was actually mainstreamed in 2005 at the end of the initial Scottish Government funded programme "Changing Children's Services". In any case, there is a view that the roles are more wellbeing than health-related and better sited in education budgets rather than being funded by health monies.

6.38 Since the removal of the posts, some schools have used budgets to buy in access to similar services, but many have chosen not to do so. Inevitably the decision has had a significant impact on families who were benefiting from the support of these posts and has increased the load on CAMHS, as families who used to gain support from the Primary Mental Health Worker roles in the community are now being referred to CAMHS unless they can afford to pay for private support. The move to education now also represents an inequity of service provision across the Board area.

Patient Confidentiality

6.39 Patient confidentiality and a perceived unwillingness of staff to involve parents and carers in a patient's care planning is a significant concern to families and has repeatedly appeared in the evidence submitted to the Independent Inquiry. Parents and carers, in a heightened state of anxiety themselves regarding their child's mental wellbeing, are often not included in discussions about care plans. Often parents or carers reported that parental involvement was discouraged and any feedback was given to parents in the waiting room in a snatched few minutes between appointments. Parents were not clear if they were allowed to ask to be involved in meetings regarding their child's care. One family reported that any interaction they had with CAMHS staff regarding the care of their child was at the family's initiation only.

6.40 Young teenagers referred to CAMHS are given the choice as to whether or not they want their parents and carers to be involved in further appointments. If the patient opts to speak to CAMHS staff alone, the parents are subsequently excluded from care planning and treatment. Parents in those circumstances reported they received no guidance on how to support their child at home. Some families reported that CAMHS advise children to contact a friend if they are in crisis. Parents, already excluded from a child's treatment and care plans, felt this policy created more anxiety and concern for them.

6.41 There are clear guidelines about breaching confidentiality in conjunction with supporting a child with mental ill-health. Risk assessments are essential before any confidentiality is breached as there will be a breakdown in trust between the service and patient which will then be detrimental to the patient's treatment. Parents can however contact the CAMHS duty worker for advice and support if necessary.

6.42 Working to the GIRFEC[93] (Getting It Right For Every Child) principles to promote the wellbeing of children, and supporting parents and carers with this role, practitioners require to be clear about how they engage with parents when working with a child with regards to sharing information or not sharing information about a child's wellbeing. This should be well documented in patients' records and form part of the overall risk assessment, with all clinicians working from the same understanding.

6.43 An independent advocacy service for parents and carers of young people who are engaged with CAMHS may help to ensure that families do not feel isolated during the period of their child's treatment.

93. https://www.gov.scot/policies/girfec/

Tayside Children's Collaborative

6.44 In 2017, government both locally and nationally worked together to develop regional Improvement Collaboratives (ICs) for education. The IC's aim is to "*improve education and life chances for all children, using data to identify gaps and to build on and learn from the good work already taking place, regionally and nationally.*"[94]

6.45 The Tayside Children's Collaborative[95] partnerships is between the three local authorities: Angus Council, Dundee City Council, and Perth & Kinross Council and is the only regional collaborative to have included all children's services as well as education. This means that NHS Tayside is a partner in the collaborative too. The Collaborative has established five working groups to reflect the priorities identified in the Tayside Plan for Children, Young People and Families. One of the working groups is focused on Mental Health and Wellbeing.

Community and Third Sector

6.46 In Perth & Kinross, there is an "Emotional Wellbeing Collaborative" (EWC)[96]. EWC is aimed at the 11-15 year old age group although it also includes one primary school. The Collaborative includes health and education professionals as well as third sector contributors and those representing young people, carers and parents. It aims to improving resilience through support.

6.47 The Collaborative includes:

- **"Bounce Back!"** initiative. Being rolled out at 3 schools from August 2019. Designed to build resilience in young people.
- **Working together (engage and support)** - collaboration between NHS Tayside, Perth & Kinross Council and Third Sector Organisations. This focuses on various areas such as building a positive learning environment; building a community understanding of resilience; building positive home environments and encouraging healthy lifestyles.
- **Working together (resilience through sport)** - collaboration facilitated by EWC. CAMHS and Schools piloted project based in Coupar Angus Primary School which worked on the theory that developing sporting skills will build resilience in other respects namely, *focus* (being able to listen and follow instructions) and *waiting their turn* (example of delayed gratification).

CAMHS Regional Inpatient Unit

6.48 The CAMHS Regional Inpatient Unit known as Young People's Inpatient Unit (YPU) is located beside the CAMHS service, in Dudhope Terrace. It is a 12-bed purpose-built facility serving North Scotland (Tayside, Highland, Grampian, Orkney and Shetland) health board regions. Four of the beds in the unit are for Tayside. There are two consultant psychiatrists based in the YPU.

6.49 The unit appears to be functioning well, with the young people generally positive about their experience of care and treatment within the unit. There is good multidisciplinary input with two psychiatrists in substantive posts, supported by physiotherapy, dietetics, psychology, pharmacy, occupational therapy, and family therapy. Social workers and representatives from education also support the work of the unit.

6.50 It is essential to look closely at community services for children and young people. The four beds allocated for Tayside at the YPU are reserved for the most complex cases and clarity is required around the specialist provision available within this unit and the resources available in the community. There is a misunderstanding that these

94. Perth and Kinross Council. Tayside Children's Collaborative - November 2017. https://content.govdelivery.com/accounts/UKPKC/bulletins/1d2ada3
95. https://www.taycollab.org.uk/
96. https://www.pkc.gov.uk/article/17401/Emotional-wellbeing-collaborative

beds are available for the admission of any Tayside children out of hours and this misunderstanding gives rise to a great deal of difficulty both for the unit and those doctors on call out of hours. It is an excellent service in a very well-designed building with very skilled and committed staff and a very good manager[97]. However it cannot be the answer to the Tayside CAMHS difficulties.

6.51 There are also very good links with the local police, with an identified liaison officer. Local police visit the unit regularly to speak to the young people, in a community-type meeting. This establishment of a link with the local police is mutually beneficial - with the police better able to understand the role of the YPU and mental health needs of young people, whilst also helping young people to see the police as a supportive agency, rather than a punitive one. The relationship has also allowed the police to discuss specific issues with the young people, such as how to keep themselves safe on social media.

6.52 There is a strong ethos of person-centred care within the unit. The unit has recently been focused on improving safety and reducing harm through innovation and collaboration with staff, service users, families and carers by using quality improvement approaches.

Transition from CAMHS to General Adult Psychiatry (GAP)

6.53 Patients and families reported difficulties in transitioning between services once the patient had reached the age of 16 or 18. The difficulties ranged from administrative errors in the transfer of patient records between services, to feelings of not understanding how adult services work and associated feelings of isolation and fear within the adult inpatient services. Some medical staff in CAMHS reported that they would happily keep an 18 year old on their caseload until a time they were more able to cope with the transition, but this was not always the case. In terms of continuity of care, services should aim to provide a continuous programme of treatment rather than a stop/start process as the young person moves between services.

6.54 NHS Tayside's decision to change the age of transition to 18 should make a difference to the experiences of young people, some of whom at the age of 16 were transferred to adult services if they had left school. Scottish Government's *Transition Care Planning Action 21*[98] gives process-guidance for young people moving between CAMHS and adult services. The use of GIRFEC[99] wellbeing indicators are essential in making sure the young person's views are captured and incorporated into any planning process.

6.55 In terms of lived experience, there was a suggestion made by several families, that there should be a halfway service between children and adults which would bridge the age range 18-24. This would recognise the fact that most people in society are experiencing change in their lives during those six years as they leave school/home and move to further or higher education or attempt to find work. Those who already have a mental health diagnosis struggle more at this time than others. Equally, others who have never experienced issues with their mental health may find themselves seeking help from mental health services for the first time during this period in their lives. A service dealing with young people specifically within this age group would enable a targeted approach to supporting young people's mental health issues, before they move into adult services.

97. Mental Welfare Commission for Scotland. (2019). Report on announced visit to: Dudhope Young People's Unit, 17 Dudhope Terrace, Dundee DD3 6HH. Date of visit: 9 July 2019. https://www.mwcscot.org.uk/sites/default/files/2019-09/Dudhope_YoungPersonsUnit_20190709a.pdf
98. NHS Scotland. (2018). Transition care planning action 21: ensuring good transitions. https://www.gov.scot/publications/transition-care-planning-action-21-responsibilities-services-ensure-good-transition/
99. https://www.gov.scot/policies/girfec/

Summary

6.56 The mental health and wellbeing of children and young people in Tayside should be a clear and significant priority in the strategic development of NHS Tayside's mental health services. There is a need for NHS Tayside to prioritise support and resource to CAMHS. Investment in early intervention and prevention services to support children's mental wellbeing will almost certainly lead to less pressure on adult services in the future - thus improving the mental health and wellbeing of the population as a whole.

6.57 There is a national requirement to reduce waiting times for CAMHS and NHS Tayside have employed strategies in recent months to achieve this. Whilst there has been improvement in the last 12 months, there is still more to be done to achieve the 90% target of all accepted referrals being seen within 18 weeks. Rejected referrals to CAMHS are a concern across the whole of Tayside particularly for GP practices and also for families and carers. Whilst a service such as this must be permitted to manage its caseload, the nervousness in the communities around rejected referrals also needs to be managed in a supportive and collegiate manner.

6.58 The organisational position of CAMHS within NHS Tayside appears at times to be posing an impediment to the clinical service delivery. The co-location of the service with paediatrics within the medical directorate has clear advantages for the patients but has led to feelings amongst staff of being marginalised from mental health services and of being structurally 'lost' in the Board's managerial hierarchies. CAMHS is a high-ticket item in terms of public perception of mental health services in Scotland. NHS Tayside should ensure CAMHS is afforded adequate resource both financially and managerially and is fully supported in its delivery of services for the children and young people of Tayside.

Recommendations

33. Focus on developing strategies for prevention, social support and early intervention for young people experiencing mental ill-health in the community, co-produced with third sector agencies.

34. Ensure that rejected referrals to Child and Adolescent Mental Health Services are communicated to the referrer with a clear indication as to why the referral has been rejected, and what options the referrer now has in supporting the patient.

35. Ensure the creation of the Neurodevelopmental Hub includes a clear care pathway for treatment, with the co-working of staff from across the various disciplines not obfuscating the patient journey. The interdisciplinarity of the Hub may give rise to confused reporting lines or governance issues. A whole system approach must be clarified from the outset.

36. Clarify clinical governance accountability for Child and Adolescent Mental Health Services.

37. Support junior doctors who are working on-call and dealing with young people's mental health issues.

38. Ensure statutory confidentiality protocols for children and young people are clearly communicated to all staff. The protocols should also be shared with patients and families at the outset of their treatment programme, so that parents and carers know what to expect during the course of their child's treatment.

39. Consider the formation of a service for young people aged 18 – 24, in recognition of the difficulties transitioning to adult services and also recognising the common mental health difficulties associated with life events experienced during this age range. This may reduce the necessity for these patients to be admitted to the adult inpatient services.

40. Ensure comprehensive data capture and analysis systems are developed to appropriately manage waiting lists and service users' expectations. Work should be undertaken to look at what data is available and what could be useful to inform decision making on service development and monitoring of services. This should be aligned to national reporting requirements.

41. Consider offering a robust supportive independent advocacy service for parents and carers of young people who are engaged with Child and Adolescent Mental Health Services. This may include carer support groups.

7. Staff

"It is very well known how to make staff happy in a workplace. There is a wealth of evidence that staff need to feel they are paid fairly, have autonomy, mastery, a sense of purpose, and feel trusted, valued and supported." Dr Munro Stewart (Faculty Board, East of Scotland Royal College of General Practitioners)

7.1 There are a lot of very good, dedicated staff working in mental health services in Tayside, across all services. There is no doubt however that the public concern about the quality of the services detailed frequently in the local press, has made for a very difficult and challenging workplace for many of the staff in the last couple of years. It is therefore heartening to record that evidence was received by the Independent Inquiry from patients who had been treated well in mental health services and for whom NHS Tayside's mental health services had been crucial in supporting their recovery. These patients were grateful to certain members of staff who showed care and concern throughout their periods of mental ill-health.

7.2 The Independent Inquiry talked to many compassionate, committed staff working across all the services in mental health in Tayside who shared their thoughts about what was wrong and what could be done to improve services but stated that these ideas and suggestions had not been listened to by their managers. Negative publicity about the services is, almost certainly, affecting NHS Tayside's ability to recruit staff to the services. However, the problems with recruitment and retention are symptoms of the wider issues within NHS Tayside, rather than the root cause. Improvements to services are essential if mental health provision in Tayside is going to meet demand and expectation of the local populations.

7.3 The staff are critical elements to any strategic programme of improvement.

7.4 One local GP observed:

"The best examples of good experiences are due to individual excellence and dedication [of staff]....I have seen numerous lives turnaround by the mental health services. The staff that do the amazing work should be cherished and celebrated."

Staff attitude and behaviour

7.5 Nursing staff were reported by some people to be "absolutely amazing" in the care and treatment of patients in mental health services. Whilst recognising that the inpatient environment was not an easy one to work in, some patients described staff as being dedicated and hard-working, ensuring all patients were treated well.

7.6 One patient observed they were:

"... Seen by two lovely caring staff of the crisis team... were very helpful and caring at what they did ...including following day when we called again..."

7.7 A registrar who has now left NHS Tayside mental health service made this comment about nursing staff:

"The vast majority are exceptionally caring, understanding, wise professionals that offer the bulk of the inpatient and acute therapy. This is a hugely undervalued resource. These people work in tough conditions constantly feeling undervalued. If they were not so dedicated to helping others, they would all be working in other jobs. These people should be empowered to do their best."

7.8 However, many of the reports from patients and families of good treatment by kind, helpful and supportive staff were presented alongside concerns about lack of available

staff resource. This was perceived by patients as being the constant challenge to good services, with observations of staff working with little or no support.

7.9 One family reported

"In general, we feel that most of the staff within the service do care about their patients and try to do their best. However, it is abundantly clear that the entire service has been severely under resourced for some time, and from our recent interactions it appears to be close to collapse…"

7.10 A doctor no longer working in the service stated:

"The knowledge of how to treat mental health conditions is there. The barriers are resources, staffing, accountability, and cultural attitudes."

7.11 Recognising that service improvements were badly needed, some patients felt that the staff should be key to the development of service improvement and reform. One said:

"… I got to know well many of the dedicated nursing and ancillary staff at IPCU and their expert views on reform of the system should also be at the heart of reform…"

7.12 However, there does not seem to be recognition within NHS Tayside management structure that staff are key to service development strategies. Staff who worked hard for the services, who clearly cared deeply about the quality of care they were able to offer, reported that they were not listened to by managers and those involved in designing service provision. Consultant staff reported spending time thinking about what could be done to better manage services, detailing their thoughts into papers or emails only to receive no acknowledgement or any recognition for the work they had undertaken. The same applied to key nursing staff, both inpatient and community-based, who reported feeling that their contribution to service development was not welcome.

7.13 The lack of value afforded to highly professional and committed staff has led to a level of despondency in the workforce, which in turn has led to higher than usual attrition rates. This also contravenes Quality Improvement methodologies where it is accepted that change should be led by the staff 'up' not by the management 'down'.

Workforce (Recruitment and Retention)

7.14 There is a well-recognised national shortage of psychiatrists, which impacts on NHS Tayside as it does with all other health boards. Interestingly, a General Medical Council publication[100] from October 2019 noted that there has been a small increase (2%) in doctors in psychiatry training programmes after years of stagnation and decline, which is encouraging in the longer term.

7.15 In November 2019, there were 7.85 whole time equivalent (WTE) consultant psychiatrists in post across Tayside mental health services against a required establishment of 23.6.

7.16 In September 2019, there were nine services without a substantive consultant psychiatrist and therefore fully dependent on locum consultants. A report showing the vacancies from June 2018 to June 2019 is shown in Appendix H.

7.17 In 2017 the NHS Tayside Assurance and Advisory Group's Staging Report noted:

"NHS Tayside should undertake an early and comprehensive review of staffing levels

100. General Medical Council. (2019). The state of medical education and practice in the UK: the workforce report 2019. https://www.gmc-uk.org/-/media/documents/the-state-of-medical-education-and-practice-in-the-uk---workforce-report_pdf-80449007.pdf

across all services and sites, including those delegated to or utilised by HSCPs [Health and Social Care Partnerships]. This review should aim to clarify key drivers of NHS Tayside's workforce levels compared to peer Boards and to identify safe options for bringing redesigned services and sites within available resources."[101]

7.18 A significant number of experienced consultants have left Tayside over the last 12 months either predictably (retirements) or by choosing to leave and work elsewhere. The Independent Inquiry received many notes of concern from patients when a community-based consultant psychiatrist left NHS Tayside to work elsewhere in recent months. A GP observed that the consultant had had *"a huge personal impact on patients"* adding, their *"dedication, humility and expertise has transformed numerous lives."*

7.19 The experience of staff recently resigned from their posts in NHS Tayside is that there is no formal system of undertaking exit interviews. NHS Tayside's documentation Transforming Tayside: NHS Tayside Collective Leadership and Culture Strategic Framework 2018-2023[102] states under the progress measures that *"NHS Tayside has a values-based employment journey. Target of >80% staff leaving the organisation complete exit questionnaires"*. This is an ambitious target as it is difficult to compel those leaving the organisation to complete a questionnaire. It is also interesting to note that the target is the completion of a questionnaire, rather than an exit interview.

7.20 The concerns for the service to patients were recorded in the annual report of the Clinical, Care and Professional Governance Group of Dundee Health and Social Care Partnership in 2019[103]:

"The number of Psychiatrists within the Community Mental Health service continues to run well below required levels. The appointment of agency staff have supported the management of this risk, however, it is not tenable to sustainably manage this risk over the long term.

The absence of a medical management structure for Dundee Psychiatrists is a particular challenge in terms of implementing short term risk management measures. Medium term measures being progressed include a redesign of services, incorporating a job planning process for Psychiatrists."

7.21 Nursing staff raised concerns about the use of locum consultants who they observed work with varying levels of knowledge and motivation. It was also noted by a senior staff member that patients' diagnoses and treatments are changed as they are seen by different consultant staff. In these circumstances the nursing staff are the constant for the patients, as they try to support them through the changes to their care and treatment within mental health services.

7.22 In terms of addressing consultant vacancies, mental health service managers plan to create ten Advanced Nurse Practitioner (ANP) posts. Eight staff are already on the programme and a further two will start their training in 2020. Whilst this is an obvious solution to the lack of available psychiatrists, consideration must be given to the change in available skill-sets (e.g. certain Mental Health Act decisions cannot be made by non-psychiatrists). Medication prescribing is also less straightforward as ANPs need supervision from a doctor when working beyond the evidence-base. However, with good management and support this strategy has the potential to work well in addressing the medical workforce challenges, providing there is a willingness from all staff to adopt this different approach to patient

101. NHS Tayside Assurance and Advisory Group. (2017). Staging report of findings and recommendations. https://www.gov.scot/publications/nhs-tayside-assurance-advisory-group-staging-report-findings-recommendations/
102. Tayside NHS Board. 25 October 2018. Transforming Tayside: NHS Tayside Collective Leadership and Culture Strategic Framework 2018-2023.BOARD99/2018.
103. Dundee Health and Social Care Partnership. 25 June 2019. DIJB32-2019.

care. One suggestion which was made to the Independent Inquiry was that case-holders could be nurses, rather than the consultants, as is common practice across in other boards in Scotland.

7.23 Nationally, one of the factors affecting consultant recruitment and retention is the fact that medical staff often now fully retire from substantive posts, rather than partially retiring to return on reduced hours contracts. This factor is not unique to Tayside nor to mental health specifically and so should be considered at government level in medical workforce planning for the NHS in Scotland.

7.24 Medical staffing shortages are not the only challenges to workforce planning in mental health services in Tayside. Allied Health Professionals working within mental health feel they have an ever-increasing workload which is detrimental to patient journeys. One staff member from occupational therapy services said:

"...As healthcare professionals we fire fight on a daily basis, Occupational Therapy posts have reduced... ...Occupational Therapists have a unique skill set and we deliver interventions at the point of moving people on from the service, which relieves pressures on crisis management in the service..."

7.25 A Tayside NHS Board paper in October 2019[104] also showed a particular problem in the workforce data for psychological therapies:

- Establishment: 128.15 WTE
- Vacant Posts: 30.6 WTE
- Maternity Leave: 9.9 WTE

7.26 The availability of Mental Health Officers (MHO) within social work services is also reducing. Again, there are issues with recruitment nationwide, with a continuum of significant expertise being lost as staff retire. This applies in Tayside with many employed in all three localities being in the latter part of their careers.

7.27 The nursing staff workforce also feel under pressure with lower than optimal numbers of nurses employed within the inpatient services. One staff nurse stated:

"...beds are like gold dust, and are often filled with long-term drug users, people who have issues with alcohol, and people with a diagnosis of personality disorder. The patients I have listed above often have a great deal of needs, which probably require speciality care. People with 'old school' diagnosis such as Schizophrenia, Depression and Bi-polar disorder get no time from us at all. They get completely overlooked because our time is demanded elsewhere. They ask for nothing and get nothing from us."

7.28 There needs to be a sustainable model of staffing numbers per shift against caseload and paperwork requirements. Staff reported the use of pass-beds puts the ward over their patient allocation number, therefore increasing caseloads and associated paperwork without any corresponding increase in staff numbers.

7.29 In a paper tabled at the September 2019 Perth & Kinross IJB meeting, it was noted:

"The current age profile of the RMHN (Registered Mental Health Nurse) workforce in Tayside is such that 36.5% of the workforce is over 50, who can either retire in the next five years or are already working past 55 years. This amounts to not only a significant reduction in workforce numbers, but also a loss of valuable skills, knowledge and experience. The main source of Registered Mental Health Nurse recruitment in Tayside is through the mental health undergraduate nurse programmes at the University of Dundee and the University of Abertay. Currently there are two opportunities each year to recruit Newly Qualified Practitioners (NQPs) from the local programmes.

104. Tayside NHS Board. 31 October 2019. Annual operational plan 2019/20 action tracker. BOARD 87/2019.

Recruitment of NQPs has consistently been between 45 - 50 NQPs a year, which enables recruitment to broadly keep pace with rates of retirement only." [105]

7.30 Tayside Substance Misuse Services need to prioritise workforce development to enhance capability in prescribing capacity. In Dundee there have been developments in relation to Scottish Government funding identified to support a nursing workforce to include specialist posts with prescribing capability. Due to the national shortage of these posts, trainee positions were created to work towards increasing the prescribing capacity but will take between 2 and 3 years to be achieved.

7.31 The recruitment process within NHS Tayside is cumbersome and long-winded. The length of time from completion of the forms to request permission to replace a post, to the advertisement of the post is four months. After that, the successful candidate is often required to work a notice period extending the delay to the process further. This protracted recruitment process is not unique to NHS Tayside, it is typical in many health boards. However, the process-inefficiency means that services are running on reduced capacity for longer than should be necessary, which is almost certainly adversely affecting the quality of patient care.

Staff concerns regarding patient safety

7.32 Many staff members reported feeling worried about the safety of patients in conjunction with declining staffing levels and lack of available resources. They also reported that despite raising concerns with senior management, there is rarely an immediate response to address an issue. Wards are regularly run with half of the nursing staff on duty being bank staff - who do not know the ward, the patients or the routines. In some cases, the consultant on the ward is also a locum. One staff nurse reported that in their opinion the constant reliance on bank staff is an enormous risk to patient safety.

7.33 Medical staff stated that they have reported that in their opinion some services are categorically unsafe for patients, but their concerns were repeatedly ignored.

7.34 A doctor stated:

"Staff were discouraged on a senior adult mental health ward that I worked on from reporting staff shortages. This reporting is the only evidence the nurses had that they had raised concerns of unsafe care. When adverse events occur there seemed to be a blame culture of frontline staff and a complete lack of acknowledgement of previously raised concerns about obvious staffing and resourcing issues and the inevitability of an adverse event, with the resource issues. Accountability for resourcing must be escalated as far as required to protect patients and the frontline staff, but there is no accountability for short staffing on management, the health board or the government. Accountability seems reserved for those most vulnerable to losing their job. This strikes me as a gross injustice. Healthcare staff are put in the impossible position of either working in inadequate conditions at risk to their own career and reputation or quit and leave the health service in a worse position".

7.35 The use of locum doctors has also been raised as a patient-safety concern with the Independent Inquiry. All doctors in training to become consultants require to apply for a certificate of completion of training and join the Specialist Register or GP Register. Doctors working within mental health are required to complete a certificate of training in core psychiatry, with additional specialty training required for psychiatry of learning disability; forensic psychiatry; child and adolescent psychiatry; old age psychiatry advanced training. In October 2019, only

105. Perth and Kinross Integration Joint Board. (September 2019). Adult Mental Health and Learning Disability: Service Redesign Programme Progress Report and Risk Review Paper. Report No. G/19/159.

50% of the 13 locum doctors employed in NHS Tayside were holding a specialist qualification and were on the specialist register and therefore able to support the on-call element of rotational working.[106]

7.36 In their written evidence to the Independent Inquiry, the RCPsych in Scotland stated that as of August 2019 there were 18 Compulsory Treatment Orders (CTO) in Dundee which had no Responsible Medical Officer (RMO) oversight and that this was a direct violation of patient safety.

7.37 The Independent Inquiry has been told that senior medical staff have raised concerns with senior management on multiple occasions, only to be ignored. This includes writing letters to senior management - including the NHS Tayside Chief Executive and Chair of the Board - and either receiving no response at all or being told that they did not wish to meet with consultants and that their concerns were "in hand". The lack of engagement with senior professional staff fosters a culture of anxiety and worries of being marginalised and excluded from helping to find solutions. This leads to poor confidence in the management and a complete lack of trust that concerns are even being taken seriously. This in turn leads to serious concerns about patient safety.

Responsibility

7.38 There has been a long-standing lack of trust between the different groups of staff working in mental health services in Tayside. Decision making has, for many years, bypassed senior consultants in the management-led model of service delivery. The delivery of robust healthcare is the responsibility of Senior Management Teams and should be carried out in collaboration and consultation with all relevant staff groups.

7.39 Many consultant staff reported that they have attempted to engage with senior management about their concerns over the years, only to be *"ignored, passed off or even lied to"*.

7.40 In recent years, staff workloads have increased, often without prior discussion and as a result, consultants felt they had a high level of responsibility with minimum power to influence decision-making.

7.41 There is currently a management void in several areas of mental health services, with many clinical lead posts vacant. Several staff have recently resigned from these posts feeling they were not given support or time to carry them out professionally.

7.42 Some consultant staff have felt over the last year that they have had no real line management and that they have been left to make their own judgements with no ongoing support when things go wrong.

7.43 The Independent Inquiry received many comments from frontline staff that consultants have strong viewpoints and are not open to discussion about new ideas or thinking. A more charitable view presented by longer-standing frontline staff was that many have been undermined, undervalued and treated unfairly for many years, to the extent that they have been forced to develop coping strategies which involve a level of intransigence. In this environment, innovative care based on a balanced risk approach is not possible.

7.44 The recent appointment of an Interim Associate Medical Director for Mental Health in September 2019 should go some way to addressing the lack of line management for the consultant staff, but this post is still only two days per week and is not a permanent appointment.

106. Tayside NHS Board. Care Governance Committee. 5 December 2019. Minute: Care Governance Committee, Open Business, 10 October 2019 Assurance Report on the Mental Health Services: Sustainability of Safe and Effective Strategic Risk. CGC/2019/76

Accountability

7.45 The declining number of consultants has led to a consequential effect of trainee doctors being expected to be on-call with no consultant oversight. These situations are generally resolved with consultants eventually being willing to volunteer to cover, but sometimes not before the trainee had consulted their Medical Defence Union and advised not to work at all.

7.46 Accountability is a problem. A GP reported that he saw a patient in practice but had to look back five years to find a consultant's name in their notes - they had only seen trainee psychiatrists during that time.

7.47 A trainee psychiatrist told the Independent Inquiry:

"... Getting in touch with consultants was really hard. I was stuck trying to detain someone when the crisis team had left at the end of their shift. Because there are no protocols written down anywhere it wasn't clear who is responsible for finding someone a bed. Everything gets pushed back to a junior doctor..."

7.48 Management of staff absence is a continual problem at Tayside. It seems there is little or no contingency planning, meaning that staff absences have a negative effect on those left to cope.

7.49 One GP practice group observed:

"CPNs are off sick. Our patients are receiving letters saying the CPN is off sick and their appointment is just cancelled."

7.50 It is accepted that all health boards struggle with staff absence, but if the focus of patient care in mental health is in the community, not addressing long-term absence of CPNs is simply transferring the problem back to the GPs.

7.51 The lack of clear accountability and responsibility has led to an increasing culture of blame. The junior medical staff reported that they feel they are often made to be the scapegoat when things go wrong. This has led to a significant increase in risk-averse clinical decision-making by the junior doctors, for fear of reprisal. It seems to be an accepted philosophy that NHS Tayside will not support doctors who are the subject of an investigation or post-event scrutiny. One person observed that "*the strategy of the board has been to hang doctors out to dry whilst not giving them the resources to improve things.*" This was evidence of a high level of distrust of the board and has created a fundamentally defensive environment in which all staff operate daily.

Service Redesign Programme

7.52 The service redesign programme should ensure staff are at the heart of the change process with managers listening carefully to those at operational and frontline service delivery. The context to the service redesign programmes is captured in the table below - where the distribution of patients accessing mental health services can be seen across all the various disciplines.

7.53 The NHS Tayside patient activities, from January to December 2018[107], were described below:

107. Evidence provided by NHS Tayside in 2019.

• Mental Health Inpatient Service	1,950 total inpatient admissions – 1,450 General Adult Psychiatry admissions – 400 Psychiatry of Old Age admissions – 35 CAMHS admissions – 30 Learning Disability Admissions – 25 Forensic Psychiatry Admissions
• General Adult Psychiatry Outpatient	93,500 total outpatient attendances 85,700 return outpatient attendances 9,300 new outpatient referrals 7,800 new outpatient attendances 19% did not attend rate

7.54 The service redesign programme appears to have been very much focused on the inpatient facilities when considering improvements to supporting patients with mental ill-health. Staff recognise this should not be the main focus but feel that their marginalisation from decision-making gives rise to a feeling of being disenfranchised as service developments are taken forward without their views, as key stakeholders.

7.55 A doctor observed:

"Services are being centralised at great inconvenience to patients to save money but there is no accountability for the impact on patient care taken by those who make the decision. Indeed, there is no apparent responsibility or transparency for these decisions, but frontline staff bear the brunt of dissatisfaction."

Communication

7.56 There are significant difficulties with communication in the NHS as a whole. One doctor commented:

"There is a cultural problem in the NHS of inability to communicate maturely, openly and constructively."

7.57 It is fair to say that many large organisations struggle with adequate communication to staff. NHS Tayside's mental health services are no exception, exacerbated by services operating across a large geographical area and from multiple locations.

7.58 Because CMHTs are managed by the three local HSCPs, managerial approaches to services differ. Staff do not necessarily see themselves as part of a wider service operation. Tayside NHS Board region appears to operate as three cultural islands. The construct of integration may have inadvertently led to fractured services rather than a more shared approach to delivering care.

7.59 Relationship development and management is essential in these circumstances. All three HSCPs liaise with those responsible for inpatient services but have not in recent years had a system of communicating with each other habitually. Project management staff from Transforming Tayside are key to leading the initiatives and staff involved in the Tayside Mental Health Alliance report that the Alliance's work is now starting to gain momentum with positive outcomes such as development of new care pathways.

7.60 At the time of writing, the first edition of a newsletter reporting on the work of the Alliance had just been made available to staff. This is a step in the right direction in terms of keeping staff informed of activities, projects and decisions, but

communication is a two-way process and staff should be given opportunities to engage with decision-making processes.

7.61 The challenges of how a large organisation such as mental health services in Tayside encourages good communication between staff, is not easy to solve. The history of poor communication has resulted in a lack of trust amongst staff. Clinicians and front-line staff report that the management of change is poor, with a lack of accurate information available to staff. Meetings have a particular purpose of getting key staff together but are often not inclusive (not taking into account shift patterns) or their purpose is not clearly defined. One nurse working in the crisis service commented:

"After the Carseview documentary there was an internal investigation. I wasn't allowed to participate as I was a night worker and they only held the focus group meetings during the day. I asked if there was some opportunity as a night worker to contribute and the answer was no. The documentary was about restraint: there are patients being restrained every night."

7.62 Another staff member noted:

"There are too many management meetings that do not result in anything positive, forward thinking, practical or problem solving for the staff. The Transformation is a prime example. I am part of this and have had nothing but unclear mixed messages."

7.63 Inpatient services have attempted to address the operational communication challenges by arranging staff 'huddles' for a few minutes in the mornings. However, thinking of more modern communication methodologies may be useful, bearing in mind that many staff joining the services each year are graduates who are familiar with university online environments and daily uses of the ubiquitous communication channels of social media. There are significant efficiency gains associated with modern communication. A managed blog would allow for instantaneous themed communications. Another solution could be the development of a mental health services communications portal for any staff working within the service to access. This could be a dynamic communication tool for exporting of news but could also be used for accessing documentation, lists of staff (with photos if they are willing to provide them), calendar events of talks, training, seminars and social events, with an opportunity for staff to comment and engage with each other. The NHS Scotland-wide roll-out of Office 365 /Windows 10 by the end of 2020[108] will allow for the use of Microsoft Teams – a tool ideal to address the challenges of communications with staff working in many different locations. The isolation of community mental health teams in remote areas need not be an inhibitor to communication in Tayside's mental health services with effort and a willingness to try new methodologies.

Bullying and Harassment

7.64 Bullying and harassment are fundamentally unacceptable in the workplace. The 2019 Sturrock Report into NHS Highland's allegations of bullying has been circulated to all Health Boards in Scotland. Appendix I shows Tayside NHS Board's own response to the report. The Sturrock Report investigated cultural issues related to allegations of bullying and harassment in NHS Highland. A part of the Scottish Government's response to the report was to highlight the "important learning and reflection" opportunity the report afforded all health boards in Scotland. The Cabinet Secretary for Health and Sport required all health boards to consider the effectiveness of their own internal systems, leadership and governance in this regard.

7.65 NHS Tayside noted that the core findings of the report were primarily cultural. The Board urged senior leaders within NHS Tayside to share the lessons from the Sturrock

108. https://nhstaysidelowdown.com/2019/08/14/national-office-365-roll-out/

report and to promote positive leadership values. An update paper was brought to the board at its meeting in June 2019. This report highlighted that NHS Tayside was actively promoting national initiatives which support a positive workplace culture. These included the continued use of iMatter[109], the development of partnership working through local partnership fora, staff reward and recognition and the implementation of the board's Culture and Collective Leadership Framework. In each of these areas work is ongoing to ensure that they support a positive workplace culture. Progress across these areas is reported to the Staff Governance Committee.

7.66 The Independent Inquiry received evidence from many staff who felt that behaviours of other staff within their workplace were unacceptable. Whilst large organisations undoubtedly experience conflict within staff groups working together, there seemed in some cases to be an overall culture of unacceptable behaviours which remained largely unchallenged.

7.67 One junior doctor commented:

"There is a broad cultural problem of judgement, lack of respect and bullying and a shortage of kindness and compassion..."

7.68 Good working relationships between staff of all grades, professions and roles are fundamental to the quality of the delivery of services. In NHS Tayside's mental health services, a culture of bullying was noted by some staff members who felt it originated at management level but was now being adopted across the whole service.

7.69 There was evidence that territorial conflicts, professional hierarchies and reluctance of newer staff to be socialised into the cultural norms were impacting on services and on patient care. This was exacerbated by staff working at full-stretch with little support, who were prone to snap at colleagues due to the unduly high level of stress. There were many descriptions of unacceptable behaviour, such as intimidation; undermining behaviours; unfair and unequal treatment of staff, and lack of respect shown towards other individuals.

7.70 As part of the Independent Inquiry the EPG conducted a survey of staff working in mental health services. This survey revealed that 29% of respondents considered that they had either experienced or witnessed bullying within their working environment. The impact of this was noted to affect general wellbeing, morale, confidence, motivation and work performance, resulting in increased levels of stress. This induced feelings of helplessness and overall was considered to be contributing to feelings of wanting to leave NHS Tayside. There was also recognition that the bullying behaviours were contributing to staff sickness absence, the management of which causes lengthy distractions from clinical work. All of these behaviours result in an overall loss of trust within teams.

7.71 The culture of poor communication appeared to be a contributory factor in the allegations of bullying behaviours. Staff reported feeling intimidated by consultants as they responded to staff who were giving them feedback or critique on service issues, whilst a number of respondents noted newly qualified staff being derogatory about established staff practices. Paradoxically, senior staff felt they were not able to express professional judgement without accusations of bullying.

7.72 The stressful working environment was noted as a factor causing a rise in unacceptable behaviours from staff. There was also evidence of upwards bullying with the undermining of leadership roles in order to prevent unpopular changes taking place.

7.73 Failure to address the reported bullying in the workplace has resulted in a loss of trust and faith in the managers and in NHS Tayside's HR processes. A consultant who recently left NHS Tayside's employment

109. https://www.imatter.scot/

reported:

"I was told early on in my time in Tayside that 'bad behaviour gets results'. There seems to be a culture that if someone is difficult, they get what they want or are even promoted to positions of authority."

Another current employee stated:

"I am still deciding whether to pursue a number of grievances but given the nature of these and the lack of action on the bullying I have experienced, I have no confidence in the organisation to undertake these fairly."

7.74 There are distinct disincentives to raising concerns, such as lack of confidence any action would be taken by the organisation, previous notifications of bullying simply being ignored and fear of retribution for reporting the matter.

7.75 A consultant psychiatrist commented:

"...there are a great many very committed staff in NHS Tayside Mental Health Services... the personal cost of raising concerns remains inhibitory of professional candour (in my opinion). The management behaviour towards staff has damaged relationships and in some instances goodwill has been lost; the NHS has long depended on goodwill so this is a catastrophic outcome, occasioned by poor processes, leadership and an obfuscation of responsibility..."

7.76 A member of nursing staff reported on their experience when they had attempted to raise an issue of bullying:

"My account is highlighting the degree of victimisation and attempts to denigrate staff, causing high anxiety levels and stressful working environment. I was moved department for my apparent misconduct, for merely trying to professionally highlight and make members of management aware of the issues the staff were experiencing (as per the whistleblowing policy) and getting no support whatsoever..."

7.77 Many staff identified that the ripple effect of the publicly reported difficulties and criticisms of Tayside mental health services resulted in a challenging working environment for staff, with one respondent noting that "*I do feel bullied by the press.*" *Another noted "I've never seen anything like it before I came to work at NHS Tayside.*" Some observed that they felt vulnerable to threats of physical and verbal abuse and to the bullying power of social media whilst also noting they felt there was no clear structure in place to protect or support staff.

7.78 One employee observed:

"NHS Tayside have a zero tolerance to verbal and physical aggression. Too many times this appears to be untrue. Informal patients admitted who display aggression on the ward while under the influence of alcohol or illicit drugs are not removed or arrested..."

7.79 Again, the perceived lack of support publicly for staff by management was highlighted as a significant influence on low staff morale. The local press reports are apparently often inaccurate, but staff feel that "no-one speaks out for us" in response. They noted that they are not allowed to speak to the press themselves without risk to their registration and so feel powerless and vulnerable, knowing the patients they are looking after have misinformation about the service they are delivering.

7.80 The working environment for staff in mental health services is often poor. Office spaces on wards are cramped and there are insufficient computer stations for staff on duty. The workload is so great that staff reported often not having time for breaks or being able to take adequate numbers of days off within the shift patterns.

7.81 All of this leads to low morale across the

workforce, who feel under-valued and demotivated in their work.

7.82 A senior member of nursing staff stated:

"If staff do not feel that their basic needs are being met by the organisation that they are employed within they are then left in the impossible position of caring for patients within a system that is not caring for them."

7.83 Staff reported participating willingly in external reviews of services and speaking candidly to review teams in the hope that things will change. They are then frustrated that NHS Tayside have the capacity to ignore any suggestions and recommendations included in the subsequent reports. There is a joint feeling that internally no-one is listening, and externally people listen and make recommendations for improvement but have no authority to mandate their implementation.

7.84 A staff member working at Carseview Centre noted:

"Whenever questions have been raised by bodies such as HIS or Mental Welfare Commission sudden poorly thought-out changes are put in place, statistics are produced, and public embarrassment is averted. Trust in upper levels of management is non-existent..... this would have been clearly reflected in previous pieces of work such as ward climate survey had we ever been shown the outcome of these."

Training and Supervision

7.85 In the Independent Inquiry's interim report[110] in May 2019, it was noted that some staff reported that the chronic staff shortages were impacting on their ability to attend training and supervision events.

7.86 The Draft Training Plan 2019[111] stated that:

"NHS Tayside will ensure that all staff should have equity of access to training irrespective of working arrangements or profession, and without discrimination on any other grounds."

"NHS Tayside staff will ensure that they do not undertake any roles or undertake to deliver any aspect of care unless they are appropriately trained to perform them in a competent manner."

7.87 Since the publication of the Independent Inquiry interim report, staff have reported they are more able to attend development sessions as new training programmes and seminars are now organised within the inpatient facilities. There is still a concern for the ability of those based in the community or those who work permanently at night to be able to attend centralised training events held during the standard working week. Again, as with the communication issues above, consideration should be given to more use of online training resources which would be available to all staff. The concerns raised in the Independent Inquiry interim report that some staff were not allowed to attend training due to long waiting lists are now no longer applicable. Staff training and supervision sessions have now been prioritised and all mandatory training completion rates are monitored.

7.88 The consultant staff reported that a former Interim Associate Medical Director had instigated Continuous Professional Development (CPD) sessions at Murray Royal Hospital on Thursday mornings during his tenure. The consultant, no longer employed within NHS Tayside, continues to organise these events in the absence of any other regular CPD programme being organised. The sessions are open to all psychiatrists working in Tayside and are

110. The Independent Inquiry into Mental Health Services in Tayside. (2019). Interim report: inquiry update and emergent themes. https://independentinquiry.org/wp-content/uploads/2019/05/Independent-Inquiry-Interim-Report-May-2019.pdf

111. NHS Tayside. (2019). GAP Inpatient LD training and continuing professional development Plan. Training for nursing staff.

regularly well attended. These sessions are also development opportunities for trainee psychiatrists who are welcome to attend alongside the substantive consultant staff. It was noted by a number of consultants that they had to meet Royal College of Psychiatry CPD mandatory regulations of 50 hours per year and so these CPD events were essential to their professional licence.

7.89 The Independent Inquiry heard several times of the stark contrast in approaches to patient care across the wards in Carseview Centre. Consultant staff covering unfamiliar wards commented on worryingly different approaches in the use of restraint from one ward to another; patients reported very different care experiences from one ward to another - to the extent that some refused to be admitted to certain wards; nursing staff who had moved wards within Carseview Centre also noted very different cultures of management and care of the patients. It is apparent that disparate cultures have developed to the detriment of collegiality of working and to commonality in approaches to patient care. The geographical affiliation of the wards reinforces the silo-working, as both staff and patients are aligned to a particular ward and its idiosyncrasies, with no real opportunity for shared organisational on-the-job learning. Training and development programmes should combine theory of improvement with daily practices across all inpatient services.

7.90 Training for staff in mental health services has undergone a significant change during the course of the Independent Inquiry. The Quality Improvement team have developed training programmes and CPD programmes for nursing staff. As well as formal training initiatives, frontline nursing colleagues need to be given time and support for on-the-job learning. One consultant observed that the context of improvement initiatives is vitally important. Quality improvement analysis shows that staff need time to build their knowledge in a shared learning environment. Knowledge-building has been outsourced to the Quality Improvement team and consultant staff commented that when they make suggestions about training of nursing staff, their comments are often disregarded. There is a real feeling from clinicians that learning from analysis of different patient journeys should form the basis of any knowledge-building for staff.

7.91 In November 2018, NHS Tayside's internal review[112] into Carseview Centre (in response to the BBC TV *Breaking Point* programme) stated:

"An organisational development programme should be undertaken within the service as a matter of priority to address cultural and attitude issues identified, based around the caring and compassionate leadership approach."

This organisational development exercise began in February 2019 and was carried out by an independent organisational development consultant (Appendix J).

Summary

7.92 It is clear that mental health services in Tayside are currently operating according to a short-term vision, placing emphasis on reacting to increases in service demand rather than reflecting on how best to meet the long-term trends of mental health and wellbeing across the population.

7.93 The patient demand challenges have resulted in managers responding with service stabilising strategies (rationing and increasing waiting times) and increased uses of medicalised approaches to care. Staff have adopted this management approach and as a result the service has been kept afloat in the short term. However, this strategy has not fostered a good relationship within staff groups many of whom could see what needed to be done but were not able to influence managers taking the short-term approach. Staff have been left feeling disenfranchised and

112. Evidence provided by NHS Tayside in 2019. Report on mental health services provided at Carseview Centre, Dundee November 2018.

demoralised and this culture of working has led to many broken relationships within teams and internally between services. The consequential effect on the service reputation has led to resentment in communities which in turn has also adversely affected staff morale.

7.94 In addition, coordination amongst different service providers (within the NHS services and also with the third sector) is key to ensuring smooth patient journeys but this has also been neglected due to the 'fire-fighting' necessary to ensure services were maintained at all.

7.95 In all of the analysis above it is the relationships between teams, individuals, services and sectors which need to be rebuilt in order to restore a mutual trust between those employed within NHS Tayside's mental health services and also between the NHS and the agencies outside who are involved with NHS Tayside in co-production of services.

Recommendations

42. Ensure all staff working across mental health services are given the opportunity to contribute to service development and decision-making about future service direction. Managers of service should facilitate this engagement.

43. Prioritise concerns raised by staff by arranging face-to-face meetings where staff feel listened to and valued.

44. Arrange that all staff are offered the opportunity to have a meaningful exit interview as they leave the service. This applies to staff moving elsewhere as well as those retiring.

45. Prioritise resource to ensure the Associate Medical Director for Mental Health and Learning Disability post is a whole-time equivalent, for at least the next 2 years whilst significant strategic changes are made to services.

46. Encourage, nurture and support junior doctors and other newly qualified practitioners, who are vulnerable groups of staff on whom the service currently depends.

47. Develop robust communication systems both informally and formally for staff working in mental health services. Uses of technology are critical to the immediacy and currency of communications.

48. Ensure that bullying and harassment is not tolerated anywhere in mental health services in Tayside. Ensure that staff have confidence that any issues or concerns they raise, will be taken seriously and addressed appropriately.

49. Ensure there are systems analysis of staff absences due to work-related stress. These should trigger concerns at management level with supportive taking place with the staff member concerned.

50. Ensure there are mediation or conflict resolution services available within mental health services in Tayside. These services should exist to support and empower staff in the rebuilding of relationships between colleagues, between managers and their staff, and between the services and the patients, during or after a period of disharmony or adverse event. This includes the NHS Tayside's mental health services' relationship with the local press.

51. Ensure that all external review processes are embraced wholeheartedly and viewed as an opportunity to learn and develop. Managers should ensure that all staff receive details of the recommendations from reviews and are included in the analysis and implementation.

8. Implementation Plan

Lead Person

8.1 As has been identified by the Independent Inquiry, there are considerable challenges facing those with responsibility for delivering improvements to the provision of mental health and wellbeing services in Tayside. It is imperative that this Independent Inquiry report leads to positive improvements to services and is actioned through a constructive and comprehensive programme. NHS Tayside have stated that they will respond positively to the work of the Independent Inquiry.

8.2 There is a clear need for one individual to be identified as the lead person with responsibility for the implementation of the Independent Inquiry's recommendations. The Chief Executive of NHS Tayside has indicated to the Inquiry team that he would be responsible for leading the response to the Inquiry's report. The identified lead should be supported by a leadership team with representation from across NHS Tayside and the three IJB/HSCPs.

Actions and timescales

8.3 The first requirement is to tackle the Inquiry report's first recommendation – to develop a new culture of working in Tayside built on collaboration, trust and respect. This is fundamental to the successful delivery of the subsequent recommendations.

8.4 A detailed action plan should be developed by 1 June 2020 to set out the programme of work to be undertaken. This should include key milestones and realistic deadlines for completion.

Monitoring progress

8.5 As the organisation which commissioned the Independent Inquiry, NHS Tayside will wish to provide detailed oversight and scrutiny of the progress that is being made in implementing the Independent Inquiry's recommendations. They will wish to do this in conjunction with the three IJBs. There should be regular public reporting at least quarterly of progress to these Boards to ensure that the required improvements are delivered.

External scrutiny

8.6 There are a number of organisations and bodies external to Tayside who have indicated that they will take an interest in the progress which is made in implementing the Independent Inquiry's recommendations. As part of their regular engagement with services in Tayside, it is anticipated that bodies such as Healthcare Improvement Scotland, the Mental Welfare Commission for Scotland, the Audit Commission and the Care Inspectorate, will seek to be informed in their work by the progress that is made in improving services following publication of this report.

8.7 Additionally, the Health and Sport Committee of the Scottish Parliament has stated that it will maintain an interest in developments in mental health services in Tayside and will seek details of NHS Tayside's response to the report of the Independent Inquiry.[112]

8.8 The Stakeholder Participation Group, established by the Health and Social Care ALLIANCE, has provided valuable support to the Independent Inquiry throughout its lifetime and has received regular

112. Letter from the Convener of the Health and Sport Committee to Chief Executive NHS Tayside, 18 December 2019.

updates and progress reports. NHS Tayside should engage with this group of people, to provide details on progress and continue to seek their views and feedback.

9. Abbreviations

Abbreviation	Definition
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
AMD	Associate Medical Director
ANP	Advanced Nurse Practitioner
ASD	Autistic Spectrum Disorder
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CI	Care Inspectorate
CMHS	Community Mental Health Service
CMHT	Community Mental Health Team
COSLA	Convention of Scottish Local Authorities
CPD	Continuous Professional Development
CPN	Community Psychiatric Nurse
CTO	Compulsory Treatment Order
CRHTT	Crisis Resolution Home Treatment Team
DBI	Distress Brief Intervention
EWC	Emotional Wellbeing Collaborative
FAI	Fatal Accident Inquiry
FPPC	Framework for Promotion Prevention and Care
GIRFEC	Getting it Right for Every Child
GAP	General Adult Psychiatry
GMC	General Medical Council
GP	General Practitioner
HIS	Healthcare Improvement Scotland
HSCP	Health and Social Care Partnership
IC	Improvement Collaborative
IJB	Integration Joint Board
IPCU	Intensive Psychiatric Care Unit
ISMS	Integrated Substance Misuse Service
LAER	Local Adverse Event Review
LAMH	Lanarkshire Association for Mental Health
LDP	Local Delivery Plan
MDT	Multi-Disciplinary Team
MHO	Mental Health Officer
MWCS	Mental Welfare Commission for Scotland
NEM	Non-Executive Member
NES	NHS Education for Scotland
NQP	Newly Qualified Practitioner
OT	Occupational Therapist

Abbreviation	Definition
PMVA	Prevention and Management of Violence and Aggression
POA	Psychiatry of Old Age
PWP	Psychological Wellbeing Practitioner
QS	Quality Standard
RCPsych in Scotland	Royal College of Psychiatrists in Scotland
RMHN	Registered Mental Health Nurse
RMO	Responsible Medical Officer
SAMH	Scottish Association for Mental Health
SAS	Scottish Ambulance Service
SCEA	Significant Clinical Event Analysis
SIG	Sharing Intelligence Group
SPSO	Scottish Public Services Ombudsman
TMHA	Tayside Mental Health Alliance
VBRP	Values-Based-Reflective-Practice
WTE	Whole Time Equivalent
YPU	Young People's Inpatient Unit

Appendices

Appendix A: List of organisations and groups which gave evidence to the Independent Inquiry

- Abertay University Counselling & Mental Health Service
- The ALLIANCE (Health & Social Care Alliance Scotland)
- Angus Council
- Angus Independent Advocacy
- Audit Scotland
- Community Mental Health Teams
- Crown Office & Procurator Fiscal Service - Scottish Fatalities Investigation Unit
- Dundee Association for Mental Health (now Wellbeing Works)
- Dundee Autism Service Hub
- Dundee City Council
- Dundee Commissions (Fairness; Drugs)
- Dundee Independent Advocacy Service
- Dundee Voluntary Action
- Edinburgh Crisis Centre
- Employee Participation Group (EPG) NHS Tayside
- GP practices in Angus, Dundee and Perth & Kinross
- Health & Social Care Partnerships
- Healthcare Improvement Scotland
- HMP Perth
- Independent review of Learning Disability and Autism in the Mental Health Act
- Insight Counselling
- Integration Joint Boards
- Manchester Metropolitan University
- Mental Welfare Commission for Scotland
- Mersey Care NHS Foundation Trust
- National Suicide Prevention Leadership Group
- NHS 24
- NHS Education for Scotland: Scotland Deanery, East Region
- NHS Tayside Hospitals: Murray Royal, Carseview Centre, Rohallion Secure Care
- NHS Tayside staff working in all aspects of mental health services
- Penumbra Dundee
- Perth & Kinross Council
- PLUS Perth
- Police Scotland
- Royal College of Psychiatrists in Scotland
- Samaritans
- Scottish Association for Mental Health
- Scottish Government
- Scottish Public Services Ombudsman
- Stakeholder Participation Group SPG
- Support in Mind Scotland
- Trainee GPs / Psychiatrists
- Universities of Abertay and Dundee - Nursing Students
- University of Dundee Counselling Services
- University of Dundee Health Service
- Voluntary Health Scotland
- VOX: Scotland's National Voice on Mental Health

Appendix B: NHS Tayside news update January 2020

NHS Tayside News Update

NHS Tayside

January 2020

In this issue...

Carseview team wins national award

Mental health nurses recognised

COSLA Award for Angus team

Recovery cafés in North Perthshire

Second year of positive reports for YPU

MWC vist reports welcomed

Tayside Mental Health Alliance launched

Carseview team wins national award

The Intensive Psychiatric Care Unit (IPCU) team at Carseview Centre has been recognised with a national award for improving observation practice.

The team picked up the award for Inpatient Care at the Mental Health Nursing Forum Scotland Awards for its project 'From Observation to Intervention'.

In August 2018, the IPCU team set an aim of a 50% reduction in one-to-one observations by July 2019. By changing the model and concept of traditional 'observation', the team was able to exceed this target and achieve a reduction of 95% in March 2019, five months ahead of schedule.

This has led to staff being able to reinvest the time saved on observations into therapeutic engagement with patients.

Acting clinical team manager Michelle Pocula said, "The change and feel in the ward over the last year has been significant and being the initial pilot ward for improving observation practice in NHS Tayside has been one of the contributory factors."

NHS Tayside also had two other teams shortlisted at the ceremony.

Senior nurse practice development Jenny MacDonald and mental health improvement advisor Wendy Tait were highly commended in the Inpatient Care category for their work to implement new person-centred care planning standards.

The standards have now been presented to all clinical teams and were referenced by the Mental Welfare Commission in their recently published 'Person Centred Care Plans, A Good Practice Guide'.

> **"The change and feel in the ward over the last year has been significant"**

A social media project undertaken by NHS Tayside and the University of Dundee was highly commended in Innovations in Education.

'#OneProfessionManyStories' was a series of short videos which showcased the education and work of mental health nurses in hospitals and the community with the aim of encouraging more people into mental health nursing as a career. The films featured service users, students, lecturers, and mental health nurses and senior staff from NHS Tayside.

Mental health nurses recognised

Five NHS Tayside mental health nurses have been recognised with awards at the University of Abertay 2019 Prizegiving Ceremony.

Catherine Buchan, who is a staff nurse in Older People's Mental Health Services in Angus, won the Tayside NHS Board Prize.

This accolade is awarded by NHS Tayside to the student in the honours year of pre-registration BSc (Hons) Mental Health Nursing Programme who achieves a high level of performance and is deemed to be the best overall student.

Ruth-Ann Welsh, staff nurse in the Behavioural Support Unit at Strathmartine Centre, was awarded the Sheila Nimmo Prize for Compassionate Practice.

This is the second university prize that Ruth-Ann has won and both prizes recognise her compassionate practice and exemplary professionalism in both the university and clinical practice.

Acting senior charge nurse in the Rohallion Clinic *Sarra Kettles* was recognised with two prizes.

Sarra won the Armistead Prize, which is awarded to the student on a part-time programme who achieved a high level of performance and was deemed the best student overall.

She also picked up the Queens Nurse Institute (Scotland) Prize which is given to the student who has the best dissertation on the MSc Mental Health Nursing programme.

The Sarah Fletcher Memorial Prize for Compassionate Practice was awarded to *Stephen Johnston*, who is a staff nurse working in the Child and Adolescent Mental Health Outpatient Service.

The prize is given to a third year student on the BSc (Hons) Mental Health Nursing course who, during their time at Abertay, has shown exemplary compassion.

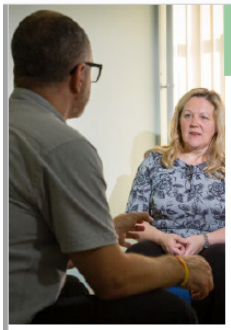
> **"These awards recognise the contribution, compassion and dedication to their role and profession"**

Staff nurse *Jordan Livie*, who works in the Dudhope Young People's Unit in Dundee, won the George McKenzie Memorial Prize.

This award is for the third year student on the BSC (Hons) Mental Health Nursing course who achieved a high level of performance in mental health nursing practice.

Associate Nurse Director for Mental Health and Learning Disabilities Keith Russell said, "We are absolutely delighted to have so many award winning nurses in our mental health and learning disability services in Tayside.

"These awards recognise the contribution, compassion and dedication to their role and profession. Congratulations to Catherine, Ruth-Ann, Sarra, Stephen and Jordon for their achievements."



COSLA Award for Angus team

The Angus Integrated Drug and Alcohol Service (AIDARS) has picked up a COSLA Excellence Award for Service Innovation and Improvement.

AIDARS brought together the previous substance misuse services from health and local authority sectors in 2017. The service aims to provide best practice and develop innovative approaches to ensure the needs of people and their families affected by substance misuse are met within their own communities.

This has provided earlier access to a wider range of treatments, person-centred outcomes, and support to the wider family and communities of Angus.

Bill Troup, Head of Service for Angus Health and Social Care Partnership, said, "I'm delighted that the team has been recognised for their hard work and for the difference they make to people's lives locally.

"Since AIDARS started the team has increased the number of people they see and reduced waiting times meaning people are getting into treatment faster.

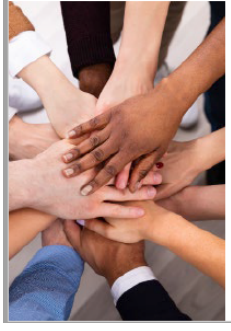
Before the team was established it took an average of 53 days, now it's 18 days. The service also offers evening appointments which make it easier for patients who are employed, in training or education or who have caring responsibilities to access treatment."

Substance misuse continues to be a significant issue which impacts on whole families and communities.

> **"The team has been recognised for their hard work and for the difference they make to people's lives"**

Angus Alcohol and Drug Partnership (ADP) is focused on building local services that will best meet the needs of people in Angus. Recent developments include joint working between the ADP, Police Scotland and Scottish Ambulance Service colleagues to offer support for anyone who experiences a non-fatal overdose.

Resources have been put in place to create 'Recovery Communities' led by people in recovery across Angus to provide a social hub for people in recovery.



Recovery cafés in North Perthshire

Three community recovery cafés are now running in towns across North Perthshire with support from NHS Tayside.

Community support worker Audra Webster has helped develop the support groups in Aberfeldy, Blairgowrie and Pitlochry.

The recovery cafés have a community focus and are intended to be led by people in recovery or with an interest in recovery.

They are supported by staff and mentors from Perth & Kinross Alcohol & Drug Partnership (ADP), Hillcrest Futures and NHS Tayside, as well as local community volunteers.

> **"The cafés allow people to access advice and support as close to their local community as possible"**

Audra said, "From my role in the community I first became involved with the existing café in Aberfeldy which was looking for some support and we identified that there was a similar need for recovery cafés to be established in other areas of North Perthshire.

"We were delighted to be able to secure funding from the Perth & Kinross ADP to help develop these cafés. Having them in these more rural towns allows people to access advice and support as close to their local community as possible, where previously they would have had to travel to Perth or other areas.

"The funding assists with advertising, activities and the ongoing development of the groups.

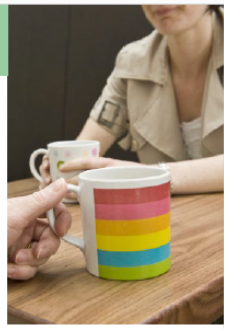
"The drop-in cafés provide a very relaxed and welcoming environment to support people to improve their wellbeing during recovery from substance use and/or mental health issues in rural areas of North Perthshire."

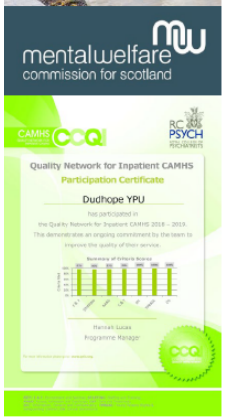
Breadalbane Recovery Café takes place every Wednesday from 2-4pm at Aberfeldy Parish Church.

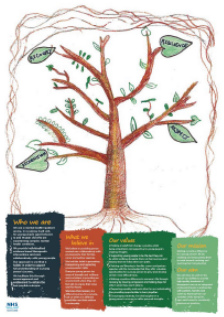
Strathmore Recovery Café has recently been established with its first session taking place at the beginning of December. It takes place every Monday from 1-3pm at SCYD, Wellmeadow House in Blairgowrie.

The *Pitlochry Recovery Café* also had its first drop-in session in early December. It takes place between 1 and 3pm in the Atholl Centre every Thursday.

There's no need to book a place, all are welcome to drop in during the sessions.







Second year of positive reports for YPU

The North of Scotland Regional CAMHS Young People's Inpatient Unit (YPU) in Dundee received two positive service review reports for the second year running.

The Mental Welfare Commission for Scotland (MWC) published its report following a visit to the unit in July, where they met with patients, families, carers and staff. This year's report is extremely positive with no recommendations made.

Young people did not raise any concerns regarding their care and treatment with the only suggestion being to increase the activities available. Care planning was person-centred and comprehensive, reflecting the needs of each individual, with young people being fully involved in the development of these.

"Both demonstrate the continued improvements by the team to improve care and treatment"

A strong emphasis on engagement and communication with families and carers was commended, particularly the introduction of a new link charge nurse/case manager role which provides dedicated support to a young person's family during admission and to ensure that families and carers are fully involved in the child's care. The person-centred approach to young people being involved in multidisciplinary meetings and reviews was also noted.

The report concluded that the service provides a strong emphasis on staff development and training opportunities. Finally the report commended the partnership working that has been undertaken with Police Scotland and voiced support for the continued development of this working relationship.

The Royal College of Psychiatry Quality Network for Inpatient CAMHS (QNIC) review team highlighted that since their last review there have been a number of positive service developments and also commended the new link charge nurse/case manager role.

Strengths of the unit were noted as: the environment is bright and spacious with space for relaxation and recreation whilst showcasing art work of Scotland's rural locations as a reminder of home for young people; staffing for the service is managed well, particularly in relation to bank staffing induction with all staff having access to development opportunities and strong support systems; and a variety of therapeutic interventions and groups are available for young people with a positive school provision.

As the service has been given above 96% in the review's criteria scoring, the multidisciplinary team will now be able to work towards national accreditation with the Royal College of Psychiatry early next year. If successful it will become the first unit in Scotland to achieve this.

CAMHS regional network manager Lesley-Ann McGregor said, "The service has been extremely pleased with this year's reports as both demonstrate the continued improvements by the multidisciplinary team to improve care and treatment for young people and their families/carers."

MWC vist reports welcomed

Mental Health and Learning Disability services across Tayside have received a series of positive reports following visits from the Mental Welfare Commission (MWC) Scotland.

Since May this year, the MWC has visited the Willow and Rowan Units in Susan Carnegie Centre at Stracathro and the Prosen Unit at Whitehills Health and Community Care Centre in Forfar. The quality of care and attention to the patients' physical health needs was highlighted positively in all three units.

Inspectors observed supportive interactions between nursing staff and individuals in the Willow Unit and relatives gave positive feedback about the care and treatment provided. Care plans were highly detailed, person-centred and based on the assessed needs of the individual patient.

"Staff and relatives gave positive feedback about the care and treatment provided"

Following a planned visit to the Rowan Unit, inspectors were complimentary about a range of areas, in particular the quality of care plans, the inclusion of psychology, excellent pharmacy input and support.

The Prosen Unit was reported as supporting a partnership approach to care and treatment and that staff encourage relatives and carers to be involved. They noted the attention to individuals' physical health needs and support from other professionals.

The MWC also visited learning disability services in Dundee.

Patients at the Learning Disability Assessment Unit at Carseview Centre spoke positively about their care. Care plans were person-centred, patients have good access to independent advocacy support, a number of individuals are engaging in activities in the community and there are breakfast sessions, and art and baking, gardening, art therapy and exercise groups.

Patients in Flats 1, 2 and 3 at Bridgefoot House, Strathmartine Centre felt involved in decisions about their treatment and described a range of activities available in the centre and in the community. Patients said that staff responded well to any issues raised and inspectors observed supportive interactions between staff and patients which reinforced this feedback.

The MWC gave very positive reports following their visits to Esk and Lyon dementia wards at Rohallion and Garry and Tummel low secure wards at Murray Royal Hospital.

Patients who were seen at Esk and Lyon wards spoke positively about the support provided by all staff working in the unit and it was clear they were involved in discussions about their care, treatment and discharge planning.

Family members at Garry and Tummel wards spoke highly of the staff and of their relative's care, saying they found staff were always available and supportive of them particularly during difficult periods of their relative's stay.

Tayside Mental Health Alliance launched

NHS Tayside and the Integration Joint Boards have set up the Tayside Mental Health Alliance to work together to improve mental health and wellbeing services across Tayside.

The majority of these services are delivered in local communities and delegated to the health and social care partnerships (HSCPs).

Inpatient mental health and learning disability services are hosted by Perth & Kinross HSCP, while psychological services are hosted by Dundee HSCP. Regional medium secure care and local low secure care, regional young people's inpatient unit and child and adolescent mental health services are hosted and managed by NHS Tayside.

These arrangements allow us to work together to provide safe, accessible, high quality, locally attuned services across all services in Tayside which deliver care, treatment and support for people with mental health problems.

This includes secondary care mental health, primary care, criminal justice, housing, community planning, public protection, homelessness, local third sector and providers of self-directed support.

The establishment of the Tayside Mental Health Alliance will further support this partnership working across Tayside.

The initial priorities of the Tayside Mental Health Alliance are:

- *Workforce*
- *Community Mental Health and Crisis Care & Home Treatment*
- *Learning Disability*
- *Rehabilitation Pathway*
- *Emotionally Unstable Personality Disorder Pathway*

"The Tayside Mental Health Alliance will further support partnership working across Tayside"

For each of these, a design group has been set up to develop and implement new models. They will have a number of stakeholders, importantly service users and carers, and ensure there is opportunity to help design and develop services.

The Tayside Mental Health Alliance is fully committed to engaging with staff, service users, carers, and third sector and partner agencies, in particular engaging directly with local communities across the three HSCPs through their established community participation and engagement structures.

The Tayside Mental Health Alliance will seek to ensure that all voices are heard and that they work with people to transform mental health and learning disability services across Tayside.

Appendix C: Review of arrangements for investigating the deaths of patients being treated for a mental disorder. Scottish Government, December 2018 (White report).

https://www.gov.scot/publications/review-arrangements-investigating-deaths-patients-being-treated mental-disorder/pages/5/

Action Plan

1. "The Scottish Government will ask the Mental Welfare Commission for Scotland to develop a system for investigating all deaths of patients who, at the time of death, were subject to an order under either the Mental Health (Care and Treatment) (Scotland) Act 2003or part VI of the Criminal Procedure (Scotland) Act 1995 (whether in hospital or in the community, including those who had their detention suspended).

   This process should take account of the effectiveness of any investigation carried out by other agencies and should reflect the range of powers the Commission has to inspect medical records, carry out investigations, and hold inquiries (as set out in sections 11-12 and 16 of the 2003 Act). The design and testing of the new system should involve, and be informed by the views of carers, families and staff with direct experience of existing systems. It should include appropriate elements of public scrutiny and should involve staff, families and carers. The new system should have clear timescales for investigation, reporting and publication.

2. The Scottish Government will consider the further actions required to better support multi-agency co-ordination of investigations.

3. The Scottish Government will begin an options appraisal in conjunction with partner organisations, to determine an appropriate process of review for the deaths of people who are in hospital on a voluntary basis for treatment of mental disorder. This will support delivery of action 10 in the Scottish Government's 'Suicide prevention action plan' to review every death by suicide and ensure the importance of clarity, alignment and integration of review and investigation processes for maximum impact.

4. The Scottish Government will work with the Mental Welfare Commission for Scotland, Healthcare Improvement Scotland, and NHS National Services Scotland to identify an appropriate set of publicly reportable measures that reflect best practice in the investigation of deaths and can be used to identify where improvement is required.

5. The Scottish Government will ask Healthcare Improvement Scotland to make changes to its Suicide Reporting and Learning System to immediately reintroduce the suicide notification requirement and scrutiny of NHS boards' suicide reviews. Healthcare Improvement Scotland will also be asked to describe how it will support boards to continuously improve the quality of the suicide review reports. There should be a clearer link between the scrutiny of these reports and specific improvement support that is directly designed and targeted around the common contributory processes identified in suicide review reports. This will be aligned to the new investigation process referred to in action 1.

6. The Scottish Government will work with partner organisations to produce resources for carers and families which provide information on how deaths are reviewed.

7. The Scottish Government will work with partner organisations to improve the co-ordination of support available for families and carers. This will include the creation of a single point of contact for families and carers in relation to all investigations and reviews. It will also include investigation of any barriers that need to be addressed in order to ensure that co-ordination of support is able to operate effectively across the various organisations involved.

8. The Scottish Government will establish an implementation group to oversee the implementation of actions arising from this report. This group will include equal representation from carers and families.

9. The Scottish Government will work with partner organisations to consider what support and advice staff need to involve families and carers in a meaningful way.

10. The Scottish Government will work with the Mental Welfare Commission for Scotland and Healthcare Improvement Scotland to improve the ways in which investigation findings and recommendations are disseminated, and explore options to support healthcare providers to use this information to commission improvement support. The new system of investigations referred to in action 1 should include a mechanism for transparent follow up and public assurance of changes."

Appendix D: Right person, right time, right care with no waiting times: Systems dynamics analysis of interim findings of the Independent Inquiry into Mental Health Services in Tayside and a group model building workshop with student practitioners.

Dr Karin Diaconu. September 2019

https://independentinquiry.org/system-dynamics-analysis-report/

Systems dynamics study

Analyses of the evidence collected by the Independent Inquiry is ongoing, however preliminary findings are summarized in the Independent Inquiry's Interim Report (2019). Complementarily, the Independent Inquiry has sought to conduct a study exploring the underlying dynamics of the mental health system in Tayside. The purpose of this systems dynamics analysis is to a) identify interactions and pathways influencing the services' function and quality of care currently and b) identify areas suitable for improvement alongside concrete recommendations for intervention.

The systems dynamics study was organized in two phases, offering the chance for triangulation of findings. In Phase 1, the Interim Report (2019) was reviewed to identify variables and pathways affecting patient access to care, patient sense of safety, quality of care, organizational learning and governance (including issues of leadership). An initial concept model capturing the pathways of action between these variables was then developed and analysed, and three sub-models focused on crisis service and community care, general practice and mental health care services (in- and out-patient) and leadership and human resource capacity were elaborated.

In Phase 2, a participatory group model building workshop with student practitioners and quality improvement managers active in the mental health service in Tayside was convened. In this workshop, participants were prompted to elaborate a concept model focused on the same five themes as above (patient access to care, patient sense of safety, quality of care, organizational learning and governance). Participants were further invited to identify areas where the service is particularly fragile and those suitable for improvement; and to additionally elaborate and prioritize intervention strategies.

Aim

The purpose of the systems dynamics analysis was to identify the underlying dynamics affecting service function and quality of care and identify concrete recommendations for improvement of the mental health service in Tayside.

Participants

Student practitioners active in the delivery of mental health services in Tayside were invited via email to take part in a one-day workshop. Invitations were issued to students from Dundee and Abertay Universities. Overall 14 participants agreed to take part, approx. 50% of which were women. The workshop was additionally joined by two quality improvement advisors for the mental health

service in Tayside. Participants were split into two groups initially, however worked as one group to elaborate the causal loop model and for further exercises.

Concluding remarks: triangulated findings

The systems analysis of findings presented in the Interim Report of the Independent Inquiry and the analysis of the group model building session identify three core themes which speak to the underlying dynamics of the mental health service in Tayside. First, it is clear the service is operating according to a short-term vision which places emphasis on reacting to current increases in service demand rather than reflecting on how to meet long-term trends in the burden of mental ill-health in communities. Both group model building participants and findings of the report highlight how challenges in meeting patient demand have largely driven the service to enact demand stabilizing strategies (e.g. via rationing and enacting increased waiting times) and further led to the service emphasizing a medicalized approach to care (i.e. emphasizing care for severe cases and in medical form, likely via medication). While this approach has kept the service afloat in the short term, it has also now bred resentment within communities and affected the services' reputation.

Second, both sources of evidence emphasize that coordination among different types of providers – both within the service and with the third sector – presents a challenge currently. Coordination is key to ensuring smooth patient flow yet is now a neglected area given the high workload pressures placed on staff. Group model building workshop participants highlighted the need for coordination with specialist teams in particular; practitioners spoke of the need to have teams focused on personality disorders and the report highlighted the need for substance use specialists.

At the core of the services' difficulties, findings presented here highlight the limited availability of trained staff, and further, the lack of organizational learning and likely.

Appendix E: Responding to Drug Use with Kindness, Compassion and Hope: a report from the Dundee Drugs Commission. Part One: The Report. Conclusions. 16 August 2019.

https://www.dundeecity.gov.uk/sites/default/files/publications/part1reportfinal.pdf

Conclusions

We do not hide from the fact that the recommendations detailed below are going to be challenging to implement and will also require strong and dedicated leadership over many years to make Dundee a place that delivers on its belief that truly 'every death matters' and, more positively, 'every life matters'. This will require an honest and transparent acknowledgment of the failings that have taken place in the delivery of drug treatment services (in a 'no-blame' environment), and the willingness and determination to learn and exploit the lessons that are evident from these failings.

We have scrutinised and discussed the evidence that has been received and have also looked for examples of best practice from elsewhere in order to:

1. identify immediate steps that can be taken to start improving the situation; and

2. begin a longer-term journey to realising a vision for a high-quality system of treatment and care for some of our most vulnerable citizens who deserve better.

We also recognise that some of the required changes are not solely within the gift of the Dundee Partnership to deliver. This is why a series of 'national considerations' are also offered below. We sincerely hope that these will be responded to by the Scottish Government and the UK Government because many of the levers for change in the local systems are held outside of local control. The changes we are recommending will require a renewed determination to work much more effectively across local, regional and national structures to deliver them. Our insight of best practice from countries such as Canada, Iceland and Portugal would, similarly, require changes in national policy and legislation and systems/practices in order to allow Dundee to implement fully the changes that are required.

The political interest and support for the Commission has been significant from the beginning. Without it, the Commission would never have been instigated. The time is now right to hand back the evidence and findings of our work to our elected leaders and ask them to set the standard for the leadership and accountability that is going to be required in Dundee (and beyond) to turn around the national emergency that is epitomised by the severe rates of drug-related deaths across Scotland.

Local Recommendations

The following are our set of sixteen (16) 'headline' recommendations that we believe are within the abilities of the Dundee Partnership to progress. Our Part 1 Report provides full detail of what will be required to see each recommendation fulfilled.

The recommendations are grouped under the following three headings:

A. Culture and systems;

B. A holistic system model - including integrated Primary Care provision; and

C. Causes and effects of drug use.

A. CULTURE AND SYSTEMS

This first suite of recommendations (1-6) is focused around the need for cultural change across drug treatment services, related disciplines and communities of Dundee, and changes in local systems that will help facilitate such cultural change.

Recommendation 1: The Dundee Partnership must do all that is necessary to achieve the required standard of leadership – the test of which will be that agreed changes are owned and supported by the statutory and third sectors, recovery communities, service users and families.

Recommendation 2: Challenge and eliminate stigma towards people who experience problems with drugs, and their families, across Dundee to ensure that everyone is treated in a professional and respectful manner.

Recommendation 3: Language matters. People who experience problems with drugs, and their friends and families, are part of our communities – let's make them feel like that.

Recommendation 4: Level the 'playing field' to ensure that all partners, statutory and third sector are held equally accountable. This is necessary to enhance patient safety and quality of provision. The balance between current centralised statutory and other provision needs to be changed.

Recommendation 5: Meaningful involvement of people who experience problems with drugs, their families and advocates.

Recommendation 6: Learning from the things that have gone wrong – attention to continuous improvement to benefit others who are vulnerable.

B: A HOLISTIC SYSTEM MODEL – INCLUDING INTEGRATED PRIMARY CARE PROVISION

The second suite of recommendations (7-13) is concerned with the provision of drug treatment and support services in Dundee. An analysis of the balance of evidence provided to the Commission tells a compelling story of a system that is not fit-for-purpose.

Recommendation 7: Choice is important and having the choice of accessing a full menu of services (including community and/or a residential setting) to support recovery should be available to people in Dundee.

Recommendation 8: The provision of services currently offered by ISMS should be delivered through the development of a new 'whole system' model of care. This should be structured via a joint and equal partnership with both primary care and the third sector, with the key purpose of utilising the unique strengths of all partners.

Recommendation 9: Reframe all substance use services to prioritise access, retention, quality of care and the safety of those using services, in line with the evidence base including, but not limited to: improved retention through having an unambiguous 'no unplanned discharges' policy; optimised OST; psychological treatments; assertive outreach; and broad integrated care.

Recommendation 10: Involvement of primary care and shared care models.

Recommendation 11: Review and refresh the community pharmacy model for OST engaging all stakeholders to develop an integrated and holistic approach to the care and treatment of people who use substances. Look to establish a new Community Pharmacy model with additional support.

Recommendation 12: Commission a comprehensive independent Health Needs Assessment for people who experience problems with drugs.

Recommendation 13: Full integration of substance use and mental health services and support. This is recommended UK and international best practice – and it needs to happen in Dundee. Trauma, violence, neglect and social inequalities lie at the root of both mental health problems and substance use problems and most people with substance use problems also have mental health problems.

C: CAUSES AND EFFECTS OF DRUG USE

The third suite of recommendations (14-16) is concerned with a wider understanding of the causes and effects of drug use in order to inform a truly holistic response to one of the most vulnerable, stigmatised and marginalised groups in Dundee.

Recommendation 14: Address the root causes of drug problems.

Recommendation 15: Ensure that the needs of women who experience problems with drugs are assessed and addressed via adoption of gender-mainstreaming and gender-sensitive approaches to service planning.

Recommendation 16: Attend to the intergenerational nature of substance use problems and place the safety and wellbeing of children at the heart of all planning, alongside proactive support for parents. Explore the creation of family support workers in the third sector that can provide support ahead of families reaching crisis point and requiring social work intervention.

National Considerations

In considering how to achieve the significant improvements that are required in Dundee, there are a number of areas that are outside of Dundee's powers to change – resting either with Scottish Government or the UK Government. For Dundee to succeed in its ambitions to effectively tackle the challenges it faces, the Commission needs to highlight the following matters for national consideration:

1. The Commission would ask Scottish Government to consider equal regulation of the whole substance use services/treatment sector.

2. The Commission would ask the Scottish Government to consider how it can change the funding systems in Scotland to allow ADPs to control the whole drug and alcohol spend. This would need to be considered alongside a wholesale review of ADPs to ensure they can function as fully independent commissioning bodies.

3. The Commission welcomes the Scottish Government declaring the drug deaths crisis as a public health emergency. In Scotland, at present, it is unclear whether such a declaration will unlock any new powers or resources. International examples exist that can be learned from, for example in British Columbia, Canada in response to a provincial emergency. The Commission welcomes the moves by the Minister for Public Health and Sport to set up a National Task Force to advise on what further changes, in practice or in law, could be made in Scotland.

4. The Commission is aware of the current inquiry into problem drug use in Scotland being run by the Scottish Affairs Committee and would support the calls for petitioning the UK government to have increased devolved powers to allow for a full 'Scottish' review of drug laws to be conducted and action taken as a result. In the short-term the Commission would ask the Scottish Government to consider how they can make the most of the powers that they already have (including policy) – such as police and enforcement practice.

5. The Commission would ask the Scottish Government to consider convening a National Learning Set for Drug Death Review Groups (including standardisation of processes).

6. The Commission would ask the Scottish Government to consider how 'real time' data (without extensive delays in getting these data into the public domain) can be achieved in order to enhance the ability to respond both locally and nationally.

7. The Commission would ask the Scottish Government to consider allocating appropriate resources to national toxicology testing to enable more effective and quicker reporting.

8. The Commission would ask the Scottish Government to consider developing a plan of work to address the findings in the 2018 Scottish Government report on women and drug-related deaths.

Appendix F: Cambridgeshire and Peterborough

https://www.cpslmind.org.uk/what-we-do/the-sanctuary

https://www.cpft.nhs.uk/UEC%20Vanguard%20mental%20health%20Dec2015.pdf

"The Sanctuary provides a safe place for individuals experiencing an emotional or mental health crisis. It offers practical and emotional support in a warm, welcoming and friendly environment. Access to the sanctuary is strictly via the first response service telephone 111 option 2.

Cambridgeshire, Peterborough and South Lincolnshire Mind is proud to host this vital new initiative in partnership with Peterborough & Fenland Mind, Lifecraft, Richmond Fellowship, Centre 33 and Inclusion Drug & Alcohol Services.

The Sanctuary is funded by Cambridgeshire & Peterborough Clinical Commissioning Group (CCG) as part of the wider Vanguard First Response approach to offering system wide 24/7 help for individuals in crisis."

The Sanctuary is open 6pm-1am and allows the emergency services to take people there rather than A&E or a police cell. People from CPSL Mind are present. No assessment is carried out at the Sanctuary, just someone to listen and signpost, providing practical and emotional support in a moment of crisis.

CPFT & Vanguard

The Sanctuary and other initiatives have been developed as part of the "Vanguard" programme.

"In July [2015], the Cambridgeshire and Peterborough CCG was awarded the status to become one of eight, national urgent and emergency care Vanguard sites. As part of a national NHS England programme, Vanguard sites are designed to test, evaluate and accelerate change, by piloting a range of new models of care. The local Vanguard programme has been split into five work streams, which will all be clinically-led and will involve patients and their carers throughout their development."

Appendix G: Third sector/community mental health information.

Evidence provided by NHS Tayside.

NHS Tayside and Locality Mental Health and Learning Disability known services: third sector and community led support.

NHS Tayside

Police Scotland D Division / NHS Tayside Community Triage Service	The Community Triage Service is a service run by local mental health services. It was implemented in January 2017 in Dundee and has since been rolled out across all areas of Tayside. The service is used when police are dealing with a suspected mental health incident, with persons initially triaged via a telephone consultation, assessing the needs of the person and assisting the police in their decision making. This multi-agency approach intends to provide a timely intervention by mental health professionals where required, and avoiding unnecessary detentions in police stations and hospitals. This should result in the provision of a better service for persons requiring mental health treatment, reduce the amount of time police officers spend accompanying individuals requiring face to face consultation, and reduce the number of people seeing mental health professionals unnecessarily.

Angus Health and Social Care Partnership

Mental Health Wellbeing Service (MHWS)	People, who phone their surgery / present to their GP surgery in distress or have seen their GPs, are then directed to / given an appointment to be seen by the Mental Health and Wellbeing Worker (MHWW). MHWS is provided in 7 practices across Angus currently: • - Brechin Health Centre (1 Practice), commenced in August 2016 • - Links Health Centre (3 Practices), commenced in July 2017 • - Parkview Primary Care Centre (1 Practice), commenced in April 2018 • - Monifieth Medical Centre (1 Practice), commenced in April 2018 • - Forfar (1 Practice), commenced in July 2018
Angus Mental Health and Wellbeing Network (AMHAWN) which incorporates Suicide Prevention	AMHAWN is responsible for setting the strategic direction for mental health, wellbeing and suicide prevention across Angus. AMHAWN comprises representatives from a range of statutory and third sector agencies: • Angus Health and Social Care Partnership • Angus Council • Angus Carers Centre • Carers Trust Scotland • NHS Tayside • Police Scotland • Penumbra • New Solutions • Scottish Fire and Rescue Service • St. Andrew's Church • Insight Counselling • Angus Alive • Angus Voice • Support In Mind Scotland • Scottish Ambulance Service • Angus Independent Advocacy • Richmond Fellowship Scotland • Voluntary Action Angus • Dundee Samaritans • Dundee and Angus College

Dundee Health and Social Care Partnership

Carers Wellbeing Point	Penumbra were awarded funding through the Dundee Carers Partnership to continue implementation of the Carers Scotland Act 2016. The ethos of the Project is that by providing an easily accessible point of information, carers will feel they can access support when they need it in a locality venue suitable for them. It is hoped these workshops will help to provide help and information about finance, benefits, substance misuse, carers and various other topics. Wellbeing Point activities started in January 2019 after some initial consultation and making connections in various community venues including: community cafes based in Whitfield, Lochee and Coldside areas; The Maxwell Centre; Brooksbank Centre; Broughty Ferry Library; Community Centres based in Kirkton, Menzieshill, Fintry and Charleston. The pilot will run until May 2020.

Dundee Collaborative Group	In April 2016 DHSCP constituted a formal collaborative group of care providers who provide support services to people with a learning disability and/or autism in the city. This was later extended to providers of mental health services. The purpose of this group was to: • Look at way providers and the DH&SCP could work together to consider more efficient ways of delivering support, sharing resources and improving the lives of people we all support. • Explore a different way of commissioning new developments and services, taking account of capacity, strengths, local knowledge and added value. • Work together to ensure social care support is in line with anticipated completion dates of planned housing developments. • Undertake this work as a test of change to ensure a more collaborative approach to procuring social care whilst ensuring best use of available resources and increasing third sector influence in commissioning processes The following providers formed the collaborative group: • Capability Scotland • Cornerstone • Carr Gomm Scotland • Dundee Health and Social Care Partnership • Dundee Voluntary Action (DVA) • Gowrie Care • Penumbra • Scottish Association for Mental Health • Scottish Autism • Sense Scotland • The Richmond Fellowship Scotland • Dundee Association for Mental Health (DAMH) • Turning Point Scotland

Making Recovery Real (MRR)	MRR is a multi-agency cross sector initiative supported by the Scottish Recovery Network. MRR Dundee involves a mix of people and organisations with an interest in promoting the best possible mental health for people in Dundee. MRR commenced in June 2015, with meetings amongst the partners: • NHS Tayside, • Dundee City Council, • Dundee Association for Mental Health (DAMH), • Dundee Voluntary Action (DVA), • Hearing Voices Network (HaVeN), • Penumbra, • The Richmond Fellowship Scotland (TRFS), • SAMH, • Art Angel, • Dundee Independent Advocacy Support (DIAS).
Navigator Peer Support Service at Ninewells Hospital Emergency Department	This is an Emergency Department based intervention programme that was developed and continues to be led by the Scottish Violence Reduction Unit and at present runs in partnership with the Scottish Government, NHS Scotland and Medics against Violence. The navigator team provide credible individuals to de-escalate their presentation and via interaction, support the notion of a positive lifestyle change. The major aim of Navigator is to engage those who ordinarily refuse to engage with services. Following a highly selected recruitment process our first Dundee Navigators are to commence their posts on 28th October 2019.

New Beginnings CLDN (Community Learning Disability Nurse) initiative	The New Beginnings Team consists of children's social workers, mental health workers, specialist midwife, and family support workers. Both the New Beginnings Team and CLDN Team identified a gap in service provision which may impact on being able to provide the appropriate care at the appropriate time by the appropriate individual for parents with a learning disability. The New Beginnings CLDN aim: • support the New Beginnings Team to ensure that assessments for parents with a learning disability comply with both local and national guidelines, policies and instructions • share specialist skills and knowledge with all professionals within the team, enabling them to offer parents interventions which are specific to their particular needs • give practical advice, relevant literature and guidance on various aspects of enabling parents to engage, participate and interact with plans designed to address risk and reduce concern • co work alongside the New Beginnings Team Members to ensure that all assessments involving a parent with a learning disability is proportionate, acknowledges their specific needs and addresses issues in a way that parents can understand • ensure parents have adequate access to community -based supports, legal advice and Independent Advocacy • contribute to team around the child meetings, the legal process for children and child's plans in line with GIRFEC.
Patient Assessment, Management and Liaison Service (PALMS)	PALMS pilot commenced on 11th February (at Muirhead and Hawkhill Medical Centres) and clinics have been running since 27th February 2019. This service puts a specialist psychologist at the heart of the primary care team. People registered with the GP practice can book an appointment directly and most people are being seen within a few days. Anyone needing specialist mental health care will then be referred directly to the most appropriate team. Over the next two to three years it is hoped that every GP practice in the City will have a PALMS specialist available to them.

Peer Recovery Support Workers	Transitions are often a point of weakness in current systems, but they can also present opportunities for Peer Workers to engage and have positive impact. The following peer recovery positions already operational in mental health organisations in Dundee: • Informal positions at: Art Angel, Dundee Therapy Garden, Dundee Voluntary Action (Peer Recovery Network), SAMH-Horticulture-Cultivate. • Volunteering positions at: Dundee Therapy Garden, Dundee Voluntary Action (Friary Drop-In), Feeling Strong, Hearing Voices Network, Penumbra, Wellbeing Works. • Paid: Dundee Voluntary Action, Feeling Strong, Hearing Voices Network, Penumbra, SAMH, CMHTs, Veterans First Point. • There is also a 2 Year Project currently starting up in the substance misuse field. This provides for paid posts at Volunteer Dundee, Addaction, TCA, and Gowrie Care.

Perth & Kinross Health and Social Care Partnership

Mental Health Pathways	Current services and supports for people with mental health issues in Perth and Kinross have been scoped. The services listed are accessed by self-referral, signposted by agency, or GP referral and categorised as: • Self-Referral and Community Based Prevention and Early Intervention Support: • Beating the Blues • Books on Prescription • Breathing Space • Healthy Minds Book List • Live Active Compass Membership / GP Referral • Money Worries Crisis App • Moodjuice • NHS Living Life 24 • Suicide Help App / Website Wider Mental Health Support & Wellbeing • Andy's Man Club • Access Team • Employment Support Teams • Mindspace • Perth Six Circle Project • Perthshire Women's Aid • PKAVS Mental Health and Wellbeing • Rape and Sexual Abuse Centre • Social Prescribers • Suicide and Self-Harm Support Group • Support in Mind • Tayside Council on Alcohol • Victim Support • Wellbeing Support Team • OWLS • Barnardo's • Floating Housing Support • Perth Creative Community Collaborative • Listening Service, • Men's Shed • Crieff Recovery Cafes • Wellbeing Cafes • MoveAhead

	• Crisis and Out of Hours • Samaritans Street Pastor
PLUS Perth (Independent Advocacy)	"PLUS is a member-led mental health charity and social movement in Perth and Kinross. Our values include trust, honesty, equality, justice, community spirit, partnership working, love and compassion". PLUS works on the founding principle that every single person is valuable and assists people in making better lives for themselves
Primary Care Mental Health and Wellbeing Nurses (PCMHWN)	PCMHWN are based within GP Practices and are managed by P&K HSCP Perth City Locality MoveAhead Team. Two Registered Mental Health Nurses have been appointed for Perth City locality to work within GP practices assessing and signposting patients with predominantly mild to moderate mental health/ wellbeing needs. A nurse has been allocated to each of the GP Practices within the two Clusters. The first PCMHWN commenced employment on 22nd April 2019 within Cluster 2 of Perth City Locality covering: • Drumhar Health Centre Yellow and Mauve Practice • Perth City Medical Centre • Glover Street – Kings and Victoria Practice Access to a clinic appointment with the PCMHWN is via GP Practices either through reception staff or practice staff directly accessing the practice booking systems. Appointments are available for booking up to 4 weeks in advance. Patients will be asked to phone back when further appointments are released if this is necessary. As yet there has been no requirement for this. Referrals are accepted for any person • Over 16 years of age who is registered with a Perth City GP practice • Who has a mental health/ wellbeing need (any person who has a disruption to one or more of the five essential elements of wellbeing) which is affecting their overall health/wellbeing) which requires further assessment to identify appropriate sign-posting

Appendix H: NHS Tayside. Staff vacancies: June 2018 – June 2019.

SNHS Tayside Staff Governance Committee 15 October 2019. Item 7.1. https://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&dDocName=PROD_328375&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1

	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19
Psychiatric Specialties	**5.0**	**6.0**	**8.0**	**14.0**	**14.0**
General psychiatry	2.0	5.0	5.0	8.0	8.0
Child and Adolescent psychiatry	2.0	-	-	2.0	2.0
Forensic psychiatry	-	-	-	1.0	1.0
Old Age psychiatry	-	-	-	2.0	2.0
Psychiatry of learning disability	1.0	1.0	1.0	1.0	1.0
All hospital vacancies	**223.4**	**159.7**	**151.1**	**147.0**	**215.8**
Adult	182.9	131.8	128.2	118.2	173.7
Paediatrics	1.0	4.4	7.2	6.6	1.0
Mental health	27.5	13.8	6.9	16.0	15.9
Learning disabilities	7.0	2.2	0.0	-	-
Midwifery	5.1	7.5	8.8	6.2	25.1
All community vacancies	**38.7**	**33.4**	**39.9**	**40.0**	**46.4**
Health visiting	4.0	11.0	5.0	3.0	-
District nursing	12.6	0	9.4	14.0	16.5
School nursing	3.0	13.8	-	-	-
Paediatrics	-	1.9	2.9	1.0	6.5
Mental health	11.0	1.0	15.6	22.0	19.3
Learning disabilities	4.0	2.0	3.0	-	-
Midwifery	-	-	1.0	-	-
Other	4.2	3.8	3.0	-	4.0
Allied Health Professional	**79.4**	**53.1**	**41.8**	**68.9**	**82.6**
Dietetics	29.0	4.3	5.9	9.5	12.1
Occupational Therapy	11.0	6.5	5.7	16.0	22.9
Physiotherapy	21.0	25.8	9.3	19.2	23.2
Podiatry	1.5	2.1	3.6	3.6	3.8
Radiography – Diagnostic (inc. Sonography)	12.0	4.9	6.3	13.6	12.1
Radiography – Therapeutic	2.0	0.0	0.0	0.0	-
Speech and Language Therapy	2.0	7.5	9.0	7.1	6.5
Orthotist	-	-	-	-	-
Orthoptists	1.0		1.0	-	2.0
Multi skilled support worker	-	1.0	1.0	-	-

Appendix I: NHS Tayside Response to NHS Highland / Sturrock Report. BOARD57/2019. Tayside NHS Board. 27 June 2019.

https://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&dDocName=PROD_322931&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1

1. SITUATION AND BACKGROUND

In May 2019 the report commissioned by Cabinet Secretary for Health and Sport in to "Cultural Issues related to allegations of Bullying and Harassment in NHS Highland" ('the Sturrock Report') undertaken by John Sturrock QC, was published, along with the formal response from the Cabinet Secretary on behalf of the Scottish Government.

In response to the Sturrock Report findings, the Cabinet Secretary committed to ensuring these would be reflected on across all NHS Scotland Boards, and underpin wider NHS Scotland work on engendering a positive workplace culture and behaviours that reflect NHS Scotland's Values.

The Cabinet Secretary has since written to all Boards on 20 May 2019, seeking assurance on:

• Immediate actions the Board has taken/plans to take on the back of the recommendations made in the Sturrock Report.

• Support the Board in place / will put in place for any member of staff who has been affected by bulling and harassment.

• Details of Board plans for staff engagement to consider these recommendations and the timeline of when this will be carried out.

The Director of Workforce, Employee Director and Associate Director of HR are leading NHS Tayside's response to the Cabinet Secretary. This paper summarises that proposed response.

2. ASSESSMENT

2.1 The 'Sturrock Report' describes findings and makes recommendations across a wide range of matters of culture and behaviours - from support and governance around bullying and harassment and whistleblowing, to matters such as HR policy, person-centred leadership, the role of trade unions, engagement, collaboration, and responsibility. The 'Sturrock Report' and the Scottish Government response to it are available online as follows: https://www.gov.scot/publications/report-cultural-issues-relatedallegations-bullying-harassment-nhs-highland/

2.2. The core findings of the 'Sturrock Report' are primarily cultural, and specifically those aspects that describe appropriate leadership and acceptable behaviours.

NHS Tayside's existing framework and action plan around 'Culture and Collective Leadership', originally agreed by the Board in October 2018 offers a platform for addressing many of the issues

raised through 'Sturrock'. Through actions embedding a Values-Based approach to staff experience and engagement, promoting leadership in every role, and underpinning an ethos of team-working and respect across all parts of NHS Tayside, we should ensure that the learning from 'Sturrock' is adopted throughout our services.

2.3 'Sturrock' also, however, challenges all NHS Boards to look again at elements of their approach in implementing and applying workforce policy, in promoting support for and understanding of the NHS Scotland approach to whistleblowing, and in addressing concerns of bullying and harassment wherever they are raised.

In each of these areas, the Cabinet Secretary has asked each Board to take action and offer assurance, alongside similarly seeking leadership teams to consider their approach to culture, promotion of iMatter, and the Staff Governance Standard itself. Specifically, the Cabinet Secretary asks for assurance from all Boards on a range of specific areas, as detailed in Appendix One.

To help ensure NHS Tayside is well placed to respond proactively in these areas, the Director for Workforce and Employee Director, with the support of the Associate Director of HR&OD - Business Support, are leading the Board response. This includes ongoing engagement with the Executive Leadership Team, Area and Local Partnership Fora, Operational Management Team, and through line manager on in to our services on the delivery of our response.

The proposed response to the Cabinet Secretary's key points is detailed within Appendix One.

3. RECOMMENDATIONS

The Board is asked to note the publication of the 'Sturrock Report', and NHS Tayside's developing response.

APPENDIX ONE

In her letter to the Board dated 20 May the Cabinet Secretary asks for explicit assurance on a

number of key areas:

1. (Boards) Are fostering opportunities for open and active dialogue with all staff in the spirit of Everyone Matters Workforce Vision and Values.

2. Senior Leaders are challenging themselves and their teams to ensure that a culture in which our vision and values are routinely modelled, and that positive behaviours permeate throughout the whole organisation.

3. Remain assured that their local Staff Governance Monitoring arrangements effectively scrutinise implementation of the Staff Governance Standards, in particular that staff continue to be treated fairly and consistently, and with dignity and respect, in an environment where diversity is valued.

4. Are using systems for staff engagement and feedback, including iMatter, effectively and that Boards continue to take action where issues are identified.

5. That Boards review the implementation of workforce policies relating to bullying and harassment and whistleblowing; that they promote staff awareness of these policies including how they can safely and confidentially raise concerns, the sources of support available, and that staff are supported throughout the process.

6. That Boards review their existing workforce training and development needs and make use of the talent development and management programmes NHS Scotland has is place, including Project Lift, to ensure that we are equipping all our staff with the skills and abilities they need to be effective managers of people.

Taking each of these areas in turn, the following is proposed to form the Board response and action plan:

1. (Boards) Are fostering opportunities for open and active dialogue with all staff in the spirit of Everyone Matters Workforce Vision and Values.

The Board recognises that engaging staff openly and honestly in decisions which effect them is a key aspect of Everyone Matters. NHS Tayside has been working in partnership with its local trade unions and staff organisations to refresh the operating principles of the Area Partnership Forum to ensure that there is a robust staff voice in relation to the key strategic issues facing the organisation. In addition Local Partnership Fora have been established across key service delivery areas. These Fora are explicitly tasked within their terms of reference with providing an overview of such issues as iMatters themes, staff governance, finance, workforce planning.

A Partnership Conference was held in April 2019 which sought to engage staff and staff side representatives from all parts of NHS Tayside to review how staff engagement and partnership working can be strengthened. That Conference included input from the Co-Chairs of the Scottish Partnership Forum and an outcome report is to be delivered to the Area Partnership Forum so that key actions can be developed.

NHS Tayside would also look to iMatters and TURAS as providing opportunities for team leaders and their team to have open and honest discussion about how to ensure that the local work area adheres to the vision and values of Everyone Matters.

2. Senior Leaders are challenging themselves and their teams to ensure that a culture in which our vision and values are routinely modelled, and that positive behaviours permeate throughout the whole organisation.

NHS Tayside has formally committed to developing a positive, value-based working environment, where all staff feel supported to deliver the best possible outcomes for those we serve.

In October 2018, the Board agreed a 'Collective Leadership and Culture Strategic Framework' focused on building NHS Tayside's culture around the following principles:

• NHS Tayside is a values-based organisation

• Leadership and management are an important part of every role

• Teamwork is the cornerstone of the organisation's approach

• Support and development is system-wide, and available to all

To underpin this commitment, within its 'Transforming Tayside' plan for 2019-2022, the Board set a primary organisational objective relating to delivery of a 'Better Workplace', modelled against the NHS Scotland Staff Governance Standard, and described as:

BETTER WORKPLACE: "We will have a valued and diverse workforce who are well informed and appropriately trained, can access development opportunities, and have a strong voice throughout the organisation"

As an initial priority, the Board has focused on creating the conditions to embed our values to ensure these are understood, owned, and reflected in how our staff, our leaders, and our Board and its governance structures are expected to act and behave. As such, NHS Tayside is, in individual senior objective setting, prioritising demonstration of the values that are expected throughout the organisation in the actions and behaviour at the most senior levels of the organisation, as evidenced through iMatter and TURAS.

Alongside this, Board members have themselves committed to values modelling as individual members and throughout its Committee structure in its Good Governance provisions.

3. Remain assured that their local Staff Governance Monitoring arrangements effectively scrutinise implementation of the Staff Governance Standards, in particular that staff continue to be treated fairly and consistently, and with dignity and respect, in an environment where diversity is valued.

In line with national requirements, NHS Tayside submits for Scottish Government scrutiny the National Self Assessment Monitoring Return. That Monitoring Return reflects staff experience and NHS Tayside implementation of the Staff Governance Standard, as described through local line and partnership input, alongside highlighting corporate initiatives aimed at supporting continuous improvement of overall staff experience and management.

Consideration and sign-off of the NHS Tayside Monitoring Return formally flows through, and is subject to scrutiny by, the Area Partnership Forum to Staff Governance Committee. Assurance e reporting in this way recognising the contribution of partnership working to the issue of positive staff experience.

The evidence provided within the Monitoring Return reflects both those Corporate initiatives led to improve staff experience, and the actions taken locally in response to iMatter and other matters by the network of Local Partnership Foras established across key service delivery areas.

NHS Tayside also produces a quarterly report across a suite of employee data submitted to the Staff Governance Committee for scrutiny and Board assurance purposes. That report offers reporting around matters of diversity, wellbeing, grievance, bullying and harassment, whistleblowing, and other areas of workforce policy application.

4. Are using systems for staff engagement and feedback, including iMatter, effectively and that Boards continue to take action where issues are identified.

The use of iMatter, and our ensuring high participation and action plan conversion rates, has been established as part of the NHS Tayside performance framework, and one of the key performance measure agreed as part of the 'Transforming Tayside' plan for 2019-2022:

• iMatter Employee Engagement Index Score of 80, Participation rate: 70%

Consideration of iMatter outcome report themes and ensuring local action planning are delegated core standing items on Local Partnership Fora, while the Area Partnership Forum is tasked to consider and respond to the Board's overall iMatter outcome, reporting any agreed actions to the Staff Governance Committee for assurance. This is in addition to the regular quarterly workforce data reporting outlined above.

Additionally, NHS Tayside has a suite of internal corporate staff communication routes, including regular newsletters and publication of Board and Committee minutes and papers online. Staff engagement sessions are currently ongoing around the NHS Tayside Transformation programme to promote staff awareness, understanding, and local engagement.

5. That Boards review the implementation of workforce policies relating to bullying and harassment and whistleblowing; that they promote staff awareness of these policies including how they can safely and confidentially raise concerns, the sources of support available, and that staff are supported throughout the process.

NHS Tayside has established a range of support mechanisms for staff who feel bullied or harassed. These include the establishment of Diversity and Equality Champions to signpost staff to appropriate advice. A Wellbeing Centre which provides a values based approach to supporting staff. There is also an occupational health service which provides one to one counselling for staff. Support is also available from staff side representatives and NHS Tayside actively seeks to work in partnership with the staff side in looking at the Tayside approach.

Alongside the appointment of a new Whistleblowing Champion, a revised reporting tracker has been developed to provide assurance to the Whistleblowing Champion that cases of whistle blowing are being actively addressed. The Whistle blowing Champion leads a small group, which includes the Employee Director, to review and make recommendations as to the key priorities for NHS Tayside.

A corporate communication about whistleblowing is to be issued on a 6 monthly basis to heighten staff awareness of the Whistleblowing Policy. The Whistleblowing Champion provides an update to each Staff Governance Committee and an Annual Report will be brought to the NHS Tayside Board. A quarterly report across a suite of employee data is submitted of the Staff Governance Committee for scrutiny.

The introduction of new Once for Scotland policies will provide an opportunity to refresh skills and enhance awareness with regard to the handling of these key employment issues.

6. That Boards review their existing workforce training and development needs and make use of the talent development and management programmes NHS Scotland has is place, including Project Lift, to ensure that we are equipping all our staff with the skills and abilities they need to be effective managers of people.

In line with its commitment in October 2018 under the 'Culture and Collective Leadership Framework', NHS Tayside has agreed a 'Collective Leadership' Training Plan for 2019. This Plan will continue the Board's commitment to enhance leadership capabilities at all levels of the organisation, developing the knowledge, skills, attitudes and values of individuals so that they model compassionate collective leadership.

A suite of training and development programmes are already in place or being piloted and developed that create a new leadership culture where our leaders are accountable for outcomes like high employee engagement and meaningful career management that have been shown to significantly impact financial stability, productivity, and growth. These include Core Senior Leadership and Business Skills programmes, ILM Level 3 Leadership and Management team leader programme, SVQ Level 3 in Management in place for supervisor and first line manager roles, and a Supervisors Development pilot programme.

Alongside this NHS Tayside is an active participant in the NHS Scotland programmes, including, for example 'Leading for the Future' (both with participant attendees and supporting formal programme delivery, and Project Lift, with both participants, promotion of the self assessment tool as an appraisal aide for senior leaders, and formal Project Lift link to the Chief Executive's Executive Leadership Team established.

The introduction of TURAS also underpins assurance reporting on the degree to which core statutory and mandatory training, and regular performance development discussions are happening across all parts of our workforce. These two domains also feature as key performance measure agreed as part of the 'Transforming Tayside' plan for 2019-2022:

- Statutory and mandatory training for all staff. Annual rate compliance: 90%

- Appraisal & PDPs for all staff, including medical appraisal compliance via TURAS: 95%

Appendix J: Adult Mental Health (Inpatient) Services Organisational Development Review: Summary of Diagnostic and Recommendations/Adult Mental Health Services Organisational Development Plan.

Introduction

"The Adult Mental Health Services Leadership Team engaged with the Organisational Development (OD) Department during 2018 to explore how the Tayside Collective Leadership Culture Framework might be taken forward within the Service; the leadership team came together in workshop in December 2018 and produced an initial Cultural Vision for the Service. This is reproduced as Appendix 1 and 2 of this Plan. This Vision shows the aspiration of the leadership team to engage with staff, patients and partners of the service to take forward activities that will support a transformation of culture in the coming years.

This initial work was followed, in February 2019 by OD conversations held with key members of the leadership team and their support staff to review how their current experience of working in the service. It is hoped that the suggested actions and activity outlined below will support work already underway to bring about a process of successful change.

Any OD input will be designed to support the team in the wide range of positive change activity already being progressed through clinical and quality improvement, practice development, human resources, governance & structure review and management role, accountabilities and skillset development (It should be noted that when the 'Leadership Team' is referred to, this is taken to mean those with a managerial and clinical responsibility and authority for taking forward change and improvement in the service)."

Prior to its disclosure to the Independent Inquiry in October 2019, no mention had been made of this Organisational Development exercise having taken place. It is not cited in the "consolidated action tracker" document which the Independent Inquiry had received in July and which had been presented as a document representing all of the various recommendations from both external and internal reviews.

23 Staff were interviewed in February 2019 (a combination of personnel from Management, Medical, Nursing, Administrative, Trainee Doctors and Quality Improvement teams).

Universal positives

- All staff presented as motivated and hardworking.
- All wanted to do a good job and improve things for the service and the patients.
- Most staff reported enjoying their work, whether this was directly with patients or as a support service.

Historical themes reported

- Carseview Centre, internally focussed and cut off from other areas, things done the "Carseview Way."
- Approach not always best practice or up to date.
- Rivalries and divisions between areas within In-patient care.
- Difficult for patients to navigate pathways between services/internally.
- New ideas from other places not encouraged, a culture of control, reported; passive aggression and blame (sometimes threat) when any attempt made to "speak up to power" (Low levels of Psychological Safety).
- Power and control held at middle managerial level, little responsibility or empowerment encouraged at frontline level/Hierarchy and permission seeking.

Missing stakeholders (at system level)

- Patients – limited reports of actively engaging with patients for feedback and improvement.
- Medical staff – limited engagement and representation of medical staff at Leadership Team level: exhaustion and over-burdened roles.
- Trainee doctors/Trainee nurses/Allied health professionals – in an ideal position to provide feedback and input as to how their and patients' experiences can be improved.

What happens in "closed systems"?

- Strict Hierarchy – control centred around gatekeepers to the system.
- Responsibility and problem solving pushed upwards.
- Managers with GOOD INTENTIONS protect the staff below.
- Failure not tolerated or encouraged (experience of blame rather than accountability) coming from top-down (and bottom-up).
- Low levels of Psychological Safety.
- Disconnected from the outer system and outer world.
- Input from outside system experienced as criticism or attack.
- Problems dealt with through policy application rather than discussion.

History – what contributed to this system?

- Limited opportunities for training and exposure to new knowledge
- Power and decision-making centralised - limited distributed leadership
- System exhaustion and experience of being constantly under attack – need for the system to defend itself
- Organisational and personal trauma
- Lack of clear Vision for the Service, Strategy for the future
- Lack of clarity about objectives, expectations and accountability
- Lack of clarity of what a healthy culture would look like/feel like for both staff and patients
- Engagement events as opposed to engagement processes
- Lack of connectedness between/amongst professional groups (e.g. medical)
- Parental interactions and communications

What has begun to improve (6 months)?

- Staff at frontline level being given responsibility and empowered to act within their role.
- Engagement processes beginning (still needs work to connect professions and leaders).
- Clearer idea of what kind of culture is needed and what kind of behaviours expected.
- Staff involved in decision-making.
- Changing approach to management and leadership.
- Patient Safety Programme.
- Staff Training.
- Values-based ALS and opportunities to develop.
- Action Plans?!?!

Recommendations

- Increased engagement with Medical staff.
- Trainee engagement & local feedback.
- Trainee involvement in clinical model development & improvement (Role/task reviews).
- Identified Medical Clinical Leaders - supported and developed.
- Clinically – focussed 'Triumvirate' management & leadership team & structure.
- Cultural Visioning/Strategy Development Day for Ward-based cultures (Acute Services) – (including partners & stakeholders) (OD).
- Follow-up session/s to focus on & articulate goals & objectives to deliver Vision/Strategy for culture (OD).
- Development Programme/Action Learning Set for SCNs/Senior AHPs (OD).
- Development Programme for Leadership (OD).
- Individual Development discussions & plans for all managers & leaders.
- Development Session for Admin Team (OD).
- Training & development for all staff.
- Engagement and partnership with patients and other stakeholders.

Independent Inquiry into Mental Health Services in Tayside

15/16 Springfield, Dundee, DD1 4JE

Website: www.independentinquiry.org

ISBN: 978-1-5272-5739-9

Appendix 2

INDEPENDENT INQUIRY INTO
MENTAL HEALTH SERVICES IN TAYSIDE
TAYSIDE EXECUTIVE PARTNERS STATEMENT OF INTENT
NHS TAYSIDE, ANGUS COUNCIL, DUNDEE CITY COUNCIL,
PERTH & KINROSS COUNCIL, POLICE SCOTLAND TAYSIDE DIVISION

The Independent Inquiry report sets out a clear and urgent need for improvement in the mental health care, treatment and support for people across our communities in Tayside.

The Tayside Executive Partners are committed to making all the necessary improvements so that people from all communities across Tayside receive the best possible mental health and wellbeing care and treatment and those with mental ill health are supported to recover without fear of discrimination or stigma.

Together with people living with mental ill health, their families and carers, and our staff, we will immediately work on addressing the issues raised in the Independent Inquiry Report to build good quality mental health services that meet people's needs and build a working environment that supports our staff.

As leaders of the response to the Independent Inquiry, we will:

- Immediately establish a Collaborative Strategic Leadership Group to oversee the urgent and essential actions required to improve mental health services and begin to restore public trust, respect and confidence in mental health services in Tayside.
- Strengthen our engagement and participation so that the voices of people with lived experience and their carers are amplified and remain strong as we co-design improvements to services to deliver a truly person-centred Tayside-wide Strategy for Transforming and Improving Mental Health and Wellbeing.
- Drive the development of the Tayside-wide Strategy which delivers support and services built on our commitment to fostering respectful relationships with people who use and work in our services.
- Commit to strengthening the Tayside Mental Health Alliance as a collaborative which brings together all partners and all aspects of mental health – from prevention and recovery, to community and hospital-based services.
- Reach out to, learn from and engage with other mental health systems, external experts and professional bodies to further develop leadership, culture, behaviours and attitudes which will strengthen the learning culture across mental health in Tayside.
- Work in partnership with staff and staff representatives to ensure that everyone has the opportunity to contribute, learn, influence and shape the future of mental health services in Tayside.

We believe that through these commitments and the recognition of people's lived experience we will put people at the centre of decisions about their support, care and treatment. We understand that good mental health contributes to improvements in people's life circumstances and we are committed to working with people to ensure trusting, respectful relationships are at the heart of what we do.

Co-signatories: Grant Archibald, Margo Williamson, David Martin, Karen Reid, Chief Superintendent Andrew Todd

Appendix 3


CHANGE HOW WE DELIVER CARE & TREATMENT
WHOLE SYSTEM APPROACH
GENUINE COPRODUCTION
STAFF AS OUR BIGGEST ASSET – TRAINING & SUPPORT
CLEAR PATIENT JOURNEYS TO AGREED PATHWAYS & STANDARDS
RELATIONSHIPS
SERVICE TRANSFORMATION
LEADERSHIP
TAYSIDE MENTAL HEALTH ALLIANCE
Trust & Respect

Appendix 4

The Key Improvements in Dundee Health and Social Care Partnership to date:

- Establishment of Clinical Lead for Mental Health and Learning Disabilities post ensuring availability of senior clinical experience in driving forward safe and effective services whilst planning and operationalising future service design
- Establishment of two additional Team Lead posts across Community Mental Health Services, a dedicated Nurse Manager for Mental Health and Learning Disability Services and establishment of a Mental Health Improvement Advisor post
- Establishment of an Adverse Event Management Process (with Standard Operating Procedures) to oversee all Red and Amber events. Increased number of people trained in Root Cause Analysis and investigation methodology, direct link between Adverse Event investigation outcomes and on-going improvement plans and associated governance and improving family involvement in review process
- Established system of ongoing co-production through voluntary sector led forums for people with lived experience, Making Recovery Real initiative and local community planning networks. Views and wishes of people with lived experience are central to strategic planning and service redesign
- Additional two Mental Health Officer posts to ensures all statutory requirements related to Mental Health Officer work is covered and provides an adequate leadership capacity to support both a dedicated MHO team and satellite MHO based more widely within the Health and Social Care Partnership
- Patient Assessment, Liaison & Management Service (PALMS), Community Listening Service and Sources of Support Link workers cooperating within Cluster Models to improve timely availability of advice and support both to people themselves and the General Practice colleagues wrapped around them
- Five Peer support workers employed within voluntary sector to support people at an early stage and/or encourage enable and improve access to statutory services
- Draft Suicide Prevention Strategy produced in late 2019
- Decision to widen and enhance the provision of post-discharge support for people leaving inpatient and mental health crisis care
- Agreement to design and implement unified pathways for people with significant mental health and substance use challenges. Whole System of Care group established in January 2020, to oversee developments
- Agreement to develop triage response with Ambulance Service/ Police/ Emergency Department to streamline access to short term support
- Agreement to commission two properties during 2020 with availability and provision of 24/7 short-term support for people experiencing distress

Key Tayside Wide Improvements:

- Establishment of the Mental Health Partnership Forum which is responsible for facilitating and monitoring the effective operation of partnership working across all mental health services.
- Establishment of the Integrated Leadership Team for Mental Health
- Investment in additional leadership capacity at all levels of management within the organisation

- System-wide focus on the quality and performance of Mental Health and Learning Disability Services
- System-wide approach to learning from adverse events in Mental Health and Learning Disability Services
- Navigator project launched. Two whole term equivalent posts working as an integral part of Emergency Department in Ninewells Hospital, Dundee. Navigator staff connect vulnerable patients with support services that can help address their needs including addiction, mental health problems and all forms of violence, including domestic abuse. Officially launched by Cabinet Secretary of Justice in January 2020.
- Action 15 monies used to recruit additional mental health staff within prison and Police Custody services. This is to provide improved access to specialist services and target high risk groups, as well as tackling health inequalities

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February 2020.

ITEM No …13……..

REPORT TO: **DUNDEE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 FEBRUARY 2020**

REPORT ON: **FINANCIAL MONITORING POSITION AS AT DECEMBER 2019**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB6-2020**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Integration Joint Board with an update of the projected financial monitoring position for delegated health and social care services for 2019/20.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of this report including the overall projected financial position for delegated services to the 2019/20 financial year end as at 31 December 2019 as outlined in Appendices 1, 2 and 3 of this report.

2.2 Notes the progress with implementation of savings initiatives as outlined in Appendix 4.

2.3 Notes that officers within the Health and Social Care Partnership are progressing with a number of actions required to effect a recovery plan as outlined in section 4.7.1 of this report.

3.0 FINANCIAL IMPLICATIONS

3.1 The financial monitoring position for Dundee Health and Social Care Partnership based on expenditure to 31st December 2019 shows a net projected overspend position at the year-end of £3,897k. Officers within the Health and Social Care Partnership continue to progress a number of actions required to deliver a recovery plan.

4.0 MAIN TEXT

4.1 Background

4.1.1 As part of the IJB's financial governance arrangements, the Integration Scheme outlines that "The Chief Finance Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances".

4.1.2 The IJB set out its final budget for delegated services at its meeting of the 25 June 2019 following receipt of confirmation of NHS Tayside's budget (DIJB31-2019). Within this report, the risks around the prescribing budget were reiterated after being formally noted in the budget report presented to a meeting of the IJB held on 29 March 2019 (Article VI of the minute refers).

4.1.3 The financial information presented has been provided by the finance functions of NHS Tayside and Dundee City Council as set out within the Integration Scheme.

4.1.4 Under the terms of the Integration Scheme, the risk sharing arrangements in relation to any residual overspends incurred by the end of the financial year will be met proportionately by the Council and NHS Tayside. Discussions will be ongoing throughout the financial year with both parties to consider the implications of this should an overspend arise. Officers within the partnership will however continue to explore areas to control expenditure and achieve the savings targets identified.

4.2 Projected Outturn Position – Key Areas

4.2.1 The following sets out the main areas of note from the financial information contained within Appendices 1 (Summary Position) and 2 (More Detailed Position) and provides commentary on the reasons for significant variances, actions being taken to manage these and outlines the key elements of risk which may remain.

4.3 Services Delegated from NHS Tayside

4.3.1 The financial projection for services delegated from NHS Tayside to the IJB indicates a projected underspend of around £349k by the end of the financial year. Community based health services managed directly by Dundee Health and Social Care Partnership are projected to be underspent by approximately (£743k) and overall prescribing is projected to be underspend by (£576). An overspend of £144k is projected in General Medical /Family Health services and an overspend of £826k as a result of the net effect of hosted services risk sharing.

4.3.2 Service underspends are reported within Community Based Psychiatry of Old Age (£190k), Allied Health Professionals and Community Nursing (£250k), Keep Well (£165k), hosted services such as Psychology (£730k), Tayside Dietetics (£180k) and Sexual & Reproductive Health (£230k) mainly as a result of staff vacancies.

4.3.3 Service overspends are anticipated in Enhanced Community Support £620k, Intermediate Care £95k and Medicine for the Elderly £525k. These are associated with the Delayed Discharge issues highlighted at section 4.4.2 below. Community Mental Health services are also anticipated to be overspent by £245k. Additional staffing pressures have contributed to the adverse position within these services through ensuring safe staffing levels in accordance with the National Nursing and Midwifery workload tools requirements.

4.3.4 The Family Health Services prescribing budget currently projects an overspend of £165k based on the expenditure trends to date and predictions to the year-end however this is offset by an underspend in Other Prescribing items. General Medical Services is forecasting an overspend of £167k.

4.3.5 Members of the IJB will also be aware that Angus and Perth and Kinross IJBs host delegated services on behalf of Dundee IJB and a number of services are hosted by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth and Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows net overspends to the value of £671k being recharged with the net impact of hosted services to Dundee being an overspend of £826k.

4.3.6 As with 2018/19, the financial position of Dundee City IJB continues to be impacted upon by the significant overspend in the Mental Health Inpatient service which is hosted by Perth & Kinross IJB. Perth & Kinross IJB in collaboration with NHS Tayside and the Scottish Government have invested in project management capacity to seek to address these issues and to support the transformation of In-Patient Mental Health Services. However, the latest projection from Perth and Kinross shows Dundee's share of this overspend increased from the £688k previously reported to £722k. As instructed by the IJB at the October meeting, the Chief Finance Officer has formally written to the Chief Finance Officer of Perth & Kinross IJB to request an update on progress with implementation of the transformation programme and likely impact on the financial position for 2019/20 and beyond. At this stage no response has been received.

4.4 Services Delegated from Dundee City Council

4.4.1 The financial projection for services delegated from Dundee City Council to the IJB shows an anticipated overspend of £4,246k which is a deterioration from the figure of £3,085k formally presented to the IJB in December, which was based on the October expenditure position to date.

4.4.2 A significant financial challenge facing the IJB's delegated budget continues to be the provision of home and community based social care at a sufficient level to meet increasing demographic demand and reduce delayed discharges in hospital while balancing financial resources. At this stage of the financial year, the activity in this area is at such a level that a significant overspend is projected across a range of services. An overspend of approximately £965k is anticipated within externally purchased care at home services. An increased number of placements in private and voluntary sector care homes compared to previous years position results in an overspend of £1,234k. In addition, expenditure on respite care is higher than budget by around £211k again mainly due to high levels of demand. An overspend of around £863k is projected within the Assessment at Home service. Staff costs across services are expected to be around £1,307k overspent due to the non-achievement of staff savings and slippage targets, including the delay in implementing the home care review.

4.4.3 A range of underspends within Mental Health, Substance Misuse and Other Adults functions mainly arising from staff turnover as well as slippage in the development of new services are currently projected to partly offset these budget pressure areas.

4.5 Reserves Position

4.5.1 The IJB's reserves position was adversely affected at the year ended 31st March 2019 as a result of a greater than anticipated overspend incurred during last financial year. The reserves position is noted below. Within the net overspend position set out within the Council's projected figures in section 4.4, £300k of earmarked reserves in relation to transition funding for the Assessment at Home Service will be drawn down at the year end as planned while a further £94k will be drawn down as Transformation reserves to support the implementation of the Home Care Review. The balance of Non-Earmarked reserves will need to be applied to the IJB's net year end overspend position prior to funding requests to the partner bodies under the terms of the Integration Scheme. The balance of earmarked reserves are being used as per Scottish Government guidance to fund specific initiatives as set out below.

	Opening Balance £000	Anticipated Commitments	Projected Net Position at 31st March 2020**
Non-Earmarked Reserves	561	-	561
Earmarked Reserves – Transformation	400	(300)	100
Earmarked Reserves – Specific*	1,805	(1,805)	-
Total	2,766	(2,105)	661

*These balances mainly consist of Primary Care, Alcohol and Drug Partnership and Mental Health Action 15 Scottish Government Funds which must be spent on the purposes for which they were provided for. In addition, a balance of funding of around £300k is to be used to support the assessment at home service.

** Prior to use of reserves to fund any residual overspend

4.6 Savings and Transformation Plan

4.6.1 The IJB agreed a savings and transformation programme at its meeting of 29th March 2019 to the value of approximately £5,400k which was around £500k short of the required target to fully balance the budget. This shortfall is included within the projections contained within this report.

4.6.2 A review of progress in relation to these reviews has been made and is set out in Appendix 4 to this report. This notes that £2,808k of these agreed savings have been or are on track to be achieved with a further £2,582k regarded as either unlikely to be achieved or high risk of not being delivered. Officers from the Health and Social Care Partnership will continue to progress the outstanding savings proposals where possible to reduce the risk of non-delivery of savings. The impact of these risks are considered as part of the financial monitoring projections set out in this report.

4.7 Recovery Action

4.7.1 Given the level of overspend projected and continued increasing demand for services officers from the Health and Social Care Partnership are progressing a number of actions to restrict future spend and recover the overspend incurred to date. These actions are as follows:

Action:

- *Review of health and care pathways to reduce hospital stays including delayed discharge to ensure any system blockages are cleared and systems and processes are working at their optimum level.*

An action plan has been developed and is in the process of being implemented by operational services to ensure component parts of pathways can work effectively

- *Continuous scrutiny of staff vacancies and managing these effectively where safe to do so.*

All requests for approval to recruit signed off by Head of Health and Community Care Services and Chief Finance Officer with requirement to demonstrate all other alternative approaches have been explored. Patient and service user safety remains the priority.

- *Continuous review of discretionary spend across all service areas.*

Budget holders to ensure expenditure is only incurred when absolutely necessary.

- *Review of specific expenditure areas such as Learning Disability Services.*

Benchmarking exercise to be undertaken to compare cost base with other systems across other authorities in Scotland

- *Work with partners to ensure resources are maximised across the whole system supporting health and social care.*

Continued dialogue with partner agencies to ensure relevant services continue to prioritise complementary services which support the health and wellbeing of the local population. Explore joint areas of investment, for example through the agreement of the Winter Plan with NHS Tayside and the other Tayside IJBs

- *Review of progress of previously agreed savings proposals.*

As noted in Section 4.6 above and Appendix 4

- *Options around use of remaining reserves.*

As noted in section 4.5 above

- *Restatement of eligibility criteria for access to services to critical and substantial*

As agreed at the August 2019 IJB meeting (Article VI of the minute refers)

- *Review of additional support in care packages*

Ensure any support arrangements above standard levels (eg 1:1 support in care homes) remain appropriate to meet the needs of service users

- *Review of Intermediate Care Provision*

Ensure maximum value is achieved through current contractual arrangement

4.8 Budget Variation

4.8.1 Throughout the financial year, adjustments are made to the original approved budget as a result of additional funding and service transformation. Changes to the delegated budget are provided below:

	Dundee City Council £000k	**NHS Tayside £000k**	**Total £000k**
Approved budget	77,047	158,879	235,926
Adjustments	82k Women's Aid 140k Apprenticeship Levy Budget 9.4k Other Minor Adjustments	496k Superannuation Adjustments / Action 15 Mental Health 788k Increase in Hospital and Community budget 2,516k Increase in General Medical Services/ Family Health services 35k increase in Hospital and Community budget 1k decrease in FHS - Cash Limited & Non Cash Limited	4,065
Adjusted Budget	77,278	162,713	239,991

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year.
Risk Category	Financial
Inherent Risk Level	Likelihood 4 x Impact 5 = Risk Scoring 20 (which is Extreme Risk Level)
Mitigating Actions (including timescales and resources)	The IJB has agreed a range of efficiency savings and other interventions including the use of reserves to balance expenditure. A range of service redesign options through the Transformation Programme will offer opportunities to further control expenditure. Regular financial monitoring reports to the IJB will highlight issues raised.

Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Planned Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Approval recommendation	While the inherent risk levels are extreme, the impact of the planned actions reduce the risk and therefore the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

Date: 5 February 2020

Appendix 1

DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2019/20 **Dec-19**

	Dundee City Council Delegated Services		NHST Dundee Delegated		Partnership Total	
	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000
Older Peoples Services	40,130	2,457	15,973	1,013	56,102	3,470
Mental Health	4,320	(99)	3,637	240	7,957	141
Learning Disability	24,448	1,101	1,411	45	25,858	1,146
Physical Disabilities	6,008	88	0	0	6,008	88
Substance Misuse	1,977	(213)	2,711	(40)	4,689	(253)
Community Nurse Services/AHP/Other Adult	716	(216)	12,412	(365)	13,128	(581)
Hosted Services	0	0	20,174	(858)	20,174	(858)
Other Dundee Services / Support / Mgmt	(320)	1,128	27,055	(485)	26,735	643
Centrally Managed Budgets	0		559	(292)	559	(292)
Total Health and Community Care Services	**77,278**	**4,246**	**83,932**	**(743)**	**161,210**	**3,504**
Prescribing (FHS)	0	0	32,233	165	32,233	165
Other FHS Prescribing	0	0	821	(741)	821	(741)
General Medical Services	0	0	26,650	167	26,650	167
FHS - Cash Limited & Non Cash Limited	0	0	19,077	(23)	19,077	(23)
Total	**77,278**	**4,246**	**162,713**	**(1,175)**	**239,991**	**3,072**
Net Effect of Hosted Services*			6,090	826	6,090	826
Grand Total	**77,278**	**4,246**	**168,802**	**(349)**	**246,081**	**3,897**
Less: Planned Draw Down From Reserve Balances		(394)				(394)
Revised Net Projected Position	**77,278**	**3,852**	**168,802**	**(349)**	**246,081**	**3,503**

*Hosted Services - Net Impact of Risk Sharing Adjustment

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

Appendix 2

Dundee City Integration Joint Board – Health and Social Care Partnership – Finance Report December 2019

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000
Psychiatry Of Old Age (POA) (In Patient)			4,916	(98)	4,916	(98)
Older People Serv. – Ecs			1,062	620	1,062	620
Older Peoples Services -Community			626	23	626	23
Medicine for the Elderly			5,280	525	5,280	525
Medical (POA)			684	0	684	0
Psychiatry Of Old Age (POA) - Community			1,972	(190)	1,924	(190)
Intermediate Care			(44)	95	(44)	95
Dundee- Supp People At Home			0	0	0	0
Medical (MFE)			1,524	38	1,524	38
Older People Services	40,130	2,457			40,130	2,457
Older Peoples Services	40,130	2,457	15,973	1,013	56,102	3,470
General Adult Psychiatry			3,637	240	3,637	240
Mental Health Services	4,320	(99)			4,320	(99)
Mental Health	4,320	(99)	3,637	240	7,957	141
Learning Disability (Dundee)	24,448	1,101	1,411	45	25,858	1,146
Learning Disability	24,448	1,101	1,411	45	25,858	1,146

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000
Physical Disabilities	6,008	88			6,008	88
Physical Disabilities	6,008	88	0	0	6,008	88
Substance Misuse	1,977	(213)	2,711	(40)	4,689	(253)
Substance Misuse	1,977	(213)	2,711	(40)	4,689	(253)
A.H.P. Admin			406	(20)	406	(20)
Physiotherapy			3,809	(230)	3,809	(230)
Occupational Therapy			1,455	0	1,455	0
Nursing Services (Adult)			6,193	(30)	6,193	(30)
Community Supplies - Adult			155	(35)	155	(35)
Anticoagulation			395	(50)	395	(50)
Joint Community Loan Store			0	0	0	0
Intake/Other Adult Services	716	(216)			716	(216)
Community Nurse Services / AHP / Intake / Other Adult Services	716	(216)	12,412	(365)	13,128	(581)

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000
Palliative Care – Dundee			2,777	(55)	2,777	(55)
Palliative Care – Medical			1,180	30	1,180	30
Palliative Care – Angus			348	15	348	15
Palliative Care – Perth			1,731	170	1,731	170
Brain Injury			1,719	180	1,719	180
Dietetics (Tayside)			3,001	(180)	3,001	(180)
Sexual and Reproductive Health			2,195	(230)	2,195	(230)
Medical Advisory Service			162	(90)	162	(90)
Homeopathy			28	4	28	4
Tayside Health Arts Trust			62	0	62	0
Psychology			5,192	(730)	5,192	(730)
Psychotherapy (Tayside)			953	50	953	50
Learning Disability (Tayside AHP)			826	(22)	826	(22)
Hosted Services	0	0	20,174	(858)	20,174	(858)
Working Health Services			0	(15)	0	(15)
The Corner			416	(40)	416	(40)
Grants Voluntary Bodies Dundee			46	0	46	0
IJB Management			797	(125)	797	(125)
Partnership Funding			23,842	0	23,842	0
Urgent Care			0	0	0	0
Public Health			762	(65)	762	(65)
Keep Well			632	(165)	632	(165)
Primary Care			560	(75)	560	(75)
Support Services/Management Costs	(320)	1,128			(320)	1,128
Other Dundee Services / Support / Mgmt	(320)	1,128	27,055	(485)	26,735	643

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000
Centrally Managed Budgets			559	(292)	559	(292)
Total Health and Community Care Services	**77,278**	**4,246**	**83,932**	**(743)**	**161,210**	**3,504**
Other Contractors						
Prescribing (FHS)			32,233	165	32,233	165
Other FHS Prescribing			821	(741)	821	(741)
General Medical Services			26,650	167	26,650	167
FHS - Cash Limited and Non Cash Limited			19,077	(23)	19,077	(23)
Grand Total HSCP	**77,278**	**4,246**	**162,713**	**(1,175)**	**239,991**	**3,072**
Hosted Recharges Out			(11,911)	154	(11,911)	154
Hosted Recharges In			18,001	671	18,001	671
Hosted Services - Net Impact of Risk Sharing Adjustment			**6,090**	**826**	**6,072**	**826**
Total	**77,278**	**4,246**	**168,802**	**(349)**	**246,081**	**3,897**
Less: Planned Draw Down from Reserves		**(394)**				**(394)**
Total	**77,278**	**3,852**	**168,802**	**(349)**	**246,081**	**3,503**

NHS Tayside - Services Hosted by Integrated Joint Boards - Charge to Dundee IJB
Risk Sharing Agreement - December 2019

Appendix 3

Services Hosted in Angus	Annual Budget	Forecast Over (Underspend)	Dundee Allocation
Forensic Service	1,005,937	(120,000)	(47,280)
Out of Hours	7,901,746	(170,000)	(66,980)
Tayside Continence Service	1,850,857	0	0
Ang-loc Pharmacy	1,440,571	(36,000)	(14,184)
Speech Therapy (Tayside)	1,128,915	(72,000)	(28,368)
Hosted Services	**13,328,026**	**(398,000)**	**(156,812)**
Apprenticeship Levy	41,188	2,400	946
Baseline Uplift surplus / (gap)	13,000	0	
Balance of Savings Target	-193,272	193,300	76,160
Grand Total Hosted Services	**13,188,942**	**(202,300)**	**(79,706)**
Services Hosted in Perth			
Angus Gap Inpatients	1,417,906	55,000	21,670
Dundee Gap Inpatients	6,470,535	70,000	27,580
Dundee Gap Snr Medical	3,642,248	1,750,000	689,500
P+K Gap Inpatients	4,323,357	(42,500)	(16,745)
Learning Disability (Tayside)	6,385,196	0	0
T.A.P.S.	707,287	(2,500)	(985)
Tayside Drug Problem Services	851,085	(110,000)	(43,340)
Prison Health Services	3,849,749	(135,000)	(53,190)
Public Dental Service	2,141,151	(60,000)	(23,640)
Podiatry (Tayside)	3,111,776	(215,000)	(84,710)
Hosted Services	**32,900,290**	**1,310,000**	516,140
Apprenticeship Levy - Others	41,700	(2,176)	(857)
Apprenticeship Levy - IPMH	76,600	(585)	(230)
Baseline Uplift surplus / (gap) - Others	67,000	0	0
Baseline Uplift surplus / (gap) - IPMH	12,000	0	0
Balance of Savings Target	(273,553)	273,553	107,780
Balance of Savings Target - IPMH	(325,009)	325,009	128,054
Grand Total Hosted Services	**32,499,028**	**1,905,801**	**750,886**

Appendix 4

DUNDEE INTEGRATION JOINT BOARD					
2019/20 BUDGET - BUDGET SAVINGS LIST – UPDATE NOVEMBER 2019	**2019/20 Original Savings Proposal**	**Projected Savings Delivered 2019/20**	**Projected Savings Undelivered 2019/20**		
	£000	**£000**	**£000**	**Nature of Saving**	**Reason for Projected Delay in Savings Delivery / Revised timescales**
Base Budget Adjustments:					
These are operational budget savings to reflect decisions already made by the IJB or through changes in service to reflect demand levels or operational requirements					
Housing Support Service Changes - Resource Release	125	125	0	Resources released through change in model of provision of housing support through sheltered and very sheltered housing	n/a
General increase in income through increasing existing charges	54	54	0	Already set out within the Council's Review of Charges Exercise through the annual uprating of charges to service users	n/a
Realignment of Practical Support & Meals Service Staffing Levels to reflect reduced service demand	517	517	0	Demand for practical support and meals services continue to decrease with alternatives available from external care providers. Staff numbers in post have reduced accordingly but budget has not reduced accordingly.	n/a

Review use of voids in accommodation with support for people with a learning disability	100	0	100	Reconfigure in-house accommodation with support to ensure void levels are reduced and capacity is maximised	Delays due to legal process in transferring tenancies to other units. Some level of savings may be achieved during the latter part of 2019/20.Full saving to be achieved from April 2020
Review of transport services for day care services	50	0	50	Review of transport arrangements for service users who access building based services	Review not commenced at this stage. Reflection that this needs to be wider review of supports and should not be looked at in isolation.
Income generation for White Top Centre through offering services to neighbouring authorities	77	0	77	Maximise capacity of Whitetop Respite service through offering spare capacity to neighbouring authority areas	No current spare capacity within the service to offer to other areas due to current staffing levels impacted by recruitment difficulties
Review external provision of day care	40	17	23	Demand for traditional day services for people with a disability has reduced significantly over recent years due to an increase in the range of alternative supports available. Resources will be reviewed to ensure they are more appropriately aligned with demand levels.	Negotiation with care provider taken longer than anticipated. Full year saving to be achieved in 2020/21
Test of Change - Move from sleepovers to overnight responder services within Mental Health and Learning Disability Services (external care providers)	75	0	75	Test of change to complement existing waking night workers and replace some sleepover services where safe to do so. Working in partnership with external care providers	Care provider commissioned to implement test of change has had difficulty in recruiting. Anticipated start date now April 2020
Realign level of domestic service required for housing support / care at home services for people with a learning disability	32	32	0	An internal review of domestic services has been undertaken which assessed current levels of provision against need, including the need to encourage service user independence. This has	n/a

				resulted in a net reduction in the number of hours of domestic support required	
Reduce External Care Home Budget	500	0	500	Due to transformational change around the way in which community based health and social care is provided locally, demand for care home placements has reduced and the budget required should reduce accordingly	Despite a trend over recent years in line with national and local policy to reduce care home placements, pressures around delayed discharge and a reduction in the number of self funded residents from January 2019 onwards has increased expenditure levels back to previous budgeted levels
Community Equipment Store Initiatives (eg new procurement arrangements)	40	40	0	Procurement arrangements already agreed by IJB in December 2018 (Report DIJB68/2018)	n/a
Implement Substance Misuse Service Investment Plan	40	0	40	The Substance Misuse Service Investment Plan was considered and approved by the IJB at its meeting of the 18th December 2018	Progress of redesign stopped pending response to Drugs Commission findings
Review of Operational Budgets	100	100	0	Reduce discretionary expenditure budgets and ensure all operational budgets are subject to tight control	n/a
Realign Meals Service contract to reflect lower levels of demand	100	73	27	Renegotiate contract with Tayside Contracts to reflect a reduced number of meals provided per year. This would be an interim arrangement prior to benefit realisation from the new Tayside Contracts Central Processing Unit to be developed by August 2020	Reduction in meals numbers purchased less than anticipated
Total Base Budget Adjustments	**1,850**	**958**	**892**		
Transformation Programme Financial Savings					

Review of Community Based Health and Social Care Services	1,400	300	1,100	Progess a whole system move to more locality working with integrated teams and co-located service provision. Expected to deliver reduction in duplication and increase efficiencies, reduction in demand for community services through early intervention, prevention, self directed support, technology enabled care and eligibility criteria. Changes anticipated to continue to reduce unscheduled care and delayed discharge leading to positive impact on the value of the large hospital set aside.	Redesign of Kingway Care centre beds base underway as agreed by IJB. Re-statement of eligibility criteria agreed at August IJB meeting. Progress with other programmes behind schedule.
Redesign of Homeless Services	150	0	150	Joint approach with DCC Neighbourhood Services Department to develop a Homelessness Investment plan to include investment and disinvestment of resources to build capacity, focus on early intervention and prevention of homelessness in line with the Homelessness Strategic Plan, Rapid Rehousing Plan and DHSCP Strategic & Commissioning Plan.	Progression of local homelessness strategy commissioning arrangements through partnership with DCC Neighbourhood services department and partner third sector agencies slower than anticipated
Integrated Admin Review	100	25	75	Explore opportunities arising as more systems and process are integrated with resultant reduction in duplication.	Limited opportunities in 2019/20 – pending review of community based health and social care services
Mobile Working / IT systems review	100	0	100	Explore ways of supporting a more mobile workforce through the use of technology and ensure MOSAIC client recording system working effectively.	Pilot project underway within OT services but unlikely to now deliver savings in 2019/20. Progress being made in reviewing processes within MOSAIC system however no cost efficiencies identified as yet.
Review Charging Policies to ensure equity across client groups as part of move to "Contributions Policy"	140	0	140	Development of a charging policy which ensures equity in charging, is compatible with Self Directed Support legislation and considers the impact of free personal care for under 65s and the waiving of charges for carers.	Review underway however now unlikely to deliver changes during 2019/20.

Total Transformation Programme Savings	**1,890**	**325**	**1,565**		
Corporate Savings					
Reduction in Funding Available to Support Change Projects	850	850	0	Former Integrated Care Fund and Delayed Discharge Fund now incorporated into mainstream budgets with successful change projects now funded	n/a
Assessment of impact of demand for new legislation (Free Personal Care for Under 65s, Carers Act demand)	800	800	0	Total additional funding for new legislation of approximately £1.2m includes elements to support projected increases in demand for services. It is anticipated that much of this demand will not materialise within the first full year therefore a non-recurring saving is anticipated, reducing year on year.	n/a
Total Corporate Savings	**1,650**	**1,650**	**0**		
Total Savings Proposals	**5,390**	**2,933**	**2,457**		

ITEM No …14……..…

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 FEBRUARY 2020**

REPORT ON: **DUNDEE IJB 20/21 BUDGET DEVELOPMENT UPDATE**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB7-2020**

1.0 PURPOSE OF REPORT

1.1 The purpose of this paper is to provide the Integration Joint Board (IJB) with an overview of the potential implications of the Scottish Government's Draft Budget 2020/21 and updated anticipated cost pressures on the IJB's Delegated Budget 2020/21.

2.0 RECOMMENDATIONS

It is recommended that the IJB:

2.1 Notes the content of this report including the potential implications to the delegated budget of the impact of the Scottish Government's Draft Budget on Dundee City Council and NHS Tayside's financial settlements as set out in sections 4.2 and 4.3 of this report;

2.2 Notes the potential implications of these in relation to funding settlements to Dundee Integration Joint Board's delegated budget against the range of increased costs and cost pressures anticipated in 2020/21 as set out in section 4.3 and Appendix 1 to this report.

2.3 Remits to the Chief Finance Officer to present a proposed budget for 2020/21 for consideration by the IJB at its meeting on 27th March 2020.

3.0 FINANCIAL IMPLICATIONS

3.1 The net anticipated financial shortfall within the IJB's delegated budget 20/21 is around £3.5m prior to the identification and application of any financial savings. This position will continue to be refined as the Scottish Government's budget passes through the parliamentary process and Dundee City Council and NHS Tayside set their respective budgets.

3.2 The Chief Finance Officer will present a proposed budget to the IJB at its meeting on 27th March 2020 for consideration.

4.0 MAIN TEXT

4.1.1 Dundee Integration Joint Board was presented with an initial outlook of the likely cost pressures to impact on the delegated budget 2020/21 at its meeting of the 29th October 2019 (Article VI of the Minute refers). This was the first in a series of budget development reports to ensure the IJB was fully informed of the financial environment impacting on Dundee City Council, NHS Tayside and ultimately the IJB's delegated budget.

4.1.2 As a result of the UK General Election being called in December 2019, the UK and Scottish Budget announcements were delayed therefore the budget processes of Dundee City Council and NHS Tayside have also been impacted. The Scottish Government issued its Draft Budget on the 6th February 2020 with a view to completing the final stages of the Budget Bill during the week beginning 2nd March 2020, with the UK Government due to announce its budget on the 11th March 2020. Given these timescales and the legislative

requirement that local authorities must set their budgets for council tax purposes by the 11th March, Dundee City Council plans to set its budget on the 5th March 2020. The Director of Finance of NHS Tayside has indicated that he will lay a budget paper before the NHS Board at its meeting of the 27th February 2020.

4.1.3 Given at this stage the Scottish Government's Budget is still in draft, there remains the possibility that there could be changes to the budget settlements to local authorities and NHS Boards as the Budget Bill is passed in the Scottish Parliament. Furthermore, the Scottish Government has advised that it has taken a cautious approach in estimating the likely outcome of the UK Budget but if the settlement from the UK Government is significantly different from these assumptions then the Scottish Government may have to revisit allocations made to councils. Therefore the figures noted below are subject to change.

4.2 Draft Scottish Budget Implications

4.2.1 Dundee City Council

The local government settlement at a national level includes a cash increase of £495m however COSLA has highlighted that this includes Scottish Government commitments of £590m which local authorities are expected to deliver on therefore the position is a real terms cash reduction of £95m. Dundee City Council's equivalent position is a net cash reduction in funding (after taking into account Scottish Government commitments) of around 0.5% however this is a slightly better position than had been anticipated. Dundee City Council is in a position of requiring significant financial savings in 2020/21 to balance its budget.

4.2.2 NHS Tayside

All Territorial Health Boards in Scotland will receive a baseline uplift of 3% with some Boards receiving a further increase as part of arrangements to ensure all Boards funding is maintained within 0.8% of NRAC parity (the national allocation formula). NHS Tayside will not receive any additional funding for NRAC parity in 2020/21 therefore its share of the 3% uplift is an additional £23.5m of baseline funding. The total increase to baseline funding to NHS Boards will be £333m in 2020/21. Given NHS Tayside remains in financial recovery, the Board will also require to make significant savings during 2020/21 to meet its financial recovery targets. NHS Boards have been instructed by the Scottish Government to deliver an uplift of at least 3% over 2019/20 agreed recurring budgets to Integration Authorities in relation to delegated health functions.

In addition to this uplift, further investment in reform in the following areas will see an additional £121m available to NHS Boards:

Improving Patient Outcomes	**2019/20 Investment in Reform (£m)**	**2020/21 Investment in Reform (£m)**	**Increase for 2020/21 (£m)**
Primary Care	155	205	50
Waiting Times Improvement	106	136	30
Mental Health and CAMHS	61	89	28
Trauma Networks	18	31	13
Total	**340**	**461**	**121**

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

4.2.3 Health and Social Care Integration

The Scottish Government's budget makes further provision for the transfer of resources from the Health Portfolio to Local Authorities for investment in social care and integration to the value of £100m. This funding includes a contribution to the continued delivery of the living wage to all adult social care staff of £25m, uprating for free personal and nursing care payments (£2.2m), implementation of the Carers Act in line with the Financial Memorandum of the Carers Bill of £11.6m in addition to further support for school counselling services (£4m) (the latter services not delegated to Dundee IJB).

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2019-20 recurring budgets for social care services that are delegated. This means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities must be £96 million greater than 2019-20 recurring budgets.

In addition, the Health portfolio also includes an additional £12.7 million to tackle the harm associated with the use of illicit drugs and alcohol. The investment plans around this will be made clearer following discussions between The Minister for Public Health, Sport and Wellbeing and his officials and Health Boards and Integration Authorities in the coming months. It is expected investment by Boards and Integration Authorities will increase by 3% over and above 2019-20 agreed recurring budgets to address these issues.

The Scottish Government has highlighted that in 2020-21 integration will bring together, under the direction of Integration Authorities, more than £9.4 billion of expenditure previously managed separately by NHS Boards and Local Authorities for social care, community health care and some hospital services. Integration Authorities must be empowered and supported by their Local Authority and NHS Board partners to use the totality of these resources, including any targeted investment already committed for specific purposes, to better meet the needs of their local populations.

4.3 Potential Impact on Dundee Integration Joint Board Delegated Budget

4.3.1 The previous report presented to the IJB at its meeting of 29 October 2019 set out a range of additional costs which are likely to result in pressures to the IJB's delegated budget in 2020/21. This was based on a range of assumptions at the time and these continue to be updated as clearer information is received around the nature and scale of these pressures. These updated pressures are set out in Appendix 1. In particular, assumptions around demographic growth across services and consideration of emerging current year cost pressures likely to be recurring have been adjusted for. These additional commitments total £11.025m.

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

4.3.3 The Scottish Government's funding allocations for additional investment in Health and Social Care Integration to support cost pressures such as the living wage and increases to free personal and nursing care payments in addition to the implementation of the Carers Act is welcome given these would have become pressures the IJB would be required to meet from savings elsewhere. The balance of the share of the £96m for investment in social care (nationally £57.2m) will be required locally to offset inflationary and other cost pressures within the delegated budget. The 3% funding uplift for delegated NHS budgets which Boards have been instructed to pass on to IJB's is anticipated to cover the majority of inflationary cost pressures arising from NHS expenditure.

4.3.4 Clarity is still required on the nature of the additional commitment for tackling harm associated with the use of illicit drugs and alcohol of £12.7m however this will provide an opportunity to support the response to the Dundee Drugs Commission Report. Details of this will be presented to the IJB once known.

4.3.5 A range of savings options required to meet the funding gap will be presented to the IJB at its meeting of the 27th March 2020 for consideration as part of the IJB's budget setting process.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that the IJB will not be able to balance its resources and achieve its strategic objectives should the combination of the level of funding provided through the delegated budget and the impact of the IJB's Transformation Efficiency Programme be insufficient.
Risk Category	Financial
Inherent Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme)
Mitigating Actions (including timescales and resources)	Developing a robust and deliverable Transformation Programme Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget.
Residual Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Planned Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Approval recommendation	Despite the high level of risk, it is recommended that this should be accepted at this stage of the budget process with a reviewed position set out as the proposed budget is set out to the IJB in March 2020.

7.0 CONSULTATION

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

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

DATE: 12 February 2020

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP			Appendix 1
REVENUE BUDGET 2020/21			
Anticipated Cost Pressures:		**2020/21 Total Delegated Budget Cost Pressures**	
		£000	
Non-Recurring Savings 2019/20		200	
Current Year Budget Pressures		2,304	
Total Current Years Funding Requirements		**2,504**	
New Pressures 2020/21 - Inflationary Pressures			
Staff Pay Increases		2,733	
Increased Costs of Externally Provided Services (incl living wage)		1,437	
Prescribing Growth		823	
Total Inflationary Pressures		**4,994**	
National Policy Costs			
Carers Act Implementation - Year 3		291	
Free Personal & Nursing Care Rate Increases		33	
Primary Care Improvement Funding		1,629	
Action 15 Mental Health Funding		207	
Total National Policy Costs		**2,161**	
Demographic Pressures		**2,171**	
Total Anticipated Cost Pressures 2020/21		**11,829**	
Less: Scottish Government Specific Funding Previously Announced			
Primary Care		**(1,629)**	
Action 15 Mental Health		**(207)**	

Less: Implications of Scottish Draft Budget			
NHS Tayside Assumed Uplift @3%		**(3,691)**	
Estimated Share of Additional £96m:			
Living Wage		**(743)**	
Carers Act		**(291)**	
Free Personal Care		**(33)**	
Additional funding for Investment in social care		**(1,699)**	
Net Anticipated Funding Shortfall 2020/21		**3,536**	

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2019 TO DECEMBER 2019

Organisation	Member	Meeting Dates January 2019 to December 2019						
		26/2	29/3	23/4	25/6	27/8	29/10	17/12
Dundee City Council (Elected Member)	Cllr Ken Lynn	√	√	√	√	√	√	√
Dundee City Council (Elected Member)	Cllr Roisin Smith	√	√	√	√	√	√	√
Dundee City Council (Elected Member)	Bailie Helen Wright	√	√	√	√	√	√	√
NHS Tayside (Non Executive Member)	Trudy McLeay	√	√	√	√	√	√	√
NHS Tayside (Non Executive Member)	Jenny Alexander	A	√	A	√	√	A	A
NHS Tayside (Non Executive Member)	Dr Norman Pratt	√	√					
NHS Tayside (Non Executive Member)	Professor Nic Beech			A	A	√	√	
Dundee City Council (Chief Social Work Officer)	Jane Martin	√	√	√	√			
Dundee City Council (Chief Social Work Officer)	Diane McCulloch					√	√	√
Chief Officer	David W Lynch	√	√	√	√	√	√	A
Chief Finance Officer	Dave Berry	√	√	√	√	√	√	√
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers)	Dr Frank Weber	A	A	A	A	A	A	
NHS Tayside (Registered Nurse)	Sarah Dickie	√	√	A	√			
NHS Tayside (Registered Nurse)	Kathryn Brechin					√	√	√
NHS Tayside (Registered Medical Practitioner (not providing primary medical services)	Dr Cesar Rodriguez	√	√					
NHS Tayside (Registered Medical Practitioner (not providing primary medical services)	Dr James Cotton			A	√	√	A	√
Trade Union Representative	Jim McFarlane	√	A	√	√	√	√	√
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	√	√	√	√	√	A	√
Voluntary Sector Representative	Christine Lowden	√	√	√	√	√		
Voluntary Sector Representative	Eric Knox						√	√
Service User Representative	Linda Gray	√	√	√	√	√	√	√
Carer Representative	Martyn Sloan	√	√	√	A	A	√	A
NHS Tayside (Director of Public Health)	Dr Drew Walker	√	A	√	√	√	√	√

✓ Attended
A Submitted Apologies
A/S Submitted Apologies and was Substituted
No Longer a Member and has been replaced / Was not a Member at the Time