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

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

City Chambers
DUNDEE
DD1 3BY

26th August, 2016

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

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I refer to the agenda of business issued in relation to the meeting of the Integration Joint Board to be held on Tuesday, 30th August, 2016 and now enclose the appendix which should be read in conjunction with the undernoted item of business.

Yours faithfully

DAVID W LYNCH

Chief Officer

A G E N D A

16 WEAVERS BURN CARE INSPECTORATE REPORT - Page 1

(Appendix 2, copy attached).

ITEM No …16……..

CARE INSPECTORATE ACTION PLAN					
FOCUS AREA/THEME	**REQUIREMENTS AND RECOMMENDATIONS**	**ACTION POINTS**	**TIMESCALE**	**PERSON RESPONSIBLE**	**STATUS – 26/8/16**
Quality Theme 1: Quality of Care and Support					
Statement 2 - "We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential" – Grade 3	**No requirements noted** **One recommendation noted** - People who use the service and who have been assessed as requiring one-to-one support for social activities should receive support as identified in their support plan. Records should show what activities they have accessed; whether they enjoyed them, and if not why not.	• Support is provided to tenants on a 1:1 basis for those tenants who have been assessed for this. • Capacity within our community health team will be used to provide additional opportunities during the day for individuals. • We will develop an 'activity log' which will identify what the planned activity is; the desired outcome of the activity; and the individual's response to the activity.	3 months	Team Manager/ Assistant Manager / 4 Senior Social Care Workers	• In place. • In place. • An appropriate system has been considered as part of an audit of personal plans and will be incorporated within updates to plans.
Statement 3 – "We ensure that service users' health and wellbeing needs are met." – Grade 2	**Three Requirements Noted** (1) – The provider must ensure that each service users health, welfare and support needs are met in accordance with their assessed needs. In order to achieve this, the provider must ensure that: - There are suitably qualified staff, both in number and skill, on duty at all times - a process is in place to accurately assess the needs of each individual service user - all risks to each individual service users health and welfare are accurately assessed and managed - the physical layout of the building (living environment) is taken into account in the management of risk to each individual's health and welfare.	• The LD service has an ongoing recruitment process where staff go through a robust application and interview process. • Since inspection we have had one new member of staff start (who has previous experience), and have had two members of staff move into Weavers Burn from other parts of the LD service, who are also very experienced. • We currently have four senior Social Care Workers, available to provide supervision and guidance to staff across daytime hours. • A temporary assistant manager has been put in place in order to support the management of the service. • As new staff are appointed, assessment is made on an individual basis as to where best to place them in the LD service. • All service users have a personal plan in place which is reviewed 6 monthly as a minimum. • As a service we are moving towards outcome focussed assessment and review – this will be implemented as individual's reviews are undertaken. • A piece of work has begun in conjunction with care management and health, to further assess everyone's needs in Weavers Burn in our six outcome areas, to support further development in individual support plans and ensure there is multi-disciplinary input. • Action is taken to ensure incident reports/changes to individuals circumstances are analysed timeously, and any implications incorporated to support plans. • Risk management meetings will continue to be a feature of assessing and responding to risks related to the health and wellbeing of tenants. • Risk assessment continues to be an ongoing process, informed by effective communication between all members of the multi-disciplinary team, including the Behavioural Support and Intervention team. • Risk assessments will be reviewed at 6 monthly reviews, or earlier to respond to changing needs of the individual.	Within four weeks of receipt of the letter sent on 08 June 2016	Team Manager / Assistant Manager / 4 Senior Social Care Workers	• Recruitment process continues – 4 additional staff identified from recent recruitment. • Further new member of staff has started, after a thorough two week induction in another service, followed by shadowing at Weavers Burn. • 4 seniors still in place. • Temporary Assistant Manager in place. • In place. • Personal plans are currently being audited, and updated, and a schedule for reviews is in place. • First review taking place on 26/08/16 using outcome focussed framework. • Process complete for 9 of the tenants. • In place. • Multi-disciplinary risk management meetings continue as required. • Risk assessments are up to date and in files, with a particular focus on health, finance, medical and environmental aspects. A multi-disciplinary approach is being used to inform updates to risk assessments. A new checklist to aid audit of risk assessment is in the process of being introduced and incorporated within each person's file. • Risk assessments have been reviewed as part of an audit of personal plans, and continue to be reviewed and updated on an ongoing basis.

ITEM No …16……..

CARE INSPECTORATE ACTION PLAN					
FOCUS AREA/THEME	**REQUIREMENTS AND RECOMMENDATIONS**	**ACTION POINTS**	**TIMESCALE**	**PERSON RESPONSIBLE**	**STATUS – 26/8/16**
		• Environmental factors are incorporated into the support plan and risk assessment for each individual. • We will continue to consider environmental factors for each person within their own flat, with assistance from Occupational Therapy and Behaviour Support and Intervention Team. • Where risks are foreseen in an individual's flat, this will be recorded in their risk assessment, and the risk minimised where possible. • As part of a larger piece of work with Care Management and Health risk factors are being considered in relation to tenants contact with others who live at Weavers Burn.			• In place. • In place. • In place. • Being progressed as part of multi-disciplinary assessment/outcomes process.
	(2) - The provider must ensure that service users' personal plans reflect how staff will meet the health, welfare and safety needs of the person and that any specific guidance from other professionals and stakeholders must be reflected within each plan to ensure that staff have all the information required to support people safely and effectively.	• Individual personal plans contain information on health, welfare and safety needs of each individual. • The personal plan is updated following 6 monthly (or more frequent if needed) reviews with all relevant professionals as well as the individual and their family. • We will work with the Behavioural Support and Intervention Team to develop a more condensed version of the Positive Behavioural Support Plan which is quicker and easier to read. • The LD department is committed to moving towards the use of outcomes focussed assessment and review – this will be implemented as people's reviews are due. Information will be incorporated into the personal plans from the Positive Behavioural Support Plan, Dieticians reports, etc, so that all information is in one document. The plans will be updated as the reviews fall due.	Within twelve weeks of receipt of this report.	Team Manager/ Assistant Manager / 4 Senior Social Care Workers	• Personal plans are being audited and further development of these is in course, including within the areas of health, welfare and safety. • Plans being updated and a schedule for reviews is in place. • The most crucial information in a Positive Behavioural Support plan is being considered with a view to producing a more condensed version for ease of access and as a quick initial guide for team members. • Outcome focussed review documentation is being implemented, with the first review to use this framework taking place on 26/08/16.
	(3) – The provider must ensure that each service users health, welfare and support needs are met in accordance with their assessed needs. In order to achieve this, the provider must ensure that: - where a guardianship order is in place, that all information relating to the powers of the guardian are clearly recorded - where the guardian has agreed delegated powers to the service this is clearly recorded.	• We will ensure that where a guardianship order is in place that all information in relation to the powers of the guardian are clearly recorded. The service will refer to the Mental Welfare Commissions information and guidance for people working in adult care settings. A guardianship checklist will be completed for each tenant where there is a guardianship order in place. • Delegated powers will be reviewed on a regular basis with the guardian and agreements clearly recorded.	Within Six weeks of receipt of this report	Team Manager / Assistant Manager / 4 Senior Social Care Workers	• The Mental Welfare Commission's guardianship checklist has been adapted and is being incorporated within individuals' files. • Team Manager has progressed meetings with two relatives of individuals who are Welfare Guardians, to discuss delegated powers and ensure these are recorded and understood by team members.
	One Recommendation Noted. Staff should have opportunities to monitor and update information contained in support plans in order to ensure that people who use the service receive a consistent service from well informed staff.	• Staff will have the opportunity to inform the information in support plans and risk assessments via a variety of forums such as supervision; team meeting; completion of incidents reporting documentation; etc. • There has been a change to the way the rota is managed, allowing for a period of 'handover' at the time of shift change. • Frequency of team meetings to be changed to fortnightly, to allow more staff to attend. • More comprehensive minutes will be taken at each meeting and made available to all staff.	3 months	Team Manager / Assistant Manager / 4 Senior Social Care Workers	• Audit system being developed to monitor progress. • In place. Rota pattern has been changed to ensure adequate handover time. • In place. Team meeting schedule has been changed to fortnightly, to allow more staff the opportunity to attend. • In place. Format of minutes have been changed to include action points. Minutes now recorded by a Senior, and edited/distributed by Team Manager.

ITEM No …16……..

CARE INSPECTORATE ACTION PLAN

FOCUS AREA/THEME	REQUIREMENTS AND RECOMMENDATIONS	ACTION POINTS	TIMESCALE	PERSON RESPONSIBLE	STATUS – 26/8/16
Quality Theme 3: Quality of Staffing					
	No requirements noted.				
Statement 3 - "We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice – Grade 3	**One recommendation noted** (1) - That the provider ensures that a system is put in place to ensure team meetings take place at regular intervals, comprehensive minutes are available of these meetings, and that staff are supported to attend. National Care Standards Care at Home. Standard 4: Management and Staffing.	• Team meetings will be scheduled fortnightly to provide more opportunity for different team members to attend. • A pro-forma will be created for team meeting minutes to ensure they are comprehensive and action focussed. • Team meeting minutes will be accessible for all staff to read. • We will ensure minutes are discussed with staff during supervision, and any actions are followed up.	3 months	Team Manager / Assistant Manager / 4 Senior Social Care Workers	• In place. • In place. • In place. • Supervision schedule in place.
Statement 4 – "We ensure that everyone working in the service has an ethos of respect towards service users and each other."	**One requirement noted** (1) – The provider to ensure that staff supervision is carried out in line with the provider's policies and procedures, and a system is in place to record when supervision sessions had taken place and when they were due.	• Supervision schedule will be put in place for all staff to show when supervision has taken place and is due. This record will also show where supervision has been cancelled or rescheduled and the reason why. • All carrying out supervision will ensure previous supervision is reflected upon and actions carried out. Supervision for all staff will be carried out as per Dundee City Council's Policy and Procedure. • Training and employee development will be a standard agenda item discussed at each supervision session. • Employee development reviews will be carried out in line with Dundee City Council Policy and Procedure.	Within 8 weeks of receipt of this report	Team Manager / Assistant Manager / 4 Senior Social Care Workers	• Supervision schedule is now in place. • Quality and frequency of supervision is priority focus of Assistant Manager's current role and task. This will support seniors and ensure a systematic and consistent approach to supervision processes. • Training and employee development is on the agenda of staff supervision. • Employee development reviews are on the supervision agenda.
	One Recommendation noted The provider should review the training needs of staff and ensure that training being provided is relevant to the service staff are expected to provide, and available with appropriate timescales.	• Core training will be identified for all staff during their induction period and training records will be updated accordingly and in an accessible format. • Systematic audits to be carried out by the manager. • Staff will review training and development needs at supervision and yearly employee development review, in conjunction with supervisor. • For team members who do not hold the appropriate qualification for their role, they will be invited to apply to complete a qualification in Social Care once they are deemed to be equipped to undertake the required assessment.	3 months	Team Manager / Assistant Manager / 4 Senior Social Care Workers	• Thorough 2 week induction now in place. Core training in place for team members. • Will form part of overall framework for audit/quality assurance. • Training and employee development is on the supervision agenda. A schedule is being developed for Employee Development Reviews, supervision schedule in place. • There are approximately 46 team members in place at this time. Over three quarters of these team members already hold a professional/vocational qualification.
Quality Theme 4 – Quality of Management and Leadership					
Statement 2 – "we involve our workforce in determining the direction and future objectives of the service"	**No requirements or recommendations noted.**				
Statement 4 – "We use quality	**One requirement noted** (1) – The provider and manager should ensure that	• As we move towards using outcomes focussed assessment and review documents, these documents will provide a robust system for	8 weeks within	Team Manager /	• Personal plan audits are in place. Tenant files have been re-organised so that there is a separate daily

ITEM No …16……..

CARE INSPECTORATE ACTION PLAN					
FOCUS AREA/THEME	**REQUIREMENTS AND RECOMMENDATIONS**	**ACTION POINTS**	**TIMESCALE**	**PERSON RESPONSIBLE**	**STATUS – 26/8/16**
assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.”	the service has robust quality assurance processes, and that audits and checks are completed within stated timescales and clearly evidence how any issues identified are to be addressed and by whom, and by when. The manager should sign these to evidence that they have been completed and issues are addressed.	auditing outcomes for individuals. • An overall framework for audit and performance improvement will be established within the service. • Audit tool for resources is in development and is scheduled for completion by September 2016. • Management action plan in place covering all aspects of the service. This will be reviewed and actions updated regularly.	receipt of this report	Assistant Manager / 4 Senior Social Care Workers	recording folder for each individual, for ease of audit. • Examples from other services are being considered. • Service audit tool is in draft form, due for agreement/implementation by November 2016. • In place.
	One recommendation noted (1) - The manager and provider should continue to review and develop opportunities for involving service users and their representatives in providing feedback on the quality of care and support, and evidence how this leads to better outcomes for the people who use the service. National Care Standards at Home - Standard 11: Expressing your Views	• Develop questionnaires and methods of collecting feedback from stakeholders. • Regular carers meetings will be set up to provide a forum to discuss concerns and to make suggestions. • Explore different ways for individuals who have complex needs and communication difficulties to give their opinion/make suggestions about the service.	3 months	Team Manager / Assistant Manager / 4 Senior Social Care Workers	• Examples from other services being considered prior to implementation. • First carers meeting has taken place (18/08/16) and further meetings have been agreed at 6 weekly intervals. • Examples from other services being considered as a means of involving tenants meaningfully in service developments.

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

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

City Chambers
DUNDEE
DD1 3BY

25th August, 2016

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

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I refer to the agenda of business issued in relation to the meeting of the Integration Joint Board to be held on Tuesday, 30th August, 2016 and now enclose the undernoted items of business which were not received at time of issue.

Yours faithfully

DAVID W LYNCH

Chief Officer

A G E N D A

12 ANNUAL ACCOUNTS 2015/16

(Report No DIJB43-2016 by Chief Finance Officer, copy attached).

ITEM No …12……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 30 AUGUST2016**

REPORT ON: **ANNUAL ACCOUNTS 2015/16**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB43-2016**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to present the Integration Joint Board's Draft Audited Annual Statement of Accounts for the year to 31 March 2016 for approval, to note the draft external auditor's report in relation to these accounts and approve the response to this report.

2.0 RECOMMENDATIONS

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

2.1 Notes the contents of the attached draft external auditor's report (attached as Appendix 1) including the completed action plan at page 15 of the report, and in particular that KPMG have indicated they will issue an unqualified audit opinion on the IJB's 2015/16 Annual Accounts;

2.2 Endorses this report as the IJB's formal response to the external auditor's report;

2.2 Approves the attached Audited Annual Accounts (attached as Appendix 2) for signature and instructs the Chief Finance Officer to return these to the external auditor;

2.3 Instructs the Chief Finance Officer to arrange for the above Annual Accounts to be published on the Dundee Health & Social Care Partnership website by no later than 31 October 2016.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no direct financial implications arising from this report.

4.0 MAIN TEXT

4.1 Background

4.1.1 The IJB's Draft Annual Accounts 2015/16 were presented and approved by the IJB at its meeting on the 28th June 2016 (Report DIJB32-2016). This report noted that the IJB is required to prepare financial statements for the financial year ending 31st March 2016 following the Code of Practice on Local Authority Accounting in the United Kingdom 2015-16 ("the 2015-16 Code"). The Annual Accounts report the financial performance of the IJB. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to the IJB for the delivery of the IJB's vision and its core objectives.

4.1.2 The report also considered and approved an External Audit Strategy for 2015/16 provided by the IJB's assigned external auditor, KPMG. This described how the auditor would deliver their audit to the IJB, outlined their responsibilities and their intended approach.

4.2 External Auditors Report

4.2.1 KPMG have now completed their audit work and, in accordance with auditing standards (ISA 260: Communication with those charged with governance), are required to report the outcome of their work in relation to their review of the financial statements, prior to formally issuing their audit opinion. This requirement has been addressed in the attached External Auditor's Report.

4.2.2 The report summarises the findings in relation to the overall audit of the IJB for the year ended 31st March 2016. It describes the scope of audit work undertaken during 2015/16 and the issues arising from that work are divided into four key audit dimensions:

Financial Sustainability
Financial Management
Governance and Transparency
Value for Money

4.2.3 In addition to the members of the IJB, the external auditor's report is also addressed to the Controller of Audit of the Accounts Commission for Scotland.

4.3 Action Plan

4.3.1 The external auditor has identified one key issue arising from the 2015/16 audit that requires further action by the IJB. This relates to a recommendation that the IJB creates and implements a framework for planning and approving annual funding agreements and summarises a medium to long term financial forecast with collaboration with NHS Tayside and Dundee City Council, including consideration of the financial risk sharing agreement with the parties for the medium to long term. It should be noted that these recommendations have not been identified by the external auditor as being significant. These recommendations will be taken forward by the Chief Finance Officer and Chief Officer through the budget negotiation process with Dundee City Council and NHS Tayside, with longer term financial planning set out clearly through the publication of the Annual Financial Statement as required by legislation.

4.3.2 The audit of the accounts identified one audit adjustment required to the draft annual accounts which impacted on the net assets and income and expenditure for the year. This related to the removal of expenditure reflected in the draft accounts incurred prior to the formal establishment date of the IJB. A small number of minor presentational adjustments were also required. An accrual for short term accumulated balances was identified and considered to be a material balance. All of these adjustments have been incorporated into the attached annual accounts.

5.0 POLICY IMPLICATIONS

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

6.0 CONSULTATIONS

The Chief Officer, External Auditor and the Clerk have been consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 6 June 2016

KPMG

cutting through complexity

Dundee Integration Joint Board

Annual audit report

Period ending 31 March 2016

25 August 2016

Contents

About this report

This report has been prepared in accordance with the responsibilities set out within the Audit Scotland's *Code of Audit Practice* ("the *Code*").

This report is for the benefit of Dundee Integration Joint Board ("the IJB") and is made available to Audit Scotland and the Controller of Audit (together "the Beneficiaries"). This report has not been designed to be of benefit to anyone except the Beneficiaries. In preparing this report we have not taken into account the interests, needs or circumstances of anyone apart from the Beneficiaries, even though we may have been aware that others might read this report. We have prepared this report for the benefit of the Beneficiaries alone.

Nothing in this report constitutes an opinion on a valuation or legal advice.

We have not verified the reliability or accuracy of any information obtained in the course of our work, other than in the limited circumstances set out in the introduction and responsibilities section of this report.

This report is not suitable to be relied on by any party wishing to acquire rights against KPMG LLP (other than the Beneficiaries) for any purpose or in any context. Any party other than the Beneficiaries that obtains access to this report or a copy (under the Freedom of Information Act 2000, the Freedom of Information (Scotland) Act 2002, through a Beneficiary's Publication Scheme or otherwise) and chooses to rely on this report (or any part of it) does so at its own risk. To the fullest extent permitted by law, KPMG LLP does not assume any responsibility and will not accept any liability in respect of this report to any party other than the Beneficiaries.

Complaints

If at any time you would like to discuss with us how our services can be improved or if you have a complaint about them, you are invited to contact Andy Shaw who is the engagement leader for our services to Tayside Contracts Joint Committee, telephone 0131 527 6673, email: andrew.shaw@kpmg.co.uk who will try to resolve your complaint. If your problem is not resolved, you should contact Alex Sanderson, our Head of Audit in Scotland, either by writing to him at Saltire Court, 20 Castle Terrace, Edinburgh, EH1 2EG or by telephoning 0131 527 6720 or email to alex.sanderson@kpmg.co.uk. We will investigate any complaint promptly and do what we can to resolve the difficulties. After this, if you are still dissatisfied with how your complaint has been handled you can refer the matter to Russell Frith, Assistant Auditor General, Audit Scotland, 4th Floor, 102 West Port, Edinburgh, EH3 9DN.

Executive summary

Executive summary

Audit conclusions

- We expect to issue an unqualified audit opinion on the financial statements of Dundee Integration Joint Board ("the IJB''), following receipt of the management representation letter.
- The IJB is required to prepare its financial statements in accordance with International Financial Reporting Standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom ("the Local Authority Code"). Additional guidance on accounting for the integration of the health and social care was created by the Local Authority (Scotland) Accounts Advisory Committee ("LASAAC"). Our audit confirmed that the financial statements have been prepared in accordance with the LASAAC guidance and relevant legislation.
- We did not encounter any significant difficulties during the audit. There were no other significant matters arising from the audit that were discussed, or subject to correspondence with management that have not been included within this report. There are no other matters arising from the audit, that, in our professional judgement, are significant to the oversight of the financial reporting process.
- There was one adjusted and no unadjusted audit differences. A small number of minor presentational adjustments were required to some of the financial statement notes, as part of the first period preparation process.

Financial position

- During 2015-16 the IJB Shadow Board operated with only limited running costs. The break even position at the period end of 31 March 2016 was comprised of corporate and democratic core income and expenditure of £107,258.

Financial statements and related reports

- We have concluded satisfactorily in respect of each significant risk and audit focus area identified in the audit strategy. We concur with management's accounting treatment and judgements, including going concern. We have no matters to highlight in respect of: unadjusted audit differences; independence; or changes to standard management representations.

Wider scope matters

- We considered Audit Scotland's wider scope audit dimensions as set out in the Code of Audit Practice and concluded positively in respect of financial management and governance and transparency.
- We highlighted some risk areas in relation to financial sustainability and value for money.

Executive summary
Scope and responsibilities

Purpose of this report

The Accounts Commission has appointed KPMG LLP as auditor of Dundee Integration Joint Board ("the IJB") under the Local Government (Scotland) Act 1973 ("the Act"). This document summarises our opinion and conclusions on significant issues arising from our audit. The scope and nature of our audit were set out in the audit strategy document.

Audit Scotland's Code of Audit Practice ("the Code") sets out the wider dimensions of public sector audit which involves not only the audit of the financial statements but also consideration of areas such as financial management and sustainability, governance and transparency and value for money.

Accountable officer responsibilities

The Code sets out the IJB's responsibilities in respect of:

- preparation of financial statements that show a true and fair view;
- systems of internal control;
- prevention and detection of fraud and irregularities;
- standards of conduct and arrangements for the prevention and detection of bribery and corruption;
- financial position; and
- Best Value.

Auditor responsibilities

This report reflects our overall responsibility to carry out an audit in accordance with our statutory responsibilities under the Act and in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board and the Code. Appendix two sets out how we have met each of the responsibilities set out in the Code

Scope

An audit of the financial statements is not designed to identify all matters that may be relevant to those charged with governance. Management of the audited body is responsible for preparing financial statements that show a true and fair view and for implementing appropriate internal control systems.

Weaknesses or risks identified are only those which have come to our attention during our normal audit work in accordance with the Code, and may not be all that exist.

Communication by auditors of matters arising from the audit of the financial statements or of risks or weaknesses does not absolve management from its responsibility to address the issues raised and to maintain an adequate system of control.

Under the requirements of International Standard on Auditing (UK and Ireland) ('ISA') 260 *Communication with those charged with governance*, we are required to communicate audit matters arising from the audit of financial statements to those charged with governance of an entity. This annual audit report to the Board, together with the previous report to the IJB, discharges the requirements of ISA 260.

Significant risks and other focus areas

Significant risks and audit focus areas

International Standard on Auditing (UK and Ireland) 315 (ISA): *Identifying and assessing risks of material misstatement through understanding the entity and its environment* requires the auditor to determine whether any of the risks identified as part of risk assessment are significant risks and therefore requiring specific audit consideration. Professional standards require us to make a rebuttable presumption that the fraud risk from income recognition is a significant risk. As the IJB did not direct services during 2015-16, it did not receive income for operations and therefore we do not consider the fraud risk from revenue recognition to be significant.

We summarise below the risks of material misstatement as reported within the audit strategy document. We set out the key audit procedures to address those risks and our findings from those procedures on the following pages, in order that the IJB may better understand the process by which we arrived at our audit opinion.

SIGNIFICANT RISK	OUR RESPONSE	AUDIT CONCLUSION
Fraud risk from management override of controls	Professional standards require us to communicate the fraud risk from management override of controls as a significant risk; as management is typically in a unique position to perpetrate fraud because of its ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.	We have no changes to the risk or our approach to addressing the assumed ISA risk of fraud in management override of controls. We do not have findings to bring to your attention in relation to these matters. No control overrides were identified.

OTHER FOCUS AREA	OUR RESPONSE	AUDIT CONCLUSION
First year financial statements preparation	▪ As 2015-16 is the first period of the preparation of the IJB's financial statements, we reviewed the disclosures in the financial statements against the requirements of the 2015-16 Code, the Local Authority Accounts (Scotland) Regulations 2014 and LASAAC guidance. ▪ The remuneration report was reviewed to confirm the appropriate officers are disclosed and that the amounts are accurate by agreeing to supporting documentation. ▪ The statutory responsibility for employer pension liabilities sits with Dundee City Council as the employing partner organisation and therefore no pension liability sits within the IJB balance sheet.	The accounts have been prepared in accordance with the relevant legislation and guidance.

Financial position

Overview

In March 2014 the Public Bodies (Joint Working) (Scotland) Act was passed by the Scottish Government. This required all Councils and NHS Boards to formally and legally establish integration of health and social care by April 2016. The integration scheme for Dundee City was approved by Scottish Government in September 2015. The IJB was formally established on 3 October 2015.

Whilst there was no transfer of functions until 1 April 2016, the IJB was required to prepare financial statements for 2015-16, following the 2015-16 Code. Guidance was issued by The Local Authority (Scotland) Accounts Advisory Committee ("LASAAC") in September 2015 on the expected content of the IJB accounts. The LASAAC guidance states that IJBs should comply with the Local Authority Accounts (Scotland) Regulations 2014, which includes the preparation of a remuneration report. The IJB appointed a Chief Officer in June 2015 and Chief Finance Officer in October 2015.

Financial position

CIES	£
Income	107,258
Expenditure	107,258
Net expenditure	-
Balance Sheet	**£**
Current assets	53,629
Current liabilities	53,629
Net assets	-

The IJB produced a break even position for 2015-16 which incorporated running costs, the Chief Officer and Chief Finance Officer salaries, audit and insurance fees. The IJB received contributions from Dundee City Council and NHS Tayside as income.

The remuneration report is appropriately produced to include the Chief Officer as this position is deemed to be a 'relevant position'. Per LASAAC guidance the Chief Officer costs should be allocated to the IJB from its establishment date. The costs of the Chief Officer had been included for the period before the establishment date and therefore were removed as presented in appendix three.

The balance sheet consists of an NHS Tayside debtor, the full amount of which had been received by the time of the audit. The creditor balance comprised of the audit fee and amount outstanding to Dundee City Council at year end.

An accrual for short term accumulated absences was considered to be a material balance. This was disclosed in the financial statement notes that Dundee City Council would meet the cost of this.

We summarise below the work we have undertaken in the year to obtain assurances over the arrangements for each audit dimension and our conclusions on the effectiveness and appropriateness of these arrangements.

Financial sustainability

Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.

Our conclusion below is derived from the following audit tests, carried to determine the effectiveness of the financial sustainability arrangements.

Framework for planning and agreeing the annual funding arrangements	The framework for planning and agreeing annual funding arrangements was discussed at Board meetings during the period. The IJB must operate within the budgetary timelines for local government and the NHS, which are not aligned. Funding directions for 2016-17 are available, however no formal funding agreement is in place. The IJB should ensure that the process for financial planning for 2017-18 and onwards starts timeously and that the IJB engages with the Scottish Government and its partners to review the financial planning process. **Recommendation one**
Development and approval of 2016-17 budget	No formal 2016-17 budget has been approved, however a cost reduction plan for 2016-17 and 2017-18 has been approved by the IJB Board. The due diligence exercise identified the resources delegated by NHS Tayside for 2016-17 are not presently adequate and that considerable financial risks remain. Cost efficiencies and targets have been identified, although there is a shortfall of £1,582,000 for their achievement. **Recommendation one**
Medium to long term forecasting and planning	There have been elements of forecasting analysis of services and funds available, however this is not summarised into a medium to long term financial plan. However, there is a financial risk sharing agreement with its partners, that has been agreed with NHS Tayside for the next two years. This dictates the responsibility for meeting the above overspends lies with the partner delivering the service, i.e. NHS Tayside. **Recommendation one**

Management continues to work closely with the two partners and the Scottish Government to anticipate the impact of future local government budget and NHS allocations. We consider that the IJB is a going concern however there are risks around the uncertainty of future funding.

Wider scope
Audit dimensions (continued)

Value for money

Value for money is concerned with using resources effectively and continually improving services.

We consider value for money and Best Value throughout our testing. Areas where we had a specific focus on value for money and Best Value are:

- *reviewing amounts disclosed in the of the IJB's financial statements to ensure they are in relation to the IJB.* This identified that all expenditure was in relation to running costs, after removing the Chief Officer's remuneration prior to the establishment date*;* and
- *reviewing the Strategic and Joint Commissioning plans;* ensuring the focus is delivering quality service to meet increasing demand with a clear focus on value for money.

Conclusion:

The IJB has evidenced using its resources for the purposes of initial set up and running costs of the IJB. One adjustment was made to the financial statements to correctly reflect the remuneration of the Chief Officer.

Financial management

Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

Our conclusion below is derived from the following audit tests, carried out to determine the effectiveness of the financial management arrangements. This included:

- *consideration of the finance function and financial capacity within the IJB.* We noted that the Chief Financial Officer has the appropriate skills, capacity and experience to support the IJB and effectively manage the organisation; and
- *reviewing the IJB's financial directions and cost reduction plan for 2016-17 and 2017-18.* These were created in 2016-17 and approved by the Board. We found them to be suitably comprehensive.

Conclusion:

The IJB has appropriate financial capacity for current operations. This is supported by financial directions and scrutiny by senior management and IJB members.

Governance and transparency

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.

In considering governance and transparency we performed the following work:

- *reviewing the organisational structure, development of strategy and governance reporting lines within the setup of the IJB.* The IJB demonstrates effective scrutiny, challenge and transparency on decision making in the board minutes reviewed. The website is still in development, however it is anticipated this will provide a platform for minutes and papers for all meetings to be published; and
- *reviewing arrangements for creating the audit and performance committee*. Draft terms of reference have been created, providing a governance framework to support challenge and scrutiny; and
- *reading the annual governance statement;* we are satisfied that this is prepared in line with relevant guidance and is consistent with the governance framework; and
- *internal audit engagement.* Internal audit was involved to provide assurance over the governance arrangements and primarily conducted a review of the due diligence process in 2015-16.

Conclusion:

Governance controls were found to be operating effectively and we consider the governance framework to be appropriate for IJB. Transparency will be achieved through the online publication of IJB papers and minutes.

Appendices

Appendix one
Auditor independence

To the Integration Joint Board members

Assessment of our objectivity and independence as auditor of Dundee Integration Joint Board (the IJB)

Professional ethical standards require us to provide to you at the conclusion of the audit a written disclosure of relationships (including the provision of non-audit services) that bear on KPMG LLP's objectivity and independence, the threats to KPMG LLP's independence that these create, any safeguards that have been put in place and why they address such threats, together with any other information necessary to enable KPMG LLP's objectivity and independence to be assessed.

This letter is intended to comply with this requirement and facilitate a subsequent discussion with you on audit independence and addresses:

- General procedures to safeguard independence and objectivity;
- Independence and objectivity considerations relating to the provision of non-audit services; and
- Independence and objectivity considerations relating to other matters.

General procedures to safeguard independence and objectivity

KPMG LLP is committed to being and being seen to be independent. As part of our ethics and independence policies, all KPMG LLP partners and staff annually confirm their compliance with our ethics and independence policies and procedures including in particular that they have no prohibited shareholdings. Our ethics and independence policies and procedures are fully consistent with the requirements of the APB Ethical Standards. As a result we have underlying safeguards in place to maintain independence through:

- Instilling professional values
- Communications
- Internal accountability
- Risk management
- Independent reviews.

We are satisfied that our general procedures support our independence and objectivity.

Independence and objectivity considerations relating to the provision of non-audit services

We have considered the fees charged by us to the IJB for professional services provided by us during the reporting period.

The audit fee charged by us for the period ended 31 March 2016 was £5,740. No other fees were charged in the period. No non-audit services were provided to the IJB and no future services have been contracted or had a written proposal submitted.

Independence and objectivity considerations relating to other matters

There are no other matters that, in our professional judgment, bear on our independence which need to be disclosed to the IJB.

Confirmation of audit independence

We confirm that as of the date of this letter, in our professional judgment, KPMG LLP is independent within the meaning of regulatory and professional requirements and the objectivity of the partner and audit staff is not impaired.

This report is intended solely for the information of the IJB and should not be used for any other purposes.

We would be very happy to discuss the matters identified above (or any other matters relating to our objectivity and independence) should you wish to do so.

Yours faithfully

KPMG LLP

Appendix two
Appointed auditors responsibilities

Area	Appointed auditors responsibilities	How we've met our responsibilities
Corporate governance	Review and come to a conclusion on the effectiveness and appropriateness of arrangements to ensure the proper conduct of the bodies affairs including legality of activities and transactions, Conclude on whether the monitoring arrangements are operate and operating in line with recommended best practice.	Page nine sets out our conclusion on these arrangements.
Financial statements and related reports	Provide an opinion on audited bodies' financial statements on whether financial statements give a true and fair view of the financial position of audited bodies and their expenditure and income Provide an opinion on whether financial statements have been properly prepared in accordance with relevant legislation, the applicable accounting framework and other reporting requirements Provide an opinion on the regularity of the expenditure and income *(not required for local government).*	Page two summarises the opinion we expect to provide.
Financial statements and related reports	Review and report on, as appropriate, other information such as annual governance statements, management commentaries, remuneration reports, grant claims and whole of government returns.	Page two reports on the other information contained in the financial statements, covering the annual governance statement, management commentary and remuneration report. We have not reported on any grant claims.
Financial statements and related reports	Notify the Auditor General or Controller of Audit when circumstances indicate that a statutory report may be required.	No notifications to the Controller of Audit required.
Financial statements and related reports	Review and conclude on the effectiveness and appropriateness of arrangements and systems of internal control, including risk management, internal audit, financial, operational and compliance controls.	Pages nine sets out our conclusion on these arrangements.
WGA returns and grant claims	Examine and report on WGA returns Examine and report on approved grant claims and other returns submitted by local authorities.	The IJB is below the threshold for the completion of audit work on the WGA return.

Appendix two
Appointed auditors responsibilities (continued)

Area	Appointed auditors responsibilities	How we've met our responsibilities
Standards of conduct – prevention and detection of fraud and error	Review and conclude on the effectiveness and appropriateness of arrangements for the prevention and detection of fraud and irregularities, bribery and corruption and arrangements to ensure the bodies affairs are managed in accordance with proper standards of conduct. Review National Fraud Initiative participation and conclude on the effectiveness of bodies engagement.	Not applicable for the 2015-16 for the IJB.
Financial position	Review and conclude on the effectiveness and appropriateness of arrangements to ensure that the bodies financial position is soundly based.	Page eight sets out our conclusion on these arrangements.
Financial position	Review performance against targets	Not applicable as no targets have been set in the IJB's first year.
Financial position	Review and conclude on financial position including reserves balances and strategies and longer term financial sustainability.	Pages seven sets out our conclusion on the IJB's financial position.
Best Value	Be satisfied that proper arrangements have been made for securing Best Value and complied with responsibilities relating to community planning.	Page eight sets out our conclusion on these arrangements.
Performance information	Review and conclude on the effectiveness and appropriateness of arrangements to prepare and publish performance information in accordance with Accounts Commission directions.	The Annual Performance Report for 2015-16 has not yet been published.

Appendix three
Audit differences

Adjusted and unadjusted audit differences

We are required by ISA (UK and Ireland) 260 to communicate all corrected and uncorrected misstatements, other than those which are trivial, to you. There was one audit adjustment required to the draft annual accounts which impacted on the net assets and income and expenditure for the year. There are no unadjusted audit differences.

A small number of minor presentational adjustments were required to some of the financial statement notes.

		BALANCE SHEET		INCOME AND EXPENDITURE	
Caption	Nature of adjustment	£ DR	£ CR	£ DR	£ CR
Income	Reduction in contributions from both partners due to lower costs after removal of payroll costs prior to the establishment date			38,986	
Expenditure - payroll	Reduction in payroll charge for costs incurred prior to the establishment date				38,986
Debtor – NHS Tayside	Decrease asset as costs no longer due to the IJB for payroll costs prior to the establishment date		17,114		
Creditor – Dundee City Council	Increase liability due to Dundee City Council for previously charged for costs prior to the establishment date	17,114			

The action plan summarises specific recommendations arising from our work, together with related risks and management's responses.

We present the identified findings across four audit dimensions:

- financial sustainability;
- financial management;
- governance and transparency; and
- value for money.

Priority rating for recommendations

Grade one (significant) observations are those relating to business issues, high level or other important internal controls. These are significant matters relating to factors critical to the success of the organisation or systems under consideration. The weaknesses may therefore give rise to loss or error.

Grade two (material) observations are those on less important control systems, one-off items subsequently corrected, improvements to the efficiency and effectiveness of controls and items which may be significant in the future. The weakness is not necessarily great, but the risk of error would be significantly reduced if it were rectified.

Grade three (minor) observations are those recommendations to improve the efficiency and effectiveness of controls and recommendations which would assist us as auditors. The weakness does not appear to affect the availability of the control to meet their objectives in any significant way. These are less significant observations than grades one or two, but we still consider they merit attention.

Finding(s) and risk(s)	Recommendation(s)	Agreed management actions
Framework for planning *Audit dimension: financial sustainability*		**Grade two**
The IJB does not have a formalised process for annual financial planning. While there have been elements of analysis of services and funds available this is not summarised into a medium to long term financial plan and NHS Tayside had not finalised it's budget to support the efficiency targets. There is a financial risk sharing agreement with Dundee City Council and NHS Tayside, however this does not expand to the medium to long term. There is a risk that strategic decisions cannot be made where budgets are not agreed in advance of the start of the year and where the medium to long term financial assumptions are not clearly summarised in an over arching plan. .	We recommend that the IJB: ▪ creates and implements a framework for planning and approving annual funding agreements; ▪ summarises a medium to long term financial forecast based on collaboration with both NHS Tayside and Dundee City Council; and ▪ should consider the financial risk sharing agreement with the partners for the medium to long term.	The recommendations will be taken forward by the Chief Finance Officer and Chief Officer through the budget negotiation process with Dundee City Council and NHS Tayside, with longer term financial planning set out clearly through the publication of the annual financial statement as required by legislation. **Responsible officer: Chief Finance Officer** **Implementation date: March 2017**

KPMG

cutting through complexity

The contacts at KPMG in connection with this report are:

Hugh Harvie

Partner

Tel: 0131 527 6682

hugh.harvie@kpmg.co.uk

Andy Shaw

Director

Tel: 0131 527 6673

andrew.shaw@kpmg.co.uk

Michael Wilkie

Senior Manager

Tel: 0141 300 5890

michael.wilkie@kpmg.co.uk

Julie Robinson

Senior Auditor

Tel: 0141 300 5572

julie.robinson@kpmg.co.uk

Dundee Integration Joint Board (IJB)

Annual Accounts For The Year Ended 31 March 2016

Audited

Contents **Page**

Management Commentary

Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and received Royal Assent in April 2014. This established the framework for the integration of health and adult social care in Scotland, to be governed by Integration Joint Boards (IJB's) with responsibility for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements.

Following approval from Dundee City Council and NHS Tayside, the Dundee Integration Scheme, the formal legal partnership agreement between the two parent organisations, was submitted to the Scottish Ministers in August 2015. On 3 October 2015 Scottish Ministers legally established Dundee's Integration Joint Board (IJB) by virtue of the Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Amendment (No 3) Order 2015. The IJB is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements.

As health and social care functions in Dundee were not formally delegated to the IJB until 1 April 2016, 2015/16 was a 'Shadow Year to allow the IJB to implement the necessary frameworks to enable local implementation of integrated health and social care services.

This publication contains the financial statements for the first year, 'Shadow Year' of Dundee IJB for the year ended 31 March 2016. The Management Commentary highlights the key activities carried out to date and looks forward, outlining the anticipated financial outlook for the future and the challenges and risks facing Health and Social Care Services over the medium term.

Dundee Integration Joint Board

Principal Activities

Throughout 2015/16, in anticipation of health and social care functions being formally delegated to the IJB on 1 April 2016, the IJB's principal role has been ensuring the necessary processes, policies and plans are in place to allow local implementation of integrated health and social care services in terms of the Public Bodies (Joint Working) (Scotland) Act 2014 and deliver on the commitments set out within Dundee's Integration Scheme.

During 2015/16, the IJB established its senior leadership team with the Chief Officer, Chief Finance Officer and Head of Health and Community Care all appointed over the period and the Head of Strategy & Performance appointed in early 2016/17. This team will oversee a structure which reflects the ambition of Dundee IJB to be a fully integrated model of strategic planning and operational service delivery in order to deliver the priorities reflected in the Strategic Plan.

The table below notes the membership of Dundee IJB in 2015/16:

Role	**Member**
Nominated by Health Board	Doug Cross*
Nominated by Health Board	Judith Golden*
Nominated by Health Board	Munwar Hussain*
Councillor Nominated by Dundee City Council	Ken Lynn*
Councillor Nominated by Dundee City Council	Stewart Hunter*
Councillor Nominated by Dundee City Council	David Bowes*
Chief Social Work Officer	Jane Martin
Chief Officer	David W Lynch
Proper Officer Appointed under section 95 (Chief Finance Officer)	Dave Berry
Registered medical practitioner whose name is included in the list of primary medical performers prepared by the Health Board	David Dorward
Registered nurse who is employed by the Health Board	Eileen McKenna
Registered medical practitioner employed by the Health Board and not providing primary medical services	Cesar Rodriguez
Staff of the constituent authorities engaged in the provision of services provided under integration functions	Barbara Tucker Jim McFarlane
Director of Public Health	Drew Walker
Third Sector Representative	Christine Lowden
Service user residing in the area of the local authority	Vacant in 2015/16
Persons providing unpaid care in the area of the local authority	Vacant in 2015/16

* Denote Voting Member

The development and agreement of the Strategic and Commissioning Plan was one of the most significant activities undertaken by the IJB over the course of 2015/16. The IJB established an Integrated Strategic Planning Group (ISPG), drawing on the valuable input of a range of stakeholders in line with legislative and national guidance. The ISPG's role in 2015/16 was to oversee the Strategic Planning process including agreeing the long term vision for Dundee and associated outcomes and objectives, taking into consideration an assessment of local needs, available resources, policy drivers and determining the service redesign and remodelling, investment, disinvestment and commissioning intentions required to meet the planned strategic and commissioning shifts. This was undertaken through applying an extensive participation and engagement programme. The Dundee Strategic and Commissioning Plan (2016-2021) was approved by the IJB in March 2016.

A process of Due Diligence was undertaken throughout the financial year to ensure that the financial resources delegated to the Health and Social Care Partnership are adequate to allow the Integration Joint Board to carry out its functions and to assess the risks associated with this. This was reported to the IJB in March 2016 and concluded that the resources to be delegated by Dundee City Council were adequate however further consideration was required in relation to NHS Tayside resources pending further development of a robust savings plan. The outcome of this will be presented to the IJB in June 2016.

A significant amount of the business of IJB meetings over the course of 2015/16 has consisted of the development of a range of governance policies and processes to enable the IJB to function effectively within a strong governance framework. In addition, a number of development events were held for IJB members to support them to understand their role in the IJB and to explore delegated services they may not have been familiar with.

The IJB agreed an action plan in response to the Audit Scotland report on Health and Social Care Integration with progress on this to be brought back to the IJB over the course of 2016/17.
On 1 April 2016 health and social care functions in Dundee were formally delegated to the IJB.

The Annual Accounts 2015/16
The Annual Accounts report the financial performance of the IJB. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to us for the delivery of the IJB's vision and its core objectives. The requirements governing the format and content of local authorities' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The 2015/16 Accounts have been prepared in accordance with this Code.

IJBs need to account for their spending and income in a way which complies with our legislative responsibilities. On 1 April 2016, Dundee IJB was formally established.

The Accounting Statements comprise:-

a) Comprehensive Income and Expenditure Statement for the period to year ended 31 March 2016;

b) Balance Sheet as at 31 March 2016

c) Notes, comprising a summary of significant accounting policies, analysis of significant figures within the Accounting Statements and other explanatory information.

The Accounting Statements for 2015/16 do not include a Cash Flow Statement as the IJB does not hold cash or have a separate bank account or Movement in Reserves Statement as the IJB had nil reserves at the start and end of the financial period 2015/16.

Financial Performance

Income and Expenditure

For the financial period 2015/16, reflecting the period prior to the IJB assuming further responsibilities, the IJBs Income and Expenditure is limited to a small agreed list of transactions relating to the running costs of the IJB over the period. These are set out within the Income and Expenditure Statement.

Assets and Liabilities

Dundee IJB's Balance Sheet for 2015/16 is limited as a reflection of the Shadow Year arrangements in place over the period.

Reserves

As at 31 March 2016, the IJB had nil reserves. The IJB has a reserves policy for consideration in future years.

Future Financial Performance

The IJB is embedding a performance management culture throughout the Partnership. Over the next year we will work towards creating a framework of performance information which will analyse data, track progress and identify action to be taken as required. Regular performance management reports will be provided to the IJB, ISPG and managers.
The IJB also embraces scrutiny including external inspection and self-assessment, and, in addition, benchmarking will be used to compare our performance with other organisations to support change and improvement.

Financial information will be part of this performance management framework with regular reporting of financial performance to the IJB.

Financial Outlook, Risks and Plans for the Future

Health and social care services in Scotland are being delivered within an increasingly challenging financial environment, partly driven by current UK fiscal policy and partly due to increasing levels of demand. The effect of the UK Government's aim to reduce overall public sector spending continues to have a significant impact on the funding of local authorities and the NHS.

The impact of the 2016/17 finance settlement for local government in Scotland has resulted in local authorities having to consider unprecedented levels of savings, with resources delegated to IJB's required to contribute to delivering these savings. This financial outlook for local government is expected to continue in the medium term.

While NHS services have been relatively protected as a spending priority by UK and Scottish Governments, the extent of financial pressures within the health system also provides considerable challenges. Within NHS Tayside, average savings of around 5% per annum over the period of the IJB's Strategic Plan are anticipated in order to bring expenditure in line with budgeted resources as a reflection of predicted continued pressures on public sector expenditure at a UK and Scottish Government level.

At this time of fiscal constraint, demand for health and social care services is increasing and this is particularly acute locally due to the scale of need in Dundee, given the high levels of deprivation and health inequalities which exist and resultant high prevalence of multi-morbidity. In addition,

the medium to long term impact of the UK Government's programme of Welfare Reform is anticipated to be considerable to the local community.

The Scottish Government has recognised the particular challenges around integrating health and social care and has provided specific funding streams channelled through the IJB to support the development of creativity and tests of change in service delivery (such as the Integrated Care Fund and targeted initiatives such as Delayed Discharge funding). Furthermore, the Scottish Government finance settlement for 2016/17 includes additional funding of £250m nationally to be transferred to Health and Social Care Partnerships to ensure better outcomes in social care (Integration Fund).

Of this resource, the first £125m is to support additional spend on expanding social care to meet the objectives of integration. The second £125m is to help meet a range of existing costs faced by local authorities in the delivery of high quality health and social care services, including a commitment to ensure that all social care workers in the independent and third sectors are paid the National Living Wage of £8.25 per hour from 1 October 2016. The total value of this funding for Dundee IJB is £7.65m.

These resources are critical in supporting the service shifts set out in the Plan to achieve the priority outcomes on a longer term basis. While the Integration Fund and Delayed Discharge Fund have been confirmed as permanently baselined, the Scottish Government has not as yet confirmed if the Integrated Care Fund will also become a permanent funding stream therefore there is a risk that the £3.1m per annum allocated to Dundee is not available to continually develop tests of change. The IJB's financial plans however have made a prudent assumption that this funding will end in 2017/18 as initially announced. There is also a risk that the full year cost of implementing the Living Wage will exceed the resources allocated for this purpose.

NHS Tayside has recently established a Transformation Programme which provides the framework for services to deliver significant efficiencies over a wide range of workstreams such as workforce, medicines management and estates. These will be drawn down to a local Dundee IJB level over the course of 2016/17. Given the maturity of the Transformation Programme there is a risk that the scale of savings required may be difficult to achieve however, in relation to the IJB's liability around this, a risk sharing agreement is in place for the first two years of the IJB's existence whereby responsibility for overspends remains with the partner with operational responsibility for the delivery of the particular service.

The IJB's Strategic Plan sets out how the Dundee Health and Social Care Partnership will develop health and social care services for adults over the next five years to achieve shared goals and provide better experiences and better outcomes for the citizens of Dundee within this challenging financial environment. The plan identifies eight key priorities (health inequalities, early intervention/prevention, person centred care and support, carers, localities and engaging with communities, building capacity, models of support/pathways of care and managing our resources effectively) with a range of planned shifts in resources and service delivery and actions to support delivering these priorities. This will be the focus for the IJB over the period of the Plan and progress in meeting these priorities will be monitored through a performance management framework.

Conclusion

The activities of Dundee Health and Social Care Partnership in the 2015/16 shadow year have mainly related to developing the necessary governance and financial infrastructure to enable the Integration Joint Board to function effectively and to produce a Strategic Plan which sets out the ambition of the IJB to deliver significant change in the way services are delivered, in an integrated way, in order to achieve better outcomes for the local population.

Going forward, Dundee Health and Social Care Partnership has a significant financial challenge ahead to deliver this Strategic Plan in a climate of growing demand and limited resources. In order to achieve this we must ensure this resource is used effectively, identifying, testing and implementing innovative ways to deliver more personalised and well coordinated services, building the resilience of people and their communities and reducing unnecessary hospital admissions and delayed discharges from hospital. This will require the confidence to shift resources from intensive, high cost services to a focus on more preventative service provision to ensure best value for public funds.

Signed:

Doug Cross IJB Chair	David W Lynch Chief Officer	Dave Berry Chief Finance Officer
30 August 2016	30 August 2016	30 August 2016

Annual Governance Statement

Scope of Responsibility

The Integration Joint Board (IJB) is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, that public money is safeguarded, properly accounted for, and used economically, efficiently and effectively. The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's functions and to make arrangements to secure best value.

In discharging this responsibility, the Chief Officer has put in place arrangements for governance which includes the system of internal control. This is designed to manage risk to a reasonable level, but cannot eliminate the risk to failure to achieve policies, aims and objectives and can therefore only provide reasonable but not absolute assurance of effectiveness.

Board members and officers of the IJB are committed to the concept of sound internal control and the effective delivery of IJB services.

The financial period 2015/2016 saw the establishment of the IJB and during this period the governance framework was developed. The main features of the governance arrangements are summarised below. Formal transfer of functions to the IJB took place on 1 April 2016. The IJB via a process of delegation from the Health Board and Local Authority and its Chief Officer has responsibility for the planning, resourcing and operational delivery of all integrated health and social care within its geographical area with effect from the date of formal transfer of functions. On that basis the governance statement is set out to describe the position in terms of the 2015/16 governance framework and the work undertaken 2016/17 to date to further develop the governance framework

Governance Framework

The Board of the IJB comprises voting and non-voting members, the voting members comprise three Council Members nominated by the local authority and three are NHS Tayside Board members.

- The IJB, comprising of all IJB Board members was the key decision making body during 2015/16. Standing Orders and a Code of Conduct for the IJB have been approved and adopted.
- The Integration Scheme was approved by the Scottish Government in September 2015 with the IJB becoming legally established on the 3 October 2015.
- The IJB has appointed its senior leadership team, including the Chief Officer and Chief Finance Officer whose roles and responsibilities are set out clearly within the Integration Scheme, including overarching governance responsibilities.
- Internal Audit arrangements for 2015/16 were in place with the main focus being a review of the Due Diligence process.
- The IJB has reflected on the recommendations of the Audit Scotland Review of Health & Social Care Integration and developed an action plan to respond accordingly
- An Outcomes and Performance Framework has been adopted by the IJB which sets out the required reporting arrangements and timescales to the IJB and ambition to present an integrated performance framework, including monitoring progress in delivering the priorities as set out in the Strategic Plan and demonstration of Best Value.

- The IJB holds separate CNORIS membership in relation to potential liability claims to reflect the responsibilities of the IJB.
- The Strategic Plan has been developed and agreed, lead by the Integrated Strategic Planning Group, following comprehensive consultation with stakeholders and in line with the adopted Participation and Engagement Strategy.
- The high level operational management and support structure of the Health and Social Care Partnership has been agreed which will ensure services are delivered to eight localities consistent with existing Community Planning Partnership areas through a locality management approach.
- The IJB has adopted a Clinical and Care Governance Strategy to ensure that there are explicit and effective lines of accountability from care settings to Dundee IJB, the NHS Tayside Board and Dundee City Council
- A process of Due Diligence has been undertaken to assess the transparency, proportionality and adequacy of the resources to be delegated to the IJB from NHS Tayside and Dundee City Council with the outcome reported to the March 2016 IJB, prior to the IJB becoming responsible for operational service delivery. A follow up report will be presented in June 2016
- A Memorandum of Understanding has been agreed with Angus and Perth & Kinross IJB's to support the governance of Hosted Services, including setting out risk sharing arrangements
- The IJB has approved a Workforce and Organisational Development Strategy

Review of Adequacy and Effectiveness

The IJB has responsibility for conducting at least annually, a review of effectiveness of the system of internal control. The review is informed by the work of the officers of the IJB (who have responsibility for the development and maintenance of the internal control framework environment), the work of the internal auditor and the Chief Internal Auditor's annual report.

The review of the IJB's governance framework was supported by a process of self-assessment against a governance checklist developed by Internal Audit.

On the basis of the audit work undertaken, the Chief Internal Auditor has concluded that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in 2015/16.

Continuous Improvement

The partnership is committed to continuous improvement and through the Outcomes and Performance Monitoring Framework will measure its performance in achieving its objectives as set out in the Strategic Plan. This will include ensuring the 2016/17 Financial Plan is managed effectively, that tests of change and innovation will continue to be supported through "Change " funding and that shifts in resources are demonstrated while improving outcomes for the people of Dundee.

Governance developments for 2016/17

- The IJB agreed in May 2016 to establish a Performance and Audit Committee, the remit and membership of which will be presented to the IJB in August for consideration. The committee will operate in accordance with CIPFA's Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities.
- The Audit Committee's core function will be to provide the IJB with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and governance arrangements.
- The Chief Internal Auditor for 2016/17 has been appointed.
- An overarching Risk Management Strategy has been approved with work ongoing to develop a risk register to be presented to a future IJB meeting.
- Financial Regulations governing the activities of the IJB have been approved.
- Arrangements for dealing with complaints handling will be presented to the IJB in June 2016, pending national guidance on the matter.

Certification

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the Dundee IJB's systems of governance. It is also noted that the IJB fully expects to review and continue to develop its systems of governance during 2016/17 to reflect its responsibilities in taking on devolved functions which will pose a number of challenges in the future.

Signed:

Doug Cross
IJB Chair

30 August 2016

David W Lynch
Chief Officer

30 August 2016

Remuneration Report

The Local Authority Accounts (Scotland) Regulations 2014 (SSI No. 2014/200) require local authorities and IJB's in Scotland to prepare a Remuneration Report as part of the annual statutory accounts.

1 Voting Board Members

Voting IJB members constitute councillors nominated as board members by constituent authorities and NHS representatives nominated by the NHS Board. The voting members of Dundee IJB were appointed through nomination by NHS Tayside and Dundee City Council.

Voting board members do not meet the definition of a 'relevant person' under legislation. However, in relation to the treatment of joint boards, Finance Circular 8/2011 states that best practice is to regard Convenors and Vice-Convenors as equivalent to Senior Councillors. The Chair and Vice Chair of the IJB should therefore be included in the IJB remuneration report. Neither the Chair or Vice Chair of Dundee IJB receive remuneration for their roles.

The IJB does not pay allowances or remuneration to voting board members; voting board members are remunerated by their relevant IJB partner organisation. For 2015/16 no voting board members received any form of remuneration from the IJB. Guidance states that the remuneration report may voluntarily disclose the names and partner organisations of the other voting members.

Voting Board Member	Total Taxable IJB Related Expenses 2015/16 £
Doug Cross, Chair of the Board	-
Councillor Ken Lynn, Vice Chair of the Board	-
Judith Golden, NHS Tayside	-
Munwar Hussain, NHS Tayside	-
Councillor Stewart Hunter, Dundee City Council	-
Councillor David Bowes, Dundee City Council	-

2 IJB Chief Officer

The appointment of an IJB Chief Officer is required by section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014. The IJB is not however empowered to directly employ the Chief Officer; therefore the contract of employment must be with one of the partner organisations. Given the specific legal requirement to appoint a Chief Officer and the special legal regime that applies to the employment contract arrangements, for the purposes of the Remuneration Report, the IJB Chief Officer should be regarded as an employee of the IJB.

For Dundee IJB, the Chief Officer is therefore treated as an employee of the IJB, although his contract of employment is currently with Dundee City Council with his post funded by the IJB. For the period June to September 2015, the Chief Officer was employed by NHS Tayside. The statutory responsibility for employer pension liabilities sits with Dundee City Council as the employing partner organisation. There is therefore no pension liability reflected on the IJB balance sheet for Dundee IJB's Chief Officer.

3 Senior Officers

Other officers and staff are not regarded as employees of the IJB and are employed through either NHS Tayside or Dundee City Council; remuneration for these staff is reported through these bodies.

The annual salaries and pension entitlement of the relevant persons are shown in the following tables:

	2015-2016	
Name and Post Title	**Taxable Salary, Fees and Allowances £**	**Total Earnings in Year £**
Chief Officer, Dundee IJB: D Lynch	46,158	46,158

The pension entitlement for the Chief Officer for the period to 31 March 2016 is shown in the table below, together with the contribution made by NHS Tayside and Dundee City Council to his pension during the period.

Name and Post Title	**Accrued Pension Benefits as at 31 March 2016**		**Change in accrued pension benefits since 31 March 2015**		**In Year Pension Contribution For Period to 31 March 2016**
	Pension £	**Lump Sum £**	**Pension £**	**Lump Sum £**	**£**
Chief Officer, Dundee IJB: D Lynch	32,783	95,522	1,471	4,414	11,961

Statement of Responsibilities

Integration Joint Board's Responsibilities

The IJB is required

- To make arrangements for the proper administration of its financial affairs and to secure that the proper officer has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). The Chief Finance Officer has been designated as that officer for the Joint Board.
- To manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- To ensure that the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts for signature.

I confirm that these audited Annual Accounts were approved for signature at a meeting of Dundee IJB on 30 August 2016.

Signed:

Doug Cross
IJB Chair

Date: 30 August 2016

The Chief Finance Officer' Responsibilities

The Chief Finance Officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper accounting practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing this Statement of Accounts, the Chief Finance Officer has:

- Selected suitable accounting policies and then applied them consistently;
- Made judgements and estimates which were reasonable and prudent;
- Complied with legislation; and
- Complied with the local authority Accounting Code (in so far as it is compatible with legislation).

The Chief Finance Officer has also:

- Kept proper accounting records which were up to date; and
- Taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of the IJB at the reporting date and the transactions of the IJB for the period ended 31 March 2016.

Signed:

Dave Berry CPFA
Chief Finance Officer

30 August 2016

Independent auditor's report to the members of Dundee Integration Joint Board and the Accounts Commission for Scotland

Under arrangements approved by the Commission for Local Authority Accounts in Scotland, the auditor with responsibility for the audit of the annual accounts of Dundee IJB for the year ended 31 March 2016 is:

Andrew Shaw for and on behalf of KPMG LLP, Statutory Auditor

We certify that we have audited the financial statements of Dundee Integration Joint Board for the year ended 31 March 2016 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Balance Sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2015/16 (the 2015/16 Code).

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 125 of the Code of Audit Practice approved by the Accounts Commission for Scotland, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Respective responsibilities of the Chief Finance Officer and auditor

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland) as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the circumstances of the body and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Chief Finance Officer; and the overall presentation of the financial statements. In addition, we read all the financial and non- financial information in the annual accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view in accordance with applicable law and the 2015/16 Code of the state of the affairs of the body as at 31 March 2016 and of the income and expenditure of the body for the year then ended;

- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2015/16 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Opinion on other prescribed matters

In our opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014; and
- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We are required to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the part of the Remuneration Report to be audited are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit; or
- the Annual Governance Statement has not been prepared in accordance with Delivering Good Governance in Local Government; or
- there has been a failure to achieve a prescribed financial objective.

We have nothing to report in respect of these matters.

Andrew Shaw

For and on behalf of KPMG LLP

Chartered Accountants

20 Castle Terrace

Edinburgh

EH1 2EG

Statement of Accounts

Comprehensive Income and Expenditure Statement

This statement shows the accounting cost of providing services and managing the IJB during the period. It includes, on an accruals basis, all of the IJB's day-to-day expenses and related income.

	2015-2016		
	Gross Expenditure	**Gross Income**	**Net Expenditure**
	£000	**£000**	**£000**
Corporate and democratic core	107.2	107.2	-
(Surplus) or deficit on the provision of services	107.2	107.2	-
Total comprehensive income and expenditure	-	-	-

Balance Sheet

The balance sheet shows the value as at 31 March 2016 of the assets and liabilities recognised by the IJB. The net assets of the IJB are matched by the reserves held by the IJB.

	Note	31 March 2016 £000
Short-term debtors	4	53.6
Current assets		**53.6**
Short-term creditors	5	(53.6)
Current liabilities		**(53.6)**
Net Assets		-
Usable reserves		-
Total reserves		-

The unaudited accounts were authorised for issue on 30 June 2016 by Dave Berry, Chief Finance Officer and the audited accounts were authorised for issue on 30 August 2016.

Balance Sheet signed by:

Dave Berry, CPFA
Chief Finance Officer

Note 1 Accounting Policies

General Principles

The Annual Accounts summarises the Integration Joint Board's transactions for the 2015/16 financial period and its position at the year-end of 31 March 2016. The Board is required to prepare Annual Accounts by The Local Authority Accounts (Scotland) Regulations 2014. Section 12 of the Local Government in Scotland Act 2003 requires that they be prepared in accordance with proper accounting practices. These practices primarily comprise the Code of Practice on Local Authority Accounting in the United Kingdom and the Service Reporting Code of Practice, supported by International Financial Reporting Standards (IFRS) and recommendations made by the Local Authority (Scotland) Accounts Advisory Committee (LASAAC). The accounting convention adopted in the Annual Accounts is principally historical cost and on a going concern basis.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when cash payments are made or received. In particular where income and expenditure have been recognised but cash has not been received or paid, a debtor or creditor for the relevant amount is recorded in the Balance Sheet.

Changes in Accounting Policies and Estimates and Errors

Changes in accounting policies are only made when required by proper accounting practices or when the change provides more reliable or relevant information about the effect of transactions, other events and conditions on the Integration Joint Board's financial position or financial performance. Where there has been a change in accounting policy, that change will be applied retrospectively by adjusting opening balances and comparative amounts for the prior period as if the new policy had always been applied. Where there has been a change in accounting estimate, that change will be applied prospectively, i.e. in the current and future years affected by the change. Where a material misstatement or omission has been discovered relating to a prior period, that misstatement or omission will be restated unless it is impracticable to do so.

Events after the Balance Sheet date

Events after the reporting period are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts are authorised for issue. There are two types of events:

- Adjusting events – those that provide evidence of conditions that existed at the end of the reporting period, and the Annual Accounts are adjusted to reflect such events

- Non-adjusting events – those that are indicative of conditions that arose after the reporting period, and the Annual Accounts are not adjusted reflect such events, but where a category of events would have a material effect disclosure is made in the notes of the nature of the events and their estimated financial effect.

Events taking place after the date of authorisation for issue are not reflected in the Annual Accounts.

Provisions

Provisions are made where an event has taken place that gives the Integration Joint Board a legal or constructive obligation that probably requires settlement by a transfer of economic benefits or service potential, and a reliable estimate can be made of the amount of the obligation. Provisions are charged as an expense to the appropriate service line in the Comprehensive Income and Expenditure Statement. When payments are eventually made, they are charged to the provision carried in the Balance Sheet. Estimated settlements are reviewed at the end of each financial year.

VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

Note 2 Accounting Standards Issued not Adopted

The code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. The following accounting standards have been issued but are not yet adopted in the 2015/2016 Code of Practice on Local Authority Accounting in the United Kingdom:

Amendments to IAS 19 Employee Benefits (Defined Benefit Plans: Employee Contributions)
Amendment to IAS 1 Presentation of Financial Statements (Disclosure Initiative)
Annual Improvements to IFRSs (2010-2012 and 2012-2014 Cycles)
Changes to the format of the Comprehensive Income and Expenditure Statement, the Movement in
Reserves Statement and the introduction of the new Expenditure and Funding Analysis

These amendments will be adopted in the 2016/2017 Code of Practice on Local Authority Accounting in the United Kingdom and the IJB will be required to reflect them, as necessary, in its 2016/2017 Annual Accounts. It is not anticipated that any of these amendments will have a significant impact on the IJB. In respect of the last item listed above, however the comparator (2015/2016) information will also require to reflect the new formats and reporting requirements.

Note 3 Events after the balance sheet date

The Chief Finance Officer, being the officer responsible for the IJB's financial affairs, signed the unaudited Annual Accounts on 30 June 2016. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2016, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

Note 4 Debtors

	31 March 2016
	£000
Central government bodies	-
NHS bodies	53.6
Other local authorities	-
Other entities and individuals	-
Total debtors	**53.6**

Note 5 Creditors

	31 March 2016
	£000
Central government bodies	5.7
NHS bodies	-
Other local authorities	47.9
Other entities and individuals	-
Total creditors	**53.6**

Note 6 Related parties

The IJB's related parties are those bodies or individuals that have the potential to control or significantly influence the IJB, or to be controlled or significantly influenced by the IJB, or where those individuals or bodies and the IJB are subject to common control. The IJB is required to disclose material transactions that have occurred with related parties and the amount of any material sums due to or from related parties. Related party relationships require to be disclosed where control exists, irrespective of whether there have been transactions between the related parties. Disclosure of this information allows readers to assess the extent to which the IJB might have been constrained in its ability to operate independently or might have secured the ability to limit another party's ability to bargain freely with them.

NHS Tayside and Dundee City Council

NHS Tayside and Dundee City Council provide all of the IJB's funding for 2015/16 on an equal basis.

The IJB's expenditure figure for 2015/16 of £107.2k consisted of expenditure incurred by Dundee City Council of £101.5k with an IJB audit fee due of £5.7k. The IJB's income figure for 2015/16 of £107.2k consisted of £53.6k from NHS Tayside and £53.6k from Dundee City Council.

The IJB's short term creditor figure of £53.6k relates to audit fees and cash balance due to Dundee City Council. The IJB's short term debtor of £53.6k relates to outstanding recharges to NHS Tayside.

Note 7 Accumulated Absences

The IJB has recognised there is a material charge to be made of £5k in relation to accumulated absences for 2015/16. Dundee City Council has agreed to fund the cost of this which is consistent with the principles of the Integration Scheme.

Note 8 External audit costs

Fees payable to Audit Scotland in respect of external audit services undertaken in accordance with Audit Scotland's *Code of Audit Practice* in 2015-2016 were £5.7k. There were no fees paid to Audit Scotland in respect of any other services. The external auditor appointed by Audit Scotland for 2015-16 was KPMG LLP.

Note 9 Contingent assets and liabilities

A contingent asset or liability arises where an event has taken place that gives the IJB a potential obligation or benefit whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the IJB. Contingent assets or liabilities also arise where a provision would otherwise be made but, either it is not probable that an outflow of resource will be required or the amount of the obligation cannot be measured reliably.

Contingent assets and liabilities are not recognised in the Balance Sheet but disclosed in a note to the Accounts when they are deemed to be material.

9.1 Clinical and Medical Negligence

Dundee IJB provides clinical services to patients under the statutory responsibility of NHS Tayside. In connection with this, it is responsible for any claims for medical negligence arising from the services it commissions, up to a specific threshold per claim. For claims in excess of this threshold NHS Tayside and IJB are members of the 'Clinical Negligence and Other Risks Indemnity Scheme' (CNORIS). This is a risk transfer and financing scheme which was established in 1999 for NHS organisations in Scotland, the primary objective of which is to provide a cost effective risk pooling and claims management arrangement for those organisations which it covers.
The Regulations governing the CNORIS Scheme were amended on 3 April 2015 so that Integration Joint Boards and Local Authorities could apply to the Scottish Ministers to become members of the Scheme.

CNORIS provides indemnity to member organisations in relation to Employer's Liability, Public/ Product Liability and Professional Indemnity type risks (inter alia) no less wider than that generally available within the commercial insurance market.

NHS Tayside (through CNORIS) and Dundee City Council already have relevant insurance cover in place; this will remain in place to cover the employees who are employed by and the services that are delivered by those organisations.

Dundee IJB has joined the CNORIS scheme to cover for Board members at this stage at a cost of £3,000 per annum.

The IJB is required to make provision for any claims notified by the NHS Central Legal Office according to the value and probability of settlement. Where a claim is not provided for in full, the balance would be included as a contingent liability. The corresponding recovery from CNORIS in respect of amounts provided for would be recorded as a debtor and that in respect of amounts disclosed as contingent liabilities are disclosed as contingent assets.

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

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

City Chambers
DUNDEE
DD1 3BY

25th August, 2016

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

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I refer to the agenda of business issued in relation to the meeting of the Integration Joint Board to be held on Tuesday, 30th August, 2016 and now enclose the undernoted items of business which were not received at time of issue.

Yours faithfully

DAVID W LYNCH

Chief Officer

A G E N D A

10 FINANCIAL MONITORING REPORT - JULY 2016 - Page 1

(Report No DIJB38-2016 by Chief Finance Officer, copy attached).

ITEM No …10…..……

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 30 AUGUST 2016**

REPORT ON: **FINANCIAL MONITORING – JULY 2016**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB38-2016**

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 2016/17.

2.0 RECOMMENDATIONS

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

2.1 Notes the overall projected financial position for delegated services as at 31st July 2016

2.2 Instructs the Chief Finance Officer to continue to monitor the 2016/17 projected financial outturn and present this to the IJB throughout the remainder of the financial year.

2.3 Notes that the format and focus of this financial monitoring will change over time as budgets become more integrated and more closely aligned with the priorities set out within the Strategic and Commissioning Plan.

3.0 FINANCIAL IMPLICATIONS

3.1 The financial monitoring position for Dundee Health and Social Care Partnership based on expenditure to 31st July 2016 shows a net projected overspend position of £1,808k. This is mainly due to the anticipated shortfall in achieving a balanced prescribing budget as noted as a key risk in the due diligence process. Services delegated from NHS Tayside (excluding prescribing) are estimated to be in an overspend position of around £844k by the end of the financial year. These overspends are subject to the risk sharing arrangement outlined in the Integration Scheme whereby responsibility for meeting the shortfall in resources remains with NHS Tayside. Services delegated from Dundee City Council are anticipated to be in an underspend position of approximately £791k at the 31st March 2017.

3.2 In relation to services hosted by Perth and Kinross and Angus IJB's on behalf of Dundee IJB, Dundee's share of overspends from these services are expected to be to the value of £1,015k. This will be partly offset by a transfer out to the respective IJB's of a share of overspends projected in services hosted by Dundee on behalf of the other IJB's to the value of £237k. This net anticipated overspend is also subject to the risk sharing arrangement therefore will remain with NHS Tayside.

4.0 MAIN TEXT

4.1 Background

4.1.1 As part of the IJB's financial governance arrangements, the Integration Scheme outlines that "The Chief Finance Officer will ensure routine financial reports are available to the Chief

Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances."

4.1.2 The IJB confirmed the overall budgeted resources for delegated services at its meeting in June 2016 with associated savings and efficiency targets to be achieved through the delivery of a local transformation programme for these delegated services. The detail of this is outlined in a separate report on this agenda. Members of the IJB will recall that as part of the Due Diligence process reported to the IJB in March 2016, a number of risks associated with the resources delegated by Dundee City Council and NHS Tayside to the IJB, including anticipated levels of savings, were highlighted. This financial monitoring position reflects the status of these risks as they display within cost centre budgets.

4.1.3 The current financial position as at 31st July 2016 is shown in Appendix 1. Members of the IJB will note that the presentation of the budgets and projected expenditure position to March 2017 at this stage is more aligned than integrated however, this will evolve as the transition to new locality based integrated service structures progresses. Future reporting will also reflect the shift of resources in line with actions taken to implement the aims of the Strategic and Commissioning Plan.

4.1.4 The financial information presented has been provided by the finance functions of NHS Tayside and Dundee City Council as set out within the Integration Scheme.

4.2 Projected Outturn Position – Key Areas

The following sets out the main areas of note from the financial information contained within Appendix 1 and provides commentary on the reasons for significant variances, actions being taken to manage these and outlines the key elements of risk which may remain.

4.3 Services Delegated from NHS Tayside

4.3.1 Members will recall from the Due Diligence process that there were a number of significant risks and challenges highlighted within delegated budgets from NHS Tayside. This included a testing savings target across services as a reflection of the overall financial challenges facing NHS Tayside. This overall financial challenge has resulted in NHS Tayside embarking on a comprehensive Transformation Programme to deliver service efficiencies and improvement. A number of the workstreams within this programme have been applied to delegated services, which combined with local service delivery efficiencies, constitutes Dundee Health and Social Care Partnership's Transformation Programme. These efficiencies have been incorporated into service budgets where identifiable and the financial projections take into account the anticipated achievement of a number of these savings.

4.3.2 The financial projection for services delegated from NHS Tayside to the IJB indicates a projected overspend of around £844k by the end of the financial year excluding the prescribing budget. This is greater than the anticipated budgetary shortfall of £253k highlighted to the IJB in June following an assessment of achievable efficiency savings against the target set for delegated services. However as further efficiency proposals are implemented at service level, this position is likely to change.

4.3.3 A number of service underspends are noted within Mental Health, Community Nursing and Allied Health Professionals primarily as a result of staff vacancies. It should be noted however that many of the efficiency savings targets have not yet been redistributed to individual services and this will shift as the year progresses. Those savings targets currently not delegated to individual services are held centrally within the Other Dundee Services / Support / Management heading and this is the main reason for this budget reflecting an adverse position.

4.3.4 Staff cost pressures exist in a number of other services such as Continuing Care and Palliative Care where the use of nursing bank and agency costs, although reducing from previous years, results in increased costs. Initiatives planned within the Transformation Programme will reduce the impact of these in due course.

4.3.4 A projected shortfall totalling £1,802k remains in the prescribing budget. A number of initiatives are developing through NHS Tayside's Transformation Programme which will achieve significant change in the way the prescribing budget is managed in order to deliver financial efficiencies. Dundee HSCP is contributing to this Transformation Programme and will continue to explore innovative ways of safely delivering services in a more cost effective manner. Members will recall that the IJB agreed to invoke the risk sharing arrangement with NHS Tayside in relation to this budget whereby the leadership of delivery of efficiency savings within this budget remains the responsibility of NHS Tayside.

4.3.5 Members of the IJB will also be aware that Angus and Perth and Kinross IJB's 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 IJB's at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. The net impact to Dundee IJB of hosted services is a projected overspend of £778k.

4.4 Services Delegated from Dundee City Council

4.4.1 Due to the nature of the local government budget process, an efficiency savings plan for services delegated by Dundee City Council was in place prior to services becoming delegated to Dundee Integration Joint Board. These efficiencies are embedded within service budgets and the financial monitoring reflects performance in achieving these. Risks associated with these budgets were also reflected in the Due Diligence process with the challenge of achieving staff slippage targets being the major concern. These are also embedded in the cost centre budgets therefore the financial monitoring position reflects the level of risk still anticipated against this.

4.4.2 The financial projection for services delegated from Dundee City Council to the IJB notes an overall projected underspend position of around £791k. This is mainly as a result of a difference in timing between the investment made by Dundee City Council in budgeted resources to meet anticipated demographic pressures within the adult care budget and the commissioning and development of additional services and capacity to provide the infrastructure to meet projected demand. It is anticipated that this investment will be fully committed during 2017/18. At this stage of the financial year, there is no indication yet that the staff slippage targets will not be achieved by the service however this will continue to be closely monitored throughout the year.

4.5 Additional Partnership Funds

4.5.1 Dundee IJB agreed Report DIJB15-2016 (Planning for Additional Resources) at its meeting on 4th May 2016 which set out the planned investment of additional funding from the Scottish Government. The value of these funds in 2016/17 is £7.76m and at this stage of the financial year the projected spend is in line with this original plan. Future financial monitoring reports will include an assessment of progress with this investment over the course of the year.

5.0 POLICY IMPLICATIONS

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

6.0 CONSULTATIONS

The Chief Officer, NHS Tayside's Director of Finance and Dundee City Council's Executive Director of Corporate Services were consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 8th August 2016

Appendix 1

DUNDEE INTEGRATION JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2016/17 **AS AT JULY 2016**

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000
Older Peoples Services	41,878	0	10,428	10	52,306	10
Mental Health	1,903	-417	3,556	-200	5,459	-617
Learning Disability	23,056	-131	1,241	-90	24,297	-221
Physical Disabilities	7,642	-329	0	0	7,642	-329
Substance Misuse	654	86	2,354	41	3,008	127
Community Nurse Services / AHP / Other Adult	2,460	0	10,847	-161	13,307	-161
Hosted Services	0	0	17,784	-204	17,784	-204
Other Dundee Services / Support / Mgmt*	1,322	0	12,808	1,448	14,130	1,448
Total Health and Community Care Services	**78,915**	**-791**	**59,018**	**844**	**137,933**	**53**
Prescribing (FHS)	0	0	33,299	1,802	33,299	1,802
General Medical Services	0	0	24,559	0	24,559	0
FHS - Cash Limited & Non Cash Limited	0	0	20,169	-47	20,169	-47
Grand Total	**78,915**	**-792**	**137,045**	**2,600**	**215,960**	**1,808**
Hosted Services - Net Impact of Risk Sharing Adjustment			4,826	778	4,826	778

* Includes NHST budgeted efficiency savings target of £1,723k not yet allocated to specific cost centres.

6

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

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

City Chambers
DUNDEE
DD1 3BY

23rd August, 2016

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

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, 30th August, 2016 at 4.00pm.

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

Yours faithfully

DAVID W LYNCH
Chief Officer

A G E N D A

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members are reminded that, in terms of 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 the meeting of the Integration Joint Board held on 28th June, 2016 is submitted for approval, copy attached.

4 RESIGNATION OF BARBARA TUCKER, STAFF PARTNERSHIP REPRESENTATIVE

It is reported that Barbara Tucker has resigned from her membership on the Integrated Joint Board as Staff Partnership Representative and that her replacement in this capacity will be Raymond Marshall.

5 PRESENTATIONS

(a) Safe Zone

Presentation by Lydia Banks, Safe Zone Bus Co-ordinator, Tayside Council on Alcohol.

(b) Safe Places

Presentation by Carina Mitchell, Director, Advocating Together (Dundee).

6 ADULT SUPPORT AND PROTECTION COMMITTEE – INDEPENDENT CONVENOR'S BIENNIAL REPORT TO THE SCOTTISH GOVERNMENT - Page 7

(Report No DIJB34-2016 by Chief Officer - attached).

7 HIGH LEVEL RISK REGISTER - Page 53

(Report No DIJB35-2016 by Chief Finance Officer – attached).

8 PERFORMANCE AND AUDIT COMMITTEE - Page 57

(Report No DIJB36-2016 by Chief Finance Officer - attached).

9 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT - Page 63

(Report No DIJB37-2016 by Chief Officer - attached).

10 FINANCIAL MONITORING REPORT

(Report No DIJB38-2016 by Chief Finance Officer – to follow).

11 TRANSFORMATION PROGRAMME - Page 93

(Report No DIJB39-2016 by Chief Finance Officer – attached).

12 ANNUAL ACCOUNTS 2015/16

(Report No DIJB43-2016 by Chief Finance Officer – to follow).

13 DISCHARGE MANAGEMENT PERFORMANCE UPDATE - Page 101

(Report No DIJB44-2016 by Chief Officer - attached).

14 DUNDEE DISCHARGE MANAGEMENT IMPROVEMENT PLAN AND USE OF FUNDING - Page 109

(Report No DIJB40-2016 by Chief Officer - attached).

15 DUNDEE FAIRNESS COMMISSION REPORT: A FAIR WAY TO GO - Page 121

(Report No DIJB41-2016 by Chief Officer - attached).

16 WEAVERS BURN CARE INSPECTORATE REPORT - Page 161

(Report No DIJB45-2016 by Chief Officer - attached).

17 DATE OF NEXT MEETING

The next meeting of the Integration Joint Board will be held in Committee Room 1, 14 City Square on Tuesday, 25th October, 2016 at 4.00pm.

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

18 FUTURE OF RESIDENTIAL CARE FOR OLDER PEOPLE

19 MENTAL HEALTH REDESIGN TRANSFORMATION PROGRAMME

ITEM No …3……..

Dundee Health & Social Care Partnership

At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 28th June, 2016.

Present:-

Members	**Role**
Doug CROSS (*Chairperson*)	Nominated by Health Board (Non Executive Member)
Judith GOLDEN	Nominated by Health Board (Non Executive Member)
Munwar HUSSAIN	Nominated by Health Board (Non Executve Member)
Ken LYNN (*Vice Chairperson*)	Nominated by Dundee City Council (Elected Member)
Stewart HUNTER	Nominated by Dundee City Council (Elected Member)
David BOWES	Nominated by Dundee City Council (Elected Member)
David W LYNCH	Chief Officer
Dave BERRY	Chief Finance Officer
Diane MCCULLOCH	Head of Community Health and Care Services
Jane MARTIN	Chief Social Work Officer
Jim FOULIS (for Eileen MCKENNA)	Registered Nurse
Cesar RODRIGUEZ	Registered Medical Practitioner (not providing primary medical services)
Drew WALKER	Director of Public Health
Jim MCFARLANE	Trade Union Representative

Also In attendance:-

Councillor Jimmy BLACK	Dundee City Council (Chair of Dundee Fairness Commission)
Diane McCULLOCH	Dundee Health and Social Care Partnership
Lucy RENNIE	Dundee Health and Social Care Partnership
Arlene HAY	Dundee Health and Social Care Partnership
Laura BANNERMAN	Dundee City Council
Craig MASON	Dundee City Council
Merrill SMITH	Dundee City Council
Anna MEACHIE	NHS Tayside
Tony GASKIN	Fife, Tayside and Forth Valley Audit and Management Services

Doug CROSS, Chairperson, in the Chair.

Prior to the commencement of the business the Chair and the Vice Chair advised of the forthcoming retiral of Laura Bannerman, Dundee City Council. Both the Chair and the Vice Chair paid tribute to the contribution Laura Bannerman had made to the work of Health and Social Care in Dundee over the years in her capacity as a Head of Service with Dundee City Council Social Work Department and her role in furthering this work through the Dundee Health and Social Care Partnership and the establishment of Dundee City Health and Social Care Integration Joint Board in which she had served for a period of time as Joint Interim Chief Officer.

In turn Laura Bannerman thanked the Chair and Vice Chair for their kind tribute and wished the Integration Joint Board well towards achieving its aims and aspirations for Health and Social Care in Dundee.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Martyn Sloan, Eileen McKenna and Barbara Tucker.

II DECLARATION OF INTEREST

No declarations of interest were made.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of the Integration Joint Board held on 4th May, 2016 was submitted and approved.

IV PRESENTATIONS

(a) ADVICE SERVICES WITHIN PRIMARY CARE IN DUNDEE - GP SURGERY CO-LOCATION MODEL

Craig Mason gave a presentation on Advice Services within Primary Care in Dundee and the GP Surgery co location model and the ways in which this initiative linked with the work of the Dundee Health and Social Care Partnership and the outcome of the Dundee Fairness Commission towards the aimed reduction of health inequalities in Dundee.

The Integration Joint Board noted the content of the presentation.

(b) A FAIR WAY TO GO - REPORT OF THE DUNDEE FAIRNESS COMMISSION

Councillor Jimmy Black, Chair of the Dundee Fairness Commission gave a verbal presentation on the report of the Dundee Fairness Commission entitled “A Fair Way to Go” and its connection with the work of the Dundee Health and Social Care Partnership.

The Integration Joint Board agreed to note the presentation and agreed that the Chief Officer be requested to bring forward a report that described how the Integration Joint Board would respond to the recommendations in the report of the Dundee Fairness Commission: A Fair Way To Go.

V HEALTH INEQUALITIES AND EARLY INTERVENTION

There was submitted Report No DIJB26-2016 by the Chief Officer providing a context for bringing forward proposals and propositions for service design or redesign that responded to the significant issues of health inequalities, poverty and deprivation that currently existed in Dundee. The report also acknowledged the importance of designing services that were health inequalities sensitive, demonstrated early intervention and prevention and were targeted and delivered to those who were in most need of support.

The Integration Joint Board agreed:-

(i) to acknowledge the significant inequalities that existed in Dundee and actively request the bringing forward of proposals that sought to mitigate the most negative impacts of these inequalities;

(ii) to support future proposals for scaling up weekly evidenced interventions that reduced health inequalities and tackled poverty;

(iii) to note and support the recommendations from ‘A Fair Way to Go’ report; and

(iv) to request a report be brought forward that described how the IJB would respond to the recommendations in ‘A Fair Way to Go’.

VI DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT REPORT 2015/2016

There was submitted Report No DIJB33-2016 by the Chief Finance Officer advising the Integration Joint Board of the outcome of the Chief Internal Auditor's Report on the Integration Joint Board's internal control framework for the financial year 2015/16.

The Integration Joint Board agreed:-

(i) to note the content and findings of the Annual Internal Audit Report 2015/16 which was attached to the report as an appendix; and

(ii) to instruct the Chief Finance Officer to implement the agreed actions to address areas for improvement.

VII DRAFT ANNUAL ACCOUNTS 2015/16

There was submitted Report No DIJB32-2016 by the Chief Finance Officer presenting the Integration Joint Board's Draft Annual Statement of Accounts 2015/16 for approval to initiate the external audit process and to note and consider the proposed Audit Strategy from the Integration Joint Board's appointed External Auditor.

The Integration Joint Board agreed:-

(i) to note the Integration Joint Board's Draft Annual Statement of Accounts 2015/2016 as outlined in Appendix 1 of the report;

(ii) to instruct the Chief Finance Officer to submit the Accounts to the Integration Joint Board's external auditors (KPMG) to enable the audit process to commence; and

(iii) to note and approve the proposed Audit Strategy for 2015/2016 as provided by the Integrations Joint Board's External Auditor as at Appendix 2 of the report.

VIII INTERNAL AUDIT REPORT ON HEALTH AND SOCIAL CARE INTEGRATION - FINANCIAL ASSURANCE/DUE DILIGENCE

There was submitted Report No DIJB16-2016 by the Chief Finance Officer advising the Integration Joint Board of the outcome of the joint Internal Audit Report on the due diligence process.

The Integration Joint Board agreed:-

(i) to note the content and findings of the Internal Audit Report on Health and Social Care Integration Financial Assurance/Due Diligence which was attached to the report as an appendix; and

(ii) to instruct the Chief Finance Officer to implement the agreed actions to address areas for improvement.

IX COMMUNITY REHABILITATION AND ENABLEMENT PROJECT

There was submitted Report No DIJB29-2016 by the Chief Officer on achievements and progress to date in the 'Community Rehabilitation and Enablement' project a shared NHS Tayside and Dundee City Council initiative.

The Integration Joint Board agreed:-

(i) to note the progress in developing an integrated model for Community Rehabilitation and Enablement Services as outlined in the report; and

(ii) to note the next steps in relation to the project outlined at paragraph 4.5 of the report.

X JOINT DUNDEE AND ANGUS EQUIPMENT LOAN SERVICE PROPOSAL

There was submitted Report No DIJB29-2016 by the Chief Officer providing information about a proposal by Angus Council to Dundee Health and Social Care Partnership to develop a Joint Dundee and Angus Equipment Loan Service.

The Integration Joint Board agreed to approve, in principle, the proposal to proceed with development of a Joint Dundee and Angus Equipment Loan Service and instructs the Chief Officer to explore with Angus Health and Social Care Partnership, the development of a joint Dundee and Angus Equipment Loan Service and report back to the Integration Joint Board on the outcome of discussions.

XI CARERS (SCOTLAND) ACT 2016

There was submitted Report No DIJB30-2016 by the Chief Officer providing information about the Carers (Scotland) Act 2016 and arrangements in place to prepare for its likely commencement in April, 2017.

The Integration Joint Board agreed:-

(i) to note the Royal Assent of the Carers (Scotland) Act 2016 on 9th March, 2016 and the duties and powers placed on Local Authorities and Health Boards through this Act;

(ii) to request a further report detailing financial and resource implications of the Act once known; and

(iii) to instruct the Chief Officer to provide information to the Integration Joint Board on any changes in policy required as a consequence of the Act.

XII COMPLAINTS PROCEDURES AND SYSTEMS

There was submitted Report No DIJB31-2016 by the Chief Finance Officer providing the Integration Joint Board with an update of the development of complaints procedures and system to be applied by the Dundee Health and Social Care Partnership.

The Integration Joint Board agreed:-

(i) to adopt the proposed approach towards the development and implementation of existing and new complaint processes for the Dundee Health and Social Care Partnership;

(ii) to instruct the Chief Finance Officer to ensure that updated and any new complaint processed was submitted to the Integration Joint Board for approval once they had been completed taking into account the forthcoming guidance from the Scottish Government and the Scottish Public Services Ombudsman; and

(iii) to instruct the Chief Finance Officer to ensure that regular Complaint Performance Reports were submitted to the Integrated Joint Board.

XIII CODE OF CONDUCT

Reference was made to Article XV(b) of the minute of meeting of this Integration Joint Board held on 4th May, 2016 wherein progress in relation to the Code of Conduct was noted.

It was reported that the Scottish Government had now approved the draft Code of Conduct and the Clerk would make arrangements to issue a copy to all Members and to place the Code on the Board's webpage.

The Clerk would also arrange for Members to complete their Register of Interests and place these on the Integration Joint Board's webpage, again for public reference.

The Integration Joint Board noted the above information.

XIV DATE OF NEXT MEETING

The Integration Joint Board noted that the next meeting of the Integration Joint Board would be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 30th August, 2016 at 4.00 pm.

The Integration Joint Board 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 item of business on the grounds that it involved the likely disclosure of exempt information as defined in paragraphs (3, 6, and 9) of Part I of Schedule 7A of the Act.

XV DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP - SERVICE REDESIGN PROPOSALS

There was submitted Report No DIJB27-2016 by the Chief Finance Officer providing an update to the Integration Joint Board of the continuing development of the delegated resources to Dundee Health and Social Care Partnership (DHSCP) from NHS Tayside and associated cost reduction and efficiency savings plan. The report also advised the Integrated Joint Board of the outcome of outstanding areas from the due diligence process and confirmed the overall delegated budgeted resources from NHS Tayside and Dundee City Council.

The Integration Joint Board agreed:-

(i) to note the content of the report;

(ii) to note and approve the cost reduction and efficiency savings plan noted in section 4.3. of the report resultant shortfall in savings and impact on delegated resources to the Integrated Joint Board from NHS Tayside;

(iii) to instruct the Chief Officer to invoke the risk sharing agreement for year 1 of the Integrated Joint Board becoming fully operational contained within the Integration Scheme whereby any overspends remained the responsibility of the body with operational responsibility for service delivery and advise NHS Tayside accordingly;

(iv) that subject to agreement at (ii) and (iii) above, accepted the level of budgeted resources calculated by NHS Tayside as relating to delegated services for 2016/17;

(v) to note the totality of the Dundee Integrated Joint Board Transformation Programmes as a result of the combined cost reduction initiatives impacting on delegated resources from Dundee City Council and NHS Tayside and resultant Integrated Joint Board Budget as noted in section 4.3 and Appendix 1 of the report; and

(vi) to note the opinion of the Chief Finance Officer as to the transparency, proportionality and adequacy of the financial resources associated with the transfer of the Medicine for the Elderly service and subsequent risks identified following the completion of the outstanding Due Diligence process for the service as indicated in Appendix 2 of the report.

Doug CROSS, Chairperson.

6

ITEM No …6……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 30 AUGUST 2016**

REPORT ON: **ADULT SUPPORT AND PROTECTION COMMITTEE – INDEPENDENT CONVENOR'S BIENNIAL REPORT TO THE SCOTTISH GOVERNMENT**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB34-2016**

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Dundee Health and Social Care Integration Joint Board that the Independent Convenor of the Adult Support and Protection Committee has produced his Biennial Report for the Scottish Government for the period April 2014 - March 2016, to inform members of the work undertaken in the last two years and the key priorities and recommendations for the next two year period.

2.0 RECOMMENDATIONS

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

2.1 Notes the contents of the Independent Convenor's Biennial Report (as at Appendix 2);

2.2 Notes the progress that has been made in developing an effective partnership response to Adult Support and Protection issues in the city;

2.3 Notes the Independent Convenor's recommendations for 2016 – 18 outlined in paragraph 4.5 below;

2.4 Request that the Chief Officer ensures that recommendations contained within the Biennial Report are taken forward by relevant groupings and individuals within the Health and Social Care Partnership under the advice and guidance of the Adult Support and Protection Committee.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 In response to serious shortcomings in the protection and safeguarding of adults at risk of harm in Scotland, the Scottish Government introduced the Adult Support and Protection (Scotland) Act 2007. In line with the requirements of the Act, the Dundee Adult Support and Protection Committee was established in July 2008. Colin McCashey was appointed as Independent Convenor in November 2013.

4.2 Section 46 of the Act requires the Independent Convenor to prepare a Biennial Report outlining the activities of the Adult Support and Protection Committee and more widely the progress made in Dundee in protecting adults at-risk of harm. The report is organised around a number of themes agreed by the Adult Support and Protection (Scotland) Act 2007 Code of Practice (Revised April 2014) and the following sections of this report summarise its main points, with the full report appended.

4.3 The Dundee Health and Social Care Partnership's commitment to ensure that the protection of people of all ages will continue to be a key strategic priority is welcomed, as are the Strategic Priorities 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, including the Integration Joint Board, the Community Safety Partnership and all relevant Strategic Planning Groups, to ensure our strategies and priorities are aligned and coordinated. A review of who represents services on the Adult Support and Protection Committee is ongoing.

4.4 Progress on Previous Recommendations in Biennial Report 2012-14

4.4.1 There has been some good progress in implementing the nine recommendations of the last Biennial Report (2014) which made recommendations for areas of work over the period 2014-16: five have been fully completed, one has made sufficient progress with three still requiring some follow up work (for details see Appendix 1). Taking into account the progress made, where further progress is required, this is reflected in the recommendations for the next two years.

4.5 Areas for Further Improvement and Recommendations

4.5.1 There are several areas which are especially challenging in Adult Support and Protection work. Balancing the protection work with important prevention and early intervention supports is crucial, but does not all fit neatly within the remit of the Adult Support and Protection Committee. Effective partnership with service users and carers, across a wide range of different services, from the private/voluntary/third sector, through to General Practitioners, and statutory partners such as health, social care and Police requires commitment and persistence. The links are stronger in some areas of work than others, but all are essential. It is vital that the evaluation work already undertaken is used to inform and improve the experience of service users. The recommendations for the next two years reflect this ongoing journey and are clearly linked to the Strategic Priorities laid out in the Health and Social Care Strategic and Commissioning Plan, 2016, noted in brackets.

4.5.2 Recommendation 1 - Ensure more effective linking and sharing of information between the Committee and GP's as, despite more work having been undertaken with GP's over the past two years, this has not translated into increased referrals. (Early Intervention/Prevention and Models of Support/Pathways of Care);

4.5.3 Recommendation 2 - Continue to forge and maintain an effective link with NHS Tayside to ensure the ASP work within this area is facilitated, communication is improved and information shared efficiently. (Early Intervention/Prevention and Models of Support/Pathways of Care);

4.5.4 Recommendation 3 - Gather more qualitative data around the experience of service users who go through Adult Support and Protection services with a view to ensuring their voices are influential in improving the experience. (This will be piloted from July 2016 with the support of Dundee Independent Advocacy Support and findings reported to the Committee with recommendations). (Person Centred Care and Support);

4.5.5 Recommendation 4 - Ensure the Committee has a clearer cognisance of work being undertaken with Adults (<65) and Older People (65+), in terms of the Health and Disability Characteristics of those who are referred under specific areas of concern:
4a – Dementia/Alzheimer's: including how local practice links to the National Strategies, and early intervention across Dundee
4b - Mental Health and;
4c – Alcohol and Drug misuse: including how supports and services are linked effectively between the Health and Social Care services and the Alcohol and Drug Partnership strategy.
(Person Centred Care and Support, Models of Support/Pathways of Care, Health Inequalities);

4.5.6 Recommendation 5 - Ensure the recommendations from the Thematic report – based on past case based self-evaluations and Minutes Audits - are progressed and practice improves in these areas, with regular updates to the Committee: Advocacy, Risk Assessment and Protection Plans, Training access for wider services and Recording:

5a - Increase the early uptake of Independent Advocacy across the city, pursue more consistency around how advocacy is explained and offered to service users, and review the information available to service users.
5b - Review Risk Assessment and Protection Plans, ensure these are of good quality, available in every case and timeously for meetings, especially Case Conferences.
5c - Ensure training for wider services continues to be available, and is actively encouraged, for all services,
5d - Review and improve recording of case information
(Person Centred Care and Support);

4.5.7 Recommendation 6 - The development work in terms of the Early Indicators of Concern training to be remitted to the Health and Social Care Partnership and taken forward to include residential staff. Consideration to be given to its relevance for staff within community settings: e.g. sheltered housing, community multiple occupancy settings.
(Person Centred Care and Support, Models of Support/Pathways of Care and Managing our Resources Effectively);

4.5.8 Recommendation 7 - Due to the rise in Police Scotland Adult Concern Reports in Dundee, the majority of which don't meet the ASP three point test, the ASP Committee requests that Dundee Health and Social Care Partnership and Police Scotland explore best practice in screening and managing Police referrals in other areas of Scotland and implement any effective learning.
(Models of Support/Pathways of Care and Managing our Resources Effectively).

5.0 POLICY IMPLICATIONS

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

6.0 CONSULTATIONS

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

7.0 BACKGROUND PAPERS

None

David W Lynch
Chief Officer

DATE: 22 July 2016

10

Appendix 1

RECOMMENDATIONS FROM BIENNIAL REPORT 2014

RECOMMENDATION 1 – To build on work already done to raise public awareness and reduce the risk of Financial Harm in Dundee. COMPLETED (and will be ongoing)

RECOMMENDATION 2 – To gain a clearer picture of Advocacy in Dundee with a view to increasing its availability and use. COMPLETED (and will inform new Recommendation)

RECOMMENDATION 3 – To enhance partnership working on the ground across the Local Authority and NHS Tayside in Dundee. This recommendation has been progressed however, more work is needed.

RECOMMENDATION 4: To develop an effective model of engaging GPs more fully in the Adult Support and Protection agenda in Dundee. This recommendation has been progressed however, more work is needed.

RECOMMENDATION 5 – To use the Early Indicators of Concern work to improve care home settings. ONGOING – looking to extend the use of the Early Indicators of Concern work to residential staff and consider its use in community settings.

RECOMMENDATION 6 – To consider different models of service user and carer involvement in the Adult Support and Protection Process. Also (Case Based Self Evaluation 2014 – Rec 8) Ensure that individuals, and their family/carers, are included and involved in all aspects of the ASP process and (Case Based Self Evaluation 2014 – Rec 9) Ensure minutes of meetings record the attendance of the service user/carer/advocate, or not, and if not, the reason for this. (Community Care management team) ONGOING – A pilot is being run from July 2016 and new Social Work procedures include recording the involvement and reasons for non-involvement of service users.

RECOMMENDATION 7 – To implement evaluation of agreed training/learning opportunities with a focus on changing and improving practice. COMPLETED

RECOMMENDATION 8 – To review the Adult Concerns Screening Process and support Police Scotland plans to establish a referrals hub to ensure the most effective response to Adult Support and Protection referrals. COMPLETED

RECOMMENDATION 9 – To formalise the work of the Early Screening Group. COMPLETED

ITEM No …6……..

Appendix 2

City of Dundee

Adult Support & Protection Committee

Independent Convenor's Biennial Report
April 2014 - March 2016

Foreword

As Independent Convenor of the Dundee Adult Support and Protection Committee, I am pleased to present my Biennial Report for the period 2014-16 and recommendations for the next two years.

Work continues in a difficult organisational context. Many Committee partners have faced significant changes over the last two years including reduction in resources and organisational restructure. Budget restrictions across all agencies have meant role changes, increased areas of responsibility and challenges to workforce capacity. Nonetheless, partners have demonstrated continued commitment to adult protection and partnership through their achievements against the business plan 2014-16. Furthermore, there is clear evidence that the work of the agencies goes far beyond the statutory definition of adult protection, and this I welcome. Of particular note is the extension of Committee members to include the Care Inspectorate, financial services/ banks and Trading Standards.

There are several areas which remain especially challenging in Adult Support and Protection work. Balancing the protection work, with important prevention and early intervention supports is vital, but it does not all fit neatly within the remit of the Adult Support and Protection Committee. Early intervention is needed to support people who at that time do not necessarily meet the 3 point test, but professional judgements tells us that they may well meet such a test in the future. Effective early intervention could prevent such a situation developing.

In terms of the large increase of referrals from the Police, my professional judgement tells me that it would be unreasonable to conclude that police officers, in the normal course of their duty, are coming into contact with 99% more vulnerable people than was previously the case. I believe that it is more likely that Police are now referring cases which were previously not referred. It therefore follows that the big increase in referrals is more about process than people. That said, I would not wish to undermine the challenge faced by officers, often in very difficult circumstances, who simply seek the appropriate assistance from the relevant agencies for people who are assessed to be vulnerable in one way or another. While I would not set out to stifle referrals, I would wish to ensure that referrals are necessary and appropriate.

Maintaining effective partnership with service users and carers, a wide range of different services, from the private/voluntary/third sector, through to General Practitioners, and statutory partners such as health, social care and Police requires commitment and persistence. The links are stronger in some areas of work than others, but all are essential. It is vital that the evaluation work already undertaken across the Protecting People arena is used to inform and improve the experience of service users. The recommendations for the next two years reflect this ongoing journey.

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

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

August 2016

Contents

1. INTRODUCTION AND CONTEXT

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

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

The 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. The Lead Officer post provides an effective link between relevant agencies as well as co-ordinating within these agencies and with the Independent Convenor. There are currently three subgroups: Financial Harm, Policy, Procedures and Practice Task Group and a Stakeholder's Group. The work undertaken by these groups is detailed in subsequent sections.

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

In terms of the integration of Health and Social Care services, which covers adults and older people, there has been a year's 'run in' for the setting up of the Integrated Joint Board which went 'live' from 1st April 2016 as the Public Bodies (Joint Working) (Scotland) Act 2014 came into law. Adult Support and Protection work is one of the areas where local authority functions are delegated to the new Health and Social Care Partnership and the Integrated Joint Board is 'host agent' for the Protecting People Team in Dundee.

The structure of the new Partnership, the role of the Integrated Joint Board and the role of staff within the joint services will take time to settle and the impact on Adult Support and Protection work in the city is still unclear. However, the Health and Social Care Partnership's commitment to ensure that the protection of people of all ages will continue to be a key Strategic Priority is welcomed, as are the Strategic Priorities of Early Intervention/Prevention, Person Centred Care and Support, Models of Support, Pathways of Care, Health Inequalities and Managing our Resources Effectively, all of which will strengthen multi-agency responses to Protecting People concerns. The Adult Support and Protection Committee will continue work closely with all relevant partners to ensure our strategies and priorities are aligned and coordinated. A review of who represents these services on the Adult Support and Protection Committee is currently ongoing.

"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)

Policing in Scotland has undergone huge change over the past two years as eight forces have been united into one – Police Scotland. Alongside the national changes there have been local changes with the setting up of a 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, are signposted where relevant. Numbers of Adult Concern reports from Police Scotland continue to be high, but there is a reasonably constant number of referrals (approximately 70 per year) which need further Adult Support and Protection activity.

While the Police involvement can be seen as a positive in general, in terms of early intervention and prevention of harm, it is unclear whether the referrals will continue to rise, and whether this can be managed within existing services.

Other areas of Scotland have different ways of managing Police Referrals, and it is hoped that best practice from others can inform the continuing work in Dundee.

2. MANAGEMENT INFORMATION

Information about processes and outcomes of each Adult Support and Protection referral has been recorded, collated and analysed. This section reports on referral trends, including outcomes and sources, type of alleged harm, location where the harm allegedly took place and the use of orders available under the Act to prevent further harm.

2.1 Referrals: Disposal and trends

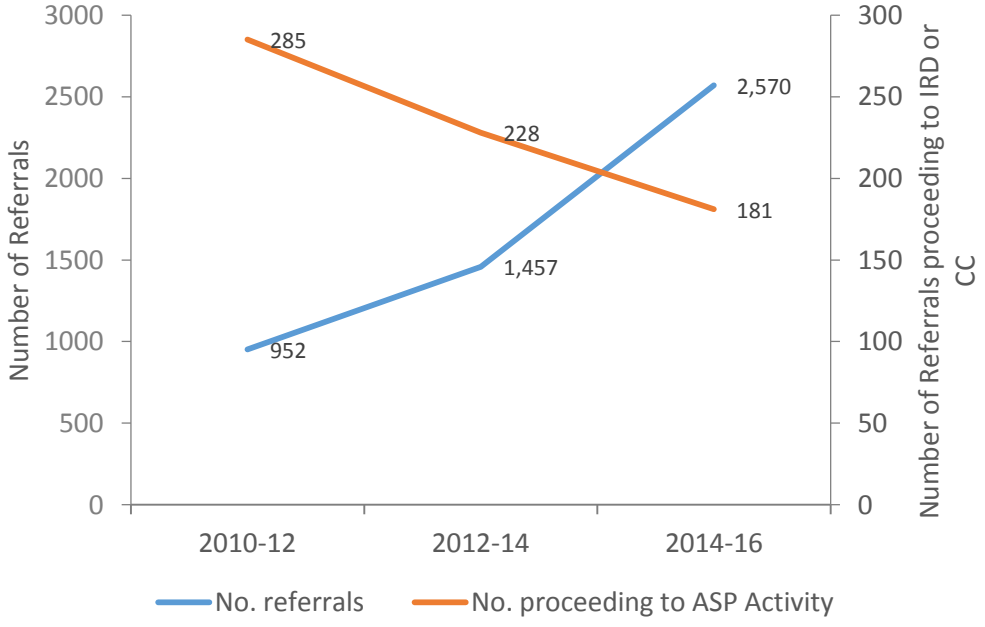
The Adult Support and Protection Team continue to be responsible for collating statistical and operational activity information. Activity is discussed quarterly by the Adult Support and Protection Committee. Additional systems are currently being developed to ensure that personal outcome information is recorded and monitored.

Each local authority recently submitted an annual statistical return to the Scottish Government. The source of the data used for the annual return and this section is the same and where possible the same data fields and groupings have been used in each analysis.

Between 1 April 2014 and 31 March 2016, 2,570 Adult Protection Concerns were reported to Dundee City Council Social Work Department. This represents a substantial increase in the number of referrals year on year, in fact there has been a 76% increase in the number reported between 2014 and 2016, compared with the previous 2 year period.

2010 – 2012 = 952 referrals
2012 – 2014 = 1,457 referrals
2014 – 2016 = 2,570 referrals

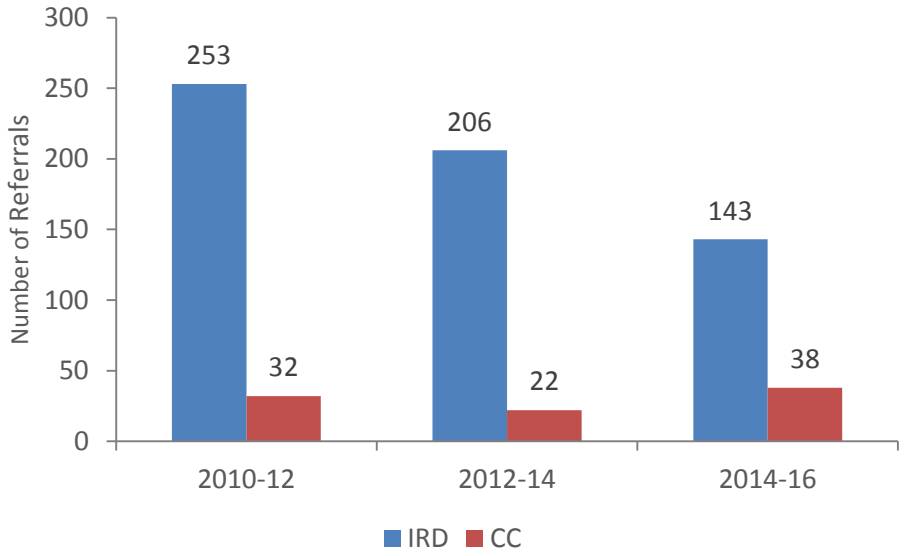
Chart 1: Number of Referrals and Number Proceeding to IRD or CC



Although the total number of referrals has increased considerably, the percentage of these referrals which met the 'three-point test' and proceeded under the Adult Support and Protection legislation, directly to Initial Referral Discussion (IRD) and Case Conference (CC), has reduced.

2010-2012 = 285 (30%)
2012-2014 = 228 (16%)
2014-2016 = 181 (7%)

Chart 2: Number of referrals which proceeded directly to IRD or Case Conference



Within Adult Support and Protection Procedures there is a requirement to convene a Case Conference if three concerns are received about an individual. This was the case in respect of 18 (47%) of the 38 cases that went straight to a Case Conference.

Age was a significant factor in referrals and Adult Protection Concerns in relation to older people (aged over 65) are much more likely to progress to a Case Conference. This pattern confirms a body of wider information and research indicating particular concerns regarding the risk of harm to older people.

2.2 Sources of Referrals

The source of each of the 2,570 referrals received in the period covered by this report is presented in Table 1, which also indicates the percentage of these referrals from different sources that resulted in an Initial Referral Discussion or Case Conference. The table shows that referrals to the Social Work Department continue to be received from a range of sources however, the vast majority come from Police Scotland (Tayside).

Table 1: Source of referral by year and % resulting in Adult Support and Protection Activity

Source of Referral	Years 2012-14	% (No.) Resulting in Adult Support and Protection Activity	Years 2014-16	% (No.) Resulting in Adult Support and Protection Activity
Anonymous	1	100% (1)	0	0% (0)
Other Organisation (Financial)	1	100% (1)	0	0% (0)
NHS GP	4	75% (3)	0	0% (0)
Dundee City Council	93	65% (60)	89	57% (51)
NHS	31	55% (17)	19	26% (5)
Other Organisation	59	53% (31)	70	57% (40)
Other Local Authority	2	50% (1)	6	67% (4)
Members of the Public	34	50% (17)	16	75% (12)
Nursing / Care Home	53	42% (22)	13	15% (2)
Self Referral	4	25% (1)	4	75% (3)
Scotland Fire and Rescue	16	0% (0)	48	4% (2)
TOTAL excl. Police Scotland	296	**52% (154)**	265	**45% (119)**
Police Scotland	1,161	6% (70)	2,305	3% (69)
GRAND TOTAL	1,457	**15% (224)**	2,570	**7% (188)**

2.3 Pattern of referrals

Police Scotland

There has been a significant increase in the number of referrals since 2012-2014, especially from Police Scotland (Tayside). The pattern of referrals from Police Scotland differ from referrals from other sources, therefore these have been presented separately.

Between 2012-14 and 2014-16:

- the **overall** number of referrals increased by 76%, however the number of these referrals that proceeded to Adult Support and Protection Activity decreased from 224 to 188 referrals.
- the number of **Police Scotland** referrals increased by 99%, however the number of these referrals that proceeded to Adult Support and Protection Activity was 70 and 69 in each 2 year period.
- there has been a 10% reduction in the number of referrals from **sources other than Police Scotland** since 2012/14 and a reduction of 26% since 2010/12. This reduction is largely from referrals from the NHS, Dundee City Council, Members of the Public, Care Homes and Scotland Fire and Rescue.

NHS Tayside and NHS General Practice

It is concerning that the number of referrals from NHS Tayside and NHS General Practitioners is extremely low. There were no referrals for NHS Tayside General Practitioners between 2014-2016 and only 19 across other specialties of the NHS, of which only 5 (26%) proceeded to Adult Support and Protection Activity.

Dundee City Council

Dundee City Council is one of the largest referrers after Police Scotland. The number of referrals from Dundee City Council decreased slightly between 2012-2014 and 2014-2016, however the % of these referrals which proceeded to Adult Support and Protection Activity was 57% during 2014-16. In comparison to other referrers this is a very positive result which shows that employees are making many correct referrals each year.

Members of the Public

The number of referrals from Members of the Public almost halved between 2012-14 and 2014-16. Members of the Public made 16 referrals during 2014-16 and 12 of these (75%) resulted in Adult Support and Protection Activity.

Care Homes

Referrals from Care Homes reduced from 53 during 2012-2014 to 13 during 2014-2016. This can be attributed to multi agency early intervention and prevention training, policies and procedures, particularly in institutional care settings which has resulted in situations being dealt with as they arise. Many cases of harm have been prevented, which may otherwise escalate and be reported as an Adult Support and Protection concern.

Fire and Rescue

The number of referrals from Scotland Fire and Rescue have increased from 16 during 2012-14 to 48 during 2014-16 while the % resulting in ASP activity remains low (4% during 2014-16).

Other Organisations

There has been a very slight numeric increase in referrals from 'Other Organisations' and these include the Care Inspectorate, voluntary sector services, private hospitals and trading standards.

During February 2014 Police Scotland introduced the Interim Vulnerable Persons Database (iVPD) in Tayside Division. This provides Police Scotland with a nationwide database of all vulnerable persons including adults, children, domestic abuse victims and victims of hate crime. It allows Police Scotland to monitor and manage people who may be transient in nature and ensure that the Division in which they reside has a full history and background of that vulnerable person. Previously such information was held in eight legacy force systems which did not talk to each other.

The iVPD also has a chronology tool which allows Police Scotland to identify significant life events and any escalation in vulnerability. Police Scotland continues to work with partners including Dundee City Council in relation to the Adult Protection Early Screening Group. There is further work to be done within this group to develop consistent thresholds and identify appropriate and alternative referral routes for cases that do not fall under the Adult Support and Protection (Scotland) Act 2005.

In respect of Police Scotland there has been a 99% increase in referrals in the last two years, with numbers rising from 594 in 2010/12 to 1,161 in 2012/14 to 2,305 in 2014/16. Of these referrals only 3% resulted in Adult Support and Protection activity. This would indicate that many referrals are being made which do not fit within the Adult Support and Protection legislation and that the 'three point test' is not being applied. Furthermore, many of the referrals concern mental health, suicide prevention and repeat callers to Police. This level of referral is unlikely to be sustainable over the longer period, despite the introduction of the Early Screening Group.

During 2014, Police Scotland began to review their screening processes by recording the outcome of referrals that were screened as either 'at risk' or 'not at risk'. Charts 3 to 5 present data for a 1 year period, 2015/16 regarding this review process.

(ESG = Early Screening Group, CM = Care Management)

Chart 3: Outcomes of the Total Police Scotland Referrals received for 2015

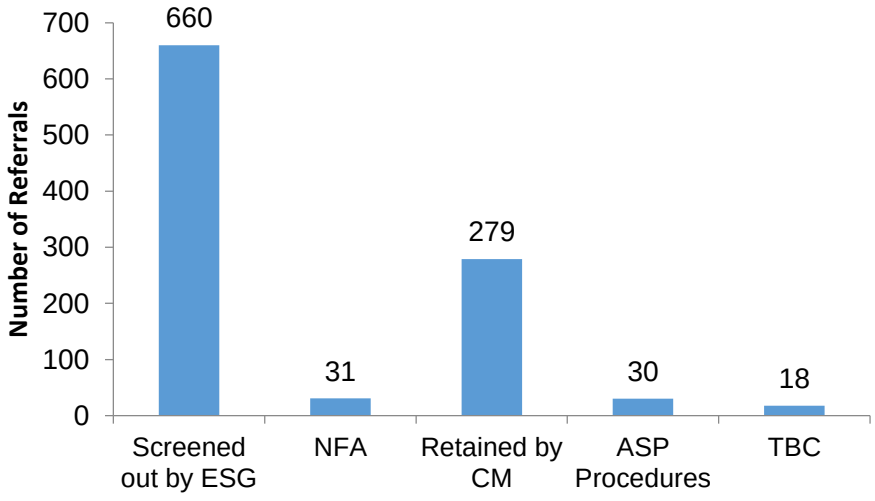
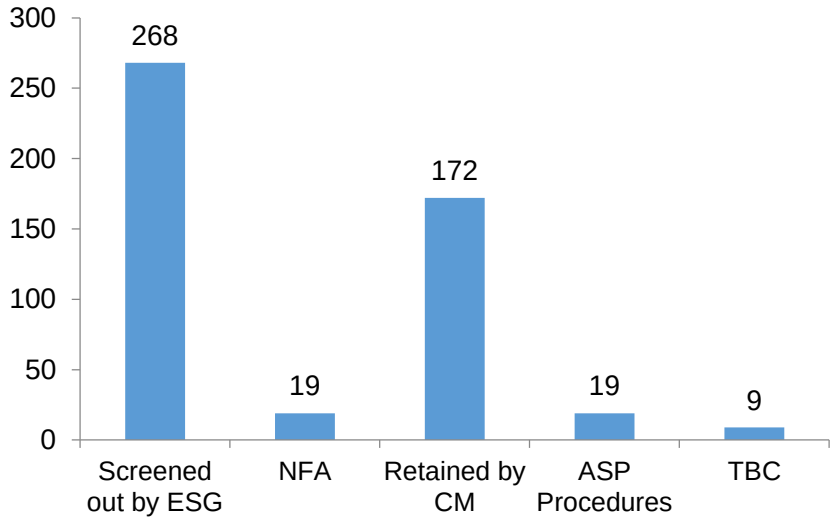


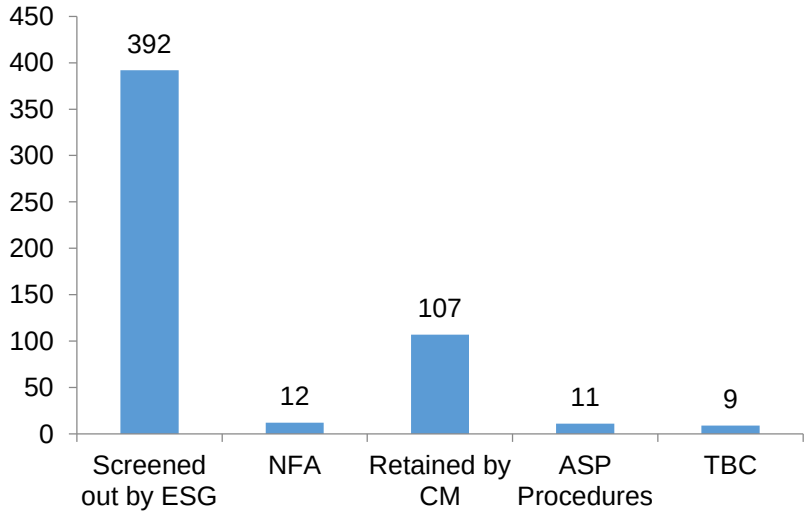
Chart 3 illustrates the outcomes of all police referrals during 2015. There were 1,018 referrals and only 30 (3%) proceeded to Adult Support and Protection Activity.

Chart 4: Outcomes of Police Scotland Referrals recorded 'At Risk' in 2015



Police Scotland recorded the outcomes of referrals which they assessed as being 'At Risk'. Of a total of 487 referrals assessed as 'At Risk', 10 (4%) proceeded to Adult Support and Protection Activity.

Chart 5: Outcomes of Police Scotland Referrals recorded 'Not at Risk' in 2015



Police Scotland also recorded the outcomes of referrals which they assessed as being 'Not at Risk'. Of a total of 531 referrals assessed as 'Not at Risk', 11 (2%) referrals proceeded to Adult Support and Protection Activity.

In total, 30 (2.9%) referrals proceeded to Adult Support and Protection Activity and if the referrals assessed by Police Scotland as being 'Not at Risk' were screened out then 11 (37%) would have been missed.

2.4 Adult Support and Protection Activity

This section has been presented illustratively in Appendix 1.

No Further Action

86 referrals required no further action under Adult Protection legislation. 72 (84%) of these referrals were from Police Scotland (Tayside). The types of harm which were most likely to result in 'no further action' under the Adult Support and Protection legislation were:

Welfare Concern Issues – 56 (65%)
Actual or Threat of Self Harm – 7 (8%)
Financial Harm – 5 (6%)
Suicide Attempt or Ideation – 4 (5%)
(There were an additional 14 referrals regarding other types of harm)

In the main, these referrals related to people who did not meet the "three-point test" for an adult at risk, who had threatened to harm themselves while under the influence of alcohol or drugs and who had either indicated afterwards that they would not welcome any support, or who had previously not engaged in services.

Retained by Community Care

744 (29%) of all referrals were retained within Community Care as people who were in need of care and support or already receiving Social Work Services and support. This number is encouraging as it indicates that staff from a range of agencies have identified possible risk factors impacting on service users and that many of these individuals were already known to the Social Work Department. One benefit of this is that their support can be reviewed and amended as required.

Large Scale Enquiries

There was a large scale enquiry regarding 8 residents of the same care home regarding alleged neglect by care home employees. The outcome of the IRD was that No Further Action would be taken.

Early Intervention/Prevention

Where a referral does not result in Adult Support and Protection activity, this does not mean that the individual, their family or carer are not offered other supports, services or signposted to these. Much preventative work and early intervention is done by services which means the individuals do not require more statutory interventions. This is in keeping with the principles of the legislation which requires that any intervention must benefit the adult, actions should be supportive and least restrictive; and have regard to the wishes of the adult and relevant others, while providing information and support to enable the adult to participate in the process.

2.5 Types of Harm

Table 2 shows the type of harm recorded for each referral and the percentage of each type of harm that proceeded to Initial Referral Discussion or Case Conference during 2014-16

Table 2: Types of Harm

	Adults (<65)		Older People (65>)	
	No.	% (no.)	No.	% (no.)
Emotional	49	22% (11)	30	30% (9)
Financial	7	29% (2)	19	42% (8)
Self Neglect	9	22% (2)	10	40% (4)
Carer Neglect	10	40% (4)	8	25% (2)
Physical Abuse	14	43% (6)	12	25% (3)
Domestic Abuse	8	25% (2)	2	50% (1)
Fire Safety	6	0% (0)	7	0% (0)
Threat Self-Harm	28	4% (1)	1	0% (0)
Actual Self-Harm	13	8% (1)	0	0% (0)
Suicide Attempt / Ideation	8	13% (1)	1	0% (0)
Sexual Abuse	9	22% (2)	1	100% (1)
Discrimination	31	23% (7)	16	44% (7)
Welfare Concern	438	7% (32)	112	29% (32)

The data in table 2 presents types of harm, by age group.

The trends described should be treated with caution due to the low numbers for some of the types of harm, which means that a small numerical variation can alter the % considerably.

When assessing type of harm in detail, it is evident that type of harm varies by whether the victim was aged under 65 or aged over 65.

Adults aged under 65

For people aged under 65, the most prevalent types of harm reported during 2014-2016 were regarding welfare concerns, emotional abuse, discrimination and threat of self-harm. The type of harm which was most likely to result in Adult Support and Protection Activity was physical abuse (43%), neglect by unpaid carer (40%) and financial abuse (29%).

Older People aged over 65

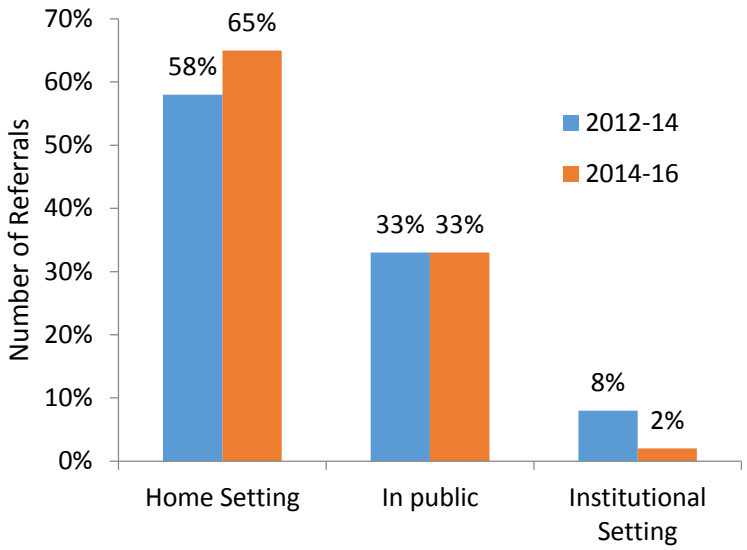
For people aged over 65, the most prevalent types of harm reported in 2014-16 were regarding welfare concerns, emotional abuse, financial abuse and discrimination. The types of harm most likely to result in Adult Support and Protection Activity were sexual and domestic abuse, however this data should be treated with caution as there was only 1 referral regarding each. As both referrals proceeded to ASP activity then the % was 100% for both. The types of abuse with the next highest % of referrals that proceeded to Adult Support and Protection were discrimination, financial abuse and self-neglect.

The prevalence of financial harm, particularly of older people, is now well established and the Scottish Government is developing a National Strategy in this area. Information, extrapolated from research studies, suggests that the present Dundee figures are potentially lower than would be expected. The Dundee Adult Support and Protection Committee, through its Financial Harm Group, has a clear strategy and action plan to reduce financial exploitation.

2.6 Location of Harm

Location of harm has been grouped into three categories – home setting, institutional setting (which includes hospitals and care homes) and public (which also includes social networking).

Chart 6:Location of Harm



The percentage of harm which took place in a home setting increased between 2012-14 (58%) and 2014-16 (65%). The percentage of harm which took place in institutional settings decreased between 2012-14 (8%) and 2014-16 (2%). The percentage of harm that took place in public stayed the same between 2012-14 and 2014-16 (33%).

The increased number of referrals regarding harm in public and home settings reflects the increase in the number of referrals from Police Scotland in relation to people who have threatened self-harm or suicide in their own homes, or out in the community, often at a local location of concern.

2.7 Sources of harm

Table 3 shows the relationship of the person causing harm to the individual at risk. Harm can be caused to the individual by a wide range of individuals as well as by the person themselves. The information in relation to other alleged sources of harm is broadly consistent with the figures in the previous Biennial Report, and with wider prevalence surveys.

There was a decrease in alleged harm from employed carers between 2012-2014 and 2014-16. During 2012-14 there were 74 referrals and during 2014-16 there were 56 referrals.

Table 3: Relationship of alleged source of harm to individual – Adults aged under 65

	2014-16	
	No. referrals	**% (No.) referrals proceeding to Initial Referral Discussion or Case Conference**
Spouse / Partner	57	21% (12)
Parent	10	20% (2)
Other Family Member	47	32% (15)
A Friend / Associate	67	13% (9)
Employed Carer	31	52% (16)
Self	1492	2% (36)
Stranger to Service User	31	10% (3)
Other Resident	13	8% (1)
Neighbour	12	8% (1)
Other	1	0% (0)
Not Known	10	0% (0)
Total	**1771**	**5% (95)**

Most referrals regarding adults aged under 65 related to self-harm. A friend / associate, spouse / partner and other family were the most common alleged perpetrators. Referrals which are most likely to proceed to Adult Support and Protection Activity are regarding alleged harm by an employed carer, followed by other family member then spouse / partner.

If the first five categories are combined, then 212 (12%) referrals relate to individuals at risk of harm from individuals in a position of trust.

Table 4: Relationship of alleged source of harm to individual – Older People (65<)

	2014-16	
	No. referrals	% (No.) referrals proceeding to Initial Referral Discussion or Case Conference
Spouse / Partner	10	20% (2)
Parent	0	0% (0)
Other Family Member	96	39% (37)
A Friend / Associate	29	24% (7)
Employed Carer	25	64% (16)
Self	563	4% (24)
Stranger to Service User	11	27% (3)
Other Resident	7	0% (0)
Neighbour	6	17% (1)
Other	0	0% (0)
Not Known	40	10% (4)
Total	**797**	**12% (94)**

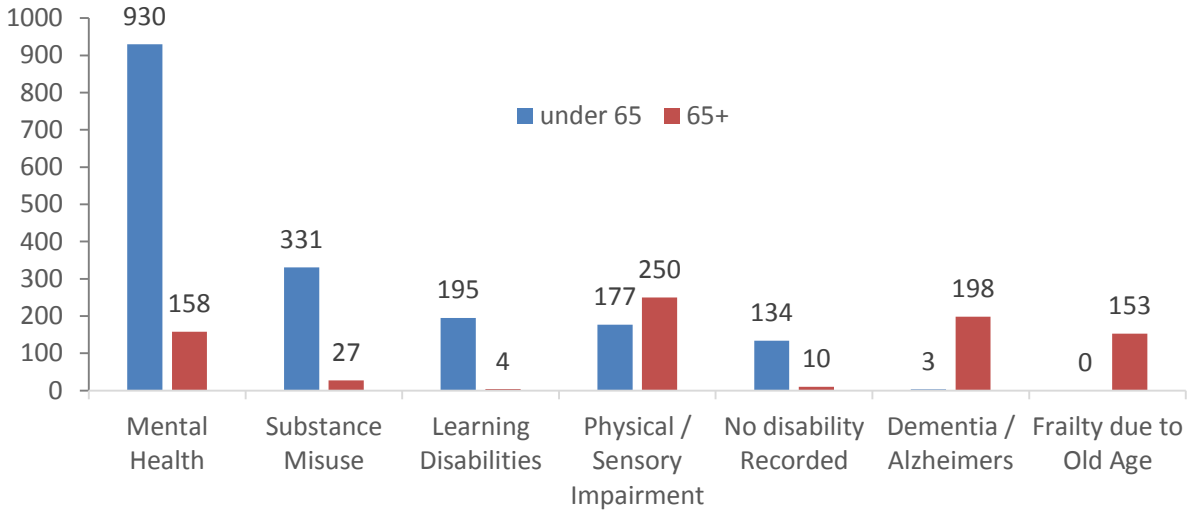
Most referrals regarding adults aged over 65 relate to self-harm. Other family member, a friend / associate and employed carer are the most common alleged perpetrators. Referrals which are most likely to proceed to Adult Support and Protection Activity are regarding alleged harm by an employed carer, followed by other family member then stranger to service user.

If the first five categories are combined, then 160 (20%) referrals relate to individuals at risk of harm from individuals in a position of trust.

2.8 Health and Disability Characteristics

Living with disabilities and illness can often increase levels of vulnerability and risk of harm. The health and disability characteristics of people who were referred to Adult Support and Protection were collated and they are presented in chart x.
Not everyone referred will have a health and disability characteristic.

Chart 7:Health and Disability Characteristics by Age Group



The health and disability characteristics differ depending on age. People referred who are aged under 65 are most likely to have mental health problems or substance misuse problems. Whereas people referred who are aged over 65 are most likely to have a physical disability / sensory impairment or Dementia / Alzheimer's disease.

Alcohol and Drugs

Over the last three Biennial Reports the number of concerns received regarding people with drug and / or alcohol misuse problems has been tracked. The number of referrals regarding people with a drug and / or alcohol misuse problem increased between 2010-12 and 2014-16, however because the overall number of referrals increased considerably, the % of people actually decreased. During 2010-12 20% of referrals were regarding people with drug and / or alcohol misuse problems and this decreased to 14% of people during 2014-16.

These figures relate to the prevalence of this group amongst the increased referrals from Police Scotland, as many of the people reported for self-harm or threatened suicide have difficulties with alcohol or drugs. Since August 2014**,** the Alcohol and Drug Partnership (ADP) moved under the Protecting People umbrella and ongoing work around Police screening of referrals and the Early Screening Group, should assist in more effective joint working in this area.

2.8 Protection Orders

The Adult Support and Protection (Scotland) Act makes provision for a number of protection orders. In the two years covered by this report the Social Work Department has taken out 6 Banning Orders to protect 2 individuals. One of the individuals has a learning disability and they are being protected from physical abuse and the other individual has a physical disability and they are being protected from emotional / psychological harm. Both individuals are at risk from family members in their own homes.

The number has decreased from 19 Banning Orders to protect 8 individuals during 2012-14.

3. PROGRESS IN RECOMMENDATIONS FROM BIENNIAL REPORT 2014-16 31

Nine recommendations were included in the 2014–16 Biennial Report.

A lead person was identified for each recommendation and was responsible for bringing together the relevant people needed to undertake the work required, developing an action plan and giving an update on the progress of this work at each Committee meeting over the last two years.

PROGRESS ON RECOMMENDATIONS

Recommendation 1 – To build on work already done to raise public awareness and reduce the risk of Financial Harm in Dundee. COMPLETED (and will be ongoing)

In order to prevent or reduce the instances of financial harm Dundee Community Safety Partnership and Dundee Adult Support and Protection Committee, Police Scotland, Dundee City Council Social Work and Trading Standards work alongside local businesses, voluntary organisations, faith groups, NHS Tayside, post offices, Royal Mail, banks, building societies, community councils, and other local groups.

Partners from the main groups developed and implemented a Financial Harm strategy, with raising public awareness of financial harm and scams as a primary part of the group's work over the life of this Biennial Report.

The strategy, developed at the end of 2013 focused on:

- Ensuring the closeness and effectiveness of the ongoing partnership between all partner agencies to prevent any adult in Dundee slipping through gaps in the services provided by different teams, departments, organisations – it's everyone's job to protect Dundee people from financial harm;
- Taking every opportunity to raise awareness and publicise the nature and scale of the problem and the help available to support victims;
- Working with stakeholders across the city to raise awareness of financial harm and how to report it;
- Providing an effective response service to anyone referred as a victim of financial harm and ongoing support if this is needed including identifying vulnerable people who may be helped by the installation of a 'call blocker'.

The Financial Harm Group has continued to meet regularly throughout the last two years, focused mainly on scams and rogue traders. To this end it has held specific awareness raising activities in a variety of areas: Public events such as the annual June Farmer's Market, a stall at the Celebrate Age Network event 2015 and another in the Overgate Shopping Centre on 29th April 2016, a Carer's event stall (2015), three days at the Dundee Flower and Food Festival September 2015, and also events for staff members including a 'Think Jessica' event in September 2014, a Chief Officer's Group event and a separate elected members' briefing both in November 2015.

This work is done in partnership with Trading Standards, Police, Community Safety and the local banks. It is noted that Trading Standards and a representative from the Royal Bank of Scotland now sit on the Adult Support and Protection Committee.

Whilst noted as 'completed' in terms of the setting up of the group and building on the previous work undertaken, the Financial Harm group, as a sub-group of the Committee, will continue with its work, broadening out to focus on Financial Harm by family members, partners, carers and others.

The group will also focus on implementing the Action Plan of the National Strategy which will be launched in **2016.**

Recommendation 2 – To gain a clearer picture of Advocacy in Dundee with a view to increasing its availability and use. **COMPLETED (but ongoing)**

This recommendation was raised due to the feedback from two Case Based Self-Evaluations (2013 and 2014) that independent advocacy use, and recording of use, could be improved in Dundee.

The use of advocacy has been actively promoted over the past two years within teams and there has been a small increase in the offering of Advocacy and in their attendance at case conferences.

Years	Offer of advocacy	Advocates attend case conferences
2013-14	22 (52%)	15 (36%)
2014-15	27 (68%)	16 (40%)

Dundee Independent Advocacy Service figures show some increase in new client referrals and client support but attendance at Adult Support and Protection meetings, especially Initial Referral Discussions (IRD) and Core Group meetings, is still low.

	Apr 13 to March 14	Apr 14 to March 15	Apr 15 to March 16
New Client Referrals	25	19	44
Client Support	24	38	59
IRD Meetings Attended	9	17	14
Case Conferences	9	22	29
Core Group Meetings	4	14	11
Review Case Conferences	6	24	29

The Advocacy Training available for all staff members has been reviewed and an information sheet covering the local advocacy services has been drawn up to complement the training. The revised Social Work single agency procedures, implemented in March 2016, also emphasise the important role of independent advocacy throughout the Adult Protection process: information will be required on the AP1, and also added to the Case Conference 'agenda prompt' for chairs and thus will be better reflected in the Minutes of meetings.

The Stakeholder's Group feel it would be useful to pursue more consistency on how advocacy is explained and offered to service users, what information is available to them and how the uptake of advocacy can be increased across the city.

This area will continue to be monitored through single and multi-agency audits, and external 'Minutes' audits and reported to the Committee via the Balanced Scorecard.

Recommendation 3 – To enhance partnership working on the ground across the Local Authority and NHS Tayside in Dundee. NOT COMPLETED.

The NHS has a vital role to play in adult protection however historically there were concerns about the engagement of the NHS in adult protection nationally and the small number of NHS adult protection referrals in many parts of Scotland and specifically from A&E settings. The Adult Support & Protection in NHS Accident & Emergency Settings Project was set up as a national priority.

A number of NHS Boards took part in a pilot with the overall aim to improve policy and practice in A&E settings so staff understand adult support and protection. NHS Tayside did some work in Perth Royal Infirmary. One of the recommendations from this piece of work was 'to ensure sustainable and effective ways of maintaining awareness on Adult Support and Protection legal duties NHS Boards are recommended to explore models that will support this e.g. Adult Protection Champions'.

There were also 4 Adult Protection Committee (APC) recommendations:

- APCs are recommended to work with partners to review adult protection reporting forms to agree core essential information.
- To enhance effective partnership working APCs are asked to consider inviting Scottish Ambulance Service representation onto APCs to ensure effective communication and links with a service that has significant contact with adults potentially at risk of harm.
- To enhance effective partnership working APCs are asked to ensure effective communication and links with NHS Board Emergency Care services and consider representation on APCs.
- To enhance effective partnership working APCs are recommended to work collaboratively with A&E services to learn lessons from adult protection cases including large scale investigations and significant case reviews where the adult at risk of harm was in contact with an A&E service.

The National Adult Support & Protection in NHS Accident & Emergency Settings Project report ends with "It is important that work continues as set out in the recommendations and that Boards who did not participate in this project utilise the tools now available to them to increase the awareness and understanding of their staff on the ASP legislation in all A&E settings and support identification and reporting to the local Adult Protection services adults that have been harmed or are believed to be an adult at risk of harm".

In order to take this recommendation forward, health staff have been identified to attend key subgroups, the Early Screening Group, and the ASP Committee. Unfortunately the plan to replicate the work in Perth Royal Infirmary in Ninewells Hospital has not come to fruition as yet.

From the Community Health Partnership perspective, a Specialty Manager position in Psychiatry of Old Age (POA) services includes a lead role for ASP. They are also now a member of the Adult Support and Protection Committee.

It would be valuable to include a more overt link with Ninewells hospital and the Committee, and to re-establish the previously regular meetings with the Health Board and the Independent Convenors across Tayside in order to ensure issues in this area are fully prioritised.

Recommendation 4: To develop an effective model of engaging GPs more fully in the Adult Support and Protection agenda in Dundee. **COMPLETED**

Improving GP engagement and involvement has been slow to progress, however there are good signs and opportunities for improvements which will continue to be built on in the future.

In order to consult with GPs and Practice Nurses, a survey was completed in early 2015, which reported to the April 2015 Committee. Actions from this survey were undertaken as follows:

- Information and education regarding the Point of contact and referral processes for ASP concerns was circulated to all GP surgeries. This was managed through the Protecting People Communications Group and included information regarding what the Dundee ASP Committee does.
- It was noted that lack of GP attendance at Case Conferences is a national problem and, given the difficulty in recruitment in this area, there does not appear to be a short or medium term solution. The National GP guidelines were reviewed in 2016.
- Locally, the four 'Cluster' GP's and clear points of contact with our GP colleagues have been identified and the Independent Convenor has established links with the Local Medical Committee. Awareness raising with Community Nurses and Midwives will also be undertaken.
- The Independent Convenor sits on a national group charged with progressing GP engagement and involvement.

The Policy, Practice and Procedures task group will be considering the current advice given to GP's Nationally and Locally to ensure these fit with the other Tayside-wide and local procedures.

Recommendation 5 – To use the Early Indicators of Concern work to improve care home settings

ONGOING

Procedures for Social Work staff on the Early Indicators of Concern Tool were completed in March 2014. A three hour Workshop was developed and has since been delivered initially to 79 Social Work staff and this year two further sessions were delivered to 19 Social Work and 5 external members of staff.

An evaluation of the impact of this training on practice has been completed and the intention is to deliver this workshop to a wider relevant staff group, including residential care staff, when there is the capacity to do so. Work is currently under way beginning with consultation sessions with residential care Managers across the whole sector to look at how we can best roll this out to as wide an audience as possible.

Recommendation 6 – To consider different models of service user and carer involvement in the Adult Support and Protection Process.
also
(CBSE 2014 – Rec 8) Ensure that individuals, and their family/carers, are included and involved in all aspects of the ASP process and
(CBSE 2014 – Rec 9) Ensure minutes of meetings record the attendance of the service user/carer/advocate, or not, and if not, the reason for this. (CC management team)

ONGOING

New Social Work procedures are now in place, which cover all the recommendations from the Case Based Self-Evaluations from 2014/2015. Training for Team Managers on chairing Initial Review Discussions has been run and they are now undertaking this work.

An ASP audit format is also being developed in SW.

Previous work done on the Outcomes Framework, where the service user and their family/carers would be asked a set of questions at the end of their ASP involvement, has been reviewed. This will be piloted from July 2016 with the support of Dundee Independent Advocacy Support.

Recommendation 7 – To implement evaluation of agreed training/learning opportunities with a focus on changing and improving practice. **COMPLETED**

Evaluation of the training 'Roles and Responsibilities' and 'Early Indicators of Concern' has been completed and the changes agreed will be incorporated into the next round of training.

The roll out of the Roles and Responsibilities training to individuals and groups outwith social work is being prioritised.

There has also been a review of the Adult Support and Protection and Advocacy training, with a new information sheet developed to use in this training.

A new framework to equip staff in key public protection partnerships with the right knowledge and skills for the protection of people in Dundee was launched on 8th December 2015. It is available to all staff and the public on www.dundeeprotects.com.

An ASP e-learning Basic Awareness course has been developed which sits within the Learning and Workforce Development framework on the website which makes it accessible to all staff members, volunteers and members of the pubic.

Training will continue to be evaluated on an ongoing basis.

Recommendation 8 – To review the Adult Concerns Screening Process and support Police Scotland plans to establish a referrals hub to ensure the most effective response to Adult Support and Protection referrals. **COMPLETED**

The Police Risk and Concern Hub was set up in 2015 and now pre-screens Adult Concern Reports before passing to the Adult Protection/First Contact Team. Continuity of staff is helping this process consolidate and strengthen and referral pathways are being developed to assist Police personnel to signpost individuals on to relevant supports timeously where relevant.

Other concerns are discussed at the Early Screening Group on a Friday morning.

The Early Screening Protocol, which supports this process, has been completed and was ratified at ASP Committee on 24th August 2015.

Recommendation 9 – To formalise the work of the Early Screening Group. COMPLETED

The purpose of the Early Screening Group (ESG) is to contribute to the protection of adults at risk of harm by identifying people who meet the three point test and those who have other adult concerns who are not already receiving support from community care social work services.

Where referrals relate to a person who is receiving support from community care social work services, the referral is passed to the person's active worker without waiting for the ESG, as are any clear ASP cases are who are not active, which are sent directly to the First Contact Team.

Through this pro-active, multi-agency approach the agencies are committed to supporting the protection of adults in Dundee by sharing relevant information swiftly, making an initial screening assessment of the adults needs, ensuring decisions are appropriate and effective and ensuring relevant supports are identified and provided where required.

The ESG Protocol has been completed and ratified at ASP Committee on 24th August 2015. It lays out the remit and membership of the group, as well as the decision-making and recording processes.

4 SIGNIFICANT CASE REVIEWS

4.1 Significant Case Review

There have been no formal Significant Case Reviews during the last two years.

5 ADULT SUPPORT AND PROTECTION COMMITTEE SUB GROUPS

The Adult Support and Protection Committee has maintained its Multi-Agency Policy, Practices and Procedures Task Group, and gets regular updates from the Stakeholder's Group, the Harmful Practices Group (Tayside wide), Dundee Suicide Prevention Collaborative and the Financial Harm Strategy Group. These updates help to maintain an effective two-way link between the groups and the Committee and Independent Convenor.

5.1 Financial Harm Group

The Financial Harm Group has continued to meet regularly throughout 2014-16 and has led on much of the Protecting People Communication activity with a financial harm/scams focus. To this end it has held specific awareness raising activities in a variety of areas: Public events such as the Annual June Farmer's Market Elder Abuse Awareness stall, a stall at the Celebrate Age Network event 2015 and another in the Overgate Shopping Centre on 29th April 2016, a Carer's event stall (2015), three days at the Dundee Flower and Food Festival September 2015, and also events for staff members including a 'Think Jessica' event in September 2014, a Chief Officer's Group event and a separate elected members' briefing both in November 2015.

Trading Standards has done considerable work with the local banks, creating good links for awareness raising and advice regarding financial harm. This has achieved positive outcomes, including an elderly vulnerable person not being defrauded of several thousand pounds and the apprehension of the rogue traders.

In the past six months in particular, the partners, alongside sheltered housing services, have been involved in key Police Scotland operations to disrupt financial harm crimes targeted at vulnerable older Dundee residents.

The work of this group will be ongoing and, alongside the considerable work done on scams and rogue traders, will also focus, in the next two years, on raising awareness in the community around financial harm by family members, friends, neighbours and carers.

A good case example

There was a spate of thefts and scams around specific areas of the city and the Financial Harm Group and Community Safety Partnership worked together with Trading Standards and Police to:

- Hold a meeting with Sheltered Housing Managers about the situation to discuss how to mitigate the risk
- Devise a sheet on common scams and rogue traders and share this in the area affected and then more broadly across the city at various events
- Send out a group message to all front line social care staff so they could reassure and reinforce the keep safe message to their service users
- Send information out, through the Contracts Section of the Local Authority, to all partnership agencies in the area, Day Care and Sheltered Housing complexes, which were also visited by the Community Safety Day Wardens and a worker to talk to residents about keeping safe

5.2 Stakeholder's Group

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

The first meeting was held on 14th August 2013 with a range of individuals and agencies who work with, or have access to, service users across the city. Following the work done in that meeting, a 'map' was produced and consulted on to ensure all relevant sections of the population were represented.

To ensure improved and meaningful participation by service users and carers in adult support and protection in the city through:

- Informing and raising the awareness of relevant service users and carers of the issues relating to adult protection in Dundee
- Consulting 'front-line' service users and carers on a range of topics focused on the priorities of the Committee and ensuring feedback to those giving their views
- Encouraging and facilitating service users and carers to bring relevant topics/issues to the Committee
- Influencing the work of the Committee and leading to improved policy and practice in this area
- Supporting other services by sharing good practice across the 'virtual' group

The group has met regularly over the past three years and has worked primarily with their agreed areas of concern: hate crime, self directed support and financial harm. They are also responsible for agreeing and supporting the service users who sit on the Committee.

The group devised and implemented a survey on where Dundee stands in terms of the report 'Hidden in Plain sight' which was reported to the Committee and the recommendations have been taken forward by the Hate Incident Multi Agency Partnership (HIMAP).

There was poorer attendance over 2015 and the first meeting of 2016 was a review of the group's Terms of Reference and Representation. Dates have been set across 2016.

5.3 Policy, Procedures and Practice Task Group

The Policy, Procedures and Practice Task Group met four times in the last two years and has considered the following new and revised protocols:

Scottish Fire and Rescue Protocol	Early Indicators of Concern Social Work Procedures
Large Scale Investigations	Financial Harm Strategy
Early Screening Group Protocol	Case Based Self-Evaluations 2014 and 2015
New Social Work Adult Support and Protection procedures	Biennial Report 2014-16
Revised Multi-Agency Tayside Adult Support and Protection protocol	Annual Report 2014-15
Draft NHS Tayside Adult Support and Protection Procedures.	Harmful Practices Protocols and Aide Memoirs – female genital mutilation, forced marriage, honour based violence.

6. PROTECTING PEOPLE GROUPS

In 2013 it was agreed that three of the task groups would combine into Protecting People groups bringing together Child Protection, Violence Against Women, Multi Agency Public Protection Arrangements (MAPPA) and Adult Support and Protection for **Self Evaluation, Learning and Workforce Development and Communication and Awareness Raising**. Many of the tasks being undertaken by these previously separate groups were found to be common across all of the Protecting People work and bringing them together has rationalised staff time and focus of this work.

6.1 Protecting People Self Evaluation Group

The Protecting People Self Evaluation Reference Group (SERG) has coordinated the development of Balanced Scorecards for the 4 Protecting People partnerships of Child Protection, Adult Support and Protection, Violence Against Women and Multi Agency Public Protection Arrangements (MAPPA). These scorecards have been designed to provide the COG and respective Committees with an at-a-glance guide on strengths and areas for further enquiry or improvement in a range of key strategic themes which are common to each area.

Building on this, the group is also now focused on developing a wider Protecting People Performance Improvement Framework with underpinning documentation, processes and tools.

To date, the group has agreed an overarching framework for performance improvement activity across the 4 partnerships which extends beyond the Balanced Scorecards to include Case Based Self Evaluation, Practice Reviews, Significant Case Reviews, Reviews of External Reports, Specific Document/Process Audits and Inspection Findings/Recommendations. This will be followed by:

- A calendar of planned activities for 2016-17;
- Revised protocols and tools for conducting significant case reviews and practice reviews;
- An options paper on future approaches to multi-agency case-based self-evaluation activity.

These documents will be brought forward to the individual partnerships and the COG from June 2016 onwards. Further consideration requires to be given to the involvement of the Alcohol and Drug Partnership in the elements of the framework.

In parallel to these strategic developments the Adult Support and Protection Committee has supported two small Case Based Self-Evaluations (2014 and 2015), an audit of Social Work Minutes of IRDs and Case Conferences plus a large scale audit, some of which were Adult Protection cases.

There has been an Integrated Children's Services Inspection completed from which an Improvement Plan is being pursued, a review of Alcohol and Drugs supports undertaken and a domestic abuse/child protection case file audit is being planned for late summer / early autumn to support the introduction of the Safe & Together approach in Dundee.

Work is also progressing in relation to the balanced scorecards. Amendments have been made to the scorecards based on the feedback received at the last COG meeting. Exemplar narratives have also been developed for the scorecards focusing on areas where performance is below target / declining.

6.2 Protecting People Communication and Awareness Raising Group 41

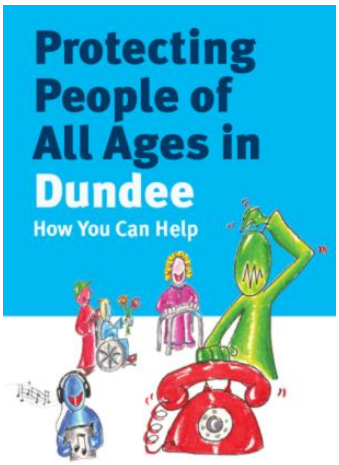
The Protecting People Communication and Awareness Raising Group has continued working throughout the last two years to raise awareness of the Protecting People message in Dundee. The group seeks to:

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

The group has a Calendar of Events across each year which includes the National and International 'Days', National and Local campaigns, and set annual events which are used to raise awareness such as the June Farmer's Market (above right) for Elder Abuse Day, and the Flower and Food Festival for the broader Protecting People message (above right). Partnerships are essential in this area and include the Celebrate Age Network, Dundee Pensioner's Forum and Police Scotland Youth Volunteers.

In October 2015 a graphic animation, which was devised from the work of the group, was circulated across Dundee and placed on websites such as Dundee Protects, NHS Tayside, Criminal Justice, Dundee City Council and others (see below). Information was sent specifically to GP surgeries in response to the survey undertaken with them.

The Protecting People of All Ages in Dundee booklet was updated in March 2016 (see below) using the same graphics.



Group members were involved in the launch of the three Angus and Dundee Harmful Practices Protocols and Aide memoirs which cover Female Genital Mutilation, Forced Marriage and Honour Based Violence (see below).

In August 2015, Alexis Jay, OBE, presented two briefing sessions for Elected Members, Senior Managers and Team Managers on her Independent Inquiry into Child Sexual Exploitation in Rotherham 1997-2013. As the author of the 'Jay Report', as it has become known, Alexis provided an extremely helpful summary of the main findings and recommendations. The report has informed a local action plan and the briefing sessions included an update on how this is being implemented in Dundee.

Other briefings for Elected Members have also been held covering Child Protection and Financial Harm in 2015 with two further set for 2016.

Eight Chief Officer Group briefings for staff have been produced over the last two years plus Chief Officer's Multi Agency Events for staff are held each year. In December 2014 the event was focused on Female Genital Mutilation, in May 2015, Child Sexual Exploitation, and in November 2015 the focus was Financial Harm. Each event has evaluated very favourably. The 2016 May event is a full day Protecting People Conference.

The group members have also been involved in getting the messages out about the two National Campaigns – Adult Protection 2014 and 2015, and Child Sexual Exploitation 2015.

In conjunction with Dundee Community Safety Partnership, the Protecting People Communication Group, since May 2015, has access to a Facebook page and information and messages regarding Protecting People are updated regularly.

The Chief Officers (Public Protection) Strategic Group staff briefing is also produced by the Lead Officer for the PP Communication and Awareness Raising group every two months following that meeting.

More generally, the Protecting People Communication Group is currently looking at how communication can be improved with ethnic minority communities, using existing groups and workers.

6.3 Protecting People Learning and Workforce Development Group

There is a strong ASP voice, knowledge and experience represented on the Protecting People Learning and Workforce Development Group and within that group we are continuing to deliver a vast range of ASP learning and development opportunities to multi-agency staff. Alongside e-learning and self-directed reading, we offer a range of face to face workshops and briefings across the whole workforce contact groups.

The Protecting People Learning and Workforce Development Group started work under the auspices of Protecting People in August 2014 although considerable work had already been progressed by the Social Work Learning and Workforce Development Team and the three Learning and Workforce Development task groups which existed previously. The Learning and Workforce Development Task Group has a good multi-agency representation although further appropriate representative/s from health, above the Alcohol and Drug Partnership attendance, are still being sought.

LEARNING AND WORKFORCE DEVELOPMENT FRAMEWORK

The Learning and Workforce Development Framework, launched on 8th December 2015, is now on the Dundee Protects website and is available and accessible to all managers and staff. The framework adapts the National Child Protection Learning and Development Framework to include competencies, knowledge and skills for adult support and protection, public protection, alcohol and drugs work and violence against women. The three levels as detailed in the Framework are: General contact workforce; Specific contact workforce; Intensive contact workforce. Through the Framework staff can access information about Learning and Development Opportunities (e.g. training, workshops, e learning, post graduate courses, self-directed reading), the expected outcomes and how they can book/access these opportunities.

All agencies involved in protecting people in the city are signed up to the new framework and will incorporate this in their own learning and development opportunities they offer to their staff. It is also available to members of the public.

A series of roadshows aimed at raising awareness were run December 2015/January 2016. Since then members of Dundee City Council Learning and Organisational Development Service have attended a range of forums within the city to promote the Framework and interactive web based tool. The Learning and Development Group will continue to lead on the development and promotion of these.

In terms of evidencing impact, it is still early days, however feedback during roadshows and presentations has been very promising, with this initiative being welcomed as a very practical innovation supporting staff and managers.

The impact the Framework and ASP learning and development is having on practice will be measured through case-based self-evaluation, case file audits, qualitative evaluations of specific learning and development opportunities and inspections. But the framework and tool is already promoting a consistency of approach to the issue of protecting people, both within and across agencies. By supporting access learning and development to meet the level of competency they need to carry out their responsibilities to protect people, it will have a positive impact upon practice and upon the lives of vulnerable people.

E-LEARNING – BASIC AWARENESS RAISING

An e-Learning Basic Awareness Raising Adult Support and Protection eLearning has been developed and is now available on the Learning and Development Framework on the www.dundeeprotects.co.uk website, which makes it accessible to all.

ROLES AND RESPONSIBILITIES BRIEFINGS

One of the priorities, emerging from the Case Based Self-Evaluation Staff Focus Groups over the previous two years, was the need to ensure external agencies had access to training, in the same way as Social Work staff. Specifically there has been a focus on ensuring the information on the Roles and Responsibilities Briefing has been widely circulated to external stakeholders.

In 2012-13 there were 163 staff briefed (109 of whom were external to Social Work) and 2013-14, 125 (70 of whom were external) making a total of 288 in that two year period.

In 2014-15 there were 113 staff briefed (82 of whom were external to Social Work) and in 2015 – 16, when the number of places was increased, there were 283 staff briefed (146 who were external) making a total of 396 staff briefed in that period. The higher number of sessions is continuing into the new Biennial period.

COURSE EVALUATIONS

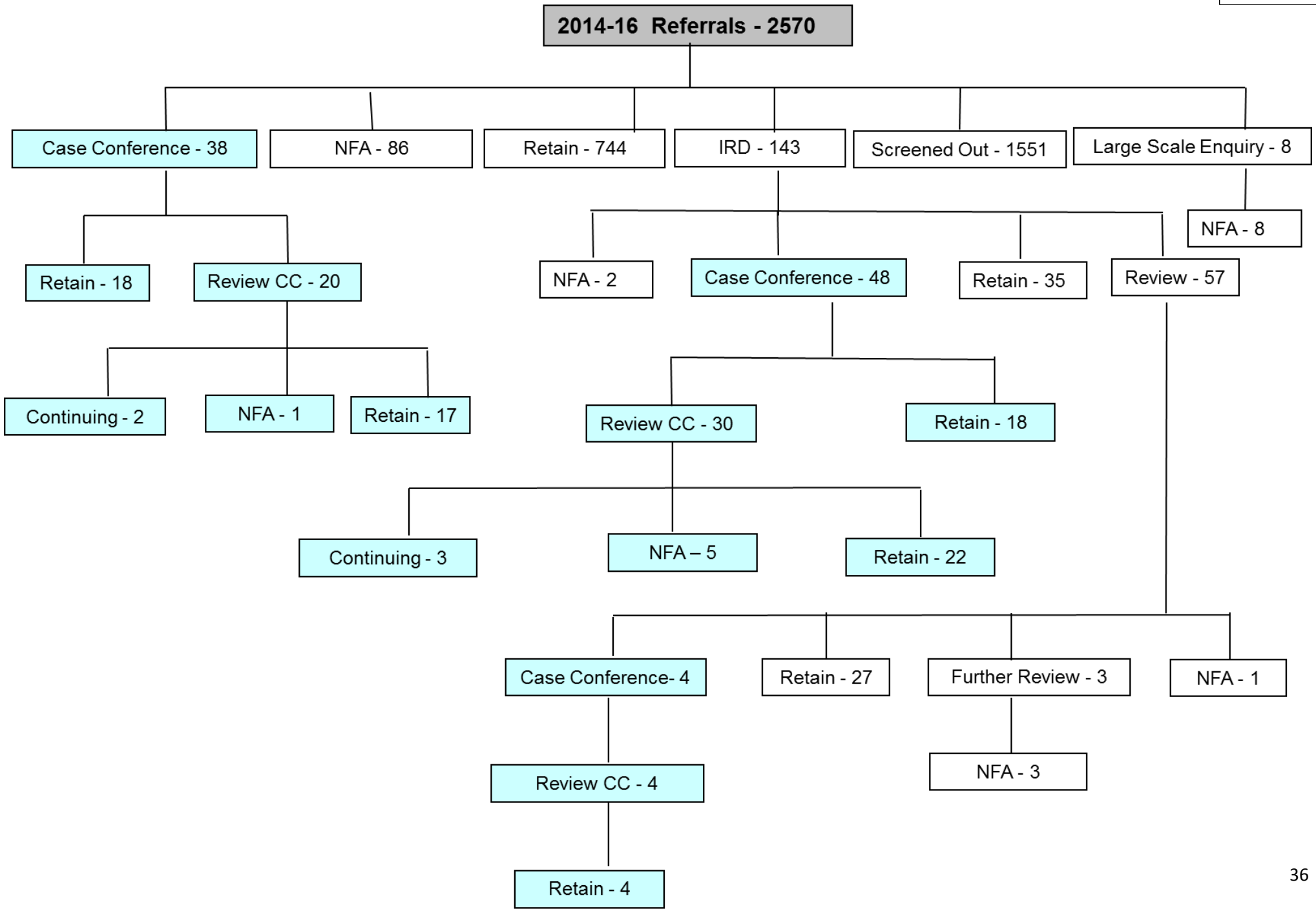
Recommendation 7 of the Biennial Report 2012 – 14 was to 'implement evaluation of agreed training/learning opportunities with a focus on changing and improving practice'. Considerable work has been undertaken in evaluating the events and learning opportunities for staff over the last two years. This has included evaluation forms at the time of the event/training but also, using surveys and staff discussion, asking staff about changes in their practice. Two courses were evaluated in the last two years: Roles and Responsibilities and Early Indicators of Concern. Both evaluated very positively.

The five recommendations from the Evaluation report were agreed by the Adult Support and Protection Committee on 25th April 2016. These are to be actioned by the Protecting People Learning and Workforce Development Group.

Learning and Development Activity	Workforce Contact Group	Multi Agency	Method of Delivery	Number of participants 2014 -2015		Number of Participants 2015 -2016		Total
				Social Work Staff	External Staff	Social Work Staff	External Staff	
Protecting People Awareness	General	Yes	e-Learning	89 course available from January 2015	Not Available	205	Not Available	
ASP Awareness	General	Yes	e-learning	_	_	_	_	This course was only launched in May 2016.
Protecting People Awareness Raising	General	Yes	Workshop	60	12	91	0	163
Protecting Adults at Risk in Relation to Fire Safety	General	Yes	Briefing	31	54	41	57	183
ASP The Value of Advocacy	Specific	Yes	Workshop	21	34	31	40	126
ASP Roles and Responsibilities	**Specific**	**Yes**	**Briefing**	**31**	**82**	**137**	**146**	**396**
ASP A Human Rights Approach	Specific/Intensive	Yes	Workshop	24	20	44	47	135
Early Indicators of Concern Tool	Specific/Intensive	Yes	Workshop/ Briefing	79	3	19	5	106
ASP Investigative Interviewing	Intensive	No. (Designated Council Officers Only)	Workshop	4	Not Applicable	12	Not Applicable	16
ASP Chairing Initial Referral Discussions	Intensive	No (Social work managers only)	Workshop	_	_	13	Not applicable	13
ASP Post graduate	Post graduate	No		1	N/A	2	N/A	

7. CONCLUSIONS, RECOMMENDATIONS AND FUTURE PLANS

Recommendation 1	Ensure more effective linking and sharing information between the Committee and GP's as, despite more work having been undertaken with GP's over the past two years, this has not translated into increased referrals.
Recommendation 2	Continue to forge and maintain an effective link with NHS Tayside to ensure the ASP work within this area is facilitated, communication is improved and information shared efficiently.
Recommendation 3	Gather more qualitative data around the experience of service users who go through Adult Support and Protection services with a view to ensuring their voices are influential in improving the experience. (*This will be piloted from July 2016 with the support of Dundee Independent Advocacy Support and findings reported to the Committee with recommendations).*
Recommendation 4	Ensure the Committee has a clearer cognisance of work being undertaken with Adults (<65) and Older People (65<), in terms of the Health and Disability Characteristics of those who are referred under specific areas of concern: 4a – Dementia/Alzheimer's: including how local practice links to the National Strategies, and early intervention across Dundee 4b - Mental Health and; 4c – Alcohol and Drug misuse: including how supports and services are linked effectively between the Health and Social Care services and the Alcohol and Drug Partnership strategy.
Recommendation 5	Ensure the recommendations from the Thematic report – from past Case Based Self-Evaluations and Minutes Audits - are progressed and practice improves in these areas, with regular updates to the Committee: Advocacy, Risk Assessment and Protection Plans, Training access for wider services and Recording: 5a - Increase the early uptake of Independent Advocacy across the city, pursue more consistency around how advocacy is explained and offered to service users, and review the information available to service users. 5b - Review Risk Assessment and Protection Plans, ensure these are of good quality, available in every case and timeously for meetings, especially Case Conferences. 5c - Ensure training for wider services continues to be available, and is actively encouraged, for all services, 5d - Review and improve recording of case information
Recommendation 6	The development work in terms of the Early Indicators of Concern training to be remitted to the Health and Social Care Partnership and taken forward to include residential staff. Consideration to be given to its relevance for staff within community settings: e.g. sheltered housing, community multiple occupancy settings.
Recommendation 7	Due to the continuing rise in Police Scotland Adult Concern Reports in Dundee, the ASP Committee requests that Dundee Health and Social Care Partnership and Police Scotland explore best practice in screening and managing Police referrals in other areas of Scotland and implement any effective learning.


2014-16 Referrals - 2570
Case Conference - 38
NFA - 86
Retain - 744
IRD - 143
Screened Out - 1551
Large Scale Enquiry - 8
Retain - 18
Review CC - 20
NFA - 2
Case Conference - 48
Retain - 35
Review - 57
NFA - 8
Continuing - 2
NFA - 1
Retain - 17
Review CC - 30
Retain - 18
Continuing - 3
NFA – 5
Retain - 22
Case Conference- 4
Retain - 27
Further Review - 3
NFA - 1
Review CC - 4
NFA - 3
Retain - 4

ITEM No …6……..

Dundee City Council www.dundeecity.gov.uk CHANGING FOR THE FUTURE

EQUALITY IMPACT ASSESSMENT TOOL

Part 1: Description/Consultation

Is this a Rapid Equality Impact Assessment (RIAT)?	Yes ☒	No ☐
Is this a Full Equality Impact Assessment (EQIA)?	Yes ☐	No ☒
Date of Assessment: 18/07/2016	**Committee Report Number:** DIJB34-2016	
Title of document being assessed:	ADULT SUPPORT AND PROTECTION COMMITTEE - INDEPENDENT CONVENOR'S BIENNIAL REPORT 2014-16	
1. This is a new policy, procedure, strategy or practice being assessed (If yes please check box) ☐	**This is an existing policy, procedure, strategy or practice being assessed?** (If yes please check box) ☒	
2. Please give a brief description of the policy, procedure, strategy or practice being assessed.	Update by the Independent Convenor of the work of the Adult Support and Protection Committee.	
3. What is the intended outcome of this policy, procedure, strategy or practice?	To ensure the work of the Committee is progressing their action plan and recommendations from the previous Biennial Report (2014)	
4. Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.	Biennial Report 2012 – 14 and Annual Report by Convenor 2015	
5. Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.	All the task groups and the Committee itself are multi agency and the Committee has service user/carer involvement. The Committee also has a Stakeholder's Group which is made up of services working with a wide range of service users across the city.	
6. Please give details of council officer involvement in this assessment. (e.g. names of officers consulted, dates of meetings etc)	Committee meetings every two months across the year	
7. Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy? (Example: if the impact on a community is not known what will you do to gather the information needed and when will you do this?)	Not at this time.	

Part 2: Protected Characteristics

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

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

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

	Positively	Negatively	No Impact	Not Known
Ethnic Minority Communities including Gypsies and Travellers	☒	☐	☐	☐
Gender	☒	☐	☐	☐
Gender Reassignment	☒	☐	☐	☐
Religion or Belief	☒	☐	☐	☐
People with a disability	☒	☐	☐	☐
Age	☒	☐	☐	☐
Lesbian, Gay and Bisexual	☒	☐	☐	☐
Socio-economic	☒	☐	☐	☐
Pregnancy & Maternity	☒	☐	☐	☐
Other (please state)	☐	☐	☐	☐

Part 3: Impacts/Monitoring

1. Have any positive impacts been identified? (We must ensure at this stage that we are not achieving equality for one strand of equality at the expense of another)	It is clear that people who are at risk of experiencing discrimination may be further disadvantaged because of adult support and protection issues. The business plan seeks to address this and the audit requirement will allow exploration of which groups of people will be most affected and may require additional strategies.
2. Have any negative impacts been identified? (Based on direct knowledge, published research, community involvement, customer feedback etc. If unsure seek advice from your departmental Equality Champion.)	No
3. What action is proposed to overcome any negative impacts? (e.g. involving community groups in the development or delivery of the policy or practice, providing information in community languages etc. See Good Practice on DCC equalities web page)	Not applicable
4. Is there a justification for continuing with this policy even if it cannot be amended or changed to end or reduce inequality without compromising its intended outcome? (If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice)	Not applicable
5. Has a 'Full' Equality Impact Assessment been recommended? (If the policy is a major one or is likely to have a major impact on protected characteristics communities a Full Equality Impact Assessment may be required. Seek advice from your departmental Equality lead.)	No
6. How will the policy be monitored? (How will you know it is doing what it is intended to do? e.g. data collection, customer survey etc.)	Task/sub groups report to every committee. Reports are completed annually and biennial reports go to Scottish Government. Committee reports to Chief Officer's Group (Care and Protection).

Part 4: Contact Information

Name of Department or Partnership	Adult Support and Protection Committee

Type of Document	
Human Resource Policy	☐
General Policy	☐
Strategy/Service	x
Change Papers/Local Procedure	☐
Guidelines and Protocols	☐
Other	☐

Manager Responsible		**Author Responsible**	
Name:	David Lynch	**Name:**	Katrina Finnon
Designation:	Chief Officer, Health and Social Care Partnership	**Designation:**	Lead Officer, Adult Support and Protection Committee
Base:	Floor 2, Dundee House	**Base:**	Floor 2, Dundee House
Telephone:	01382 436310	**Telephone:**	01382 433805
Email:	david.lynch@nhs.net	**Email:**	katrina.finnon@dundeecity.gov.uk

Signature of author of the policy:	Katrina Finnon	**Date:**	18/07/2016
Signature of Director/Head of Service:		**Date:**	18/07/2016
Name of Director/Head of Service:	David Lynch		
Date of Next Policy Review:			

ITEM No …7……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 30TH AUGUST 2016**

REPORT ON: **HIGH LEVEL RISK REGISTER**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB35-2016**

1.0 PURPOSE OF REPORT

The purpose of this report is to propose a high level risk register for the Integration Joint Board and to note that work is continuing to prepare an integrated operational register of risks with accompanying reporting arrangements.

2.0 RECOMMENDATIONS

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

2.1 Agrees the proposed high level risk register as noted in Appendix 1.

2.2 Remits to the Chief Finance Officer to bring to the IJB an integrated operational risk register and business continuity plan for operational IJB functions.

3.0 FINANCIAL IMPLICATIONS

There are no financial implications arising from this report.

4.0 MAIN TEXT

4.1 The Dundee Health and Social Care Integration Scheme (the Integration Scheme) contains a commitment between the Integration Joint Board, Dundee City Council and NHS Tayside to develop a shared risk management strategy.

4.2 In risk management terms there is a requirement to ensure that risk ownership is assumed from a top down approach. A corporate risk or strategic risks register records and monitors the overarching thematic risks faced by the corporate body responsible for the delivery of the service functions. There are fewer risks identified in this high level risk register as the corporate body (i.e. the IJB) will provide the strategic support and commitment required to mitigate against these. The proposed high level risk register is set out in Appendix 1.

4.3 An operational risk register allows the IJB to be assured that frontline service delivery risks are monitored and mitigated against by the appropriate member of the service. Operational risks are defined within Dundee IJB's Integration Scheme as:

"Operational risks represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the IJBs activities. Parent bodies and the IJB will share responsibility for managing operational risks and the development of activities and controls to respond to these. Where a number of operational risks impact across multiple services areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status as above."

4.4 The operational risks will be required to be supported either by or within a Business Continuity Plan in line with the risk requirements for delivery of services. There are currently operational risk registers in place for Dundee City Council social care services and NHS Tayside services and these require to be integrated to reflect the nature of joint working within the Health and Social Care Partnership. The development of the integrated operational risk register will be taken forward by the Head of Service, Health and Community Care to ensure operational ownership and management of the identified risks and actions identified to mitigate these. This development will include a recognition of the role of Clinical, Care and Professional Governance in assessing these operational risks thoroughly. In addition, the assessment of risk will form part of a collaborative approach across the three Tayside IJB's to test various governance scenarios and risk arrangements associated with the creation of the IJB's.

4.5 The high level and operational risk registers will be subject to scrutiny annually through the IJB's Performance and Audit Committee. The operational risks will be monitored and reviewed regularly at a management team level within the Health and Social Care Partnership. The NHS DATIX system will assist in ensuring these risks are owned and managed accordingly.

5.0 POLICY IMPLICATIONS

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

6.0 CONSULTATION

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

7.0 BACKGROUND PAPERS

None.

Dave Berry **DATE: 5th August 2016**
Chief Finance Officer

Ref	Risk Type	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level			
				Likelihood	Consequences	Risk Ranking	Risk Level		Likelihood	Consequences	Risk Ranking	Risk Level
1	Financial	Continuing restrictions on public sector funding will impact on Local Authority and NHS budget settlements in the medium term impacting on the ability to provide sufficient funding required to support services delivered by the IJB. This could lead to the IJB failing to meet its aims within anticipated timescales as set out in its Strategic Plan.	Chief Finance Officer	5	4	20	Very High	- Budget negotiations with the local authority and NHS Tayside to ensure a fair and proportionate share of resources - Contining development of IJB transformation programme to deliver service efficiencies	4	4	16	Very High
2	Financial	IJB is unable to maintain spend within allocated resources which could lead to being unable to deliver on the Strategic Plan	Chief Finance Officer	5	4	20	Very High	- Development of robust financial monitoring systems to highlight key pressure areas and enable action to be taken at an early stage - The Integration Scheme details the actions to be taken in the event of a projected overspend and the contingency arrangements should these actions be insufficient	4	4	16	Very High
3	Workforce	The volume of staff resource required to develop effective integrated arrangements while continuing to undertake existing roles / responsibilities / workload of key individuals may impact on organisational priorities and operational delivery	Chief Officer	4	4	16	Very High	- ensure organisational development strategy is agreed, implemented and monitored - ensure appropriate provision of corporate support from Dundee City Council and NHS Tayside as set out within the Integration Scheme	2	4	8	Medium
4	Workforce	Negative staff perception of integration due to historical experiences and lack of communication will lead to an adverse affect on engagement / buy-in to new partnership	Chief Officer	4	4	16	Very High	- Continued communcation disseminated to staff highlighting key issues - Creation of new communication tools, such as graphic animation used to explain the purpose and aims of integrating services to the workforce and general public	3	3	9	Medium
5	Workforce	Differing employment terms could expose the Partnership to equality claims and impact on staff's morale	Chief Officer	3	5	15	High	- Continue to monitor through staff feedback/surveys and align conditions where opportunities present	3	5	15	High
6	Governance	Relevant stakeholders have not been included and adequately consulted with during the development and subsequent implementation of the **Strategic Plan** which may lead to adverse political and/or reputational impact.	Chief Officer	2	4	8	Medium	- ensure consultation around the development and implementation of the Strategic Plan is as comprehensive as practically possible and compliant with statutory requirements as a minimum - development of participation and engagement strategy which promotes wide stakeholder consultation and engagement throughout the planning, implementation and review cycle - A number of strategic planning events arranged and undertaken to ensure stakeholder engagement and contribution is included in the preparation of the plan	1	3	3	Low
7	Governance	Revised governance mechanisms between the IJB and Partners could lead to increased bureaucracy in order to satisfy the arrangements required to be put in place.	Chief Officer	3	4	12	High	- Continue to monitor - ensure clarity of respective roles of the IJB, Dundee City Council and NHS Tayside - ensure appropriate corporate support provided by Dundee City Council and NHS Tayside - development and testing of a range of governance scenarios to provide clarity over responsibilites	3	3	9	Medium
8	Governance	Clinical, Care and Professional Governance arrangements being established fail to discharge the duties required.	Chief Officer	4	4	16	Very High	- Review of processes established - 'Double running' of existing arrangements while revised structures are established - development and testing of a range of governance scenarios to provide clarity over responsibilities	2	4	8	Medium
9	Governance	Uncertainty around future service delivery models may lead to resistance, delay or compromise resulting in any necessary developments or potential opportunities for improvement not being fulfilled	Chief Officer	3	3	9	Medium	- High-level strategic vision to be articulated. Clear guidance on service development during interim period. - Continued use of co-production training and organisational development of integrated groups of staff	3	3	9	Medium
10	Legal	Amendment of legislation or publication of further guidance from government which conflicts with planning assumptions, requiring decisions already made to be revisited which may lead to further slippage of previously agreed timescales	Chief Officer	3	3	9	Medium	- Continue to monitor	3	3	9	Medium

RISK TOLERANCE MATRIX

				CONSEQUENCES				
				1	2	3	4	5
				Insignificant	Minor	Moderate	Major	Catastrophic
LIKELIHOOD	5	Almost Certain	90%	5-1	5-2	5-3	5-4	5-5
	4	Likely	70%	4-1	4-2	4-3	4-4	4-5
	3	Possible	50%	3-1	3-2	3-3	3-4	3-5
	2	Unlikely	30%	2-1	2-2	2-3	2-4	2-5
	1	Rare	10%	1-1	1-2	1-3	1-4	1-5

ITEM No …8……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 30 AUGUST 2016**

REPORT ON: **PERFORMANCE AND AUDIT COMMITTEE**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB36-2016**

1.0 PURPOSE OF REPORT

1.1 The purpose of the report is to seek approval to establish a Performance and Audit Committee of the Integration Joint Board, agree its remit and terms of reference and to seek nominations to this Committee.

2.0 RECOMMENDATIONS

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

2.1 Notes the responsibility of the IJB to put in place appropriate and proportionate audit arrangements.

2.2 Agrees to establish a Performance and Audit Committee as a Standing Committee of the IJB the first meeting of which will take place at a date following the IJB meeting to be held on the 25 October 2016.

2.3 Agrees the terms of reference as detailed in Appendix 1 to this report.

2.4 Agrees to appoint the Chair and agree the membership of the Performance and Audit Committee.

2.5 Remit to the Clerk to make consequent amendments to Standing Orders.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no direct financial implications arising from this report.

4.0 MAIN TEXT

4.1 Background

4.1.1 The Integrated Resources Advisory Group (IRAG), established by the Scottish Government to develop professional guidance, recommends that the Integration Joint Board (the IJB) should make appropriate and proportionate arrangements for consideration of the audit provision and annual financial statements, which are compliant with regulations and good practice governance standards in the public sector. This should include consideration of any reports from internal audit, external audit and the IJB's annual accounts. The guidance suggests this may be carried out through the establishment of an audit committee, meeting two or three times per year. The guidance also notes that it will be responsibility of the IJB to agree the membership of the audit committee having regard to the agreed remit, skills and good practice for a public sector audit committee. It is anticipated that members of the IJB will serve in this capacity.

4.1.2 In May 2016, Dundee IJB agreed to a recommendation set out in report DIJB9-2016 to establish a Performance and Audit Committee to provide this appropriate scrutiny of performance and audit issues and instructed the Chief Officer to bring back a report to the IJB outlining the proposed membership of the Committee and governance arrangements.

4.1.3 These proposals and terms of reference are set out in Appendix 1. The IJB is required to appoint a Chair of the Performance and Audit Committee and it is recommended that this person is not the Chair of the IJB. The role of Chair will rotate between a voting member of the IJB from NHS Tayside and a voting member from Dundee City Council. The Chair will rotate on the same frequency as the Chair of the IJB. The membership of the Committee will consist of not less than six members of the IJB of which four will be voting members of the IJB. The Chief Officer and Chief Finance Officer cannot be members of the Committee but will attend as professional advisors. The Chief Internal Auditor and other professional advisors or their nominated representatives may also attend with the External Auditor invited to attend at least one meeting per annum. The Committee shall meet at least three times each financial year.

4.1.4 The Committee will be open to the public and minutes of meetings will go before the IJB for information and record purposes.

5.0 POLICY IMPLICATIONS

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

6.0 CONSULTATIONS

The Chief Officer and the Clerk along with the Chief Internal Auditor of NHS Tayside and the Senior Manager - Internal Audit of Dundee City Council were consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 5th August 2016

Appendix 1

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
PERFORMANCE AND AUDIT COMMITTEE
TERMS OF REFERENCE

1	**Introduction**
1.1	The Performance and Audit Committee is identified as a Committee of the Integration Joint Board (IJB).
1.2	The Committee will be known as the Performance and Audit Committee of the IJB and will be a Standing Committee of the IJB.
2	**Constitution**
2.1	The IJB shall appoint the Committee. The Committee will consist of not less than six members of the IJB, excluding Professional Advisors. The Committee will include at least four IJB voting members, two from NHS Tayside and two from Dundee City Council. Only voting members of the IJB will be able to vote on the Committee.
2.2	The Committee may at its discretion set up short term working groups for review work. Membership of the working group will be open to anyone whom the Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Performance and Audit Committee.
3	**Chair**
3.1	The Committee will be chaired by a person not being the Chair of the IJB, will be nominated by the IJB and will rotate between a voting member from NHS Tayside and a voting member from Dundee City Council. In the absence of the Chair, the members present at the meeting will appoint a member to Chair the meeting. The Chair will rotate on the same frequency as the Chair of the IJB.
4	**Quorum**
4.1	Two voting members of the Committee will constitute a quorum.
5	**Attendance at meetings**
5.1	The Chief Officer, Chief Finance Officer, Chief Internal Auditor and other Professional Advisors or their nominated representatives may attend meetings. Other persons shall attend meetings at the invitation of the Committee.
5.2	The external auditor will be invited to attend at least one meeting per annum.
5.3	The Committee may invite additional advisors as appropriate.

6	**Meeting Frequency**
6.1	The Committee will meet at least three times each financial year with further meetings, including development events arranged if necessary.
7	**Authority**
7.1	The Committee is authorised to instruct further investigation on any matters which fall within Paragraph 8.
8	**Duties**
8.1	The Committee will review the overall Internal Control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement.
	Specifically it will be responsible for the following duties:
	1. The preparation and implementation of the strategy for Performance Review and monitoring the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB.
	2. Ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against set objectives, levels and standards of service and to receive regular reports on these and to review progress against the outcomes in the Strategic and Commissioning Plan.
	3. Acting as a focus for Best Value and performance initiatives.
	4. To review and approve the annual Internal Audit plan on behalf of the IJB.
	5. To receive reports, monitor the implementation of agreed actions on audit recommendations and reporting to the IJB as appropriate.
	6. To receive monitoring reports on the activity of Internal Audit and an annual Internal Audit Report.
	7. To consider External Audit Plans and reports (including the annual accounts and audit certificate), matters arising from these and management actions identified in response.
	8. To support the IJB in ensuring that the strategic integrated assurance and performance framework is working effectively, and that escalation of notice and action is consistent with the risk tolerance set by the IJB.
	9. To support the IJB in delivering and expecting co-operation in seeking assurance that hosted services run by partners are working effectively in order to allow Dundee IJB to sign off on its accountabilities for its resident population.
	10. Review risk management arrangements, receive regular reports on risk management and an annual Risk Management report.
	11. Ensure existence of and compliance with an appropriate Risk Management Strategy.
	12. To consider annual financial accounts and related matters before submission to and approval by the IJB.
	13. Ensuring that the Senior Management Team of Dundee Health and Social Care Partnership, including Heads of Service, Professional Leads and Principal Managers maintain effective controls within their services which comply with

	financial procedures and regulations.
	14. To be responsible for setting its own work programme in order to meet its specific duties including any matters which the Chief Officer believes would benefit from investigation.
	15. Promoting the highest standards of conduct by IJB Members; and monitoring and keeping under review the Code of Conduct maintained by the IJB.
	16. Will have oversight of Information Governance arrangements as part of the Performance and Audit process.
	17. To be aware of, and act on, Audit Scotland, national and UK audit findings and inspections/regulatory advice, and to confirm that the IJB has brought itself into compliance timeously.
9	**Review**
9.1	The Terms of Reference will be reviewed when the Chair passes to ensure their ongoing appropriateness in dealing with the business of the IJB.
9.2	As a matter of good practice, the Committee should allow for periodic review utilising best practice guidelines and external facilitation as required.

ITEM No …9……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 30 AUGUST 2016**

REPORT ON: **DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB37-2016**

1.0 PURPOSE OF REPORT

The purpose of this report is to update the Integration Joint Board (IJB) on progress in implementing the Partnership's performance framework. The report also brings forward exemplars of sections of the annual and quarterly performance reports for consideration by the IJB, and sets out plans for their continued development.

2.0 RECOMMENDATIONS

It is recommended that the IJB:

2.1 Note the progress that has been made in further developing and implementing the performance framework since it was approved by the IJB in February 2016 (attached as Appendix 1).

2.2 Consider the proposed approach in Section 4.2 to reporting against the national health and wellbeing outcomes and indicators within the context of an annual performance report.

2.3 Note that work is currently being undertaken to improve the availability of data at a locality/neighbourhood level from national partners, including the Scottish Government and NHS National Services Scotland, Information Services Division.

2.4 Agree that the Information Team, working with the wider Partnership and under the direction of the proposed Performance and Audit Committee, should continue to develop exemplar formats for other sections of the annual performance report and bring these forward for consideration as they become available.

2.5 Consider the proposed approach in Section 4.3 to reporting progress against strategic priorities and shifts within the Partnership Strategic and Commissioning Plan.

2.6 Agree that the Information Team, working with the wider Partnership and under the direction of the proposed Performance and Audit Committee, should continue to develop the exemplar approach across all strategic priorities and shifts as the basis for future quarterly performance reports.

2.7 Agree that further discussion and development should take place, under the direction of the proposed Performance and Audit Committee, to enable the integration of financial performance and information into the quarterly performance report in the medium-term.

3.0 FINANCIAL IMPLICATIONS

There are additional workload demands being made on the Information Team within the Strategy and Performance Service and the NHS Tayside Business Support Unit related to data collection, analysis and reporting requirements which accompany the integration of health and social care, including annual and quarterly performance reports. Discussion with NHS Tayside and Dundee City Council have been initiated with a view to identifying how they plan to support the increase in demand.

4.0 MAIN TEXT

4.1 Performance Framework

4.1.1 At the meeting of the IJB on 23 February 2016 the Board approved an outline performance framework and reporting cycle (see report DIJB10-2016). This described a model of data collection, analysis and reporting that would meet statutory requirements, as well as enable the IJB to drive and track performance towards the delivery of the Partnership's vision, strategic priorities and shifts and planned outcomes for the people of Dundee.

4.1.2 The Information Team within the Strategy and Performance Service are continuing to work with the wider Partnership, NHS Tayside Business Unit and the Angus and Perth & Kinross Partnerships to develop a suite of local integration indicators and a common reporting platform to support the reporting requirements within the framework.

4.1.3 The Team are also progressing arrangements for conducting the local Health and Social Care Experience Survey before the end of 2016/17. This is a replication of the national survey, commissioned by the Scottish Government, which is carried out biennially (last conducted in 2015/16). The survey asks about people's experiences of accessing and using primary care services, as well as aspects of care, support and caring. It provides the data required to report against national health and wellbeing indicators one to nine and supports Partnerships to improve the quality of health and care services in their area.

4.1.4 Work is also ongoing to populate the Council's Corporate Performance Management Tool (Covalent) with the national and (draft) local outcomes and indicators, as well as actions from the Strategic and Commissioning Plan. This is a significant administrative task but once complete will allow performance data and information to be gathered, analysed and reported in a format that will be accessible to the IJB, wider Partnership and the public.

4.1.5 Proposals regarding the establishment of the Performance and Audit Committee have been considered under a separate report (DIJB36-2016). Following consideration of this report action will be taken as appropriate to establish the Outcomes and Performance Reporting Co-ordination Group. The Co-ordination Group will support the further development and production of the annual and quarterly performance reports, with the intention that such reports are considered in detail by the proposed Performance and Audit Committee prior to submission to the IJB.

4.2 Annual Performance Report

4.2.1 Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 states that Integration Authorities must prepare an annual report for each reporting year. The first reporting year being 2016/17. A performance report is described as a report which sets out an assessment of performance in planning and carrying out integration functions, including performance against national outcomes and indicators. It must be published within four months of the end of the reporting year (meaning the first report must be published by 31 July 2017).

4.2.2 Guidance published by the Scottish Government in March 2016 ('Guidance for Health and Social Care Integration Partnership Performance Reports') provides further detail regarding the minimum expectations in terms of the required content of performance reports as set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014. The Partnership is required to have regard to this guidance in preparing the annual performance report under section 53 of the 2014 Act.

4.2.3 The annual performance report must assess the Partnership's performance in relation to:

- progress against the national health and wellbeing outcomes.
- the carrying out of the integration functions in accordance with the integration delivery principles.
- the planning and carrying out of functions in localities.
- best value in planning and carrying out integration functions.
- financial planning and performance.
- actions in response to any scrutiny and inspection of services.
- actions taken to review the Plan.

4.2.4 Whilst the first annual performance report is not required until July 2017, the Information Team has begun the process of developing an appropriate format and approach. In the first instance the Team has focused on developing an exemplar of the section of the annual performance report addressing performance against the national health and wellbeing outcomes based on 2015/16 data (attached as Appendix 2). As well as reporting data against the core suite of national indicators it provides a rationale for local performance.

4.2.5 The Regulations require that annual performance reports provide a comparison between the reporting year and the preceding five years (or, where there have been fewer than five preceding reporting years, all preceding reporting years). Therefore the minimum requirement for the first reporting year (2016/17) is to report only data for that year. There is no national template for the presentation of Annual Performance Reports, therefore the Information Team will continue to consult with the wider Partnership, NHS Tayside Business Support Unit and the Angus and Perth & Kinross Partnerships to develop consistent and comparable formats. The Information Team will also consult with the Chief Officer, Chief Finance Officer, proposed Performance and Audit Committee and Outcomes and Performance Reporting Co-ordination Group regarding content and presentation of the Annual Performance Report.

4.2.6 IJB members will note that the availability of data varies across the national indicators both in relation to geographic focus and reporting years. These variations relate to data sources; for example, the Health and Social Care Experience Survey administered by the Scottish Government (see section 4.1.3 of this report) does not currently collect postcode data and therefore results cannot be reported at a locality or neighbourhood level. The survey has also only been conducted biennially up until 2015/16 so no data is available for 2014/15. In addition, health data provided by NHS National Services Scotland Information Services Division (NSS ISD) is not always provided at locality level. The Information Team will continue to work with national partners to address the availability of locality data.

4.2.7 The Information Team plan to continue to develop formats for other sections of the annual performance report in collaboration with the wider Partnership and under the direction of the proposed Performance and Audit Committee. Financial information will also develop to meet the requirements of the regulations in relation to the Annual Performance Report. This report will include financial information on the amount spent on achieving the national health and wellbeing outcomes and the amount spent on care groups, localities and service type. In addition, partnerships are required to publish an Annual Financial Statement on the resources that they plan to spend in implementing their Strategic and Commissioning Plan and shown against these same categories. Further consideration will also be given to requirements to report on aspects of clinical and care governance

4.3 Quarterly Performance Reports

4.3.1 At the meeting of the IJB on 23 February 2016 the Board agreed that the annual report will be supported by quarterly performance reports. There was agreement that quarterly reports should:

- Compare data with any previous quarters for that financial year, as well as the same quarter during the previous financial year.
- Present data at whole population, care group, LCPP and neighbourhood level, where possible.

4.3.2 In February an illustrative example was provided to the IJB of how data from across the three levels of the local performance framework will be used to assure the IJB that the Partnership is making progress in terms of the strategic shifts contained within the Strategic and

Commissioning Plan. This approach has been further developed to provide an exemplar of the proposed approach to reporting progress towards the strategic shifts within the Partnership Strategic and Commissioning Plan on a quarterly basis (attached as Appendix 3).

4.3.3 The Information Team plan to continue to develop this format across all strategic shifts, as well as to consider other aspects of performance that should be addressed within quarterly performance reports, such as progress in implementing the actions identified within the Strategic and Commissioning plan.

4.3.4 The quarterly performance report is organised under strategic priorities and strategic shifts as reported in the Strategic and Commissioning Plan. The quarterly report uses one example of a strategic priority and organises draft outcomes and indicators under each corresponding strategic shift. Upon compiling the quarterly report it became apparent that the level and breadth of information which is necessary to fully measure each strategic shift means that the quarterly performance report will be very lengthy.

4.3.5 IJB members should note that the availability of data for quarterly reports is similarly affected by the issues set out in section 4.2.6 of this report.

4.3.6 The NHS Tayside Business Support Team has agreed to consider the production of admissions and discharge data at locality level, which would be extracted using QlikView. The Business Support Unit has agreed to respond regarding the feasibility of producing this data by mid August.

4.3.7 Financial monitoring reports will be presented to the IJB throughout the financial year as an essential part of financial governance. While this will initially focus on a cost centre/service basis, as the budget evolves this will also reflect the shifts in resources required to support the delivery of the IJB's Strategic and Commissioning Plan. Further consideration requires to be given to integrating financial performance data and clinical and care governance data into quarterly performance reports in line with the performance framework agreed by the IJB in February.

4.4 Multi-Tiered Performance Reporting

4.4.1 There are a number of options for performance reporting which the IJB is asked to consider:

Exceptions Report
This would be an extract of the full quarterly performance report and would detail top achievements and challenges for the quarter. The proposed Performance and Audit Committee would receive a performance report quarterly and this would be either a full report or a more in depth themed report which may incorporate two or three strategic priorities per report.

National Quality Outcome Indicators
The IJB may be satisfied that the Performance and Audit Committee can fully scrutinise the quarterly performance reports. In which case, the IJB may wish to receive the (statutory) annual performance report and on a quarterly basis the IJB may wish to receive the national outcome indicators reported quarterly and at a locality level where possible.

4.4.2 Once the proposed Performance and Audit Committee arrangements are finalised it will become clearer as to which option would be most beneficial. The IJB is requested to consider these options and discuss any further reporting structures that would assist them to fully understand performance against Strategic Priorities, Strategic Shifts and National and Local Outcome Indicators.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. No major issues have been identified.

6.0 CONSULTATIONS

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

7.0 BACKGROUND PAPERS

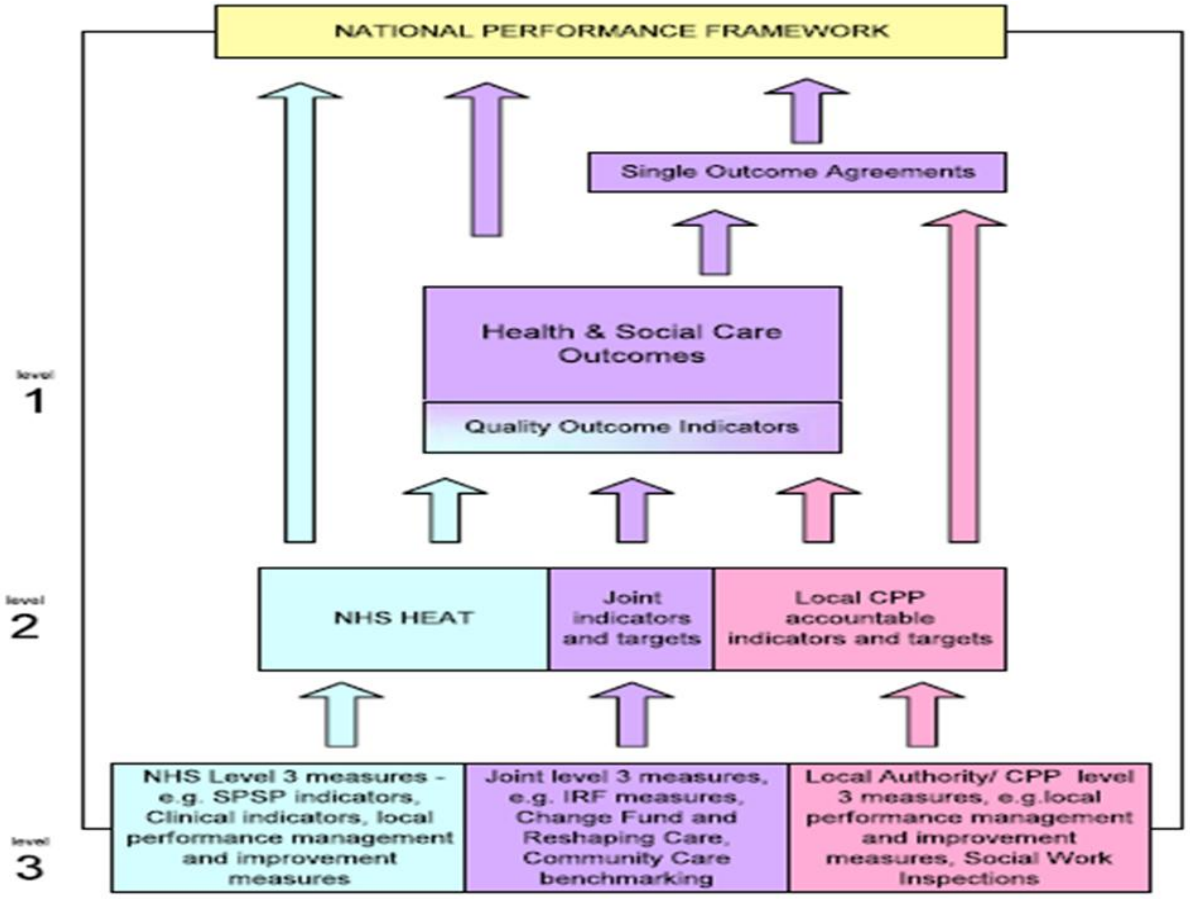
None.

David W Lynch
Chief Officer

DATE: 9 August 2016

APPENDIX 1

Health and Social Care Quality Improvement Framework



a) Level 1
High level outcomes used to drive health and social care quality. These are now represented by the nine National Health and Wellbeing Outcomes and the core suite of 23 statutory integration indicators referred to in Section 4 of this Plan.

b) Level 2
Publicly accountable indicators and targets for Health Boards, Community Planning Partnerships and Health and Social Care Partnerships/Integration Authorities used to drive short to medium term improvement and agreed to impact significantly and positively on the Level 1 outcomes.

c) Level 3
Extensive range of indicators/measures used for local improvement and performance management, including core sets of specific indicators for national programmes. This will also include information from self-evaluation and external scrutiny activity.

ITEM No …9……

Appendix 2

Dundee Health and Social Care Partnership

Performance Report 2015/16

ITEM No …9……..

ITEM No …9……

National Outcome 1 - Healthier Living

People are able to look after and improve their own health and wellbeing and live in good health for longer.

AND

National Outcome 5 – Reduce Health Inequalities

Health and Social Care Services contribute to reducing health inequalities

The data and narrative for National Outcomes 1 and 5 are the same therefore these outcomes have been presented together.

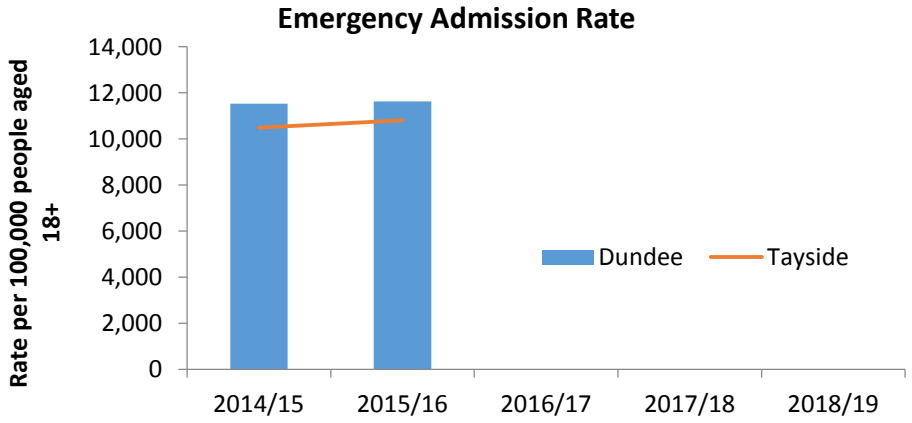
(National Outcome 5 also links to National Indicator 9 – % of adults supported at home who agree they felt safe, however the data for National Indicator 9 is presented under National Outcome 7)

National Indicator 2: % of adults supported at home who agree they are supported to live as independently as possible			
	2013/14	**2015/16**	**Direction of Travel**
Dundee	94.2%	93.9%	maintained within 5%
Scotland	93.9%	92.9%	maintained within 5%
Highest Dundee	99.1% Grove (113)*	98.3% Muirhead (115)**	
Lowest Dundee	85.4% Whitfield (96)*	86.5% Lochee (109)	
What we have achieved to date	*Total number of respondents in brackets ** Further discussion to take place regarding the inclusion of Muirhead Stroke Life Style Self Management Course materials developed and 2 cohorts of training progressed. Peer support introduced as part of this package. Model of support for young adults at risk of homelessness developed. 122 referrals received with good outcomes which included; 70 young people remaining at home through conflict resolution, 52 supported to alternative safe accommodation and 93 achieving or maintaining vocational placements. Community Companionship project has recruited 14 volunteers and received 45 referrals. Applicants are also signposted to other agencies. Participants reported reduction in social isolation and improved physical health, wellbeing, confidence and independence. Expanded the Small Grants Fund to support local organisations to develop community resources and held a range of community surgeries to promote the fund and follow up on initial enquiries. This fund is managed through the Third Sector and awarded funds to 42 projects including exercise equipment, arts and crafts resources, developed a Muslim Elders group, intergenerational groups and educational community projects. One new club, Roll and a Bowl attracts 40 – 50 people per session and provides nutritional meals to those who attend as well as reducing social isolation. Expanded the STEP Community Capacity project to approximately 200 adults. Project delivered 150 hours of volunteer time. Both qualitative and outcomes data identified that participants enjoyed the programmes and increased wellbeing, confidence and self care management. It has had positive results for both the individuals and their family/carers. Purchased universal training programmes for the management of malnutrition in the community.		

	Dundee Healthy Living initiatives work with individuals living in more deprived areas of the City to identify issues impacting on their health and works with communities to develop and implement interventions to address these. Examples of activities include accredited cooking skills and health issues in the community courses, volunteer led walking programme, training sessions such as First Aid, Heartstart and FAST, and community based health checks and relaxation sessions. In 2014/15, the DHLI offered over 70 activities per week with over 5,000 contacts from individuals. In addition the DHLI supports local groups to become formally constituted and gain independent funding for activities. Sources of Support (SOS) social prescribing scheme is part of Dundee's Equally Well initiative and operates in 4 General Practices in the City. The scheme is funded through NHS Tayside and the Scottish Government national link worker and links patients from General practice with sources of support within the community. It provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and well-being. Three SOS link workers support patients with poor mental health and wellbeing to identify the causes and consequences of their condition and access a wide range of services and activities that can help. Keep Well uses anticipatory health checks to engage those falling within targeted populations who are at higher risk of health inequalities. The targeted population includes, those aged between 40-64 who live within defined postcode areas, (i.e. those who live in the 20% most deprived postcodes according to SIMD), and those who fall within a number of vulnerable groups including carers, offenders, the BME population, those who are homeless, gypsy/travellers, and those who have a substance misuse issue (drugs or alcohol). A wide range of partners, in general practice and the third sector, as well as within NHS, are involved in engaging individuals from these key groups, and in supporting individuals with a wide range of health, lifestyle and social issues after the health check. Evaluation demonstrates that this range of medical interventions, ongoing support and lifestyle changes are having an impact. Keep Well may be contributing to the considerable reductions being seen in admissions to hospital where Coronary Heart Disease is identified as the main diagnosis. There has been a similar decrease in the number of occupied bed days where Coronary Heart Disease is the main diagnosis. Qualitative evaluation demonstrates the positive impact this approach has on individuals. Equally partners have recognised the benefits they see both for their service and their clients. A Partnership Suicide Prevention Steering Group has been established. A training programme has been developed for the coming year, which key staff have been trained to deliver. A local Choose Life Co-ordinator has been recruited.
What we plan to do	Review existing health inequalities focussed work to: Ensure that they are targeting health inequalities effectively. Identify areas of commonality and uniqueness. Develop an integrated service delivery model with appropriate care and clinical governance support frameworks. Clearly identify priorities. Clearly identify any remaining gaps in service delivery and develop proposals for how these gaps can be met. Support services to identify areas where take up of health initiatives are low and support approaches to improve access and take-up. Provide leadership, expertise, knowledge and skills around suicide prevention. Work towards creating suicide safer communities where people will be more confident to support

	those at risk of suicide. To achieve this we will offer relevant suicide prevention training. Pilot a community based support model for prevention of suicide Support and encourage staff across the Partnership to adopt a social prescribing approach to support individuals.
Data Source	Health and Care Experience Survey

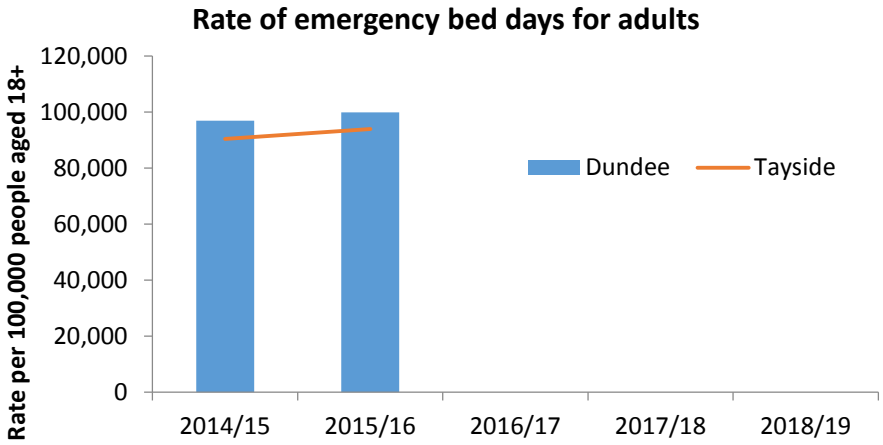
National Indicator 12: Emergency Admission Rate (per 100,000 people aged 18+)			
	2014/15	**2015/16**	**Direction of Travel**
Dundee	11,535	11,631	maintained within 5%
Tayside	10,489	10,806	maintained within 5%



What we have achieved to date	In order to reduce admissions and to support people to live independently at home, the following improvements, have been made - The continued expansion of the Enhanced Community Support service, which is aligned to GP clusters and supports those most at risk of admission. - Enhanced the nursing input to homeless people and hard to reach people through a further development of the Parish Nurse approach. Tested a peer volunteer model. - Reviewed and consolidated existing health inequalities work to identify priorities and explored how this will be addressed at a locality basis. From this we have established the Health Inequalities Strategic Planning Group and we are developing a Health Inequalities Commissioning Statement. Improvements include 875 Keep well community team health checks, improved links and referrals from TSMS to consider wider health issues, hosting health and wellbeing network meeting across the city to support targeted outreach through the equally well programme.
What we plan to do	Redesign Stroke patient services. Redesign the Tayside Neurological Rehabilitation services. Lead a review, with partners, of the current Learning Disability acute liaison service and develop future model. Increase our investment in intermediate forms of care such as step up/down accommodation and support for all adults.
Data Source	ISD Linked Catalogue

ITEM No …9……

National Indicator 13: Rate of emergency bed days for adults (per 100,000 people aged 18+)			
	2014/15	2015/16	Direction of Travel
Dundee	96,971	99,918	maintained within 5%
Tayside	90,430	94,005	maintained within 5%



What we have achieved to date	Remodelled the COPD Discharge Service to support more adults discharged from hospital. (80% seen with 5 days of discharge/83% seen within 4 days of referral). 65% received additional support to meet their clinical needs, and data suggest that there is a reduction in re-admission rates (exacerbation of COPD). Introduced Healthcare Support Workers to free up nurse time. Expanded the Enhanced Community Support, including the testing of multidisciplinary assessment meetings at GP Practice level; and the further roll out of the model to additional practices across the 4 cluster areas. Introduced a locality nurse role in each locality to coordinate assessments and reviews and support anticipatory care planning and carer assessments. Demonstrated reduced length of hospital stay and emergency admissions through the initial test site, reduced waiting times for comprehensive geriatric assessments and a falls assessment, increased diagnostics through day hospital sessions. The work has supported MfE Consultant Teams linked to GP practices Developed step down beds within a local authority adult care respite unit to support transition from the Acquired Brain Injury Unit. Testing project with two patients. Step Down (Gourdie Place) – testing of a step down housing model to support early, safe discharge from hospital. This support enables adults awaiting specialist or adapted housing to move from a hospital setting while awaiting allocation of a new home. The model commenced part year and has been in use. Two further step down housing options to commence in this financial year. Introduced medication reviews and employed a pharmacy technician as part of the social care enablement teams. Invested in resources which support assessment for 24 hour care taking place at home or home like settings. Reviewed patient pathways between Carseview and the community.
What we plan to do	Support more people to be assessed at home rather than in hospital by completing and evaluating the 'Moving Assessment into the Community' project for older people and resource the proposed change. Expand the 'Moving Assessment into the Community' project to specialist areas and test pathways.

ITEM No …9……

	Further develop discharge planning arrangements for adults with mental ill-health, physical disability and acquired brain injury
Data Source	ISD Linked Catalogue

National Outcome 2 – Independent Living

People, including those with disabilities, long term conditions, or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in the community

(National Indicator 12 – Emergency Admission Rate also links to National Outcome 2, however the data is presented under National Outcome 1)

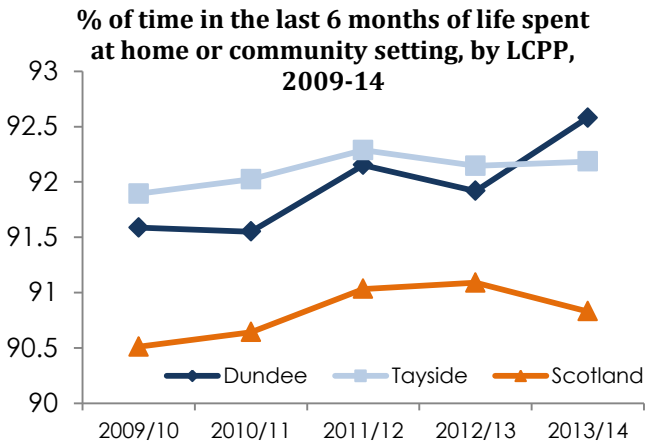
National Indicator 2: % of adults supported at home who agree they are supported to live as independently as possible			
	2013/14	**2015/16**	**Direction of Travel**
Dundee	85%	88%	maintained within 5%
Scotland	84%	84%	maintained within 5%
Highest Dundee	100% Coldside (10), Taybank 2 (11), Hillbank (13), Lochee (6), Nethergate (6)*	100% Grove (11), Taybank (6), Ryehill (7), Terra Nova (13), Ancrum (8)*	
Lowest Dundee	50% Stobswell (4)*	67% Muirhead (6)* and **	
What we have achieved to date	*Total number of respondents in brackets ** Discussion to take place regarding the inclusion of Muirhead There are a number of services and supports currently available which support this measurement: The enablement service is a rehabilitative service for new service users and people being discharged from hospital. Service users are assessed at the beginning and end of the service. The % of people who require reduced homecare following enablement is high (77%). We are looking to review the profile of our workforce. This is being supported by reorganising teams and realigning them around localities. The Introduction of a driving team has improved support across the city as this team can move around the city as required. Retendering of Care at Home services, aligned with localities, has recently concluded. There is now a social care input into the Enhanced Community Support Team in order to support people at an early stage. Service improvement and design is focusing on innovative and preventative models of care and support. Examples are the Enablement and Enhanced Community Support Teams. Welfare Reform Support and Connect Team provided support to service users and members of the public to manage and mitigate the impact of welfare reform. Volunteer Social Prescribing expanded to support service users to connect and engage in local community services. Success stories demonstrated improved health and wellbeing, reduced social isolation and a reduction in reliance on statutory services and supports and improved life chances. In 2014 NHS Tayside was selected as one of two pilot sites for Scottish Government Health and		

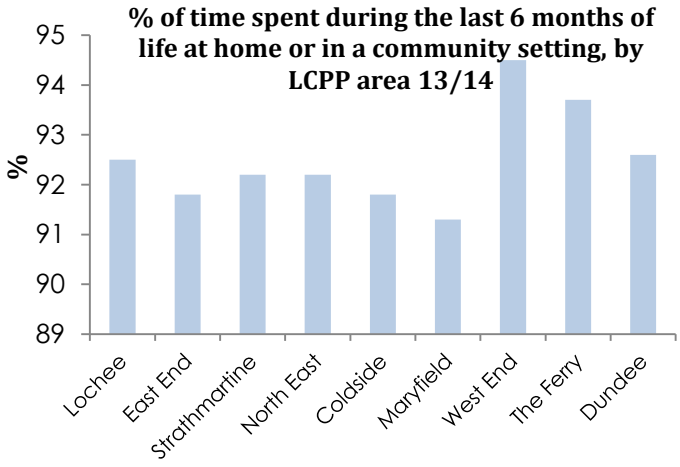
	Welfare Reform development funding, and a number of community-based tests of change were carried out within Dundee. Key pieces of work carried out locally include: o Development of a mobile device application - Money Crisis? And associated promotional materials to signpost individuals to appropriate local finance supports o Development of a welfare reform Learn-Pro e-learning module for staff o Improved links with the CONNECT team o Welfare Rights advice service located within several GP surgeries in the City to support both the GP Practice team and vulnerable patients to maximise their incomes. o Development of a financial inclusion triage service within the Ninewells Concourse o Fit for Work and Working Health Services both continue to provide support for the working age population who are in work but have health issues impacting on their ability to work, including those who may have short term absence, to support them back to work
What we plan to do	We will continue to review the models of care and support and increase the number of alternatives to traditional homecare such as Housing with Care and more preventative measures which enable people to remain at home for longer. Self Directed Support will continue to encourage alternatives to traditional homecare services and work will continue to develop a market place to support social enterprise and self-employed carers in order to improve choice to people when using all Self Directed Support options. Remodel Housing Support services to ensure equity of access based on need. Implement the proposals for accommodation with care for adults in line with the Strategic Housing Investment Plan. Implement relevant key actions and commitments linked to the outcomes detailed in the Dundee Housing Contribution Statement 2016. Develop a Strategic Commissioning Statement for technological care and implement actions alongside partnership agencies. Increase the range of technological supports. Secure capital funding for developing wheelchair housing. Review the current models of residential care for older people in line with future of residential care. Disinvest in residential forms of care for older people and increase investment in accommodation with support. Evaluate the impact of co-location of welfare rights staff within GP surgeries and health centres and make recommendations for further roll-out
Data Source	Health and Care Experience Survey

ITEM No …9……

National Indicator 18: % of adults with intensive care needs receiving care at home			
	2014	**2015**	**Direction of Travel**
Dundee	50.4%	49.9%	maintained within 5%
Scotland	56.2%	51.1%	maintained within 5%
What we have achieved to date	More people with complex needs are using direct payments. There has been a significant amount of work with staff to develop procedures and Self Directed Support guidance. There has been training for all staff on Self Directed Support and Direct Payments.		
What we plan to do	Continual focus to increase the number of people utilising Self Directed Support Options. Plan to increase the number of Housing with Care and Accommodation with Support options. Remodel respite services to assist carers to support people with complex needs at home.		
Data Source	ISD Tableau		

National Indicator 15: Proportion of last 6 months of life spent at home or in a community setting						
	2009/10	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**Direction of Travel**
Dundee	91.6%	91.6%	92.2%	92.0%	92.6%	maintained within 5%
Tayside	91.9%	92.0%	92.3%	92.1%	92.2%	maintained within 5%
Scotland	90.5%	90.6%	91.0%	91.1%	90.8%	maintained within 5%

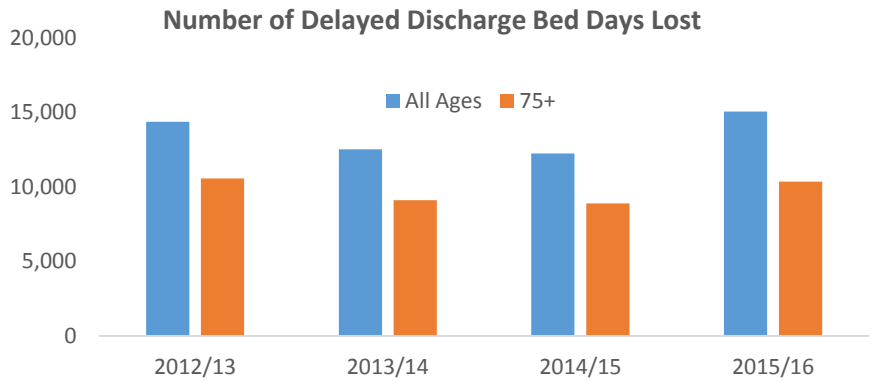




Narrative	This above chart shows that between the years 2009 and 2014 there was a gradual increase in the amount of time people in Dundee spent at home or in a community setting during the last 6 months of life. In 2013/14, 92.6% of time for people in Dundee was spent at home or in a community setting. This figure is slightly higher than the percentage for Tayside and Scotland as a whole. There is slight variation shown between the most deprived LCPP areas and the most affluent LCPP areas. The West End had the highest percentage of time spent by people at home or in a community setting during their last 6 months of life. The West End is one of the most affluent LCPP areas. From the information and figures available it is not possible to determine whether the

	proportion of time people in Dundee spent at home in their last 6 months of life, or the location of death for those involved, would have accorded with their personal preferences or choice.
What we have achieved to date	Developed resources to support safe palliative care in the community/care homes. Developed and tested response standards in 2 community nursing zones. Older people supported through end of life and palliative care.
What we plan to do	We are seeking funding to develop the palliative care tool bundle and response standards across community based health and social care services. We are contributing to a partnership with MacMillan to build supports and services for people living with cancer. As lead for hosted palliative care services we will seek to review our models of service delivery across Tayside.
Data Source	ISD Scotland Publications

National Indicator 19: Number of days people spend in hospital when they are ready to be discharged					
All Ages	**2012/13**	**2013/14**	**2014/15**	**2015/16**	**Direction of Travel**
Dundee	14,363	12,533	12,239	15,050	deteriorated
Tayside	39,666	41,473	38,969	43,646	deteriorated
75+					
Dundee	10,569	9,113	8,889	10,351	deteriorated
Tayside	31,711	32,691	29,839	31,437	deteriorated



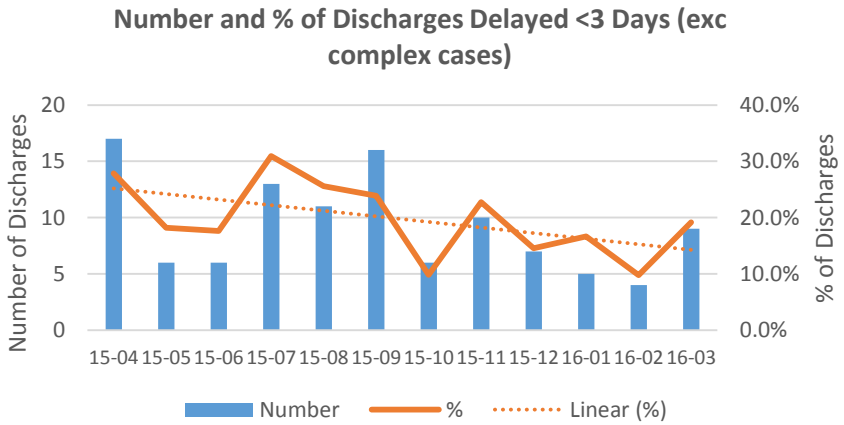
What we have achieved to date	There are currently 2 step down housing options which are working very well. An example of this is a 'Smart Flat' which uses a range of Technology Enabled Care to support people who are waiting for housing adaptations of a new home and who are delayed in hospital. A third step down housing option will be introduced during 2016/17. The capacity within the Mental Health Officer team has been enhanced and Dundee City has joined a Power of Attorney Campaign to support the discharge of people who are delayed in hospital as a result of a legal issue around guardianships. Pathways from hospital have been reviewed and assessment services have been aligned to more locality based working. We have mainstreamed a number of Reshaping Care for Older People projects and fully embedded them into models of working. An example is the development of a community pharmacy technician within the enablement service. This post supports people from hospital by dealing with medicine complications which would otherwise have caused delays in discharge.

ITEM No …9……

What we plan to do	Extend the range of supports for adults transitioning from hospital back to the community. Review and refresh the Delayed Discharge Improvement Plan. Continue to focus on those service users delayed as a result of complex needs, who result in the most bed days lost per individual. The development of a step down and assessment model for residential care is planned for the future.
Data Source	ISD Scotland Publications 'Bed Days Occupied Tables'

National Indicator 22: % of people discharged from hospital within 72 hours of being ready

	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Direction of Travel
Dundee	29	40	23	18	Improved



Note that NSS ISD have not yet finalise the definition of this measure yet. For the purpose of this report local data from Edisson has been used and the definition has been assumed to be the % of people delayed <3 days, of all delays. This is not all discharges from hospital – only the discharges which were delayed >1 day.
This data includes all delays and therefore is not snapshot census data.

What we have achieved to date	The Enhanced Community Support Service is contributing to the reduction in delays in hospital due to the transition to residential / nursing care. Processes are being started sooner, in the community and reducing the reactive / emergency solutions required once a person is admitted to hospital in a crisis situation.
What we plan to do	Support more people to be assessed at home rather than in hospital by completing and evaluating the 'Moving Assessment into the Community' project for older people and resource the proposed change, particularly where 24 hour care is being considered. Expand the 'Moving Assessment into the Community' project to specialist areas and test pathways. Increase our investment in intermediate forms of care such as step up/step down accommodation and support for all adults. Further develop discharge planning arrangements for adults with mental ill-health, physical disability and acquired brain injury. Invest in resources which support assessment for 24 hour care taking place at home or home like settings. Redesign services to ensure rapid access to palliative services. Review patient pathways between Carseview Hospital and the community. Embed within strategic commissioning plans the development of a range of community resources which enable people to remain in their own home and be discharged from hospital when they are ready.

	Further develop earlier identification of requirement for measures under Adults With Incapacity (Scotland) Act 2016 so that people are not waiting for completion of formal measures within a hospital setting. Promote Power of Attorney through local campaigns as a means of increasing number of Power of Attorneys so that Adults are not waiting in hospital settings for decisions about their care upon discharge. Review and remodel care at home services to provide more flexible responses. Further develop models of Community Rehabilitation to support transitions between home and hospital
Data Source	Edisson – Supplied by The Business Support Unit NHS Tayside

National Outcome 3 – Positive Experiences and Outcomes

People who use health and care services have positive experiences of those services and have their dignity respected

(National Indicator 22 – % of people discharged within 72 hours of being ready also links to National Outcome 3, however the data is presented under National Outcome 2

National Indicator 15 – proportion of last 6 months of life spent at home or in a community setting also links to National Outcome 3, however the data is presented under National Outcome 2

National Indicator 4: % of adults supported at home who agree their health and care services seem to be well co-ordinated			
	2013/14	**2015/16**	**Direction of Travel**
Dundee	82%	76%	deteriorated
Scotland	79%	75%	maintained within 5%
Highest Dundee	100% Taybank 2 (11), Stobswell (3), Whitfield (8)*	100% Taybank (5)*	
Lowest Dundee	50% Grove (4)*	50% Muirhead (6)* and **	
What we have achieved to date	*Total number of responses in brackets ** Discussion to take place regarding the inclusion of Muirhead Established a community based Catheter Change Clinic. The model will be rolled out across the city and will incorporate other health interventions (wound care) freeing up GP practice nurse time to support other early interventions. Increase in attendance. Expanded the Enhanced Community Support service, including the testing of multidisciplinary assessment meetings at GP practice level. Improved the alignment between GPs and Geriatric Consultants. Tested delivering Welfare Rights within 2 GP practices. In the initial test £390,560 of benefits were generated. Expanded volunteer social prescribing to support service users to connect and engage in local community services.		
What we plan to do	Shift the balance of building based to non-building based day opportunities.		

ITEM No …9……

	Redesign non-acute services for older people (MfE/POA) and develop more community supports. Remodel and further develop multidisciplinary team approach with General Practice at the centre. Roll out of the Welfare Rights service within GP practices Develop the 'House of Care' Model for care and support planning, ensuring this links with partners' approaches to person centred care, for those with a long term condition.
Data Source	Health and Care Experience Survey

National Indicator 5: % of adults receiving any care or support who rate it as excellent or good

	2013/14	2015/16	Direction of Travel
Dundee	89%	94%	improved
Scotland	84%	92%	improved
Highest Dundee	100% Taybank 2 (11), Hawkhill (6), Hillbank (13), Muirhead (7)**, Nethergate (6), Ryehill (9), Westgate (9), Whitfield (9)*	100% Invergowrie (5), Lochee (16), Westgate (12), Taybank (6), Park Ave (12)*	
Lowest Dundee	66.7% Downfield (9)*	66.7% Muirhead (6)*, Coldside (9)*, Princes Street (9)*	

What we have achieved to date	*Total number of responses in brackets ** Discussion to take place regarding the inclusion of Muirhead The achievements which contribute to the improved performance of this indicator are a combination of the outcomes of most of the achievements already reported, therefore they have not been duplicated.
What we plan to do	We are rolling out outcome focussed assessments across health and social care services. This will allow us to monitor and evaluate outcomes for people and take action as required. We will start to build evaluation processes which assess the impact of change on service user experience as we further develop our services. The analysis from this data at aggregate level will inform the development of new services and practices across health and social care integration.
Data Source	Health and Care Experience Survey

National Indicator 6: % of people with positive experience of accessing their GP practice

	2013/14	2015/16	Direction of Travel
Dundee	88%	90%	maintained within 5%
Scotland	87%	87%	maintained within 5%
Highest Dundee	100% Muirhead (130)**, Whitfield (87)*	awaiting data at GP practice level	

Lowest Dundee	72.7% Family (77)*	awaiting data at GP practice level	
What we have achieved to date	*Total number of responses in brackets ** Discussion to take place regarding the inclusion of Muirhead Tested delivering Welfare Rights from within 2 GP Practices. In the initial test 216 patients were seen and £390,560 of benefits generated. 88% of appointments were kept, with the service demonstrating a shift from reactive longer term work (tribunals) to more proactive preventative work. The service is in the progress of expanding the number of practices it provides the service in. Over the last year we have aligned services to GP practices, including the alignment of Geriatrics to GPs, social prescribing, welfare rights and the enhanced community support service.		
What we plan to do	Address local challenges to General Practice boundaries and changing workforce and remodel in partnership with GPs. Test improved and more efficient models of service delivery in partnership with General Practice, focusing initially on long-term conditions and older people. Support new models of General Practice care and Out of Hours urgent care in line with Sir Lewis Ritchie's 2015 review.		
Data Source	Health and Care Experience Survey		

National Indicator 17: Proportion of care services graded 'good' or above in Care Inspectorate Reports			
	2013/14	**2015/16**	**Direction of Travel**
Care Homes	40%	66.5%	Improved
Other Adult Services	Data not available	68%	
Narrative	The following narrative is a summary from the report about Adult Services (exc Care Homes) which was presented to the IJB during May 2016. There will be a separate report about Care Home inspections in due course. The Care Inspectorate is responsible for the inspection and regulation of all registered care services in Scotland. The regulatory authority ensures that care service providers meet their respective National Care Standards and that in doing so they provide quality care services. The Care Inspectorate use a six point grading scale, against which certain key themes are graded. Of the 63 registered services listed in the Performance Report, 119 inspections were undertaken. One service, the White Top Adult Respite Centre, was graded 6 'excellent' for all four quality themes in their last inspection. Rose Lodge, a Care at Home and Housing Support Service, were graded 6 'excellent' in their last two inspections in all quality themes assessed. Another service, Gowrie Care College Support Services, was graded 6 'excellent' for Quality of Care & Support, Quality of Staffing and Quality of Management & Leadership (Quality of Environment was not assessed). A further two Care at Home and Housing Support providers, namely Gowrie Care and Turning Point Scotland were graded 6 'excellent' in all quality themes assessed for a number of their Dundee services at their last inspections. Of the 63 establishments inspected, there was a 25% improvement in grades for Quality of Care and Support, 3% improvement for Quality of Environment, 25% improvement in Quality of Staffing and 25% improvement in Quality of Management and Leadership. Of the 63 establishments inspected 11% of services were downgraded for Quality of Care and Support, no services downgraded for Quality of Environment, 5% downgraded for Quality of		

	Staffing and 10% downgraded for Quality of Management and Leadership. One inspection, Dudhope Villa, resulted in grade 2 'weak' for Quality of Care and Support and Quality of Environment and grade 1 'unsatisfactory' for Quality of Management and Leadership. A full review of this service is currently being undertaken in partnership with the service provider to support improvement in the quality of services provided to service users. Partnership representatives undertaking the review are liaising closely with Care Inspectors to ensure a collaborative approach is being taken to service improvement. During the period of each service's previous two inspections, requirements were placed on 14 of the 63 services covering a range of issues relating to the health, welfare and safety of service users. Action plans were drawn up setting out the actions the services would take in response to these requirements. During the same period, there were 11 complaints to the Care Inspectorate relating to 10 of the 63 care services in Dundee. No enforcement action has been required to be taken in respect of services reported upon, either directly by the Care Inspectorate or by Dundee City Council taking a decision to suspend any referrals to services. In some cases a service may decide not to receive referrals themselves over a period to allow a period of improvement and consolidation to take place.
What we plan to do	The introduction of the Social Care (Self Directed Support) Act 2013 will progress personalised models of care further and meet the demand for more aspirational day supports. A review of available types of accommodation to ensure there is adequate access to appropriate housing stock, tailored to specific needs of individuals, available for now and in the future.
Sources	IJB Paper 4th May 2016 – Dundee Registered Service for Adults (exc Care Homes) Care Inspectorate Information Request

National Outcome 4 – Quality of Life

Health and Social Care Services are centred on helping to maintain or improve the quality of life of service users. Everyone should receive the same quality of service no matter where they live

National Indicator 7: Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life			
	2013/14	**2015/16**	**Direction of Travel**
Dundee	88%	88%	maintained
Scotland	85%	84%	
Highest Dundee	100% Muirhead (6), Grove (4), Taybank 2 (10), Hillbank (13), Ancrum 2 (9), Nethergate (5), Lochee (6), Whitfield (7)*	100% Park Ave (11), Taybank (6), Westgate (11), Broughty (12), Ryehill (5)*	
Lowest Dundee	66.7% Erskine (12), Stobswell (3), Invergowrie (6)*	66.7% Stobswell (9)*	

ITEM No …9……

What we have achieved to date	*Total number of responses in brackets Creative Engagement, through the arts, is a developing non-medical therapeutic intervention option that can operate alongside existing treatments by addressing psychosocial benefits (mood, confidence, self-esteem…) associated with positive health and well being. Tayside Healthcare Arts Trust (THAT) has been at the forefront of its development locally across a wide range of Long Term Conditions (LTCs). Its nationally recognised work with stroke (ST/ART Project and ACES research) has earned recurring funding from NHS Tayside and partnership support from Dundee Contemporary Arts and others. THAT has for some years been demonstrating the applicability of this approach for other LTCs, particularly Dementia, COPD, Parkinson's and MS and continues to seek additional recurring funding to embed this work. Opportunities for further developments around other health inequality targets could be explored with innovative test of change work.
What we plan to do	Increase the use of volunteers to support adults and older people in their lifestyle choices. Contribute to the outcome of the Steps to Better Healthcare review of Learning Disability in-patient services and increase the provision of community health supports whilst reducing the bed base. Continue to increase opportunities for adults with a Learning Disability and/or Autism to receive more personalised support in leisure, recreational and social activities, including in the evening and at weekends. We are rolling out outcome focussed assessments across health and social care services. This will allow us to monitor and evaluate outcomes for people and take action as required. We will increase the number of housing with care and accommodation with support. We will roll out the welfare rights service within GP practices. Explore and develop opportunities to embed creative engagement through the Arts within mainstream service and support delivery
Data Source	Health and Care Experience Survey

National Outcome 6 – Carers are Supported

People who provide unpaid care are supported to look after their own health and wellbeing. This includes reducing any negative impact of their caring role on their own health and wellbeing.

(National Indicator 18 – % of adults with intensive needs receiving care at home links to Outcome 6, however the data is presented under Outcome 2)

National Indicator 8: % of carers who feel supported to continue in their caring role			
	2013/14	**2015/16**	**Direction of Travel**
Dundee	43%	44%	improved
Scotland	44%	41%	
Highest Dundee	70.6% Terra Nova (17)*	71.4% Taycourt (14)*	
Lowest Dundee	10% Grove (10)*	21% Family (14)*	
What we have	*Total number of responses in brackets		

achieved to date	The Public Social Partnership is a co-productive arrangement involving service users and carers in designing and delivering services for people with mental health problems and their carers. A short breaks bureau has been established to support carers and the people they care for to arrange all aspects of planning a short break. There has been a reduction in transitional respite beds for adults as some beds, previously used for traditional respite are now being used for step down brain injury. Developed a co-designed flexible inquiry approach to explore new ways of engaging with carers in two localities. This will support the sharing of experiences of caring and support the development of the Carer's Strategic Commissioning Statement. Developed a Carers Media campaign which was launched in Carers Week. Established a Short Breaks Service supported by a brokerage service. Approximately 172 carers have accessed or are accessing the service. Of those who have accessed a short break service 1005 reported a range of improvements in caring role, health and life balance. These positive outcomes are also reflected by those who received respite at home. The brokerage service has also supported carers to access a range of services which support wellbeing (education, therapies, etc.) Tested a model of supported respite within the independent sector and with one service user/provider and agreed two further tests of change within different care providers.
What we plan to do	We will continue to build on research and use this evidence base to inform the commissioning of services across all service areas. We will continue to invest in partnership arrangements. We will continue to expand the types of support for carers and focus on ongoing support which will reduce the need for a crisis response. Examples of these are Time for You. We will review the Public Social Partnership and based on this we will roll out alternative models.
Data Source	Health and Care Experience Survey

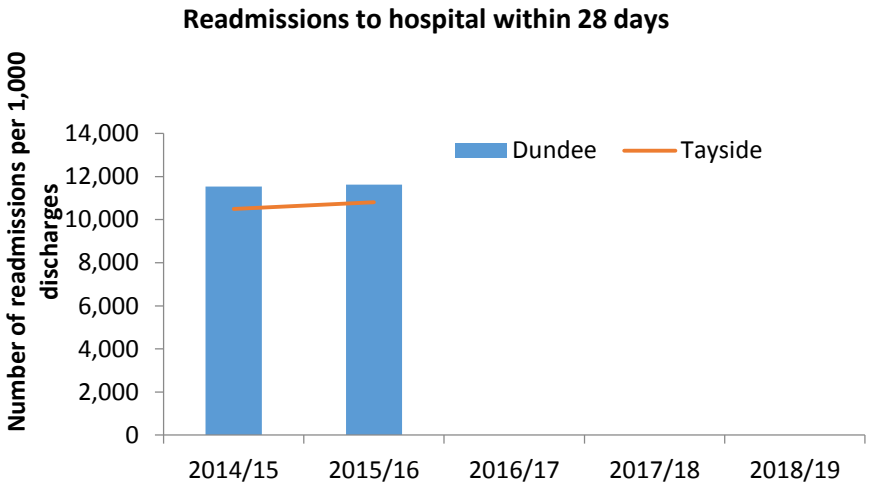
National Outcome 7 – People are Safe

People who use health and social care services are safe from harm

National Indicator 9: % of adults supported at home who agree they felt safe			
	2013/14	**2015/16**	**Direction of Travel**
Dundee	90%	85%	deteriorated
Scotland	85%	84%	maintained within 5%
Highest Dundee	100% Coldside (10 respondents), Taybank 2 (11), Grove (3), Hawkhill (6), Lochee (6), Muirhead (7), Nethergate (6), Whitfield (8)*	100% Taybank (6 respondents), Westgate (11), The Mill (6), Whitfield (6)*	
Lowest Dundee	66.7% Stobswell (3)*	60% Muirhead (5)*and **	
What we have	*Total number of responses in brackets		

achieved to date	** Discussions are taking place regarding the inclusion of Muirhead Safe zone/place working groups established. Staff and volunteers trained. Safe Zone Bus launched and active every Friday and Saturday night. Close working partnership across health, social work, police, red cross and pastoral services. Service users diverted from A&E services and police services.
What we plan to do	Implement the recommendations within the Adult Support and Protection Committee Biennial Report (2014-2016) when published. Prevent and eradicate Violence Against Women (including Domestic Abuse) - Introduce the Caledonian Programme to work with perpetrators of domestic abuse - Introduce the Safe & Together model for working with families affected by domestic abuse - Deliver awareness sessions on Harmful Practices (including FGM, Forced Marriages and 'honour' based violence) to professionals across the city. Work in partnership to address the issue of domestic abuse by identifying high risk victims. We will prevent further incidences of abuse against them by using the Multi Agency Risk Assessment Case Conferencing process to enhance the safety of victims of domestic abuse.
Data Source	Health and Care Experience Survey

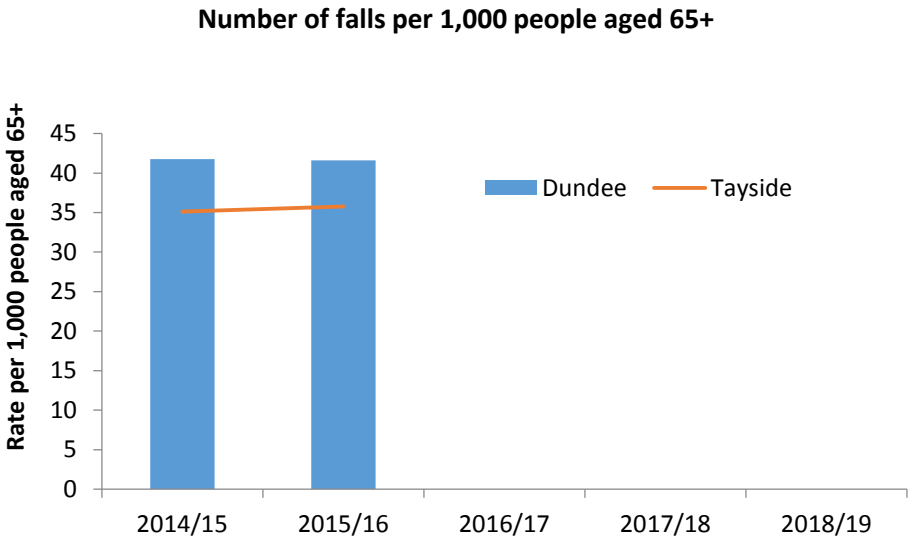
National Indicator 14: readmission to hospital within 28 days (rate per 1,000 discharges)			
	2014/15	**2015/16**	**Direction of Travel**
Dundee	11,535	11,631	maintained within 5%
Tayside	10,489	10,806	maintained within 5%



What we have achieved to date	We have remodelled the COPD Discharge service to support more adults discharged from hospital. We have expanded the Enhanced Community Support service, including the testing of multidisciplinary assessment meetings at GP practice level.
What we plan to do	Extend the range of supports for adults transitioning from hospital back to the community. Continue to roll out the Enhanced Community Support service. Reviewing models of service and care for AHP services, which includes the remodelling of

	OT services.
Data Source	ISD Linked Catalogue

National Indicator 16: Falls rate per 1,000 population in over 65's			
	2014/15	**2015/16**	**Direction of Travel**
Dundee	42	42	maintained within 5%
Tayside	35	35	maintained within 5%



What we have achieved to date	Developed a draft equipment prescribers learning framework supported by e-learning and a mentoring programme. Piloted an e-learning module. Expanded on the falls service to ensure Patients aged over 65 years are routinely screened by AHP staff if presenting with a fall and follow up interventions put in place; offered a single point of referral, triage takes place and information shared. Introduced falls prevention care home education resulting in a reduction in falls in care homes. Octago falls classes now well established in community venues showing clear improvements in clinical outcomes. Introduced self referrals to CRT to improve access.
What we plan to do	Rolling classes with an educational component. This will prevent patients from waiting too long before they start a class and hopefully help to prevent as many drop outs. In discussions with Dundee College to start a project were students are trained in Otago and then with CRT support are able to implement it within care homes. Home based Otago project following the Otago research for patients that are unable to

	come to the class. In development of an Otago based maintenance class within the community to try and prevent re-referrals and re current falls. Based on the pulmonary rehab model.
Data Source	Adapted from an ISD Information Request (IR2015-02169)

National Outcome 9 – Resources are used Efficiently and Effectively.

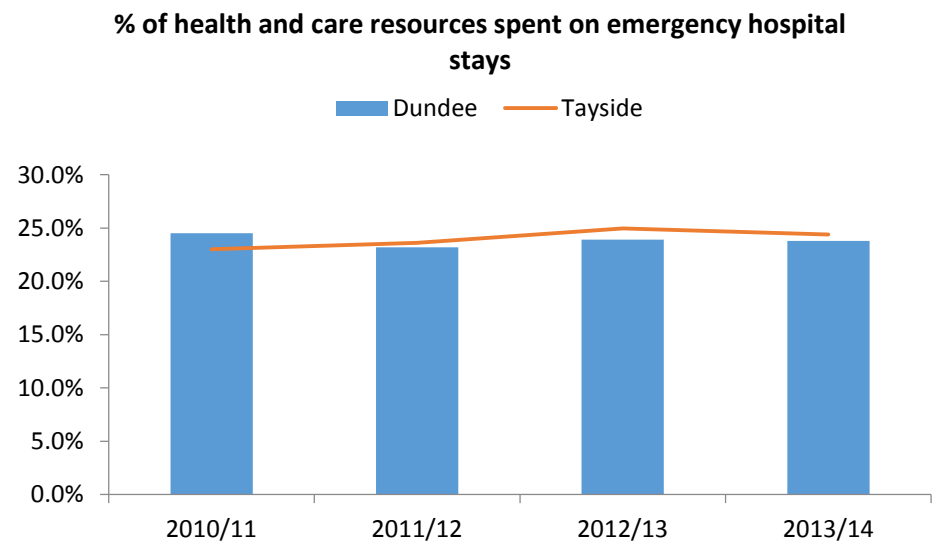
To deliver Best Value and ensure scarce resources are used effectively and efficiently in the provision of health and social care services

(National Indicator 12 – rate of emergency admissions for adults links to National Outcome 9, however the data is presented under National Outcome 1

National Indicator 19 – delayed discharge bed days links to National Outcome 9, however the data is presented under National Outcome 2)

National Indicator 20: % of health and care resources spent on hospital stays where the patient was admitted in an emergency

	2010/11	2011/12	2012/13	2013/14	Direction of Travel
Dundee	24.5%	23.2%	23.9%	23.8%	maintained within 5%
Tayside	23.0%	23.6%	25.0%	24.4%	maintained within 5%



ITEM No …9……..

What we have achieved to date	We have remodelled the COPD Discharge service to support more adults discharged from hospital. We have expanded the Enhanced Community Support service, including the testing of multidisciplinary assessment meetings at GP practice level.
What we plan to do	Extend the range of supports for adults transitioning from hospital back to the community. Continue to roll out the Enhanced Community Support service. Reviewing models of service and care for AHP services, which includes the remodelling of OT services.
Data Source	Tableau Health and Social Care - Expenditure Overview

ITEM No …11…….

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 30 AUGUST 2016**

REPORT ON: **TRANSFORMATION PROGRAMME**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB39-2016**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Integration Joint Board with an overview of Dundee Health and Social Care Partnership's Transformation Programme and to outline how this directly connects with the Partnership's Strategic and Commissioning Plan.

2.0 RECOMMENDATIONS

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

2.1 Notes the detail of Dundee Health and Social Care Partnership's Transformation Programme and how this links directly with the actions reflected in the Strategic and Commissioning Plan.

2.2 Instructs the Chief Finance Officer to report progress in achieving the Transformation Programme through the financial monitoring process.

3.0 FINANCIAL IMPLICATIONS

3.1 The value of the delegated budget from NHS Tayside (NHST) and Dundee City Council (DCC) is approximately £249m (inclusive of Large Hospital Set Aside.) The delegated budget for NHST has an associated savings target of £2.7m, a specific savings target for prescribing of £1.8m and a cost containment target of £0.6m. The delegated budget for DCC includes identified efficiency savings totalling £3.5m. Dundee Health & Social Care Partnership's Transformation Programme consists of these efficiencies and initiatives developed from within NHST's overarching Transformation Programme to be managed directly by DHSCP to the value of £1.8m. A further £1.2m of efficiency initiatives will be progressed under the leadership of NHST as part of a Transformation collaborative between NHST and the three Tayside Integration Joint Boards. In addition, the delivery of identified savings associated with the prescribing budget of £0.5m will be by lead by NHST.

The overall Partnership's Transformation Programme includes additional Scottish Government investment of £7.76m to support change within health and social care services.

4.0 MAIN TEXT

4.1 Background

4.1.1 Dundee Health and Social Care Partnership's (DHSCP) Strategic and Commissioning Plan sets out a range of actions to support the Partnership's ambition to improve health and social care services and improve outcomes for individuals within Dundee. These actions will be delivered within arguably the most challenging financial environment that partner bodies have faced in recent years as a result of continued tight public sector finances. The Financial Framework reflected in the Strategic and Commissioning Plan sets out these challenges and recognises that in terms of financial planning over the period of the Plan, resources delegated from Dundee City Council (DCC) and NHS Tayside (NHST) would be impacted upon through

anticipated levels of government funding, future cost pressures and resultant efficiency targets.

4.1.2 The Financial Framework also highlights that in developing financial plans for each of the individual care groups based on current and estimated future resources, and set against demographic and other service pressures, a gap is anticipated between the availability of resources and anticipated resource requirements should there be no or limited change to service delivery models. In order to reduce that gap it was recognised that a number of interventions would be required which would be consistent with the aims and priorities set out in the Strategic and Commissioning Plan. The nature of these interventions fall within the themes of policy changes, models of support, maximising resources and early intervention and prevention. These interventions fit clearly with the strategic priorities, directly through managing our resources effectively, changed models of support/pathways of care, early intervention/prevention, with the priorities of delivering person centred care, building capacity, tackling health inequalities, supporting carers and focussing on localities underpinning these interventions.

4.1.3 The 2016/17 budget setting process for DCC and NHST reflected the scale of these financial challenges for all council and NHS services. In order to achieve a balanced budget, both organisations have been required to consider and implement large scale efficiency savings plans through their respective service transformation programmes (Changing for the Future for DCC and NHST's developing Transformation Programme). These programmes naturally have an impact on services delegated to the Integration Joint Board, the combination of which leads to the development of DHSCP's own Transformation Programme.

4.1.4 DHSCP's Transformation Programme has been developed through drawing down a range of projects set out within these overarching transformation programmes and initiatives developed by operational managers to improve service efficiencies, including recognising the opportunities of more integrated ways of working and the thematic interventions noted in 4.1.2 above. The detail of this Transformation Programme is set out in Appendix 1 and summarised against the relevant primary Strategic and Commissioning Plan priorities in the table below:

Primary Strategic and Commissioning Plan Priority	**2016/17 Estimated Efficiency £000**	**2017/18 Estimated Efficiency £000**
Workstreams Managed by DHSCP:		
Early Intervention & Prevention	250	250
Managing our Resources Effectively	3,748	3,993
Changed Models of Support/Pathways of Care	284	564
Combination of Priorities	1,077	1,064
Total Managed by DHSCP	**5,359**	**5,871**
Collaborative Approach Lead by NHST*		
Managing our Resources Effectively	1,752	1,752
Total Transformation Programme	**7,111**	**7,623**

*includes prescribing

4.1.5 This summary emphasises the importance of ensuring that the resources delegated to DHSCP are managed as effectively as possible at this early stage of the Strategic and Commissioning Plan's maturity. Through assessing how best existing resources can be used and minimising waste, capacity to deliver front line services can be protected or enhanced. While this will remain a fundamental feature of the approach to resource deployment in the future, as the Strategic and Commissioning Plan matures, the Transformation Programme will

start to facilitate shifts in resources which are even more closely aligned to the other strategic priorities.

4.1.6 The Transformation Programme also includes the additional investment to support change in integrated services. Dundee Integration Joint Board approved a programme of investment of additional Scottish Government funding to support health and social care partnerships to effect change as set out in report DIJB15-2016 (Planning for Additional Resources) at its meeting on 4th May 2016 (Integrated Care Fund, Delayed Discharge Funding and Integration Funding.) This investment directly reflects the ambitions described within the Strategic and Commissioning Plan and provides the resource to implement a number of the actions within the plan. The resource package totals £7.76m per annum for 2016/17 and 2017/18 (excluding carry forward of resources) with funding set aside for demographic growth, bridging finance to effect aspects of the Strategic and Commissioning Plan and seasonal pressures. Of the balance, the investment in Strategic and Commissioning Plan priorities is noted as follows:

Strategic and Commissioning Plan Priority	**Investment Proposals 2016/17 £000**	**Investment Proposals 2017/18 £000**
Health Inequalities	63	523
Early Intervention/Prevention	2,110	1,907
Person Centred Care & Support	46	-
Carers	245	249
Localities & Engaging with Communities	278	283
Building Capacity	401	361
Changed Models of Support, Pathways of Care	2,035	1,669
Managing Our Resources Effectively	50	25
Provision for Further Projects	617	1,396
Total	5,844	6,412

4.1.7 This investment plan provides the opportunity for DHSCP to carry out significant tests of change and starts to create the conditions to enable shifts in the wider delegated resources, including the Large Hospital Set aside, to be made in order to deliver significant change. The investment plan also sets out the partnership's intention to invest in priority areas such as tackling health inequalities, developing localities and engaging with communities, investment in services for carers and building the capacity and resilience of local communities.

4.1.8 Given the scale and importance of the overall Transformation Programme in the delivery of the Strategic and Commissioning Plan as outlined in this report, it is essential that the actions identified are owned by the relevant operational managers and monitored closely. Governance arrangements have already been agreed for the investment of the additional Scottish Government funding directed towards IJB's with the Integrated Strategic Planning Group taking overall responsibility for reporting on the performance against the objectives of the Strategic and Commissioning Plan. In order to ensure that the overall Transformation Programme is implemented as planned, a separate officer Transformation monitoring group will be created which will complement but not duplicate the other monitoring arrangements already in place. This group will include a range of service based representatives and staff side and Union representation and will provide the Audit and Performance Committee with progress reports at a more detailed level.

5.0 POLICY IMPLICATIONS

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

6.0 CONSULTATIONS

The Chief Officer, NHS Tayside's Director of Finance and Dundee City Council's Executive Director of Corporate Services were consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

None.

Dave Berry **DATE: 5th August 2016**
Chief Finance Officer

Appendix 1

DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP TRANSFORMATION PROGRAMME

Primary IJB Strategic Plan Priority	Transformation Project Description	Other Associated Strategic Plan Priorities	2016/17 Estimated Efficiency £000	2017/18 Estimated Efficiency £000
Early Intervention & Prevention:				
	Investment of Partnership Funds to support additional social care at home provision	Person Centred Care	250	250
	Total Early Intervention & Prevention		**250**	**250**
Managing our Resources Effectively:				
	Re-modelling of Dundee City Council's Home Care Service	Person Centred Care, Changing Models of Support/Pathways of Care, Building Capacity	250	500
	Integrated Management & Support Savings	Changing Models of Support/Pathways of Care	130	196
	Cost pressures met from Additional Scottish Government Funding (as agreed between DCC/COSLA & SGovt)	-	2,115	2,115
	Improved Procurement of Supplies and Services	-	21	21
	Developing a more flexible, responsive and modernised workforce	Changing Models of Support/Pathways of Care	1,003	906
	Implement agreed Joint Equipment Store arrangements with Angus Health & Social Care Partnership	Changing Models of Support/Pathways of Care, Early Intervention and Prevention	24	50
	Review of Resource Transfer Commitments	-	75	75
	More efficient use of Non-Staff Budgets	-	130	130
	Total Managing Our Resources Effectively		**3,748**	**3,993**
Changing Models of Support/Pathways of Care :				

	Redesign of Medicine for the Elderly Service in Royal Victoria Hospital	Managing our Resources Effectively, Building Capacity	269	532
	Improved use of community nursing and GP resource to support homeless population	Managing our Resources Effectively, Building Capacity	10	10
	Redesign of Neuro Rehabilitation Services as part of the Reshaping Non Acute Care Programme.	Managing our Resources Effectively	5	22
	Total Models of Support/Pathways of Care		**284**	**564**
Other : Managing our Resources Effectively, Changing Models of Support/Pathways of Care, Early Intervention/Prevention :				
	Strategic Commissioning - Implementation of range of Interventions identified by client specific strategic planning groups	Person Centred Care, Building Capacity, Health Inequalities	1,077	1,064
	Total Other		**1,077**	**1,064**
	Total Transformation Workstreams Managed Directly by Dundee Health & Social Care Partnership		**5,359**	**5,871**
	Transformation Collaborative Lead by NHS Tayside			
Managing our Resources Effectively:				
	Facilities & Estates - Share of Local and National Initiatives	-	74	74
	Better Buying & Procurement - Share of Local and National Initiatives	-	65	65
	Workforce - Share of Local and National Initiatives	Changing Models of Support/Pathways of Care	630	630
	Realistic Medicine - Delivery of clinical strategies	Changing Models of Support/Pathways of Care	373	373

	Repatriation - Share of Local and National Initiatives	Changing Models of Support/Pathways of Care, Building Capacity	56	56
	Operational Efficiencies - Share of Local and National Initiatives	-	37	37
	Total Transformation Collaborative Lead by NHS Tayside		**1,235**	**1,235**
	Total Dundee Transformation Programme Workstreams		**6,594**	**7,106**
	Total Efficiency Savings Target		6,244	6,527
	Total Cost Containment Target (NHS Resources)		603	603
	Total Anticipated Cost Reduction Target		**6,847**	**n/a**
	Anticipated Shortfall in Resources		**253**	**n/a**
	For Noting:			
	Prescribing Budget - Lead by NHS Tayside			
	Prescribing efficiencies proposals		*517*	*517*
	Prescribing Resources - Efficiency Savings Target		*1,846*	*1,846*
	Anticipated Shortfall in Prescribing Resources		***1,329***	***n/a***

ITEM No …13……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 30 AUGUST 2016**

REPORT ON: **DISCHARGE MANAGEMENT PERFORMANCE UPDATE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB44-2016**

1.0 PURPOSE OF REPORT

1.1 To provide an update to the Health and Social Care Integration Joint Board on Discharge Management Performance in Dundee.

1.2 Reference is made to the Health and Social Care Integration Joint Board Quarter 1 Performance Report.

2.0 RECOMMENDATIONS

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

2.1 Notes the current position in relation to discharge from hospital.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no financial implications as a result of this report.

4.0 MAIN TEXT

4.1 Background to Discharge Management

4.1.1 A delayed discharge is a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date. (ISD Delayed Discharges Definitions and Data Recording Manual).

4.1.2 The focus on effective discharge management is reflected through the National Health and Wellbeing Outcomes and their Indicators. There are two indicators that relate directly to effective discharge management:

- National Indicator 19: Number of days people spend in hospital when they are ready to be discharged;
- National Indicator 22: Percentage of people who are discharged from hospital within 72 hours of being ready.

4.2.3 There are a number of other indicators which indirectly relate to discharge management and admission to hospital. These are percentage of people admitted to hospital from home during the year, who are discharged to a care home; percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency; readmission to hospital within 28 days; emergency admission rate and emergency bed day rate.

4.2.4 This report considers National Indicators 19 and 22. Performance against the further five indicators are discussed within Dundee Health and Social Care Partnership Quarter 1 Performance report.

5 CURRENT PERFORMANCE AGAINST NATIONAL HEALTH AND WELLBEING OUTCOMES AND THEIR INDICATORS

5.1 Governance and Monitoring Arrangements

5.1.1 Within Dundee a Home and Hospital Transitions Group, chaired by the Head of Service, Health and Community Care, oversees performance and improvement actions in relation to Discharge Management. The Group aims to ensure that citizens of Dundee are supported at home, but when people do have to go to hospital they are only there as long as they need to be.

5.1.2 On a weekly basis, an update is provided to the Chief Officer, Chief Operating Officer and key Home and Hospital Transitions Group members on delay position. This information is used to maintain an ongoing focus on enabling patients to be discharged from hospital when they are ready as well as to inform improvements.

5.2 Discharge Data Types

5.2.1 Information is presented in this report on discharge delays by both standard and code 9 complex delay types. By presenting information on both types of delays this provides a greater understanding about delay reasons and areas of improvement.

5.2.2 Standard delays are defined by ISD Scotland as delays where the standard maximum delay period applies. This includes patients delayed due to awaiting assessment, housing, care home or nursing placements. The standard maximum delay period is now 72 hours.

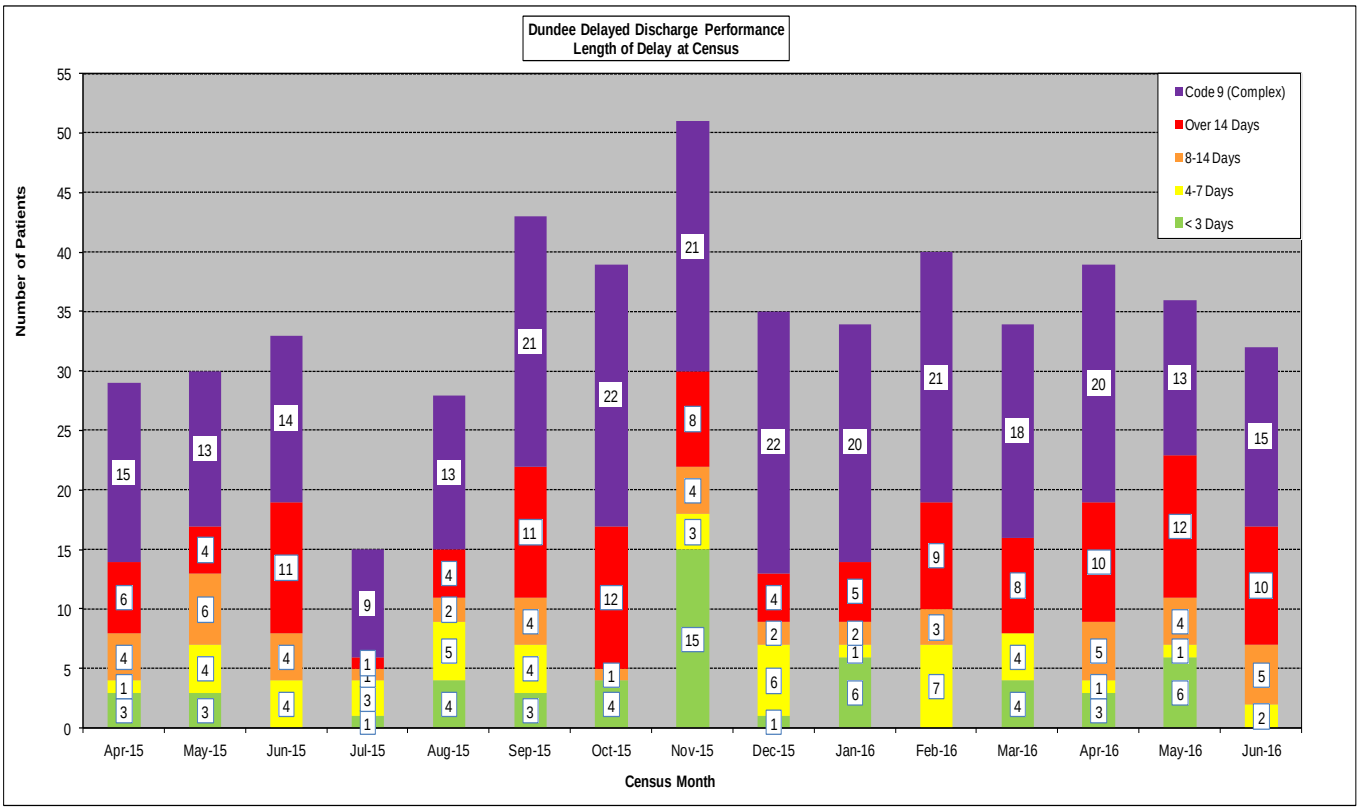
5.2.3 Code 9 Complex delays are used by ISD Scotland to describe delays where the standard maximum delay, therefore 72 hours, is not applicable. This is in recognition that there are some patients whose discharge will take longer to arrange and would include patients delayed due to awaiting place availability in a high level needs specialist facility and where an interim option is not appropriate, patients for whom an interim move is deemed unreasonable or where an adult may lack capacity under adults with incapacity legislation.

5.3 National Health and Wellbeing Outcome Indicator 22: Performance against percentage of people who are discharged from hospital within 72 hours of being ready.

5.3.1 Previously approaches to reducing delays have been to focus on a target – first 6 weeks, then 4 and then 2, but the Delayed Discharge Task Force agreed that in future, focussing on increasing the % who can be discharged as soon as possible while allowing for the fact that there will be individual reasons that this is not appropriate will result in greater improvement. (Scottish Government, Core Suite of Indicators)

5.3.2 At this time, further work is required to determine how this indicator is measured, reported upon and understood. In the meantime, Dundee performance by length of delay from April 15 to March 2016 is provided in Graph A below.

Graph A

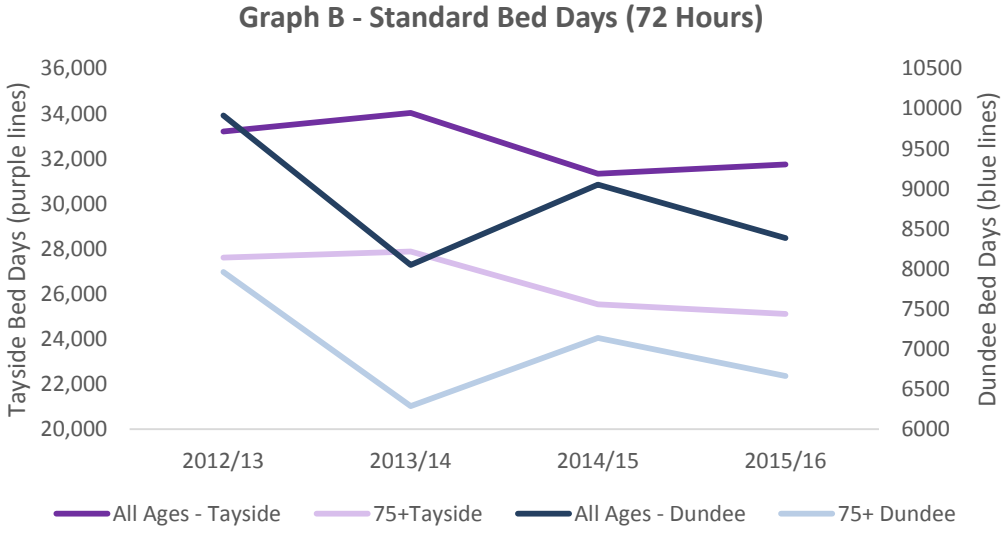


5.3.3 This data indicates that for patients who have a complexity of circumstances they will spend a greater length of time delayed in a hospital. This is congruent with the national position and a recognition of individual circumstances.

5.4 National Health and Wellbeing Outcome Indicator 19: Performance Against Number Of Days People Spend In Hospital When They Are Ready To Be Discharged.

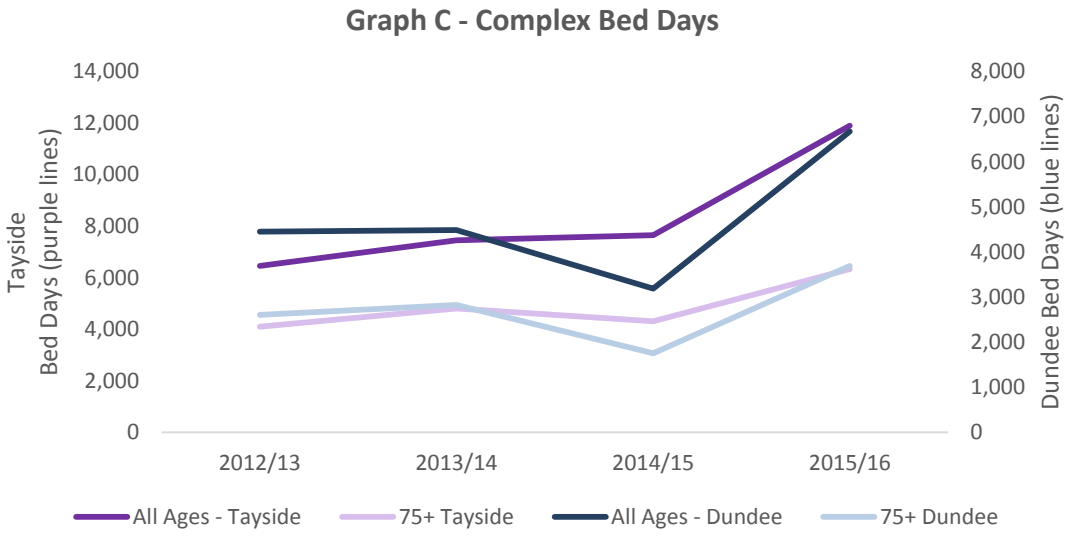
5.4.1 This indicator counts the number of bed days occupied for all patients (aged 18 years and over) who have met the criteria for a delayed discharge for each month.

5.4.2 Graph B below provides information about number of days people spend in hospital when they are ready to be discharged where the standard maximum delay period of 72 hours applies.



5.4.3 It highlights that Dundee is making good progress in reducing delays for all patients where the standard maximum delay, which is 72 hours, applies. This is reflective of a number of initiatives which have endeavoured to streamline processes and increase capacity of services, in particular enablement and social care services.

5.4.4 Graph C below provides information about number of days people spend in hospital when they are ready to be discharged where patients have a complexity of personal circumstances.



5.4.5 It indicates a deterioration in relation to our performance where patients are ready to be discharged and have a complexity of circumstances. This trend is evident for patients between ages of 18 – 74 and 75 + and is likely reflective of a change in practice in recording of delays within specialist hospital settings.

5.5 Analysis of Why Patients Are Unable To Be Discharged When They Are Ready

5.5.1 To enable targeting of resources, activity and strategic shifts consideration has been given locally as to reasons why patients are unable to be discharged when they are ready and what actions are required to achieve this.

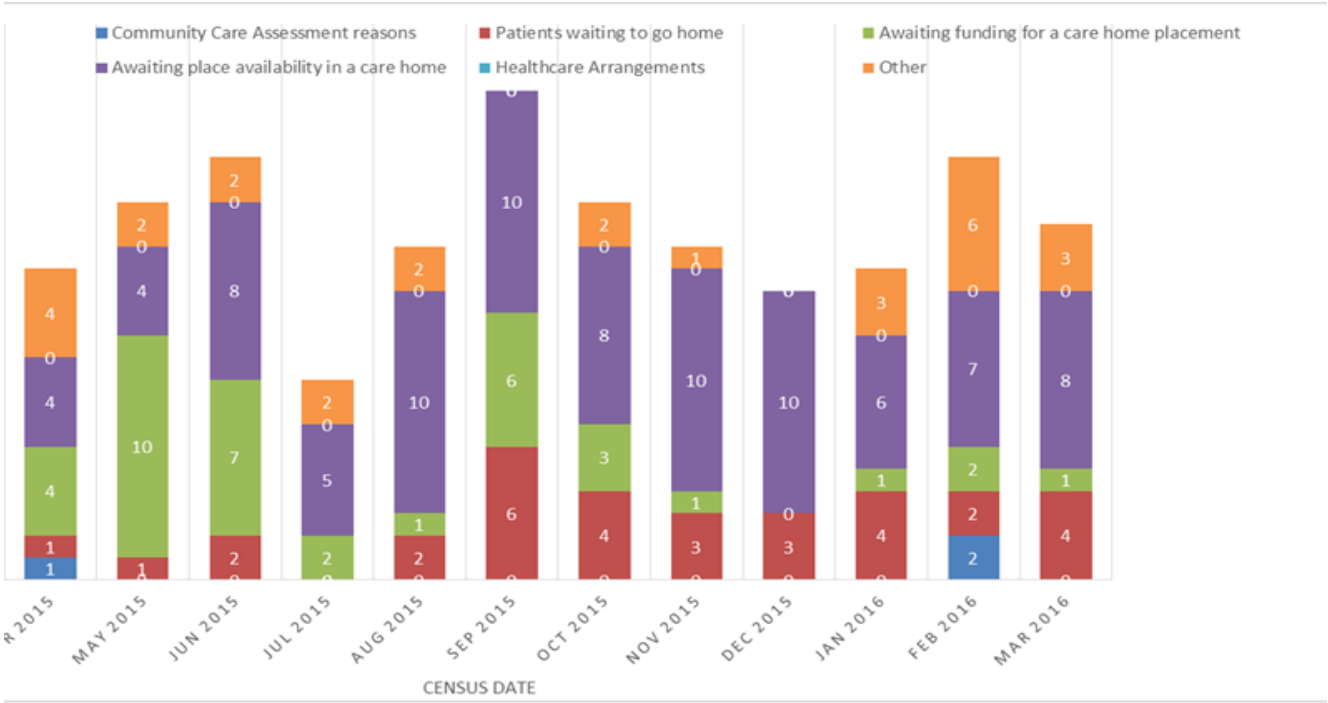
5.5.2 The main reasons for delays for people who have a complexity of circumstances are due to awaiting completion of:

- Adults with Incapacity (Scotland) Act processes;
- Complex care arrangements in order for patients to live in their own home;
- Place availability within a specialist facility which will enable the patient to return to a community setting; and
- A specially commissioned resource tailored to meet the patients' individual circumstances.

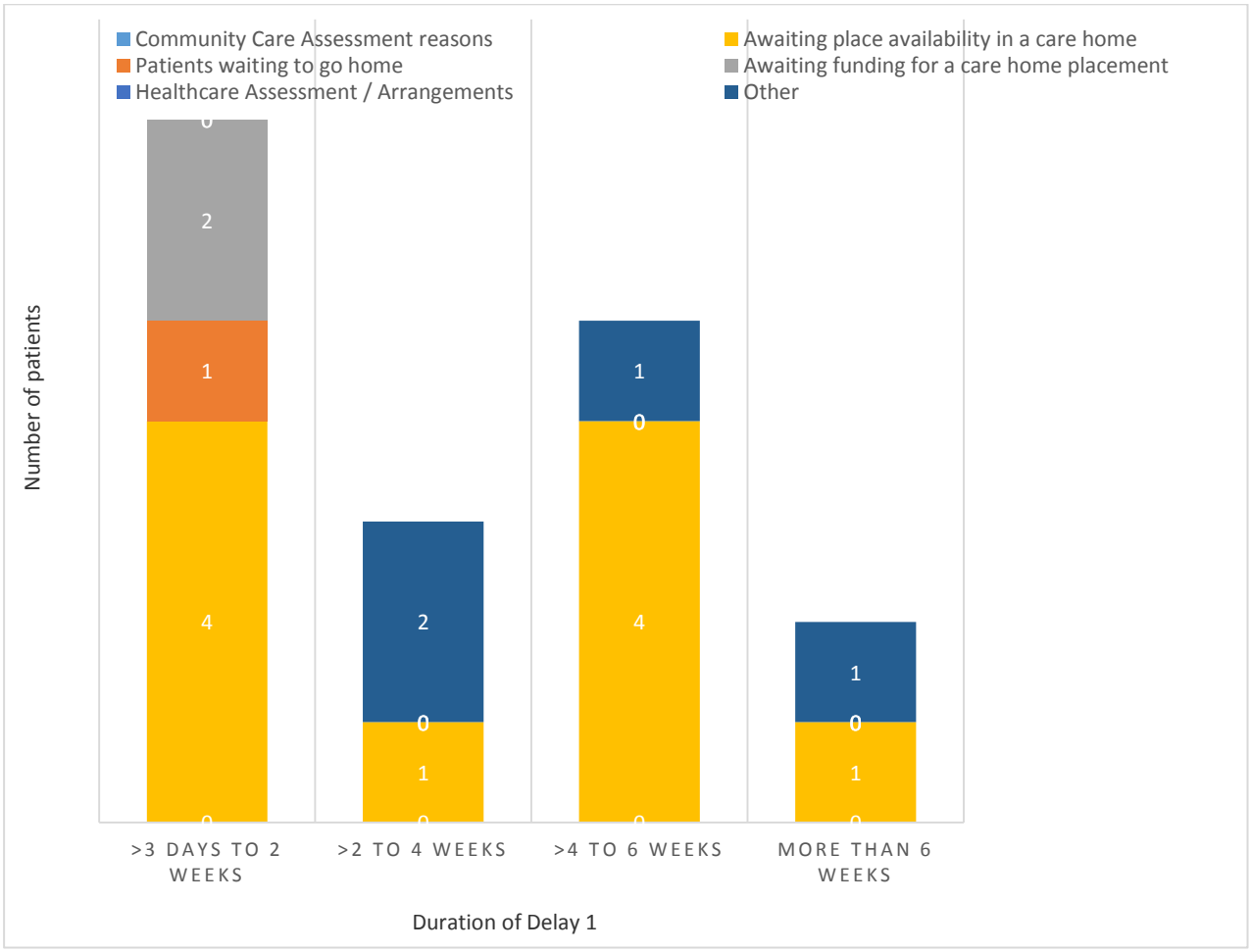
5.5.3 These reasons are comparable with Scotland wide averages produced by ISD Scotland.

5.5.4 Graph D highlights the main reasons for standard delays during the period April 2015 – March 2016.

Graph D



5.5.5 **Graph E** highlights the main reasons for standard delays by duration of delay at June 2016.



5.5.6 In summary, Graphs D and E highlight that the main reason for delay where the standard maximum delay period of 72 hours applies is due to people awaiting funding or place availability in a care home.

5.5.7 These graphs highlight that key priorities in going ahead are developing arrangements and supports so that patients who have a complexity of circumstances and patients who have been assessed as requiring 24 Hour Care can be discharged when they are ready. However, these priorities must be seen alongside reducing emergency admission and readmission to hospital and the priorities identified within Dundee Health and Social Care Partnership Strategic and Commissioning Plan.

5.5.8 It is also recognised that there are a number of challenges which impact on our ability to sustain our focus and ambition on preventing admission and re-admission and achieving discharge when people are ready. These challenges are national and can be summarised in relation to our ability to:

- Fund additional care home placements whilst sustaining level of community based support in a time of austerity measures and efficiency saving.
- Ensure that people with a complexity of need in a non-acute setting receive timely support to be discharged effectively, alongside people in acute settings.
- Complete Guardianship Reports within statutory timescales within a context of Dundee having the highest rate per 100K population of all Guardianships granted across Scotland (MWC, 2014).
- Respond safely to increasing complexity of need and increasing numbers of adults and older people living with co-morbidities.
- Meet demand in a context of austerity, an aging population and complexity of need.

6.0 SUMMARY

6.1 We have made good progress in Dundee in relation to reducing volume of standard delays and tackling key reasons why patients are unable to be discharged when they are ready. However, we recognise that in going forward there is further work to be undertaken to enable patients who have a complexity of circumstances and who have been assessed as requiring 24 Hour Care to be discharged when they are ready. We recognise that these require strategic and cultural shifts in relation to use of our resources and practice.

6.2 We have updated our discharge management improvement plan to help us to meet our ambition that all Citizens of Dundee are supported at home, but when people do have to go to hospital they are only there as long as they need to be.

6.3 We recognise that there are a number of key challenges which will impact on our ability to achieve everything we would wish to. This includes the sustainability of community based health and social care services to meet increased demand and expectation in a context of increasing complexity of need, ongoing efficiency savings and predicted shortfall in health and social care workforce.

7.0 POLICY IMPLICATIONS

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

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer

DATE: 3 August 2016

ITEM No …14……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 30 AUGUST 2016**

REPORT ON: **DUNDEE DISCHARGE MANAGEMENT IMPROVEMENT PLAN AND USE OF FUNDING**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB40-2016**

1.0 PURPOSE OF REPORT

1.1 To provide an update to the Health and Social Care Integration Joint Board of the outcome and progress of actions and arrangements put in place across the Partnership to respond to discharge management.

2.0 RECOMMENDATIONS

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

2.1 Approves the Dundee Discharge Management Improvement Plan (attached as Appendix 1).

2.2 Notes progress in relation to spend against Discharge Monies.

3.0 FINANCIAL IMPLICATIONS

3.1 The cost of the initiatives outlined in this report will be funded from additional resources allocated by the Scottish Government to Health and Social Care Partnerships.

4.0 MAIN TEXT

4.1 Background to Discharge Management

4.1.1 A delayed discharge is a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date. (ISD Delayed Discharges Definitions and Data Recording Manual).

4.1.2 The focus on effective discharge management is reflected through the National Health and Wellbeing Outcomes and their Indicators. There are two indicators that relate directly to effective discharge management:

- National Indicator 19: Number of days people spend in hospital when they are ready to be discharged;
- National Indicator 22: Percentage of people who are discharged from hospital within 72 hours of being ready.

4.1.3 There are a number of other indicators which indirectly relate to discharge management and admission to hospital. These are percentage of people admitted to hospital from home during the year, who are discharged to a care home; percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency; readmission to hospital within 28 days; emergency admission rate and emergency bed day rate.

4.2 Governance and Monitoring Arrangements

4.2.1 Within Dundee a Home and Hospital Transitions Group, chaired by the Head of Service, Health and Community Care, oversees performance and improvement actions in relation to Discharge Management. The Group aims to ensure that citizens of Dundee are supported at home, but when people do have to go to hospital they are only there as long as they need to be.

4.2.2 On a weekly basis, an update is provided to the Chief Officer, Chief Operating Officer and key Home and Hospital Transitions Group members on delay position. This information is used to maintain an ongoing focus on enabling patients to be discharged from hospital when they are ready as well as to inform improvements.

5 DELAYED DISCHARGE FUNDING

5.1 Delayed Discharge Funding Usage

5.1.1 The Dundee Health and Social Care Partnership has invested in additional capacity in the Health, Social Care and third sector workforce through Change Fund, Integrated Care Fund and latterly the Delayed Discharge funding streams to support both the unnecessary admission to hospital and prevention of discharge delay.

5.1.2 The Delayed Discharge funding has been used as demonstrated in the chart below. All projects reflect the aims, objectives and proposals contained within the Dundee Discharge Management Improvement Plan.

DELAYED DISCHARGE FUNDING		Actual Spend £k	Projected Spend £k	Planned Spend £k	Planned Spend £k	Planned Spend £k	Planned Spend £k
Project		**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**	**2020/21**
Increased Home Care - DCC	Improved flow from Enablemement Services to longer term care	160	160	160	160	160	160
Additional Care Home Placements - 5 placements	Funding ring fenced to identified placements	120	104	104	104	104	104
Community Nursing Backfill	Increased early MDT membership at early assessment point	0	40	40	40	40	40
	MAINSTREAMED FROM 2016/17		304	304	304	304	304
Step Down Housing (Magdalan Yard Road)	Test of change - to address housing delays	6	8	10	10	10	10
Extend COPD Pilot	Improved follow up and self care support following discharge	81	90	100	100	100	100
Increased Nursing input to extend / increase DDT	Increased and quicker assessment across NWH and RVH	39	40	45	45	45	45
Step Down Housing (Gourdie Place) - MOVE FROM ICF from 16/17	Test of change - to address housing delays		9	11	11	11	11
Increased SW OT resource to support community discharge - equipment / adaptations - 1FT OT	18 month post (to 31/3/17)	22	44				
Increase MHO Availability - 1 FT MHO	18 month post (to 31/3/17) - successfully tested through Change Fund	22	44				
AHP Input to work with DDT to in reach into RVH	Increased and quicker assessment	16	35				
Resource Matching Unit - for shifts to identify support packages quicker	Quicker identification of resources for people awaiting discharge. Optimising capacity - fixed term posts (to 31/3/17)	62	115				
Earn Crescent - upgrade current resource (Step Down Housing) - (one off expenditure)	Capital investment to upgrade technology in flat	30					
Increased Home Care - External (Moved to alternative mainstream funding from 16/17)	Improved flow from Enablemement Services to longer term care	140					
Home Care (moved to alternative mainstream funding from 16/17)	Funding top up for 3 year commissioned service	250					
Learning Disabilities - OT equipment - access to specialised equipment and agree a pathway (one off expenditure)	Refresh and testing of new pathway and specialist equipment	10					
	PROJECT FUNDING / TESTS OF CHANGE	677	385	166	166	166	166
Total Delayed Discharge planned spend		957	689	470	470	470	470
Share Tayside-wide Power of Attorney Campaign costs		3	6				
Contribution to NHST winter plan		114					
Share of Acute Frailty Team expenditure			35				
Provision - seasonal pressures			200	200	200	200	200
Unallocated - Future Test of Change				**260**	**260**	**260**	**260**
Total Projected Spend		**1,074**	**930**	**930**	**930**	**930**	**930**
Scottish Government Funding							
2014/15 Delayed Discharge brought forward		115	0	0	0	0	0
2014/15 Winter Resilience brought forward		29	0	0	0	0	0
Delayed Discharge Fund		930	930	930	930	930	930
		1,074	**930**	**930**	**930**	**930**	**930**

5.2 Achievements through Use of the Delayed Discharge Funding

5.2.1 The Discharge Monies have supported the Dundee Partnership to further develop a number of initiatives that have contributed to enabling citizens of Dundee to be supported at home, but when people do have to go to hospital they are only there as long as they need to be. Progress against each of the projects is below.

5.2.2 Care at Home Service, Home Care and Resource Matching Unit: - The Resource Matching Unit is now established and along with the increase resource provision has increased capacity and efficiency of the care at home service. This has contributed to the reduction in number of delays due to patients awaiting a care package.

5.2.3 Additional Care Home Placements: - The Discharge Monies funded an additional five Care Home placements which generated additional capacity within the service.

5.2.4 Dundee Smart Flat and Step Down Housing Service: - The Discharge Monies enabled upgrade of a demonstration flat into a step down and rehabilitation resource which was launched in June 2016. In addition to this, step down housing resources have been developed as a partnership with Housing Associations. Already the step down resource has contributed to people being discharged when they are ready and contributes to our strategic intention to increase availability of step down resources.

5.2.5 Discharge Management Team and Integrated Discharge Hub – The increased AHP and Nursing input into the Discharge Team has increased its capacity to coordinate discharges and contribute to the development of an Integrated Health and Social Care Discharge Hub. An integrated Social Work and Health Discharge Hub was implemented on 3rd December

2015. This Hub has established a single route for referrals, reduced duplication between social work and health teams and established a shared ethos on person centered discharge planning within a multi-disciplinary team approach.

5.2.6 Increased Social Work Occupational Therapy Service and Equipment - A single shared pathway across Health for accessing equipment and adaptations was implemented during 2015. This has greatly reduced duplication, reduced delays due to awaiting equipment/ adaptations and with the increased Social Work Occupational Therapy resource, has meant that discharge assessments are completed within 24 hours of request. Equipment is then delivered within 24 hours of an equipment prescription.

5.2.7 Increased MHO Availability – The additional hours to the MHO Service has significantly increased capacity of the MHO Service to respond to requests for Guardianship reports. This has resulted in a timely completion of reports and reduction in waiting time for an MHO.

5.2.8 Community Nursing Backfill – The additional funding to the Community Nursing Service has increased capacity of the service to improve communication and person centered care at point of discharge where Patients require ongoing support from the service.

6 HOME AND HOSPITAL TRANSITION IMPROVEMENT PLAN

6.1 Home and Hospital Transition Improvement Plan

6.1.1 The Home and Hospital Transitions Group, chaired by the Head of Service, Health and Community Care, aims to ensure that citizens of Dundee are supported at home, but when people do have to go to hospital they are only there as long as they need to be.

6.1.2 This ambition is reflective of the National Health and Wellbeing Outcomes and their Indicators and the strategic ambitions set out within Dundee Health and Social Care Partnership Strategic and Commissioning Plan. In particular it focuses on prevention of emergency admission and readmission to hospital, supporting people to live at home and be discharged when they are ready.

6.1.3 To support achievement of this ambition, contribute to the Dundee Health and Social Care Partnership Strategic and Commissioning Plan and evidence progress against National Health and Wellbeing Outcome Indicators a Home and Hospital Transition Improvement Plan has been developed.

6.1.4 The plan sets out a number of actions which are designed to contribute to the following National Health and Wellbeing Indicators:

- **National Indicator 1**: % of adults able to look after their health very well or quite well
- **National Indicator 5:** % of adults receiving any care or support who rate it as excellent or good
- **National Indicator 8:** % of carers who feel supported to continue in their caring role
- **National Indicator 12**: Emergency Admission Rate (per 100,000 people aged 18+)
- **National Indicator 13**: Rate of emergency bed days for adults
- **National Indicator 14**: readmission to hospital within 28 days
- **National Indicator 15**: Proportion of last 6 months of life spent at home or in a community setting
- **National Indicator 16**: Falls rate per 1,000 population in over 65's
- **National Indicator 18**: % of adults with intensive care needs receiving care at home
- **National Indicator 19:** Number of days people spend in hospital when they are ready to be discharged
- **National Indicator 20**: % of health and care resources spent on hospital stays where the patient was admitted in an emergency
- **National Indicator 21**: % of people admitted to hospital from home during the year, who are discharged to a care home
- **National Indicator 22**: % of people discharged from hospital within 72 hours of being ready

6.1.5 Progress against the Plan will be reviewed on a regular basis through the Home and Hospital Transition Group. This will then support feedback to the IJB on effectiveness of the Plan.

7.0 POLICY IMPLICATIONS

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

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer

DATE: 3 August 2016

National Health and Wellbeing Outcomes	Indicators which Demonstrate Improvement and Contribute to National Health And Wellbeing Outcomes	Actions to Achieve Indicators and Outcomes Cross Referenced by National Health and Wellbeing Outcome Indicator
National Outcome 1: Healthier Living **and** **National Outcome 5: Reduce Health Inequalities**	• **National Indicator 1**: % of adults able to look after their health very well or quite well • **National Indicator 12**: Emergency Admission Rate (per 100,000 people aged 18+) • **National Indicator 13**: Rate of emergency bed days for adults	Review reasons for emergency admission across hospital settings to establish a clear benchmark and then identify and agree improvement actions which will contribute to a reduction in emergency admission to hospital. (NI 12,13)
		Further develop use of technology enabled care as a means of enabling people to live independently and look after their own health. (NI 1, 12,13)
		Further embed Enhanced Community Model for support for Older Adults and introduce the Community Model for Support with Adults as a means of reducing emergency admissions and enabling people to live independently and look after their health in their own home or homely setting. (NI 1, 12,13)
		Further develop awareness and use of anticipatory care plans for all Adults where a plan would be of benefit to the Adult. (NI 1, 12,13)
		Prioritise and invest in models of support that help to support life style changes which improve health through Care Group Strategic Planning Groups. (NI 1, Dundee Health and Social Care Partnership Strategic Plan)
		Embed health checks as a means to engage people in the health and wellbeing agenda, to increase self-care, and avoid longer term ill health. (NI 1, 12, 13, Dundee Health and Social Care Partnership Strategic Plan)
		Develop shared training programmes for frontline staff to support awareness and understanding of sensory impairment including signposting; sensory health checks and support. (NI 1, Dundee Health and Social Care Partnership Strategic Plan)

National Health and Wellbeing Outcomes	Indicators which Demonstrate Improvement and Contribute to National Health And Wellbeing Outcomes	Actions to Achieve Indicators and Outcomes Cross Referenced by National Health and Wellbeing Outcome Indicator
National Outcome 2: Independent Living	• **National Indicator 18**: % of adults with intensive care needs receiving care at home • **National Indicator 15**: Proportion of last 6 months of life spent at home or in a community setting • **National Indicator 19:** Number of days people spend in hospital when they are ready to be discharged • **National Indicator 21**: % of people admitted to hospital from home during the year, who are discharged to a care home • **National Indicator 22**: % of people discharged from hospital within 72 hours of being ready	Support more people to be assessed at home or a homely setting rather than in hospital by completing and evaluating the 'Moving Assessment into the Community' project for older people and resource the proposed change. (NI 19, 21, 22, Dundee Health & Social Care Partnership Strategic Plan)
		Expand the 'Moving Assessment into the Community' project to specialist areas and test pathways. (NI 19, 21, 22, Dundee Health & Social Care Partnership Strategic Plan)
		Increase our investment in intermediate forms of care such as step up/step down accommodation and support for all adults. (NI 19, 22, 21, Dundee Health & Social Care Partnership Strategic Plan)
		Further develop discharge planning arrangements for adults with mental ill-health, physical disability and acquired brain injury. (NI 19, 22, Dundee Health & Social Care Partnership Strategic Plan)
		Invest in resources which support assessment for 24 hour care taking place at home or home like settings. (NI 18, 19, 21, 22, Dundee Health & Social Care Partnership Strategic Plan)
		Redesign services to ensure rapid access to palliative services (NI 15, 18, 19, Dundee Health & Social Care Partnership Strategic Plan)
		Review access to end of life services so that people are supported in their place of choice. (NI 15, 18, 19)

National Health and Wellbeing Outcomes	Indicators which Demonstrate Improvement and Contribute to National Health And Wellbeing Outcomes	Actions to Achieve Indicators and Outcomes Cross Referenced by National Health and Wellbeing Outcome Indicator
		Review patient pathways between Carseview Hospital and the community. (NI 18, 19, 21, 22, Dundee Health & Social Care Partnership Strategic Plan)
		Embed within care group strategic commissioning plans the development of a range of community resources and supports which facilitate community based assessment, enable people to remain in their own home and be discharged from hospital when they are ready. (NI 15, 18, 19, 21, 22)
		Further develop earlier identification of requirement for measures under Adults With Incapacity (Scotland) Act 2016 so that people are not waiting for completion of formal measures within a hospital setting. (NI 19, 21, 22)
		Promote Power of Attorney through local campaigns as a means of increasing number of Power of Attorneys so that Adults are not waiting in hospital settings for decisions about their care upon discharge. (NI 19, 21, 22)
		Review and remodel care at home services to provide more flexible responses. (NI 15, 18, 19, 21, 22)
		Lead a review, with partners, of the current Learning Disability acute liaison service and develop a future model. (NI 5, Dundee Health and Social Care Partnership Strategic Plan)
		Further develop models of Community Rehabilitation to support transitions between home and hospital. (NI 15, 18, 19, 21, 22, Dundee Health and Social Care Strategic Plan)

National Health and Wellbeing Outcomes	Indicators which Demonstrate Improvement and Contribute to National Health And Wellbeing Outcomes	Actions to Achieve Indicators and Outcomes Cross Referenced by National Health and Wellbeing Outcome Indicator
National Outcome 3: Positive Experiences and Outcomes	• **National Indicator 5**: % of adults receiving any care or support who rate it as excellent or good	Implement IRISS home from hospital research findings. (NI 5)
		Develop and implement discharge management procedures and guidance to promote consistency in practice in relation to discharge management and use of planned date of discharge. (All Indicators)
		Establish and implement a Discharge Management Learning Framework and Learning Networks as a means of promoting and enabling consistency in practice and ensuring effective person centred communication during transition between hospital and home. (NI 5)
		Develop an 'early indicator of deteriorating health and well-being tool', for use by front line social care staff to reduce the instances of hospital admissions, increase the use of preventative interventions, and assist people to look after their health and well-being. (NI 1,5)
National Outcome 6: Carers are Supported	• **National Indicator 8**: % of carers who feel supported to continue in their caring role	Implement a statement and pathway for involving Carers in discharge planning process in line with section 28 of the Carers (Scotland) Act 2016 in partnership with Carers and Carers Organisations. (NI 8, Carers (Scotland) Act 2016, Dundee Health and Social Care Strategic Plan)
		Embed the statement and pathway for involving Carers in discharge planning within discharge guidance, planned date of discharge guidance, multi-agency Carer's guidance and a learning and workforce development framework. (NI, Carers (Scotland) Act 2016, Dundee Health and Social Care Strategic Plan)
		Embed Equal Partners in Care Learning Framework and Carers Learning Networks to enable the Health and Social Care Workforce to enable Carers to feel identified and supported.
		Develop a Strategic Commissioning Statement for Carers with input/involvement from carers' groups and carer' partnerships and implement this. (NI 8, Carers (Scotland) Act 2016, Dundee

National Health and Wellbeing Outcomes	Indicators which Demonstrate Improvement and Contribute to National Health And Wellbeing Outcomes	Actions to Achieve Indicators and Outcomes Cross Referenced by National Health and Wellbeing Outcome Indicator
		Health and Social Care Partnership Strategic Plan)
National Outcome 7: People are Safe	• **National Indicator 14**: readmission to hospital within 28 days • **National Indicator 16:** Falls rate per 1,000 population in over 65's	Further implement the planned date of discharge model so that patients , carers are involved in a well-planned discharge and have coordinated follow up care where required upon discharge. (NI 21, 22, 14)
		Further develop post discharge support to people with long term conditions in order to contribute to a reduction in emergency hospital admission and readmission to hospital. (NI 14)
		Further develop local fall pathway initiatives to reduce risk of falls. (NI 16)
National Outcome 9: Resources are used Efficiently and Effectively	**National Indicator 20**: % of health and care resources spent on hospital stays where the patient was admitted in an emergency	Extend the co- location of teams with common purpose and broaden the definition of integration to include all sectors (health, social work, third sector, independent sector). (NI 20, Dundee Health and Social Care Partnership Strategic Plan)
		Implement a fully Integrated Discharge Management Team to increase capacity of the service and enhance and further develop opportunity for discharge assessment for all patients at Ninewells. (NI 20, Dundee Health and Social Care Partnership Strategic Plan)
		Establish integrated systems and processes which support information sharing and improved communication. (All Indicators)
		Review the systems and mechanisms for reporting around discharge management. (All Indicators)

ITEM No …15……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 30 AUGUST 2016**

REPORT ON: **DUNDEE FAIRNESS COMMISSION REPORT: A FAIR WAY TO GO**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB41-2016**

1.0 PURPOSE OF REPORT

1.1 Dundee Integration Joint Board received a verbal update from Councillor Jimmy Black on the Fairness Commission Report at its meeting on 28 June 2016.

1.2 The Chief Officer was requested to bring forward a report that described how the IJB would respond to the recommendations in the Report of the Dundee Fairness Commission: A Fair Way To Go (attached as Appendix 1).

2.0 RECOMMENDATIONS

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

2.1 Requests that the Chief Officer ensure that the relevant recommendations of the Fairness Commission are taken forward as part of the Health Inequalities Commissioning Statement from Dundee Health and Social Care Partnership's Strategic and Commissioning Plan. These recommendations will be further developed and monitored through the refreshed Health and Care Theme of Community Planning.

2.2 Notes the initial actions and priorities as identified in this report, Sections 4.2 – 4.7.

3.0 FINANCIAL IMPLICATIONS

3.1 Financial implications will be identified as part of the strategic planning process.

4.0 MAIN TEXT

4.1 Background

4.1.1 The Dundee Fairness Commission was established in 2015 to review poverty in the city, identify key causes and consequences, and arrive at policy and practical measures to address these. Commissioners considered the evidence on what has worked elsewhere to combat poverty and inequality, assessed the effectiveness of existing local efforts, and sought the views of those who have experienced poverty first hand. A range of principles and approaches were identified for future action including prevention, targeting, joined up services, and tackling stigma.

4.1.2 The Dundee Partnership is developing an action plan to set out how it intends to implement the strategic recommendations in the report relating to: Stigma; Work and Wages: Closing the Education Gap: Benefits, Advice and Support: Housing and Communities: and Food and Fuel. The Commission did not specifically consider health, but the issues it raises are relevant to the IJB and the Health and Social Care Partnership is key in supporting some of the recommendations.

4.1.3 The priorities of the IJB as set out in the Dundee Strategic and Commissioning Plan reflect many of the key themes in the Fairness Commission Report, both in terms of approaches and specific actions identified as being required to address the Health Inequalities which arise as a result of poverty, as well as other aspects of deprivation.

4.1.4 In addition, the NHS Tayside Health Equity Strategy – Communities in Control is being reviewed and refreshed as it is currently unclear whether the recommendations in the strategy, published in 2010 are being implemented as fully as they need to be across sectors.

4.2 Tackling Stigma

4.2.1 The Fairness Commission reported a hardening of attitudes towards people in poverty in recent years and stated that agencies and frontline staff should treat people in poverty, and those with disabilities, or mental health problems, with due respect and understanding. The Commission *recommends that poverty sensitivity training is delivered to all public sector frontline staff, voluntary organisations, businesses and the wider community*.

4.2.2 The Equally Well team, in conjunction with Welfare Rights staff, offers a half day training session on poverty sensitive practice, which has been well attended by a variety of service providers. Eighteen sessions are being delivered over a two year period. The Integrated Care Fund (ICF) provides resources for a co-ordinator to roll out the session further and key staff groups and staff from partner agencies have been identified to participate in the session over the next 12 months. Training programmes on sensory impairment to widen awareness of specific issues experienced by those affected have been developed and further training is being taken forward under the auspices of the See Hear Strategy. This includes the development of e-learning modules which are available to staff and providers of services (e.g. care home staff).

4.2.3 The Fairness Commission also recommends that peer support and volunteering opportunities are provided to share experiences across groups and communities. The IJB has committed to work with and invest in the third sector to develop a programme of activities to support the recovery of people with lived experience of mental health problems through the “Making Recovery Real” initiative. Part of this approach will be to develop peer support and volunteering, which will contribute directly to tackling stigma. Through the ICF the Partnership is testing a number of different models of support which include developing peer support models and are delivered through volunteers. In addition, Dundee Health and Social Care Partnership will continue to work with NHS Tayside to ensure continuation of best practice in relation to recruitment and retention of volunteers across Tayside.

4.3 Work and Wages

4.3.1 The Fairness Commission recognised that good employment provides a range of health and social benefits but that not all work is good for health or lifts employees out of poverty. Commissioners made a range of recommendations related to support of vulnerable groups and individuals who may face barriers to accessing or maintaining employment.

4.3.2 The IJB has already committed to actions within its Strategic and Commissioning Plan that support people to access training and employment, specifically through its links with further education institutes and employment social enterprises, and by amending its approach to employment support in line with the findings of the Dundee Partnership Employability Review. This review is now complete and work is underway to design a new gold standard employability service which will meet the needs of employers and potential employees, including those furthest from work.

4.3.3 Both NHS Tayside and Dundee City Council have backed the Carers Positive Initiative, which encourages employers to create a supportive environment in the workplace. Both employers have achieved “engaged” status and intend to work towards “established” and then “exemplary”.

4.4 Closing the Education Gap

4.4.1 The Fairness Commission found that living in a stressful home environment and in poverty can negatively influence children's attainment and that a multi-agency approach is required to tackle the attainment gap from early years until education is complete. An appropriate response must also include working with parents to raise aspirations and turn these into reality. As Corporate Parents the Integration Joint Board will continue to seek out opportunities to work collaboratively with the Integrated Children's Services Partnership to contribute to local initiatives such as the Attainment Challenge, including focussing on how reducing health inequalities can enhance the opportunities for children from the most deprived communities, and their parents/carers to meaningfully engage in education.

4.5 Benefits, Advice and Support

4.5.1 The Fairness Commission found that benefits sanctions are having a detrimental effect on income, lives, and mental health and wellbeing. It recommends that a range of support mechanisms are put in place to assist those people affected by welfare reforms, in particular, for benefit maximisation, sanctions, and advocacy support at interviews and appeals.

4.5.2 A number of direct supports are commissioned by the Integration Joint Board, including welfare benefits advice to carers in Dundee and advocacy services for identified priority groups (i.e. older people, those with mental health issues, those with learning disabilities and young people).

4.5.3 In addition, health and social care staff are supplying services and supports to people affected by these issues and will already be directing them to organisations that can provide specific financial advice and support.

4.5.4 The provision of a wide range of social prescribing support has been identified as a priority within the Strategic and Commissioning Plan and has been identified as a key factor in how Health and Social Care services can take a more preventative approach in the delivery of services and supports.

4.5.5 The Health Inequalities Commissioning Statement will describe in more detail how targeting of resources at more deprived areas can be scaled up.

4.6 Housing and Communities

4.6.1 The Fairness Commission noted that people living in inadequate housing and deprived communities often experience greater social isolation and poor mental wellbeing than those living in more affluent areas. It makes the recommendation that mental wellbeing for people and neighbourhoods should be improved by offering more community activities, which links directly to the IJB action to enhance support to improve mental wellbeing in areas which experience the greatest health inequalities.

4.6.2 A significant investment has been made through the Integrated Care Fund to build the capacity of communities to ensure people are able to look after and improve their own health and wellbeing and live in good health for longer. This Capacity Building Programme Funding has been made available for projects that adopt co-productive ways of working. Tackling social isolation has been identified as a priority as a result of consultation. This is being tackled by supporting community groups who wish to increase activities for adults and other people, developing collaborative approaches particularly with minority groups and through a Community Companion Scheme.

4.6.3 Equally Well has been working with those who live in areas of greatest deprivation to help communities to identify innovative tests of change to help improve the health and wellbeing of those communities and the individuals who live in them.

4.6.4 The Health and Social Care Partnership is fully committed to supporting community engagement being led by Community Learning and Development, both to add capacity to this work and to ensure that we are listening effectively and efficiently to communities in Dundee. In particular we are supporting engagement work in relation to the development of new Community Plans and the new Single Outcome Agreement to ensure that our local priorities mirror those of local people.

4.6.5 The Commission recommends that social prescribing should be made more available. The Health Inequalities Commissioning Strategy identifies two priorities in relation to social prescribing. 1) Supporting the use of the prevention framework toolkit developed on behalf of Dundee Partnership to provide a simple methodology for frontline staff to identify vulnerable people and support them to access services, and 2) Developing a sustainability and expansion strategy for the Sources Of Support (SOS) social prescribing scheme currently available in four GP practices. The latter will link to the development of new models of care highlighted in the IJB Strategic and Commissioning plan such as House of Care, community hubs and Enhanced Community Support Multi-disciplinary Team as part of GP cluster arrangements.

4.7 Food and Fuel

4.7.1 The Fairness Commission recognises that fuel poverty affects health and wellbeing and that foodbanks, whilst being a positive development in helping those struggling to eat, are also an issue of social justice that needs to be addressed more widely. Foodbanks are not only a source of food for people but are also a place that additional support and advice can be accessed. The IJB has committed in its Strategic and Commissioning Plan to supporting community engagement, co-production, co-location of services, community hubs and social prescribing approaches. We will therefore identify key partnerships and consider how best to ensure that there is appropriate access to support.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. No major issues have been identified.

6.0 CONSULTATIONS

The Community Planning Manager, Chief Finance Officer and the Clerk were consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer

DATE: 26 July 2016

A Fair Way To Go

Report of the Dundee Fairness Commission

May 2016

DUNDEE PARTNERSHIP

Contents

DUNDEE PARTNERSHIP

A full list of reference sources used in this report is available at:
www.dundeepartnership.com/content/dundee-fairness-commission

1 Foreword

Why are things so unfair? We can blame the austerity policies of the last few years or the failure to protect our industries from unfair competition. We can also point the finger at politicians, or globalisation, or alcohol and drugs or idleness. All of these things have an effect.

But I think the real answer is that prosperous people have stopped seeing the others who live in poverty. In their daily lives they don't see families living in poorly maintained, hard to heat, overpriced privately rented homes. The benefit cuts which hit unemployed parents hard have no visible impact on people in well paid jobs. Different schools located in different areas mean some pupils get far more qualifications and a head start in life while others are left behind.

Because there is such a separation in our city between the prosperous and the poor, some people explain unfairness by disbelieving disabilities, blaming the unemployed for getting sanctioned and disapproving of the single parent. Stigma is so corrosive and keenly felt by the people we heard from.

It's not always about money. It can also be about well meaning national and local bureaucracy failing to design services to suit the reality experienced by people who need to use them. The sheer complexity of the benefit system offers one example. Temporary homeless accommodation that no-one who works can afford to live in, is another.

This is why we needed a Fairness Commission. The idea was to bring influential and representative people together, let them listen to the real life stories and experiences of the people their organisations seek to serve, and let them hear from leading researchers and ground breaking groups and projects who work with people in poverty. We also arranged for the Commissioners to meet people living in difficult circumstances, caring for disabled or elderly relatives and living on very low incomes. We admired the resilience and sheer hard work that it takes to make ends meet while leading lives that must feel unremittingly harsh. The reality we found that hides behind faceless statistics prompted the kind of emotional response which can motivate real change. It certainly did for me.

We are now at the point where we say what needs done and who should do it. That's what this report is for. Many times over the last century, Dundee and its people have shown that they will care for and support their friends and neighbours who are struggling against poverty and we are confident that our citizens will again rise to this challenge.

I would like to thank my fellow Commissioners, who demonstrated a wealth of knowledge and expertise, open minds and a real willingness to find practical ways to achieve tangible change. Thanks also to Faith in the Community, Craigowl Communities, Shelter and Microdot Films for their professional approach and excellent work which greatly added to our understanding. And, finally, thanks to the officers of the City Council and the Dundee Partnership who have supported this process, and who will now consider and prepare the responses to our recommendations to make sure that Dundee is a city where no one is left behind.

Jimmy Black, Chair
May 2016

2 Executive Summary

To make sure that Dundee is doing all it can to achieve fairness across the city, the Dundee Partnership set up a Fairness Commission to:

- consider the nature, extent and impact of poverty in Dundee
- identify and investigate the key causes and consequences of poverty along with policy and practical measures to address these
- consider evidence of what has worked elsewhere to combat poverty and inequality
- assess the effectiveness of the efforts to date of Dundee City Council and the broader Dundee Partnership through the Fairness Action Plan for Dundee
- seek the views and involvement of those experiencing poverty first hand
- prepare a report for the whole Dundee Partnership with recommendations on additional priorities for action to tackle and reduce poverty in the city

We have worked over the last year to understand the challenges facing people in Dundee and to test out whether, as a city, we are doing everything we can to stop people from moving into poverty and giving them the best possible chance to move permanently out of poverty. Full details of all the meetings, presentations and reports can be found at:

www.dundeepartnership.com/content/dundee-fairness-commission

We also tried hard to hear the views of people across Dundee by listening to participants, visiting community cafes and, drop in services for homeless people, holding a public discussion with the Scottish Government's Cabinet Secretary for Social Justice and funding local research which has given a voice to many people who are experiencing real hardship.

As a result of our work we have concluded that the following key lessons and principles must underpin any work Dundee does from now on to reduce poverty and inequality in the city:

Poverty is neither inevitable nor acceptable and Dundee must do more to challenge it and prevent it occurring in the first place. We must speak out to tell the truth about the causes and effects of poverty on our children, our families and our communities.

Support and resources must be targeted to people and communities experiencing the greatest deprivation. Priority must be given to improve the life chances of children in poverty, especially all children who have had experience of care.

Approaches must be found that reach the majority of people in poverty. This will include the hidden and large number of individuals and families who are struggling to make ends meet even though they are in work.

All children in Dundee must enjoy the same life chances and good quality education is the essential first step towards a future with high hopes and aspirations.

All people, regardless of their income or other characteristics must be treated with respect in every aspect of their lives, especially when they are asking for support from public agencies.

Because of the high cost and limited availability of child care, part time working and low incomes, poverty is having a bigger impact on women, especially single parents. Our responses must take account of this and redress the balance.

People are particularly vulnerable when moving between jobs or between work and benefits. Services and employers must therefore be more sensitive and flexible to provide support which bridges this gap and stops people losing services or accommodation or running up debt.

Services must be better joined up to meet all the needs of individuals and families in poverty – in their localities wherever possible.

Because of the principle of a fair day's pay for a fair day's work, every job in Dundee must pay the Living Wage at least. The Fairness Commission recognises a Living Wage as the rate calculated annually by the Scottish Living Wage Campaign (currently £8.25) as opposed to the rate referred to by the UK government as the national living wage.

This report is for all our communities and everyone who cares about inequality in Dundee including all our public, voluntary and private sector partners. It includes recommendations for change at a national and local level for the UK Government (UK), the Scottish Government (SG), all members of the Dundee Partnership (DP) and, where relevant, Dundee City Council (DCC).

We now call on the Partnership to:

- work with the people of Dundee to prepare an action plan within six months setting out how they are going to implement our strategic recommendations relating to Stigma; Work and Wages; Closing the Education Gap; Benefits, Advice and Support; Housing and Communities; and Food & Fuel
- demonstrate how by working together, partners will more effectively reduce poverty and inequality than by acting alone
- publish a progress report annually until at least 2022 so that there is a clear and ongoing commitment to deliver improvements
- provide long-term funding and support to enable partners in the voluntary sector to work with people in poverty to influence the Partnership's plans by giving them an ongoing voice in efforts to tackle poverty in Dundee
- campaign for changes to the relevant legislation to end the punitive aspects of the welfare system and to introduce employability support which will genuinely help people into the sustainable employment which will lift their families out of poverty

3 Poverty in Dundee & Opportunities for Dundee

Poverty Data for Dundee

- The Scottish Index of Multiple Deprivation (SIMD) 2012 stated that of the 144,290 people estimated to be living in Dundee City 42,125 people lived in areas ranked within the 15% Most Deprived in Scotland. This is just under 30% of the population, so Dundee City has the third largest percentage of its population living in the 15% Most Deprived areas
- 28% of children in Dundee are classed as living in poverty, the second highest percentage anywhere in Scotland. This equates to one in four children
- Based on income deprivation, 8,562 children (0-15 years) live in the areas ranked within the 15% most income deprived according to the SIMD. Dundee City is the Local Authority with the second highest percentage of its children (35.5%) living in areas within the 15% most income deprived in Scotland
- The % of working age population in Dundee claiming jobseekers allowance has increased from 4.7% in 2009 to 5.5% in 2012 and remains above the Scottish average
- Referrals to Dundee Food Bank increased by 18% to 4,368 in 2015/16
- 32% of pensioners in Dundee are in receipt of pension credit, almost twice the overall Scottish figure, ranging from 44% in Coldside to 14% in The Ferry
- Long-term unemployment in Dundee City has historically been higher than the Scottish national average. Since 2010, the number of Jobseekers Allowance (JSA) recipients claiming for more than 12 months has been substantially higher than the rest of Scotland, reaching 2% of the working age population of Dundee by 2012. Since 2012, visible long-term unemployment in Dundee City has been approximately twice that of the Scottish national average
- Between August 2014 and August 2015, the number of people claiming Disability Living Allowance (DLA) decreased from 11,430 to 10,940
- the Minimum Income Standard reported by the Joseph Rowntree Foundation in 2015 confirms that slow earnings growth and price increases have made households worse off compared to 2008 by a minimum of £450 and as much as £4,000 per year

What you told us

"I just hope that children surviving (not living) in poverty are provided with things to meet their needs."

"Living in Kirkton I see the daily struggles of families; including my own. I struggle to afford anything over and above the necessities and even then, barely managed to afford a new washing machine when my old one broke, that one I had managed to get from a free site out of the kindness of someone's heart."

"Having faith in all of our people and working in a spirit of genuine partnership will help in the fight against poverty."

Opportunities for Dundee

While employment is not yet the guarantee of a life free from poverty, it is still the best route available to provide households with a reasonable and sustainable income. That's why the development of the city's economy and the jobs it will create and protect are so important to the Dundee Partnership.

Despite the challenging economy and the austerity measures which are causing so many difficulties, Dundee continues to take ambitious action to transform the shape and the fortunes of the city with the intention of creating the jobs we need to provide real opportunities for our people.

The city remains committed to capture the opportunities from renewables energy investment in coming years, particularly in relation to operations and maintenance work. Dundee is also being positioned to take advantage of decommissioning work from the offshore oil and gas sectors

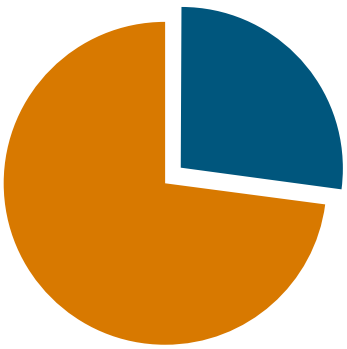
Dundee Waterfront, with the emerging V&A Museum of Design, has the potential to secure investors and create a significant number of jobs by attracting new companies to invest in waterfront sites

Dundee is strong in a range of employment and academic sectors including a well established creative industry sector which employed 2,800 people in 2014 and the UNESCO City of Design status shows that Dundee can build on our growing reputation in many areas such as the video games development industry. Over the last four years, the digital sector alone has doubled in size, contributing over £60m to the local economy.

There are already signs of real growth in tourism and hospitality jobs in the city as it becomes more attractive as a visitor destination. While some jobs in these sectors may not be the best paid initially, the city's new employability approach will aim to help people to move on from entry level jobs.

"The number of semi-skilled jobs has fallen dramatically. A revolving door, rather than an escalator, is the experience of many low-wage earners."

Jim McCormick, Joseph Rowntree Foundation



28% of children in Dundee are classed as living in poverty

32% of pensioners in Dundee are in receipt of pension credit

Dundee households worse off by a minimum of £450 and as much as £4,000 per year

4 The Work of the Dundee Fairness Commission

What was our job?

Despite enormous and ongoing efforts by people and organisations in Dundee, it is clear that the current economic climate and the process of continuous welfare reform are increasing levels of deprivation in Dundee. To make sure that the city is doing all it can to achieve fairness across the city, the Dundee Partnership set up a Fairness Commission for Dundee.

The Dundee Fairness Commission was asked to:

- consider the nature, extent and impact of poverty in Dundee
- identify and investigate the key causes and consequences of poverty along with policy and practical measures to address these
- consider evidence of what has worked elsewhere to combat poverty and inequality
- assess the effectiveness of the efforts to date of Dundee City Council and the broader Dundee Partnership through the Fairness Action Plan for Dundee
- seek the views and involvement of those experiencing poverty first hand
- prepare a report for the whole Dundee Partnership with recommendations on additional priorities for action to tackle and reduce poverty in the city

Who are we?

The Fairness Commission has brought together elected members, community members and leading figures from voluntary and statutory organisations. Some have recognised experience and expertise in supporting people on low incomes. The causes and consequences of poverty are complex and any realistic response will inevitably require bodies from all sectors to play a full and active part. That's why the Commission was set up under the auspices of the Dundee Partnership which is the organisation that unites everyone in the city to work together to improve the quality of life for everyone who lives here.

All members of the Commission played a full and active part in its work. They have all reflected deeply and been inspired by the way that many people in Dundee on low incomes are struggling to get by in the face of public attitudes and policies and systems which can make difficult lives even harder. Full details of the members of the Commission are given in Appendix 1 where each member shares their thoughts on their experience.

What did we do?

We have worked over the last year to understand what the challenges are facing people in Dundee and to test out whether, as a city, we are doing everything we can to stop people from moving into poverty and giving them the best possible chance to move permanently out of poverty.

In addition to contributions from our members, we took evidence from a range of experts representing national organisations like the Joseph Rowntree Foundation, the Child Poverty Action Group in Scotland and the Poverty Alliance. We had presentations from leading academics from Glasgow Caledonian University, University of Strathclyde and University of Stirling. We heard of best practice from elsewhere in Scotland from the Wheatley Group, Renfrewshire Council and the Trussell Trust. Full details of all the meetings, presentations and reports can be found at:

www.dundeepartnership.com/content/dundee-fairness-commission

We also tried hard to hear the views of people across Dundee. The next section of this report will tell you much more about it, but members of the commission have visited community cafes, drop in services for homeless people, attended meetings with the Scottish Government's Cabinet Secretary for Social Justice and funded local research which has given a voice to many people who are experiencing real hardship. We are grateful for the honest and powerful personal stories that have been shared with us and these have motivated us to do everything we can do improve the way Dundee responds.

What have we agreed?

Members of the Commission quickly realised that many of the most important factors that cause poverty in Dundee are not controlled by organisations in within the city. It became clear that policies like welfare reform, fit for work assessments and the provision of employment support are shaped by the UK and Scottish Governments. Unless some of these policies change, Dundee will be fighting an uphill battle to lift all of our people out of poverty. So where it is needed, we are recommending that Dundee campaigns to change national policies and legislation so that UK and Scottish Governments live up to their commitments to reducing child poverty and creating greater social justice.

But even without changes at a national level, we can do more in our city to improve our services and the practical support we offer. We are recommending that Dundee takes action across a range of issues that can be causes and consequences of low incomes – stigma; work and wages; closing the education gap; benefits and advice, housing and communities; food, fuel and household bills. We will consider each of them in detail later in this report setting out what we learned, what members of the public told us, what is working well in Dundee before making our clear recommendations.

But on top of these, we wanted to set out some of the key lessons and principles which must underpin any work Dundee does from now on to reduce the poverty and vast inequality in the city.

Poverty is neither inevitable nor acceptable and Dundee must do more to challenge it and prevent it in the first place. We must speak out to tell the truth about the causes and effects of poverty on our children, our families and our communities.

Support and resources must be targeted to people and communities experiencing the greatest deprivation. Priority must be given to improve the life chances of children in poverty, especially all children who have had experience of care.

Approaches must be found that reach the majority of people in poverty. This will include the hidden and large number of individuals and families who are struggling to make ends meet even though they are in work.

All children in Dundee must enjoy the same life chances and good quality education is the essential first step towards a future with high hopes and aspirations

All people, regardless of their income or other characteristics must be treated with respect in every aspect of their lives, especially when they are asking for support from public agencies

Because of the high cost and limited availability of child care, part time working and low incomes, poverty is having a bigger impact on women, especially single parents. Our responses must take account of this and redress the balance where possible.

People are particularly vulnerable when moving between jobs or between work and benefits. Services and employers must therefore be more sensitive and flexible to provide support which bridges this gap and stops people losing services or accommodation or running up debt.

Services must be better joined up to meet all the needs of individuals and families in poverty – in their localities wherever possible.

Because of the principle of a fair day's pay for a fair day's work every job in Dundee must pay the Living Wage at least. The Fairness Commission recognises a Living Wage as the rate calculated annually by the Scottish Living Wage Campaign (currently £8.25) as opposed to the rate referred to by the UK government as the national living wage.

What happens next?

This report is for the all our communities and everyone who cares about inequality in Dundee including all our public, voluntary and private sector partners. It includes recommendations for change at a national and local level for the UK Government (UK), the Scottish Government (SG), all members of the Dundee Partnership (DP) and, where relevant, Dundee City Council (DCC).

We now call on the Partnership to:

- work with the people of Dundee to prepare an action plan within six months setting out how they are going to implement our strategic recommendations relating to Stigma; Work and Wages; Closing the Education Gap; Benefits, Advice and Support; Housing and Communities; and Food & Fuel
- demonstrate how by working together, partners will more effectively reduce poverty and inequality than by acting alone
- publish a progress report annually until at least 2022 so that there is a clear and ongoing commitment to deliver improvements
- provide long-term funding and support to enable partners in the voluntary sector to work with people in poverty to influence the Partnership's plans by giving them an ongoing voice in efforts to tackle poverty in Dundee
- campaign for changes to the relevant legislation to end the punitive aspects of the welfare system and to introduce employability support which will genuinely help people into the sustainable employment which will lift their families out of poverty

5 Hearing & Learning from You – Engaging with Communities

Gathering Experiences of Poverty in Dundee 2015

Ever since the Partnership decided to do more to make Dundee a fairer city, there has been an ambition to create a way to give a voice to those experiencing poverty in Dundee. The Commission followed through on this by asking local voluntary organisations to work together to engage with individuals, organisations and communities who could offer a crucial perspective to our work.

The small scale research project was co-ordinated by Faith in the Community Dundee supported by Shelter Scotland in Dundee and Craigowl Communities. Additional support was provided by the University of Dundee with technical support from Microdot Films and Richard Langton, Independent Service Design.

This project surveyed 147 people who use support agencies that are provided by a range of organisations in Dundee. In depth interviews with individuals were carried out along with focus groups and these complemented the findings of the original surveys. A series of short videos were produced to portray individual cases, telling their stories of living in poverty from different perspectives and life experiences.

The project ended with a joint seminar discussing the results with over 28 local people joining in a group of 70 participants including all the members of the Commission.

The Commission would like to thank all of the participants and organisations who took the time and effort to give us their views. A full list of the 18 projects that completed questionnaires with their clients is given in appendix 2

Further Community Engagement

The Commission undertook additional on line and face to face engagement with other interested parties:

- monthly on line surveys – key themes emerged relating to homelessness, welfare reform, sanctions and finding work
- visits to Community Cafes in Lochee to meet clients and organisers
- study visits to Job Centre Plus and Triage to sit in on interviews and to meet clients and staff
- public discussion event with Cabinet Secretary for Social Justice, Communities and Pensioners' Rights
- a half day conference on awareness and recommendations with community representatives from across Dundee
- workshop by Poverty Alliance on local action to tackle poverty
- open meetings of Commission with public encouraged to play a full part

Full details of this engagement are available on the Fairness Commission's website at:

http://www.dundeepartnership.com/content/dundee-fairness-commission

What people told us

"I really felt listened to. They fed back what we said so I know they actually heard us. For the first time, I don't feel so alone."

"I think it's good that they talked to us, but they need to follow through on what needs to be done. People need to keep the pressure on them"

"It's all fine writing things on a notepad and getting emotional but we need to see change otherwise we're still in it all the time. What's the point?"

"We need feedback, an outcome, change."

Poverty is neither inevitable nor acceptable and Dundee must do more to challenge it and prevent it in the first place. We must speak out to tell the truth about the causes and effects of poverty on our children, our families and our communities.

6a Findings and Recommendations - Stigma

The Facts

Over 80% of people in Scotland think that it is important to tackle child poverty and almost 90% believe there is some, or quite a lot of child poverty across Scotland. However, 87% of people mistakenly believe that this is caused by parents suffering from alcoholism, drug abuse or other addictions. Even worse, 29% believe that this is the main cause of child poverty.

People with physical disabilities are more than twice as likely as able bodied people to experience material deprivation. Where family members have a disability (either adults or children) average incomes are reduced and in particular the chances of having a good income are much reduced.

Families with a child with a disability experience higher levels of debt and social exclusion. Where childcare for children with a disability is available, it is more expensive; in some cases up to 5 times as much as for an able-bodied child.

Because of the extra costs of disability, the proportion of adults with a disability living in poverty is much higher. Those who are already disadvantaged are at greater risk of becoming disabled.

Poverty can trigger depression and anxiety. Mental health problems can be a major obstacle to being ready for and finding work.

What we found

There has been a hardening of public attitudes to poverty in recent years as a result of an ongoing stream of mainstream media stories and programmes giving unrepresentative depictions of people receiving benefits and living on low incomes. This is having an impact on the daily lives of people in poverty due to the regular use of stigmatising language and behaviour.

A hearts and minds approach is needed in Dundee and throughout Scotland to change the views of anyone who believes that people choose or cause their own poverty. A different picture of why people find themselves in poverty and what it does to themselves and their families is urgently needed. People's stories can be the most powerful way to help people to better understand.

People in poverty often do not receive the respect and understanding they should be able to expect from agencies and front line staff. Awareness raising training on poverty sensitivity is urgently required.

The Poverty Alliance's Stick Your Labels campaign gives a positive platform for tackling stigma. The Commission endorses the campaign's beliefs that poverty is not inevitable, that attitudes matter and affect how people on low incomes are treated, and that positive action across society will be needed to address the prevalence of such negative attitudes.

The impact of stigma on employment due to poverty, disability or status has to be addressed in any new employability services which are commissioned for people in Dundee or for Scotland as a whole.

What is already happening?

Dundee City Council has signed up to the Poverty Alliance's Stick your Labels campaign.

Dundee Partnership is expanding its programme of poverty sensitivity training over the next year.

The Gathering Experiences of Poverty engagement, report and films are giving a direct voice to people in Dundee who are struggling against hardship.

The Dundee Drop In research work has highlighted the needs of people who are homeless and the most vulnerable and excluded.

What people told us

"A bit of respect wouldn't go amiss."

"We are constantly disbelieved and treated like scroungers."

"It is so depressing. Staff treat us like cattle. No compassion or kindness, just a number to be processed."

"I was on a knife edge. I would've lost my family, lost everything"

Recommendations

The Commission heard over and over again of the burdens that people in poverty and people with disabilities have to carry and how they can be treated day and daily. We stand in awe of them, not in judgement as is too often the case. Because of what we believe about the dignity, resilience and potential of all people in Dundee, we make the following recommendations to the UK Government (UK), the Scottish Government (SG), all members of the Dundee Partnership (DP) and, where relevant, Dundee City Council (DCC):

- work with the media to paint an honest picture of life on low incomes in Dundee and challenge myths and negative stories about people in poverty (SG/DP/DCC)
- put the Stick your Labels campaign into practice and show real action to change bad attitudes (SG/DP)
- address the impact of stigma in the delivery of all services to the public including employability and benefit support (SG/DP/DCC)
- recruit Chief Officers of partners to commit to stigma free culture and practice in their organisations (DP)
- deliver awareness raising and poverty sensitivity training to all public sector front-line staff, voluntary organisations , businesses and the wider community(DP)
- provide peer support and volunteering opportunities to share experiences across groups and communities (DP)
- develop a way to measure improvements in public attitudes to poverty in Scotland and Dundee (SG/DP)

6b Findings and Recommendations - Work and Wages

The Facts

- 31% of the working age population in Dundee is economically inactive, compared to 23% in Scotland.
- The largest group of benefit claimants in Dundee receive Employment Support Allowance (ESA) and Incapacity Benefit (IB) – this is almost 10% of the working age population in Dundee.
- In Tayside, there are 4.5 unemployed people for every job vacancy
- 3,500 unemployed people receive Job Seekers Allowance (JSA) with 20% turnover each month.
- Long-term Unemployment in Dundee is higher than for the rest of Scotland.
- Since 1990, almost 10,000 manufacturing jobs have been lost in Dundee largely replaced by historically high rates of employment in the public sector including Dundee City Council, NHS Tayside, Further Education and Higher Education
- In 2013/14, 48% of working age adults in poverty before housing costs were living in working households, as were 56% of children in poverty.
- In 2013/14, 50% of working age adults in poverty after housing costs were living in working households, as were 56% of children in poverty.
- Dundee has lower gross weekly pay levels across full and part time workers than Scotland overall. The gross weekly pay for a full time worker in Dundee was £467 compared to £518 for Scotland.
- In 2014 almost 23% of people in Dundee East were earning less than the Living Wage as set by the Scottish Living Wage campaign. In Dundee West, it was lower at nearly 12 %

What we found

From the excellent Good Work for All briefing by NHS Health Scotland, we learned that:

Good work provides a decent income, widens social networks and gives people a purpose. The health benefits of good work extend beyond working-age adults to their children.

For working-age adults, not having a paid job is bad for health, increasing the risk of premature death by more than 60% and increasing the risk of illness, especially poor mental health.

Not all work is good for health. Up to one-third of jobs fail to lift families out of poverty and can increase workers' risk of illness, injury or poor mental health. For some people, working in these jobs may be no better for their health than being unemployed

Poor terms and conditions (including zero hour contracts) mean that people in poverty are more likely to be living in working households.

Due to the decrease in semi-skilled jobs, many people have to take lower skilled and lower paid jobs which increases the risk of poverty. Access to in-work training also decreases significantly when people are paid below the living wage and this can create a cycle of people trapped in low paid jobs.

At least one third of lower paid workers are currently in receipt of working tax credits, and this increases further where employees have a disability. Given the forthcoming changes to tax credits, their financial position is likely to become poorer.

Unemployment remains stubbornly high when compared with the rest of Scotland. This applies across the age groups, and is high across all age groups. The gap with Scotland widens with duration of unemployment and is at its widest for men over 50 in long term unemployment.

Compared to the other major cities in Scotland, Dundee has the highest proportion of people working part-time.

Overall, unemployed people in Dundee are further from work than in many other areas, and this has significant implications for the design and focus of a local employability service, and for the need to integrate or at least align the Work Programme after its devolution. Targeted support is needed for people of all ages further from the workplace and in, or at risk of, long term unemployment

There is evidence of a 'jobs gaps' in Dundee – in other words there is a mismatch between those seeking work and the numbers and types or jobs available. Similarly, there is a gap between the availability and demand for community learning and part-time courses at further education colleges to support adults who want or need to re-engage with work but lack confidence.

Employers need to be supported to provide more training and employment opportunities. The Waterfront and V&A development offers a chance to maximise job, training and learning opportunities for people in Dundee and establish best practice.

The Living Wage as endorsed by the Scottish Living Wage campaign is a crucial practical commitment which is needed across all sectors. Leadership is required from public sector in particular. People being paid below the Living Wage have less access to in-work training and development.

Making a commitment to the Living Wage is an integral part of the Scottish Business Pledge which encourages companies to adopt a range of modern business practices that embrace fairness and equality. Other components include not using exploitative zero hours contracts and investing in youth.

Flexible and affordable childcare is essential to enable parents (in particular women and lone parents) to secure sustainable employment and meet all too often unrealistic claimant commitments.

People with disabilities are at extra risk of low pay. They face particular obstacles in accessing secure, sustainable employment including childcare, access and wage levels.

Over a third of workers receiving working tax credits are in retail, health and social care jobs.

Additional factors affect low income including the number of working hours and other costs incurred relating to transport, childcare and food.

Volunteering can be a positive route towards work. This needs to be encouraged despite challenges caused by claimant commitments and the introduction of mandatory volunteering (commonly known as Workfare) which puts claimants at risk of sanctions and undermines genuine volunteering and job creation.

Membership of a trade union can enhance the wages, conditions and access to in-work training and development of employees.

What is already happening?

Public sector partners are increasingly committed to securing community benefits like training, apprenticeships and local employment through the contracts they award using public money.

The city has embarked upon ambitious plans for a new, fully integrated 'world class' employability service.

Plans are progressing to attract a £400m City Deal for Dundee and the surrounding area.

The number of young people leaving school in Dundee who are going into training, education or employment is steadily increasing.

The Council and others are delivering on their commitment to help young people leaving care to find work through the Family Firm approach. This involves giving the young people the personal guidance and support that others might receive through their family members and connections.

31% of the working age population in Dundee is economically inactive, compared to 23% in Scotland.

What people told us

"We need affordable childcare for working families. Both my husband and I work yet my work hours are restricted due to childcare issues. We have to rely on family and friends and they are not always available"

"Being honest, I haven't seen any support due to the fact both of us do work so we do not qualify for much."

"I am a hard working, conscientious worker who has a lot to offer. Yes, I have medical conditions that can at times make me unwell, however, I manage my condition well and can ensure I am able to carry out my work duties. However employers in Dundee seem to think they are doctors and have actively discriminated against me due to my conditions."

"I'm 59 and I'm on JSA. I go for interviews and compete with 100 young people - I have no chance. I have to apply for jobs that I'm not even qualified for in order to meet my job hunting quota of 15 per week. I'd be better off dead than living like this."

"I use Job Centre, Triage and Job Clubs. The jobs I can apply for are cleaning, posties etc. I'm 59 - no one wants me."

"We are made to apply for jobs we stand no chance of getting or face sanctions."

"No real jobs, no careers. Pointless! It makes me despair!"

Recommendations

According to the Joseph Rowntree Foundation, a key to tackling poverty is to create good jobs, not just more jobs. While good employment can change lives, bad employment can harm lives. We are encouraged and uplifted by the efforts to create and maintain jobs in the city but we have also heard too many examples of where honest, hard work has gone unrewarded. Because of what we believe about a fair day's pay for a fair day's work, we make the following recommendations to the UK Government (UK), the Scottish Government (SG), all members of the Dundee Partnership (DP) and, where relevant, Dundee City Council (DCC):

- make Dundee a Living Wage City and adopt a Fair Work charter for employers in Dundee (DP/DCC)
- demonstrate leadership by achieving Scottish Living Wage accreditation (DP/DCC)
- recruit more employers to the Scottish Business Pledge including commitments to the Scottish Living Wage and fair family practices (DP)
- campaign for an end to Zero Hours contracts (UK/SG/DP)
- all partners should increase the ratio of staff they employ who are resident in Dundee's community regeneration areas (DP)
- make the new, joined up employability service a reality and target greater support to those most at risk of long term unemployment and make demonstrable progress towards this over the next six months(DP/DCC)
- secure commitment from local employers to provide in-work training and development to allow people to progress to better pay and job security (DP/DCC)
- design and deliver employability and training to meet the needs of local companies who are committed to providing fair work (DP)
- demonstrate that construction and development of V&A and The Waterfront and other economic initiatives benefit local people through greater job, and accredited training and learning opportunities (DCC/DP/SG)
- provide support to excluded groups who face particular obstacles in accessing secure and well-paid work due to their disability, race or poverty (SG/DP/DCC)
- work with employers to pay flexible weekly wages to help people move securely into employment (SG/DP)
- encourage trade union membership as a means of tackling in-work poverty (SG/DP)
- increase availability of flexible, affordable and high quality childcare (SG/DP/DCC)
- campaign for the Scottish Government to replace the Work Programme with a service that will provide realistic and supportive help to enable the majority of people to move towards paid work (SG)
- campaign to end mandatory volunteering as part of claimant commitments and take measures to discourage companies and organisations from supporting it locally (UK/SG/DP/DCC)
- provide financial capability support to help people and their employers make the transition to Universal Credit and manage income and debt. (SG/DP)

6c Findings and Recommendations - Closing the Education Gap

The facts

- 28% of S4 pupils in Dundee achieved 5 plus awards at level 5 (Intermediate 2 Credit Standard Grade) in comparison to the Scottish average of 40%. (2013/14)
- The percentage of pupils in S4 achieving 5 plus awards at level 5 in Dundee was 19% in the lowest performing school and 57% in the highest performing school. A difference of 40% between these two schools. (2013/14)
- The percentage of total school leavers attaining literacy and numeracy at level 5 was 46% in Dundee in comparison to a national figure of 56%
- The percentage of school leavers attaining literacy and numeracy at level 5 ranges across the City, the lowest percentage being in Strathmartine Ward at 33% of school leavers attaining literacy and numeracy at level 5, the highest percentage was 69% of school leavers in The Ferry (2014/15)
- Of the 4772 children aged between 3 and 5 in Dundee in 2014/15, only 3,530 took up their funded part time pre school education place
- Dundee's secondary schools have the highest rate of exclusions amongst Scottish Local Authorities – almost double the average for Scotland
- Compared to the rest of Scotland, fewer pupils from Dundee progress to university but more go to further education colleges.
- One in three children in Dundee attend schools outside their designated catchment area

What we found

Living in a stressful home environment or family is closely associated with poverty and both of these can influence children's attainment.

By the time a child born into poverty reaches school, she is already trailing up to 15 months behind more affluent classmates in almost every aspect of life.

Other factors which can affect the attainment gap include; parental guidance, support and investment; teaching practice and expectations; the level of school exclusions; improved use and targeting of existing resources to pupils and schools that need more support; income inequality.

Deprivation continues to have a large influence on attainment. There are significant differences in attainment between pupils from deprived areas and those from more affluent areas in Dundee. However, some schools across Scotland have achieved better attainment results than their levels of deprivation would indicate, suggesting that the gap between the lowest and highest performing schools cannot be wholly attributed to different levels of deprivation.

Overall, the attainment gap remains too high in Dundee and more non academic measures of success are needed to enable pupils to achieve and demonstrate their worth to potential employers.

There are considerable hidden costs associated with attending school and during the school holidays. Significant extra costs for families include uniform, transportation, resources and extra curricular activities. These are some of the many ways that pupils from low income households can experience stigma and exclusion.

Take up of uniform grants and free school meals is not maximised and meals may not be available for children during school holidays.

Exclusions in Dundee schools are significantly higher than the national average and this will undermine the potential of young people who are lost to mainstream education.

A multi-agency approach is required to meet all needs of the child from Early Years settings until education is complete. This will involve the work of a broad partnership including schools, further and higher education, trades unions, employers and, crucially, parents and carers.

Parental aspiration for children with lower attainment is often high but action is needed to support parents and young people to widen their horizons and to turn these aspirations into reality.

Placing requests can impact negatively on the success of a school by encouraging the most able pupils to attend schools out with their communities.

Further education colleges often increase the academic and vocational success but funding is reducing the numbers of young people who can be enrolled.

The cost of travel and entry to cultural and leisure facilities are often unaffordable and in-accessible for low income families with children.

What is already happening?

The Aspire initiative is promoting confidence and achievement through an artistic and creative programme in targeted schools across the city.

Over £2m for each of the next three years has been allocated to Dundee to support the Scottish Attainment Challenge which aims to tackle the gap in attainment between our most and least deprived communities. It will improve activity in literacy, numeracy and health and wellbeing.

All schools in Dundee are implementing measures which are already reducing the number of exclusions.

School clothing grants are to be increased in 2016/17 by up to 80% to £81 for primary and secondary pupils. The process of applying for school grants has been simplified and integrated with other Dundee City Council systems.

Funding from the Robertson Scholarship has been secured to provide 20 annual bursaries to secondary school pupils moving to university.

An additional 21 family support and development workers have been appointed to provide a broad range of assistance to pupils and families.

Additional Support for Learning staff have been targeted to schools in less affluent communities.

The Family Splash pilot is being expanded. This initiative gave families in Lochee cheap and supported access to swimming and family development opportunities in a fun, healthy setting.

What people told us

"During holidays it is hard for families as there is no money to do things."

"Holiday programme from Lochee Pathfinder helps as it gives free activity for kids and they get a meal."

"People require engaging education that not only offers core academic skills but also life skills. These skills should include social skills, employability, budgeting, parenting, managing a home, lifestyle choices, cooking skills and the benefits of volunteering and being an active citizen."

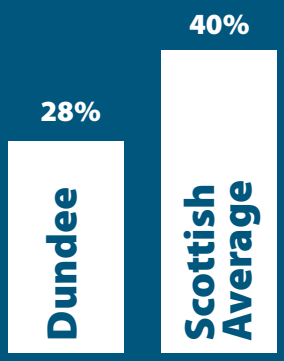
"Change the school clothing grant. Dundee has one of the lowest in Scotland. This has to increase."

Recommendations

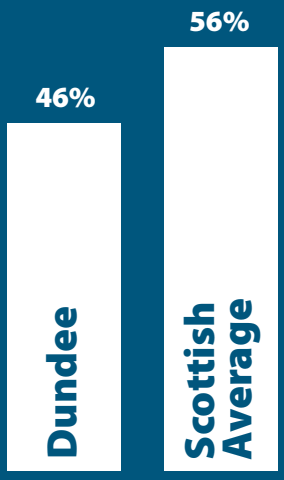
It is simply not right that by the time a child born into poverty reaches school age he or she is already trailing behind their more affluent classmates in almost every aspect of life. We believe that good quality education is the essential first step towards a future in which horizons are lifted for these children. This is currently undermined by the burdensome consequences of the cost of the school day. Because of what we have heard and what we believe we make the following recommendations to the UK Government (UK), the Scottish Government (SG), all members of the Dundee Partnership (DP) and, where relevant, Dundee City Council (DCC):

- Commission a project to address the Cost of the School Day and Holidays to both reduce stigma and the hidden costs of attending school and associated activities in Dundee (DCC)
- Demonstrate that measures including the Scottish Attainment Challenge funding and projects are closing the educational gap by improving results for children and young people attending schools that serve less affluent pupils and families (DCC)
- Give greater priority to significantly reducing the attainment gap than marginally increasing average attainment for the city (DCC)
- Markedly reduce the level of school exclusions in Dundee from 0.08% to no more than the Scottish average of 0.04%(DCC)
- Improve school results and positive destinations for looked after children and those who have had experience of care in Dundee (DP/DCC)
- Examine the link between lower attainment for pupils and the relationship to poor mental health (DCC)
- Work with parents to take up pre school education and support their children to reach their best possible levels of attainment and promote parental learning(DP/DCC)
- Make sure that every eligible family receives the support with school meals and uniform grants they are entitled to (DCC)
- Recruit local businesses to work in partnership with every school and pupil to increase job readiness and employment aspirations (DP/DCC)

- Offer attractive and effective vocational school activities and programmes, including work experience, to provide a positive, alternative route to employment (SG/DP/DCC)
- Fund further education colleges to build the academic and vocational success of young people (SG)
- Expand free or affordable family learning and leisure opportunities (DP/DCC)
- Promote a national debate on the advantages and disadvantages of parental choice of schools. (SG)



28% of S4 pupils in Dundee achieved 5 plus awards at level 5



The percentage of total school leavers attaining literacy and numeracy at level 5 was 46% in Dundee

6d Findings and Recommendations – Benefits, Advice and Support

Key Facts

For Dundee City the current estimate is that welfare reforms since 2010 have taken £56m out of the economy amounting to a reduction of £560 a year for every working age adult.

- In Dundee at August 2015, there were 17,540 benefit claimants.
- In relation to referrals for benefit sanctions (the partial or total withdrawal of a person's income), the decision to apply a sanction in Dundee City was at 40% in September 2014 and 51% in September 2015. The decision not to apply a proposed sanction increased from 25% to 32% over the same period.
- During the period September 2014 to September 2015 there were 3,249 JSA sanction decisions made for residents of Dundee City. The figure ranged from 403 sanctions in September 2014 to 210 in September 2015. In Scotland overall the figure ranged from 8,523 in September 2014 to 3,849 in September 2015. The number of JSA sanctions represents 6.9% of JSA Dundee City claimants and 5.8% across Scotland.
- During the period January to September 2015, the number of Scottish Welfare Fund applications in Dundee fell by 1,022 or 14% when compared to the same period in 2014. The number of applications in Scotland also reduced by 859 applications or 1%.
- The number of claims for Personal Independence Payment (PIP) continues to rise as this benefit replaces Disability Living Allowance. In September 2015 there were 1934 PIP claims, an increase of 1551 from September 2014.
- Over £12.7m in benefit payments were secured for clients by advice providers in the city. A further £7.7m in debts were rescheduled for clients.

What we found

Benefit sanctions are having an enormous and detrimental impact on the incomes, lives and mental health of claimants and dramatically increase levels of absolute poverty. People told us that sanctions were applied unfairly, unsympathetically and erratically, and were neither effectively explained nor communicated to people who were about to lose some or all of their benefits.

According to feedback from local advice providers, common reasons for sanctions were reported as including failure to apply for enough jobs or completing job searches online; cancelling, being late or failing to turn up for appointments even when explained or caused by emergencies; letters not being received on time or at all.

At the same time, Council, voluntary sector and DWP colleagues are looking at ways to reduce the level and impact of sanctions. The approach taken to sanctions may vary between DWP and Work Programme providers. While levels of sanctions are steadily decreasing, any sanction will make it virtually impossible to afford the basics which any person requires to lead a safe and healthy life.

An independent review into sanctions for claimants on Job Seeker's Allowance (JSA) carried out by Matthew Oakley on behalf of the DWP made many positive recommendations regarding alternatives to financial sanctions which should be implemented including the need to identify non-financial measures and agreement to the principle that no one should be left without any money to live on.

A broad range of measures are being implemented by Dundee City Council and partners (including DWP) to alleviate the consequences of welfare reform including:

- outreach advice to local communities
- additional digital on line access and support to manage claims
- support with form-filling, budgeting and fuel poverty
- early intervention pilots in Job Centre Plus
- welfare rights advisers being co-located in GP practices
- co-locating the CONNECT team in the Job Centre to raise awareness of Universal Credit and in-work entitlements for low paid workers
- ongoing commitment to Discretionary Housing Payments to provide assistance with rent costs
- administration of the Council's Hardship Fund

Additional challenges will be created by the introduction of Universal Credit and Personal Independence Payments

There is an ongoing need to address the management of benefit claims to ensure that people understand what is expected of them and that agreed claimant commitments are fair, reasonable and achievable.

People feel very stressed and unfairly treated at fit for work assessments and would welcome advocacy support to attend assessments and to make appeals against unfavourable decisions.

What is already happening?

Work continues to be undertaken by Dundee City Council and partners to alleviate the consequences of welfare reform.

Innovative early action is being taken locally to avoid sanctions and support is improving to help people to meet claimant commitments.

The expanding network of venues offering digital inclusion and access to online job search is helping more people to manage their claims.

Help is offered to access crisis payments and joining up with other support.

Advice services are reaching out to priority groups and finding ways to work better together. Long term planning and co-ordination of services is difficult due to short term funding received from a variety of sources.

What people told us

"I feel like it is draining the life out of me. It doesn't matter how much you try to look for a job you still get sanctioned over the smallest thing. People at my age worry about will they lose their house and you feel like you have lost your dignity."

"The Scottish Government and DCC have both put things in place to soften the impact of these re-forms, good on you. Show people you understand. Show compassion."

"I have had problems with complying with my client commitment as I'm 59 and lost my business and didn't have a clue about PCs or looking for jobs etc. I got sanctioned and all I really needed was help and time to enable me to understand all this new stuff."

"Any change in benefits can turn into a nightmare, as administrative errors lead to lost claim forms and delays in payment of the new benefit - all while the previous benefit goes out of payment. How are families supposed to live on literally nothing for a week, two weeks, a month?"

"We have been sanctioned a few times, also friends & family. Forever borrowing off family to make ends meet."

"My partner was sanctioned when I was in hospital as he was looking after kids. He was feeling ill with stress of signing on."

Recommendations

The Welfare State was created in order to help people in times of trouble, society's safety net for citizens. We have heard harrowing tales of significant and growing holes in that safety net. To protect and care for all people in Dundee, we make the following recommendations to the UK Government (UK), the Scottish Government (SG), all members of the Dundee Partnership (DP) and, where relevant, Dundee City Council (DCC)::

- Campaign to end the punitive sanctions regime and devolve decision making to create accountability at a local level(UK/SG/DP)

- Reduce high rate of benefit sanctions in Dundee

  - Help people to access all the benefits they are entitled to (UK/SG/DP)
  - Support people to avoid sanctions by meeting their claimant commitments (DP/DCC)
  - Work with partners to make sure that claimant commitments are understandable and realistic (DP)
  - Promote services that are available to assist individuals with advice on appealing sanctions (DP/DCC)
  - Put measures in place to provide practical help to people and families who have been sanctioned (SG/DP/DCC)
  - Provide advocacy and support to help claimants at hearings, interviews and appeals (DP/DCC)

- Campaign for fairer Fit for Work assessments (UK/SG/DP/DCC)

  - Provide advocacy and support to help people attend and be properly assessed (SG/DP/DCC)

- Support people who have been unfairly assessed to appeal against decisions (DP/DCC)

- Provide more and better co-ordinated advice and advocacy services which (SG/DP/DCC)

  - Map out the range and availability of existing provision
  - Work effectively together and make & share referrals
  - Offer quality advice to national standards
  - Highlight examples of unfairness and inefficiency in the benefits system to promote improvement
  - Are offered across the city and target community regeneration areas
  - Provide peer support opportunities
  - Receive long term public funding

17,540
Number of benefit claimants in August 2015

£56m
Taken from Dundee economy due to welfare reform

£12.7m
Over £12.7m in benefit payments secured

6e Findings and Recommendations - Housing and Communities

Key Facts

- 27% of all households in Dundee receive Housing Benefit - the third highest rate in Scotland.
- Almost a quarter of private rented households in Dundee are in receipt of housing benefit.
- Average rents in the private sector have increased for all property sizes between 2010 and 2015, ranging from an increase of 6.7% for two bedroom properties to an increase of 19.3% for four bedroom properties.
- 3,470 households received Discretionary Housing Payments in Dundee (as at end September 2015). The average award was £562, the seventh highest in Scotland and £86 more than the Scottish average.
- Dundee had 1,439 homelessness applications in 2014/15, the sixth highest in Scotland.
- The number of homeless households in temporary accommodation in Dundee rose from 176 in 2010 to 279 in January 2015. The highest figure in that period was in January 2011 when there were 319 temporary households.

What we found

People living in poverty have a higher risk of living in poor housing conditions than others.

The number of people in poverty in the private rented sector has risen sharply. While there are many responsible and fair private landlords in the city, tenants in the private sector often experience high rents, lower quality and increasing social problems. They may be more isolated and feel that they have less support because they don't have a social landlord to turn to.

Because of the higher risk of low incomes, people in social and private rented housing can experience greater isolation and mental health problems compared to home owners.

Social prescribing is an approach which allows GPs to refer patients to support workers who offer non-medical, community support. Social prescribing provides an effective response to poor mental health and wellbeing and social isolation and should be available to vulnerable communities across the city.

There can be less community spirit, wellbeing and resilience in areas with high intensity of social rented or private rented housing. The day to day experience of living in poorer communities in Dundee can have a negative impact on levels of confidence and wellbeing.

Experience from elsewhere in Scotland shows that social landlords can provide wrap-around services which address the wider needs of tenants including employability, benefit & debt advice & community learning and activity. These may, however, generate additional costs for tenants overall.

Benefit changes will hit deprived areas and increasingly impact on people who are young, working and living in the private rented sector.

Some vulnerable tenants have found themselves having to choose between housing and employment due to the high service charges for supported and/or homeless accommodation in Dundee.

Homeless people experience the most extreme levels of poverty and deprivation. There are still too many homeless people in Dundee and more comprehensive and sensitive support is needed to ensure that they can rebuild their lives through sustainable housing solutions.

What is already happening?

The Private Landlord Support project is a partnership between Shelter Scotland, the Oak Foundation and Dundee City Council that aims to improve standards across the private rented sector. It engages with landlords and offers advice and practical support to ensure that they meet their legal requirements. Close collaboration with colleagues ensures that there is an informal route to improve knowledge and practice among landlords while targeting tougher enforcement action towards those who are failing to maintain standards.

The Housing Options Team based at the East District Housing Office provides support to people to sustain their tenancies. It offers help relating to tenure, debt advice and mediation and makes links to other support agencies.

Tenants, community groups and agencies are working closely together to continue the major regeneration projects in Whitfield, Mill O'Mains, Lochee and the Hilltown.

The Dundee Partnership annual social survey records that satisfaction with the quality of life and local services remains high across the city although it is lower in community regeneration areas. Over 90% of social rented housing stock in Dundee passed the Scottish Housing Quality Standard.

The Crescent facility in Whitfield is offering public and community services in a new model of joint working at the heart of the community. This is seen as the model for future developments in other areas.

The Community Asset Transfer process is well established and underway, most significantly, with the transfer of the major resource in Kemback Street to the Boomerang Community Centre.

The Community Regeneration Teams work with groups to improve confidence and community capacity to empower local people and give them a greater influence over what happens in their neighbourhoods.

Community Regeneration Forums made up of local people allocate almost £900,000 each year to activities which aim to increase community spirit and wellbeing and reduce the levels and impact of inequality.

The Equally Well approach is working with local people to improve community wellbeing in regeneration areas by addressing the causes of health inequalities.

The SOS Link Workers work with GPs to support patients with poor mental health and wellbeing to identify the causes and consequences of their condition and access a range of services and activities that can help. This is particularly effective at reducing social isolation.

27% of all households in Dundee receive Housing Benefit

Average rents in the private sector have increased between 6.7% and 19.3%

Dundee had 1,439 homelessness applications in 2014/15

What people told us

"Yes, it was a struggle. For me, being homeless, you just don't expect it to happen. No one wants to be homeless."

"The effect of being on the street is dramatic on confidence, health and it places people - especially women - in really vulnerable situations."

"It wasn't for the help from social prescribing, I probably wouldn't be here."

Recommendations

If you are insecure in your home, every aspect of your life is undermined. Rent and mortgage arrears mount up with frightening speed if illness or unemployment strike. Homelessness and sofa-surfing is no way to live, nor is having to choose between a home or a job. Because of what we have heard, we make the following recommendations to the UK Government (UK), the Scottish Government (SG), all members of the Dundee Partnership (DP) and, where relevant, Dundee City Council (DCC):

- Increase the supply and range of affordable housing options in Dundee (SG/DP/DCC)
- Improve the quality of private rented housing in Dundee, raise awareness of recent legislative changes within the sector, campaign for fairer, affordable rents and explore potential for stricter licensing requirements and minimum quality standards(UK/SG/DP/DCC)
- Support private rented sector tenants to ensure their property meets the Repairing Standard and where it doesn't, support them to report it to the new Housing Tribunal (SG/DP/DCC)
- Provide better options and support for homeless people and make sure that no one has to choose between a home or a job (SG/DCC)
- Work with social landlords to provide a wide range of services to tenants to help improve the quality of their lives including support to get a job, benefit and debt advice and community activity (SG/DP/DCC)
- Improve mental wellbeing for people and neighbourhoods by offering more community activities through the broadest range of groups and organisations including faith communities (SG/DP/DCC)
- Increase the availability of social prescribing to provide non-medical, community support to patients with poor mental wellbeing (SG/DP)
- Reduce isolation in communities, especially for older people & people with disabilities (DP/DCC)
- Provide affordable and flexible transport for people on low incomes so that they can access work, services or leisure activities through better use of relevant budgets and resources (DCC/DP)

6f Findings and Recommendations - Food and Fuel

Key facts

Referrals to Dundee Food Bank increased by 18% to 4,368 in 2015/16 with 8,354 people receiving support.

22 % of all referrals to Trussell Trust food banks in Scotland are for people who are struggling with insecure work, low wages and high living costs.

In 2014/15, a total of 4,054 vouchers were issued for the Dundee Food Bank with more at other non-Trussell Trust food banks. At least 127 were to households/families where at least one person was in work.

Fuel poverty across all housing tenures has risen in Dundee City to 42% against the Scottish average of 36%.

Dundee City has the highest level of households in fuel poverty across all Scottish cities.

Extreme fuel poverty in Dundee has reduced from 11% in 2011-13 to 7% in 2015 and fuel poverty has reduced by 1% over the same period.

51% of those in fuel poverty in Dundee are living in the private rented sector.

66% of single pensioner households suffer from fuel poverty

38% of single parent households live in fuel poverty

What we found

Food Poverty

There is not a food crisis in Scotland. There is plenty of food to go round but some people can't afford it. Families in food poverty need social justice, not charity.

There are currently six foodbank centres operating within Dundee funded by the Trussell Trust. These have been operating since March, 2013, providing not just food but also advice and support to people in need of assistance. Foodbanks have also provided clothing in some circumstances, and are also giving support to refugees.

Foodbank use had increased dramatically over the last three years and is expected to increase for the next few years. Although there are many reasons for this increase, a significant factor has been welfare reforms. Up to a third of referrals across Scotland are caused by benefits sanctions, delays or mistakes. People with disabilities are being referred due to problems and delays in Employment Allowance claims.

An increasing number of food bank clients are in work but not earning enough to meet the cost of food for their families.

Many other local organisations are beginning to run independent food banks and soup kitchens. Members of the Commission acknowledge the community spirit and compassion that inspires people to reach out to help. That said, the Commission was not comfortable that established welfare arrangements funded by the state had to be replaced by charitable giving.

There is a need to move beyond emergency food to provide broader, preventative support relating to benefits, housing, health and community services. Data is being collected by Trussell Trust to ascertain who is using the foodbank and how often this is being done. Should more than three visits be made in a six month period, steps are taken to understand why the person/family are finding themselves in crisis and identify how this could be avoided.

Communities are interested in developing neighbourhood garden projects to provide food and, as importantly, positive social activities for local people.

Fuel Poverty

Fuel poverty affects health, educational attainment and increases the number of winter deaths.

Low income households are, understandably, most vulnerable to fuel poverty. Among the biggest groups are single pensioners, single parents and people renting in the private sector.

Within Dundee, the Dundee Energy Efficiency Advice Project (DEEAP) is helping to tackle this by:

- improving energy efficiency by giving advice, improving loft and cavity wall insulation and accessing free or low cost white goods
- increasing income by maximising benefit entitlement, renegotiating payments with fuel companies, and providing money advice in relation to fuel bills. DEEAP is the only advice centre on the Scottish mainland with approval to write off fuel debt on behalf of one of the biggest fuel suppliers in the City, SSE (Scottish and Southern Energy) which makes a huge difference to people struggling to pay rising bills alongside debt. £127,829 fuel debt was written off in this way in 2015/16 Fuel debt in the city stands at a value of £1.6 million.
- helping to reduce fuel costs, by accessing resources such as warm homes discounts of £140 per year to qualifying households, and negotiating fuel debts.
- maximising the take up of schemes financed by the utilities, such as white goods, warm homes initiative and fuel debt write off.

Positive action is being taken in Dundee to lower bills by improving internal and external insulation in social housing. So far this is reducing fuel consumption bills by up to 40%. Some barriers could still be in place i.e. private rental/payment meters however it was hoped that working with partners can help combat this.

Prepayment meters apply an unjustifiable 'poverty premium' on people already on low incomes. The recent announcements on the capping of the cost of prepayment meters by Ofgen give rise to hope on this issue.

District heating systems can offer a low cost alternative for tenants and have been used to increase the energy efficiency in selected multi storey blocks in Dundee.

8,354

Number of people receiving support from foodbanks in Dundee

Fuel poverty has risen to 42% across all housing tenures in Dundee

66% of single pensioner households suffer from fuel poverty

What is already happening?

There is great practical, financial and volunteering support for food banks from the general public in Dundee.

Food banks in Dundee are joining up with other service providers including advice agencies and access to the Scottish Welfare Fund.

Dundee Energy Efficiency Advice Project (DEEAP) is recognised as a best practice project in Scotland

Dundee City Council has invested in their housing stock to increase thermal efficiency by installing cavity/loft insulation, energy efficient heating systems and external wall insulation.

OFGEM, the energy regulator, has recently consulted on proposals to help prepayment meter users move to cheaper tariffs and to ensure that energy costs do not fall disproportionately on those who are least able to afford them.

What people told us

"Cost of bills are through the roof. I'm worried I won't be able to heat house over winter."

"Foodbanks have been essential but this does not address the problem, it only gives temporary relief."

"Dundee is primed and ready to act on food poverty" – Dave Morris, Trussell Trust

Recommendations

Nothing illustrates the unfairness in our society more than the fact that in our relatively wealthy country there are citizens struggling to keep their homes warm or being unable to eat properly, often having to choose between the two. We make the following recommendations to the UK Government (UK), the Scottish Government (SG), all members of the Dundee Partnership (DP), and, where relevant, Dundee City Council (DCC):

- Maximise the number of households applying for and receiving warm home discounts (DCC)
- Campaign for fairness for people using prepayment meters which currently apply the most expensive gas and electricity charges and support OFGEM's proposals to make these fairer(UK/DP)
- Expand the availability and viability of district heating systems, advice on changing supplier &/or other bulk buying schemes to reduce energy costs (DP/DCC)
- Campaign to introduce a minimum standard of energy efficiency in private tenancies (UK/SG/DP/DCC)
- Ensure that anyone using a food bank is accessing all statutory sources of financial support , connect food banks to other services and address the cause of every food crisis for individuals and families (DP/DCC)
- Increase community gardens and projects for low cost food and to create social and community connections (DP/DCC)

Appendix 1

Reflections of members of the Dundee Fairness Commission

Full details of all the members can be found at :

www.dundeepartnership.com/content/dundee-fairness-commission

Gerry McLaughlin, Chief Executive, NHS Health Scotland

The evidence given to the Fairness Commission of the daily challenges faced by people living on low incomes in Dundee will live with me for a very long time. The accounts I heard of the stigma they experience horrified me and was a powerful reminder to me that for all of the statistics we bandy about, each and every one represents a life blighted and a talent unfulfilled. We simply cannot accept that this is inevitable. It is both unfair and unacceptable. I hope the Commission's Report is the catalyst for a new and different approach for Dundee.

Mary Kinninmonth, Director, Dundee Citizens Advice Bureau

I'm fuming that, in this day and age, people are still being forced to live in poverty and that a Fairness Commission needed to be set up in the first place. Having said that, I've been inspired by the passion, commitment and enthusiasm of fellow commissioners in wanting to work together to find collaborative solutions to make a real difference in Dundee, despite the weight of the austerity agenda working against this. I'm really glad that there is consensus that the work needed to make sure the recommendations of the Commission are followed through should include citizens who actually live in poverty. It's vital to continue to include people who through, no fault of their own, but through financial circumstances and stigmatisation are often excluded.

Erik Cramb, Dundee Pensioners Forum

The path to the setting up of the Fairness Commission, for me, began with the woman who in a flat, matter-of-fact tone, told the Dundee Partnership, "When you are poor, you are treated as rubbish." Whatever else we have learned in the Fairness Commission is that nobody, whatever their status, should be treated as rubbish. Our report, above all, is a call for respect and decent relationships. But as we were warned, "It's all fine writing things on a notepad, but we need to see change… otherwise, what's the point?"

Elizabeth Kane, Community Representative

I was surprised and honoured when I was chosen to be the Community Representative on the Fairness Commission .I was impressed by the range of organisations that were involved and their commitment. Several of the meetings included presentations from other organisations. The ones that stick out for me are: Closing the attainment gap and cost of the school day; welfare issues; living wage and stigma campaigns. But the biggest impact was the stories of people experiencing poverty. Their experiences brought to life what the academics had been saying. People deserve better. We must assist them and have continued contact with them.

Drew Walker, Director of Public Health, NHS Tayside

After working in public health for over 35 years I thought I had seen everything. That was before I became part of the Commission. Participation in its work has been a real eye-opener for me, and I think for many other people. No matter how much we read, there is no substitute for seeing and hearing people - many with a very different life experience from my own comfortable, middle-class background - sharing their passion, successes, disappointments, concerns, enthusiasms and commitment to tackle the many unfairnesses which surround us. I am a better person, and a better public health doctor, as a result. I will always be grateful to the Dundee Fairness Commission for giving me that opportunity.

Eddie Smith, Chief Superintendent, Police Scotland

As police officers, many of us join the organisation in an attempt to improve the communities in which we serve; to protect and support the most vulnerable in society and those individuals, whose personal circumstances have left them in need of assistance. The work of the Dundee Fairness Commission has reaffirmed my commitment to those most in need of support and as set out in the Police Scotland values of Fairness, Integrity and Respect.

Douglas Robertson, Professor, University of Stirling

Reading reports and analysing statistics - core parts of my day job - provides some insights into better understanding something like poverty. When you meet the reality that lies behind the reports and statistics on poverty, people living in poverty, another more personal, human dimension then opens up and the weakness of the statistics and reports becomes all so apparent. Poverty can be presented as facts or arguments, but it is fundamentally about people and their lives. Having that human contact, which in our increasingly unequal and polarised society can so

easily be avoided, both changes that understanding and enriches it. But on hearing these voices and their differing accounts of the actual experience of existing in poverty left me feeling both shocked and moved. Moved by the strength shown by those willing to offering up their personal experiences to us, but also shocked and equally angered by the callous indifference we as a society choose to show those in poverty. Nowhere was this felt more than in listening to the accounts of welfare reform, DWP sanctions and having to go to the food bank.

Mike Arnott, Secretary, Dundee Trades Union Council

I stand against benefits sanctions, workfare and zero hours contracts and for the Scottish Living Wage. The Waterfront is trumpeted as a golden future, but for ordinary Dundonians we must see returns in the shape of living wage jobs and access to training and career progression for those who'll be working in hospitality, retail and catering there, and indeed appropriate terms and conditions within the V&A itself. Stats on locals employed on its construction are widely mistrusted and must be independently audited for transparency and confidence.

Denise McCaffery, Head Teacher, Sidlaw View Primary School

Finding a way out of poverty shouldn't be difficult, and yet the barriers and challenges faced by people trying to achieve this are immense. The fact that these barriers often arise from the policies, practices and procedures of those who should be looking to support and help others in need is something we should all be aware of. I hope that this report goes some way towards addressing this and encourages all of us to look at the part we have to play in tackling inequality and levelling the field. The people who shared their experiences with us, showed tremendous dignity in doing so, and earned our respect. I wish them well in the future and hope that they can be shown that same respect by others.

Councillor Laurie Bidwell, Dundee City Council

The Fairness Commission has uncovered the extent to which the experience of day to day life in Dundee is profoundly unfair for too many of our citizens. The challenge ahead will be to carry on the conversations between the agencies that came together on the Commission with individuals with personal experiences of struggling with inequalities. Not only will this ensure that our recommendations are not just shelved but also that, we can respect the principle of "nothing about us without us". I believe, these processes should help to turn the Commission's recommendations into meaningful changes in policy and practice that will genuinely help to enhance fairness in our city.

Ginny Lawson, Centre Manager, Brooksbank Partnership

When I was first invited to be part of the Dundee Fairness Commission, I was unsure of what the commission could achieve against such hard times of austerity. However, I firmly believed it was better to have a go at pinning down the real issues that people face and if the commission could change even one thing which would make life better for even one person, then it was worth taking part. The journey over the past year has cemented for me that although the group can't enforce all the changes we want to see, it does not mean we should not try.

James Thomson, Chair, Dundee Youth Council

I am grateful to have been invited as a Fairness Commissioner to put forward my knowledge and thoughts on the discussions and recommendations produced by the Commission. It was humbling to hear first-hand the experiences of young people, families, the elderly and Dundonians, who have been directly affected by the many issues surrounding poverty. This has been a learning experience that I will not forget, and it is important that these recommendations are only the beginning. There needs to be an ongoing forum for identifying and resolving current issues experienced by the poorest and most disadvantaged across our City.

Grant Ritchie, Principal, Dundee and Angus College

Being part of the Fairness commission has felt like being part of a strong community determined to do something to highlight the need for change in the way we deal with inequality and poverty. Change in the way people are dealt with by agencies, change in the way benefits are provided, change in wage rates for low paid jobs, and change in the way that the rest of society perceive and stigmatise those affected by poverty. Change is hard, and the work of the commission will need to be consolidated and used to influence policy and the behaviour of agencies involved. The Commission must be seen as the start of something and not an end in itself.

Satwat Rehman, Director, One Parent Families Scotland

It has been a real privilege to be part of the Dundee Fairness Commission. What stands out for me is the passion and determination of the people of Dundee to tackle poverty and inequality by working alongside those who have direct experience of the issues. Time and again we saw how services and approaches that we thought would made a positive difference just weren't reaching far enough or deep enough. Their voices and experiences have guided the commission and we hope will continue to do so as we begin the work of making Dundee a fairer and more equal place to live.

Colin McCashey, Independant Convener, Dundee Adult Support and Protection Committee

I thought I knew quite a lot about how inequality affected the most vulnerable people but it soon became clear that whilst I did understand some of the issues, I did not have any experience of it. The strength of the Commission was not people like me, it was the people who had real experience of unfairness, inequality, stigma, discrimination and, in some cases, poverty, and were willing to tell us about those experiences. I hope that we can make things better, that by the efforts of the Commission we can empower the most vulnerable, giving them the opportunity to take control and improve their lives.

Alison Henderson, Chief Executive, Dundee and Angus Chamber of Commerce

Over the past year we've heard some amazing stories of the courage of the people of Dundee who constantly battle with the effects of poverty in our city. Giving people a voice and a place to share their stories, and a belief that the Fairness Commission will make REAL recommendations for positive change – that's been hugely important to me. Dundonians have real strength - in themselves, their communities and in the social support groups they are part of. We must minimise the ways that people are mistreated and forced to live with the issues that poverty brings. There is NO place for that in a modern city and it's important that we all work together to bring about change.

Appendix 2

Organisations Participating in the Gathering Experiences of Poverty Research

1 The Connect Team
2 Stay & Play Project
3 The Bridge Café, The Friary
4 Hot Chocolate Trust
5 Dundee Energy Efficiency Advice Project
6 Dundee City Council Customer Services Team
7 Dundee Food Bank
8 The Cairn Centre
9 Amina
10 Home-Start Dundee
11 Brooksbank Centre
12 Job Centre Plus
13 Citizens Advice Bureau Dundee
14 Craigowl Communities
15 Shelter Scotland
16 Lifegate Church Café
17 Dundee West Church
18 Faith in Community Dundee
19 Community Family Support Project

DUNDEE
PARTNERSHIP

ITEM No …16……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 30 AUGUST 2016**

REPORT ON: **WEAVERS BURN CARE INSPECTORATE REPORT**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB45-2016**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to brief the Integration Joint Board on the outcome of a recent inspection of Weavers Burn, Care at Home/Housing Support Service undertaken by the Care Inspectorate in May 2016.

1.2 Weavers Burn is one of Dundee Health and Social Care Partnerships' internally provided support services. The service consists of 14 tenancies for people with a learning disability and/or autism who have complex needs. There are currently 12 people supported within the service.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of the attached Care Inspectorate report and accompanying action plan (attached as Appendix 1 and Appendix 2).

2.2 Notes that the service has also developed a more detailed operational improvement plan for use in addition to the Care Inspectorate Action Plan.

2.3 Remits to the Chief Officer to report improvements to the IJB after the Care Inspectorate's follow up visit.

3.0 FINANCIAL IMPLICATIONS

3.1 The cost of temporary additional management resources to assist the team manager with the implementation of the management action plan will be met from within existing financial resources within the Learning Disability Service.

3.2 An acceleration of the strategic commissioning intention to introduce additional nursing resources (with behavioural support expertise) to the Dundee Community Learning Disability Team will create a short term pressure of £41,637. This will be met from existing financial resources within the Learning Disability Service.

4.0 MAIN TEXT

4.1 Weavers Burn has been registered with the Care Inspectorate since May 2014. Prior to that the service was registered as a Care Home (Elmgrove House). The site of Elmgrove was used to develop purpose built flats for previous residents and for 4 or 5 additional individuals with complex needs.

4.2 The service was inspected during an unannounced visit on 09 May 2016 and three short notice visits on 19, 11 and 19 May 2016. Verbal feedback was received on 25 May 2016 and a letter of concern outlining areas for improvement that would feature within the report was received on 8 June 2016. A response was submitted on 13 June 2016 highlighting actions that were being taken by the service to address the concerns. The draft report and gradings

were received on 25 July 2016. The report was published on 12 August 2016 (see Appendix 1) and an action plan addressing all the recommendations and requirements is due to be submitted by 2 September 2016 (see Appendix 2).

4.3 Overall six quality statements were used as a focus for the inspection, two from each of the three themes below. Four of the six statements were graded 3, two were graded 2 as follows below:

Quality of Care and Support

"We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential." **Grade 3**

We ensure that service users' health and wellbeing needs are met." **Grade 2**

Quality of Staffing

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice." **Grade 3**

"We ensure that everyone working in the service has an ethos of respect towards service users and each other." **Grade 3**

Quality of Management and Leadership

"We involve our workforce in determining the direction and future objectives of the service." **Grade 3**

"We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide." **Grade 2**

Where a quality theme is graded differently for respective statements, the lower grade will become the overall grade for the theme. The service has therefore been given the following overall grades for the inspection:-

Quality of Care and Support	2 Weak
Quality of Staffing	3 Adequate
Quality of Management and Leadership	2 Weak

4.4 As outlined within 4.3, two of the six statements that formed the focus of the inspection were graded 2. A total of five requirements and five recommendations were made and detailed actions in respect of each requirement and each recommendation have been incorporated within the action plan due to be submitted to the Care Inspectorate (Appendix 2) and within the service's own more detailed operational improvement plan.

4.5 During inspections Care Inspectorate Inspectors review the progress made in relation to any requirements and/or recommendations made at the last inspection. At the last inspection of 24 August 2015, one requirement and six recommendations were made. During the inspection in May the Inspector found that the previous requirement and one of the recommendations had been met, a further two recommendations are to remain in place, one had been partially met but now is a requirement and the remaining two previous recommendations have also now become requirements. The outstanding recommendations from the 2015 report have been incorporated within the requirements and recommendations of the current report.

4.6 Staffing levels are a theme of concern that features within the report. At the time of the inspection the staffing level was lower than the usual level that had consistently been in place during the preceding months. The level of staffing at the time of inspection was due to the level of sickness absence at that time and vacancies within the service. At the time of inspection further additional Social Care Staff had already been appointed and were awaiting necessary checks as part of the safer recruitment process, and further experienced senior staff had been identified from elsewhere within the service. Four senior staff and a temporary assistant manager are now in place to support the management of the service and a minimum of ten social care staff are on shift during the day to support the twelve tenants. Night shift cover of four wakened night staff and one sleepover remains.

4.7 Both action plans will form the basis of a work plan for the senior team within the service and for monitoring/audit purposes, involving both the senior team and the respective Resource Manager and Service Manager. In the short term weekly updates will be provided by the Team Manager to ensure improvements are continuous and that any necessary corrective action is undertaken without delay.

4.8 An audit tool designed specifically for resource services is currently being developed by a representative group of managers within Dundee Health and Social Care Partnership. This is due for completion in September 2016 and was discussed with the Care Inspector at the feedback session following the inspection. It is envisaged that this quality assurance system will enable managers of all grades within the Partnership to engage in a formal and ongoing process of improvements. Managers within the Learning Disability Service also plan to incorporate a programme of peer audit/quality assurance within their collective work plan.

4.9 As part of the strategic and commissioning intentions for people with a learning disability and/or autism, a review is being undertaken to ensure adequate resources are in place within the community to support people with a range of complex and behavioural support needs. Given the number of people with such needs being supported within their own tenancies, it has been agreed that this plan be accelerated and an additional Nurse Band 6 (with behavioural support expertise) be recruited to support this area of work. This will benefit many individuals, including those who live at Weavers Burn, and will enhance the skill mix within the Learning Disability Community Team.

4.10 Prior to the publication of the inspection report all families/Welfare Guardians and staff were briefed and meetings with families/staff are being arranged, involving the Service Manager, to allow for fuller discussion about the findings of the inspection and to offer some assurance to families/Guardians in particular.

4.11 The Chief Social Work Officer is Guardian for nine of the people supported within Weavers Burn. Members of the Learning Disability Team assume responsibility for Welfare Guardianship decisions as delegated by the Chief Social Work Officer. The remaining three people supported within Weavers Burn have private Guardians who are supervised by members of the Learning Disability Team.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. No major issues have been identified.

6.0 CONSULTATIONS

The Director of Finance of NHS Tayside, the Executive Director, Corporate Services of Dundee City Council, the Chief Officer and the Clerk have been consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

None.

David W Lynch **Date: 11 August 2016**
Chief Officer

care inspectorate

Care service inspection report

Full inspection

Weavers Burn
Housing Support Service

315 South Road
Dundee

HAPPY TO TRANSLATE

Inspection report for Weavers Burn
Inspection completed on 25 May 2016

Service provided by: Dundee City Council

Service provider number: SP2003004034

Care service number: CS2014324110

Inspection Visit Type: Unannounced

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

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

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

@careinspect

Summary

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

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

We gave the service these grades

Quality of care and support	2	Weak
Quality of staffing	3	Adequate
Quality of management and leadership	2	Weak

What the service does well

We felt that staff had a clear commitment to supporting people who used the service. We saw that experienced staff had good skills in working with individual people who used the service, and clearly knew them well and were able, for example, to identify what caused them anxiety.

The service maintained good links with associated professionals such as care managers and social workers, and with the Behavioural Support and Intervention team who made regular visits to the service to support staff in managing a range of issues.

What the service could do better

The service did not have a comprehensive quality assurance process in place. This would be able to help the service identify areas for improvement and monitor how successful improvements had been. The manager was able to confirm that the provider was developing a quality assurance document which would be put in place and we said that we would follow this up at the next inspection.

What the service has done since the last inspection

The service had taken action to provide appropriate training for staff, particularly in relation to the management of behaviours which could be perceived as challenging.

Conclusion

Relatives spoken with generally provided positive feedback regarding the quality of support provided by staff. They had some concerns which had already been raised with the service. Staff spoken with demonstrated that they were very aware of the needs of the people they support and their families, and said that they felt they had good support from colleagues they worked with.

1 About the service we inspected

The service provides support for adults with a learning disability (who may also be on the autistic spectrum and have a physical disability) living in their own homes and in the community.

The service had previously been a registered care home, but had redesigned the service to provide purpose-built flats with access to communal areas and garden spaces.

The Care Inspectorate regulates care services in Scotland. Information in relation to all care services is available on our website at www.scswis.com

The service was registered with the Care Inspectorate on 19 May 2014.

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

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

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

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

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

Quality of care and support - Grade 2 - Weak
Quality of staffing - Grade 3 - Adequate
Quality of management and leadership - Grade 2 - Weak

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

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

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

The service was inspected during an unannounced visit on 9 May 2016, and three short notice visits on the 10, 11 and 19 May 2016. We also visited the service on the night of the 9 May 2016. Feedback was given to the manager and service manager of the service on 25 May 2016. The inspection was carried out by three Care Inspectorate inspectors.

During the inspection, evidence was gathered from a number of sources, including:

a review of a range of policies, procedures, records and other documentation, including the following:

- certificate of registration
- aims and objectives of the service
- service users' care files
- team meeting minutes
- staff training records
- training plan
- risk assessments.

Discussion took place with:

- the manager
- senior social care officers
- social care workers
- relatives of service users.

Observation of staff practices.

Observation of the environment.

All of the above information was taken into account and included within the body of the report.

Feedback was provided to the manager and service manager on 25 May 2016.

Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

The annual return

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

Annual Return Received: No

Comments on Self Assessment

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

The service was not asked to submit a self assessment prior to the inspection but was asked to submit this as soon as possible after the inspection.

Taking the views of people using the care service into account

People who used the service found it difficult to comment directly on the service they received. However during the inspection we observed interactions between service users and staff and felt that these were very positive and supportive. We thought that people who used the service appeared to get on well with staff.

Taking carers' views into account

During the inspection we spoke with two relatives of people who used the service. They spoke positively about many aspects of the service, but had some concerns which they had already raised with the service.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 2 - Weak

Statement 2

"We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential."

Service Strengths

The service was able to provide adequate evidence in support of this statement.

As part of the inspection we sampled personal plans of people who used the service. We saw that these had recorded a range of opportunities for people who used the service to make choices about areas in their lives such as activities, daily routines and mealtimes. These choices were based on previous experiences of people who used the service, where staff had observed how they reacted in specific environments, spoken with family members and where possible had also spoken with people who used the service. We saw that this had resulted in opportunities to attend activities such as going to the local pub, shopping trips, going for lunch or outdoor activities such as walking in a nearby park. Where possible existing community connections had been maintained, such as regular contact with family members. Some people who used the service had additional support from other support agencies which allowed them to access other opportunities within their local community.

Personal plans sampled recorded the likes and dislikes of people who used the service, not only in relation to preferred activities but also important details such as favourite foods and important environmental details. We saw that the service had recorded important information using tools such as 'All about me' and 'Disdat', both of which recorded personal details, and in the case of

'Disdat', how people communicated when they were happy or sad, or feeling anxious or angry.

In addition to speaking with people who used the service and their families, the service had involved a variety of associated professionals in gathering this information, for example the Behavioural Support and Intervention (BSI) team provided a high level of support to the service. Risk assessments and support plans recorded information on the environmental and support requirements which should be in place to allow people who used the service to feel safe and secure.

During the inspection we were invited to visit the flat of someone who used the service, and we could see that they had been able to make choices in regard to decor, colour, etc. More experienced staff knew people who used the service well, and were able to gauge how they were enjoying activities, and use past experience to suggest new activities.

Areas for improvement

During the inspection we noted that the service had staff vacancies which had affected opportunities for service users to have dedicated one-to-one support. The service had tried hard to maintain these opportunities, but we saw that there had been occasions where staff had been asked to consider whether service users could share staff support to allow them to access activities outwith the service. Records showed that when the service was short-staffed people who used the service had not been able to access external activities to the same level as when there were sufficient staff on duty.

In some daily contact records we saw entries such as "all activities carried out", with no details of what had been done or whether service users had enjoyed the activity, which meant that it could be difficult to monitor or audit activities for people who used the service.

Grade
3 - Adequate
Number of requirements - 0

Recommendations
Number of recommendations - 1

1. People who use the service and who have been assessed as requiring one-to one support for social activities should receive support as identified in their support plan. Records should show what activities they have accessed; whether they enjoyed them, and if not why not.

National Care Standards Housing Support Services - Standard 5: Lifestyle - Social Cultural and Religious Belief or Faith

Statement 3

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

Service Strengths
We graded this statement as weak as we had some concerns, particularly in relation to staffing levels. **See areas for improvement.**

As part of the inspection we sampled the personal plans of people who used the service. We found that there was comprehensive information on the needs of individual service users, including likes and dislikes as well as potential triggers which may upset people who used the service.

The service had support from the local Behavioural Support and Intervention (BSI) team, which includes a range of associated professionals such as speech and language therapist, community learning disability nurse, clinical psychologist and psychiatrist. Individual service users could be referred to this team by staff from the service in order to seek additional support. We saw information in personal plans which included strategies on how to manage behaviours which could be perceived as challenging. The BSI team visited the

service every two weeks, and all staff had the opportunity to record any questions or issues in relation to individual service users, and ask the team for advice. We could see that information and support provided by the BSI team had been used in compiling personal plans and Risk Assessments.

In addition to the support provided by the BSI team, the service also supported people who used the service to access a range of related healthcare services , such as local GP practice, specialist dentistry services, and opticians.

At the last inspection we noted that the service had developed core groups of staff who would work with specific service users. These had been developed into two teams, one of which supported people on the ground floor while the other team supported people upstairs.

Although most flats within the service were very similar, we saw that where specific flats did not meet the needs of a service user then the service were able to identify whether another flat would be more suitable and take steps to allow a move to happen. This was reflected in the risk assessment process which looked at environmental issues.

Areas for improvement

When we carried out the inspection we felt that aspects of this quality statement were not met and this gave us cause for concern.

Both prior to the inspection and while we were carrying out the inspection staff told us that they felt there were not enough staff to allow them to meet the needs of people who used the service. We could see that there were vacancies at both senior social care officer level and at social care officer level, some of which were due to long-term sick or maternity absences. Staff told us that this meant that at times they worked for long periods in what could be stressful situations, managing difficult and potentially violent behaviours.

People who used the service were assessed as requiring varying amounts of one-to-one support from staff, and some people required two staff members to support them when they left the building. We saw that the staff team had had discussions about this at team meetings, and had been advised that in order to maximise opportunities for service users to access facilities outwith the building

then they should consider whether 'doubling up' on support was suitable for some people who used the service. We have made a requirement about this, **see requirement 1**, as we felt this was seriously impacting on the quality of support provided to people who used the service. We sent a letter to the service immediately after the inspection informing them of this requirement and asked them to tell us what they had done. The service sent us an action plan identifying how they would address the problem. We will continue to monitor the progress the service makes on this issue.

As part of the inspection we sampled the personal plans of people who used the service. The service had comprehensive information on each service user, which resulted in very large files, making it difficult for staff to easily see how they should be managing situations or behaviours, or reducing triggers for people who used the service. Some people who used the service had been referred to the Behavioural Support and Intervention (BSI) team and this team also provided information on how to best support individual service users. We did not see that this information was always integrated into support plans, and staff also told us that as they were short-staffed they rarely had time to read support plans or catch up with reports. Staff told us that they often took advice from colleagues about how best to support service users, as they did not have enough allocated time to catch up on paperwork. This meant that there was a lack of consistency about how staff managed situations, and important information was lost or not acted on appropriately. We have made a requirement about this. **See requirement 2.**

During the inspection we spoke with 16 members of staff across all grades. The majority commented that they did not have enough time to have proper handovers, either with the individual member of staff who had been supporting a service user or with the team as a whole. They said that this seemed to be due to lack of staff, staff shift times starting at different times, or that there was no time allocated to read or update personal plans. One staff member gave an example of an instance when they came on shift and were unaware of a situation which had arisen with the service user they were supporting in the morning. We have made a recommendation about this. **See recommendation 1.**

In some of the personal plans we sampled it was not always clear whether a service user was under a guardianship order. A guardianship order is a legal condition under the Adults with Incapacity (Scotland) Act 2000 where a sheriff has appointed someone to look after the affairs of someone who is not able to do so themselves. Some personal plans contained some information on who the guardian was along with copies of the legal document which states which powers the guardian has. However not all did, and it was not always clear what this meant for staff supporting service users, and what duties the guardian had agreed the staff could carry out with permission from them. We signposted the service to a checklist produced by the Mental Welfare Commission for Scotland. We have made a requirement about this. **See requirement 3.**

Grade
2 - Weak

Requirements
Number of requirements - 3

1. The provider must ensure that each service users health, welfare and support needs are met in accordance with their assessed needs.

In order to achieve this, the provider must ensure that:

- there are suitably qualified staff, both in number and skill, on duty at all times
- a process is in place to accurately assess the needs of each individual service user
- all risks to each individual service users health and welfare are accurately assessed and managed
- the physical layout of the building (living environment) is taken into account in the management of risk to each individual's health and welfare.

This is to comply with:
The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is also to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No. 210: 15 (a) - Requirements to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

The following National Care Standards Housing Support Services
- Standard 3: Management and Staffing Arrangements

Timescale - within four weeks of receipt of the letter sent on 8 June 2016.

2. The provider must ensure that service users' personal plans reflect how staff will meet the health, welfare and safety needs of the person and that any specific guidance from other professionals and stakeholders must be reflected within each plan to ensure that staff have all the information required to support people safely and effectively.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 5(1). This is a requirement for providers prepare a written plan which sets out how service users' health, welfare and safety needs are to be met.

National Care Standards Housing Support Services - Standard 4: Housing Support Planning

Timescale - within 12 weeks of receipt of this report.

3. The provider must ensure that each service users health, welfare and support needs are met in accordance with their assessed needs.

In order to achieve this, the provider must ensure that;

- where a guardianship order is in place, that all information relating to the powers of the guardian are clearly recorded

- where the guardian has agreed delegated powers to the service this is clearly recorded.

This is to comply with:
The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

Timescale - within six weeks of receipt of this report.

Recommendations
Number of recommendations - 1

1. Staff should have opportunities to monitor and update information contained in support plans in order to ensure that people who use the service receive a consistent service from well-informed staff.

National Care Standards Care at Home - Standard 4: Management and Staffing

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

Statement 3

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

Service Strengths

The service was able to provide adequate evidence in support of this statement.

During the inspection we spoke with 16 staff members across all grades, and we spoke with them during both day shift and night shift. All staff commented that they felt that they had good support from their immediate colleagues, and that they were confident in being able to access support from them as required. Some social care officers also spoke positively about support they had received from senior social care officers, for example in helping them to access training.

The service had carried out some additional training following the last inspection and we saw that most staff had been able to access CALM (Crisis, Aggression, Limitation and Management) training within a reasonable time. Records were kept of training completed and staff could access online training through the service's intranet. Issues such as absence management were followed through by senior staff.

Areas for improvement

Although the service had held some team meetings since the last inspection due to staff shortages it was not always possible for staff to attend these. Minutes of team meetings were not detailed and so were not helpful to those staff who had not attended. Team meetings could be an opportunity to discuss good practice and set clear action plans for the development of the service. We made a recommendation about this at the last inspection and this remains in place. **See recommendation 1.**

Some staff commented that they did not feel confident that management were supportive of social care staff

Grade
3 - Adequate
Number of requirements - 0

Recommendations
Number of recommendations - 1

1. That the provider ensures that a system is put in place to ensure team meetings take place at regular intervals, comprehensive minutes are available of these meetings, and that staff are supported to attend.

National Care Standards Care at Home. Standard 4: Management and Staffing

Statement 4

"We ensure that everyone working in the service has an ethos of respect towards service users and each other."

Service Strengths
The service was able to provide adequate evidence in support of this statement.

During the inspection we saw that staff had a clear commitment to supporting people who used the service. We felt our observations showed that some experienced staff had demonstrated good skills in working with service users, they clearly knew them well and were able to identify triggers which might cause them anxiety. As commented on in Quality Theme 3 - Statement 3, the service held team meetings and the agenda for meetings was distributed prior to meetings, and minutes displayed after the meeting. The service had identified that they would benefit from team development, and additional development days had been planned for the staff team later in the summer.

A supervision policy was in place and records were kept of supervisions carried out. **See areas for improvement.**

Areas for improvement

Staff told us that supervision had been irregular, and records confirmed this. Records were not always detailed, or signed by those taking part. Where actions were identified, no timescales were decided on, and actions were rarely followed up at the next supervision session. There was no evidence of reflection of previous issues raised at supervision, and at times intervals between supervision sessions meant that these were unlikely to be of value. We made a recommendation about this at the last inspection and as we did not see any improvement in this we have now made a requirement. **See requirement 1.**

Although we noted that staff had had access to additional core training, the service would benefit from identifying what training is essential and regarded as core training, and timescales for staff to achieve this, for example within the first three months of taking up their post. **See recommendation 1.**

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. The provider to ensure that staff supervision is carried out in line with the provider's policies and procedures, and a system is in place to record when supervision sessions had taken place and when they were due.

This is to comply with
The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No. 210: 15 (b) - Requirements to ensure that persons employed in the provision of the care service receive-
(i) training appropriate to the work they are to perform; and
(ii) suitable assistance, including time off work, for the purpose of obtaining further
qualifications appropriate to such work.

Timescale - within eight weeks of receipt of this report.

Recommendations
Number of recommendations - 1

1. The provider should review the training needs of staff and ensure that training being provided is relevant to the service staff are expected to provide, and available with appropriate timescales.

This is in order to comply with National Care Standards Care at Home - Standard 4: Management and Staffing.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 2 - Weak

Statement 2

"We involve our workforce in determining the direction and future objectives of the service."

Service Strengths

The service was able to provide adequate evidence in support of this statement.

As the service was part of the Local Authority provision, all staff had access to a range of policies and procedures in place. Staff received a regular newsletter from the provider, and also had access to the intranet which allowed them to access information on staffing and professional issues.

We saw that although we had raised some issues about supervision, there had been some good supportive approaches in some of the records we sampled.

The service had identified that they would benefit from further development, and were in the process of planning team development days for later in the summer.

Areas for improvement

Supervision and team meetings have been discussed in Quality Theme 3 - Statement 4.

The service had a compliment of five senior social care officers, although at the time of the inspection there were two vacancies. This lack of senior staff had contributed to the reduced frequency of supervision and team meetings and we have discussed this in more detail in Quality Theme 1 - Statement 3.

Grade
3 - Adequate
Number of requirements - 0
Number of recommendations - 0

Statement 4

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

Service Strengths

We graded this statement as weak as we had some concerns, particularly in relation to the monitoring and evaluation of the quality of support provided.

The service had a key working system in place, where staff had a responsibility to work closely with identified service users, for example updating support plans or attending reviews. We saw that the service had close involvement with a range of associated professionals, for example the Behavioural Support and Intervention team, and care managers, who visited regularly and attended reviews.

The service carried out a number of internal audits, for example, of medication and finances, and we could see that when issues were raised in relation to these audits action was taken.

Areas for improvement

When we carried out the inspection we felt that aspects of this quality statement were not met and this gave us cause for concern.

The service would benefit from a comprehensive, outcome focussed quality assurance process. This should identify actions, who is responsible, and timescales for completion. This process should feed into an overall development plan for the service. The Service Manager was able to confirm that this is currently under development for all services provided by the local authority. We had previously made a recommendation about this and we have now made this a requirement. **See requirement 1.**

Staff support process such as staff supervision and team meetings did not happen as frequently as identified in the service's policy and procedures. We have talked about this in Quality Theme 3 - Statement 4.

Due to technical issues the service had not been able to submit an annual return as requested by the Care Inspectorate. Although accident and incident forms (violence and aggression forms) were completed it was difficult to see how these were audited and what follow up is carried out. Some staff commented that they were not asked how they felt following an incident, or were asked a few months after the event. We would expect this to be considered as part of a quality assurance process. **See requirement 1.** Some of the incidents recorded on violence and aggression forms resulted in injuries to staff, and we would expect that these would be notified to the Care Inspectorate through the eforms system. We signposted the service to the Care Inspectorate guidance on notifications.

We made a recommendation at the last inspection when we looked at Quality Theme 1 - Statement 1 relating to the service developing opportunities for service users and their representatives to be involved in providing feedback on the quality of care and support. This remains in place.

Grade
2 - Weak

Requirements
Number of requirements - 1

1. The provider and manager should ensure that the service has robust quality assurance processes, and that audits and checks are completed within stated timescales and clearly evidence how any issues identified are to be addressed by whom, and by when. The manager should sign these to evidence that they have been completed and issues are addressed.

This is in order to comply with

The Social Care and Social Work Improvement Scotland (Requirements for Care

Services) Regulations 2011, No 210: 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

National Care Standards Care at Home - Standard 4: Management and Staffing

Timescale: To be completed within eight weeks of receipt of this inspection report.

Recommendations
Number of recommendations - 1

1. The manager and provider should continue to review and develop opportunities for involving service users and their representatives in providing feedback on the quality of care and support, and evidence how this leads to better outcomes for the people who use the service.

National Care Standards Care at Home - Standard 11: Expressing your Views

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

Previous requirements

1. The provider must ensure that all staff are suitably trained to support the needs of service users. This should include an appropriate induction process for new staff with identified timescales for completion.

This is to comply with:
The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is also to comply with:
The Social Care and Social Work Improvement Scotland (Requirements for

Care Services) Regulations 2011, No. 210: 15 (a) - Requirements to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No. 210: 15 (b) (i)- ensure that persons employed in the provision of the care service receive.

National Care Standard Care Homes for People with Learning Disabilities - Standard 9: Feeling Safe and Secure.

Timescale: to be completed within three months of receipt of this inspection report.

This requirement was made on 24 August 2015

The service has carried out additional training for staff and this requirement is met.

Met - Within Timescales

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

Previous recommendations

1. The manager and provider should continue reviewing and developing opportunities for involving service users and their representatives in providing feedback on the quality of care and support, and evidence how this leads to better outcomes for the people who use the service.

National Care Standards Care at Home. - Standard 11: Expressing your Views

This recommendation was made on 24 August 2015

This recommendation remains in place.

2. The provider should continue to ensure that there are enough staff on duty at all times in order to meet the health, wellbeing, and social needs of service users.

National Care Standards Care at Home - Standard 4: Management and Staffing

This recommendation was made on 24 August 2015

This recommendation has now been made into a requirement.

3. The provider to continue plans to include information about service users' individual likes and dislikes in support plans, and to make support plans outcome focussed.

National Care Standards Care at Home - Standard 3: Your Personal Plan

This recommendation was made on 24 August 2015

The service has taken some action on this and the recommendation has been partially met. We have talked about his in another requirement.

4. The provider to ensure that staff supervision is carried out in line with the provider's policies and procedures, and a system is in place to record when supervision sessions had taken place and when they were due.

National Care Standards Care at Home - Standard 4: Management and Staffing

This recommendation was made on 24 August 2015

We have made a requirement about this.

5. The provider to review the training needs of staff and ensure that training being provided is relevant to the service staff are expected to provide.

National Care Standards Care at Home - Standard 4: Management and Staffing

This recommendation was made on 24 August 2015

This recommendation has been met.

6. That the provider ensures that a system is put in place to ensure team meetings take place at regular intervals, comprehensive minutes are available of these meetings, and that staff are supported to attend.

National Care Standards Care at Home - Standard 4: management and Staffing.

This recommendation was made on 24 August 2015

This recommendation remains in place.

6 Complaints

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

7 Enforcements

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

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
24 Aug 2015	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 3 - Adequate 3 - Adequate

12 Sep 2014	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good 4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

You can also read more about our work online.

Contact Us
Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

@careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

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

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

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