



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

City Chambers
DUNDEE
DD1 3BY

17th February, 2025

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

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 above Integration Joint Board which is to be held remotely on Wednesday 19th February, 2025 and now enclose the undernoted item of business which was not received at the time of issue.

Yours faithfully

DAVE BERRY
Acting Chief Officer

4 PERFORMANCE AND AUDIT COMMITTEE CHAIR'S ASSURANCE REPORT

(Report No DIJB5-2025 by the Chair of the Performance and Audit Committee attached – for information and record purposes). - **Page 1**

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DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST
(REVISED OCTOBER 2024)

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

<u>Role</u>	<u>Recipient</u>
VOTING MEMBERS	
Elected Member (Chair)	Councillor Ken Lynn
Non Executive Member (Vice Chair)	Bob Benson
Elected Member	Councillor Siobhan Tolland
Elected Member	Councillor Dorothy McHugh
Non Executive Member	David Cheape
Non Executive Member	Colleen Carlton
NON VOTING MEMBERS	
Chief Social Work Officer	Glyn Lloyd
Acting Chief Officer	Dave Berry
Acting Chief Finance Officer (Proper Officer)	Christine Jones
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson
Registered Nurse	Suzie Brown
Registered medical practitioner (not providing primary medical services)	Dr Sanjay Pillai
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Trade Union Representative	Jim McFarlane
Third Sector Representative	Christina Cooper
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Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Dr Emma Fletcher
Clinical Director	Dr David Shaw
PROXY MEMBERS	
Proxy Member (NHS Appointment for Voting Member)	Andrew Thomson
Proxy Member (DCC Appointment for Voting Members)	Councillor Lynne Short
Proxy Member (DCC Appointment for Voting Members)	Councillor Roisin Smith
Proxy Member (DCC Appointment for Voting Member)	Bailie Helen Wright

(b) CONTACTS – FOR INFORMATION ONLY

<u>Organisation</u>	<u>Recipient</u>
NHS Tayside (Chief Executive)	Nicky Connor
NHS Tayside (Director of Finance)	Stuart Lyaal
Dundee City Council (Chief Executive)	Greg Colgan
Dundee City Council (Executive Director of Corporate Services)	Robert Emmott
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Legal Manager)	Maureen Moran
Dundee City Council (Members' Support)	Lesley Blyth
Dundee City Council (Members' Support)	Elaine Holmes
Dundee City Council (Members' Support)	Sharron Wright

Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Jordan Grant
Dundee Health and Social Care Partnership	Kathryn Sharp
Dundee City Council (Communications rep)	Steven Bell
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Gillian Robertson
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Audit Manager)	Richard Smith
Regional Audit Manager – NHS	Barry Hudson
Audit Scotland (Audit Director)	Rachel Browne
HSCP (Interim Head of Heath & Community Care)	Angie Smith
HSCP (Head of Heath & Community Care)	Jenny Hill
Health and Social Care Partnership	Shahida Naeem

ITEM No ...4.....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
19th FEBRUARY 2025

REPORT ON: PERFORMANCE AND AUDIT COMMITTEE CHAIR'S ASSURANCE REPORT

REPORT BY: CHAIR, PERFORMANCE AND AUDIT COMMITTEE

REPORT NO: DIJB5-2025

This assurance report relates to the meeting of the Performance and Audit Committee (PAC) of the 31st January 2025.

Decisions made by the Committee:

- To instruct the Chief Finance Officer to implement the recommendations of the Internal Audit Report on Workforce.

Overview of Committee Business:

- The Health and Social Care Partnership's quarter 2 (2024-25) Performance Report was presented and scrutinised by the Committee resulting in further queries from members including the sustainability of the good performance around delayed discharge given the budget situation and the lack of some key indicator information which sits with the Scottish Government to gather and provide.
- The Clinical, Care and Professional Governance Assurance report was presented to the Committee. Again, this provided the Committee with a further opportunity to probe further into some of the issues raised with a focus on the workforce risks identified in particular. The Committee requested that the Chief Officer presents an update on the Care Opinion roll out to a future meeting of the PAC. The Committee was content with the Reasonable level of assurance of clinical and care governance arrangements in place that the report provided.
- The Committee received further detailed performance reports on 3 further areas of the Health and Social Care Partnership's services – Mental Health, Drug and Alcohol and Unscheduled Care. The Mental Health report set out to the Committee the real challenges being faced within services. The Drug and Alcohol services indicators report lead to a discussion around a potential Safe Consumption Facility in the city following the opening of a similar centre in Glasgow. It was noted that this would be considered initially by the Alcohol and Drug Partnership before being brought to the IJB should this be explored further. In relation to Unscheduled care, the Committee was pleased to see the continued excellent performance in Dundee in relation to standard delays.
- The IJB's Strategic Risk Register Update report was presented which noted a new emerging risk of the impact of the UK Government's changes to Employers National Insurance contributions in relation to the social care market should there be no additional funding provided to support the sector. The Committee heard this issue continued to be discussed nationally.
- The Committee was presented with an Internal Audit Report on Workforce which related to a review of the IJB's Workforce Planning arrangements. The review made 5 recommendations to respond to a range of weaknesses and gaps in the current planning arrangements identified by Internal Audit. The HSCP management team has accepted these recommendations and agreed to a number of actions to respond to these which the Committee will monitor through the Governance Action Plan process.

- The Committee received progress reports in relation to the Governance Action Plan and the Internal Audit Plan and noted that the Workforce Audit completes the reviews agreed as part of the 23/24 audit plan and the addition of the actions from this to the Governance Action Plan. The Internal Audit Plan progress report included a number of audits undertaken by the partner bodies which were assessed as being relevant to the IJB under the audit sharing protocol. A review of Dundee City Council's absence management and staff wellbeing arrangements was of particular interest to the Committee given previous discussions on the impact of absence levels within the HSCP workforce and the limited assurance the internal audit review had provided of those arrangements.

In summary, as Chair I am content that the range of issues presented to the Committee in relation to performance, audit and governance provides the IJB with a reasonable level of assurance that overall risks and performance are being managed effectively.

Bob Benson
Chair

16 February 2025



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

City Chambers
DUNDEE
DD1 3BY

11th February, 2025

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

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 Joint Board which is to be held remotely on Wednesday, 19th February, 2025 at 10.00 am.

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

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at committee.services@dundeecity.gov.uk by 12 noon on Monday, 17th February, 2025.

Yours faithfully

DAVE BERRY
Acting Chief Officer

AGENDA

1 APOLOGIES

2 DECLARATION OF INTEREST

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

3 MINUTE OF PREVIOUS MEETING - Page 1

(a) The minute of previous meeting of the Integration Joint Board held on 11th December, 2024 is attached for approval.

(b) ACTION TRACKER - Page 7

The Action Tracker (DIJB1-2025) for meetings of the Integration Joint Board is attached for noting and updating accordingly.

4 PERFORMANCE AND AUDIT COMMITTEE CHAIR'S ASSURANCE REPORT

(Report No DIJB5-2025 by the Chair of the Performance and Audit Committee (TO FOLLOW) – for information and record purposes).

5 OUR PROMISE 2023-26 ANNUAL UPDATE - Page 9

(Report No DIJB9-2025 by the Chief Officer, copy attached – for decision).

6 DUNDEE IJB PROPERTY STRATEGY UPDATE - Page 39

(Report No DIJB4-2025 by the Chief Officer, copy attached – for noting).

7 FUTURE PROVISION OF PRACTICAL SUPPORT SERVICES - Page 43

(Report No DIJB3-2025 by the Chief Officer, copy attached – for decision).

8 REVIEW OF OLDER PEOPLE DAY OPPORTUNITIES - Page 63

(Report No DIJB11-2025 by the Chief Officer, copy attached – for decision).

9 FINANCIAL MONITORING POSITION AS AT DECEMBER 2024 - Page 79

(Report No DIJB7-2025 by the Chief Finance Officer, copy attached – for noting).

10 FINANCIAL RECOVERY PLAN UPDATE 2024/2025 - Page 93

(Report No DIJB8-2025 by the Chief Finance Officer, copy attached – for decision).

11 DUNDEE IJB 2025/2026 BUDGET OUTLOOK UPDATE - Page 99

(Report No DIJB10-2025 by the Chief Finance Officer, copy attached – for noting).

12 MEETINGS OF THE INTEGRATION JOINT BOARD 2024 – ATTENDANCES - Page 107

A copy of the attendance return (DIJB13-2025) for meetings of the Integration Joint Board held over 2024 is attached for information.

13 IJB DEVELOPMENT SESSIONS

The IJB is asked to note that the following Development Sessions for IJB members have been arranged:

12th March – Budget
23rd April – Workforce

14th May – Social Care Demand and Response
11th June – Assurance and Risk
27th August – Mental Health and Adult Support & Protection
17th September – Engagement and Co-production
29th October – Equalities
26th November – topic to be confirmed
17th December – Budget.

All sessions will be held in Meeting Room DH1-1, Dundee House between 10am – 12 noon. There will be an option to join remotely for those unable to attend in person.

14 DATE OF NEXT MEETING

The next meeting of the Dundee Integration Joint Board will be held on Wednesday, 26th March, 2025 at 10.00am.

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(REVISED OCTOBER 2024)

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HSCP (Interim Head of Heath & Community Care)	Angie Smith
HSCP (Head of Heath & Community Care)	Jenny Hill
Health and Social Care Partnership	Shahida Naeem



At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 11th December, 2024.

Present:-

Members

Role

Ken LYNN	Nominated by Dundee City Council (Elected Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Bob BENSON	Nominated by Health Board (Non-Executive Member)
Colleen CARLTON	Nominated by Health Board (Non Executive Member)
David CHEAPE	Nominated by Health Board (Non-Executive Member)
Dave BERRY	Acting Chief Officer
Suzie BROWN	Registered Nurse
Dr Emma FLETCHER	Director of Public Health
Christine JONES	Acting Chief Finance Officer
Jim McFARLANE	Trade Union Representative
Raymond MARSHALL	Staff Partnership Representative
Dr David SHAW	Clinical Director
Martyn SLOAN	Person providing unpaid care in the area of the local authority
Dr David WILSON	NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))

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

Fiona GIBSON	Health and Social Care Partnership
Jenny HILL	Health and Social Care Partnership
Emma LAMONT	NHS Tayside
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Sandra MACLEOD	NHS Tayside
Sammi PENDRICH	Health and Social Care Partnership
Kathryn SHARP	Health and Social Care Partnership
Angie SMITH	Health and Social Care Partnership

Ken LYNN, Chairperson, in the Chair

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Member

Role

Christina Cooper	Third Sector Representative
Glyn Lloyd	Chief Social Work Officer
Dr Sanjay Pillai	Registered Medical Practitioner (not providing primary medical services)

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING

- (a) The minute of meeting of the Integration Joint Board held on 23rd October, 2024 was submitted and approved.

- (b) ACTION TRACKER

The Action Tracker DIJB63-2024 for meetings of the Integration Joint Board was submitted and noted.

Following questions and answers the Integration Joint Board further agreed:-

- (i) that a check would be made on the update on the mapping event in relation to children and young people (action no 4).

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

There was submitted Agenda Note DIJB72-2024 reporting that following the retiral of the previous postholder, the Integration Joint Board was asked to note that recruitment and selection processes were being undertaken to identify a successor and to agree that the voting members of the Integration Joint Board be authorised to act as an Appointments Committee with powers to shortleet and interview candidates on a date to be confirmed and, if so minded, to make an appointment to the post and that the Chief Executive of NHS Tayside (or their nominee) and the Chief Executive of Dundee City Council (or their nominee) act as Advisers to the Committee.

The Integration Joint Board noted the position.

V PERFORMANCE AND AUDIT COMMITTEE CHAIR'S ASSURANCE REPORT

There was submitted Report No DIJB67-2024 by Bob Benson, Chairperson of the Performance and Audit Committee, providing an Assurance Report to the Integration Joint Board on the work of the Performance and Audit Committee.

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

VI INPATIENT LEARNING DISABILITY TRANSITION UPDATE

There was submitted Report No DIJB74-2024 by the Chief Officer providing an update on the progress being made with the Inpatient Learning Disabilities Transition Programme.

The Integration Joint Board agreed to note the progress being made with the Inpatient Learning Disability Transition Programme as outlined in the report.

Following questions and answers the Integration Joint Board further agreed:-

- (i) to note that a firm date would be provided in the next update for the move from Strathmartine;
- (ii) that consideration would be given to adding a Development Session on Mental Health services in the future; and
- (iii) that Sandra MacLeod would feedback about involvement of patient/carers involvement in the communication plan.

VII WINTER RESILIENCE PLAN NHS TAYSIDE AND PARTNER ORGANISATIONS 2024/25

There was submitted Report No DIJB62-2024 by the Chief Officer presenting the Winter Planning arrangements for NHS Tayside and Health and Social Care Partnerships for 2024/2205 (attached as

Appendix 1 to the report). A whole system Health and Social Care approach to develop an integrated plan was essential. The Tayside and Fife Health and Social Care Partnerships, the Scottish Ambulance Service (SAS), 3rd Sector, as well as staff side/partnership representation had been involved in the development of the plan to ensure timely access to the right care, in the right place, first time. Third sector involvement was through the Health and Social Care Partnerships.

The Integration Joint Board agreed:-

- (i) to approve and endorse the Winter Resilience Plan (NHS Tayside and Partner Organisations) 2024/2025 for submission to the Scottish Government; and
- (ii) to note ongoing whole system collaboration in preparation for anticipated winter challenges.

VIII DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK – ANNUAL UPDATE

There was submitted Report No DIJB73-2024 by the Chief Officer providing an update on the implementation of the Dundee Primary Care Mental Health and Wellbeing Framework and seeking approval for the continued implementation of the Dundee Primary Care Strategic Delivery Plan for Mental Health and Wellbeing, 2024-2027. The Delivery Plan supported key elements of the Framework and identified important priorities for action.

The Integration Joint Board agreed:-

- (i) to note the Dundee Primary Care Strategic Delivery Plan for Mental Health and Wellbeing, 2024-2027 (attached as Appendix 1 to the report);
- (ii) to note the progress to date in implementing the Dundee Primary Care Strategic Delivery Plan for Mental Health and Wellbeing, 2024-2027 and the key achievements as described in Section 4 of the report; and
- (iii) to instruct the Chief Officer to provide a further report on progress made against delivering the Dundee Primary Care Strategic Delivery Plan for Mental Health and Wellbeing, 2024-2027 to a future IJB.

Following questions and answers the Integration Joint Board further agreed:-

- (iv) to note that posters and leaflets were being sent out to community settings;
- (v) that progress on the action plan would be provided in future reports;
- (vi) to note that Emma Lamont and Martyn would have a discussion about the involvement of carers.

IX FINANCIAL MONITORING POSITION AS AT OCTOBER 2024

There was submitted Report No DIJB68-2024 by the Chief Finance Officer providing an update of the projected financial position for delegated health and social care services for 2024/2025.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the projected operational financial position for delegated services for the 2024/2025 financial year end as at 31st October, 2024 as outlined in Appendices 1, 2, and 3 of the report;
- (ii) to note the ongoing actions being taken by Officers and Senior Management to address the current projected financial overspend position through the development of a Financial Recovery Plan, as detailed in section 4.5 of the report;

- (iii) to note the deterioration in Risk profile assessment (as detailed in section 6.0 of the report) due to the worsening financial position.

Following questions and answers the Integration Joint Board further agreed:-

- (iv) to note that discussions would continue to take place regarding budget considerations with the partner bodies that the Chair and Vice Chair would be involved in.

X FINANCIAL RECOVERY PLAN UPDATE 2024/25

There was submitted Report No DIJB70-2024 by the Chief Finance Officer providing the Integration Joint Board with an update of the financial recovery plan for delegated health and social care services for 2024/2025.

The Integration Joint Board agreed:-

- (i) to note the ongoing financial challenges currently faced by Dundee IJB;
- (ii) to note the content of the report detailing progress and implications as a result of actions by Officers and Senior Management to address the projected financial overspend position for 2024/2025;
- (iii) to request a further update on the financial impact of the recovery plan from the Chief Finance Officer to the IJB in February 2025.

XI DUNDEE INTEGRATION JOINT BOARD 2025/26 BUDGET OUTLOOK

There was submitted Report No DIJB69-2024 by the Chief Finance Officer providing the Integration Joint Board (IJB) with an overview of the IJB's delegated budget 2025/2026.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the range of estimated cost pressures impacting on the IJB's delegated budget 2025/2026 including anticipated funding levels from the partner bodies and resultant projected budget shortfall; and
- (ii) to note the budget development process for the agreement of the IJB's 2025/2026 Revenue Budget as outlined in section 4.8 of the report.

Following questions and answers the Integration Joint Board further agreed:-

- (iii) to note that following the publication of the Scottish Government's Draft Budget, some additional funding for IJB's was announced, the detail of which would be provided at the next Budget Development Session.

XII PERFORMANCE AND AUDIT COMMITTEE ANNUAL REPORT 2023/24

There was submitted Report No DIJB66-2024 by the Chief Finance Officer providing an overview of the activities of the Performance and Audit Committee over 2023/2024.

The Integration Joint Board agreed to note the content of the Performance and Audit Committee's Annual Report for the year 2023/2024

XIII REVISED PERFORMANCE AND AUDIT COMMITTEE TERMS OF REFERENCE

There was submitted Report No DIJB64-2024 by the Chief Finance Officer reviewing the Terms of Reference for Dundee Integration Joint Board's Performance and Audit Committee.

The Integration Joint Board agreed to note the reviewed Terms of Reference for the IJB's Performance and Audit Committee as attached as Appendix 1 to the report.

Following questions and answers the Integration Joint Board agreed:-

- (i) to note that any revision to the Terms of Reference in future would be taken to the Performance and Audit Committee for discussion before being presented to the IJB for approval.

XIV BEST VALUE ARRANGEMENTS AND ASSESSMENT 2024/25

There was submitted Report No DIJB65-2024 by the Chief Finance Officer providing assurance that the Integration Joint Board and partners had arrangements in place to demonstrate that Best Value was being achieved.

The Integration Joint Board agreed:-

- (i) to note the content of the report and the full Best Value assessment as set out in Appendix 1 to the report; and
- (ii) to note that the outcome of the assessment provided assurance that Best Value was being achieved through the Integration Joint Board's governance arrangements and activities.

XV MEETINGS OF THE INTEGRATION JOINT BOARD 2024 – ATTENDANCES

There was submitted a copy of the Attendance Return DIJB71-2024 for meetings of the Integration Joint Board held to date over 2024.

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

XVI IJB DEVELOPMENT SESSIONS

The IJB noted that the following Development Session had been arranged:

Wednesday 18th December at 10.00am– Budget – Teams.

XVII PROGRAMME OF MEETINGS OF INTEGRATION JOINT BOARD AND PERFORMANCE AND AUDIT COMMITTEE 2025

(a) INTEGRATION JOINT BOARD

The Integration Joint Board agreed that the programme of meetings for the Integration Joint Board over 2025 be as follows:-

Wednesday 19th February - 10.00am
 Wednesday 26th March - 10.00am (Budget Meeting)
 Wednesday 16th April - 10.00am
 Wednesday 18th June -10.00am
 Wednesday 20th August - 10.00am
 Wednesday 22nd October - 10.00am
 Wednesday 10th December - 10.00am

(b) PERFORMANCE AND AUDIT COMMITTEE

The Integration Joint Board agreed that the programme of meetings for the Performance and Audit Committee over 2025 be as follows:-

Wednesday 29th January - 10.00am
 Wednesday 21st May - 10.00am
 Wednesday 24th September - 10.00am
 Wednesday 19th November - 10.00am

Following questions and answers the Integration Joint Board further agreed:-

- (i) that a discussion on options for a move to hybrid meetings would be arranged between the Chair, Vice Chair, Dave Berry and Roger Mennie and that feedback would be provided.

XVIII DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Dundee Integration Joint Board would be held remotely on Wednesday 19th February, 2025 at 10.00am.

Ken LYNN, Chairperson

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 11TH DECEMBER 2024

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Original Timeframe	Status	Comment
1	29/03/23	V	MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN	<p>that the Chief Officer would co-ordinate a range of options for IJB members to visit mental health services</p> <p>Replacement action agreed by IJB on 23 October 2024: Develop a programme of service visits for IJB members, alongside the Chief Officer, as part of the 2025 IJB development programme.</p>	Chief Officer	<p>June 2023</p> <p>June 2024</p> <p>January 2025</p>	In progress	Planning is current underway for monthly service visit opportunities (excluding the summer recess period), starting from February 2025 onwards. Further communication will be issued to IJB members as soon as possible.
2	13/12/23	V	DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK	that in relation to the mapping event for children and young people services, consideration would be given to providing feedback from the event to a future IJB meeting.	Head of Health and Community Care Services	December 2024	Complete	<p>Report to be submitted for meeting of IJB on 11 December 2024.</p> <p>Chief Officer to check on progress – 11 December 2024</p> <p>The mapping event is part of the 2025/26 delivery plan. Any feedback from the event will be shared with the IJB in the development session focused on mental health and adult support and protection scheduled for August 2025.</p>
3	19/06/24	XII	ANNUAL REPORT OF THE DHSCP CLINICAL, CARE & PROFESSIONAL	that a premises update report on DDARS would be brought to a future IJB meeting.	Chief Officer	December 2024	Complete	Update contained within Property Strategy Update submitted for consideration on 19 February 2025.

			GOVERNANCE GROUP 2023-2024			February 2025		
4	23/10/24	X	FINANCIAL RECOVERY PLAN 2024/25	that data on the translation of absence figures into costs would be sought from NHS Tayside.	Chief Finance Officer	December 2024	Complete	IJB Development Session on Workforce will be held on 23 April 2025. Further data on absence figures and related costs is being sourced and will be included in the session content.
5	23/10/24	X	FINANCIAL RECOVERY PLAN 2024/25	that consideration would be given to providing a report on comparative absence rates	Chief Finance Officer	March 2025	Complete	IJB Development Session on Workforce will be held on 23 April 2025. Further data on absence figures and related costs is being sourced and will be included in the session content.
7	11/12/24	VI	INPATIENT LEARNING DISABILITY TRANSITION UPDATE	that consideration would be given to including a Development Session on this in future.	Chief Officer	March 2025	Complete	Development session, which will include content on this area of work, is scheduled for 27 August 2025.
8	11/12/24	VI	INPATIENT LEARNING DISABILITY TRANSITION UPDATE	that feedback would be provided on patient/carer involvement in the development of the communication plan.	Deputy Chief Executive, NHS Tayside	March 2025	Complete	The Head of Health and Community Care is chairing the working group focused on communication and engagement – the group is meeting fortnightly. Initial engagement with patients and carers has been undertaken and this has informed the development of a Frequently Asked Questions resource.
9	11/12/24	XVII	PROGRAMME OF MEETINGS OF INTEGRATION JOINT BOARD AND PERFORMANCE AND AUDIT COMMITTEE 2025	that a discussion would be arranged about options for a move to hybrid meetings and feedback would be provided.	Chief Officer	March 2025	In Progress	Options being considered by Chief Officer and Clerk to the Committee.

ITEM No ...5.....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 19 FEBRUARY 2025

REPORT ON: OUR PROMISE 2023-26 ANNUAL UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB9-2025

1.0 PURPOSE OF REPORT

- 1.1 This report provides the Integration Joint Board with the first annual update on the implementation of Our Promise to Care Experienced Children, Young People and Care Leavers in 2023-26 (Appendix 1). The report outlines key developments over the last 12 months and priorities going forwards, including developments in respect of Scottish Government Whole Family Wellbeing Funding allocated over the same period (Appendix 2).

2.0 RECOMMENDATIONS

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

- 2.1 Note continued progress made in the implementation of Our Promise 2023-26 and improved outcomes for care experienced children, young people and care leavers (section 4).
- 2.2 Remit the CSWO to provide a further update on Our Promise in 12 months, including details of Whole Family Wellbeing Funding (WFWF) activities and outcomes.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The Children and Young People (Scotland) Act 2014 requires Local Authorities to develop what it refers to as a 'Corporate Parenting Plan' to outline how it will meet the needs of 'Looked After Children'. The Independent Care Review published in February 2020 was critical of this stigmatising language and promoted a stronger collective ambition to achieve transformational improvements in the way we provide support to vulnerable families.
- 4.1.2 The review published 7 reports, including The Promise and Follow the Money. Each place an emphasis on prevention, keeping families together and ensuring that, where alternative care is necessary, all children and young people grow up feeling loved, safe and respected. Locally, the 5 foundations of Voice, Family, Care, People and Scaffolding have informed a range of actions designed to improve universal, targeted and specialist support.
- 4.1.3 Although Dundee IJB is not a listed Corporate Parent under the Children and Young People (Scotland) Act 2014, both Dundee City Council and NHS Tayside are and Dundee Health and Social Care Partnership must consider and comply with duties in the course of their operations. However, the IJB has an interest in being informed of and co-operating with work to support, protect and improve outcomes for care experienced young people from a variety of perspectives:

- In Scotland, care experienced young people have additional protections and entitlements in law up until their 26th birthday and therefore are likely to be accessing and supported by a range of adult health and social care services.
- Services commissioned by the IJB will support adults who are connected to care experienced children and young people, whether as part of whole family support or for Kinship and Foster Carers.
- An effective approach to supporting care experienced children and young people is essential to reducing the inequalities gap in terms of health and social care outcomes, and in doing so contributes to reducing future demand for adult health and social care services.

4.2 Developments

4.2.1 Over the first 12 months of the current 3-year plan, the Council Children and Families Service has continued to coordinate and deliver improved support to vulnerable children and young people. Out of a total of 29 actions in the plan, work has started on 26 of them, 12 of which have already been completed and 14 have made significant progress. The other 3 are due to commence in 2024-25. Some key achievements for children and young people have included:

- The total number of care experienced children and young people reduced from 429 to 386.
- The balance of family based versus residential care increased from 85.7% to 90.5%.
- There was a reduction in children and young people in external residential care from 43 to 18.
- Only 1 young person has been admitted to Secure Care in the last 20 months.
- There was a 17% reduction in the number of missing episodes from Young People's Houses.
- Pupils with 1+SCQF Level 4 went up from 73% in 2020-21 to 78% in 2023-24.
- Pupils with 1+SCQF Level 5 went up from 35% in 2020-21 to 56% in 2023-24.
- Millview House won a Scottish Social Services Award for Outstanding Care in 2023.
- Our Promise was a finalist in the UK-wide Local Government Chronicle Awards in 2024.

4.2.2 The key objectives of keeping vulnerable families together, increasing local family-based support and improving outcomes are therefore being increasingly realised. However, with 92% of the whole school population achieving 1+ award at SCQF Level 4 and 82% achieving 1 + award at SCQF Level 5 in 2023-24, our care experienced population still lags their peers by some margin. This is especially evident in respect of care at home and kinship settings.

4.2.3 To this end, there has been a continued emphasis on the shared development of knowledge and skills within Social Work teams, schools and partners; providing support to build the capacity and confidence of Kinship Carers and Foster Carers; more effectively responding to the voice of children, young people and families; and jointly using data across the workforce to help further drive improvements. Further developments under each of the five foundations are set out in section 4.3 onwards.

4.3 People

4.3.1 In relation to the workforce, the service has implemented a Social Work/School locality cluster model to promote consistent support to pupils. Teams supporting vulnerable adolescents have completed multi-agency training on specialist risk assessments of harmful behaviour. All Young

People's House teams have received training in Growth Mindset and the team at Craigie Cottage Children's House a range of training specific to younger children aged 4-11 years.

- 4.3.2 To evaluate and help further improve practice, peer audits focused on assessments, plans and chronologies have been carried out 3 times a year. When this programme started in May 2021, 58% were graded as Good or better overall. This rose to 93% in June 2023 and 94% in December 2023. In the most recent audit in May 2024 focused specifically on adolescents, 83% were graded as Good or better. Targeted support continues to be provided to all teams.
- 4.3.3 In terms of capacity, Social Workers in each team support an average of 15 children and young people each. This is consistent with the indicative optimum suggested by a national Setting the Bar report published in May 2022 and recruitment, support and retention continue to be key priorities to enable teams to provide effective support. This includes support to recent graduates and a Newly Qualified Social Worker (NQSW) scheme from October 2024.
- 4.3.4 In respect of support to carers, the service has cemented links with the Welfare Rights Service and benefits advice has been provided for all Kinship Carers. All 347 Kinship Carers have now received an assessment to help maximise their income. As an example of the positive impact, in the period April 2023 to March 2024 almost £10,000 of backdated benefits payments were received by Kinship Carers.
- 4.3.5 The Fostering and Adoption Teams have worked with The Lens on an 'ideas to action' programme to increase the number and confidence of internal Foster Carers. The programme led to a re-designed website, additional out-of-hours support and a fostering hub. It is also leading to a review of fees and allowances, including via benchmarking with neighbouring local authorities. Proposals will be submitted in 2024-25.

4.4 Family

- 4.4.1 The service has worked with Children's Service Planning Partnership (CSPP) partners to coordinate deployment of Scottish Government Whole Family Wellbeing Funding over three tranches. The delivery of services continues to be monitored by a WFWF Steering Group and details of impact will be included in the next Our Promise Annual Report. Details of allocations are provided in Appendix 2.
- 4.4.2 Over the next 12 months, the service will also carry out a review of all internal and commissioned resources with a focus on developing a consistent edge of care offer to vulnerable families. Currently, the service provides £2.3m annual funding to 14 Third Sector organisations to deliver a range of services from supported accommodation to drug and alcohol use support, parenting support, mediation, advocacy and disability. This review will include a focus on the extent to which services can be re-designed to deliver recognised best practice in family support, such as Family Group Conferencing, Signs of Safety and Multi-Systemic Therapy. It would build capacity and the range of specialist support options available to families. In recognition of the importance of the first 1,000 days of a child's life, it will also include a focus on parenting in the early years.
- 4.4.3 In relation to babies and infants, in the last 12 months the parents/carers of 129 0-4-year-olds were involved in Child Protection investigations. In total, 90 of these were provided with early informal support but 39 were placed on the Child Protection Register (CPR) and over the course of the year, 19 were provided with alternative care. This is therefore a key priority in terms of resource allocation and service delivery.
- 4.4.4 In relation to older young people, the service completed with a review of approaches towards vulnerable adolescents, including collaboration with the Health and Social Care Partnership. It was informed by consultation with the partnership workforce and young people. It will lead to a co-located multi-disciplinary team focused on young people at risk of significant harm from or to others and supported in either the Child Protection and/or Youth and Criminal Justice systems from September 2025.

4.5 Voice

- 4.5.1 For younger children, the service has collaborated with NHS Tayside and Dundee University to develop an Infant Pledge resource entitled 'Hello in There Wee One'. This is designed to promote active listening and positive attachments between vulnerable expectant mothers and their babies.

Launched in September 2024, it will be piloted in the New Beginnings Team, which supports vulnerable pregnant women.

- 4.5.2 For older children, the service continued to roll-out Mind of My Own (MOMO), a digital app which enables users to provide comments on the support they are receiving or would like to receive. This is then used to inform responses both on a day-to-day basis and during care planning and review meetings, to help place the child or young person at the centre. It provides an alternative option to 1:1 method to listen and respond more effectively.
- 4.5.3 In all 8 Secondary Schools, Champions Boards continued to be co-led by Pupil Support Workers and young people. As a result of their involvement in a Champions Board, 20 care experienced young people have now completed a Columba 1400 Leadership Academy, 17 have gained Saltire Awards and 2 have gained Emergency First Aid at Work SCQF Level 6. When asked to complete a sentence 'If it wasn't for the Champions Board', some said:
- 'I wouldn't have completed Columba 1400'
 - 'I wouldn't have the confidence to join other groups'
 - 'I wouldn't have met other CE pupils or other schools'
 - 'I wouldn't have applied to join the Army and volunteered at St Andrews PS'
- 4.5.4 The service also rolled out training on Brothers and Sisters Staying Together and Connected. This includes an emphasis on listening to the child or young person's views to inform decisions on whether they can live with a sibling, remain in contact with them or know of their whereabouts. In the context of constraints such as complicated kinship arrangements, large sibling groups or siblings in specialist care, the proportion remaining with at least 1 brother or sister increased from 43% to 51%.

4.6 Care

- 4.6.1 A similar range of developments have continued to strengthen support to children, young people and care leavers in different care settings. In Kinship Care, a new team currently provides varying types of support to over 347 carers across the city. In addition to the welfare rights assessments to maximise income, new supports developed over the last 12 months have included:
- Joint support with Tayside Council on Alcohol Kith and Kin Service.
 - Provision of a Place2B online parenting programme focused on mental health.
 - School holiday activity camps and targeted leisure and sports activities.
 - Engagement with What Matters to You to build supportive links in local communities.
 - Work with 2 Clinical Psychologists to enhance trauma informed skills and practice.
 - Joint work with Pupil Support Workers to provide extra support with school attendance.
- 4.6.2 In internal Foster Care, the service continued to implement an Improvement Plan following a Care Inspectorate inspection published in December 2022. This included a focus on training, with Foster Carers benefitting from training in parenting, adolescence, emotional health and wellbeing and separation/loss. As can be seen below, there has been a slight increase in the number of internal Foster Carers but levels have not yet returned to those in 2022.

Foster Carer Placements	2022	2023	2024
Internal Foster Care	109	84	89
External Foster Care	98	93	93

- 4.6.3 In the Young Person's Houses, one house, Craigie Cottage, was inspected over the period. This new house's first inspection occurred just 2 weeks after opening in September 2023 and was

followed shortly by a further inspection published in May 2024. The more recent report highlights considerable improvements in leadership within the house and growing confidence of the staff team, leading to an overall grading of Good.

4.7 Next Steps

- 4.7.1 This report describes how Our Promise continues to have a positive impact in supporting vulnerable families. The number of children and young people in care have reduced, the balance of family-based care has increased, foundational practice is improving, and educational outcomes are getting better. The service was shortlisted as a finalist in a UK-wide award and one of the Young Person's Houses received an excellence award.
- 4.7.2 However, there continues to be a disproportionate number of babies and infants subject to formal Child Protection processes and in care; children and young people in Kinship Care are less likely to progress well at school; Foster Care capacity has not yet returned to previous levels; and the care experienced population as a whole still lags their peers in educational attainment by some margin.
- 4.7.3 Priorities over the next 12 months therefore include implementation of all Whole Family Wellbeing Funded initiatives; a review of commissioned services; early years; the development of best practice models of support; targeted support to pupils in Kinship Care; a review of fees/allowances for Foster Carers; and implementation of the co-located multi-disciplinary team supporting vulnerable adolescents.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

- 6.1 A risk assessment has not been provided as this report is being provided to the Integration Joint Board for information only.

7.0 CONSULTATIONS

- 7.1 The Chief Finance Officer, Heads of Service Health and Community Care, members of the Strategic Planning Advisory Group and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

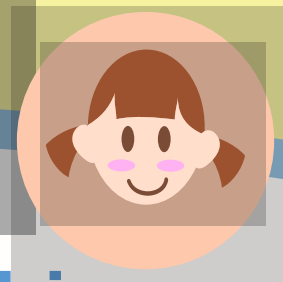
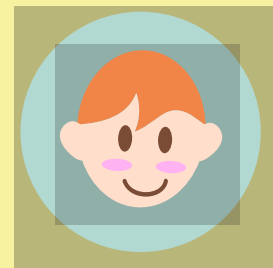
9.0 BACKGROUND PAPERS

9.1 None

Dave Berry
Acting Chief Officer

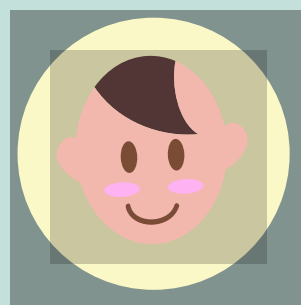
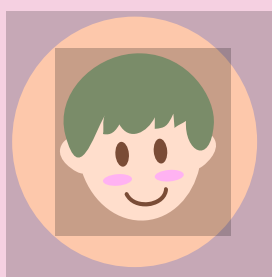
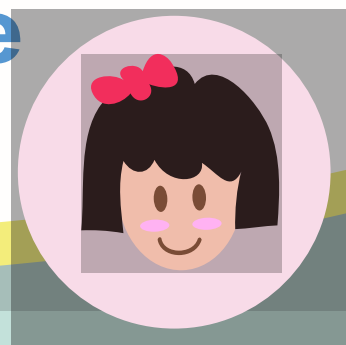
DATE: 24 January 2025

Glyn Lloyd
Chief Social Work Officer



The Dundee Partnership

Promise to our Care Experienced Children and Young People



Our Promise

This Promise outlines the Dundee Partnership intention to ensure that Care Experienced Children and Young People have the very best support, life chances and opportunities possible so they can lead loving, settled and fulfilled lives well into adulthood.

As a partnership, we are committed to promoting the wellbeing and rights of all vulnerable and looked after children, young people and care leavers as one of our most important responsibilities. In doing so, we will provide the highest quality care, support and protection which:

- Helps all vulnerable children, young people and parents/carers to flourish
- Enables care experienced children and young people to thrive at home
- Improves educational attainment levels and all transitions into adulthood
- Listens to family voices and continually adapts and improves our support

We know that although care experienced children and young people can have particular needs associated with their health and wellbeing, they also have enormous strengths which can grow even more with the right support. We intend to work with and for them to overcome any barriers to them realising their full potential.

This Promise outlines our commitment to a range of actions which build on and accelerate how we have developed this support over the last 3 years. We believe that, in doing so, we will continue to transform our approach to engaging with and improving outcomes for care experienced children and young people in our city.



**#Keep
The
Promise**

Our Journey

Over the last 3 years, our Corporate Parenting Partnership has led on the development and implementation of a Corporate Parenting Plan 2017-2020. The partnership has coordinated or contributed towards an extensive range of initiatives with and for children, young people and young adults at risk of entering care or already in care:

- An Addressing Neglect Enhancing Wellbeing programme
- A What Matters 2 U programme
- A Fast-Online Referral Tracking (FORT) system
- Trauma informed and nurturing practice in all residential and school settings
- Parity of financial support for kinship carers and foster carers
- An initiative designed to accelerate moves to permanence in care
- A Children and Families Service Charter with 19 principles for change
- An Engagement and Participation Strategy
- A Breakthrough Mentoring Programme in all 8 secondary schools and Offsite
- Additional Pupil Support Workers in all cluster areas
- A Champions Board, Young People Participation Group and 4 Change Group
- Signing up to the Scottish Care Leavers Covenant
- Implementation of Continuing Care for young people aged 16-21 years
- A Housing Protocol for care leavers
- A guaranteed interview scheme with the Council for all care leavers
- Improved use of data to inform wider improvement
- Development and implementation of the Better Hearings Agenda

We believe these developments are jointly helping to improve outcomes for vulnerable children and young people. From reductions in the number entering care; increases in the number of local family-based living arrangements; improved stability; better educational attainment; and positive destinations, our data shows real progress:

Number of Looked After Children

Reduced from 585 in 2015 to 517 in July 2020

Family based living

The number living with kinship carers increased from 99 to 147 in 2019-20

The number living with internal foster carers increased from 147 to 162

Stability

The stability of all living arrangements has increased

School exclusions 2016-17 to 2018-19

Reduced from 202 per 1,000 to 110 per 1,000

Attainment 2017-18 to 2018-19

SCQF 5 in literacy and numeracy increased from 19.5% to 27%

Positive destinations

Increased slightly from 86.7% to 87.5% in 12 months

Continuing Care

The number in Continuing Care increased from 18 to 23

Justice

Reduced the number of all young people entering secure care or prison

However, our city still has a very high rate of care experienced children and young people; fewer live at home with their parents; higher proportions have more than 1 placement move when compared with the national average; more could benefit from entering Continuing Care; and positive destinations are not always sustained.

Equally, although we have made progress in engaging with care experienced children and young people and their parents/carers to inform some developments, we believe there is much more we can do to extend approaches and use them to routinely inform how we continually adapt and improve support.

Our Promise therefore expands our approach across the whole partnership and to all communities of our city so we improve all services at pace, with an emphasis on engagement and participation with all vulnerable families, including care experienced children and young people

Some Key Policies and Legislation

As a partnership, our work is strongly informed by policies, legislation and research. This includes the Children and Young Person's (Scotland) Act 2014; Getting it Right for Every Child; the Scottish Attainment Challenge; United Nations Convention on the Rights of the Child; and research on child development. Some key themes include:

Children and Young Person Act 2014

Sets out the key responsibilities and duties for relevant public bodies requiring them to be systematic and proactive in their efforts to meet the needs of looked after children and care leavers (Appendix 1).

Getting it Right for Every Child

A framework to place families at the centre of decision making and ensure services consistently provide integrated support to children, young people and families as part of their wider community.

Children Hearing (Scotland) Act 2011

Embeds the rights of children in the Children's Hearing system, including the recently enacted right to advocacy. This Act also enshrines the duties of the Local authority to ensure children's rights are upheld in the system.

Scottish Attainment Challenge

Aims to raise the attainment of children and young people living in deprived areas, in order to ensure that every child can succeed in school, gain the skills for life and close the equity gap. It recognises that holistic support is essential.

UNCRC

Outlines 54 articles that cover all aspects of a child's life and explain how Governments and adults must work together to make sure all children can enjoy their rights. It has been incorporated into Scottish domestic law.

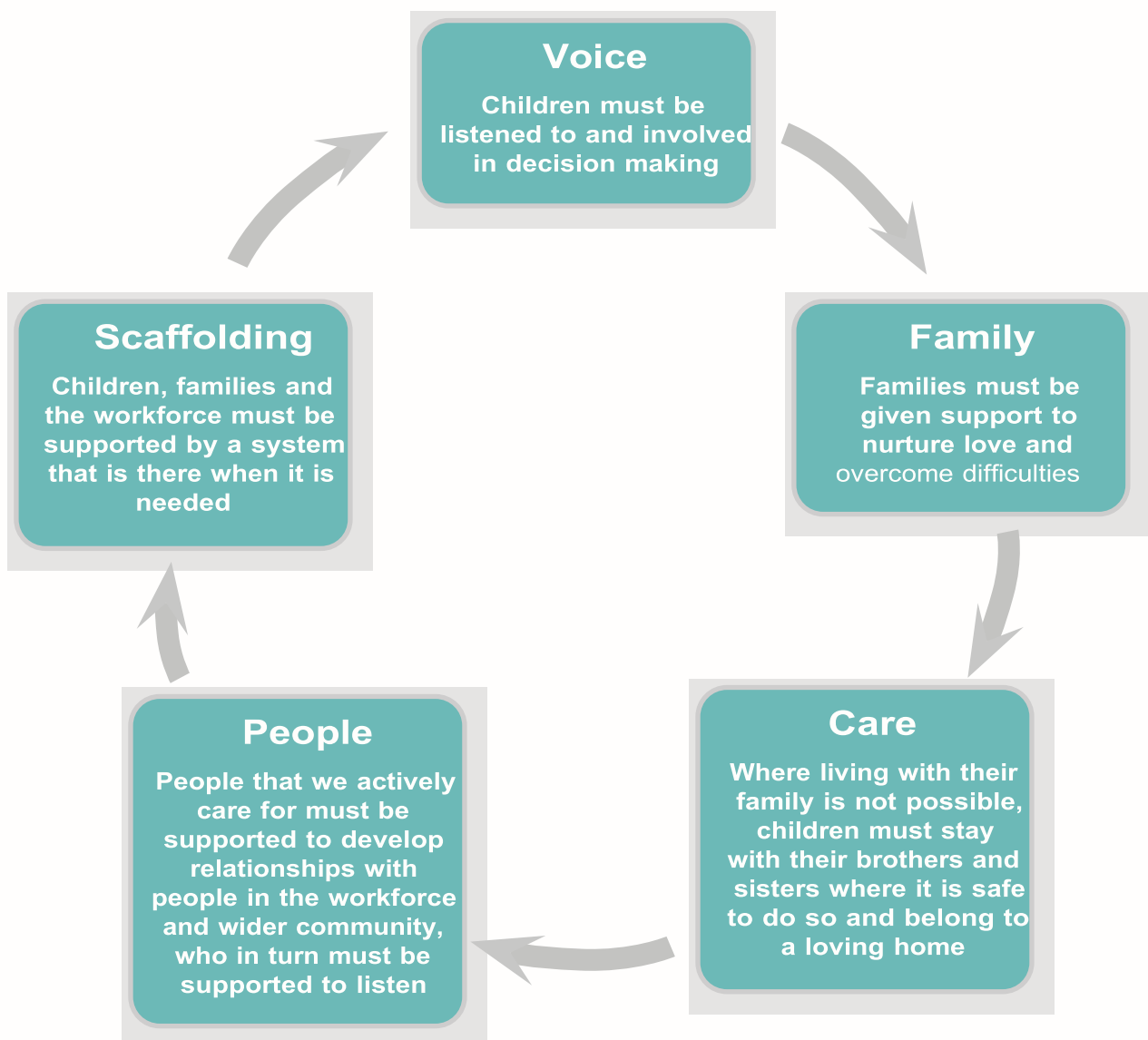
Research on child development

Includes the importance of recognising the pivotal first 1,000 days; stages of development from birth to adolescence; stable, positive attachments with nurturing carers; and the impact of adverse childhood experiences.

In addition, there is also strong evidence that social and economic inequalities increase the stressors in families and make parenting more difficult. Our Promise therefore recognises the impact poverty has on families and complements our Fairness Commission Action Plan. Some key themes include:

- Ensuring timely and easy access to support
- Developing flexible and responsive support
- Targeted and adapting support to meet specific needs
- Support in key transitions of early years/primary/secondary school/employment

Crucially, the findings of the Independent Care Review have also informed how we have arrived at Our Promise. This hugely important review sets 'a higher collective ambition that enables loving, supportive and nurturing relationships as a basis on which to thrive'. It includes 5 foundations which we have used to shape our plan:



Governance and Partnership Arrangements

In this context, over the next 3 years our Corporate Parenting Partnership, which has been re-named as 'Our Promise Partnership' and includes a care experienced young person, will work collaboratively with other partnerships and report to our Children and Families Executive Board, along with other Boards or Committees where relevant.



Developing joint approaches with Protecting People partnerships is a key priority, because they coordinate services to vulnerable adults and children and young people who can present a risk to others and/or themselves. For instance, as a result of physical, sexual, emotional abuse or neglect. This relationship is outlined below:



When these issues are so significant and/or persistent they can result in children and young people being at risk of harm if they remain in the family home, requiring alternative care arrangements and becoming Looked After. Our approach therefore includes a key focus on supporting parents and carers.

Consultation

In order to inform the content of Our Promise, all partner services and care experienced children and young people have been consulted. This has ensured that partners have every opportunity to outline their contributions to our Delivery Plan. Comments from children and young people included:

- They like the title, style and content of Our Promise
- They believe the plan is ambitious but we make no apologies for that
- They offered helpful advice on language and the use of acronyms
- They suggested some of the actions could be more specific and clear
- They were particularly interested in being involved in developing their own plans

This feedback has informed the content of the plan, including in relation to the consistent use of the term care experienced instead of looked after children and young people; changing the term respite which has negative connotations to short-breaks; and describing all current and planned methods of engagement and participation.

CONVENTION ON THE RIGHTS OF THE CHILD

Article 12

Governments "shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child."

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



FOUNDATIONS	PRIORITY	ACTIONS	LEAD	TIMESCALES	SOMEKEY INDICATORS
Scaffolding Providing support when it is needed	Supporting vulnerable children in schools	We will provide targeted support to children not attending school	Education Manager,DCC	March2021	Improved outcomes and positive destinations for care leavers
		We will explore the delivery of the Youth in Iceland Model	Education Manager,DCC	March2021	
		Re-establish monthly multi-agency Employability Support drop-in service for young people and care leavers under the age of 26 alongside Youth Employability	Senior Manager DCC	May2021	
		Establish quarterly multi-agency employability support forum. This will track young people and care leavers who are supported by the Through care and After care Team who are not currently in education, employment or training. Contributing partners will identify the most appropriate employability support opportunities to offer individual young people.	Senior Manager DCC	April2021	
		Re-establish weekly support and guidance drop-in session at Dundee and Angus College in partnership with student services for young people and care leavers under the age of 26.	SeniorManager DCC	April2021	

FOUNDATIONS	PRIORITY	ACTIONS	LEAD	TIMESCALES	SOMEKEY INDICATORS
Scaffolding Providing support when it is needed		Continue to facilitate bi-monthly review meetings in partnership with Dundee and Angus College student services in order to identify any barriers, support needs and progression routes for young people and care leavers who are supported by the Through care and Aftercare Team	Senior Manager DCC	Current	Number and % of care experienced children and young people with a completed employability action plan
		We will work with CareLeavers to understand their transition and employability needs and develop appropriate and targeted pathways	Youth Employability Service	September 2021	Increase in number of CEYP young people in positive and sustained destinations
		We will implement enhanced transition process for care leavers who are leaving school		September 2021	Number and % of care experienced young people in vocational opportunities
		We will ensure targeted outreach and engagement work with CareLeavers aged 16-19 identified through the national participation database as not in a positive learning experience	Youth Employability Service	September 2021	Number and % of care Experienced young people in opportunities matched by brokerage service
		We will develop an integrated vocational training and progression pathway for care leavers	Youth Employability Service	March 2022	

FOUNDATIONS	PRIORITY	ACTIONS	LEAD	TIMESCALES	SOMEKEY INDICATORS
Scaffolding Providing support when it is needed		We will work with employers to develop an employment brokering facility to match job ready care leavers with career and apprenticeship opportunities We will develop Supported Pathways for Care Leavers with employers	Youth Employability Service Youth Employability Service	March2021 March2021	Number and% of care experienced young people in supported pathways such as kickstart or YouthGuarantee provision
	Supporting vulnerablewomen and families	We will sustain a Pause Programme for women at risk of pregnancy and repeat admissions into care Wewill report on the impact of targeted support to pregnant women whose children are at risk Wewill report on targeted gender-informed support to women in the criminal justice system We will report on the impact of Safe and Together to enhance support to victims of domestic abuse	SeniorManager, DCC SeniorManager, DCC SeniorManager, DCC SeniorManager, DCC	May2021 May2021 May2021 May2021	Number of women Supported by Pause; impact on repeat pregnancy; and positive feedback Number of pregnant women supported;%children who Become are experienced; and positive feedback Number of men attending The Caledonian Programme; compliance/successful completion ;and feedback from Victims Report on Safe and Together
	Consistent anddefensible decisionson placements	We will review the terms of Reference and resources of a Kinship Panel and resource Management Group	SeniorManager, DCC	March2021	

FOUNDATIONS	PRIORITY	ACTIONS	LEAD	TIMESCALES	SOMEKEY INDICATORS
Family Support to nurture love and overcome difficulties	Promoting the stability of families	We will explore implementation of Safe Families to provide targeted respite support to vulnerable families	SeniorManager, DCC	March2021	Number of families receiving respite support and % reporting a positive impact
		We will provide and measure the impact of voluntary support provided by Social Work Teams	SeniorManager, DCC	March2021	Number of families supported by SW teams where the children do not become care experienced
		We will implement a KinshipHub Providing holistic one-stop-shop support to kinship carers	SeniorManager, DCC	March2021	Number of kinship carers accessing support and% reporting a positive impact
		We will report on the impact of targeted support to parents/carers with substance use problems	SeniorManager, DCC	May2021	Number of parents/carers receiving support and% reporting a positive impact
		We will increase the capacity of foster carers through recruitment, training and development	SeniorManager, DCC	May2021	Number of newly registered foster carers and annual training and development plan
		We will deliver trauma informed training to all professionals and families supporting care experienced children	SeniorManager, DCC	May2021	Number and % of staff/parents/ kinship carers receiving training
		We will deliver targeted parenting programmes to vulnerable families, with a focus on early years	Education Manager,DCC	May2021	Number of parents/carers of care experienced 0-5year-olds receiving training
		We will progress a test of change with a focus on best practice in supporting families where domestic abuse is problematic.This will draw on the knowledgeand experience of arrange of staff across the service and partners and will focus on improved outcomes for the whole family.	SeniorManager, DCC	May2021	Reduce the number of children on Child Protection Register and becoming accommodated due to domestic abuse

FOUNDATIONS	PRIORITY	ACTIONS	LEAD	TIMESCALES	SOMEKEY INDICATORS
People Support to develop relationships with people in the wider community	Developing a trauma informed workforce	We will roll out trauma informed Training for all staff and carers	Protecting PeopleTeam, DCC	May2021	Number of staff trained in trauma Informed practice and feedback
	Improving Assessment and engagement	We will deliver bespoke training and enhance staff support	SeniorManager, DCC	May2021	Number trained in assessment engagement and feedback
		We will ensure all care experienced children and young people have an up-to-date assessment and plan	SeniorManager, DCC	May2021	% of cases where practice is as good or better
	Developing a culture of reflective practice	We will carry out an annual multi-agency self-evaluation of practice		Monthlyand quarterly	% of cases where practice is as good or better
		We will carry out small monthly and larger quarterly single service self-evaluation			% of cases where practice is as good or better

FOUNDATIONS	PRIORITY	ACTIONS	LEAD	TIMESCALES	SOMEKEY INDICATORS
Care Children must stay with their brothers and sisters where it is safe to do so and belong to a loving home	Supporting Children to attend early learning and childcare	We will ensure all eligible care experienced 2-5 year-olds are offered a nursery place	Education Manager, DCC	May 2021	Number and % of care experienced 2-5 year olds attending nursery
	Building capacity to allow siblings to remain together	We will scale a PACE initiative to ensure children and young people progress to permanence appropriately	Improvement Manager, DCC	August 2021	Number trained in assessment and engagement and feedback
		We will support family, kinship and foster carers to have sufficient housespace to care for Sibling groups	Head of Service, Neighbourhood Services, DCC	May 2021	Reduced % of families unable to care for sibling groups due to limited space
	Ensuring care experienced teenagers remain in family homes	We will remind siblings about their right to family life noting the "ABC" case (2019) and the Findings of the court that siblings have rights within the children's hearing system		April 2021	
		We will implement Functional Family Therapy for vulnerable Families with teenagers, including siblings	Senior Manager, DCC	March 2021	Number of families supported with FFT and % reporting greater stability as a result

FOUNDATIONS	PRIORITY	ACTIONS	LEAD	TIMESCALES	SOMEKEY INDICATORS
Care Children must stay with their brothers and sisters where it is safe to do so and belong to a loving home		We will implement the Tayside Parenting Strategy with a particular focus on supporting vulnerable families	Education Manager,DCC	March2021	Number of families receiving recognised parenting support and % reporting benefits
	Supporting families with children with a disability	We will implement new assessment, planning and respite arrangements for families with children with a disability	SeniorManager, DCC	March2021	Number of families receiving respite and % reporting benefits
	Preventing unnecessary escalation or criminalisation	We will report on Whole Systems Approach for young people in order to support them with their families in the local community	SeniorManager, DCC	March2021	Number /% of young people subject to Early and effective Intervention, Diversion, Community Payback Orders and custody
		We will carry out a self-evaluation of practice in relation to new SecureCare Standards	SeniorManager, DCC	October2021	Completed self-evaluation and improvement plan
		We will hold regular multi-agency meetings on identified high risk young people	SeniorManager, DCC	March2021	Multi-agency plans to support young people in their local community
		We will pro-actively support all young people to remain in Continuing Care	SeniorManager, DCC	March2021	Number and % of care leavers entering Continuing Care

FOUNDATIONS	PRIORITY	ACTIONS	LEAD	TIMESCALES	SOMEKEY INDICATORS
Care Children must stay with their brothers and sisters where it is safe to do so and belong to a loving home	Providing high quality residential care to young people	We will ensure all Children's Houses are graded as at least Good in inspections	Senior Manager, DCC	March 2021	Number and % of Children's Houses graded Good or better
	Meeting all health needs of Looked After Children	We will ensure all care experienced children and young people have a full health needs assessment	Senior Manager, NHST	March 2021	Number and % of care experienced children and young people with a health needs assessment
		We will provide physical and mental health care support to care leavers	Senior Manager, NHST	March 2021	
	Ensuring supported transitions into adulthood	We will develop and implement a new Transitions Pathway	Senior Manager, DCC	March 2021	Number and % of care leavers aged 17-21 in further education, training or employment
	Supporting care leavers Well into adulthood	We will ensure all care leavers are exempt from Council Tax until aged 26 We will ensure care leavers are an outright priority for housing options	Senior Manager, DCC Senior Manager, DCC		Number and % of care leavers not paying Council Tax up to age 26 years Number of care leavers reporting as homeless

FOUNDATIONS	PRIORITY	ACTIONS	LEAD	TIMESCALES	SOMEKEY INDICATORS
Voice Listening to care experienced children and young people and involving them in decision making	Meaningful engagement and participation	We will develop a multi-disciplinary care Experienced Children and young People's Voice Team	SeniorManager, DCC	December2020	Engagement action plan leading to demonstrable improvements in relationships and outcomes for care experienced children and young people
		VoiceTeam will develop an Action Plan	SeniorManager, DCC	February2021	
		We will ensure care experienced children and young people are included in plans for all engagement and participation opportunities with their peers	Education Manager,DCC	March2021	
		We will support care experienced children and young people to be active members of Our Promise Partnership	SeniorManager, DCC	January2021	Number and %of care experienced children offered and accepting an advocate
		We will ensure all Care Experienced Children and Young People are offered an advocate	SeniorManager, DCC	January2021	
		We will ensure Care Experienced Young People are involved in recruitment to key posts	SeniorManager, DCC	May2021	Number of posts where care experienced children participated in recruitment
		We will ensure all care experienced children and young people are involved in and have an understanding of their Care Plan			Number of care experienced children and young people

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Appendix 1

Children ~~Children~~ and Young Person's (Scotland) Act 2014 Corporate Parents

- The Scottish Ministers
- A Local Authority
- The National Convener of Children's Hearings Scotland
- Children's Hearings Scotland
- The Principal Reporter
- The Scottish Children's Reporter Administration
- A Health Board
- A Board constituted under section 2(1)(b) of the National Health Service (Scotland) Act 1978
- Healthcare Improvement Scotland
- The Scottish Qualifications Authority
- Skills Development Scotland Co. Ltd SC 202659
- Social Care and Social Work Improvement Scotland (the Care Inspectorate)
- The Scottish Social Services Council
- The Scottish Sports Council
- The Chief Constable of the Police Service of Scotland
- The Scottish Police Authority
- The Scottish Fire and Rescue Service
- The Scottish Legal Aid Board
- The Commissioner for Children and Young People in Scotland
- The Mental Welfare Commission for Scotland
- The Scottish Housing Regulator
- ~~Bord na Gaidhlig~~
- Creative Scotland
- A body which is a "post 16 education body" for the purposes of the Further and Higher Education (Scotland) Act 2005



**#Keep
The
Promise**

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APPENDIX 2

Our Promise to Care Experienced Children, Young People and Families 2023-25				
Action Plan				
Foundation	Actions	Leads	Measuring Impact	Timescales
Voice	Implement Infant Pledge for babies and toddlers in care	Service Manager	Audit of practice in test sites	¼ audits
	Coordinate Champions Boards to listen and enhance support	Education Officer	Survey Champions Boards	¼ meetings
	Review advocacy to improve access and impact	Service Manager	% offered and accessing	March 2024
	Implement findings of a survey on brother/sister care arrangements	Service Manager	Implementation of plan	March 2025
	Implement and scale What Matters to You in locality areas	Head of Service	Formal evaluation	March 2026
	Include a focus on voice in audits of practice	Service Manager	% where voice informed plans	¼ audits
Family	Coordinate targeted deployment of WFWF	Head of Service	Develop specific measures	Nov 2023
	Develop a clear edge of care offer to all families	Senior Manager	Numbers in care	June 2024
	Review working arrangements to provide support at time of need	Senior Manager	Family stability/disruption	June 2024
	Conduct Welfare Rights assessments with all families at risk	Practice Manager	Income maximisation	June 2024
	Implement Contextual Safeguarding for adolescents at risk	Senior Manager	Audits of Child's Plans	March 2024
	Explore and apply models of best practice in family support: <ul style="list-style-type: none"> ➤ Family Group Conferencing ➤ Solihull for Kinship Carers and Foster Carers ➤ Mockingbird model for Foster Carers ➤ Multi Systemic Therapy 	Senior Manager	Develop specific measures	March 2025

Care	Develop and implement brothers/sisters practice guidance	Senior Manager	Measures inform by survey	June 2025
	Implement therapeutic and other supports to Kinship Carers	Service Manager	Numbers in Kinship Care	June 2025
	Target school attendance support to pupils in Kinship Care	Education Officer	Educational outcomes	March 2024
	Develop and implement new Foster Carer support strategy	Service Manager	Recruitment and satisfaction	Nov 2023
	Complete secure care self-evaluation and implement improvements	Senior Manager	Compliance with standards	June 2024
	Develop and implement new Continuing Care practice guidance	Senior Manager	Compliance with standards	June 2024
	Review Aftercare support to care leavers aged up to 26 years	Senior Manager	% supported and outcomes	June 2024
	Enhance supportive post-care housing support	Senior Manager	Homelessness	June 2024
	Implement Youth Participation action plan	Senior Manager	Positive destinations	June 2024
People	Implement risk assessment and defensible decision training	Service Manager	Audits of practice	¼ audits
	Implement Welfare Rights training	Service Manager	Audits of practice	¼ audits
	Implement an annual foster carer training plan	Service Manager	Attendance and satisfaction	Annual
	Ensure high quality Child's Plans for all care experienced children	Service Manager	Audits of practice	¼ audits
	Scale parenting programme training across teams	Service Manager	Audits of practice	¼ audits
Scaffolding	Fully implement GIRFEC Practice Profile in all sites	Education Officer	Audits of practice	Bi-annual audits
	Implement new Social Work Practice Standards	Senior Manager	Audits of practice	January 2024
	Revise all Social Work procedures to be Our Promise compatible	Service Manager	Audits and staff survey	March 2024

Appendix 2

WFWF AWARDED BIDS						
Organisation	Phase 1	Phase 2	Phase 3	Local Priority	Bid Focus	Impact
Alternatives Counselling	✓			Early Years, Emotional Health and Wellbeing	£88K – new mental health support to vulnerable expectant women who will struggle during pregnancy and possibly afterwards, mirroring priorities on early years, vulnerable women and child protection.	O-5's on Child Protection Register and in care
Advice Infrastructure			✓	Inequalities and families at risk of harm	£108K – to reinstate the Fast Online Referral Tracking (FORT) triage function for a coordinated partnership system and to accelerate access to services.	Maximising resources and swifter access
Dundee Bairns		✓		Inequalities, Child Poverty, Child Healthy Weight	£238k – for a capacity building approach towards child healthy weight and expansion of tea clubs in Primary Schools.	Reduce or mitigate poverty
Dundee City Council and partners		✓		Inequalities, Vulnerable Adolescents	£442k – for renovation and running costs for the co-location of a multi-disciplinary team at Crichton Street. This was the largest bid and has both Children's Services Planning Partnership commitment and Scottish Government approval.	Child protection; balance of care
Dundee City Council Discover Work			✓	School Attendance, Vulnerable Adolescents	£205k – to support coordination of approaches towards Youth Participation, by integrating into senior education leader's approach to post-school transition.	Positive Destinations/Youth Participation
Dundee City Council and Partners	✓			Child Poverty, Inequalities, School Holidays	£281K – widened, targeted and enhanced school holiday activities for children and young people in the 6 Child Poverty priority groups, mirroring priorities relating to child poverty and child protection. New partnership approach with The Yard.	Poverty and child protection
Dundee REP Theatre			✓	Early Years, Inequalities	£156k – a new early intervention Creative Family Wellbeing Service offering out-of-hours wellbeing workshops, dramatherapy sessions and psychoeducational support for those experiencing trauma.	Poverty
DVVA (Alliance)		✓		Inequalities, School Attendance, Vulnerable Adolescents	£154k – for the coordination and maximisation of multiple volunteer services across the city, with a view to consistent volunteer development, career pathways and targeting of support.	Maximising Resources

Dundee Independent Advocacy Service and Partners		✓		Inequalities, School Attendance, Vulnerable Adolescents	£219k – for the coordination and maximisation of multiple advocacy services across the city. This reflects the Inequalities and Advocacy priorities and anticipates pending Human Rights requirements.	Maximising Resources
Mental Health Foundation	✓			Inequalities, Emotional Health and Wellbeing	£314k – a capacity building Together to Thrive model with NHS Tayside Children and Adolescent Mental Health Services and Dundee City Council to build the confidence and competence of key staff when responding to concerns in primary aged children.	Primary Age
National Literacy Trust Dundee and Partners	✓			Inequalities, Literacy	£135k – a whole family Talk and Play Together literacy initiative which builds literacy skills and strengthens family relationships, mirroring priorities on literacy, family support and transitions to secondary school.	Primary Age
Tayside Council on Alcohol	✓			Early Years and vulnerable women	£662k – extended holistic support to women at risk of pregnancy and having a child removed from their care and support to their partners, mirroring priorities relating to early years, vulnerable women and child protection.	Child protection and number of children in care
The Yard and Partners	✓			Child poverty, children with a disability	£133k – new support for families with disabled children during school holidays, mirroring priorities relating to children and young people with additional support needs and a disproportionate number of children with a disability requiring alternative care. New partnership approach with Dundee City Council (Holiday Programme Partnership).	Disability and ASN
The Yard and Partners		✓		Inequalities, children with a disability	£98k – for additional support provided to pupils with Additional Support Needs transitioning from Primary to Secondary school, with an initial focus on the Baldragon Academy cluster.	Disability and ASN
Total Mobile			✓	Inequalities, child protection	£84k – to support Dundee City Council Children and Families Service to review shift patterns and models of working to focus support when needed most, such as evenings and weekends.	Maximising Resources
What Matters to You		✓		Child Poverty, Inequalities, School Attendance, Vulnerable Adolescents, Child Healthy Weight	£44k – for a 12-month post to support data collation, analysis and learning in the 2 pilot sites of Strathmartine and Lochee, feeding into both Local Community Planning Partnerships. A total place whole family approach.	Maximising Resources



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 19 FEBRUARY 2025

REPORT ON: DUNDEE IJB PROPERTY STRATEGY UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB4-2025

1.0 PURPOSE OF REPORT

- 1.1 To provide an annual update to members of the Integration Joint Board on progress made against the Property Strategy, including current and future priority areas of work.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the progress made in implementing the Property Strategy.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

- 4.1 A Property Strategy Sub-Group has been established for the IJB to oversee the implementation of this strategy with the following objectives:
- To gain best value from our use of property.
 - To ensure that health and social care services are provided in and from accessible, sustainable, and fit- for-purpose, modern buildings.
 - To ensure that health and social care services are provided from premises that create environments that support trauma informed ways of working and reducing inequalities (including protected characteristics, fairness and wider health and social work inequalities).
 - To enhance provision of health and social care services in local communities.
 - To ensure that health and social care services are provided from environments that ensure the wellbeing of our workforce.
 - To rationalise our estate in order to reinvest savings into frontline services.
- 4.2 Dundee IJB's Property Strategy was approved by the Board in December 2022 (Article VIII of the minute of the meeting of the Dundee Integration Joint Board held on 14 December 2022 refers), with the first substantive update on progress having been submitted to the IJB in April 2023 (Article VII of the minute of the meeting of the Dundee Integration Joint Board held on 19 April 2023 refers).The work on the property strategy outlines a range of actions which include the need to:

- Agree a process for loans, leases, and funded modifications.
- Agree a programme of works in relation to GP premises, within the context of their local community.
- Look at areas that are underserved and explore options.
- Build on existing work to use clinical space more creatively.
- Scope out the clinical space requirements for planned care provision in the community.
- Replace Constitution House.
- Scope out space requirements for community-based services.
- Scope out the need for clinical space within care homes and day services.
- Grow partnership shared workspaces and opportunities for coworking in Dundee as a key part of our premises strategy.
- Identify IT solutions to some of the barriers to partnership working.

4.3 Since the Property Strategy was agreed considerable progress has been made to invest in premises that will support the IJB to deliver their Strategic Commissioning Framework however it has not been possible to progress larger projects which require access to capital funding managed within the corporate bodies (Dundee City Council and NHS Tayside). The Scottish Government has now provided guidance on the requirement for NHS Boards to develop Whole System and Service Infrastructure Plans. There are two phases or stages to this work, with Stage 1 Business Continuity Plans to be submitted to the Scottish Government by 31st January 2025. This will include essential work required to keep the buildings running. Stage 2, Whole System Planning, will set out planning across the next 20-30 years. The date for submission is yet to be confirmed but there is an ambition to finalise this by March 2026.

4.4. As part of the Whole System and Service Infrastructure Plan for NHS Tayside, there is an ambition for a new GP Practice in the city centre to be considered for funding from the Whole System Programme. This is in response to a reduction in the number of GP practices in the West End Ward from four to three in the last two years, and increased demand for primary care services (including from an expanding student population). Exploratory work has begun to support this, including the drafting of a Statement of Need in consultation with health and council property colleagues. Work to progress development of a new business case to meet the needs of Non-Acute Care in Dundee including the reprovision of accommodation at the Kingsway Care Centre and Royal Victoria Hospital has been paused as a result of this updated Guidance.

4.5 In relation to GP Practices there have been three key areas of significant development since the last update report:

- GP Practice Loans: A Mechanism for general practice to access loans was included, under the 2018 GP Contract, giving GP Partnerships who own their own premises the opportunity to apply for long-term interest free sustainability loan. A loan of up to 20% of the existing use value of the premises can be made, repayable when the building is sold or the contract ceases to provide general medical services. Three practices in Dundee have successfully secured loans. However, the Scottish Government suspended its 'sustainability' loan scheme in April 2024 due to oversubscription and has not yet confirmed when the scheme will reopen; it is known that some Dundee practices are awaiting the re-opening of the scheme. The lack of funding, and consequential inability to secure a sustainability loan increases the risk of a practice being unable to recruit new partners, thereby increasing the risk of the contractor terminating their contract.
- GP Practice Leases: The National Code of Practice for GP Premises 2017 details the shift to a model that no longer presumes GPs will provide their own premises and where GPs no longer wish to lease premises from landlords, the lease can be assigned to their local health board. The process for lease acquisitions is set out in an NHST wide paper and will go before NHST Executive Leadership Team in the

first quarter of 2025. In parallel, practices with leases that are soon to expire are progressing with their request for lease acquisition. Over the next four year period there are 4 leases in Dundee practices that are due to expire.

- GP Practice Capital Funding: This is increasingly restricted for GP owned premises, meaning that whilst arrangements regarding Practice Leases can contribute to improved greater sustainability, work to create or adapt space has become very limited. Since the last update, a number of improvements to GP practice buildings have been completed, including work at Ancrum, Hillbank, Muirhead, Nethergate and Princess St. This work has included increased numbers of clinical and consultation rooms as well as other improvements.

Phase 2 of the NHST owned Broughty Ferry Health centre reconfiguration is now complete. This has provided an additional two consultation rooms and a meeting room. Phase 3 is on hold due to the lack of NHS Property Department Personnel to oversee the work.

- 4.6 There is an ongoing need for space to enable the delivery of services and supports, coupled to a need to use available property more effectively. One solution, adopted by many NHS Trusts, is Book Wise. This allows staff to see all available rooms (clinical and non clinical) and be able to book it online. The viability of the use of Book Wise across Partnership operated services is currently being explored.
- 4.7 Other key property developments supporting redesign of models of care to provide improved access and quality, include:
- Work to develop the Hub and Mackinnon Centre is underway and the Locality Pharmacy Team is now based there.
 - The Community Wellbeing Hub is now fully operational in addition to its core function has a range of staff from other agencies based there.
 - Work to deliver substance use services closer to where people are is ongoing and Dundee Drug and Alcohol Recovery Service (DDARS) currently use 11 other locations in addition to Constitution House.
- 4.8 A key priority within the IJB's Strategic Commissioning Framework, and supported by the Alcohol and Drug Partnership Strategic Plan, is to deliver mental health and substance use services in a much more integrated multidisciplinary way. The current configuration of buildings does not support this ambition and the key will be to make better use of existing assets in a way that promotes the use of a single public sector estate. NHS Tayside has engaged with Scottish Futures Trust to support this project, and two workshops will take place in the new year to develop mental health and substance use models. This work follows on from the Mental Health and Substance Use Pathfinder Programme, run by Health Improvement Scotland last year who worked with service leads across NHS Tayside, and will dovetail to the very recent guidance available through the [National Mental Health and Substance Use Protocol](#) including leadership and culture change release 13 December 2024. This work will also support further progress in relation to DDARS premises, building on recent changes that have enhanced use of wider range of premises outwith Constitution House.
- 4.9 In late January 2025, the Partnership will hold an initial workshop to support the development of their digital strategy. This will include considering how digital can enable delivery of services and supports in alternative ways in the future and act as an enabler to support the most effective use of available property. Through the continued development and application of hybrid working policies in both NHS Tayside and Dundee City Council, supported by digital developments, the Partnership is also continuing to evolve their use of office space.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

- 6.1 A risk assessment has not been provided as this report is being provided to the Integration Joint Board for information only.

7.0 CONSULTATIONS

- 7.1 The Chief (Finance) Officer, Heads of Service Health and Community Care, members of the Property Strategy Sub-Group and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

- 9.1 None.

Dave Berry
Acting Chief Officer

DATE: 08 January 2025

Jenny Hill
Head of Health and Community Care

Julia Martineau
Programme Manager, Primary Care



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 19 FEBRUARY 2025

REPORT ON: FUTURE PROVISION OF PRACTICAL SUPPORT SERVICES

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB3-2025

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to seek the IJB's approval to end the traditional Practical Support Service in order to permanently release resources to be targeted where need is greatest and help to reduce unmet need across the Partnership's wider social care services.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the changing context and demand for the delivery of practical support services, including during and after the COVID-19 pandemic (sections 4.1 and 4.2).
- 2.2 Approves the proposal to cease operating the traditional Practical Support Services, in recognition that the key components of the service can be supplied by Dundee's community infrastructure, either provided by the third sector or the commercial market which has developed rapidly during the last two years and is more cost effective and flexible than the Partnership's in-house services (section 4.3).
- 2.3 Notes that the Social Work teams / Social Isolation Worker (Third Sector Partner) will support those who need a practical support service in the future by signposting to a variety of cost-effective service provision (section 4.3).
- 2.4 Notes that practical support tasks that are incidental to core social work tasks and within housing with care continuing to be delivered as an integrated part of those core services (section 4.3.4).
- 2.5 Remits to the Chief Officer to issue Direction to Dundee City Council to cease providing the Practical Support Service.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The budget for the Practical Support Service has been utilised as a contribution to offset budgeted staff slippage provisions in the IJB's overall delegated budget as service demand has dropped over the last few years. In addition, the services provided are chargeable and therefore reductions in service provision has seen a reduction in income received therefore adjustments are required to income budgets accordingly. Formally approving the cessation of the service provision will therefore not result in the release of funding for other purposes.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The term 'practical services' used in Dundee comes from the development of social care over the last thirty years. The NHS and Community Care Act (1990) began to change the delivery of social care services. This created a responsibility for community care for vulnerable citizens, with service provision to meet individual need, identified as part of a community care

assessment. Home care, day care and respite care were developed to help people live in their own home wherever possible. Prior to this time support in the home was known as Home Helps and consisted of a range of ad hoc supports such as laundry, housework, shopping etc.

- 4.1.2 The Regulation of Care (Scotland) Act 2001 introduced the National Care Standards and identified a requirement for the registration of services and the development of an inspection framework. In the years since then, there has been a professionalisation of the social care workforce including individual registration with the Scottish Social Services Council. This has provided a framework to support and train, to a high standard, the professional care workforce. Staff must participate and complete SVQ qualifications to comply with their registration, deliver high quality support and meet the requirements of the National Health & Social Care Standards. This has led to us focusing Partnership services on the high quality and more complex specialist support and care required to enable people to remain within their own community. Practical support remains an unregistered service provided by the Dundee Health and Social Care Partnership.
- 4.1.3 Increasingly within national and local strategic planning, Care at Home, along with the wider social care staff in areas such Social Care Response Service have upskilled and work across the wide range of social care required within our communities. This focus on high standards of professional care, has resulted in very good inspection gradings across Partnership services. In tandem with these developments, there has been the growth of the voluntary and third sector in the provision of the more practical support networks. These range from domestic cleaning, to meals, laundry, and shopping services. In addition to this there has been a commercial development of these services which has changed how people choose to get their practical support, such as on-line shopping and supermarket delivery.
- 4.1.4 There is a need for the Partnership to look at which services are focused on from an eligibility perspective, what can be provided within our framework of service provision, and our ability to commission directly, or support individuals to privately purchase practical support. It should be noted that practical support services purchased from the third and commercial sectors is very often at a price that the Partnership cannot match under the charging policy.

4.2 Current Position

- 4.2.1 There has been a gradual reduction in the provision of in-house practical support corresponding to the growing development of the third and commercial sector provision of these services. These independently provided services, have become increasingly competitive providing a wider range of tasks (for example, curtain changes and cleaning, work requiring a ladder and supported self-managed shopping) than the Partnership's in-house services is able to provide due to rota planning and health and safety limitations agreed in-house. Some tasks essential to safe care, such as dishes when preparing a meal / supported meals or continence laundry, are incidental to a social care visit and included in the core social care support plan. The reduction in requests and requirements for the Practical Support Service has resulted in receding demand, with no new staff having been appointed in the last 8 years, and the overall service workforce reducing through individual retirements or moving post.
- 4.2.2 Developments over recent years suggest that the Practical Support Service is no longer aligned to future models of service provision from the Partnership nor with the development of the professional care workforce. The table below highlights the services that are currently delivered, including costs to service users, with a sample of the alternatives available.

Service	Detail	Cost	Provider >65	Provider <65	Independent comparator
Housework	General household duties	£14.50 per hour	In-house	In-house	Commercial providers sampled range from £12.95 to £14.00.
Laundry	Uplift/wash/iron/deliver	£9.90 (significantly subsidised rate -	In-house	In-house	Commercial providers sampled from

		full cost recovery estimated to be £14.50)			£12.00 for 0-4kg
Shopping	Groceries	£10.20 per shop	In-house	Food Train £5.00	Supermarket delivery cost from £1.00 and other express delivery services from £2.50.

- 4.2.3 During the COVID-19 pandemic most service users who purchased practical support services were in the high-risk or shielding category due to their age and condition. This amounted to 331 service users prior to March 2020. During the pandemic practical services were classed as non-essential, and national guidance resulted in an inability to meet many of the requirements. Housekeeping was ceased due to issues around hoovering and dusting and damage to surfaces from cleaning chemicals. There was a reduced laundry service, however some were retained to assist those with incontinence needs. Many families chose to provide this support themselves to reduce the risk of transmission and those without families were provided limited support from their social care providers. Some people secured the services of private providers once it was safe to do so.
- 4.2.4 At the commencement of lock down there were 27 staff members remaining, with several of them shielding and absent due to sickness absence. The staffing resource within these teams were transitioned into support for Partnership social care teams and community meals service. A small number were retained for laundry services. Four staff were on sessional social care contracts and were offered temporary contracts during the pandemic, with the rest deployed into housing with care and the community meal service.
- 4.2.5 Pre-pandemic (March 2020) there were 2 (FTE) Organisers in post; at the present time 0.5 FTE remains in post. In addition, as of March 2020 there were 27 other staff in post, through a combination of retiral, resignations and transfers to other roles 11 members have since left the service. This leaves 16 members of staff currently in post, (9.73 FTE (Full Time Equivalent), as described below (costs as at July 2024):

Role / Grade of staff	WTE established posts	Annual pay costs if re-established/recharge to the service
Organiser Grade 8	0.5 (staff in post)	£22,610
	1.5 (Established Posts that are Vacancies)	£109,762
Practical Support Grade 4 (Bottom of Grade 4)	9.73 (staff in post)	£304,977
	12.78 (Established Posts that are Vacancies)	£383,555
Total		£820,904

4.3 Future Service Needs

- 4.3.1 The number of enquiries about the housekeeping service resuming has been minimal. It is not expected that this will increase, with those requiring support obtaining services from alternative sources in the third and independent sector for the foreseeable future. It is expected that the costs that can be charged by independent providers will continue to be lower than those applied by the Partnership under the charging policy.
- 4.3.2 The cost of the Partnership's shopping service is prohibitive for services users, who have found alternative means of shopping through the wide range of providers who have flourished during the recent pandemic. It is not expected that demand will resume, as the costs that can be

charged by independent providers could not be matched under the Partnership's charging policy.

- 4.3.3 Housing with care currently utilise 179 hours of practical service, for the unregistered element of care. For Infection Prevention and Control purposes it is recommended that social care staff do not carry out cleaning activities unless incidental to the core social care task. It is considered beneficial for practical support staff, either private or in-house, to work alongside our Social Care Workers in our facilities which currently would require up to 5 WTE of the remaining 9.73 WTE Practical Support Service staff. In addition, Social Work teams / Social Isolation Worker (Third Sector Partner) will support those who need a practical support service in the future by signposting to a variety of cost-effective service provision.
- 4.3.4 It is therefore proposed that the IJB ceases to commission the Practical Support Service from Dundee City Council. With practical support tasks that are incidental to core social work tasks and within housing with care continuing to be delivered as an integrated part of those core services.
- 4.3.5 Initial consultation with Trade Unions has taken place, with a desire to engage further to clarify the specific implications for and options available to the remaining staff in the service should the IJB approve the cessation of the Practical Support Service. Initial engagement with the affected staff group has included acknowledgement of the changing nature of services provided by the Partnership and a desire for a decision to be made about the future of the service to allow further negotiation to proceed between the Council and Trade Unions regarding their future roles.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to an Integrated Impact Assessment to identify impacts on Equality & Diversity, Fairness & Poverty, Environment and Corporate Risk. An impact, positive or negative, on one or more of these issues was identified. An appropriate senior manager has checked and agreed with this assessment. A copy of the Integrated Impact Assessment showing the impacts and accompanying benefits of / mitigating factors for them is included as an Appendix to this report.

6.0 RISK ASSESSMENT

This is a mandatory field and an explanation must be provided which covers the fields below. Please fill in and copy this table for each individual risk identified.

Risk 1 Description	Current services users are not able to secure alternative services.
Risk Category	
Inherent Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9)
Mitigating Actions (including timescales and resources)	Social Work teams / Social Isolation Worker (Third Sector Partner) will support those who need a practical support service in the future by signposting to a variety of cost-effective service provision to choose from.
Residual Risk Level	Likelihood (1) x Impact (1) = Risk Scoring (1)
Planned Risk Level	Likelihood (1) x Impact (1) = Risk Scoring (1)
Approval recommendation	It is expected that the costs that can be charged by independent providers could not be met by our service income charge, offering better value for individuals and reducing down any associated risks of being unable to access services

7.0 CONSULTATIONS

- 7.1 The Chief (Finance) Officer, Heads of Health and Community Care and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

None

Dave Berry
Acting Chief Officer

DATE: 22 January 2025

Fiona Gibson
Associate Locality Manager

David Philips
Integrated Manager

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DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB3-2025
2	Date Direction issued by Integration Joint Board	19 February 2025
3	Date from which direction takes effect	19 February 2025
4	Direction to:	Dundee City Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Local Authority operated Practice Support Service.
7	Full text of direction	The IJB directs Dundee City Council to formally withdraw the provision of practical support services.
8	Budget allocated by Integration Joint Board to carry out direction	The budgeted resources released through the closure of the Practical Support Services be reinvested to offset staff slippage budgetary allowances and income budgets.
9	Performance monitoring arrangements	Financial monitoring and performance monitoring processes.
10	Date direction will be reviewed	19 February 2026

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Dundee Integration Joint Board Integrated Impact Assessment

There are 2 steps in this Integrated Impact Assessment process. **Step1** is a pre-assessment screening tool which should be completed for every IJB report. **Step 2** is the Integrated Impact Assessment to be completed when screening has indicated that IIA is required.

Step 1-Essential Information and Pre- Impact Assessment Screening Tool

Complete all boxes with an X or answer or indicate not applicable(n/a).

Document Title	FUTURE PROVISION OF PRACTICAL SUPPORT SERVICES						
Type of document	Policy		Plan		Other- describe	X Service change proposal	
Date of this Pre-Integrated Impact Assessment Screening					18/01/2025		
Date of last IIA (if this is an update)					n/a		
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates							
The purpose of this report is to seek the IJB's approval to end the traditional Practical Support Service in order to permanently release resources to be targeted where need is greatest and help to reduce unmet need across the Partnership's wider social care services.							
Lead Officer/Document Author (Name, Job Title/Role Email)							
Angela Smith, Interim Head of Service, Health and Community Care Fiona Gibson, Interim Associate Locality Manager, Community Services							
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)							
Fiona Gibson, Interim Associate Locality Manager, Community Services							
Names of colleagues or groups who contributed to pre-screening and IIA							
David Phillips, Integrated Manager, Care at Home Services							
Note- some reports to IJB might not require an IIA. Completing screening will help identify when an IIA is needed. Common documents and reports that <u>may not</u> require this can include report or progress report on an existing plan / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / Ongoing Revenue expenditure monitoring. When the purpose is the noting of a report or decision made by another body or agency (e.g. Council, NHS), including noting of strategy, policies and plans approved elsewhere, reference should be made in the IJB report to the Impact Assessment (or Screening) which accompanied the original report to the decision makers and where this can be found.							
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed. Submit a response for all on Pages 1 and 2.						Yes	No
A document or proposal that requires the IJB to take a decision						x	
A major Strategy/Plan, Policy or Action Plan							x
An area or partnership-wide Plan							x
A Plan/Programme/Strategy that sets the framework for future development consents							x

Dundee Integration Joint Board Integrated Impact Assessment

The setting up of a body such as a Commission or Working Group		X
An update to an existing Plan (when additional actions are described and planned)		X

Will the recommendations in the report impact on the people/areas described below? When the answer is <u>yes</u> to any of the following an <u>IIA must</u> be completed	Y	N
Individuals who have Equality Act Protected Characteristics I.e. Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation	X	
Human Rights. For more information visit: https://www.scottishhumanrights.com		X
Individuals residing in a Community Regeneration Area (CRA)? i.e. Living in the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.	X	
People who are part of households that have individuals who are more at risk of negative impacts? Including Care Experienced children and young people; Carers (Kinship carers and unpaid carers who support a family member or friend); Lone Parent Families/ Single Female Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).	X	
Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues		X
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services		X
Offenders and former offenders		X
Effects of Climate Change or Resource Use		X
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.		X
Transport, Accessible transport provision; sustainable modes of transport.		X
Natural Environment		X
Air, land or water quality; biodiversity; open and green spaces.		X
Built Environment. Built heritage; housing.		X

An IIA is required when YES is indicated at any question in the screening section above.
The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.

<u>From information provided in Step 1 (Pre-screening) Is an IIA needed?</u>			Y	x	N	
When IIA is required describe planned monitoring and review of IIA with dates						
Anticipated Date of IJB	19 February 2025		IJB Report Number	DIJB3-2025		
Date Step 1 of IIA	18/01/2025					

Dundee Integration Joint Board Integrated Impact Assessment

completed	
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Dundee Integration Joint Board Integrated Impact Assessment

Complete Step2 only when IIA is needed

STEP 2 -Impact Assessment Record

Conclusion of Equality and Fairness Impact Assessment

(complete this **after** considering the Equality and Fairness impacts through completing questions on next pages)

The impact of the decommissioning of practical support services would be equal across all areas in the city. Whilst the service has not been restricted to older people, traditionally most service users have fitted within this category. The decommissioning has been assessed as having a likely positive impact on service users, as the new model of service access via the third and private sectors offers more readily available services, at a lower price and higher quality than the Partnership can provide. Partnership staff will continue to support and signpost people to access practical support services from these alternative providers where relevant. There is some risk of negative impact on staff working within the service if they do not wish to continue within posts that they are currently redeployed to. This risk will be mitigated by close working with Dundee City Council (as the employer) through their organisational change policy to identify individual solutions.

Summary of Activities undertaken as part of information gathering and assessment of potential impacts including local involvement, research and meeting discussions.

Date	Activity/Activities	People/groups	By whom
July 2024	Research	Local companies providing similar services. Analysis of service use data, including new referral / customer data.	Integrated Manager
Oct 2023	Meetings	Staff / Trade Unions	Associate Locality Manager / Integrated Manager / HR
Ongoing since March 2020	Feedback from current and prospective service users	Informal feedback has been offered to the Partnership by people who have previously used the Practical Support service and have then chosen to move to an alternative provider. Feedback has also been received from prospective service users research options for practical support, the vast majority of whom did not go on to purchase services from the Partnership.	Workforce within the Practical Support Service

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- Impact Assessment Record (continued) **Equality, Diversity & Human Rights** – Mark **X** in all relevant boxes. *When assessing impacts throughout this record a **brief explanation is required** and any planned mitigating actions should be described. It is possible that both positive and negative impacts can be identified for the circumstances described.*

(If choosing 'not known' identify if further research is needed and if not, why not.)

Age		Explanation, assessment and potential mitigations
Positive	X	<p>There is now availability of these services within the third and private sector being delivered at a lower cost and better quality than the HSCP can provide. Where practical tasks are incidental to a core social care package of support these will continue to be carried out by the Partnership as part of that package of care. Any new service users seeking Practical Support services will be pro-actively signposted to alternative sources of provision in the third and private sectors.</p> <p>The current workforce is predominately older workers, who may find it difficult to find alternative employment if they did not wish to continue with the posts they have been redeployed to. 8 of the staff are aged between 60 and 69. 2 of the staff are over 70 years old. The Partnership will work with Dundee City Council as the employer through their organisational change policies to find individual solutions for each staff members. From consultation discussions held to date, including with Trade Unions it is expected that an acceptable solution will be able to be found for all remaining staff members.</p>
No Impact		
Negative	X	
Not Known		
Disability		Explanation, assessment and potential mitigations
Positive	X	<p>There is now availability of these services within the third and private sector being delivered at a lower cost and better quality than the HSCP can provide. Where practical tasks are incidental to a core social care package of support these will continue to be carried out by the Partnership as part of that package of care. Any new service users seeking Practical Support services will be pro-actively signposted to alternative sources of provision in the third and private sectors.</p>
No Impact		
Negative		
Not Known		
Gender Reassignment		Explanation, assessment and potential mitigations
Positive		<p>The service change proposal is not relevant to this particular group of people.</p>
No Impact	X	
Negative		
Not Known		
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		<p>The service change proposal is not relevant to this particular group of people.</p>
No Impact	X	
Negative		
Not Known		
Race		Explanation, assessment and potential mitigations
Positive		<p>The service change proposal is not relevant to this particular group of people.</p>
No Impact	X	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		<p>The service change proposal is not relevant to this particular group of people.</p>
No Impact	X	
Negative		
Not Known		

Dundee Integration Joint Board Integrated Impact Assessment

Religion & Belief		Explanation, assessment and potential mitigations
Positive		The service change proposal is not relevant to this particular group of people.
No Impact	X	
Negative		
Not Known		
Sex		Explanation, assessment and potential mitigations
Positive		The current workforce is predominately female (80%), and in combination with the protected characteristic of age, may find it difficult to find alternative employment if they did not wish to continue with the posts they have been redeployed to. The Partnership will work with Dundee City Council as the employer through their organisational change policies to find individual solutions for each staff members. From consultation discussions held to date, including with Trade Unions it is expected that an acceptable solution will be able to be found for all remaining staff members.
No Impact		
Negative	X	
Not Known		
Sexual Orientation		Explanation, assessment and potential mitigations
Positive		The service change proposal is not relevant to this particular group of people.
No Impact	X	
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above.		
None		

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- Impact Assessment Record (continued)

Fairness & Poverty Geography – Describe how individuals, families and communities might be impacted in each geographical area. Across Dundee City it is recognised that targeted work is needed to support the most disadvantaged communities. These communities are identified as Community Regeneration Areas (CRA) and are within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.

Mark X in all relevant boxes. X must be placed in at least one box

Identified Areas of Deprivation -				
	Positive	No Impact	Negative	Not Known
Strathmartine (Ardler, St. Mary's & Kirkton)	X			
North East (Whitfield, Fintry & Mill O'Mains)	X			
Lochee (Lochee Beechwood, Charleston & Menzieshill)	X			
Coldside (Hilltown, Fairmuir & Coldside)	X			
East End (Mid Craigie, Linlathen & Douglas)	X			
Maryfield (Stobswell & City Centre)	X			
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End	X			
The Ferry	X			
Description of impacts on Fairness-. Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				
<p>It is anticipated that the change in model of service provision will have positive impacts across all areas of the city. There is now availability of these services within the third and private sector being delivered at a lower cost and better quality than the HSCP can provide. Where practical tasks are incidental to a core social care package of support these will continue to be carried out by the Partnership as part of that package of care. Any new service users seeking Practical Support services will be pro-actively signposted to alternative sources of provision in the third and private sectors.</p>				

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- Impact Assessment Record (continued)

Household circumstances have considerable long-term impacts on Fairness and Poverty.

Child Poverty (Scotland) Act 2017 addresses the impact on child poverty and some local improvement activity can influence this including activity that affects: **Income from employment, Costs of living, Income from social security and benefits in kind.**

Household and Family Group- *consider the impact on households with people with the following circumstances*
. Mark X in all relevant boxes. X must be placed in at least one box

Explanation, assessment and any potential mitigations		
Care Experienced Children and Young People		
Positive		The service change proposal is not relevant to this particular group of people.
No Impact	X	
Negative		
Not Known		
Carers (consider Kinship carers and carers who support a family member or friend without pay)		
Positive	X	Where carers currently support a person this should have a positive impact as there is greater choice with more cost effective options available. Where the carer is unable to support the person to arrange services the Social Worker or Social Isolation worker can assist with signposting.
No Impact		
Negative		
Not Known		
Lone Parent Families/Single Female Parent Household with Children		
Positive		The service change proposal is not relevant to this particular group of people.
No Impact	X	
Negative		
Not Known		
Households including Young Children and/or more than 3 children		
Positive		The service change proposal is not relevant to this particular group of people.
No Impact	X	
Negative		
Not Known		
Retirement Pensioner (s)		
Positive	X	There is now availability of these services within the third and private sector being delivered at a lower cost and better quality than the HSCP can provide. Where practical tasks are incidental to a core social care package of support these will continue to be carried out by the Partnership as part of that package of care. Any new service users seeking Practical Support services will be pro-actively signposted to alternative sources of provision in the third and private sectors.
No Impact		
Negative		
Not Known		
Unskilled Workers and Unemployed		
Positive		The service change proposal is not relevant to this particular group of people.
No Impact	X	
Negative		
Not Known		
Serious & Enduring Mental Health Conditions		
Positive	X	Where the person is unable to manage their affairs due to incapacity, and services have responsibility for arranging their care and support, this will continue to be undertaken. However, as with other groups of service users there will be a greater choice of services that are available at lower cost and higher quality within the third and private sector.
No Impact		
Negative		
Not Known		
Homeless (risks of Homelessness)		
Positive	X	Where there is a risk of homelessness due to cleanliness related concerns there will be alternative service provision available at a lower cost and higher quality from the third and independent sector.
No Impact		
Negative		
Not Known		
Drug and/or Alcohol issues		
Positive		The service change proposal is not relevant to this particular group of people.

Dundee Integration Joint Board Integrated Impact Assessment

No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Offenders and Former Offenders		
Positive	<input type="checkbox"/>	The service change proposal is not relevant to this particular group of people.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

STEP 2- Impact Assessment Record (continued)

Mark X in all relevant boxes. X must be placed in at least one box

Socio-Economic Disadvantage and Inequalities of outcome – consider if the following circumstances may be impacted for individuals in the following conditions/areas.		
Explanation, assessment and any potential mitigations		
Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)		
Positive	<input type="checkbox"/>	The current inhouse services are means tested or subsidised but the lower costs of private providers are expected to offset any potential changes in charges. Social Care staff will be able to signpost service users to appropriate Welfare Rights Services where this is required.
No Impact	<input type="checkbox"/>	
Negative	<input checked="" type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Fuel Poverty- household needs to spend 10% or more of its income on maintaining satisfactory heating.		
Positive	<input type="checkbox"/>	The service change proposal is not relevant to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Employment Opportunities/Status		
Positive	<input type="checkbox"/>	The current workforce is predominately older workers, who may find it difficult to find alternative employment if they did not wish to continue with the posts they have been redeployed to. 8 of the staff are aged between 60 and 69. 2 of the staff are over 70 years old. The Partnership will work with Dundee City Council as the employer through their organisational change policies to find individual solutions for each staff members. From consultation discussions held to date, including with Trade Unions it is expected that an acceptable solution will be able to be found for all remaining staff members.
No Impact	<input type="checkbox"/>	
Negative	<input checked="" type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Education & Skills		
Positive	<input type="checkbox"/>	The service change proposal is not relevant to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Caring Responsibilities (including Childcare & Unpaid care)		
Positive	<input checked="" type="checkbox"/>	Where carers currently support a person this should have a positive impact as there is greater choice with more cost effective options available. Where the carer is unable to support the person to arrange services the Social Worker or Social Isolation worker can assist with signposting.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Accessibility of Services (including Affordability)		
Positive	<input checked="" type="checkbox"/>	There is now availability of these services within the third and private sector being delivered at a lower cost and better quality than the HSCP can provide. Where practical tasks are incidental to a core social care package of support these will continue to be carried out by the Partnership as part of that package of care. Any new service users seeking Practical Support services will be pro-actively signposted to alternative sources of provision in the third and private sectors.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Connectivity / Internet Access		

Dundee Integration Joint Board Integrated Impact Assessment

Positive		The service change proposal is not relevant to this factor.
Socio-Economic Disadvantage and inequalities of income – Continued		
Explanation, assessment and any potential mitigations		
Healthy Weight/Weight Management/Overweight / Obesity		
Positive		The service change proposal is not relevant to this factor.
No Impact	X	
Negative		
Not Known		
Child Health		
Positive		The service change proposal is not relevant to this factor.
No Impact	X	
Negative		
Not Known		
Neighbourhood Satisfaction-Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive		The service change proposal is not relevant to this factor.
No Impact	X	

No Impact	X	
Negative		
Not Known		
Health (including Mental Health)		
Positive		The service change proposal is not relevant to this factor.
No Impact	X	
Negative		
Not Known		
Life expectancy		
Positive		The service change proposal is not relevant to this factor.
No Impact	X	
Negative		
Not Known		

Dundee Integration Joint Board Integrated Impact Assessment

Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Transport (including accessible transport provision and sustainable modes of transport)		
Positive	<input type="checkbox"/>	The service change proposal is not relevant to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

NOW COMPLETE THE **CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT** AT THE START OF STEP 2

Step 2- Impact Assessment Record(continued)

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive	<input type="checkbox"/>	The service change proposal is not relevant to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Resource Use		
Energy Efficiency and Consumption		
Positive	<input type="checkbox"/>	The service change proposal is not relevant to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive	<input type="checkbox"/>	The service change proposal is not relevant to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Sustainable Procurement		
Positive	<input type="checkbox"/>	The service change proposal is not relevant to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive	<input type="checkbox"/>	The service change proposal is not relevant to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Built Environment - Housing and Built Heritage		
Positive	<input type="checkbox"/>	The service change proposal is not relevant to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

STEP 2- Impact Assessment Record (continued)

There is a requirement to assess plans that are likely to have significant environmental effects.

Strategic Environmental Assessment provides economic, social and environmental benefits to current and future generations. Visit <https://www.gov.scot/policies/environmental-assessment/strategic-environmental-assessment-sea/>

Strategic Environmental Assessment

Dundee Integration Joint Board Integrated Impact Assessment

Statement 1				
No further action is required as this does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005.				
Yes	X	No		
Statement 2				
Further action is required as this is a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005				
Yes		No	X	Use the SEA flowchart to determine whether this plan or proposal requires SEA.
If Statement 2 applies Complete SEA Pre-Screening (attached to this record along with and relevant SEA information) Complete SEA Pre-Screening (attached to this record along with and relevant SEA information) Next action will depend on the SEA Pre-Screening Determination. A copy of the Pre-Screening information, when completed, should be attached to the IIA record. Include an explanation of how the determination was made that the Plan will have no or minimal negative environmental effect or and/or 'Summary of Environmental Effects' from the SEA screening report, the Environmental Implications of the proposal on the characteristics identified and Proposed Mitigating Actions.				

As Corporate Risk is addressed and recorded in IJB reports and it is not reported on this record. (See IJB report.)

End of Impact Assessment Record.

The completed 'Step 1-Essential Information and Pre- Impact Assessment Screening Tool' part of this document **must be sent to IJB** pre-agenda meetings with draft IJB reports.

When Step 1 indicates that Step 2 (IIA) is required both Step 1 and Step 2 completed pages must be must accompany draft IJB Reports to IJB Pre-Agenda stage and at should be included with IJB papers. IIA records should accompany IJB papers will be published with relevant IJB Report. Any changes or additions agreed at IJB should be made before final publication.

Additional Information and advice about impact assessment can be found at

<https://www.gov.scot/publications/local-development-planning-regulations-guidance-consultation-part-d-interim-impact-assessments/pages/3/>

The IJB IIA record has been developed from the DCC IIA, guidance which contains more detailed information about each of the sections in the DCC IIA can be accessed here:

https://www.dundee.gov.uk/sites/default/files/publications/20220131_ia_guidance_2022_v1.1.pdf

This form was last updated in January 2024.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 19 FEBRUARY 2025

REPORT ON: REVIEW OF OLDER PEOPLE DAY OPPORTUNITIES

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB11-2025

1.0 PURPOSE OF REPORT

- 1.1 This report is to inform the Integration Joint Board of the day opportunities review in Dundee and to seek approval of the proposal to cease to commission Alzheimer's Scotland Dundee Day services.

2.0 RECOMMENDATIONS

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

- 2.1 Note the updated position in relation to the review of Day Opportunities in Dundee.
- 2.2 Approve the proposal to cease commissioning day services from Alzheimer's Scotland.
- 2.3 Remits to the Chief Officer to issue Direction to Dundee City Council to cease commissioning of day services from Alzheimer's Scotland.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The ending of the contract with Alzheimer's Scotland would result in a cost saving to the DHSCP of £151,000 which would contribute to the previously agreed savings proposal made by the IJB in March 2024 through a review of day care services of £400,000 per annum.

4.0 MAIN TEXT

- 4.1 Dundee Health and Social Care Partnership currently utilises four main day services for older people:
- Oakland Day Service which is run and managed by the Partnership and has provision for 35 people, Monday to Friday at a cost of a maximum of £49.80 per day (financial assessment dependable) with an additional cost of £4.60 for a meal. It is currently operating just below capacity and accepts people with Dementia at all stages.
 - Mid-Lin day service provides day care places for up to 30 people per day, Monday to Friday, and is dependent on volunteers available to support. The Partnership contracts with Mid-Lin at an annual cost of £59k and they provide support to people from early diagnosis to moderate impairment. They are currently operating at approximately 85% capacity.
 - Alzheimer's Scotland day service operates Wednesday to Friday, providing a service to up to 16 people per day. The Partnership contracts with Alzheimer's Scotland at an annual cost of £151k. They are currently operating at approximately 55% capacity.
 - Age Concern Dundee do not have a contract with Partnership but offer places to a maximum of 40 people per day. Their service users are often at the early stages of their dementia

journey and have more independent needs. They are currently operating at approximately 50% capacity.

Since the COVID-19 pandemic, demand for day service places has reduced consistently, Oaklands has never reached enough demand to open to the previous seven-day capacity. There has been a consistent increase in demand for more home-based social care support.

- 4.2 The IJB has previously approved a review of Day Services (Article IV of the minute of the meeting of the Dundee Integration Joint Board held on 27 March 2024 refers), which has been progressed by the Partnership in relation to older people's services during the latter half of 2024/25. This includes the impact on services if Self-Directed Support (SDS) was a payment option for day services. The review is also considering the demand and impact of offering outreach options as an alternative to attending day service units, considering the trend for services and supports closer to home. In addition, the Partnership has invested in a Post Diagnostic Support team for dementia ensuring that options for supports now and into the future are discussed at an earlier stage and the impact of this work on the operation of day services is also being considered.
- 4.3 Alzheimer's Scotland Day service is based within Alzheimer's resource centre which has a main area, small breakout rooms and a small garden. The service user group and criteria for attendance is people over the age of 65 with a diagnosis of dementia. The Alzheimer's service differs considerably from other contracted service and internal Partnership services in that they operate half day sessions only, do not offer transport for people to attend the unit, cannot support persons who require the use of mobility equipment such as hoists and do not support with catheter or stoma care.
- 4.4 During the financial period for 2024-2025, to date the service has been operating around 50% capacity for its duration with its peak being 54%. In comparison, internal Partnership and other contracted service have been operating in the region of 80-90% for the same period. The fourth day service in Dundee is Dundee Age Concern which is also operating around the 50% occupancy level, however the Partnership do not contract spaces with Dundee Agency Concern. Alzheimer's Scotland currently support 16 people in their day service, of which all 16 people could have their needs met in one if not more of the 3 other day services in Dundee.
- 4.5 A Contracts officer and Integrated Manager from the Partnership have met regularly with the Alzheimer's Scotland manager to discuss what the service offers and occupancy levels. There has been very little change made to the service to attempt to increase occupancy levels despite these discussions.
- 4.6 Alzheimer's Scotland has proposed a revised service delivery model in which they would reduce day service places, introduce community supports, and look towards an outreach focussed service. There are already a high number of community groups in place throughout Dundee aimed at people over the age of 55, many of which are supported with funding from the Older People Engaging Needs Fund administered by the Partnership. One of the other day services in Dundee do operate an outreach service but this is not part of the Partnership's contracted places with them, they do so independently and very successfully. All alternative day services accommodate people with dementia and there is no unmet need for day service places currently. It is therefore recommended that the IJB ceases to commission the Alzheimer's Scotland day service.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to an Integrated Impact Assessment to identify impacts on Equality & Diversity, Fairness & Poverty, Environment and Corporate Risk. An impact, positive or negative, on one or more of these issues was identified. An appropriate senior manager has checked and agreed with this assessment. A copy of the Integrated Impact Assessment showing the impacts and accompanying benefits of / mitigating factors for them is included as an Appendix to this report.

6.0 RISK ASSESSMENT

Risk 1 Description	Risk that there will be insufficient Day Service places to meet current and future demand.
Risk Category	Operational
Inherent Risk Level	Likelihood (1) x Impact (3) = Risk Scoring (3) - Low
Mitigating Actions (including timescales and resources)	Continuous review of new referrals for unmet need. There is already capacity in other day services for new referrals.
Residual Risk Level	Likelihood (1) x Impact (3) = Risk Scoring (3) – Low
Planned Risk Level	Likelihood (1) x Impact (3) = Risk Scoring (3) – Low
Approval recommendation	Given the low levels of risk and capacity in the system this risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None

Dave Berry
Acting Chief Officer

DATE: 24 January 2025

Chris Hebenton
Integrated Manager

Allison Lee
Associate Locality Manager

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DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB11-2025
2	Date Direction issued by Integration Joint Board	19 February 2025
3	Date from which direction takes effect	19 February 2025
4	Direction to:	Dundee City Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Local Authority contracted day service from Alzheimer's Scotland
7	Full text of direction	The IJB directs Dundee City Council to cease to commission day services from Alzheimer's Scotland.
8	Budget allocated by Integration Joint Board to carry out direction	The budgeted resources released through the cessation of commissioned service contract to be reinvested in alternative service provision, as per 2024/25 IJB Financial Plan
9	Performance monitoring arrangements	Financial monitoring and contract monitoring processes.
10	Date direction will be reviewed	19 August 2025

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Dundee Integration Joint Board Integrated Impact Assessment

There are 2 steps in this Integrated Impact Assessment process. **Step 1** is a pre-assessment screening tool which should be completed for every IJB report. **Step 2** is the Integrated Impact Assessment record to be completed when screening has indicated that IIA is required.

Step 1-Essential Information and Pre- Impact Assessment Screening Tool

Complete all boxes with an X or an answer, or indicate not applicable(n/a).

Document Title	Day services review					
Type of document	Policy		Plan	x	Other- describe	
Date of this Pre-Integrated Impact Assessment Screening	07/02/2025					
Date of last IIA (if this is an update)	N/A					
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates						
The report highlights the decreased demand for traditional day services. The report shows the low uptake of places at one of our contracted services with Alzheimer Scotland and recommends ceasing of this contract in favour of looking at closer to home supports as per demand.						
Lead Officer/Document Author (Name, Job Title/Role, Email)						
Dave Berry, Acting Chief Officer, DHSCP						
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)						
Allison Lee, Associate Locality Manager						
Job Title of colleagues or name of groups who contributed to pre-screening and IIA						
Chris Hebenton, Integrated Manager						
<p><u>Note</u>- some reports to IJB might not require an IIA. Completing screening will help identify when an IIA is needed. Common documents and reports that <u>may not</u> require this can include: report or progress report on an existing plan / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / Ongoing Revenue expenditure monitoring. When the purpose is the noting of information or decisions made by another body or agency (e.g. Council, NHS), including noting of strategy, policies and plans approved elsewhere, reference should be made in the IJB report to the Impact Assessment (or Screening) which accompanied the original report to the decision makers and where this can be found.</p>						
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.					Yes	No
A document or proposal that requires the IJB to take a decision					x	
A major Strategy/Plan, Policy or Action Plan						x
An area or partnership-wide Plan						x
A Plan/Programme/Strategy that sets the framework for future development consents						x
The setting up of a body such as a Commission or Working Group						x
An update to an existing Plan (when additional actions are described and planned)						x

Dundee Integration Joint Board Integrated Impact Assessment

Will the recommendations in the report impact on the people/areas described below? When the answer is <u>yes</u> to any of the following an <u>IIA</u> must be completed		Y	N	
Individuals who have Equality Act Protected Characteristics I.e. Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation		X		
Human Rights. For more information visit: https://www.scottishhumanrights.com Children's Rights. Visit https://www.unicef.org/child-rights-convention#learn		X		
Individuals residing in a Community Regeneration Area (CRA)? i.e. Living in the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.			X	
People who are part of households that have individuals who are more at risk of negative impacts? Including Care Experienced children and young people; Carers (Kinship carers and unpaid carers who support a family member or friend); Lone Parent Families/ Single Female Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).			X	
Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues			X	
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services			X	
Offenders and former offenders			X	
Effects of Climate Change or Resource Use			X	
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.			X	
Transport, Accessible transport provision; sustainable modes of transport.			X	
Natural Environment			X	
Air, land or water quality; biodiversity; open and green spaces.			X	
Built Environment. Built heritage; housing.			X	
<p>An IIA is required when YES is indicated at any question in the screening section above.</p> <p>The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</p>				
From information provided in Step 1 (Pre-screening) Is an IIA needed?		Y	X	N
<p>In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)</p> <p>There are sufficient spaces in the existing day services in Dundee to accommodate the 16 people who may be affected.</p>				
Anticipated Date of IJB		IJB Report Number		
Date IIA completed	07/02/2025			

Dundee Integration Joint Board Integrated Impact Assessment

Complete STEP 2 only if pre-screening indicates that IIA is needed.

STEP 2 -Impact Assessment Record

Conclusion of Equality, Fairness and Human Rights Impact Assessment

(complete this **after** considering the Equality and Fairness impacts through completing questions on next pages)

We can demonstrate few impacts through this assessment. The service has had significantly lower attendees than it is funded for. It does not offer the level of care/full day options that other Dundee day services do. There is now less of a demand to provide care in communal settings and people are choosing more home based/local options. The demand for day care has reduced significantly since Covid. It will be possible to find alternatives for the current 16 people who attend the service.

A small number of staff or volunteers are employed for the service however there are ample vacancies within the city in health and social care. Historically staff and volunteers normally find other employment in the same organisation through redeployment to other parts of their service or projects.

Summary of Activities undertaken as part of information gathering and assessment of potential impacts including local involvement, research and meeting discussions.

Date	Activity/Activities	People/groups	By whom
11.03.2024	Contracts Monitoring Meeting	Alzhiemers Scotland / DHSCP – Discussed low occupancy levels and ways in which this can be increased, including potential changes to the service delivery.	Chris Hebenton / Craig Willox
03.06.2024	Contracts Monitoring Meeting	Alzhiemers Scotland / DHSCP – Discussed low occupancy levels and ways in which this can be increased, including potential changes to the service delivery.	Chris Hebenton / Craig Willox
25.11.2024	Contracts Monitoring Meeting	Alzhiemers Scotland / DHSCP – Discussed low occupancy levels and ways in which this can be increased, including potential changes to the service delivery.	Chris Hebenton / Craig Willox

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- Impact Assessment Record (continued)

Equality, Diversity & Human Rights – Mark **X** in all relevant boxes where there are possible / likely impacts. When assessing impacts throughout this record a brief explanation is required for all boxes marked (including summary of evidence gathered and analysis) and any planned mitigating actions should be described. It is possible that both positive and negative impacts can be identified for the circumstances described.

Not known – this option should be used where the report is of relevance to the particular group but there is no data/evidence or incomplete data/evidence available to assess the likely/probable impact. Comment should be made on any further steps that are planned to obtain further information; if this is not possible then it should be explained why not.

No impact – this option should be used where the report is of no relevance to the particular group OR where data/evidence is available and when assessed demonstrates neither a positive or negative impact for the particular group. A brief explanation should be included.

Age		Explanation, assessment and potential mitigations
Positive		Sufficient spaces at other day service organisations in the city
No Impact	x	
Negative		
Not Known		
Disability		Explanation, assessment and potential mitigations
Positive		All service users can be accommodated through other actions/services to meet current needs
No Impact	x	
Negative		
Not Known		
Gender Reassignment		Explanation, assessment and potential mitigations
Positive		
No Impact	x	
Negative		
Not Known		
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		
No Impact	x	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		
No Impact	x	
Negative		
Not Known		
Religion & Belief		Explanation, assessment and potential mitigations
Positive		
No Impact	x	
Negative		
Not Known		
Sex		Explanation, assessment and potential mitigations
Positive		
No Impact	x	
Negative		
Not Known		
Sexual Orientation		Explanation, assessment and potential mitigations
Positive		
No Impact	x	
Negative		
Not Known		

Dundee Integration Joint Board Integrated Impact Assessment

Describe any Human Rights impacts not already covered in the Equality section above.
Describe any Children's Rights impacts not covered elsewhere in this record.

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- Impact Assessment Record (continued)

Fairness & Poverty Geography – Describe how individuals, families and communities might be impacted in each geographical area. Across Dundee City it is recognised that targeted work is needed to support the most disadvantaged communities. These communities are identified as Community Regeneration Areas (CRA) and are within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.

Mark X in all relevant boxes. X must be placed in at least one box

Identified Areas of Deprivation -				
	Positive	No Impact	Negative	Not Known
Strathmartine (Ardler, St. Mary's & Kirkton)		x		
North East (Whitfield, Fintry & Mill O'Mains)		x		
Lochee (Lochee Beechwood, Charleston & Menzieshill)		x		
Coldside (Hilltown, Fairmuir & Coldside)		x		
East End (Mid Craigie, Linlathen & Douglas)		x		
Maryfield (Stobswell & City Centre)		x		
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End		x		
The Ferry		x		
Description of impacts on Fairness- . Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- Impact Assessment Record (continued)

Household circumstances have considerable long-term impacts on Fairness and Poverty.

Child Poverty (Scotland) Act 2017 addresses the impact on child poverty and some local improvement activity can influence this including activity that affects: **Income from employment, Costs of living, Income from social security and benefits in kind.**

Household and Family Group- *consider the impact on households with people with the following circumstances*

. Mark X in all relevant boxes. X must be placed in at least one box

Explanation, assessment and any potential mitigations	
Care Experienced Children and Young People	
Positive	
No Impact	x
Negative	
Not Known	
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)	
Positive	
No Impact	x
Negative	
Not Known	
Lone Parent Families/Single Female Parent Household with Children	
Positive	
No Impact	x
Negative	
Not Known	
Households including Young Children and/or more than 3 children	
Positive	
No Impact	x
Negative	
Not Known	
Retirement Pensioner (s)	
Positive	
No Impact	x
Negative	
Not Known	
Serious & Enduring Mental Health Conditions	
Positive	
No Impact	x
Negative	
Not Known	
Homeless (risks of Homelessness)	
Positive	
No Impact	x
Negative	
Not Known	
Drug and/or Alcohol issues	
Positive	
No Impact	x
Negative	
Not Known	
Offenders and Former Offenders	
Positive	
No Impact	x
Negative	
Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- Impact Assessment Record (continued)

Mark X in all relevant boxes. X must be placed in at least one box

Socio-Economic Disadvantage and Inequalities of outcome – consider if the following circumstances may be impacted for individuals in the following conditions/areas.		
Explanation, assessment and any potential mitigations		
Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)		
Positive		
No Impact	x	
Negative		
Not Known		
Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.		
Positive		
No Impact	x	
Negative		
Not Known		
Earnings & employment -including opportunities, education, training &skills, security of employment, under employment & unemployment		
Positive		Alzheimer's have a small number of paid staff and volunteers who could potentially have employment ended, however in most cases staff and volunteers find alternative employment with the organisation in one of their other services or projects. There are high levels of vacancies In the Care sector.
No Impact		
Negative	x	
Not Known		
Connectivity / Internet Access/ Digital Skills		
Positive		
No Impact	x	
Negative		
Not Known		
Health (including Mental Health) Specifically consider any impacts to Child Health		
Positive		
No Impact	x	
Negative		
Not Known		
Life expectancy		
Positive		
No Impact	x	
Negative		
Not Known		
Healthy Weight/Weight Management/Overweight / Obesity		
Positive		
No Impact	x	
Negative		
Not Known		
Neighbourhood Satisfaction -Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive		
No Impact	x	
Negative		
Not Known		
Transport (including accessible transport provision and sustainable modes of transport)		
Positive		
No Impact	x	
Negative		
Not Known		

Dundee Integration Joint Board Integrated Impact Assessment

NOW COMPLETE THE

CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT AT THE START OF STEP 2

Step 2- Impact Assessment Record(continued)

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive		
No Impact	x	
Negative		
Not Known		
Resource Use		
Energy Efficiency and Consumption		
Positive		
No Impact	x	
Negative		
Not Known		
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive		
No Impact	x	
Negative		
Not Known		
Sustainable Procurement		
Positive		
No Impact	x	
Negative		
Not Known		
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive		
No Impact	x	
Negative		
Not Known		
Built Environment - Housing and Built Heritage		
Positive		
No Impact	x	
Negative		
Not Known		

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- Impact Assessment Record (continued)

There is a requirement to assess plans that are likely to have significant environmental effects.

Strategic Environmental Assessment provides economic, social and environmental benefits to current and future generations. Visit <https://www.gov.scot/policies/environmental-assessment/strategic-environmental-assessment-sea/>

Strategic Environmental Assessment				
Statement 1				
No further action is required as this does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005.				
Yes		No	x	
Statement 2				
Further action is required as this is a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005				
Yes		No	x	Use the SEA flowchart to determine whether this plan or proposal requires SEA.
If Statement 2 applies Complete SEA Pre-Screening (attached to this record along with and relevant SEA information) Complete SEA Pre-Screening (attached to this record along with and relevant SEA information) Next action will depend on the SEA Pre-Screening Determination. A copy of the Pre-Screening information, when completed, should be attached to the IJA record. Include an explanation of how the determination was made that the Plan will have no or minimal negative environmental effect or and/or 'Summary of Environmental Effects' from the SEA screening report, the Environmental Implications of the proposal on the characteristics identified and Proposed Mitigating Actions.				

As Corporate Risk is addressed and recorded in IJB reports and it is not reported on this record. (See IJB report.)

End of Impact Assessment Record.

The completed 'Step 1-Essential Information and Pre- Impact Assessment Screening Tool' part of this document **must be sent to IJB** pre-agenda meetings with draft IJB reports.

When Step 1 indicates that Step 2 (IIA) is required both Step 1 and Step 2 completed pages must be must accompany draft IJB Reports to IJB Pre-Agenda stage and at should be included with IJB papers. IIA records should accompany IJB papers will be published with relevant IJB Report. Any changes or additions agreed at IJB should be made before final publication.

Additional Information and advice about impact assessment can be found at

<https://www.gov.scot/publications/local-development-planning-regulations-guidance-consultation-part-d-interim-impact-assessments/pages/3/>

The IJB IIA record has been developed from the DCC IIA, guidance which contains more detailed information about each of the sections in the DCC IIA can be accessed here:

https://www.dundee.gov.uk/sites/default/files/publications/20220131_ia_guidance_2022_v1.1.pdf

This form was last updated in February 2024.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
19 FEBRUARY 2025

REPORT ON: FINANCIAL MONITORING POSITION AS AT DECEMBER 2024

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB7-2025

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 position for delegated health and social care services for 2024/25.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report including the projected operational financial position for delegated services for the 2024/25 financial year end as at 31st December 2024 as outlined in Appendices 1, 2, and 3 of this report.
- 2.2 Note the ongoing actions being taken by Officers and Senior Management to address the current projected financial overspend position through the Financial Recovery Plan, as detailed in 4.5.
- 2.3 Note the deterioration in Risk profile assessment (as detailed in section 6.0) due to the worsening financial position.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The financial position for Dundee Health and Social Care Partnership for the financial year to 31st March 2025 shows a projected operational overspend of £8,762k (£8,773k projected overspend detailed in previous report DIJB68-2024 Article IX of the minute of meeting of 11th December 2024 refers) – of which £4,000k was anticipated as part of the 2024/25 financial plan however the additional £4,762k is as a result of unplanned and unanticipated cost pressures.
- 3.2 This overspend exceeds the parameters of the IJB's approved 2024/25 financial plan, whereby up to £4m of IJB reserves has been identified to support the IJB's financial position at the year end. The content of this report highlights key reasons for the projected variance and ongoing actions by Officers and Senior Management to address these and improve the position.
- 3.3 The IJB currently holds a further £4,789k in General Reserves, which can be utilised to fund the unplanned and unanticipated projected overspend, however this would still leave a small residual reserves balance of £27k at 31st March 2025.
- 3.4 In addition, it should continue to be recognised that if the majority of Reserves are utilised in 2024/25, this will significantly impact on financial planning flexibility in future years.

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's final budget for delegated services was approved at the meeting of the IJB held on the 27th March 2024 (Article IV of the minute of the meeting of 27 March refers). This set out the cost pressures and funding available with a corresponding savings plan to ensure the IJB had a balanced budget position going into the 2024/25 financial year. An updated assessment of the status of the savings plan is set out in Appendix 4 of this report.

4.2 Projected Outturn Position – Key Areas

- 4.2.1 The following sets out the main areas of note from the financial information contained within Appendices 1 (Summary Position) and 2 (Detailed Position) and provides commentary on the reasons for significant variances, actions being taken to manage these and outlines the key elements of risk which may remain.

4.3 Operational Health and Community Care Services Delegated to Dundee IJB

- 4.3.1 The financial position for services delegated to the IJB details an operational overspend of £4,442k for the financial year.
- 4.3.2 Older People Services contribute a significant portion of this, with a projected overspend of £3,565k (improvement from £4,088k). The majority of this is due to Care at Home demands and costs of care packages. It should continue to be noted that as a result of managing this increased Care at Home demand, there are significant and sustained benefits for patients and service users as well as the whole-system health and social care pathways through reduced hospital delayed discharges and reduced unmet social care need in the community. Dundee has continued to be amongst the best performing Integration Authorities in Scotland for Delayed Discharge performance, while at the same time sustaining a low level of unmet assessed need in the community. Work is ongoing to achieve a balanced position between meeting the whole-system demands and ongoing financial sustainability. The unsustainable financial impact of this ongoing cost pressure continues to be highlighted to colleagues in Scottish Government.
- 4.3.3 Learning Disabilities services contribute a further £1,171k overspend to the position (deterioration from £840k), predominantly linked to staffing related spend across packages of care, day care and residential care.
- 4.3.4 Community Nurse Services / AHP / Other Adult Services are showing a projected overspend of £419k (small deterioration from £399k), predominantly linked to planned interim over-recruitment in Community Nursing Teams (£620k projected overspend) to help address demand and alleviate pressures on staff, which is also anticipated to reduce reliance of bank staff to fill gaps. Community Nursing team managers are being tasked with managing down the overspend.
- 4.3.5 Lead Partner Services managed by Dundee has a projected overspend of £494k (previous £615k) and includes overspends within Specialist Palliative Care Services of £378k and Psychological Therapies of £425k. Both are linked mainly to staffing costs and budget holders continue to review options to resolve these positions. Some additional recruitment in targeted priority areas in Psychological Therapies has been agreed to support the waiting list backlog which has recently resulted in Scottish Government implementing an enhanced support arrangement with the service.
- 4.3.6 Other Contractors includes GP Prescribing, General Medical Services and Family Health Services and is currently projecting a combined overspend of £727k (previous £582k). The main change from previous month is in GP Prescribing, which has been impacted by further volume and pricing increases. A significant portion of this is linked to the costs of operating the 2C GP Practices (£217k). Work is ongoing with service leads to address this.

- 4.3.7 Key drivers of underspends across various services continue to be staffing vacancies, with ongoing challenges of recruitment and retention of staff. This is similar across a number of Medical, Nursing, Allied Health Professionals (AHPs), Social Care, Social Work and other staffing groups and across various bands / grades and skill-mixes. Recruitment activity continues to take place throughout the service areas to ensure patient demand and clinical risk is managed as best as possible. This ongoing recruitment and retention challenge was recognised during the 2024/25 budget setting process with non-recurring slippages / vacancy factor savings targets implemented to reflect the reality of the current position.
- 4.3.8 In addition to the specific service variances already highlighted, key drivers of overspends are mainly as a result of reliance on bank, agency or locum staff (with premium cost implications) to fill vacancies or cover due to staff sickness where patient acuity and / or safe-staffing levels necessitate the use of these additional staff. In addition, under recovery of income for chargeable social care services is also creating a cost pressure across various service budgets.
- 4.3.9 Following national decisions regarding 24/25 Pay Award, the projected spend has been updated to incorporate anticipated implications. Agreed backdated pay awards were paid to the majority of staff in November 2024, and the anticipated increased cost along with assumed increased funding has been incorporated into the projected position for both Council employed staff and NHS Agenda for Change staff. An offer of 10.5% uplift has been agreed by NHS Consultants and we also continue to assume this will be fully funded, and an offer has been made to other Career Grade Medical, which we also continue to assume will be fully funded.
- 4.3.10 Supplementary spend during the first 9 months of 2024/25 totals £5,553k. This includes £1,122k on additional part-time hours and overtime, £1,293k on agency, and £3,137k on bank nursing / sessional staffing. Absence rates for NHS employed staff within HSCP have averaged at 7.39% during the first 9 months of 24/25. The working days lost for DCC employed staff within the HSCP during the 9 months to December 2024 was 10.55%.
- 4.3.11 GP and Other Family Health Services Prescribing continues to be monitored on a local and Tayside-wide basis due to the scale and complexity of the budget. The Prescribing financial plan for Dundee for 2024/25 indicated a projected cost pressure of £1,052k as a result of anticipated volume and pricing growth, and funding was identified and set aside as part of the 2024/25 financial plan to offset this gap. The latest projections are based on 7 months actual data to October 24 and show an anticipated projected overspend of £360k compared to plan, with fluctuations in pricing and volume of prescriptions continuing to show an element of volatility. (It is normal for data to be received 2 months in arrears to allow for national review and verification).

4.4 Tayside-wide Delegated Services

- 4.4.1 Members of the IJB will be aware that Angus and Perth and Kinross IJBs provide Lead Partner (formerly referred to as Hosted Services) arrangements for some services on behalf of Dundee IJB and a number of services are led by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the Lead IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth and Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows net impact of these adjustments to Dundee being a benefit of £408k – this now includes some bridging funds to support the Angus managed Lead Partner services' financial position specifically during this period of review and the development of models of care. The Out of Hours overspend is as a direct result of changes to the patient pathway now embedded in the service model following Covid-19 pandemic and subsequent recovery. Work continues within the service to develop a financial recovery plan and future sustainable service delivery model.
- 4.4.2 Members will also be aware that In-Patient Mental Health services are also a delegated function to Tayside IJB's, having previously been hosted by Perth & Kinross IJB. In early 2020/21, the operational management of these services was returned to NHS Tayside, however under health and social care integration legislation the strategic planning of these services remains delegated to the 3 Tayside Integration Joint Boards. Currently, there is no budget delegated to the IJBs for

2024/25. Due to the IJB's having strategic planning responsibility for the services, there is a requirement to show a delegated budget and spend position in the IJB's annual accounts. Given the unusual governance position around In-Patient Mental Health Services whereby there is a separation between strategic planning and operational delivery of the service, ongoing discussions are taking place to finalise financial risk sharing arrangements amongst the 3 IJB's and NHS Tayside for the current financial year.

4.5 Actions to resolve Projected Financial Gap

- 4.5.1 A number of actions and options have been introduced or enhanced to address the current year financial position and ensure both a robust understanding of financial drivers as well as implementing actions to improve the projected financial position. An update on these actions are detailed in the separate report – Financial Recovery Plan 2024/25 (DIJB8-2025 on this agenda).
- 4.5.2 Strategic Prioritisation and endeavouring to protect front-line services that provide support to Dundee's most vulnerable continues to be aim, but this needs to be managed within the available financial resources.

4.6 Reserves Position

- 4.6.1 The IJB's reserves position was reduced at the year ended 31st March 2024 as a result of the operational overspend of £3,744k during 2023/24. This resulted in the IJB having total committed reserves of £11,024k and uncommitted reserves of £6,789k at the start of 2024/25 financial year. Following the IJB's approval to enhance Transformation Funding (report DIJB45-2024 Article VI of the minute of meeting of 21st August 2024 refers), the Reserves breakdown has been restated. Based on known and anticipated spend during the current financial year, the projected year-end reserves position is also noted in Table 1 below:

Table 1

Reserve Purpose	Closing Reserves @ 31/3/24 (restated)	Projected Closing Reserves @ 31/3/25
	£k	£k
Mental Health	1,036	198
Primary Care	1,859	1,787
Drug & Alcohol	559	559
Strategic Developments	3,756	3,000
Revenue Budget Support	4,000	0
Service Specific	1,452	251
Other Staffing	362	156
Total committed	13,024	5,952
General	4,789	27
TOTAL RESERVES	17,813	5,979

- 4.6.2 Scottish Government funding in relation to Primary Care Improvement Fund, Mental Health Strategy Action 15 Workforce and Alcohol and Drugs Partnerships can only be spent on these areas and reserve balances have been taken into consideration for these funds by the Scottish Government when releasing further in-year funding.
- 4.6.3 The IJB's Reserves Policy seeks to retain Reserves of 2% of budget (approximately £6.4m) however it is recognised that this is particularly challenging to maintain within the current financial climate with many IJB's across the country having no reserves or below their respective reserves policies.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year.
Risk Category	Financial
Inherent Risk Level	Likelihood 5 x Impact 5 = Risk Scoring 25 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	Regular financial monitoring reports to the IJB will highlight issues raised. Actions to be taken by Officers, Senior Management and Budget holders to manage overspending areas. Transformation and Strategic Delivery Plan to drive forward priorities towards a sustainable financial position Financial Recovery Plan developed to address overspend position.
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Risk Level)
Approval recommendation	While the inherent risk levels are high, the impact of the planned actions reduce the risk and therefore the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Christine Jones
Acting Chief Finance Officer

Date: 22 January 2025

		Appendix 1
DUNDEE INTEGRATED JOINT BOARD		
HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2024/25		Dec-24
	Partnership Total	
	Net Budget £,000	Projected Overspend / (Underspend) £,000
Older Peoples Services	78,392	3,565
Mental Health	13,687	203
Learning Disability	36,816	1,171
Physical Disabilities	8,719	(355)
Drug and Alcohol Recovery Service	6,404	25
Community Nurse Services/AHP/Other Adult	18,601	419
Lead Partner Services	28,255	494
Other Dundee Services / Support / Mgmt	39,413	68
Centrally Managed Budgets	4,543	(1,147)
Total Health and Community Care Services	234,830	4,442
Prescribing & Other FHS Prescribing	35,082	360
General Medical Services	31,476	479
FHS - Cash Limited & Non Cash Limited	23,922	(112)
Large Hospital Set Aside	21,711	0
In-Patient Mental Health	0	0
Total	347,020	5,169
Net Effect of Lead Partner Services*	(5,388)	(408)
Financial Plan Gap (integrated budget)	(4,000)	4,000
Grand Total	337,633	8,762
*Lead Partner Services (formerly known as 'Hosted Services') - Net Impact of Risk Sharing Adjustment		

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DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2024/25		Appendix 2	
		Dec-24	
		Partnership Total	
		Annual Budget £,000	Projected Overspend / (Underspend) £,000
1			
	Psych Of Old Age (In Pat)	5,846	-625
	Older People Serv. - Ecs	287	-30
	Older Peoples Serv. -Community	1,209	60
	Ijb Medicine for Elderly	7,122	-100
	Medical (P.O.A)	910	300
	Psy Of Old Age - Community	2,958	-235
	Medical (MFE)	2,591	-80
	Care at Home	29,508	5,125
	Care Homes	29,743	507
	Day Services	1,300	-232
	Respite	540	-203
	Accommodation with Support	1,194	-40
	Other	-4,817	-882
	Older Peoples Services	78,392	3,565
2			
	Community Mental Health Team	4,770	-5
	Tayside Adult Autism Consultancy Team	385	0
	Care at Home	1,152	44
	Care Homes	643	450
	Day Services	65	1
	Respite	-3	56
	Accommodation with Support	5,818	184
	Other	857	-527
	Mental Health	13,687	203
3			
	Learning Disability (Dundee)	1,727	-30
	Care at Home	-320	509
	Care Homes	3,321	396
	Day Services	9,802	592
	Respite	480	-112
	Accommodation with Support	23,975	-266
	Other	-2,169	82
	Learning Disability	36,816	1,171
4			
	Care at Home	1,101	149
	Care Homes	2,238	-755
	Day Services	76	-61
	Respite	-43	121
	Accommodation with Support	813	-75
	Other	4,535	266
	Physical Disabilities	8,719	-355
5			
	Dundee Drug Alcohol Recovery	4,909	93
	Care at Home	0	0
	Care Homes	380	250
	Day Services	70	1
	Respite	0	0
	Accommodation with Support	350	-134
	Other	696	-185
	Drug and Alcohol Recovery Service	6,404	25

		Partnership Total	
		Annual Budget £,000	Projected Overspend / (Underspend) £,000
6			
	A.H.P.S Admin	535	-3
	Physio + Occupational Therapy	8,086	-175
	Nursing Services (Adult)	9,225	620
	Community Supplies - Adult	344	88
	Anticoagulation	504	-43
	Other Adult Services	-93	-68
	Community Nurse Services / AHP / Other Adult Services	18,601	419
7			
	Palliative Care - Dundee	3,752	285
	Palliative Care - Medical	1,804	115
	Palliative Care - Angus	468	33
	Palliative Care - Perth	2,211	-55
	Brain Injury	2,126	105
	Dietetics (Tayside)	4,567	35
	Sexual & Reproductive Health	2,730	-125
	Medical Advisory Service	83	-11
	Homeopathy	40	8
	Tayside Health Arts Trust	85	0
	Psychological Therapies	7,580	425
	Psychotherapy (Tayside)	1,242	-160
	Perinatal Infant Mental Health	654	0
	Learning Disability (Tay Ahp)	912	-160
	Lead Partner Services	28,255	494
8			
	Working Health Services	1	30
	The Corner	728	-80
	Ijb Management	923	-100
	Partnership Funding	28,375	0
	Urgent Care	2,108	-128
	Community Health Team	198	-25
	Health Inclusion	1,368	-150
	Primary Care	1,278	-35
	Support Services / Management Costs	4,435	555
	Other Dundee Services / Support / Mgmt	39,413	68
	Centrally Managed Budget	4,543	-1,147
	Total Health and Community Care Services	234,830	4,442
	Other Contractors		
	FHS Drugs Prescribing	34,686	1,299
	FHS Drugs Prescribing Cost Pressure Investment	1,052	-1,052
	Other FHS Prescribing	-657	113
	General Medical Services	31,001	262
	Dundee 2c (gms) Services	475	217
	FHS - Cash Limited & Non Cash Limited	23,922	-112
	Large Hospital Set Aside	21,711	0
	Grand H&SCP	347,020	5,169
	Lead Partner Services Recharges Out	-17,231	-259
	Lead Partner Services Recharges In	11,743	-49
	Hosted Recharge Cost Pressure Investment	100	-100
	Hosted Services - Net Impact of Risk Sharing Adjustment	-5,388	-408
	Financial Plan Gap (integrated budget)	-4,000	4,000
	Grand Total	337,633	8,762

NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards			Appendix 3
Recharge to Dundee IJB			
Risk Sharing Agreement - December 24			
	Annual Budget £000s	Forecast Over / (Underspend) £000s	Dundee Share of Variance £000s
Lead Partner Services - Angus			
Forensic Service	1,276	99	39
Out of Hours	9,794	2,038	803
Tayside Continence Service	1,555	294	116
Locality Pharmacy	3,180	0	0
Speech Therapy (Tayside)	1,628	12	5
Sub-total	17,433	2,443	962
Apprenticeship Levy & Balance of Savings Target	57	(1,235)	(486)
Total Lead Partner Services - Angus	17,490	1,208	476
Lead Partner Services - Perth & Kinross			
Prison Health Services	5,475	(358)	(141)
Public Dental Service	2,936	(656)	(258)
Podiatry (Tayside)	3,844	(314)	(124)
Sub-total	12,255	(1,328)	(523)
Apprenticeship Levy & Balance of Savings Target	60	(4)	(1)
Total Lead Partner Services - Perth&Kinross	12,315	(1,331)	(524)
Total Lead Partner Services from Angus and P&K		11,743	(49)

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	Dundee IJB - Budget Savings List 2024-25		Appendix 4
	Agreed Savings Programme		
	Savings / Initiative	2024/25 Value £000	Risk of non-delivery
	Recurring Proposals		
1)	Dundee City Council Review of Charges – Additional Income	313	Medium
2)	Additional Community Alarm Charge to DCC Housing	34	Low
3)	Redirect existing budget underspends	1,400	Low
4)	Reduction in Care Home Placements	1,100	Medium
5)	Review of Day Care Services	400	Medium
6)	Review of Direct Payment Commitments	100	Medium
7)	Care at Home Contract Efficiency review	447	Medium
8)	Review of Transport	150	High
9)	Use of Physical Resources / Quality of Environment	200	Medium
10)	Review of Contractual Commitments	300	Medium
11)	Review of residual Practical Support Service	150	Low
12)	Reduced Employer Contribution rate to DCC Pension scheme	300	Low
	Total Recurring Savings / Initiatives	4,894	
	Non-Recurring Proposals		
13)	Utilisation of IJB Reserves	4,000	Low
14)	Management of natural staff turnover – continuation of 23/24	700	Low
15)	Management of natural staff turnover / vacancy management	600	Medium
16)	Return of additional investment from Prescribing	493	Medium
	Total Non Recurring Savings / Initiatives	5,793	
	Total Savings / Initiatives	10,687	

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
19 FEBRUARY 2025

REPORT ON: FINANCIAL RECOVERY PLAN UPDATE 2024/25

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB8-2025

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide the Integration Joint Board with an update of the financial recovery plan for delegated health and social care services for 2024/25.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the ongoing financial challenges currently faced by Dundee IJB.
- 2.2 Notes the content of this report detailing progress and implications as result of actions by Officers and Senior Management to address the projected financial overspend position for 2024/25.
- 2.3 Requests a further update on the financial impact of the recovery plan from the Chief Finance Officer at the April 2025 IJB.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The latest financial position for Dundee Health and Social Care Partnership for the financial year to 31st March 2025 shows a projected operational overspend of £8,762k based on expenditure to 31 December 2024 (as detailed in report DIJB7-2025) - previously reported projected overspend of £8,773k (Article IX of the minute of meeting of 11th December 2024 refers) (DIJB68-2024) - of which £4,000k was anticipated as part of the 2024/25 financial plan however the additional £4,762k is as a result of unplanned and unanticipated cost pressures.
- 3.2 This overspend exceeds the parameters of the IJB's approved 2024/25 financial plan (DIJB10-2024 Article IV of minute of meeting 27 March 2024 refers), whereby up to £4m of IJB reserves has been identified to support the IJB's financial position at the year end.

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's final budget for delegated services was approved at the meeting of the IJB held on the 27 March 2024 (Article IV of the minute of the meeting of 27 March refers). This set out the

cost pressures and funding available with a corresponding savings plan to ensure the IJB had a balanced budget position going into the 2024/25 financial year.

- 4.1.3 The principal reasons for the projected financial variance are detailed in the latest Financial Monitoring Report (DIJB7-2025 on this agenda)
- 4.1.4 It should be noted that the challenges faced by Dundee IJB are similar to those of other IJBs across Scotland, as highlighted in the key messages of the Audit Scotland report on IJBs Finance and Performance 2024, published on 25 July 2024 (report DIJB59-2024 Article XIV of the minute of meeting of 23rd October 2024 refers).
- 4.1.5 Under the IJB Scheme of Integration (DIJB88-2022, Article VI of the minute of meeting of 14 December 2022 refers), the Financial Recovery plan process is as follows:
 - Where an unplanned year end overspend is projected, the Chief Officer and Chief Finance Officer to present a Recovery Plan to IJB and Partner Bodies to address the in-year overspend.
 - In the event the recovery plan is unsuccessful and an overspend is evident at year end, uncommitted reserves must firstly be used to address this.
 - If after the application of Reserves an overspend is still evident, a revised Strategic Plan must be developed to enable the overspend to be managed in subsequent years.
 - Where an in-year overspend remains, this will be shared in proportion to the spending Direction for each Partner body for that financial year – these additional payments may be recoverable from the IJB over future years.

4.2 Actions to resolve Projected Financial Gap

- 4.2.1 With a projected unplanned overspend of £4,762k, the IJB's remaining General Reserves funding would be almost fully exhausted to cover this.
- 4.2.2 A number of actions and options continue to be progressed across the services with actions being progressed to ensure both a robust understanding of financial drivers and improve the projected financial position and return this back towards Financial Plan. These actions include:
 - Enhanced control of Discretionary spend to remove non-essential and non-critical expenditure.
 - Minimise Supplementary staffing spend.
 - Enhanced Control of Recruitment and Vacancy Management, including review of long-term vacant posts.
 - Support efforts to address staff absence levels – Return to Work policies and Wellbeing supports.
 - Maximise Income recovery for chargeable services.
 - Enhanced monitoring information and increased efficiency in Care at Home.
 - Review of low-cost and high-cost Packages of Care.
 - Use of equipment or technology to efficiently utilise in-person support.
 - Review of Commissioned service contracts to minimise duplication and prioritise investment across the city to match strategic priorities.

- Timely closure of ward 'surge' beds.
 - Actively support Transition planning (from Children's Services and Learning Disability In-Patient).
 - Continue progress to delivery current year savings plans and transformation plans to deliver a sustainable annual financial position.
 - Ongoing review of earmarked Reserves and other non-recurring funding to maximise the benefit to 2024/5 position.
- 4.2.3 Spend on Care at Home continues to be in excess of budget, however the trend during the recent months has continued to show signs of being remaining static. Externally commissioning hours had increased at a rapid rate through 2023/24 and the early part of 2024/25, from around 15,000 per week in April 2023, to 20,000 hours per week in April 2024 to 22,000 hours by July 2024. Actions implemented from summer 2024 have resulted in the externally commissioned hours remaining stable at around 22,000/22,500 hours per week through autumn and early winter while the underlying demand continues to be managed within this resource with delayed discharge from hospital performance continuing to be strong and unmet need for services users awaiting packages of care in line with assessment continuing to be low, indicating improvements in efficiencies. New monitoring processes through enhanced provider returns commenced from October which is ensuring robust and timely information is available to support decision-making and allocation of packages of care.
- 4.2.4 Work is ongoing with colleagues from within the Partnership and wider Council teams to maximise income receipts from all chargeable services and also ensuring that bills are affordable within an individual's eligible income where they have taken up the opportunity to complete a financial assessment (through benefit claim maximisation). While opportunities have been identified and are being explored, it is too early for the impact to be seen in the financial position.
- 4.2.5 Enhanced recruitment and vacancy management controls have been implemented to ensure only critical and / or patient/service user-facing posts are prioritised. A review of long-term vacant posts has also been undertaken to understand if these remain relevant and required within the staffing establishments.
- 4.2.6 A review of Third Party Commissioned services is progressing to identify where there may be duplication of services across the city or across demographic groups in an effort to ensure best value and that investment is prioritised to ensure the IJB's Strategic Priorities are being appropriately met.
- 4.2.7 While efforts to date are showing signs of stabilising and improving the projected position, there has also been some areas that have experienced further detrimental impact which has partially offset the improvements. This includes a recent notification from Scottish Government that specific in-year funding allocations are being reduced due to financial constraints at national levels. These funding allocations are generally fully committed and therefore the relevant gap is now incorporated into the latest position. Efforts are ongoing to minimise the effect of unexpected deteriorating movements. Increased Primary Care Prescribing costs are also impacting the bottom line and offsetting some of the improvements that have been seen elsewhere.
- 4.2.8 Further opportunities and efforts continued to be explored by Officers and the Management teams and these will be progressed where appropriate.
- 4.2.9 To support both the 2024/25 position and manage future year pressures, there is a continued focus to ensuring 24/25 recurring savings plans are delivered as anticipated, as well as progressing with Transformation projects and budget planning for 2025/26

- 4.2.10 Within Tayside-wide Lead Partner services, it is noted that GP Out of Hours service is projecting a significant overspend for 24/25. This service is operationally and strategically managed by Angus IJB and is currently progressing a service review. While this is ongoing, Angus IJB have recently agreed to invest some bridging funding support to the Angus managed Lead Partner services' financial position specifically during this period of review and the development of models of care.
- 4.2.11 Progress against these actions, along with any further evolving opportunities will continue to be monitored and reported at future IJB meetings.

4.3 Reserves Position

- 4.3.1 The IJB's reserves position was reduced at the year ended 31st March 2024 as a result of the operational overspend of £3,744k during 2023/24. This resulted in the IJB having total committed reserves of £11,024k and uncommitted reserves of £6,789k at the start of 2024/25 financial year. Following the IJB's approval to enhance Transformation Funding (report DIJB45-2024 Article VI of the minute of meeting of 21st August 2024 refers), the Reserves breakdown has been restated. The current reserves position is noted in Table 2 below, along with the projected Reserves balances at 31/3/25 based on known and anticipated movements during the current financial year:

Table 2

Reserve Purpose	Closing Reserves @ 31/3/24 (restated)	Projected Closing Reserves @ 31/3/25
	£k	£k
Mental Health	1,036	198
Primary Care	1,859	1,787
Drug & Alcohol	559	559
Strategic Developments	3,756	3,000
Revenue Budget Support	4,000	0
Service Specific	1,452	251
Other Staffing	362	156
Total committed	13,024	5,952
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TOTAL RESERVES	17,813	5,979

- 4.3.2 Scottish Government funding in relation to Primary Care Improvement Fund, Mental Health Strategy Action 15 Workforce and Alcohol and Drugs Partnerships can only be spent on these areas and reserve balances have been taken into consideration for these funds by the Scottish Government when releasing further in-year funding.
- 4.3.3 The IJB's Reserves Policy seeks to retain Reserves of 2% of budget (approximately £6.4m) however it is recognised that this is particularly challenging to maintain within the current financial climate with many IJB's across the country having no reserves or below their respective reserves policies.
- 4.3.4 Ring-fenced Reserves balances continue to be reviewed with budget holders and officers to identify opportunities to ensure these continue to be used in-line with the original allocation letter but also to maximum benefit of the IJB's strategic and financial positions.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year.
Risk Category	Financial
Inherent Risk Level	Likelihood 5 x Impact 5 = Risk Scoring 25 (which is an Extreme Risk Level)
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Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Risk Level)
Approval recommendation	While the inherent risk levels are high, the impact of the planned actions reduce the risk and therefore the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

- 9.1 None.

Christine Jones
Acting Chief Finance Officer

Date: 22 January 2025

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 19 FEBRUARY 2025

REPORT ON: DUNDEE IJB 2025/26 BUDGET OUTLOOK UPDATE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB10-2025

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this paper is to provide the Integration Joint Board (IJB) with an updated overview of the IJB's delegated budget 2025/26.

2.0 RECOMMENDATIONS

It is recommended that the IJB:

- 2.1 Notes the content of this report including the range of estimated cost pressures impacting on the IJB's delegated budget 2025/26 including anticipated funding levels from the partner bodies and resultant projected budget shortfall.
- 2.2 Notes the budget development process for the agreement of the IJB's 2025/26 Revenue Budget as outlined in section 4.8 of this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The range of anticipated additional cost pressures likely to impact on the IJB's delegated budget for 2025/26 as well as the potential implications of new responsibilities and assumed associated Scottish Government funding is set out in sections 4.2 to 4.7 of this report and continue to be assessed and refined by IJB officers, and summarised in Appendix 1. Furthermore, the actual levels of funding to be received from the partner bodies and the detail of the additional Scottish Government funding for IJB's are subject to ongoing discussion and review. Once these are concluded, the Chief Finance Officer will be in a position to present a proposed budget to the IJB at its meeting on 26th March 2025 for consideration. At present, the 2025/26 financial deficit is anticipated to be around £19.7m.

4.0 MAIN TEXT

- 4.1.1 Dundee Integration Joint Board was presented with a 5-year financial outlook at the meeting on 21st August 2024 (DIJB32-2024 Article V of the minute of meeting refers). That report set out the range of potential financial gaps within the IJB's delegated budget over the coming years. Based on a range of assumptions at that time, it was reported that this could potentially result in savings totalling approximately £45m being required over the next five financial years (2024/25 to 2028/29), including a £13.3m gap in 2025/26.
- 4.1.2 The latest financial planning for 2025/26 has involved bringing these assumptions up to date with information that is now known as well as refreshed assumptions on other elements. These include the impact of agreed 2024/25 pay awards for both NHS and Council employed staff and relevant additional funding, emerging cost pressures experienced in 2024/25 and any ongoing impact, information and assumptions regarding national policy developments such as Adult Social Care workforce uplift to an hourly pay rate of at least £12.60, implications of UK-wide employer National Insurance Contribution (eNIC) changes, anticipated pay awards for 2025/26,

anticipated increased costs relating to National Care Home Contract rates, prescribing cost pressures (activity volumes and pricing), and any other new commitments.

- 4.1.3 Planning assumptions for 2025/26 currently include a 3% uplift on baseline budgets from NHS Tayside and a 'flat cash' settlement from Dundee City Council. At present, NHS assumptions exclude the impact of eNIC on NHS-employed staff, while an assumption of additional funding to cover 60% of eNIC cost for DCC-employed staff has been included.
- 4.1.4 As part of the 2024/25 IJB Budget, the IJB agreed to a number of non-recurring savings in addition to the use of reserves to support the financial position. Given the non-recurring nature of these interventions, there is a need to reinstate these in 2025/26 thereby creating a further in-year pressure of £5.8m.
- 4.1.5 Additional funding from Scottish Government's draft Budget to support Adult Social Care pay pressures (share of £125m) and Free Personal and Nursing Care (share of £10m) - the Dundee share of this funding is expected to be £3.55m.

4.2 Financial Outlook

- 4.2.1 The combined impact of the revision of the assumptions and adjustments for known pressures for 2025/26 results in estimated cost pressure of £28.1m, which will be reduced through additional uplift funding expected to equate to £8.4m, leaving a cost pressure gap of £19.7m. While this is still an estimated position at this stage, the IJB will need to consider a range of options to ensure it sets a balanced budget by the end of March 2025. The overall position also reflects current years financial pressures which may not be able to be contained due to the demand-led nature of the expenditure.

4.3 Pay Costs

- 4.3.1 The financial outlook makes the same assumptions as the partner bodies in relation to possible pay uplifts for 2025/26, with Dundee City Council assuming a 3.0% uplift and a 3.0% uplift applied for financial planning purposes for NHS services. The reported cost pressure from assumed 2025/26 Council pay awards is £1.3m and £2.1m for NHS pay awards.
- 4.3.2 As a result of planned UK-wide changes to employer National Insurance Contributions, a new cost pressure of £1.0m has been included for Dundee City Council employed staff. National NHS planning assumptions advise that the cost implications on NHS employed staff should not be included at this stage.

4.4 External Care Provider Costs

- 4.4.1 The IJB commissions a significant number of services from the independent and third sector. A number of cost pressures are anticipated to impact on the budget required to sustain these services over 2025/26. A main driving factor will be the Scottish Government's continued implementation of Fair Work in adult social care, with minimum adult social care pay rate increasing from £12.00 to £12.60 from April 2025 (with funding provided in the Scottish Government draft budget to support this cost), as well as the significant impact of increased employers National Insurance Contributions (with no national funding being provided).
- 4.4.2 The expected increase in Adult Social Care pay rate and eNIC costs will also drive an increase in the costs of the National Care Home Contract weekly fee rate, which will also consider other inflationary pressures facing the care home sector. This new rate has not been agreed yet for 2025/26, but a provisional assumption has been included in the cost pressure calculation.
- 4.4.3 A significant demand-led cost pressure has emerged during 2024/25 within community health and social care activity, principally due to whole-system working to support Unscheduled Care pathways, minimise Delayed Discharge and avoid unnecessary hospital admissions. Collectively, the commissioned Care at Home services are providing around 5000 additional hours each week above budgeted provision. The resulting cost pressure of around £6.5m has been included in the reported position.
- 4.4.4 It is acknowledged that the increase to employer National Insurance Contributions will also impact on external providers, with no additional national funding provided to the IJB to fund this.

At present, a high-level potential cost pressure has been included in the overall Cost Pressure total to reflect the scale of the cost pressure facing the sector.

4.5 Prescribing

- 4.5.1 Primary care prescribing costs have continued to increase significantly during 2024/25 across Scotland and this is expected to continue over 2025/26 with price and volume increases a major factor in this rise. The national picture suggests a cost pressure of 10% for prescribing should be anticipated in 2025/26, which would equate to around £3.4m. However local work has assessed local trends, pressures and implications of growth alongside ongoing initiatives has resulted in an adjusted cost pressure of £1.8m currently being included. Further work continues to be undertaken with Tayside colleagues to evaluate local implications and opportunities.

4.6 Demographic Pressures

- 4.6.1 Making provision for demographic growth pressures across older people and adult services has been a feature of the IJB's budget for a number of years given the age profile and needs the city's population faces. Funding for demographic pressures is not provided by either of the partner bodies therefore the IJB has to manage this increasing demand within its existing delegated budget. A provision of over £2m has been made to fund such growth pressure for 2025/26.

4.7 Financial Recovery 2024/25

- 4.7.1 As a result of the significant increase in projected spend during 2024/25, and resulting unplanned overspend, the IJB had entered into Financial Recovery with an aim to contain spend and return the position to within the agreed financial plan.
- 4.7.2 Latest projections show some signs of progress (albeit partially offset by other emerging issues), and therefore it is likely that the majority of the IJB's remaining General Reserves will need to be utilised during 2024/25 to fund the gap. This will mean the IJB can no longer rely on planned utilisation of the remaining Reserves to support the budget planning process for 2025/26.

4.8 Provisional Review of Options to Close Gap

- 4.8.1 A number of potential savings, efficiencies and options have been discussed by Senior Management and provisionally shared with IJB members during the development sessions. A summary of these are included in Appendix 1.
- 4.8.2 The options and implications of implementing each proposal continues to be assessed by budget holders and management, and further details of proposals to be taken forward will be presented to the next meeting on 26th March 2025 as part of the formal budget setting process.
- 4.8.3 At this stage, there remains a residual gap and work is ongoing to address this.
- 4.8.4 It is acknowledged that the scale of the cost pressures and current gap will likely result in reductions to service activity, capacity and performance across the adult health and social care pathways in Dundee, and will impact on the scale and pace of shifts within the IJB's strategic priorities.

4.9 IJB's Budget Development Process 2025/26

- 4.9.1 Given the scale of the financial challenge faced by the IJB for 2025/26, a significant amount of work is still required over the remaining period to enable the IJB to set a balanced budget by the end of March 2025.
- 4.9.2 Five IJB development sessions have been arranged between November and early March to explore the implications of the Scottish Government's Budget, the proposed funding settlements from the partner bodies and the range of interventions the IJB will need to take to achieve financial balance. It is planned that the IJB will meet on the 26th March 2025 to agree its 2025/26 revenue budget

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that the IJB will not be able to balance its resources and achieve its strategic objectives should the combination of the level of funding provided through the delegated budget and the impact of the IJB's Transformation Efficiency Programme be insufficient.
Risk Category	Financial
Inherent Risk Level	Likelihood 5 x Impact 5 = 25 (Extreme)
Mitigating Actions (including timescales and resources)	Developing a robust and deliverable Transformation Programme Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget.
Residual Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Planned Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Approval recommendation	Despite the high level of risk, it is recommended that this should be accepted at this stage of the budget process with a reviewed position set out as the proposed budget is set out to the IJB in March 2023.

7.0 CONSULTATION

- 7.1 The Chief Officer, Director of Finance of NHS Tayside, Executive Director (Corporate Services) of Dundee City Council and the Clerk have been consulted on the content of this paper.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Christine Jones
Acting Chief Finance Officer

DATE: 23 January 2025

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DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP			Appendix 1
PROVISIONAL REVENUE BUDGET 2025/26			
Anticipated Cost Pressures:		2025/26 Total Delegated Budget Cost Pressures £000	
Non-Recurring Savings 2024/25		5,793	
Current Year Emerging Budget Pressures		6,500	
Total Current Years Funding Requirements		12,293	
New Pressures 2025/26 - Inflationary & National Policy Pressures			
Staff Pay Increases		3,438	
eNIC cost pressure (directly employed staff - DCC only)		972	
Increased Costs of Externally Provided Services		6,437	
Free Personal & Nursing Care Rate Increases		85	
Prescribing		1,820	
Total Inflationary Pressures		12,752	
Demographic Pressures		3,046	
Total Anticipated Cost Pressures 2025/26		28,091	
Less: Implications of Scottish Government Draft Budget & Partner Body Funding			
DCC Pay / Inflationary Uplift		0	
DCC eNIC funding		(583)	
NHS Tayside Pay / Inflationary Uplift		(4,244)	
Share of Additional SG Funding	<i>National</i>		
Free Personal & Nursing Care	<i>10m</i>	(50)	
£12.60 per hour Adult Social Care pay Uplift	<i>125m</i>	(3,500)	
Total Additional Funding		(8,378)	
Net Anticipated Cost Pressures 2025/26		19,713	
Provisional Proposals to close Cost Pressure Gap			
Recurring			
Removal of Unfunded Cost Pressures		(3,650)	
Reduction in Service Provision Capacity		(4,757)	
Removal of vacant posts (staff slippage / vacancy factor)		(1,300)	
Additional chargeable income		(408)	
Non-recurring			
Realign budget from Transformation to support 25/26 pressures		(1,000)	
		(11,115)	
Remaining Shortfall / (surplus)		8,600	

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DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2024 TO DECEMBER 2024

Organisation	Member	Meeting Dates January 2024 to December 2024							
		31/01*	21/02	27/03	17/04	19/06	21/08	23/10	11/12
NHS Tayside (Non Executive Member) (Chair)	Bob Benson					✓	✓	✓	✓
Dundee City Council (Elected Member) (Vice Chair)	Cllr Ken Lynn	A	✓	✓	✓	✓	✓	✓	✓
Dundee City Council (Elected Member)	Cllr Siobhan Tolland	✓	✓	A	✓	✓	✓	A	✓
Dundee City Council (Elected Member)	Cllr Dorothy McHugh	✓	✓	✓	✓	✓	✓	✓	✓
NHS Tayside (Non Executive Member)	Donald McPherson	✓	✓	✓					
NHS Tayside (Non Executive Member)	Sam Riddell	✓	✓	✓					
NHS Tayside (Non Executive Member)	Beth Hamilton	✓	✓	✓	✓	✓	✓		
NHS Tayside (Non Executive Member)	Colleen Carlton							✓	✓
NHS Tayside (Non Executive Member)	David Cheape				✓	✓	✓	✓	✓
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓	✓						
Dundee City Council (Chief Social Work Officer)	Glyn Lloyd			A	✓	✓	A	✓	A
Chief Officer	Vicky Irons	A	A	A	A	A	A		
Chief Finance Officer/Acting Chief Officer	Dave Berry	✓	✓	✓	✓	✓	✓	✓	✓
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))	Dr David Wilson	A	✓	A	✓	✓	✓	✓	✓
NHS Tayside (Registered Nurse)	Suzie Brown	✓	✓	✓	✓	✓	✓	✓	✓
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Dr James Cotton	✓	A						
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Dr Sanjay Pillai			A	✓	✓	A	✓	A
Trade Union Representative	Jim McFarlane	✓	✓	✓	✓	A	✓	✓	✓
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	A	A	A	A	✓	✓	✓
Voluntary Sector	Christina Cooper	A	✓	✓	A	✓	✓	✓	A
Service User Representative	Liz Goss	✓	✓	✓	✓	✓	✓		
Person Providing unpaid care in the area of the local authority	Martyn Sloan	✓	✓	✓	A	✓	A	✓	✓
NHS Tayside (Director of Public Health)	Dr Emma Fletcher	A	✓	A	✓	A	✓	✓	✓
Clinical Director	Dr David Shaw	✓	A	A	✓	A	✓	✓	✓
Acting Chief Finance Officer	Christine Jones			✓	✓	✓	✓	✓	✓

- ✓ Attended
 A Submitted Apologies
 A/S Submitted Apologies and was Substituted
 No Longer a Member and has been replaced / Was not a Member at the Time

*Special Meeting