



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

City Chambers
DUNDEE
DD1 3BY

14th June, 2024

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 June, 2024 and now enclose the undernoted items of business which were not received at the time of issue.

Yours faithfully

VICKY IRONS
Chief Officer

3a ACTION TRACKER - Page 1

(The Action Tracker (DIJB33-2024) for meetings of the Integration Joint Board is attached for noting and updating accordingly).

**7 DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT REPORT 2023/24
- Page 5**

(Report No DIJB36-2024 by the Chief Finance Officer, copy attached).

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DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 19TH JUNE 2024

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Original Timeframe	Status	Comment
1	24/08/22	XII(iv)	LEARNING DISABILITY STRATEGIC PLAN	to remit the Chief Officer to submit a further report to the Integration Joint Board in December 2022 outlining a Commissioning Plan which would accompany the Strategic Plan.	Locality Manager	December 2022 June 2024 August 2024	Complete	Agenda note provided. Dundee Participated in 2-day Tayside wide Learning Disability development workshop in April. Following this a MH and LD Tayside Wide report has been developed and will be presented to the IJB in August.
2	29/03/23	V	MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN	that a progress report in relation to Priority 2 would be submitted to the IJB later in the year.	Chief Officer	October 2023 June 2024	In progress	Report being developed through the Tayside Executive Group
3	29/03/23	V	MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN	that the Chief Officer would co-ordinate a range of options for IJB members to visit mental health services	Chief Officer	June 2023 June 2024	In progress	Programme of visits to be agreed post summer to align with new members induction.
4	29/03/23	V	MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN	that the Chief Officer would discuss with the Director of Public Health the possibility of arranging a specific development session for IJB members	Chief Officer	June 2023 June 2024 October 2024	In progress	Dates for development sessions to the end of 2024 have now been issued to IJB members. This programme will include a session focused on data.

5	19/04/23	IX	DUNDEE INTEGRATION JOINT BOARD DIRECTIONS POLICY	that the Directions Policy would be included in a future Development Session	Chief Finance Officer	September 2023 June 2024	In Progress	Dates for development sessions to the end of 2024 have now been issued to IJB members. First session, in June 2024, to be focused on governance.
6	21/06/23	VIII	ANNUAL COMPLAINTS PERFORMANCE	that, on the suggestion of the Chair, some investigation be made into carrying out benchmarking against other HSCPs and/or family groups	Senior Officer, Business Planning and Information Governance	December 2023 June 2024	In Progress	Complaints Officer reviewing available complaints performance information however limited availability of consistent, published information gathered to date. Work ongoing to identify further options for benchmarking.
7	23/08/23	V	ANNUAL PERFORMANCE REPORT 2022/23	that consideration would be given to arranging a briefing session for IJB members on understanding the data presented.	Chief Finance Officer	March 2024 June 2024 October 2024	In progress	Dates for development sessions to the end of 2024 have now been issued to IJB members. This programme will include a session focused on data.
8	25/10/23	III(a)	MINUTE OF PREVIOUS MEETING – 23 RD AUGUST 2023	that consideration would be given to arranging a discussion in relation to governance issues.	Chief Officer	February 2024 June 2024	In progress	Dates for development sessions to the end of 2024 have now been issued to IJB members. First session, in June 2024, to be focused on governance.
9	13/12/23	V	DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK	that the developed measures would be brought back to the IJB in the next quarter.	Senior Manager, Service Development and Primary Care	December 2024	Ongoing	Our delivery plan is finalised with priority actions and outcomes underpinned by the national outcomes framework shown in action 12. Measures, and evaluation of services are priority action therefore a workstream will commence in March with service stakeholders to co-design these. We will provide information on the agreed

								measures relating to outcomes in the next reporting period.
10	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	Ongoing	Work is underway and progressing well. We will provide an overview of progress in the next reporting period.
11	27/03/24	IV	DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2024/2025	that the Acting Chief Officer would consider with the Management Team the possibility of bringing a report to a future IJB meeting on social care commissioning.	Acting Chief Officer	June 2024	In progress	Discussion at next Senior Management Team re scope of the report.
12	17/04/24	VI	TAYSIDE PRIMARY CARE STRATEGY – UPDATE	that Shona Hyman would link with colleagues about developing a more simplified version of the Plan on a Page;	Senior Manager, Service Development and Primary Care	TBC	In progress	This was requested in April but uncertainty at this stage as to whether this will be progressed given the link of the Primary Care Strategy to the overarching NHS Tayside Strategy going forward
13	17/04/24	VI	TAYSIDE PRIMARY CARE STRATEGY – UPDATE	that arrangements would be made to bring a report to a future meeting on the dentistry position	Senior Manager, Service Development and Primary Care	October 2024	In progress	Discussed with colleagues in appropriate teams and the content of this is being considered.
14	17/04/24	X	FINANCIAL MONITORING POSITION AS AT FEBRUARY 2024	that a paper may be brought to a future IJB meeting reprofiling and reviewing the reserves position	Chief Finance Officer	August 2024	In Progress	An updating report will be brought to August 2024 meeting

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ITEM No ...7.....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
19 JUNE 2024

REPORT ON: DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT
REPORT 2023/24

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB36-2024

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to advise the Integration Joint Board of the outcome of the Chief Internal Auditor's Report on the Integration Joint Board's internal control framework for the financial year 2023/24.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board

- 2.1 Notes the content and findings of the attached Annual Internal Audit Report 2023/24 (incorporating Report D05/24 – Internal Control Evaluation 2023/24) (Appendix 1).
- 2.2 Instructs the Chief Finance Officer to report progress towards meeting the recommendations of the Annual Internal Audit Report to the Performance and Audit Committee.

3.0 FINANCIAL IMPLICATIONS

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

4.0 MAIN TEXT

- 4.1 The Integrated Resources Advisory Group (IRAG), established by the Scottish Government to develop professional guidance, outlines the responsibility of the Integration Joint Board (IJB) to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This guidance also shows that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control.
- 4.2 The Performance and Audit Committee agreed at its meeting of the 27th September 2023 (Article XIII of the minute refers) to continue the arrangement for the provision of Internal Audit Services through the appointment of Fife, Tayside and Forth Valley Audit and Management Services (FTF) as the IJB's lead internal auditors and therefore continuing the role of Chief Internal Auditor, supported by Dundee City Council's Internal Audit service. The attached report provides the Chief Internal Auditors opinion on the IJB's internal control framework in place for the financial year 2023/24.

- 4.3 The Internal Audit review (incorporating the Internal Control Evaluation) examined the framework in place during 2023/24 to provide assurance to the Chief Officer, as Accountable Officer, that there is a sound system of internal control that supports the achievement of the IJB's objectives. In doing so, the review considered the areas of Corporate Governance, Clinical Governance, Staff Governance, Financial Governance and Information Governance.
- 4.4 The IJB's Draft Annual Statement of Accounts 2023/24 includes a Governance Statement based on a self-assessment of the IJB's governance, risk management and control frameworks as they have developed during 2023/24. While highlighting a number of areas of continuous improvement following on from previous years assessments and recommendations from internal and external audit reports, the governance statement has established there are no major issues.
- 4.5 The Chief Internal Auditors report sets out the findings of their evaluation of the IJB's Governance Framework and highlights both key elements of good practice and areas of recommended improvement to further strengthen the IJBs overall governance system. Where substantive recommendations have been made, a management response and timescale for delivery has been agreed and these will be monitored through the Performance and Audit Committee's Governance Action Plan. The Chief Internal Auditors assessment of the IJB's frameworks concludes that reliance can be placed on the IJB's governance arrangements and systems of internal controls for 2023/24.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-11A 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 if required actions in response to Internal Audit recommendations are not coordinated and acted on appropriately the IJB's governance arrangements will not be adequate and effective.
Risk Category	Governance
Inherent Risk Level	Likelihood 3 x Impact 4 = 12 – High risk
Mitigating Actions (including timescales and resources)	- Implementation and monitoring of governance action plan as recommended by Chief Internal Auditor
Residual Risk Level	Likelihood 2 x Impact 3 = 6 – Moderate Risk
Planned Risk Level	Likelihood 2 x Impact 3 = 6 – Moderate Risk
Approval recommendation	Given the moderate level of planned risk and the expectation that the mitigating action will make the impact necessary to enhance the IJB's governance arrangements the risk should be accepted.

7.0 CONSULTATIONS

- 7.1 The Chief Officer and the Clerk along with the Chief Internal Auditor of Dundee IJB were consulted in the preparation of this report.

8.0 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: Work with the Health and Social Care Partnership in the further development of an action plan to address issues identified with the attached self-assessment.	
	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.

Christine Jones
Acting Chief Finance Officer

DATE: 12th June 2024

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FTF Internal Audit Service

D03-25 Dundee IJB Annual Report 2023/24

incorporating

D05-24 Internal Control Evaluation 2023/24

Issued To: D Berry, Acting Chief Officer
C Jones, Acting Chief Finance Officer

G Lloyd, Chief Social Work Officer
D Shaw, Clinical Director / Associate Medical Director

Dundee Integration Joint Board
External Audit

C Wyllie, Chief Internal Auditor, Dundee City Council
D Vernon, Senior Manager, Internal Audit, Dundee City Council

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Draft Report Issued	03 June 2024
Management Responses Received	07 June 2024
Target Dundee IJB	19 June 2024
Final Report Issued	13 June 2024

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INTRODUCTION

1. The Dundee Integration Joint Board (DIJB) Internal Audit Plan is based on a joint risk assessment by Internal Audit and the Chief Finance Officer and approved by the Performance and Audit Committee (PAC). On a cyclical basis, it provides coverage of all key risks and aspects of governance including Corporate, Clinical, Staff, Financial and Information Governance. Internal Audit is also required to provide the PAC with an annual assurance statement on the adequacy and effectiveness of internal controls.
2. Together, the mid-year Internal Control Evaluation (ICE) and the Annual Report provide assurance on the overall systems of internal control, incorporating the findings of any full reviews undertaken during the year and providing an overview of areas which have not been subject to a full audit. These reviews do not and cannot provide the same level of assurance as a full review but do provide insight into the systems which have not been audited in full.
3. The Integrated Resources Advisory Group guidance outlines the responsibility of the Integration Joint Board (the IJB) to establish adequate and proportionate internal audit arrangements for review of the adequacy of arrangements for risk management, governance, and control of the delegated resources.
4. This guidance states that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control.
5. Guidance issued in April 2017 requires IJBs to prepare their annual accounts and governance statements in accordance with Local Authority Accounts (Scotland) Regulations 2014. These regulations require an authority to:
 - i) *Be responsible for ensuring that the financial management of the authority is adequate and effective and that the authority has a sound system of internal control which:*
 - (a) *facilitates the effective exercise of the authority's functions; and*
 - (b) *includes arrangements for the management of risk.*
 - ii) *Conduct a review at least once in each financial year of the effectiveness of its internal control.*
6. The CIPFA 'Delivering Good Governance' in Local Government Framework 2016 places a responsibility on the authority to ensure additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor.

OBJECTIVE

7. The Annual Report (including the ICE) provides a holistic overview of governance within DIJB to provide assurance that there is a sound system of internal control that supports the achievement of the IJB's objectives.
8. This review examined the framework in place during the financial year 2023/24 to provide assurance to the Chief Officer, as Accountable Officer, that there is a sound system of internal control that supports the achievement of the IJB's objectives. It considered:
 - *Corporate Governance*
 - *Clinical Governance*

- *Staff Governance*
 - *Financial Governance*
 - *Information Governance*
9. The 2023/24 Internal Audit Annual Report should inform the IJB's judgment on the Governance Statement.

GOVERNANCE STATEMENT AND CONCLUSION

10. DIJB is in an interdependent relationship with both partner bodies in which the controls in place in one body inevitably affect those in the other. The Draft NHS Tayside Governance Statement concludes that *'As the appointed Accountable Officer, I am able to conclude with the ongoing improvement work undertaken throughout the year, [as evidenced above]; the governance framework and the assurances and evidence received from the Board's committees, that corporate governance continues to be strengthened and internal controls were operating adequately and effectively throughout the financial year ended 31 March 2024'*. Additionally, the Draft Dundee City Council Annual Internal Audit Report concludes that *"reasonable assurance can be placed upon the adequacy and effectiveness of the Council's framework of governance, risk management and controls for the year to 31 March 2024"*.
11. Plans are in place to share information on partner assurances before the audited accounts are signed off at the November 2024 PAC, providing the opportunity for the IJB to review any issues of interest to the IJB included in either of the partners' year end conclusions on governance.
12. DIJB has produced a draft Governance Statement for 2023/24 which reflects their own assessment for areas for development, setting out several actions to further strengthen governance arrangements. A number of these are complex areas which have remained outstanding for several years and depend on the input of partner bodies.
13. Internal Audit has reviewed and provided commentary on the Governance Statement.
14. As Chief Internal Auditor, this Annual Report to the IJB provides my opinion on the IJB's internal control framework for the financial year 2023/24.
15. Based on the work undertaken, I have concluded that:

- **Reliance can be placed on the IJB's governance arrangements and systems of internal controls for 2023/24.**

16. In addition, I have not advised management of any concerns around the following:

- **Consistency of the Governance Statement with information that we are aware of from our work.**
- **The format and content of the Governance Statement in relation to the relevant guidance.**
- **The disclosure of all relevant issues.**

RISK

17. Whilst there is no overarching corporate/strategic risk relevant to this review, our audit specifically considered whether governance arrangements are sufficient, either in design or in execution, to control and direct the organisation to ensure delivery of sound strategic objectives.

INTERNAL CONTROL

18. Following a meeting of DIJB in May 2016, FTF were appointed to provide the IJB's Internal Audit Service. The PAC has approved the Internal Audit Charter, which is reviewed annually, as well as a protocol for the sharing of audit outputs between the partner organisations. We can confirm that FTF complies with the Public Sector Internal Audit Standards (PSIAS).
19. FTF undertakes internal quality reviews against Public Sector Internal Audit standards (PSIAS) every year. No issues of concern were identified in the 2023/24 review. During 2018/19 the NHS Tayside Internal Audit Service was externally quality assessed by the Institute of Internal Auditors and concluded that FTF generally conforms to the PSIAS. All actions arising from this review are now complete. A further External Quality Assessment is due to take place during 2024/25.
20. For Dundee City Council Internal Audit Service, an External Quality Assessment in 2018 concluded that the service fully conforms to 11 of the 13 standards and generally conforms to the remaining two.
21. The 2023/24 Internal Audit Plan was approved by the PAC on 27 September 2023. Audit work undertaken in partnership with the Dundee City Council Internal Audit Service has been sufficient to allow the Chief Internal Auditor to provide their formal opinion on the adequacy and effectiveness of internal controls.
22. To inform our assessment of the internal control framework, we developed a self-assessment governance checklist which Internal Audit updated and discussed with management. The checklist was based on requirements of the Integration Scheme, guidance issued by the Scottish Government to support Health and Social Care Integration and best practice. It was also cross referenced to the requirements of the CIPFA 'Delivering Good Governance in Local Government Framework 2016' and supporting guidance notes for Scottish Authorities.
23. Internal Audit validated the assessments reached through discussion with management and examination of the supporting evidence and documentation. Based on our work, we can provide assurance on the key arrangements in place by 31 March 2024, any ongoing developments, and comment on where further development is needed in 2024/25.

AUDIT FOLLOW UP

24. Ongoing and required developments and recommended actions are included at Section 2.
25. The Internal Audit Annual Report 2022/23, issued 12 June 2023, was informed by detailed review of formal evidence sources including Board papers and published documents along with discussions with key officers. As well as identifying key themes, the 2022/23 Annual Report made three specific recommendations on:
 - Sustainability
 - Strategic risk management
 - Completion of outstanding actions
26. Since the issue of the 2022/23 Annual Report, we would have expected these three actions and all previous outstanding actions to have progressed towards completion.

27. However, reporting of Governance Actions has not evolved since the Annual Report last year. An update was provided to the PAC on 22 May 2024, stating that mapping work to develop revised reporting of outstanding Governance Actions previously reported through the Governance Action Plan was complete and that the next stage of the process would be to enhance and refine the recording of these actions to demonstrate a clear link between the source of the required action (Internal Audit Review, External Audit Recommendations, Annual Governance Statement reviews etc), progress made and actions being taken.
28. Preparation for significant changes in the IT infrastructure provided by Dundee City Council has diverted resources and full migration of the outstanding actions for monitoring purposes has not been able to be achieved to date and will be presented to the September 2024 meeting of the PAC.
29. In this report, we have provided an update on progress to date and, where appropriate, built on and consolidated previous Annual Report recommendations to allow refreshed action and completion dates to be agreed. This has culminated in 10 recommendations for which Management have agreed actions to progress by year end.

KEY THEMES

30. During 2023/24 DIJB has experienced resource pressures that have had impacted on progress with key areas of improvement work and governance related activity. These areas have been highlighted within the detailed findings of this report.
31. The Audit Scotland report – NHS Scotland 2023, issued February 2024, stated that *‘significant service transformation is required to ensure the financial sustainability of Scotland’s health service. Rising demand, operational challenges and increasing costs have added to the financial pressures on the NHS and, without reform, its longer-term affordability. The NHS, and its workforce, is unable to meet the growing demand for health services. Activity in secondary care has increased in the last year but it remains below pre-pandemic levels and is outpaced by growing demand. This pressure is creating operational challenges throughout the whole system and is having a direct impact on patient safety and experience.’* Internal Audit have recorded similar concerns and highlighted the strategic changes required. The financial risk for DIJB, NHS Tayside, Dundee City Council and the whole public sector has continued to increase.
32. As reported in our 2022/23 Annual Report, the environment in which the DIJB currently operates is both exceptionally complex and extremely challenging, particularly in terms of finance and workforce and there is no guarantee that arrangements being put in place can or will mitigate the associated risks to acceptable levels.
33. The Strategic Commissioning Framework (SCF) was published in June 2023 but the accompanying Resource and Performance frameworks, along with an Annual Delivery Plan have been deferred due to resource issues at management level. These key documents are vital to the future of DIJB and will identify what needs to be de-prioritised and how these areas will be identified. The October 2023 DIJB was informed that work on these documents had commenced but was paused to divert available resources to prepare for and support the Dundee Adult Support and Protection Inspection. This inspection was a recent announcement therefore it was not anticipated in Dundee HSCP’s resource planning for the period.
34. Within the five-year financial outlook 2023-28, it is estimated that total savings of circa £36m will be required, as reported to DIJB in December 2023. In our 2022/23 Annual Report we commented that it is extremely unlikely that savings of this magnitude can be achieved without a significant transformation programme accompanied by clear prioritisation. This will mean making difficult choices and require a clear focus on financial sustainability. The production of key documents

should be progressed as a matter of priority including, but not limited to the Resource Framework, Performance Framework and Annual Delivery Plan.

35. DIJB has relied on the use of its reserves in 2023/24 and plans use of further reserves in 2024/25 to balance its budget.
36. A renewed focus on transformation and change is required. DIJB will need to deliver against its strategic objectives in an environment that has serious financial and workforce constraints. Transformation is key to delivering improvements and financial savings sufficient to enable sustainable services.
37. Once DIJB has progressed the Resource Framework, Performance Framework and Annual Delivery Plan, this will provide an opportunity to reflect on the overall risk profile and focus on mitigating risks with the potential to stop the organisation achieving its strategic objectives.
38. The environment in which the IJB operates currently is both exceptionally complex and extremely challenging, particularly in terms of finance and workforce. There is no guarantee that arrangements being put in place can, or will, mitigate the associated risks to acceptable levels. We performed detailed follow up work on all the outstanding recommendations from our previous annual reports which had been reported as outstanding in our 2022/23 Annual Report – see section 2.
39. We have previously reported that governance developments identified within the IJB's own self-assessment and through internal and external audit recommendations have not progressed as anticipated. Progression of the Governance Action Plan will be a key assurance to the PAC, whose requires they *'receive reports, monitor the implementation of agreed actions on audit recommendations and reporting to the IJB as appropriate'*.
40. The current position with action to address previous Internal Audit Annual Report recommendations is set out at Appendix 1, setting out the main themes alongside the current position which shows that, overall, progress to date has been limited.
41. Many of the themes identified in previous Annual Internal Audit Reports, particularly in relation to the monitoring of the delivery of Strategy and Transformation, as well as the flow of assurance over risks, remain pertinent. Concerted action is required to ensure coherence between Governance Structures, Performance Management, Risk Management and Assurance and to improve DIJB's ability to monitor the achievement of operational and strategic objectives, including those necessary to enhance the sustainability of services.

KEY DEVELOPMENTS

42. Key developments since the issue of our 2022/23 Annual Report included:
 - The new Strategic Commissioning Framework (SCF) was published in June 2023
 - Input to the development of the Tayside Primary Care Strategy
 - DIJB approval of the financial budget for 2024/25
 - Ongoing delivery of the Primary Care Mental Health and Wellbeing Framework for Dundee
 - Update to the DIJB Standing Orders
 - The Joint Inspection of Adult Support & Protection in the Dundee Partnership by the Care Inspectorate

ACTION

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

ACKNOWLEDGEMENT

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

J Lyall BAcc (Hons) CPFA

Chief Internal Auditor

CORPORATE GOVERNANCE

Strategic Risks

- **National Care Service** – the recent legislation published on the establishment of the National Care Service sets out plans to introduce Local Care Boards with the abolition of Integration Joint Boards – **(Current Score: 20)**
- **Increased Bureaucracy** – governance mechanisms between the IJB and partners could lead to increased bureaucracy in order to satisfy the assurance arrangements required to be put in place – **(Current Score: 16)**
- **Category 1 Responder** – additional responsibilities not supported by additional resources from Scottish Government and existing resources are not sufficient to meet statutory duties – **(Current Score: 8)**

Governance Arrangements

Standing Orders were revised and adopted by DIJB in December 2023. The revision was minor and reflected the PAC updated Terms of Reference following comments included in the Audit Scotland 2020/21 Annual Report. Revised terms of reference for the PAC were presented to the January 2024 PAC following their approval by the IJB in December 2023.

During 2023/24 there have been changes to the membership of the IJB, and now that the Integration Scheme approved in 2022, has bedded in, a Board Development session for members on the requirements of it would be beneficial.

During the year governance committees met the required number of times as required by Standing Orders and Terms of Reference. Following each meeting of the PAC a Chair's assurance report and minutes are provided to DIJB.

The PAC presented their 2022/2023 Annual Report to the August 2023 DIJB. Whilst the report detailed the work undertaken by the PAC during the period, it did not explicitly confirm that the PAC had fulfilled its remit, nor did it provide a formal conclusion as to the adequacy and effectiveness of internal control. The 2023/24 PAC Annual Report should be reviewed to ensure it contains all required elements.

Integration, Ministerial Steering Group (MSG) and Governance Action Plan (Incl. Audit Follow Up)

Internal Audit concluded in D06-21 Governance Action Plan, issued in April 2023, that the Governance Action Plan (GAP) does not make it easy to identify if all the recommendations from a specific report/source have been completed. Management agreed that separate reports would be reported to the PAC as follows:

- Internal Audit Report and Annual Report recommendations.
- External Audit Recommendations.
- External Review Recommendations, for example Ministerial Steering Group (MSG) report.
- Governance Statement Improvement Actions.
- Actions from agenda item discussions to be reported within the standard agenda item – Action Tracker.

As reported in our Key Themes, progress with the GAP has been limited and an update be presented to the September 2024 meeting of the PAC.

The Care Inspectorate's Joint Inspection of Adult Protection in Dundee, published in November 2023, did identify key areas for improvement, and stated *"the pace of strategic change and improvement needed accelerated. The partnership was aware through joint inspection in 2017 that improvement was required across key areas of practice and strategic leadership. Their own audit activity had reached similar conclusions, but progress was limited in key areas"*.

Strategy

As reported in our Key Themes, the Resource Framework and Performance Framework and the Annual Delivery Plan to support the IJB Strategic Commissioning Framework 2023-2033 are still to be developed.

Initial work undertaken to support the drafting of the first annual delivery plan for 2023/24 did not progress as planned. In October 2023 DIJB were advised that work had been paused as available resource were to be diverted to prepare for and support the Dundee Adult Support & Protection Inspection. A further update was planned for December 2023, but no update was provided.

It was recognised by DIJB in the SBAR, when presenting the Strategic Commissioning Framework in June 2023 that *"taking the time to do this [developing an annual delivery plan and approach] will provide a strong foundation for review and publication of annual plans throughout the rest of the lifetime of the strategic commissioning framework"*.

Once approved, consideration will have to be given how these documents will be monitored and how the IJB will receive assurance.

We welcome the direction of travel and the intent demonstrated which align with previous internal audit recommendations and principles. Our 2021/22 Annual Report recommended that the IJB should consider how it receives assurances and monitors progress against actions in the Strategic Commissioning Plan. Management responded that the reporting of the delivery of this plan alongside the wider performance indicators will provide the necessary assurances to the IJB that priorities are being delivered.

Superseding this previous recommendation, we have recommended that the work to produce the accompanying documents and Annual Delivery Plan be prioritised as the successful delivery of the ten-year strategy will hinge on ensuring the early year plans are embedded and can be measured.

The Dundee Primary Care Mental Health & Wellbeing Framework has been in development since 2022 and a Progress Report 2023 was brought to the December 2023 DIJB. A programme management approach is being used to develop the framework. The corresponding Delivery Action Plan 2024-2027 is in development and, over the next 12 months, outcomes, measures, and key performance indicators will be identified and established. There is an opportunity to triangulate the progress report to the Mental Health Service Indicators presented to the PAC and to conclude if the data shows that the work being carried out within the Framework is having the desired effect.

Operational Planning

Internal Audit Report D06-23 Operational Planning was issued on 22 January 2024 and provided reasonable assurance. We made four recommendations and Management have provided appropriate responses.

The Annual Delivery Plan (ADP) will link the Strategic Commissioning priorities with the Strategic Financial Plan. The delay in producing this may have limited DIJB's ability to lay the foundations to generate required improvements in 2023/24. Given the scale of changes to demand, operations and availability of resources, delivery of the strategy will be fundamental to the future sustainability of services and the ADP and associated documents will need to balance resources between the serious short-term risks arising from current operational pressures against the longer-term threats to viability and sustainability.

Performance

In April 2022 DIJB approved changes to the format of the Annual Performance Report, with future years' reports to be broken down into rolling quarterly reports, each focused on one of the strategic priorities.

The Annual Performance Report 2022/23 was presented in August 2023 but, having made a start in the process to develop the five annual editions linked to Strategic Priorities, it was not achieved, with management citing pressures on capacity of officers and a greater time period was required to accrue required content for inclusion.

It was agreed that that consideration would be given to arranging a briefing session for IJB members on understanding the data presented and this is scheduled for summer 2024.

We have commented previously on the high quality of performance reporting in DIJB, albeit noting the need for performance systems to provide assurance on both Strategic Risks and the implementation of the IJB's Strategic Commissioning Framework.

The latest performance data presented to the May 2024 PAC for Quarter 3 2023/24 demonstrated that operational performance has, overall, been challenging:

- Performance is poorer than the 2019/20 baseline for emergency admissions 18+, rate of hospital admissions due to a fall 65+, emergency admission numbers from A&E 18+, emergency admissions as a rate of all A&E attendances 18+, 28 day readmission rate, % care services graded good, and the rate of standard bed days lost to delayed discharges 75+.
- Performance against the standard on spending the last 6 months of life at home or in a community setting (90.3%) is higher than the baseline (89.1%). Performance across Scotland is similar and Dundee is in the middle of the three Tayside Partnerships.
- The rate of bed days lost to complex delayed discharge for age 75+ was lower than the 2018/19 baseline.
- The rate of bed days lost to standard delayed discharge for age 75+ is 146% more than the 2018/19 baseline.
- Performance on rate of hospital admissions due to a fall is 16% higher than the 2018-19 baseline.
- Percentage of care services graded 'good' (4) or better in Care Inspectorate reports has deteriorated from 86.2% (2018/19 baseline) to 75.2% in 2022/23.

Unscheduled hospital care is one of the biggest demands on Partnership resources. Since February 2023 a short life working group has been developing a robust understanding of local data and has identified specific areas for further analysis to inform future improvement activity.

As a result of the particularly high rate of hospital admissions within the Dundee population of people over 65 because of a fall, a paper analysing the data and providing assurance on preventative and proactive work was considered by the IJB on 21 February 2024. The Dundee Falls Group is a multi-agency group meeting every 2 months and co-chaired by the Dundee HSCP Operational and Strategic Lead for Falls. Whilst the national falls and fracture prevention strategy was paused during the Covid-19 pandemic, NHS Tayside and the three HSCPs developed a Tayside Falls Prevention and Falls Management Strategic Framework. It sets out 12 commitments for Tayside to achieve between 2023 and 2027, aligned to the requirements of the national Up and About Framework. The PAC receive updates on the national indicator – Falls Rate per 1,000 Population in over 65s – in their Quarterly Performance Reports.

Whistleblowing awareness has been promoted with 'Speak Up' week but an IJB briefing session scheduled has been pushed back to summer 2024.

DIJB is committed to the development of a Performance Framework as one of the companion documents to the Strategic Commissioning Framework. Our Annual Report 2022/23 detailed principles that should be considered in the format of future reporting.

Lead Partner Services

The Integration Scheme requires Lead Partner Chief Officers to seek approval from all IJBs on proposed strategy and to provide reports on those services to other IJBs at least in every planning period (which would mean once every 3 years). Internal audit reports over many years have highlighted that assurances on these services required improvement.

On 25 October 2023 DIJB received an update on progress to develop the Tayside Primary Care Strategy 2024-2029. Angus IJB has responsibility for the strategic planning coordination in relation to Primary Care Services in Tayside and DIJB received updates on the strategy and noted the direction of travel.

A new process in place to share Quality Assurance reports (Clinical Governance reports) for Lead Partner services across all three Clinical Care & Professional Governance Groups is being progressed. This relates to some of the most significant risks across Tayside (i.e. Primary Care and Mental Health). We have been informed that discussions have commenced with the Heads of Service across all three HSCPs to develop a framework and structure, possibly through establishing a Strategic Commissioning Group for hosted services. The February 2024 Clinical Care & Professional Governance Group heard that work has been started on producing a template for an annual report of a lead agency service to come to the group which can then be shared with the other Partnerships. We urge the IJB to progress this as a matter of urgency.

Risk Management

In August 2023 Risk Appetite sessions with DIJB members took place. A questionnaire was to be developed to identify risk categories and appropriate risk appetite and target scores. The intention was that this would better inform risk-based decision making for DIJB in future. Following this exercise, the inherent risks were to be revisited to take into account external events that have resulted in current risk scores being higher than previous inherent risk scores. An update to the PAC in January 2024 stated the same intent but no progress has been reported to the PAC to date. The Chief Finance Officer has informed us that the questionnaire has been deferred, initially for work on the Joint Inspection of Adult Protection Services, and latterly for the Dundee City Council systems changeover.

Our 2021/22 Annual Report made a significant recommendation on how the IJB receives assurances on risk, recognising that risk appetite is still to be developed. This action has not been progressed.

The Chief Finance Officer has informed us that development sessions for members are now in the diary for 2024/25 and one of these will be allocated to risk after the summer recess.

The PAC considered a strategic risk report at each of its meetings. The scores over the period are presented in the table below from start of year to most recent Report. We note that the Risk Management Annual Report was presented directly to the DIJB and not to the PAC as stated in the PAC Terms of Reference.

Risk	Annual Report DIJB April 2023	Annual Report DIJB April 2024	PAC May 2024	
Staff Resource (recruitment challenge)	25	25	25	→
Dundee Drug & Alcohol Recovery Service	25	16	16	→
National Care Service	25	25	20	↓
Staff Resource (Performance Management)	20	20	Archived	
Primary Care	20	20	20	→
Restrictions on Public Sector Funding	20	20	20	→
Unable to maintain IJB spend	16	20	20	→
Lack of capital investment in community facilities (including Primary Care)	16	16	25	↑
Cost of living crisis	16	16	16	→
Data Quality	-	12	16	↑
Impact of Covid 19	16	12	Archived	
Mental Health Services	16	16	16	→
Category 1 Responder	8	8	8	→
Increased bureaucracy	9	9	16	↑
Governance arrangements	12	8	8	→
Employment Terms	9	9	9	→
Capacity of leadership team	12	16	16	↑
Viability of external providers	16	16	16	→
NEW Escalation of property safety issues	-	-	16	→
NEW Changes to IT systems	-	-	16	↑
NEW Implementation of Safe Staffing	-	-	12	→

Internal Audit report D05-21 Performance Management, issued on 3 November 2021 made a significant recommendation to link risk with performance. The Strategic Risk Register update to the January 2024 PAC stated that “All strategic risks are reviewed regularly, and mitigating actions recorded and scored. Further development work is underway to link risk with performance as recommended in Internal Audit Report on Performance Management presented to the PAC at its meeting on 24 March 2021”. However, the next Strategic Risk Register update to the PAC on 22 May 2024 did not reference this work and therefore it is not clear what, if any development work is being undertaken.

Best Value

A Best Value report 2023/24 was presented to the December 2023 DIJB and provided assurance that DIJB and its partners have arrangements in place to demonstrate that Best Value is being achieved.

The assessment provided detailed evidence and outcomes aligned to each of the seven themes of best value.

Communication and Engagement

The development of the Strategic Commissioning Framework 2023-2033 included contributions from across the HSCP, including third parties, charitable organisations, and independent sectors. The Framework identifies “Planning Together – Planning Services to Meet Local Need” as a Strategic Priority.

The Dundee City Plan 2022-2032 details arrangements in place within the HSCP to support and actively contribute to delivery of priorities and outcomes within the Plan.

Business Continuity

The IJB considered the Category 1 Responder 2022/23 Annual Report at their meeting on 21 June 2023. The report summarised the activities undertaken around the assessment of risk, information sharing and co-operation. Work to prepare a comprehensive, integrated readiness assessment for the HSCP covering both emergency planning and business continuity risk was to be a priority area of work for the Partnership's Resilience and Business Continuity Group in 2023/24, however this was not delivered in year.

Directions

DIJB adopted a joint directions policy in April 2023. The policy, section 2.3 – Monitoring – states that the Chief Officer will ensure that all directions are reviewed through the IJB PAC as appropriate. PAC will, where relevant, request a mid-year progress report. No update report has been presented to the PAC.

Public Sector Equality Duty

A revised template for Integrated Impact Assessments for use within the IJB and PAC was used from the start of 2023 and feedback was given as officers completed these and members reviewed them to identify what works well and where aspects could be improved. The template has been revised in line with this feedback and the new template will be used from May 2024 (for the PAC) and June 2024 (for the IJB).

Action Point Reference 1 – General Governance Issues**Finding:**

A high proportion of issues previously highlighted by Internal Audit and others which have resulted in agreed recommendations have not been taken forward as expected. We have also reported several areas where update reports were promised but not delivered. There remain a number of intractable, long-standing issues outstanding, recognised through the governance action plan based on previous internal audit recommendations, actions agreed through the MSG Self-Assessment, and mirrored in the IJB's Governance Statement for 2022/23 as areas requiring further improvement.

We would expect these areas for improvement to continue to feature in DIJB's Governance statement and would reiterate the need for robust monitoring by the PAC and consideration of the consequences of non-achievement on the overall control environment. As a matter of priority, the action point from Internal Audit report D06-21 Governance Action Plan, issued in March 2023, needs to be progressed.

Audit Recommendation:

Alongside robust monitoring of agreed governance improvement actions, we would recommend that a clear escalation route is introduced to allow DIJB to identify any required remedial action. Barriers to achievement and solutions to address these should be clearly identified, and the Chair's Assurance report should clearly identify these key governance issues so that the IJB understands their importance, impact and is able to take appropriate action. A similar action point was highlighted in D05-20. Consideration should be given to whether a strategic risk on delivery of key governance improvements is required, including but not limited to assurances on operational delivery, meeting key targets, aligning of services to strategic intentions, leading to possible concerns over delivery of the Strategic Commissioning Framework, governance breaches, non-compliance issues and impact on the reputation of the IJB.

Assessment of Risk:

Significant



Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.

Requires action to avoid exposure to significant risks in achieving the objectives for area under review.

Management Response/Action:

Regular reports and updates have been presented to PAC detailing progress and resourcing challenges. A commitment was made at May 2024 PAC to bring full update to September PAC.

Action by:**Date of expected completion:**

Chief Finance Officer

September 2024

Action Point Reference 2 – Resource Framework and Annual Delivery Plans

Finding:

Our Annual Report 2021/22 made a significant recommendation to consider how DIJB receives assurances and monitors progress against actions in the Strategic Commissioning Framework. Management's response was that the reporting of the delivery of this plan alongside the wider performance indicators will provide the necessary assurances to the IJB that priorities are being delivered.

On 21 June 2023 DIJB was advised that work would subsequently commence on the development of a resource and performance framework and an annual delivery plan for 2023/24. The minutes record that the Chief Officer was instructed to bring a further update no later than 31 October 2023.

The October 2023 DIJB was informed that work on the companion documents had commenced but had been paused due to all available resources being diverted to prepare for the Dundee Adult Support & Protection Inspection, currently underway. A further update was to be provided in December 2023.

The undertaking to provide an update in December 2023 was not included on DIJB's Action Tracker and no update was given to the December meeting. The January 2024 meeting had a limited agenda and contained no update, nor was there an update at any of the February, March, or April 2024 meetings.

Audit Recommendation:

A firm timeline for prioritised completion of the resource and performance frameworks and an Annual Delivery Plan should be put in place. These documents are key to DIJB achieving financial sustainability over the coming years and will need to demonstrate areas of investment and disinvestment.

DIJB should ensure that updates on progress are given at each meeting until the documents are presented for approval.

Assessment of Risk:

Significant



Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.

Requires action to avoid exposure to significant risks in achieving the objectives for area under review.

Management Response/Action:

Delivery Plan update report being taken to IJB in June with commitment to take full report by October 2024

Action by:

Chief Officer

Date of expected completion:

October 2024

Action Point Reference 3 – Terms of Reference PAC**Finding:**

In our 2021/22 Annual Report we made a recommendation that the PAC should provide a year-end report to the IJB with a conclusion on whether it has fulfilled its remit and its view on the adequacy and effectiveness of matters under its purview.

The PAC did provide a year-end report to the IJB in August 2023 which provided a summary of work undertaken by the committee and did not explicitly conclude as to whether the PAC had fulfilled its remit.

Audit Recommendation:

The Annual Report of the PAC should conclude on the adequacy and effectiveness of its work and provide assurance that it has fulfilled its remit during the year under review.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

Agreed – annual report from PAC to IJB will include assurance.

Action by:**Date of expected completion:**

Chief Finance Officer

August 2024

Action Point Reference 4 – Register of Interests and Statutory Information

Finding:

Statutory documents available on the HSCP public webpage are out of date and lack version controls. The Register of Members' Interests is dated 2021, Financial Regulations are 2016 and Scheme of Delegation is 2019. The Code of Conduct is understood to be from 2022 though it has no document control or date on it.

Audit Recommendation:

A document control front sheet should be included with each statutory document, clearly showing the latest date of review and the version number.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

Recommendation agreed – updated documents will be obtained and uploaded with review dates and version numbers. Updated Financial Regulations report and Scheme of Delegation report are to be taken to June IJB.

The Register of Member's Interest is currently under review with a view to completing in August 2024.

Action by:

Chief Finance Officer

Date of expected completion:

August 2024

Action Point Reference 5 – PAC and Strategic Risk Register**Finding:**

One of the duties of the PAC, as stated in their terms of reference, paragraph 11 is to “review risk management arrangements, receive regular reports on risk management and an annual Risk Management report.”

Though the PAC received regular strategic risk register updates, the risk register annual report was presented directly to DIJB in April 2024, without having been considered and approved by the PAC.

Audit Recommendation:

In relation to the Strategic Risk Annual Report, the PAC should receive, review and then endorse this for onward submission to DIJB.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

Noted – future annual reports will go to PAC then to IJB.

Action by:**Date of expected completion:**

Chief Finance Officer

May 2025

Action Point Reference 6 - Directions**Finding:**

DIJB adopted a joint directions policy in April 2023. The policy states that the Chief Officer will ensure that all directions are reviewed through the IJB PAC as appropriate. The PAC will, where relevant, request a mid-year progress report. No update report has been presented to the PAC during the 2023/24 financial year.

Audit Recommendation:

A monitoring process for directions should be implemented, including requesting progress reports from the partners as required.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

Due to relatively low number of directions issued during the last year, however acknowledge directions policy and processes will be implemented accordingly with annual report to PAC.

Action by:**Date of expected completion:**

Chief Officer

May 2025

Action Point Reference 7 – Action Trackers**Finding:**

Our review of papers evidenced that, on occasion, a request arising at a committee meeting for an update or additional paper was not included in the Action Tracker and therefore was not followed up as intended.

Audit Recommendation:

Committee support should review minutes to ensure that all items for future action agreed at Committee meetings are reflected in the Action Planner to ensure follow-up is undertaken.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

DCC Committee Services and HSCP management team to work together to ensure actions continue to be captured on Action Tracker and explore options to monitor follow-up.

Action by:**Date of expected completion:**

Committee Clerk and Chief Officer

August 2024

CLINICAL GOVERNANCE

Strategic Risks

- **Primary Care** – Continued challenges around the sustained primary care services, arising from recruitment, inadequate infrastructure including IT and location, and inadequate funding to fully implement the Primary Care Improvement Plan – **(Current Score: 20)**
- **Dundee Drug & Alcohol Recovery Service** – Several risks for the Drug and Alcohol Recovery Service (formerly Integrated Substance Misuse Service) escalated from the Operational Risk Register. These include:
 - Insufficient numbers of staff in integrated substance misuse service with prescribing competencies.
 - Increasing Patient demand in excess of resources
 - Current funding insufficient to undertake the service redesign of the integrated substance misuse service
 - COVID -19 Maintaining Safe Substance Misuse Service
 - Nursing Workforce
 - **(Current Score: 16)**
- **Mental Health Services** – There are system wide risks in the Mental Health Service. These include workforce and demand issues – **(Current Score: 16)**
- **Governance Arrangements being established fail to discharge duties** – clinical, care and professional governance arrangements being established fail to discharge the duties required – **(Current Score: 8)**

Clinical Governance Arrangements and Reporting

Dundee HSCP continues to provide regular, high-quality assurance reports to the NHS Tayside Care Governance Committee as well as to each meeting of the Dundee IJB PAC. Each report provided to the PAC provided reasonable assurance.

An Annual Report for the year is due to be presented to the June 2024 IJB. The report provides reasonable assurance and reflects on the strategic risks, the barriers to reducing risk and how these are being addressed and key priorities for 2024/25.

Dundee HSCP Clinical, Care and Professional Group (CCPG) is responsible for ensuring that there are effective and embedded clinical governance systems in all services within the HSCP. To inform the CCPG, nine Primary Governance Groups (PGG) produce exception reports that are considered by the CCPG along with other pieces of work detailing current challenges and potential future issues identified through triangulation of data reviewed through the PGGs. We noted instances whereby exception reports were not produced for meetings and representatives of the nine PGG did not attend. We would expect these to be appropriately reflected in the CCPG Annual Report for 2023/24.

Management structures across the HSCP have been redesigned during the reporting period 2023/24, and continue to be reviewed, and membership of the CCPG will be updated to reflect this, along with the Primary Governance Group structure.

A Clinical, Care and Professional Governance Forum allows managers and lead governance staff to review performance data, discuss challenging areas, improve understanding of processes and systems across the HSCP, manager peer review and shared learning.

The Getting it Right For Everyone (GIRFE) framework operates pan-Tayside ensure consistency of approach across the HSCP against agreed, prioritised governance domains and has reporting lines to the CCPG. GIRFE remains extant whilst NHS Tayside reviews its Clinical Governance Strategy, and the intention is to amalgamate the current NHS Tayside Clinical Governance Strategy and the GIRFE Framework.

The PAC scrutinise the CCPG reports presented and request further detail as required. For example, in February 2024 the PAC requested that future reporting would be enhanced by highlighting the movement in overdue adverse events reviews.

The August 2023 CCPG discussed assurance levels. We recommend that DIJB formally considers the FTF Assurance Principles and adopts these for use across its Board/PAC /Groups, which would provide the clarity around the use of assurance levels that are used by the NHS Tayside Clinical Governance Committee.

Adverse Event Monitoring

The CCPG reports to the PAC have highlighted concerns on management of adverse events. The report to the PAC on 22 May 2024 (with data to 31 January 2024) highlighted that there were 16 unverified events, all of which had exceeded the timescale of 72 hours for verification. There were 316 verified events that were overdue for completion within the Datix system, with over 200 of these being over 180 days overdue. Actions have been identified within the CCPG report to progress these outstanding reviews.

The latest report to the PAC; on 24 May 2024, reported two active Significant Adverse Event Reviews in Dundee HSCP. One of these is now ready to be signed off.

The NHS Tayside Clinical Governance Committee has requested an improvement in the number of incomplete verified events as reported in the CCPG minutes of 28 February 2024.

Due to the complex nature of some of these adverse events, along with longstanding issues around workforce availability, teams focus is on recent events rather than older actions. The CCPG is renewing its focus on addressing this issue with Mental Health & Learning Disability and Dundee Drug and Alcohol Recovery Services now having established review groups to further support this work.

Mental Health

In June 2023 DIJB approved the Mental Health & Learning Disability Whole Change System Programme. The Change Programme covers 12 workstreams which will be the focus of transformational change over the next 2-3 years. The covering paper highlighted the risk that such an ambitious programme could lead to an ongoing pattern of lack of progress and inactivity and additional investment has been requested to be sourced to provide the required capacity.

Dundee Drug & Alcohol Recovery Service (DDARS)

The DDARS strategic risk score reduced from 25 to 16 during the year as a result of progress made in implementation of Medication Assisted Treatment (MAT) standards and increased senior leadership within the team. MAT are evidence based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland. These are relevant to people and families accessing or in need of services, and health and social care staff responsible for delivery of recovery oriented systems of care. Progress on MAT Standards 1-5 has been sustained and work on improvement plans and tests of change to meet Standards 6-10 is in progress.

In November 2022, the PAC received the first suite of indicators focused on performance in drug & alcohol services; this followed a request from the PAC for the development of a wider suite of indicators that would better demonstrate progress against local priorities and areas for improvement.

The latest figures were presented to the PAC on 31 January 2024 and covered Q2 2023/24. No quarterly report was provided for the May 2024 PAC. The proportion of people who started treatment within 21 days of referral increased from 61% at Q2 2022/23 to 91% at Q2 2023/24. The waiting times standard continues to be met. The number of referrals for drug treatment services decreased from 555 at Q2 2022/23 to 546 at Q2 2023/24 however the number of individuals starting drug treatment services has increased by 23% during the same period.

In August 2023 the ADP Annual Reporting Survey 2022/23 was considered by DIJB. This is a submission made to Scottish Government which collects information from all ADPs across Scotland to inform the National Mission and to set priority areas of work for national organisations which support local delivery of services.

External Reviews

The report of the Joint Inspection of Adult Support & Protection in the Dundee Partnership area was published on 19 December 2023 and was considered by DIJB at their meeting on 14 February 2024. The Joint Inspection Team found that key processes and leadership for adult support and protection are “effective” with “clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweigh areas for improvement”.

The external report’s findings on areas of strength and improvement closely aligned with those identified in Dundee HSCP’s own self-evaluation submission. An Improvement Plan was developed and approved by the Dundee Chief Officers Group and submitted to the Care Inspectorate on 7 February 2024. This Plan builds on the existing Adult Support and Protection Delivery Plan. Work to communicate the inspection findings across the workforce is ongoing.

A Significant Case Review report was published in November 2023 covering the period from December 2018 to October 2020. The report made 12 recommendations relating to multi-agency practice, including some with relevance to adult health and social care services. The PAC / DIJB have not had a specific agenda item about this report at any of their meetings since the publication date though the Chair and Vice-Chair received a confidential briefing, and a briefing note was subsequently issued to all DIJB members in November 2023.

The CCPG assurance report to the PAC on 31 January 2024 included details of the Joint Inspection report but did not include details of the Significant Case Review. The CCPG assurance report to the PAC on 24 May 2024 provided a summary of the key areas for improvement identified via the Joint Inspection but again did not include any information on the Significant Case Review. The minutes of the CCPG do not reference this Significant Case Review but do mention the Joint Inspection report.

We have been assured by management that an update report will be presented to the October 2024 IJB which will include the consolidated improvement plan for both the Joint Inspection and the Significant Case Review.

Action Point Reference 8 – Clinical Governance Assurances**Finding:**

Assurance on clinical governance, the systems through which organisations are accountable for continuously monitoring and improving the quality of their care and services, ensuring that high standards are safeguarded, is provided to each meeting of the PAC through the assurance report from the CCPG.

Nine Primary Governance Groups (PGGs) provide exception reports to the CCPG. Our review of the CCPG meetings in 2023/24 noted that there were gaps in both attendance at, and provision of reports to, the CCPG from some of the PGGs. Some of the non-compliant groups work in the highest risk areas within the HSCP.

For example Dundee Drug & Alcohol Recovery Service (DDARS) neither attended nor provided an exception report both in October 2023 and February 2024. Psychological Therapy Services neither attended nor provided an exception report in two consecutive meetings in June and August 2023. A representative from Acute & Urgent Care only attended one of the six meetings in the year, though a report was provided for four out of six meetings.

Audit Recommendation:

The CCPG should monitor the attendance of the PGGs at each meeting and whether reports have been provided as required.

This analysis of attendance and engagement in the clinical governance process should be provided to the PAC in the CCPG's assurance reports, along with highlighting any areas of concern around areas of high risk that need to be drawn to the Board's attention.

Assessment of Risk:

Significant



Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.

Requires action to avoid exposure to significant risks to achieving the objectives for area under review.

Management Response/Action:

Attendance at the CCPGG and provision of reports from the Primary Governance Groups to the CCPGG will be more closely monitored with follow up action where this is absent. Information will be included within the assurance reports to the PAC detailing compliance with both of these elements.

There are a number of forums where key risks are highlighted and discussed (Management meetings, professional meetings, risk management group) so awareness is high. It is, of course, recognised that the formal route through CCPGG must be adhered to.

Action by:**Date of expected completion:**

Chief Officer & Clinical Director

December 2024

Action Point Reference 9 – Assurance Principles**Finding:**

A review of the CCPG minutes for 2023/24 evidenced discussion and seeking of clarity around what 'assurance' the Group were expected to provide to NHS Tayside's Care Governance Committee.

Audit Recommendation:

We recommend DIJB formally considers FTF's Assurance Principles and adopts these for use across the governance groups of Dundee City IJB. These will provide the clarity around the use of assurance levels that are used by the NHS Tayside Clinical Governance Committee.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

Agreed – report to be taken to IJB October.

Action by:**Date of expected completion:**

Chief Officer

October 2024

STAFF GOVERNANCE

Strategic Risks

- **Staff Resource** – the volume of staff resource required to develop effective integrated arrangements while continuing to undertake existing roles / responsibilities / workload of key individuals may impact on organisational priorities, operational delivery to support delivery of effective integrated services. The DCC recruitment restriction and internal DHSCP vacancy management process is restricting recruitment to posts - **(Current Score 25)**
- **Staff Resource (Archived May 2024)** - insufficient to address planned performance management improvements in addition to core reporting requirements and business critical work– **(Current Score: 20)**
- **Capacity of Leadership Team** – affected by changes such as retirement and transitions – **(Current Score: 16)**
- **Employment Terms** – differing terms could expose the partnership to equality claims and impact on staff morale – **(Current Score: 9)**

The 'Staff Resource' strategic risk is scored at the highest possible 25, remaining at this level throughout the year, reflecting the extreme pressures on workforce, both now and in future. There are separate risks for staff resource in relation to planned performance management improvements and leadership capacity.

Internal Audit D06-24 will comment on monitoring of implementation of the Dundee HSCP Workforce Plan and on its mitigation of the associated workforce risk.

In December 2023 the IJB received a paper reporting updates to the Workforce Plan reflecting what has changed over the last year in relation to the governance and strategic context for workforce planning, refreshed workforce data and intelligence, progress made against the action points identified in June 2022 from the Scottish Government, and refreshed priority actions for the coming year. Though the cover paper states that the annual update sets out 'progress made against the action points identified in June 2022...' it does not explicitly state what further detail or actions have been included to respond to Scottish Government feedback.

In June 2023 the IJB published their new 10-year strategic commissioning framework – the Plan for Excellence in Health & Social Care in Dundee. Workforce was one of six strategic priorities within it and workforce will be a significant element of the Resource Framework which is an outstanding requirement from when the SCF was approved.

The Integration Scheme specifies that 'the parties will agree and maintain appropriate procedures which meet the requirements of the National Whistleblowing Standards and ensures that all staff who work within a Health and Social Care Partnership (across NHS and local authorities) can raise any concerns through the associated procedures. This will also include a requirement to report all concerns to the IJB and NHS Board on a quarterly basis'.

At the time of writing, quarterly Whistleblowing reporting was planned, though such assurance has not yet been received by the IJB.

Work is ongoing to increase capacity and strengthen the management team. Temporary structures were put in place on an emergency basis during the Covid pandemic. In April 2023, the IJB was informed that '*to address ongoing challenges that structure needs to be adopted on a permanent basis to provide resilience*'.

At its meeting in November 2023, PAC members noted a number of outstanding actions on the Action Tracker had been delayed or de-prioritised as a result of staff capacity issues.

The Head of Finance and Strategic Services and the Service Manager, Strategic Services have developed a new structure alongside the team to provide the right capacity in the right place to meet current and future core needs, with no additional funding requirement.

The new structure was presented to the May 2024 PAC for noting. It is currently in the process of being implemented and recruitment to a range of new / reconfigured posts forms the next stage, which will take place over six months.

FINANCIAL GOVERNANCE

Strategic Risks

- **Restrictions on Public Sector Funding** - Continuing restrictions on public sector funding will impact on Local Authority and NHS budget settlements in the medium term impacting on the ability to provide sufficient funding required to support services delivered by the IJB. This could lead to the IJB failing to meet its aims within anticipated timescales as set out in its Strategic and Commissioning Plan - **(Current Score: 20)**
- **Unable to maintain IJB spend** - IJB is unable to maintain spend within allocated resources which could lead to being unable to deliver on the Strategic & Commissioning Plan - **(Current Score: 20)**
- **Lack of capital investment in community facilities – incl primary care** - Restrictions in access to capital funding from the statutory partner bodies and Scottish Government to invest in existing and potential new developments to enhance community based health and social care services. This could potentially be exacerbated by the transitional period until the establishment of a National Care Service due to the uncertainty of funding and ownership of assets by the local authority and Health Board - **(Current Score: 25)**
- **Cost of living crisis** - Cost of living and inflation will impact on both service users and staff, in addition to the economic consequences on availability of financial resources. This is likely to have a significant impact on population health and the challenge this will present to the IJB in delivering its strategic priorities - **(Current Score: 16)**
- **Viability of external providers** - Financial instability / potential collapse of key providers leading to difficulty in ensuring short / medium term service provision. Inability to source essential services / Financial expectations of third sector cannot be met / Increased cost of service provision / Additional burden on internal services / Quality of service reduces **(Current Score: 16)**
- **Impact of Covid 19 (Archived May 2024)**– Coronavirus related pressure on resources (financial / workforce) will have a 'tail', resulting in ongoing medium / longer term pressure on the HSCP and by association on the council/ NHS Tayside and patients, service users and carers - **(Current Score: 12)**

Financial Sustainability

Delivering DIJB's strategic and commissioning priorities within the budget and resources that it has available is a significant challenge. A five-year financial outlook 2023/28 presented to the June 2023 DIJB meeting set out an estimated cumulative funding gap of £35.8m. Whilst the 2023/24 budget contained a plan to close that year's £5.1m gap, it relied on reserves, vacancies and savings in supplies and transport, rather than substantial transformation and service redesign.

It is unlikely that DIJB will be able to close its underlying financial gap using operational efficiencies. The proposed Annual Delivery Plan and Resource Framework needs to include genuinely transformative initiatives as clear delineation of the IJBs absolute priorities as well as those areas which will not be a focus for scarce resources, and this will need to produce genuine, recurrent cash savings.

The need for consolidated Transformation Programme progress reports has been recognised for several years now and been the subject of previous internal audit recommendations, but, thus far, there has not been structured holistic monitoring of transformation through governance structures. When considering the proposed budget for 2024/25 in March 2024 the Board agreed to note that the transformation programme would be escalated over the course of this year.

Budget Setting 2023/24 and Financial Outlook

The budget for 2023/24 was considered by the IJB on 29 March 2023. At that time, NHS Tayside's financial plan had not been formally approved so figures were indicative. NHS Tayside had not provided a calculation for Large Hospital Set Aside (LHSA) for 2023/24 and this would need to be incorporated into the budget once confirmed.

The initial budget gap for 2023/24 was £5.1m. A range of proposals for savings were set out for review and approval. Recurring savings formed £1.437m (28%) of the total with the majority of non-recurring savings being the proposed use of up to £3m of brought forward reserves.

A five-year financial outlook was presented to the IJB in June 2023. This highlighted the framework to address financial pressures, the already-established transformation programmes, and the potential savings requirement of £36m over the five years.

The IJB received its first 2024/25 budget update on 13 December 2023, followed by another on 21 February 2024. On 27 March 2024 the proposed delegated budget proposed by Dundee City Council for 2024/25 was accepted by the IJB. The Chief Finance Officer was instructed to report back following receipt of formal notification from NHS Tayside of the proposed budget with associated recommendations.

The IJB's budget gap for 2024/25 is predicted to be £10.6m and the savings plan to balance the budget includes utilisation of £4m reserves. Whilst the IJB will have sufficient uncommitted reserves brought forward into 2024/25 (estimated at the time of writing to be approx. £10m) to adequately meet their reserves policy of retaining around 2% of budgeted resources, the use of reserves to balance budgets should be approached with great caution. The use of £4m reserves in 2024/25 it will reduce the general reserve to approx. £6.8m and within one year reserves will be at the minimum level. It is imperative that the transformation programmes deliver the recurring savings. The financial position of the IJB improved over prior years, mainly due to additional Scottish Government funding during the pandemic, effective future investment of these reserves is critical to the longer-term financial sustainability of health and social care services. Using reserves to balance operational, day-to-day costs may relieve the pressure short-term but is not a long-term, sustainable policy.

Financial Reporting

Regular budget monitoring reports setting out the most up-to-date position on savings, reserves, and the projected out-turn for the year are reported to the IJB.

The budget plan identified that up to £3m of reserves would be available to support the IJBs financial position. Due to a worsening financial position halfway through the year, where a net operational overspend of £6.6m was forecast, a financial recovery plan was to be developed and presented in February 2024 at the latest. However, the monitoring to December 2023 and February 2024 showed an improving projected financial position, and actions to minimise overall overspend, enhanced recruitment controls and monitoring of discretionary spend were, in effect, the financial recovery plan for the remainder of the financial year.

The latest reported position to February 2024, presented to the 17 April 2024 IJB, was a net projected full year operational overspend of £3.528. £3m reserves will be utilised, as planned, to mitigate this overspend. A further £1m reserve funding was set aside to support winter planning and pressures. Therefore, no additional drawdown from general reserves is currently anticipated.

The presentation of achievement of savings in the monitoring reports could be enhanced. There is no comparison of planned savings versus actual savings achieved so it is unclear whether the savings plan was successful. It is critical that the Board is able to gauge whether transformation schemes and savings plans have the required impact to achieving financial parity.

Financial Regulations

Internal Audit's Annual Report 2022/23 noted that financial regulations had been in place since 2016 with the Scheme of Delegation reviewed and approved in April 2019. We were informed by the Chief Finance Officer that a review and update were planned during 2023/24, following the revision of the Integration Scheme but this has not been actioned. We have been informed by the Chief Finance Officer that papers for this have been drafted for pre-agenda consideration for the June 2024 meeting of the IJB.

Governance Statement Checklist

The Chief Finance Officer has completed a checklist developed by CIPFA to demonstrate compliance with their Financial Management Code which concluded that there had been compliance with all relevant standards. Additionally, a Statement on the Role of the Chief Finance Officer checklist was completed, and all relevant requirements had been met.

Action Point Reference 10 – Financial Monitoring and Reporting**Finding:**

Projected financial results are presented net of any planned use of reserves but reports do not inform the Board if the reserves have been utilised in line with the plan i.e. were the reserves used by the services for whom it was planned, or has there been an unexpected deficit in an area where it was not planned

There is no information presented to show actual savings made compared to planned.

Audit Recommendation:

Financial monitoring data should be enhanced to allow the Board to gauge progress against the budget especially in areas where brought forward reserves are being used to balance a budget and in savings targets.

Financial reports should show actual savings assessed against planned savings. Savings should be categorised as recurring or non-recurring.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

Complications around integrated nature of budget with some savings being more difficult to track to exact pound of delivery; will look to enhance monitoring during 24/25 where appropriate; added complexities surrounding utilisation of in-year reserves for financial monitoring purposes as statutory accounting treatment dictates this is actioned at year-end.

Action by:**Date of expected completion:**

Chief Finance Officer

October 2025

INFORMATION GOVERNANCE

Strategic Risks

- **Data Quality – quality of information on Mosaic case recording system is not accurate leading to difficulties in providing statutory government returns and accurate billing for billable services delivered – (Current score: 16)**

The revised Integration Scheme, section 11, covers information sharing and data handling.

A draft Information Sharing Memorandum of Understanding between DIJB, NHS Tayside and Dundee City Council and dated December 2019 was provided to Internal Audit. We have been informed that this will be revisited to ensure it is finalised and agreed / signed by all parties. The Dundee HSCP Lead Officer attends Information Governance forums at NHS Tayside and Dundee City Council and GDPR is a focus in these meetings.

We have previously commented that the IJB should receive assurance that its strategies and statutory responsibilities are supported by the asset and IT strategies and information governance arrangements of its partners and that these are appropriately prioritised, resourced and monitored, as an important enabler for the delivery of genuine transformation and the revised approach to the delivery of services required following Covid19. This action remains outstanding and we note that the IJB does recognise its increasing importance and is taking steps to improve the situation. The resource framework to be developed to support the new Strategic Commissioning Framework will include digital resources.

The January 2024 PAC noted that a new risk is being considered around Information Governance relating to capacity challenges within Dundee HSCP to appropriately process complex Subject Access Requests given the increase in demand for such.

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Source	Recommendation	Assessment of Risk	Description	Original target date	Current Status	Conclusion
D03/22 Annual Report 2020/21	3	Moderate	Review of standing orders including remit of PAC to refer to their receiving assurances from the Clinical & Care Governance Group. Workplan for the PAC should set out how all areas of their work will be completed with clear links to assurance flows Financial regulations to be reviewed separately	Oct 2021 (Fin Regs) March 2022 (S/O)	2022/23 Standing Orders reviewed June 22 with no amendments. PAC remit does not refer to C&CG Review of financial regulation planned for 23/24 2023/24 The Standing Orders were reviewed in Dec 2023 with an update to the ToR of the PAC. This does now explicitly reference the PACs role to “receive assurances in relation to Clinical Care & Professional Governance through the consideration of a report presented to each meeting of the PAC by the Clinical Director” Financial regulations have not yet been reviewed.	Partially complete – workplan still o/s Ongoing
D03/22 Annual Report 2020/21	4	Significant	Adopt pan-Tayside solutions to LHSA, corporate support and hosted services	March 2022	2022/23 IS reviewed and updated; discussions have taken place in relation to lead partner (previously hosted) arrangements including governance and reporting. LHSA unlikely to make progress with National Care Service arrangements being developed. Partner bodies have	Ongoing

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Ongoing and Required Developments

					not been prescriptive around corporate support arrangements 2023/24 No further progress	
D03/22 Annual Report 2020/21	6	Moderate	IJB Assurance Plan, including assurances required to be provided by partners	December 2021	2022/23 Due to resourcing capacity the IJB has been unable to progress the connection between risk and performance and ultimately an overarching IJB assurance report. The IJB continues to receive assurance in many ways from partners but arrangements will be progressed during 2023/24 to further request assurances from partner bodies following clarification of responsibilities reflected in the updated Integration Scheme. 2023/24 No further developments; this was unable to be progressed during 2023/24 as planned	Ongoing
D03/23 Annual Report 2021/22	1	Significant	MSG Action progress. IJB, directly or through PAC, to receive a progress update on areas of integration concern e.g. LHSA, corporate support, hosted services. Identification of what is required to ensure agreed actions are implemented and the	December 2022	2022/23 No further developments. The IJB have concerns that, as Scottish Government continues to develop arrangements for a National Care Service, partners will not see a reason to take these forward resulting in an impasse until the NCS is implemented	

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			consequences of non-delivery.		2023/24 No further developments	Ongoing – underlying weaknesses remain
D03/23 Annual Report 2021/22	2	Significant	Consideration of how the IJB receives assurances and monitors progress against actions in the Strategic Commissioning Plan.	December 2022	<p>2022/23 Following the approval of the new Strategic Commissioning Plan which reflects the IJBs high level priorities, a delivery plan will be published. This will, in effect, be the HSCP's response to how the priorities will be delivered within front line services. The reporting of the delivery of this plan alongside the wider performance indicators will provide the necessary assurances to the IJB that priorities are being delivered</p> <p>2023/24 The new Strategic Commissioning Plan was published in summer 2023 and was to be accompanied by a Resource & Performance Framework and an Annual Delivery Plan. This was , in effect, to be the HSCP's response to how the priorities will be delivered within frontline services. The reporting of the delivery of the plan, alongside wider performance indicators, would provide the necessary assurances to the IJB that priorities are being delivered. This has not been actioned in-year.</p>	Ongoing

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D03/23 Annual Report 2021/22	3	Moderate	PAC to provide a year-end report to the IJB with a conclusion on whether it has fulfilled its remit and its view on the adequacy and effectiveness of matters under its purview.	February 2023	<p>2022/23 Still to be taken forward. The aim is for a summary overview to be provided to the August 2023 IJB.</p> <p>2023/24 The PAC did provide a year-end report to the IJB in August 2023. However, as detailed in the body of this report it took the form of a summary of work undertaken by the committee and did not explicitly come to a conclusion as to whether it had fulfilled its remit.</p>	Ongoing
D03/23 Annual Report 2021/22	4	Significant	The IJB to receive relevant, reliable, and sufficient assurances against its strategic risks especially high scoring ones (risk appetite still to be established) either through adapting existing reporting processes or through specific deep dive assurance report. Some assurances may have to come from other organisations e.g. partner bodies.	December 2022	<p>2022/23 To be adopted through assessing against planned substantive service specific reports to be taken to IJB during the year. Ensure a high quality risk assurance statement included as standard in reporting. Due to service capacity unable to take this recommendation forward as planned. Will be picked up during 2023/24.</p> <p>2023/24 The service capacity issues did not ease during 2023/24 and this continues to be an ongoing action</p>	Ongoing
D03/23 Annual Report	5	Moderate	Consideration as to how clinical and care governance arrangements	December 2022	<p>2022/23 Issues of clinical and care governance were to be</p>	Ongoing

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2021/22			feed into the formation of IJB directions		considered where relevant in the issuing of Directions. A new Directions Policy was presented at the April 2023 meeting. The policy makes no reference to clinical and care governance. 2023/24 No further movement on this action	
D03/23 Annual Report 2021/22	6	Significant	Detailed monitoring of savings initiatives	As required	2022/23 2022/23 budget was balanced without the need for savings but a savings plan has been agreed for 2023/24. Financial monitoring arrangements this year will include savings monitoring. 2023/24 Reports did not include specific monitoring of savings initiatives and this has been covered within our report	Ongoing
D03/23 Annual Report 2021/22	7	Merits Attention	Reporting of progress in delivering the Risk Management Action Plan should set out progress against individual actions to allow for clear monitoring of maturity assessment	November 2022	2022/23 Following the Internal Audit Review of the Governance Action Plan this will be reconsidered alongside the consolidation and reporting of other reviews. 2023/24 At the time of our Annual Report in June 2023 we reported that, following the Internal Audit Review of the Governance Action	Ongoing

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					Plan, this would be reconsidered alongside the consolidation and reporting of other reviews. Since this work has not yet been finalised, this action is considered ongoing.	
D03/23 Annual Report 2021/22	8	Merits Attention	Dundee HSCP annual report should reference relevant strategic risk, or areas for development, key concerns and priorities for the coming year	June 2023	<p>2022/23 The current draft will be reviewed for the June 2023 IJB</p> <p>2023/24 Dundee HSCP Annual Report was presented to the IJB in June 2023. The Report format had been expanded from the previous year to include information on strategic risks with key priorities for future periods. This action has been completed on time.</p>	Complete
D03/23 Annual Report 2021/22	9	Merits Attention	Output from internal monitoring and quality assurance process for care services should be overtly included within CCPG reports and their quality assessed through triangulation with results of external inspections.	Ongoing	<p>2022/23 No further developments this year; arrangements in place are still deemed to be as effective as they can be. Further investment has been made by the Scottish Government to Health Boards through additional assurance responsibilities to the Executive Directors of Nursing to support care home oversight which will provide additional support and guidance to the care home sector.</p>	

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D03/24 Annual Report 2022/23	1	Significant	Monitoring of the implementation of the Strategic Commissioning Framework and of the development and implementation of the supporting Annual Delivery Plan, Resource Framework, Workforce Plan and Performance Framework is fundamental. Financial monitoring reports to clearly link to the Strategy Delivery Plan and Resource Framework	December 2023	2023/24 A first year Annual Delivery Plan was not produced and there has been no further update on the Resource and Performance Frameworks. Updates have not been given to the Board.	Ongoing
D03/24 Annual Report 2022/23	2	Moderate	Consider how IJB members can be involved in the development and agreement of the organisation's risk profile. IJB to clearly set out how risk appetite is considered as part of decision making, how risk appetite affects monitoring and escalation process for individual risk and to ensure risk appetite is reflected in target risk scores and how the IJB will understand if the target is being achieved.	December 2023 and April 2024	2023/24 At the time of our Annual Report in June 2023 a detailed report on progress was to be provided to the PAC by Dec 2023 and the 2023/24 Risk Management Annual Report would provide further assurance on the effectiveness of these developments. A risk appetite session with IJB members was held in August 2023 and a feedback questionnaire was being developed to identify risk categories, appropriate risk appetite and target scores. Following this, inherent risks and target risk scores were to be revised. Unfortunately this has	Ongoing





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					not progressed further at this time and therefore the action is ongoing	
D03/24 Annual Report 2022/23	3	Significant	PAC Annual Report should clearly highlight lack of progress in implementing agreed governance improvements and their impact on governance arrangements. Focus on prioritising outstanding actions with clearly identified solutions to overcome barriers to progressing outstanding actions	August and September 2023	2023/24 The PAC's first Annual Report (2022/23) was considered by the IJB in August 2023. This did include a paragraph drawing the Board's attention to our Annual Report 2022/23 and the issues around the number of outstanding actions. The work being undertaken to streamline the outstanding actions with the Governance Action Plan should assist in focusing attention on the intransigent issues that must be overcome. This action is therefore incomplete at this stage.	Ongoing

Assessment of Risk

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Risk Assessment		Definition	Total
Fundamental		Non-Compliance with key controls or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	None
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. Requires action to avoid exposure to significant risks in achieving the objectives for area under review.	Three
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.	Four
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	Three



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

City Chambers
DUNDEE
DD1 3BY

11th June, 2024

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 June, 2024 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 June, 2024.

Yours faithfully

VICKY IRONS
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 17th April, 2024 is attached for approval.

- (b) ACTION TRACKER

The Action Tracker (DIJB33-2024) for meetings of the Integration Joint Board is attached for noting and updating accordingly – TO FOLLOW.

4 PERFORMANCE AND AUDIT COMMITTEE NHS MEMBERSHIP APPOINTMENT

It is reported that there is a NHS non-voting member vacancy on the Performance and Audit Committee due to James Cotton's resignation from the Integration Joint Board. The Integration Joint Board's instructions are requested with regard to the appointment of Sanjay Pillai to fill the vacancy from 19th June, 2024.

5 PERFORMANCE AND AUDIT COMMITTEE

- (a) DRAFT MINUTE OF PREVIOUS MEETING OF 22ND MAY, 2024 - Page 7

(Copy attached for information and record purposes).

- (b) CHAIR'S ASSURANCE REPORT - Page 11

(Report No DIJB34-2024 attached for information and record purposes).

6 LEARNING DISABILITIES AND AUTISM STRATEGIC PLAN UPDATE (DIJB27-2024)

This Agenda note is to update members of the Integration Joint Board regarding the progress of the Learning Strategy and Autism Strategic Plan 22-27. There is a single page accessible version available and a detailed operational action plan.

The Strategic Planning Group has fully remobilised on a face-to-face basis. Many adults with a learning disability found virtual meetings during the pandemic difficult to engage with; after remobilising with a smaller membership to enable in-person meetings to commence as soon as possible, work is now underway to build up the wider membership again.

Co-production is well established and is a foundation of all planning and improvement work in this area of service. As a result, everything is built on the aspirations of people. This is, however, a resource intensive approach. There is an ongoing programme of information events, with one event being held every two months across the Local Community Planning Partnership areas. This includes links with housing and other wider services. Work is also ongoing with unpaid carers, with an event having recently taken place for carers of people with a learning disability, supported by Carers Centre.

Through the Learning Disability and Autism Strategic Planning Group services are continuing to work towards high-level actions to develop community models, prevent unnecessary admissions to hospital and to move away from institutional models of care and towards more personalised services. Services also aim to achieve best value from available resources and implementation of Coming Home report.

Work is ongoing on a Tayside wide basis, led by Perth Health and Social Care Partnership to support the development of models of care that will support this, and Dundee recently participated in a 3-day workshop at the V & A to this end. This Tayside Wide work will lead to a revised financial plan and will support the implementation of the high level objectives that are outlined above. It is proposed that this work is presented at a future IJB.

The IJB is asked to note the position.

7 ANNUAL INTERNAL AUDIT REPORT

(Report No DIJB36-2024 by the Chief Finance Officer , TO FOLLOW).

8 UNAUDITED ANNUAL ACCOUNTS 2023/24 - Page 13

(Report No DIJB35-2024 by the Chief Finance Officer , copy attached).

9 YEAR END FINANCIAL MONITORING POSITION AS AT MARCH 2024 - Page 75

(Report No DIJB22-2024 by the Chief Finance Officer , copy attached).

10 ENGAGE DUNDEE - COST OF LIVING CRISIS SURVEY RESULTS - Page 89

(Report No DIJB21-2024 by the Chief Officer, copy attached).

11 STRATEGIC SHIFT TO ADVANCED NURSE PRACTITIONER LED FRAILTY PATHWAY - Page 95

(Report No DIJB23-2024 by the Chief Officer, copy attached).

12 ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP 2023-2024 - Page 101

(Report No DIJB25-2024 by the Clinical Director, copy attached).

13 ANNUAL COMPLAINTS AND FEEDBACK REPORT - Page 117

(Report No DIJB31-2024 by the Chief Officer , copy attached).

14 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP DELIVERY PLAN UPDATE - Page 123

(Report No DIJB26-2024 by the Chief Officer , copy attached).

15 CATEGORY 1 RESPONDER – ANNUAL REPORT 2023/24 - Page 133

(Report No DIJB20-2024 by the Chief Officer , copy attached).

16 FINANCIAL REGULATIONS - 2024/25 - Page 141

(Report No DIJB28-2024 by the Chief Finance Officer, copy attached).

17 SCHEME OF DELEGATION - 2024/25 - Page 161

(Report No DIJB29-2024 by the Chief Finance Officer, copy attached).

18 MEETINGS OF THE INTEGRATION JOINT BOARD 2024 – ATTENDANCES - Page 171

A copy of the attendance return (DIJB30-2024) for meetings of the Integration Joint Board held to date over 2024 is attached for information.

19 DATE OF NEXT MEETING

The next meeting of the Dundee Integration Joint Board will be held remotely on Wednesday, 21st August, 2024 at 10.00am.

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

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

<u>Role</u>	<u>Recipient</u>
VOTING MEMBERS	
Non Executive Member (Chair)	Bob Benson
Elected Member (Vice Chair)	Councillor Ken Lynn
Elected Member	Councillor Siobhan Tolland
Elected Member	Councillor Dorothy McHugh
Non Executive Member	David Cheape
Non Executive Member	Beth Hamilton
NON VOTING MEMBERS	
Chief Social Work Officer	Glyn Lloyd
Chief Officer	Vicky Irons
Chief Finance Officer (Proper Officer)	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson
Registered Nurse	Suzie Flower
Registered medical practitioner (not providing primary medical services)	Dr Sanjay Pillai
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Christina Cooper
Service User residing in the area of the local authority	Liz Goss
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)	
NHS Tayside (Director of Finance)	Stuart Lyall
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)	Dawn Clarke
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	Christine Jones
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



At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 17th April, 2024.

Present:-

Members

Role

Beth HAMILTON (<i>Chairperson</i>)	Nominated by Health Board (Non-Executive Member)
Ken LYNN (<i>Vice Chair</i>)	Nominated by Dundee City Council (Elected Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
David CHEAPE	Nominated by Health Board (Non-Executive Member)
Dave BERRY	Acting Chief Officer
Emma FLETCHER	Director of Public Health
Suzie FLOWER	Registered Nurse
Liz GOSS	Service User residing in the area
Christine JONES	Acting Chief Finance Officer
Glyn LLOYD	Chief Social Work Officer
Jim McFARLANE	Trade Union Representative
Dr Sanjay PILLAI	Registered Medical Practitioner (not providing primary medical services)
Dr David SHAW	Clinical Director
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:-

Rachel BROWNE	Audit Scotland
Jenny HILL	Health and Social Care Partnership
Shona HYMAN	Health and Social Care Partnership
Julia MARTINEAU	Health and Social Care Partnership
Mary O'CONNOR	Audit Scotland

Beth HAMILTON, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Member

Role

Christina Cooper	Third Sector Representative
Vicky Irons	Chief Officer
Raymond Marshall	Staff Partnership Representative
Martyn Sloan	Person providing unpaid care in the area of the local authority

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTES OF PREVIOUS MEETINGS

- (a) The minutes of meetings of the Integration Joint Board held on 21st February, 2024 and 27th March, 2024 were submitted and approved.

(b) ACTION TRACKER

The Action Tracker DIJB14-2024 for meetings of the Integration Joint Board was submitted and noted.

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

- (i) to note that, in relation to a number of the actions, development sessions would be arranged to take place in late May/June; and
- (ii) to note that in relation to having older people and carers involved in the Falls Group, it had been agreed that this would be a positive addition to the work of the group and Matthew Kendall was following up on identifying reps.

IV PERFORMANCE AND AUDIT COMMITTEE NHS MEMBERSHIP APPOINTMENTS

Reference was made to Article III(a) of the minute of meeting of the Integration Joint Board of 27th March, 2024 wherein it was noted that NHS Non-Executive voting membership of the Integration Joint Board from 1st May, 2024 would be Bob Benson (Chairperson), Beth Hamilton and David Cheape.

It was reported that there were two NHS Non-Executive voting member vacancies on the Performance and Audit Committee and the Integration Joint Board's instructions were requested with regard to the appointment of Beth Hamilton and David Cheape to fill the vacancies from 1st May, 2024.

The Integration Joint Board agreed that Beth Hamilton and David Cheape be appointed as members of the Performance and Audit Committee.

V LEARNING DISABILITIES, AUTISM AND NEURODIVERGENCE BILL CONSULTATION (DIJB12-2024)

The Scottish Government estimates that people with a learning disability or who are neurodivergent comprise 10-15% of the population of Scotland. They also recognise a range of evidence regarding the significant inequalities and challenges experienced by people with these characteristics, including lower life expectancy amongst people with learning disabilities and autism and higher prevalence of suicide amongst people diagnosed with autism or ADHD. People from these groups also report experiencing stigma, social isolation and loneliness and inequalities in terms of employment, education, community justice and safety and wellbeing outcomes. During 2022, as part of the Programme for Government, scoping work was carried out for a Bill, including through the establishment of a Lived Experience Advisory Panel (LEAP), a Stakeholder Panel and a Practitioner Panel. The key messages from this scoping work have now been consolidated into the Scottish Government's Learning Disabilities, Autism and Neurodivergence Bill Consultation.

The consultation aims to provide an opportunity for public discussion about how the rights of people with learning disabilities, autism and who are neurodivergent can be better protected, respected and championed. The consultation invites views in relation to:

- Overarching themes – including reach and definitions, statutory strategic plans for neurodivergence and learning disabilities, mandatory training in the public sector, inclusive communication, data and independent advocacy.
- Specific themes – including health and wellbeing, mental health and capacity law, social care, housing and independent living, complex care, relationships, access to technology, employment, social security, justice, restraint and seclusion, transport, education, and transitions to adulthood for children and young people.

The consultation period is to 21 April 2024; the document and supporting information can be accessed at: <https://www.gov.scot/publications/learning-disabilities-autism-neurodivergence-billconsultation/documents/>

The consultation includes proposals that have a direct and indirect impact on Integration Joint Boards. This includes proposing new statutory responsibilities to produce a local strategy covering learning disabilities and neurodivergence, to provide training for public facing staff in some public services (including the health and social care workforce), to gather data, and to comply with an enforceable Accessible Information Standard for Scotland. Proposals also cover aspects such as enhancing access to and understanding of independent advocacy, implementation of annual health checks, and the creation of a Patient Passport that will follow people across care pathways and include information about their needs and preferences.

The consultation document is lengthy and diverse, meaning that there are a number of local partners who may have contributions to make to a response from the Dundee Health and Social Care Partnership. A Senior Officer from the Strategic Planning and Business Support Team, supported by the Learning Disabilities and Autism Strategic Planning Group, is working to gather views and collate a composite response in advance of the submission deadline. This will include linking to Wellgate Day Centre who are planning an event to gather service user views. However, it should be noted that individual partners may decide to submit separate responses on specific matters directly impacting their functions.

The IJB noted the consultation and intended approach to developing a response.

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

- (i) to note that Kathryn offered to have a discussion with anyone with an interest or who wished to comment on the response.

VI TAYSIDE PRIMARY CARE STRATEGY – UPDATE

There was submitted Report No DIJB13-2024 by the Chief Officer providing an update on the work to produce a Tayside Primary Care Strategy and seeking agreement that ongoing work to produce this strategy be adopted into the NHS Tayside Strategy which was progressing a system-wide approach, taking account of national and local priorities.

The Integration Joint Board agreed:-

- (i) to note the work undertaken to revise the Tayside Primary Care Strategy Plan on a Page; and
- (ii) to agree that further work required to produce a Tayside Primary Care Strategy be adopted into the system-wide approach to develop an NHS Tayside Strategy.

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

- (iii) that Shona Hyman would link with colleagues about developing a more simplified version of the Plan on a Page;
- (iv) to note that a report providing an update on dentistry would be provided to a future IJB meeting; and
- (v) to note that a dental health needs assessment was being developed which would be disseminated across Tayside when appropriate.

VII GENERAL PRACTICE PREMISES STRATEGY UPDATE

There was submitted Report No DIJB16-2024 by the Chief Officer providing an update on the recommendations and activities that were outlined in the General Practice (GP) Premises Strategy and associated consultation.

The Integration Joint Board agreed:-

- (i) to note the progress made to date; and
- (ii) to instruct the Chief Officer to continue to provide progress reports to the IJB on the implementation of the GP Premises Strategy on an annual basis.

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

- (iii) to note the explanation that was given in relation to the low use of video consultations and that practices were being encouraged to use digital solutions where possible;
- (iv) to note that the work that was underway, as listed at paragraph 4.3.1 of the report, had secured funding; and
- (v) to note that in relation to a query about obligations of housing developers to provide resource for certain infrastructure, Councillor Tolland would raise with the Executive Director of City Development of Dundee City Council to establish whether any discussion was needed between Planning, Economic Development and the Health and Social Care Partnership.

VIII DUNDEE CITY IJB STRATEGIC RISK REGISTER ANNUAL REPORT

There was submitted Report no DIJB19-2024 by the Chief Officer providing the annual report on developments, changes in specific risks and progress made in Dundee Health and Social Care Partnership's Strategic Risk Management over the past year.

The Integration Joint Board agreed:-

- (i) to note the progress made in Dundee Health and Social Care Strategic Risk Management including new Clinical Care and Professional Governance meetings focused on considering Operational Risks against Strategic Risks;
- (ii) to note the changes in the specific risks in the Strategic Risk Register including changes in scoring of existing risks, recording of new risks, and archived risks; and
- (iii) to note the future work planned to further embed Strategic Risk Management in the IJB.

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

- (iv) to note that the two new risks that were noted in paragraph 5.5 of the report were not yet included in the Strategic Risk Register but would be in the next iteration that would be presented to the Performance and Audit Committee.

IX AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2023/2024

There was submitted Report No DIJB17-2024 by the Chief Finance Officer on the proposed Dundee Integration Joint Board Annual Audit Plan 2023/2024 as submitted by the IJB's appointed External Auditor (Audit Scotland).

The Integration Joint Board agreed:-

- (i) to note the content of the report;
- (ii) to approve the proposed Audit Plan for 2023/2024 as submitted by Audit Scotland (attached as Appendix 1 to the report); and

- (iii) to explicitly note the requirements under Paragraph 8 of the Audit Plan 2023/2024, as detailed in section 4.3 of the report, requesting that any instances of actual, suspected or alleged fraud should be brought to the attention of Audit Scotland for consideration.

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

- (iv) to note that Brain Howarth had retired and Rachel Browne was now the auditor for the IJB; and
- (v) to note that there would be no penalty for the audit not being in accordance with target timescales.

X FINANCIAL MONITORING POSITION AS AT FEBRUARY 2024

There was submitted Report No DIJB15-2024 by the Chief Finance Officer providing an update of the projected year-end financial position for delegated health and social care services for 2023/2024.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the overall projected financial position for delegated services for the 2023/2024 financial year end as at 29th February, 2024 as outlined in Appendices 1, 2, and 3 of the report; and
- (ii) to note steps that continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2023/2024 as part of the Financial Recovery Plan process, as outlined in section 4.7 of the report.

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

- (iii) to note that a paper may be brought to a future IJB meeting reprofiling and reviewing the reserves position;
- (iv) to note that a comparable report would be brought to the June IJB meeting alongside the statutory accounts to close out the financial year for 2023/2024; and
- (v) to note that work was being carried out nationally and locally in relation to supplementary spend (eg agency staff) and there should be a significant reduction in this spend across the year.

XI MEETINGS OF THE INTEGRATION JOINT BOARD 2024 ATTENDANCES

There was submitted a copy of the Attendance Return DIJB18-2024 for meetings of the Integration Joint Board held to date over 2024.

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

XII 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 June, 2024 at 10.00am.

Beth HAMILTON, Chairperson

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At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 22nd May, 2024.

Present:-

<u>Members</u>	<u>Role</u>
Ken LYNN (Chair)	Nominated by Dundee City Council (Elected Member)
David CHEAPE	Nominated by Health Board (Non-Executive Member)
Dorothy McHUGH	Nominated by Dundee City Council (Elected Member)
Beth HAMILTON	Nominated by Health Board (Non-Executive Member)
Dave BERRY	Chief Finance Officer
Jocelyn LYALL	Chief Internal Auditor
Glyn LLOYD	Chief Social Work Officer
Martyn SLOAN	Person providing unpaid care in the area of the local authority

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

Christine JONES	Health and Social Care Partnership
Jenny HILL	Health and Social Care Partnership
Kathryn SHARP	Health and Social Care Partnership
Lynsey WEBSTER	Health and Social Care Partnership
Matthew KENDALL	Health and Social Care Partnership

Ken LYNN, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

There were apologies for absence submitted on behalf of Raymond Marshall (Staff Partnership Representative).

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE

The minute of meeting of the Committee held on 31st January, 2024 was submitted and approved.

(b) ACTION TRACKER

There was submitted the Action Tracker, PAC19-2024, for meetings of the Performance and Audit Committee for noting and updating accordingly.

The Committee agreed to note the content of the Action Tracker.

IV DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023/2024 QUARTER 3

There was submitted Report No PAC15-2024 by the Chief Finance Officer, providing an update on 2023/2024 Quarter 3 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. Data was also provided in relation to Social Care – Demand for Care at Home services.

The Committee agreed:-

- (i) to note the content of the summary report;
- (ii) to note the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 2 and 3);
- (iii) to note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3); and
- (iv) to note the number of people waiting for a social care assessment and care at home package and associated hours of care yet to be provided in Appendix 2.

V DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT

There was submitted Report No PAC16-2024 by the Clinical Director providing assurance to Committee on the business of Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group.

This aligned to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person-centred

The report provided evidence of the following Best Value Characteristics:

- Equality
- Vision and Leadership
- Effective Partnerships
- Governance and Accountability
- Use of Resources
- Performance Management
- Sustainability

The Committee agreed:-

- (i) to provide their view on the level of assurance the report provided and therefore the level of assurance regarding clinical and care governance within the Partnership. The timescale for the data within this report was to 31st January, 2024.
- (ii) to note that the Lead Officer for Dundee HSCP, Dr David Shaw suggested that the level of assurance provided was:

Reasonable; due to the following factors:

- There was evidence of a sound system of governance throughout the HSCP.
- The identification of risk and subsequent management of risk was articulated well throughout services.
- There was ongoing scope for improvement across a range of services, in relation to the governance processes, although this was inextricably linked to the ongoing difficulties with recruitment and retention of staff.
- There is evidence of noncompliance relating to a fully comprehensive governance system across some teams, i.e. contemporary management of adverse events and risks.

Following questions and answers the Committee agreed to accord with the level of assurance as indicated above.

VI QUARTERLY COMPLAINTS AND FEEDBACK REPORT – 3RD QUARTER 2023/2024

There was submitted Report No PAC14-2024 by the Chief Finance Officer, summarising the complaints and feedback performance for the Health and Social Care Partnership (HSCP) in the third quarter of 2023/2024. The complaints included complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

The Committee agreed:-

- (i) to note the complaints handling performance for health and social work complaints set out within the report;
- (ii) to note the work which had been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring and reporting; and
- (iii) to note the work ongoing to implement using Care Opinion as a feedback tool for all services in the Health and Social Care Partnership.

Following questions and discussion the Committee noted that there may be service users from the older population who may not be familiar with online feedback participation and the need for their views to be gathered accordingly and that this would be examined by Dave Berry.

VII DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE

There was submitted Report No PAC18-2024 by the Chief Finance Officer providing an update in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership.

The Committee agreed:-

- (i) to note the content of the Strategic Risk Register Update report; and
- (ii) to note the extract from the Strategic Risk register attached at Appendix 1 to the report.

Following questions and answers the Committee further agreed to note that Dave Berry would be liaised with further on ways in which cyber security issues may be reflected in future reports.

VIII DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP FINANCE AND STRATEGIC SERVICES CAPACITY

There was submitted Report No PAC13-2024 by the Chief Finance Officer, presenting an overview of the progress made within Dundee Health and Social Care Partnership's Finance and Strategic Services to enhance service capacity to meet the increasing demands on the service.

The Committee agreed to note the content of the report including the challenges that Finance and Strategic Services had faced due to a lack of capacity and the steps taken to remedy this through a new structure attached at Appendix 1 to the report.

IX DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC20-2024 by the Chief Finance Officer, providing an update on progress against the 2023/2024 Internal Audit Plan. The report also included internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs were considered relevant for assurance purposes to Dundee Integration Joint Board.

The Committee agreed to note the progress against the 2023/2024 internal audit plan.

X GOVERNANCE ACTION PLAN UPDATE

With reference to Article XI of the minute of meeting of this Committee of 31st January, 2024 wherein it was reported that the mapping work to develop revised reporting of outstanding Governance Actions previously reported through the Governance Action Plan was complete and that the next stage of the process would be to enhance and refine the recording of these actions on the Ideagen system (previously known as Pentana). This would show a clear link between the source of the required action (Internal Audit Review, External Audit Recommendations, Annual Governance Statement reviews etc), progress made and actions being taken. The plan was to provide a comprehensive revised report to the May meeting of the PAC.

There was submitted Agenda Note PAC17-2024 reporting that since then the focus of the service had been diverted to prepare for significant changes in the IT infrastructure provided by Dundee City Council which would be implemented sooner than originally anticipated. This had diverted the identified resources to carry out the annual governance statement work away from this work and therefore the full migration of the outstanding actions for monitoring purposes had not been able to be achieved to date. This instead would be presented to the September meeting of the PAC for consideration.

The Committee agreed to note the position

XI ATTENDANCE LIST

There was submitted Agenda Note PAC21-2024 providing attendance returns for meetings of the Performance and Audit Committee held over 2024.

The Committee agreed to note the position as outlined.

XII DATE OF NEXT MEETING

The Committee agreed to note that the next meeting of the Committee would take place remotely on Wednesday, 25th September, 2024 at 10.00am.

Ken LYNN, Chairperson.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 19TH JUNE 2024

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

REPORT BY: CHAIR, PERFORMANCE AND AUDIT COMMITTEE

REPORT NO: DIJB34-2024

This assurance report relates to the meeting of the Performance and Audit Committee (PAC) of the 22nd May 2024. Issues to highlight to the Board:

- Following on from previous meetings, the progress of outstanding actions on the action tracker was discussed. Continued efforts will be made by officers to clear other "older" outstanding actions as well managing "newer" items within anticipated timeframes.
- The Health and Social Care Partnership's quarter 3 (2023/24) Performance Report was presented and scrutinised by the Committee. As ever, Committee members had a range of questions for officers in terms of the information presented.
- The Clinical, Care and Professional Governance Assurance report was presented to the Committee with a range of questions posed by members. The Committee was given satisfactory responses to these questions. The Committee was content with the reasonable level of assurance of clinical and care governance arrangements in place that the report provided.
- The Health and Social Care Partnership's quarter 3 (2023/24) Complaints and Feedback Report was presented and scrutinised by the Committee. The Committee noted progress made on the implementation of Care Opinion as a feedback tool, and discussed the alternative opportunities for those parts of the population (particularly older service users) to access this where they may not be as familiar with online participation.
- The IJB's Strategic Risk Register was presented. The latest review highlighted 6 risks with a High-Risk Category score (at 20 or 25). These are Staff Resource, Lack of Capital Investment in H&SC Integrated Community Facilities (including Primary Care), National Care Service, Restrictions on Public Spending, Unable to Maintain IJB Spend and Primary Care Sustainability. The Committee reviewed the latest Risk Register scores and risk descriptions along with control factors.
- The Health and Social Care Finance and Strategic Services Capacity Report was presented, detailing the steps that are being progressed to remedy the challenges faced due to a lack of capacity through the development of and recruitment into a new service structure.
- The Committee tracked progress of the Internal Audit Plan with Jocelyn Lyall providing an overview of the work being undertaken and planned. The Committee was informed that work around the Internal Control Evaluation was progressing and this will be available at the next IJB meeting for consideration. Committee was also provided with Reasonable Assurance for Internal Audits undertaken on behalf of Partner Bodies, namely Internal Control Evaluation and Whistleblowing (both on behalf of NHS Tayside).
- The Committee noted the progress made by Internal Audit in mapping outstanding governance actions but that recent progress has been slowed due to staff resources being diverted to support significant changes in IT infrastructure. The Governance Actions Report will be presented to September meeting.

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ITEM No ...8.....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
19 JUNE 2024

REPORT ON: UNAUDITED ANNUAL ACCOUNTS 2023/24

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB35-2024

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to present the Integration Joint Board's Unaudited Annual Statement of Accounts 2023/24.

2.0 RECOMMENDATIONS

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

- 2.1 Considers and agrees the content of the Unaudited Final Accounts Funding Variations as outlined in Appendix 1;
- 2.2 Approves the Draft Dundee Integration Joint Board Annual Corporate Governance Statement as outlined in Appendix 2;
- 2.3 Notes the Integration Joint Board's Unaudited Annual Statement of Accounts 2023/24 as outlined in Appendix 3;
- 2.4 Instructs the Chief Finance Officer to submit the Unaudited Accounts to the IJB's external auditors (Audit Scotland) by the 30th June 2024 to enable the audit process to commence.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The Unaudited Annual Accounts Statement of Accounts for the year end 31 March 2024 highlights that the IJB made an overall deficit of £6,155k in 2023/24. This consists of an operational overspend of £3,744k with a draw-down of reserves balances from other specific ring fenced funding allocations of £2,411k at the year-end. The deficit position is funded from committed reserve balances.
- 3.2 The IJB's final budget for delegated services was approved at the meeting of the IJB held on the 29th March 2023 (Article IV of the minute of the meeting of 29 March 2023 refers). This set out that up to £3,000k of Reserves had been recognised to support the IJB's financial position during 2023/24. The position also recognises winter demand pressures that emerged during the year, which results in the ability to access up to £1m of reserves identified to support winter pressures – the year-end financial position has resulted in £0.744m of this Reserve being utilised.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The IJB is required to prepare financial statements for the financial year ending 31 March 2024 following the Code of Practice on Local Authority Accounting in the United Kingdom ("the Code"). The Annual Accounts report the financial performance of the IJB. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to the IJB for the delivery of the IJB's vision and its core objectives.

- 4.1.2 The IJB is required to follow Local Authority Accounts (Scotland) Regulations 2014. This requires the inclusion of a management commentary and remuneration report and recommends submission of the unaudited accounts by 30 June 2024 to the IJB's external auditors (Audit Scotland).
- 4.1.3 The 2023/24 Annual Accounts comprise: -
- a) Comprehensive Income and Expenditure Statement – This statement shows that Dundee Integration Joint Board made an overall deficit of £6,155k in 2023/24 (deficit of £15,030k in 2022/23) on the total income of £336,813k (£308,180k in 2022/23).
 - b) Movement in Reserves – Dundee City Integration Joint Board has year-end reserves of £17,813k (£23,968k in 2022/23). These are held in line with the Dundee City Integration Joint Board's reserves policy. Reserves were applied during the year to cover outstanding liabilities to Dundee City Council, NHS Tayside and the activities of the Integration Joint Board. Dundee Integration Joint Board.
 - c) Balance Sheet – In terms of routine business Dundee Integration Joint Board does not hold assets, however the reserves noted above are reflected in the year-end balance sheet.
 - d) Notes - Comprising a summary of significant accounting policies, analysis of significant figures within the Annual Accounts and other explanatory information.
- 4.1.4 It should be noted that due to a range of technical accounting and other budgetary changes, there is some variation between the original agreed levels of funding from Dundee City Council and NHS Tayside to Dundee IJB as part of the delegated budget. The details of these are set out within the Draft Final Accounts Funding Variations summary as Appendix 1 to this report and it is proposed that the IJB accepts these changes.
- 4.1.5 The annual accounts document contains a Governance and Assurance Statement which is based on a self-assessment process. The IJB governance arrangements require to be independently assessed by Internal Audit and the Chief Internal Auditor's Annual Internal Audit Report is set out as a separate item on this IJB meeting agenda (DIJB36-2024).
- 4.1.6 Once submitted, Audit Scotland will assess these accounts in line with their Annual Audit Plan for Dundee IJB as approved at the meeting of the Integration Joint Board held on the 17th April 2024 (Article IX of the minute of the meeting of 17 April 2024 refers) and produce an independent auditors' report setting out their opinion on the annual statement at the earliest date possible as noted in section 4.1.2 above. The outcome of this will be incorporated into the annual accounts and will subsequently be presented to the IJB for final approval. The unaudited accounts are shown in Appendix 3.

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 through the audit process, Audit Scotland identify areas of concern or material misstatement leading to a qualified audit certificate
Risk Category	Financial/Governance
Inherent Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (which is High Risk Level)
Mitigating Actions (including timescales and resources)	The accounts have been prepared in accordance with good practice principles and statutory requirements by suitably qualified officers

Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the nature of the risks, these are deemed to be acceptable

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: 04/06/2024

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Appendix 1

Final Accounts – Funding Variations (and Adoption of Specific Presentation)

Extract - Note to Dundee Joint Integration Board regarding variations to the existing Scheme of Integration and the adoption of specific presentation of information within the framework of the International Financial Reporting Standards (IFRS).

Background

The following note provides details of variations to the delegated budget for which approval is sought by the Dundee Integration Joint Board. The adjustments and explanations for these adjustments are outlined below section 1.

In addition, information has been presented within the requirements of the International Financial Reporting Standards (IFRS) and attributable supplementary Local Authority (Scotland) Accounts Advisory Committee (LASAAC). Specific applications of the guidance are outlined in section 2.

Section 1 – Variations to Delegated Budget

Local Authority Variations – The agreed delegated budget 2023/24 provided for a budgeted payment of £102,437k from Dundee City Council to the Dundee City Integration Joint Board to fund the commissioning of services. It is recognised that a number of technical year-end adjustments will result in variations in costs out with the control of the IJB (e.g. adjustments to pension costs).

These year-end adjustments will be a feature of each year end accounts process. Notably they are difficult to quantify at the commencement of the financial year (e.g. pension costs adjustments can vary significantly within a single financial year) and cognisance of these variations requires to be taken of these variations in the Dundee Integration Joint Boards accounts.

The Dundee City Council adjusted funding is outlined below: -

DCC Delegated Funding to Dundee Integration Joint Board (DIJB)	£000
Initial DCC contribution to DIJB	102,437
Additional Pay award	1,010
Social Work & Social Care Funding	5
Various Council Virements	881
Total Funds provided by Dundee City Council	104,333

NHS Tayside Variations – The agreed delegated budget 2023/24 provided for a budgeted payment of £132,115k from NHS Tayside to the Dundee City Integration Joint Board to fund the commissioning of services.

The NHS Tayside contribution also includes specific Integration funding which was provided by the Scottish Government with NHS Tayside acting as an agent. These monies have been provided to the Dundee Integration Joint Board and those not expended currently sit in the Board's reserves.

The NHS Tayside adjusted funding is summarised below in terms of core service areas: -

NHS Delegated Funding to Dundee Integration Joint Board (DIJB)	£000
Initial NHS Contribution to DIJB	132,115
Additional Pay Award	6,606
Hospital & Community Health Services	8,555
Partnership Funding	1,663
FHS Drugs Prescribing	-1,418
General Medical Services	31,003
FHS - Cash Limited & Non-Cash Limited	24,093
Net Effect of Hosted Services	8,170
Large Hospital Set Aside	21,711
NHS contribution to DIJB	232,498

Section 2 – Specific application of International Financial Reporting Standards (IFRS)

Netting of Income – The Dundee Integrated Joint Board annual accounts have been prepared on the basis that all operational expenditure is shown net of income as it reflects the actual environment the board is working under. In particular the Dundee Integration Joint Board does not have the legal power to set charges for services provided by either the Council or NHS Tayside. In addition, the IJB cannot pursue an action to recover income from a service recipient. More specifically it reflects the role of the Dundee Integration Joint Board as a net funding vehicle. Audit Scotland has indicated that this is the preferred approach.

To support this position the following text is included on the face of the 2023/24 Annual Accounts

“The Dundee Integration Joint Board’s Comprehensive Income and Expenditure Statement shows the net commissioning expenditure provided to partners to support services. It does not detail income received from service users as this remains the statutory responsibility of the partners.”

Offsetting of Debtors & Creditors – The Dundee Integration Joint Board accounts have been prepared on the basis that the net expenditure from Dundee City Council and NHS Tayside recognises that debtors and creditors in respect of NHS Tayside and Dundee City Council with third parties (other than the Dundee Integration Board) but not yet settled in cash terms are offset against the funds they are holding on behalf of the IJB. This essentially requires that when consolidating its accounts, the Dundee Integration Joints Board have consolidated the accrued net expenditure. Therefore, only debtors and creditors between Dundee Integration Joint Board and its two-constituent body are detailed in the IJB’s final accounts. The only exception to this is Audit Scotland audit fees.

Introduction

The Annual Governance Statement explains Dundee City Integration Joint Board's governance arrangements and reports on the effectiveness of the Integration Joint Board's system of internal control.

Scope of Responsibility

Dundee City Integration Joint Board is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

To meet this responsibility, the Integration Joint Board has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the Integration Joint Board's policies, aims and objectives. Reliance is also placed on the NHS Tayside (NHST) and Dundee City Council (DCC) systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the Integration Joint Board. Reliance is similarly placed on Angus IJB and Perth & Kinross IJB with respect to Lead Authority Services.

The system can only provide reasonable and not absolute assurance of effectiveness.



The Governance Framework and Internal Control System

Dundee City Integration Joint Board comprises six voting members, three nominated by Dundee City Council and three nominated by Tayside NHS Board, as well as non-voting members including a Chief Officer and Chief Finance Officer appointed by the Integration Joint Board. As a legacy from the response to the COVID-19 pandemic, all formal IJB governance committees continued to be held online throughout the 2022/23 financial year.

The main features of the governance framework in existence during 2022/23 were:

- The Integration Scheme as the overarching agreement between the Integration Joint Board, NHS Tayside and Dundee City Council as to how the planning for and delivery of delegated health and social care services is to be achieved reflecting a range of governance arrangements required to support this arrangement. This was reviewed by the statutory partners during 2021/22 and early 2022/23 with a revised scheme submitted to Scottish Ministers for approval at the end of June 2022 and final approval received in November 2022.
- The senior leadership team of the Health and Social Care Partnership consisting of the Chief Officer, Head of Finance and Strategic Planning (Chief Finance Officer) and two Head of Service of Health and Social Care Services. The Chief Finance Officer has overall responsibility for the Integration Joint Board's financial arrangements and is professionally qualified and suitably experienced to lead the Integration Joint Board's finance function and to direct staff accordingly.
- Formal regular meetings of the senior leadership team including professional advisers.
- Standing Orders, Financial Regulations and a Code of Conduct including the publication of Register of Member's Interests and the nomination of the Clerk to the Integration Joint Board as Standards Officer were all in place during 2022/23.

- The Integration Joint Board met remotely on seven occasions throughout the year to consider its business. Three development sessions were also held remotely as part of the 2023/24 budget development process. A further eight development sessions were held covering IJB Members Induction, Primary care Improvement Plan, the National Care Service, Alcohol and Drug Prevention, the Strategic Commissioning Plan, Protecting People Annual Reports, IJB Equalities Development and Trauma Informed Practice.
- The Integration Joint Board's Performance and Audit Committee met remotely on four occasions throughout the year to enhance scrutiny of the performance of the Integration Joint Board and audit arrangements in line with regulations and good governance standards in the public sector.
- Internal Audit arrangements for 2022/23 were approved at the Performance and Audit Committee meeting held on the 20 July 2022 including the appointment of the Chief Internal Auditor of FTF Internal Audit and Management Services to the role of Chief Internal Auditor of the Integration Joint Board supported by Dundee City Council's Internal Audit Service. An Internal Audit Plan for 2021/22 was approved drawing on resources from both organisations.
- The assurances provided from internal audit through their independent review work of the Integration Joint Board's internal control systems.
- Assurances were provided to the Performance and Audit Committee in relation to Clinical, Care and Professional Governance through the presentation of a Chairs assurance Report from the Clinical, Care and Professional Governance Group to each meeting of the Committee
- The Chief Finance Officer complied fully with the five principles of the role of the Chief Finance Officer, as set out in CIPFA guidance.
- Compliance with CIPFA's Financial Management Code

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2022/23 this included the following:

- A continued focus on considering risk in decision making through the clear identification of risks in relation to Integration Joint Board decisions reflected in reports presented to the Integration Joint Board and Performance and Audit Committee.
- The provision of regular strategic risk register updates to the Performance and Audit Committee with an annual risk register report presented to the IJB
- The approval and progressing in year of the Annual Internal Audit Plan with the presentation of Internal Audit reports and follow up action plans as appropriate. Update reports on progress of the Internal Audit Plan provided at each Performance and Audit Committee.
- The presentation of the IJB's Annual Performance Report.
- Continued development of the performance management framework with a range of performance reports published and scrutinised by the Performance and Audit Committee throughout the year, including more detailed reviews of specific areas of concern, some of which as requested by the committee such as discharge management, readmission to hospital rates and inspections gradings analysis. A further suite of indicators for Drug and Alcohol and Mental Health Services were developed and adopted by the Performance and Audit Committee over the financial year
- A process of formal regular reporting of financial performance and monitoring to the Integration Joint Board was in place throughout 2022/23.
- The provision of regular budget development reports for 2023/24 to the Integration Joint Board.
- The further enhancement of IJB and Performance and Audit Committee minutes to reflect the nature of discussion and further agreed actions in addition to the availability of online access to and recordings of meetings.
- The continued development of an Action Tracker to each IJB and Performance and Audit Committee meeting to monitor progress of previously agreed actions and to provide assurance that actions were implemented as requested.
- The provision of an assurance report from the chair of the Performance and Audit Committee outlining the key issues raised at the previous Performance and Audit Committee meeting to the following Integration Joint Board meeting.
- Reporting on issues relating to the Clinical, Care and Professional Governance Group in the form of the group's Chairs Assurance Report to each meeting of the Performance and Audit Committee in line with the overarching strategy: Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework with no major issues reported.
- The adoption of a Directions Policy setting out the process for formulating, approving, issuing and reviewing directions to Dundee City Council and NHS Tayside.

- Regular reporting to the Performance & Audit Committee of external scrutiny reports relating to delegated services from scrutiny bodies such as the Care Inspectorate and supporting subsequent action plans.
- Provision of a Governance Action Plan progress report to monitor progress of previous recommended areas of improvement provided to each meeting of the Performance and Audit Committee.
- Assurance provided around the quality of Social Work Services through the annual Chief Social Work Officer's Annual Report
- Reporting of Complaints in relation to delegated Health and Social Care services
- Assurances on the procedures, processes and systems of NHS Tayside and Dundee City Council as advised through the partner bodies Annual Governance Statements and Annual Internal Audit Reports and relevant internal and external audit reporting

Review of Adequacy and Effectiveness

Dundee City Integration Joint Board is required to conduct, at least annually, a review of the effectiveness of its governance framework including the system of internal control.

The review is informed by the work of the HSCP's Senior Management Team (who have responsibility for the development and maintenance of the internal control framework environment), the work of the internal auditors and the Chief Internal Auditor's annual report, and reports from external auditors and other review agencies and inspectorates.

The review of Dundee City Integration Joint Board's governance framework is supported by a process of self-assessment and assurance certification by the Chief Officer. The Chief Officer completes a "Self-assessment Checklist" as evidence of review of key areas of the Integration Joint Board's internal control framework. The Senior Management Team has input to this process through the Chief Finance Officer. There were no significant internal control issues identified by the self-assessment review.

In addition, the review of the effectiveness of the governance arrangements and systems of internal control within the Health Board and Local Authority partners places reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control.

The Chief Finance Officer has completed a checklist developed by CIPFA to demonstrate compliance with their Financial Management Code designed to support good practice in financial management and to assist authorities in demonstrating their financial sustainability. Following this, the Chief Finance Officer has concluded compliance with all relevant standards.

Furthermore, in order to support the Chief Financial Officer in ensuring they have fulfilled their duties, a Statement on the Role of the Chief Financial Officer checklist has been completed which notes all relevant requirements have been met.

In preparing the Annual Governance Statement, the Integration Joint Board gave consideration to both NHS Tayside and Dundee City Council's Annual Governance Statements. There were no issues arising which require any further disclosure in the Integration Joint Board's Governance Statement.

Throughout the year, the Performance and Audit Committee has considered a range of issues which cover its core responsibilities in providing the Integration Joint Board with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and governance arrangements. Assurances are provided through the internal audit reviews undertaken throughout the financial year and presented to the Performance and Audit Committee.

The IJB's Performance and Audit Committee was presented with one substantive internal audit report during 2022/23 relating to the IJB as a Category 1 Responder. This assessed the IJB's arrangements to meet its statutory obligations under the Civil Contingencies Act 2004 which came into effect in March 2021. The review concluded that the IJB was still in the preliminary stages of introducing the necessary resilience arrangements and reflected the reliance on the statutory partner bodies to provide assurance that the required resilience components are in place and up to date. The audit opinion was one of limited assurance. A number of actions were recommended for the HSCP to take forward to enhance systems and processes with an action plan developed to respond to these approved by the IJB at its meeting in October 2022.

The Performance and Audit Committee also received a report on the Sustainability of Primary Care which had been commissioned by Angus IJB, Perth IJB and NHS Tayside. Although not directly commissioned, the Internal Audit review contained a number of recommendations for improvement which are relevant across Primary Care in Tayside and provided limited assurance. Actions arising from these were noted and will be reported back to the Performance and Audit Committee during 2023/24.

Three further substantial internal audit reviews commenced during 2022/23 (Viability of External Providers, Governance Action Plan Review and Operational Planning) but were not finalised for consideration at the end of the 2022/23 financial year. The outcome of the Governance Action Plan review was presented to the Performance and Audit Committee at its meeting in May 2023. This Internal Audit review concluded that the current Governance Action Plan has become overcomplicated and difficult to follow. A number of recommendations have been identified which include separating out internal and external audit recommendations and governance statement improvement actions. This resulted in a risk assessment of significant risk if actions are not put in place. The recommendations have been accepted by management.

It should be noted that a number of actions outstanding on the Governance Action Plan are reliant on the statutory partners to support in order to progress. These include the development of a Memorandum of Understanding in relation to the level of corporate support services to be provided to the IJB and the development of the Large Hospital Set Aside. In addition, while no longer monitored at a national level or reported separately to the PAC, some remaining outstanding actions from the Ministerial Steering Group report on health and social care integration are also dependent on the partner bodies including those noted above. The progress of these are likely to be impacted by future announcements by the Scottish Government on arrangements for establishing a National Care Service. A number of outstanding actions were completed throughout the year including clarification of deputising arrangements for the Chief Officer, review of adequacy of reserves, review of the strategic risk around increased bureaucracy and liaison with partner organisations to ensure an agreed budget is approved prior to the start of the year.

The IJB consolidated its development work around risk management through continuous reviews of the IJB's Strategic Risk Register at each meeting of the Performance and Audit Committee. This led to identification of new risks escalated from the Clinical Care and Professional Group and horizon scanning with the removal of other risks no longer considered relevant or subsumed within other risks (e.g. the impact of Brexit). The next stage is for the IJB to agree its risk appetite over the course of 2023/24. The Tayside Risk Management Group, consisting of risk management leads from the three Tayside IJB's, the corresponding local authorities and NHS Tayside and chaired by the Dundee IJB Chief Finance Officer continued to meet during the year to streamline risk reporting arrangements, share risk intelligence and develop best practice.

The revision to the Integration Scheme was finalised and signed off by the Scottish Government during 2022/23 with the final version shared with the IJB at its meeting in December 2022. This revision brought the Integration Scheme up to date and reflects the actual experience of the arrangements for and governance of health and social care integration since the original Scheme was approved in 2015/16. This revised scheme ensures there is a governance framework around the arrangements for the integration of health and social care services which is fit for purpose.

Following on from the agreement of the revised Integration Scheme, the IJB has developed and adopted a Directions Policy which will enhance the governance, transparency and accountability between the IJB, Dundee City Council and NHS Tayside by clarifying responsibilities and relationships and support the IJB in exercising its legal powers to ensure the IJB's Strategic Commissioning Plan is delivered. This was approved by the IJB in April 2023.

Following receipt of a report from the Equality and Human Rights Commission with regard to compliance with the Public Sector Equality Duty, the IJB reviewed its arrangements and implemented a range of improvements to ensure compliance with the duties. This includes improvements to the Integrated Impact Assessment reporting within formal IJB and PAC reports, more accessible public access to these assessments on the IJB's website and the provision of a development session for IJB members and workshop for IJB report authors to ensure full understanding of the requirements of the duties.

Following the publication of the update report from the Dundee Drugs Commission in March 2022, leaders from across the Dundee Partnership published an initial statement of intent in June 2022 asserting their commitment to providing a comprehensive, accessible, trauma-informed and compassionate response to drug related harm. This was followed in January 2023 by the publication of

the Strategic Framework 2023-2028: Working together to prevent harm and support recovery with a supporting two-year delivery plan. This plan was developed to not only to respond to recommendations made by the Dundee Drugs Commission, but to provide a single, prioritised framework that addresses national policy priorities and local needs. Importantly, the revised framework also extends to cover alcohol related harm, as well as drugs. The strategic framework sets out the Alcohol and Drug Partnership's (ADP) vision that "People in Dundee thrive within safe, nurturing and inclusive communities, supported by accessible and effective alcohol and drug services that focus on prevention, protection, harm-reduction, resilience and recovery." Dundee ADP is currently finalising a Commissioning Plan to ensure the identified strategic actions are delivered in practice.

The final report of the Independent Oversight and Assurance Group (IOAG) on Tayside's Mental Health Services was published in January, 2023. The IOAG's remit was to provide independent assurance to the Minister for Mental Wellbeing and Social Care about progress being made in relation to 49 recommendations made within Trust and Respect, the report of the Independent Inquiry into Mental Health Services in Tayside, published in February 2020. The IOAG report set out six priority areas for improvement and in response the Mental Health and Learning Disability Improvement Plan has been developed and approved by the three Tayside IJBs and NHS Tayside Board in March 2023.

The Chair of the Performance and Audit Committee provides an update to the next available Integration Joint Board meeting on the issues raised and any areas of concern which the Integration Joint Board should be made aware of through the Chairs Assurance Report.

Dundee City Integration Joint Board complies in full with "The Role of the Head of Internal Audit in Public Organisations" (CIPFA) and operates in accordance with "Public Sector Internal Audit Standards" (CIPFA). The Head of Internal Audit reports directly to the Performance and Audit Committee with the right of access to the Chief Finance Officer, Chief Officer and Chair of the Performance and Audit Committee on any matter. The annual programme of internal audit work is based on a strategic risk assessment, and is approved by the Performance & Audit Committee.

The Chief Internal Auditor has carried out his review of the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk management and control. The findings of this review are reflected in the Annual Internal Audit Report 2022/23 presented to the IJB meeting of the 21 June 2023 which supports the outcome of Dundee City IJB's self-assessment process noted above and concludes that although some areas for improvement have been identified these do not impact on the level of assurance provided and reliance can be placed on the Integration Joint Board's governance arrangements and systems of control for 2022/23.

Continuous Improvement

The following areas for improvement have been identified through the self-assessment process, the Governance Action Plan and Annual Internal Audit Report. Progress against these will be monitored by the Performance and Audit Committee during 2023/24.

Area for improvement	Lead Officer	Target Completion Date
Under Clinical and Care Governance, review of remits needs to consider information and data sets to be agreed and presented to the Getting it Right for Everyone Group to support the governance of Lead Authority Services	Lead Allied Health Professional/ Head of service Health & Community Care	October 2023
Reporting on workforce issues including the Workforce and Organisational Development Strategy as well as the partnership forum.	Chief Officer	December 2023
Development of improved Lead Authority Services arrangements around risk and performance management for lead authority services.	Chief Finance Officer	December 2023
Further develop performance report information into a delivery plan framework to ensure the HSCP fulfils its remit in delivering the direction of travel within the IJB's Strategic Commissioning Plan.	Chief Finance Officer	October 2023

Combine financial and performance reporting to members in the context of the IJB's Strategic Risks.	Chief Finance Officer	December 2023
Further development of governance arrangements considering agreed governance principles and updated advice from the Scottish Government Health & Social care Division including an IJB assurance plan to ensure assurance on all IJB risks including from partner bodies. Will also include an annual report from the PAC to the IJB to provide assurance that it has met its remit.	Chief Officer	October 2023
Embed a programme of development and training opportunities for Board members.	Chief Officer	October 2023
Update the Board and PAC on progress in delivering against the remaining actions in the risk maturity action plan following adoption of Tayside IJB's Risk Management Framework.	Chief Finance Officer	October 2023
Work to fully implement the actions in the Workforce and Organisational Development Strategy. Strive towards ensuring that the DH&SCP culture becomes fully embedded. Engage staff in developing and maintaining the partnership culture as well as sharing and embedding the guiding principles.	Lead Allied Health Professional/ Head of service Health & Community Care / Chief Finance Officer	December 2023
Review attendance at groups based on agreed principles. Attendance at partner groups should be based on a consideration of whether this is necessary to provide assurance to allow the partner body to fulfil their agreed responsibilities in line with their accountabilities	Chief Officer	October 2023
Develop a best practice guidance document to ensure the operation of all groups conforms to the various principles detailed in the Governance Mapping report.	Chief Finance Officer	October 2023
Review and implement recommendations from the Internal Audit Review of the IJB's Transformation Programme	Chief Finance Officer	October 2023
Review and implement the recommendations from the Internal Audit Review of Performance Management arrangements	Chief Finance Officer	December 2023
Develop further Strategic Plan Performance Measures for implementation of the IJB's Strategic Plan	Chief Finance Officer	December 2023
Embed Best Value Reporting into IJB Meetings Schedule	Chief Finance Officer	October 2023
Review the remit of the PAC and update financial regulations following agreement of revised Integration Scheme	Chief Finance Officer	October 2023
Provide an annual report from the PAC to the IJB	Chief Finance Officer	August 2023

Conclusion and Opinion on Assurance

While recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of Dundee City Integration Joint Board's governance arrangements.

We consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the Integration Joint Board's principal objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment.

Dundee City Integration Joint Board

Annual Accounts

Unaudited
2023-2024

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Dundee City Integration Joint Board

Annual Accounts 2023-24

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Introduction

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

Following approval from Dundee City Council and NHS Tayside, the Dundee Integration Scheme, the formal legal partnership agreement between the two parent organisations, was submitted to the Scottish Ministers in August 2015. On 3 October 2015 Scottish Ministers legally established Dundee's Integration Joint Board as a body corporate by virtue of the Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Amendment (No 3) Order 2015. The Integration Scheme was subsequently reviewed by the statutory partners and approved by the Scottish Government in November 2022.

Dundee City Integration Joint Board (IJB) formally became responsible for the operational governance and oversight of delegated health and social care functions with effect from 1 April 2016 and through the Chief Officer is responsible for the operational management of integrated services excluding delegated acute services. The Integration Joint Board directs Dundee City Council and NHS Tayside to deliver these services in accordance with the Strategic Plan through Dundee Health and Social Care Partnership (DHSCP). The services delegated to Dundee City IJB by NHS Tayside and Dundee City Council are listed in the [Dundee Integration Scheme](#)

This publication contains the financial statements for Dundee City Integration Joint Board for the year ended 31 March 2024. The Management Commentary highlights the key activities carried out to date and looks forward, outlining the anticipated financial outlook for the future and the challenges and risks facing health and social care services over the medium term.

Role and Remit of Dundee City Integration Joint Board

Dundee City Integration Joint Board has responsibility for planning and providing defined health care and social care services for the residents of Dundee encompassing an area of 60 square kilometres and a population of around 148,000. These services are provided in line with the Integration Joint Board's Strategic Commissioning Framework 2023-2033 which can be found here: [Planning for Excellence in Health and Social Care | Dundee Health and Social Care Partnership \(dundeehscp.com\)](#)

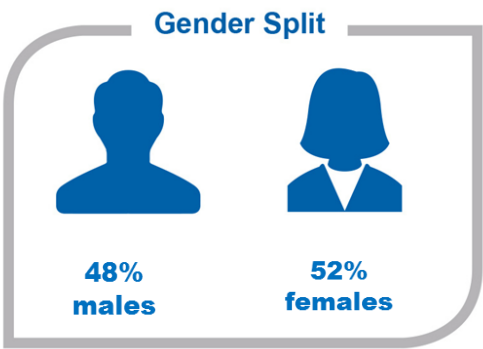
Population, health and deprivation impact directly on demand for health and social care services and can often result in higher support levels being required. Dundee has high levels of inequalities within the city with significant variances across locality areas, driven by high levels of deprivation and resultant impact on higher prevalence levels of health and multiple long-term conditions. In addition to frailty and ill health which is prevalent in the ageing population, many younger adults in Dundee are experiencing health conditions earlier in life as a result of deprivation and associated impact of substance use and mental health issues. These factors highlight the scale of the challenges Dundee City Integration Joint Board faces over the coming years.

A full profile of Dundee City is set out in the [Strategic Needs Assessment](#). Some of the key characteristics are presented below. All these characteristics have an impact on the demand for services commissioned by the Dundee City IJB, both now and in the future.

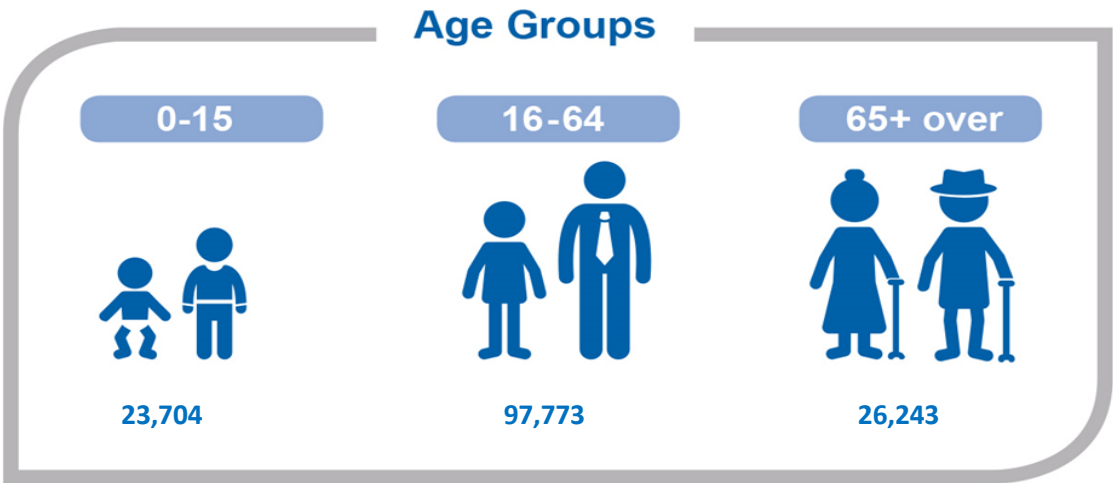
POPULATION PROFILE AND PROJECTIONS



(Source: [National Records of Scotland](#), 2022)



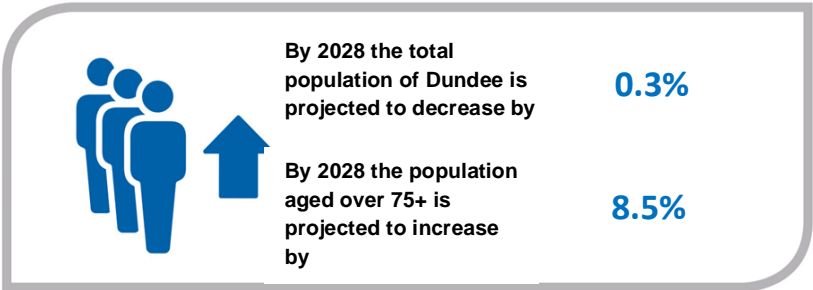
(Source: [National Records of Scotland](#), 2022)



(Source: [National Records of Scotland](#), 2022)

Projected Population

Like other parts of Scotland, Dundee is expected to see a significant rise in the number of older people with an increase of **8.5%** in those over 75 anticipated over the next 20 years.



Life Expectancy

Dundee **males have the third lowest** life expectancy in Scotland and Dundee **females have the fifth lowest** life expectancy in Scotland, with factors such as prevalence of substance misuse, mental health problems, smoking, and obesity all contributing to the reduced life expectancy.



Female Life Expectancy at Birth – 79 years
(compared to 81 for a Scottish female, a difference of 2 years)

Male Life Expectancy at Birth – 74.0
(compared to 77.0 years for a Scottish male, a difference of 3 years)

(Source: [NRS Life Expectancy in 2020-22 by Council Area Scotland](#))

Deprivation

Dundee is the **5th** most deprived local authority area in Scotland with just over **36.6%** of the Dundee population living in the **20%** most deprived areas of Scotland.



In Dundee, **six out of eight Dundee LCPP areas** are above the Scottish average of **19.5%** and are also above the Dundee average of **36.6%**

(Source: Scottish Index of Multiple Deprivation 2020, Scottish Government)

Drug Use



Dundee has the **4th** highest prevalence of drug use in Scotland. There are an estimated **2,300** persons using drugs (ages 15-64) in Dundee.

1,600 (70%) male and

700 (30%) are female

(Source: *Estimating the Prevalence of Problem Drug Use in Scotland 2015-16*, PHS (published 05/03/2019))

Homelessness



1,100 households assessed as homeless in 2022/23

42% of households have at least one identified support need

(Source: *Homelessness in Scotland 2022 to 2023*, Scottish Government)

Physical Disability



10,590 people in Dundee identified themselves as having a physical disability.

7% of Dundee's population.

(Source: *Census 2011*, scotlandscensus.gov.uk)

Membership of Dundee City Integration Joint Board

The voting membership of Dundee City Integration Joint Board is drawn from three elected members nominated by the Council and three non-executive members nominated by the Health Board.

The table below notes the membership of Dundee City Integration Joint Board in 2023/24:

Voting Members:

Role	Member
Nominated by Tayside Health Board	Pat Kilpatrick (until 14/12/2023) Beth Hamilton (from 14/12/2023 until 30/04/2024) Bob Benson (from 01/05/2024)
Nominated by Tayside Health Board	Anne Buchanan (until 29/06/2023) Donald McPherson (from 29/06/2023 until 31/03/2024) Beth Hamilton (from 01/05/2024)
Nominated by Tayside Health Board	Donald McPherson (Proxy member until 29/06/2023) Sam Riddell (until 01/04/2024) David Cheape (from 01/04/2024)
Councillor Nominated by Dundee City Council	Councillor Ken Lynn
Councillor Nominated by Dundee City Council	Councillor Dorothy McHugh Bailie Helen Wright (Proxy member)
Councillor Nominated by Dundee City Council	Councillor Siobhan Tolland Councillor Roisin Smith (Proxy member) Councillor Lynne Short (Proxy member)

Non-voting members:

Role	Member
Chief Social Work Officer	Diane McCulloch (Dundee City Council)(until 29/02/2024) Glyn Lloyd (Dundee City Council)(from 01/03/2024)
Chief Officer	Vicky Irons Dave Berry (Acting from 17/01/2024)
Proper Officer Appointed under section 95 (Chief Finance Officer)	Dave Berry Christine Jones (Acting from 17/01/2024)
Registered medical practitioner whose name is included in the list of primary medical performers prepared by the Health Board	Dr David Wilson

Registered nurse who is employed by the Health Board	Sarah Dickie (until 27/04/2023) Susannah Flower (from 27/04/2023)
Registered medical practitioner employed by the Health Board and not providing primary medical services	Dr James Cotton (until 29/02/2024) Dr Sanjay Pillai (from 29/02/2024)
Staff of the constituent authorities engaged in the provision of services provided under integration functions	Raymond Marshall (NHS Tayside Staff Side Representative) Jim McFarlane (Dundee City Council Trade Union Representative)
Director of Public Health	Dr Emma Fletcher
Clinical Director	Dr David Shaw
Third Sector Representative	Christina Cooper
Service user residing in the area of the local authority	Liz Goss
Persons providing unpaid care in the area of the local authority	Martyn Sloan

The Chair of Dundee City Integration Joint Board rotates on a two-yearly basis, which was last actioned in 2022/23. The year began with Pat Kilpatrick acting as chair until 14 December 2023 when Pat Kilpatrick left the Board and was replaced by Beth Hamilton who became acting Chair from that date, and Councillor Ken Lynn acting as vice chair throughout the year.

The Chief Officer provides the strategic leadership and direction to Dundee City Integration Joint Board. The Chief Officer is supported by the Head of Finance and Strategic Planning (as Chief Finance Officer). In relation to the Chief Officer's role as Executive Director of Dundee Health and Social Care Partnership, they are also supported by the Head of Finance and Strategic Planning in addition to two Heads of Service of Health and Social Care Services.

Operations for the Year

In April 2023 the IJB approved its new Strategic Commissioning Framework 2023-2033 and despite pressures throughout the year services continue to be underpinned by the included principles. 'The plan for excellence in health and social care in Dundee' builds on the previous framework and reflects the outcome of considerable engagement with communities and stakeholders. Work has been done to develop companion documents including: an Annual Delivery Plan, Performance Framework and Resources Framework but has been delayed by staffing pressures and the prioritisation of a response to the Joint Inspection of Adult Support and Protection in Dundee (referenced above).

The new Strategic Commissioning Framework will help the IJB reach their ambition:

People in Dundee will have the best possible health and wellbeing. They will be supported by health and social care services that:

- Help to reduce inequalities in health and wellbeing that exist between different groups of people

- Are easy to find out about and get when they need them
- Focus on helping people in the way that they need and want
- Support people and communities to be healthy and stay healthy throughout their life through prevention and early intervention.

There are six strategic priorities in the framework as follows:

- Inequalities (support where and when it is needed the most),
- Self-care (supporting people to look after their wellbeing),
- Open door (improving ways to access services and supports),
- Planning together (planning services to meet local need),
- Workforce (valuing the workforce)
- Working together (working together to support families).

These priorities are consistent with and support the Scottish Government's nine National Health and Wellbeing Outcomes which apply across all health and social care services.

These are:

Table 1 National Outcomes

Outcome 1. Healthier Living	People are able to look after and improve their own health and wellbeing and live in good health for longer
Outcome 2. Independent Living	People, including those with disabilities, long term, conditions, or who are frail, are able to live as far as reasonably practicable, independently at home or in a homely setting in their community.
Outcome 3. Positive Experiences and Outcomes	People who use health and social care services have positive experiences of those services and have their dignity respected.
Outcome 4. Quality of Life	Health and social care services are centred on helping to maintain or improve the quality of life of service users.
Outcome 5. Reduce Health Inequalities	Health and social care services contribute to reducing health inequalities.
Outcome 6. Carers are Supported	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
Outcome 7. People are Safe	People who use health and social care services are safe from harm.
Outcome 8. Engaged Workforce	People who work in health and social care services feel engaged with the work they do, are supported to continuously improve the information, support, care and treatment they provide

Outcome 9. Resources are used Efficiently and Effectively

Resources are used effectively and efficiently in the provision of health and social care services

A full copy of the plan can be found [here](#).

People with protected characteristics and people affected by poverty can experience health inequalities that impact on their overall health and wellbeing. As part of their work to develop a new strategic commissioning framework for health and social care to make Dundee a 'fairer' city, the IJB has developed new equality outcomes. During the period 2023-2027 the IJB will progress the following equality outcomes:

1. Improving the accessibility of information published by the IJB
2. Increasing ways to listen, hear and learn what matters to people
3. Finding ways to make sure IJB membership is diverse and reflects the overall population of Dundee
4. IJB contributes to an improved culture within the workforce to actively challenge discrimination

Inequality within Dundee has further been made apparent throughout 2023/24 where the population has been impacted by the cost of living crisis. Results from an Engage Dundee survey found that people were struggling with costs relating to food, energy, rent/mortgage and unpaid care. Almost 1 in 8 of those leaving comments reported that their health and wellbeing were worse generally as a result of coping with the cost of living and that ongoing health issues were persisting due to being cold, healthy food being too expensive and that homes were not heated adequately leading to feelings of depression. Additionally, 65% of people responded saying they were struggling with costs of exercising/keeping physically active and 72% struggling with costs of things that are good for your mental wellbeing. The crisis is having a profound effect particularly on those living in the more deprived areas who were already struggling to make ends meet.

As a response, interventions such as food vouchers, no cost family activities, and free hot meals were organised and appeared to have a positive and protective effect. In 2023, Dundee Health and Social Care Partnership allocated funds through the Carers Partnership to Dundee Carers Centre to support carers most in need. A local fund was set up for carers to help alleviate some of the increasing financial pressures being experienced over the winter period (e.g. food and fuel increased costs). It also aimed to enable people to continue their caring roles with less anxiety regarding their health, well-being and financial security. This year's applicants identified having to make choices between 'heating' and 'eating', and there was a subsequent increase in the percentage of awards for fuel and food.

Further to this, the effects of the COVID-19 pandemic were still visible throughout 2023/24. Since the pandemic, long lasting effects have been inherited such as an increase in demand for services whether it be through COVID absence, long COVID or indirect consequences such as deteriorated Mental Health/Drug & Alcohol issues. The increase in demand and longer waiting lists have put pressure on services at a time where limited additional financial resources are available to invest.

Partnership services have now adopted a 'new normal' approach where health and social care services will continue to build on the new ways of working which have been required to be implemented as part of the Covid-19 response, such as increased use of technology to carry

out virtual consultations, a blended approach to home and office working, more outreach working and greater opportunities for mobile working.

Hope Point has been developed as an initial contact centre for anyone in Dundee City who experiences distress, including those with mental health issues. The centre opened in July 2023 and has continued to be open 24/7 for people who need it. The environment and service has been co-designed with a wide range of people in the city in order to ensure the service is able to take account of individuals needs including equality and protected characteristics.

Lived experience has been integral to the developments both in terms of consultation in the planning stages and with regards to the staff team who are all employed in Peer Support roles. A welcoming, non-clinical environment and an approach underpinned by the principles of Time, Space and Compassion. Staff come alongside people on a short term basis to help solve the difficulties they are facing, plan next steps safely and connect them with other supports and services if that is what's required.

Since opening in July support has been well accessed and during the initial 8 months (August 2023 – March 2024), 728 individuals have accessed support, with around 68% of contact being around Mental Health issues. Where appropriate, a distress measure is used where people self-rate the degree of their distress on a scale of 0 to 10. This takes place at the start and at the end of an intervention with Hope Point staff – 100% saw a decrease in their score with the average score reducing by 3.6 points. Positive feedback has been received from service users' examples of which can be seen below.



With Dundee continuing to have some of the highest rates of drug deaths in Scotland the Dundee Alcohol & Drug Partnership (ADP) is committed to delivering effective, accessible and trauma-informed services that focus on prevention, protection, harm reduction and resilience, informed by evidence and lived experience. A key element of the Recovery System of Care (ROSC) is the implementation of the national Medication Assisted Treatment (MAT) standards. The ADP in Dundee is continuing to strengthen the highly effective non-fatal overdose response pathway and has commissioned the assertive outreach project to support individuals into treatment. Progress with the implementation of MAT standards means individuals in Dundee are now receiving same-day prescribing, they can access a range of treatment options and are supported by independent advocates to maintain engagement for as long as required.

The strategic focus in Dundee remains on the development of integrated multidisciplinary pathways of care which promote early discharge from hospital and the provision of care, rehabilitation and treatment closer to home wherever possible.

Work has continued to improve existing discharge planning processes and pathways as a means of reducing inpatient length of stay, as well as optimising outcomes for people by supporting discharge and provision of care closer to home as soon as appropriate. An enhanced flow coordinator role has been introduced within the Discharge Team which further strengthens the communication and management of capacity and flow across patient pathways.

Performance in relation to delayed discharge has continued to improve throughout the year despite a sustained increase in unscheduled admissions. Since a peak of delayed discharge in mid-August 2022 of 18 acute delays, and a total of 55 delays across all sites, performance in relation to the locally agreed RAG (Red, Amber, Green) matrix has consistently been in amber status since the beginning of May 2023 and continues to reduce. This demonstrates a specific improvement in relation to the management of non-complex delays, the reason for which had predominantly been the ongoing increased demand for social care.

Additionally, within Community Urgent Care and the Medicine for the Elderly medical workforce, all staff have now aligned around GP cluster teams with the aim of creating more effective and efficient virtual teams who communicate across the whole system to promote intervention on the basis of 'right place, right person, right time'. This is a further step in the strategic plan to move to a whole system pathway approach which promotes early intervention and prevention of admission wherever possible by providing enhanced care and treatment closer to people's own homes.

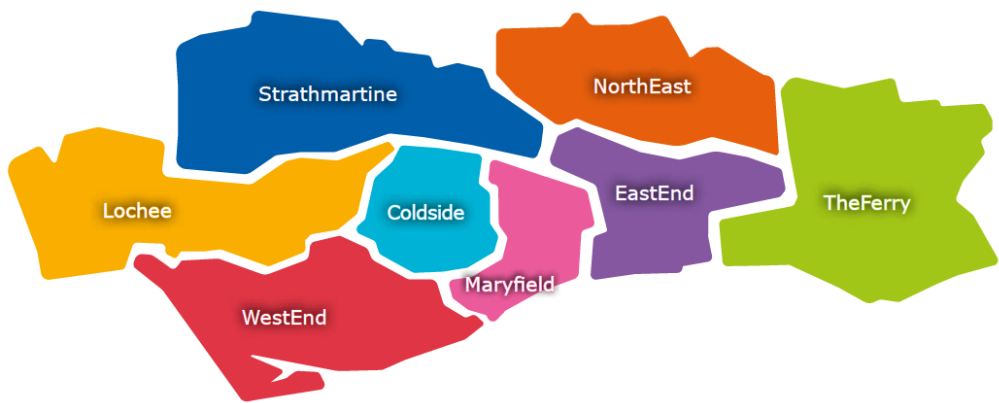
A Joint Inspection of Adult Support and Protection took place between August 2023 and November 2023 with the report published in December 2023. This was a second phase inspection conducted by the Care Inspectorate at the request of Scottish Ministers with the focus on whether adults at risk of harm in the Dundee partnership area were safe, protected and supported. The joint inspection team found that key processes and leadership for adult support and protection are 'effective' with 'clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighs for improvement'. An improvement plan was submitted for the priority areas identified including consistent application and quality of investigations.

Operational Delivery Model

During 2023/24, Dundee Health and Social Care Partnership's operational delivery model continued to embed a model of fully integrated health and social care services to support the delivery of the Dundee City Integration Joint Board's strategic priorities. The overall responsibility for the delivery of operational services falls with two Heads of Service with one focusing on older people's pathways and the other adult services, including mental health and substance use. Service managers below this level have responsibility for both council and NHS services as part of their integrated portfolios with a specific focus on service user categories (e.g. older people, mental health).

Dundee Health and Social Care Partnership delivers its services across the city’s eight Local Community Planning Partnership Areas, each with it’s own particular social and demographic profile which require tailored responses to meet their specific health and social care needs. The partnership also provides Tayside-wide health services on behalf of Angus and Perth and Kinross Integration Joint Boards under lead partnership arrangements (e.g. palliative care services and psychological therapies) with reciprocal arrangements provided by those other Integration Joint Boards (e.g. GP out of hours, prison healthcare services).

Map of Eight Local Community Planning Partnership Areas



Scrutiny and Performance

The Integration Joint Board’s Performance and Audit Committee (PAC) provides committee members an opportunity to better understand the needs of communities. They monitor and scrutinise the performance of delegated services against the delivery of the strategic priorities through a range of performance indicators and benchmarking.

Throughout 2023/24, the Integration Joint Board’s Performance and Audit Committee received performance reports which quantified Dundee’s health and social care challenges in relation to baseline data. This compared a range of performance indicators, designed to capture the progress made under integration over time. The reports include nationally and locally set indicators, the locality level data helps to assist the Dundee City Integration Joint Board to determine the areas of greatest need and to inform the targeting of resources. Reflected in Table 2 is Dundee’s 2023/24 performance measured and compared against a range of national indicators. Further information regarding the performance of Dundee Integration Joint Board can be found within the 2023/24 Annual Performance Report (*link to be inserted once available*)

The work of the Performance and Audit Committee over the 2023/24 financial year also informs the Annual Governance Statement set out within these annual accounts.

Table 2

National Indicator	Dundee 15/16 (Baseline Year)	Dundee 2022/23	Dundee 2023/24 *	Scotland 2023/24*
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Emergency admissions rate to hospital per 100,000 people aged 18+	12,168	12,795	11,614	tbc
Emergency bed days rate per 100,000 people aged 18+	146,192	106,307	110,257	tbc
Readmissions to acute hospital within 28 days of discharge rate per 1,000 population	122	140	tbc	tbc
Falls rate per 1,000 population aged 65+	25	33.1	tbc	tbc
Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (Delayed Discharge bed days)	832	802	tbc	tbc

*figures not yet available

Source: [link to be included](#)

Transforming Services

Transforming services is key to the Dundee City Integration Joint Board continuing to improve outcomes for service users, whilst managing this in a financially sustainable way. Service redesign opportunities connect to the overarching strategic priorities. Post pandemic a number of the contingency measures have become the 'new normal' as services have adapted to the most suitable way to operate. Mobile working practices remained popular with applications still being used for non-contact consultations and services such as over the phone or virtual GP appointments.

A summary of the key achievements over 2023/24 is as follows:

- Hope Point Dundee launched 31st July 2023, the service is open 24 hours 7 days a week providing support for people experiencing emotional distress. No referral is required so people can access support at their greatest point of need. Phone, text, and face to face support is available round the clock. Figures for 23/24 Hope Point 8 month Flash Report state there had been 2466 contacts up to March 24, 48.4% Male, 47% Female, <5% Non-Binary/Transgender/Other. From July 23 to March 24 the service was accessed via different means of communication; Text 161, Face to Face 1130 and through Telephone 1175 to support users. Feedback has been extremely positive and the testimonials of users demonstrate the difference support has made in the lives of many.

- The successful on going improvement work at national level around Delayed Discharge and Optimising Inpatient Patient Flow have allowed DHSCP to improve from an average of 55 days of delays in quarter 4 22/23 to 21 days in quarter 4 23/24. The KPI has transformed from Red and Orange to a mixture of Green and Orange, a significant improvement for Dundee.
- The website for the Alcohol and Drug Partnership was soft launched in January 2024, following some interaction through the feedback feature the ADP has connected with some staff. The website aim is to improve ADP communication to the community and across the workforce, indicating the support that is available for those in need.
- The programme Supporting Tayside Excellence Programme for Tayside Care Homes (STEP) was rolled out July 2023 to all of Tayside Care Homes. Designed to improve and enhance the resident's care.
- After reviewing GP appointments data from January 2022 to December 2023, discovering at least 18 identified as potential palliative end of life situations, the working relationship between GPs and Care home staff was developed. Through training and support from the palliative care team, care home residents were able to be assessed to ensure they were receiving the best approach of care to meet their needs. The Urgent Home Visiting Team of Advanced Nurse Practitioners provides a same day response on behalf of GPs to care home residents who are unwell or deteriorating. Ensuring the appropriate course of treatment is provided to avoid unnecessary admissions to hospital or under treatment of palliative symptoms.
- During 2023/24 financial support was provided for Carers to help with the increased cost of living. The Winter Fund for Carers was claimed to help those who are most likely to be affected by poverty. It enabled those to continue to their caring roles with less anxiety regarding their health, wellbeing and financial security.
- Positive Steps Crisis Response Outreach Service (CROS) remains to support the most vulnerable within our communities. Contact is made by a variety of means; text, visit homes, properties, known addresses, pharmacies, begging spots etc these are all exhausted to engage with the individual referred to CROS. Helping to support at a time that is right for the individual, gaining trust, relationships and identifying their needs.
- Best Foot Forward, the partnership between NHS Healthy Weight team, Active Schools and Claypotts Castle Primary School supported parents and children in topics regarding healthy eating and a healthy lifestyle. Tackling issues such as sleeping patterns, fussy eating and screen time. Participating families had a ten week programme introducing them to health snacks and recipes. In addition they were gifted a slow cooker or an air fryer, these were provided in hope they would start cooking healthier meals from scratch at home. The course was so successful it ran a second time later in the academic year to other families.
- The Patient Assessment and Liaison Mental Health Service (PALMS) made positive progress in recruiting to a full team and redesigned their model. All GP practices therefore have access to the service. Patients who could be seen by PALMS continue to see the GP first and are then redirected to the service, risking duplication and unnecessary additional appointments. Work is in place to resolve this through knowledge exchange about newer services and ways of working.

- Work is progressing within the Community Nursing teams to develop a locality-based service model of care that is seamlessly integrated within the communities with a vision that empowers communities in partnership, delivering safe, efficient and person-centred care for all. Engagement sessions have taken place and a road-map plan to define and deliver this is in place.
- The MAT (Medication Assisted Treatment) Standards Implementation 2023-24 scoring showed substantial progress had been made in Dundee between 2022-2024 with especially in relation of the availability of treatment for those suffering with addiction. RAGB scored all ten of the MAT Standards Green or Provisional Green in 2024, having all previously scoring Red/Amber in 2022.

Feedback from service users across the Partnership

"The staff at Hope Point saved my life. Amazing people! Amazing Service"

"I thank them sincerely for the care, compassion and support given today."

"Each time I have visited I have witnesses such tender, kind considerate specialised care. I genuinely feel that every time my dad sneezes someone will wipe his nose for him! The nurses preserved as best they could to trim his moustache. His nails are always clean and trimmed and whichever clothes he has on they are always clean and coordinated"
(Kingsway Care Centre)

"I would just like to thank the meals service department on my lovely delicious meals. Also the council and my support worker for arranging this for me. I really appreciate the nutritional meals which I can no longer make for myself. Thank you again, it's going to make such a difference to my overall health."

"I just phoned DHSCP and a human voice greeted me. She was really helpful and there was no stress in getting information on what I needed. I really appreciate not getting an automated service. Well done Dundee, excellent service."

"I had nothing. I had no family here. I has no money. I had no friends because of my husband. My language was not good. I had no nappies for my child. I don't know what I would have done. But I have hope now."

Analysis of Financial Statements 2023/24

The Annual Accounts report the financial performance of Dundee City Integration Joint Board. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to the Dundee City Integration Joint Board for the delivery of its vision and its core objectives. The requirements governing the format and content of local authorities' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom. The 2023/24 Accounts have been prepared in accordance with this Code.

Integration Joint Boards need to account for their spending and income in a way which complies with our legislative responsibilities and supplementary Local Authority (Scotland) Accounts Advisory Committee (LASAAC) guidance.

The 2023/24 Annual Accounts comprise: -

- a) Comprehensive Income and Expenditure Statement – This statement shows that Dundee City Integration Joint Board made an overall deficit of £6,155k in 2023/24 (deficit of £15,030k in 2022/23) on the total income of £336,831k (£308,180k in 2022/23).
- b) Movement in Reserves – Dundee City Integration Joint Board has year-end reserves of £17,813k (£23,968k in 2022/23). These are held in line with the Dundee City Integration Joint Board's reserves policy. Reserves were applied during the year to cover outstanding liabilities to Dundee City Council, NHS Tayside and the activities of the Integration Joint Board.
- c) Balance Sheet – In terms of routine business Dundee City Integration Joint Board does not hold non-current assets.
- d) Notes - Comprising a summary of significant accounting policies, analysis of significant figures within the Annual Accounts and other explanatory information.

The Annual Accounts for 2023/24 do not include a Cash Flow Statement as Dundee City Integration Joint Board does not hold any cash or cash equivalents.

Financial Position at the End of March 2024

The IJB's delegated budget from Dundee City Council and NHS Tayside developed over the financial year as follows:

	NHS Tayside Funding	Dundee City Council Funding
	£000	£000
Initial Agreed Funding	132,115	102,437
Additional Pay award	6,606	1,010
Hospital & Community Health Services	8,555	
Partnership Funding	1,663	
Family Health Services Drugs Prescribing	-1,418	
General Medical Services	31,003	
Family Health Services – Cash and Non-Cash Limited	24,093	
Net Effect of Hosted Services	8,170	
Large Hospital Set Aside	21,711	
Social Work & Social Care Funding		5
Other / Various		881
Revised Partners Funding Contribution	232,498	104,333

The IJB reported a year end underlying operational overspend of £3,744k for 2023/24, arising from an underlying overspend of £3,269k in social care budgets, an underlying underspend of £2,525k in health budgets and a planned shortfall within the integrated budget setting process for 2023/24 of £3,000k. This net overspend has been covered by the use of Committed Reserve within the Balance Sheet.

Within Dundee City Council delegated services, the teams continue to see a high levels of vacancies as a result of recruitment and retention challenges, which has resulted in use of agency, overtime and sessional staff where necessary with a total of £2,931k spent over 2023/24. Increasing demand for community services, has resulted in increased hours for services such as Care at Home which has seen an overspend of £4,879k. However the increased Care at Home activity has had a beneficial impact for in-patient services in Tayside through reductions in Delayed Discharge, as well as reducing unmet need for service users in the community awaiting packages of care.

Similarly, the underspend within the NHS delegated service also relates to recruitment and retention issues. This issue which has been seen nationally throughout different health boards is being considered by Scottish Government in terms of a response. During 2023/24 the

effects of the cost of living crisis was felt heavily by many staff. The Agenda for Change pay award reflected these challenges with a pay and non-pay deal agreed with the aim to attract and retain more staff going forward.

The in-year utilisation of reserves balances within the impact of the overall financial position for integrated services in Dundee for 2023/24 has resulted in the level of reserves held by Dundee City Integration Joint Board decreasing to £17,813k at the year ended 31 March 2024 (£23,968k at the year ended 31 March 2023). This is reflected in the Movement in Reserves Statement.

	Opening Committed Reserves	In-Year Restatement of Reserves	Closing Committed Reserves @ 31/3/24
	£k	£k	£k
Primary Care	1,534	324	1,858
Mental Health	636	400	1,036
Drug & Alcohol	924	(365)	559
Service Specific	1,995	(543)	1,452
Community Living Change Fund	613	(613)	0
NHST - shifting balance of care	1,600	(1,600)	0
Strategic Developments	2,500	(744)	1,756
Revenue Budget Support 23/24	3,000	(3,000)	0
Revenue Budget Support 24/25	0	4,000	4,000
Other Staffing	377	(14)	363
Total Committed Reserves	13,179	(2,155)	11,024
Plus Uncommitted Reserves	10,789	(4,000)	6,789
Total Reserves	23,968	(6,155)	17,813

The reserve balance of £17,813k at the year ended 31 March 2024 is greater than the planned level of reserve of 2% of the Dundee City Integration Joint Board's net expenditure as set out within its reserves policy however it is important to acknowledge that a large proportion of these reserves are committed for specific initiatives linked to the funding streams detailed in the above table and are not available for more flexible use.

Achieving long-term financial sustainability and making best use of resources is critical to delivering the Dundee City Integration Joint Board's Strategic Commissioning Framework's priorities. In response to the growing demand for health and social care and financial constraints, the Dundee City IJB recognises that continuous service redesign and further integration of services is critical. In December 2022 the IJB set out a Reserves Investment Strategy to ensure the IJB is in a position to utilise all available resources it has to maximum effect to support the delivery of the strategic priorities set out within the Strategic Commissioning Plan. This includes setting aside funding to support transformation, infrastructure support and non-recurring budget support. The IJB will continue to review opportunities to reinvest its available reserves over the coming year.

Key Risks and Uncertainties

Staff Resource

The recent pandemic and cost of living crisis have had a lasting effect on our health, economy and society, with damaging impacts on the way of life and wellbeing of people in Scotland. It has exacerbated health issues and inequalities, increased the demand for health and social care services, and impacted on the health and wellbeing of our workforce. As a result, throughout 2023/24 staffing resource has continued to be a key concern being one of the highest scoring risks on the IJB's strategic risk register. Recruitment challenges continue to exist in a range of roles including nursing, medical staff, allied health professionals and social care staff. Recruitment for Consultants and Doctors in specific areas such as Mental Health and Substance Use has meant added pressure for nurses and other staff leading to an increase in overtime and agency workers which creates a financial burden for the IJB. This added pressure has resulted in higher staff turnover with more posts remaining vacant throughout the duration of the year.

This resource risk, which previously sat on the Operational Risk Register, has been escalated to the Strategic Risk Register. The IJB has also approved a Workforce Strategy which aims to give a whole rounded view of the current situation and ways in which it can be improved over the next 3 years. This plan aims to focus on the short-term workforce drivers, focussing on recovery and remobilisation, with an emphasis on improved staff wellbeing and widening recruitment.

National Care Service

The National Care Service (Scotland) Bill established the National Care Service with legislation continuing to progress through Scottish Parliament. The general principles passed in Stage 1 will ensure greater transparency in the delivery of health and social care, improve standards, strengthen the role of the workforce and provide better support for unpaid carers. During the year, the Health and Social Care partnership responded to the call for views on the draft legislation. Similar to other bodies, significant concerns have been raised around the content of the bill in terms of scope and financial implications of the legislation. While progress of the proposed legislation through the Scottish Parliament had been deferred while the Scottish Government considers the feedback from the call for views and engages in further consultation with stakeholders, the Bill has now reached stage 2 where MSPs can propose change "amendments" to the Bill. The impact of the review on the IJB and its partners will be significant and will change the service delivery and governance landscape for adult social care. The National Care Service uncertainties continues to pose a risk relating to the potential reform of IJB's in the future and this may impact its ability to implement its Strategic Commissioning Plan.

The Cost of Living Crisis

The higher levels of inflation and rising energy prices continue to fuel the cost of living crisis into 2023/24, the effects of which were felt by both service users and staff. The crisis has invariably resulted in increased poverty within the city and exacerbated health inequalities that already existed within the population. This, along with the reduced availability of financial resources poses a risk to Dundee Integration Joint Board's strategic delivery aims and continues to be a high priority heading into 2024/25.

Lack of Capital Investment in Community Facilities

Restrictions in access to capital funding from the statutory partner bodies and Scottish Government to invest in existing and potential new developments to enhance community-based health and social care services is a significant risk to the IJB. The Scottish Government's Financial Strategy published in May 2023 highlights severe restrictions in availability of capital funding.

Restrictions on Public Sector Funding

Continuing restrictions on public sector funding will impact on both Local Authority and NHS budget settlement therefore impacting on the ability to provide sufficient funding required to support services by the IJB. The Scottish Government have highlighted a significant gap in funding over the next 4 financial years. This could lead to the IJB failing to meet its aims within anticipated timescales as set out in the Strategic and Commissioning Plan.

Primary Care

Challenges continue to present within Primary Care services, including the closures of Ryehill Medical Practice, Invergowrie Medical Practice and Park Avenue Medical Practice and impact on other Dundee GP Practices of supporting those closed practices patient lists. The risk around service provision is inflated by additional challenges around recruitment struggles and inadequate infrastructure, including IT and location. Furthermore, additional interventions by Scottish Government to seek the use of IJB's reserves by restricting the overall funding available has the potential to de-stabilise agreed investment plans e.g. Primary Care Improvement Funding.

Dundee Drug and Alcohol Recovery Service

Throughout 2023/24, the challenges associated with the Dundee Drug and Alcohol Recovery Service have been monitored as a strategic risk to the IJB. A Report around Reducing Harm Associated with Drug Use, presented to both the IJB and Dundee City Council in June 2022 set out findings and priority areas for improvement in relation to substance use services. Risks and Control Factors around the implementation of the Medically Assisted Treatment (MAT) Standards were included in the ADP Risk Register.

Towards the end of 2022/23 there was a reduction in risk evidenced by the progress made in Dundee on delivery of the MAT standards and improvements in recruitment. A vital role in the progress was the feedback received from the people using services. This dialogue with those who have lived experience and those who care for them is still at an early stage, but this will be a primary driving force throughout all the work services are doing to improve and reduce risk of harm from drug and/or alcohol use. There continue to be improvements required due to the higher than average level of drug deaths although recent figures show there has been some reduction. It is hoped that by sustaining the progress on MAT standards 1-5 and now starting major work on Standards 6-10 the partnership will continue to see progress and a downward trend of drug deaths and associated risk.

Following the publication (earlier in 2023) of the Tayside 2021 Drug Deaths Review Group annual Report, in October 2023 the ADP held a multi-agency event to discuss the recommendations of the report and develop a set of actions to progress. Following on from this annual event, a report will be submitted to the ADP in December focusing on the recommendations and additional actions required to further prevent drug deaths.

Viability of External Providers

There remains a risk that our external providers facing financial instability which could lead to collapse of key providers. The increase in service provision, including staffing cost and inflationary increases to goods is already impacting this sector with concerns that a number will not be able to sustain their activities. There is continuous monitoring into maintaining quality and viability of the services provided by external providers to ensure short/medium term service provision.

Mental Health Services

Dundee has the 5th highest rate in Scotland of adults (aged 16-64) who reported in the 2011 Census that they live with a mental health condition. Through 2023/24 we have seen increased level of demand across the whole system within Mental Health Service and therefore is a key risk for the IJB going forward. The effects of COVID-19 on the population has further widened the social and health inequalities gap and many people are finding it more difficult than ever to cope across many aspects of their life. Engage Dundee found that the most common difficulties reported by respondents during the pandemic were regarding mental health (37%).

Tayside Mental Health Strategy continues to make progress, and developments such as the Hope Point (community wellbeing centre) enhance community supports for people with mental health issues. With a period of 'out of locality care' during COVID due to limited bed availability, work has now started to examine in-patient wards aligned with localities to determine whether this positively impacts on admission rates, length of stay of admissions and better discharge planning.

Mental Health Services have also faced the widespread recruitment challenges with a high level of vacancies seen across all area, which does reflect a National shortfall in trained therapists. Increased number of Locum staff will be used where these can be secured and service has agreed to increase the number of training places on offer over the next training intakes to attempt to grow the workforce.

Conclusion

We are pleased to present the annual accounts for the year ended 31 March 2024 for Dundee City Integration Joint Board. The accounts show that Dundee City Integration Joint Board has faced considerable demand and financial challenges during 2023/24, which has resulted in an operational overspend. However the pressures and priorities continue to be managed in a strategic manner to achieve best value through efficient and effective use of the limited resources.

Going forward, Dundee City Integration Joint Board has a significant financial challenge ahead to deliver the revised Strategic Commissioning Framework 2023-2033 in this climate of growing demand and tighter public finances and resources. This framework recognises the high levels of poverty and associated social issues in the city and that this has been exacerbated following the impact of the Covid-19 pandemic and the cost of living crisis. With life expectancy in the city lower than it was 10 years ago and a growing health inequalities gap across the different city localities the Integration Joint Board will work closely with other organisations in the city including Dundee City Council, NHS Tayside, the Police and organisations in the third and independent sectors to address these challenges. Focussing available resources on meeting the priorities set out within the Strategic Commissioning Framework, transforming health and social care service provision and ensuring the public receives best value in the delivery of services will contribute to making a real and lasting difference to people's lives.



Dave Berry CPFA
Acting Chief Officer
Dundee City
Integration Joint Board

Date:



Christine Jones FCCA
Acting Chief Finance Officer
Dundee City
Integration Joint Board

Date:



Bob Benson
Chair
Dundee City
Integration Joint Board

Date:

Responsibilities of the Dundee City Integration Joint Board

The Dundee City Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the Board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). For this Board, that officer is the Chief Finance Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts for signature.

I confirm that these Annual Accounts were approved for signature at a meeting of the Integration Joint Board on 19 June 2024.

Signed on behalf of the Dundee City Integration Joint Board

Bob Benson

Chair

Dundee City Integration Joint Board

Date:

Responsibilities of the Chief Finance Officer

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

In preparing the Annual Accounts, the Chief Finance Officer has:

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

The Chief Finance Officer has also:

- kept adequate accounting records which were up to date;
- taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of the Dundee City Integration Joint Board as at 31 March 2024 and the transactions for the year then ended.

Christine Jones FCCA

Acting Chief Finance Officer

Dundee City Integration Joint Board

Date:

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified Integration Joint Board members and staff.

The information in the tables on the following page is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Remuneration: Integration Joint Board Chair and Vice Chair

The voting members of Dundee City Integration Joint Board are appointed through nomination by Dundee City Council and Tayside NHS Board. Nomination of the Integration Joint Board Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative. The details of the Chair and Vice Chair appointments are shown below:

Name	Post(s) held	Nominated by
B Benson	Chair – From 01 May 2024	NHS Tayside
B Hamilton	Chair – From 14 December 2023 to 30 April 2024	NHS Tayside
P Kilpatrick	Chair – From 26 October 2022 to 12 December 2023	NHS Tayside
K Lynn	Vice Chair – From 26 October 2022	Dundee City Council

Dundee City Integration Joint Board does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the Integration Joint Board. The Chair and Vice Chair are remunerated by their relevant Integration Joint Board partner organisation. Dundee City Integration Joint Board does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. No taxable expenses were paid to the Chair or Vice Chair of the Integration Joint Board in 2023/24.

Dundee City Integration Joint Board does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting Integration Joint Board members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of Dundee City Integration Joint Board

Dundee City Integration Joint Board does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Board. Both the Chief Officer and Chief Finance Officer of Dundee Integration Joint Board are employed by Dundee City Council and the acting Chief Finance Officer is employed through NHS Tayside. All are funded by the IJB, and the remuneration and pension benefits of these roles are reported here.

Senior Employees

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the Integration Joint Board has to be appointed and the employing partner has to formally second the officer to the Integration Joint Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the Dundee City Integration Joint Board. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Total Salary, Fees & Allowances 2022/23 £	Post	Senior Employees	Total Salary, Fees & Allowances 2023/24 £
128,027	Chief Officer	Vicky Irons	135,763
0	Acting Chief Officer from 17 January 2024	Dave Berry ¹	26,247
101,450	Chief Finance Officer to 16 January 24	Dave Berry	85,548
0	Acting Chief Finance Officer from 17 January 2024	Christine Jones ²	16,284
229,477		Total	263,842

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the Dundee City Integration Joint Board balance sheet for the Chief Officer or any other officers. The Chief Officer and Acting Chief Officer are members of the Tayside Pension Fund which is a Local Government Pension Scheme (LGPS). The LGPS is a defined benefit statutory scheme, administered in accordance with the Local Government Scheme Regulations 2014. The Chief Officer was previously a member of the NHS Pension Scheme (Scotland) (until 15 February 2021). The acting Chief Finance Officer is also a member of the NHS Pension Scheme. The scheme is an unfunded multi-employer defined benefit scheme. Details of the LGPS can be found in Dundee City Council's accounts and details of the NHS pension scheme can be found in NHS Tayside's accounts. Both documents are available on their respective websites.

Dundee City Integration Joint Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the Integration Joint Board. The following table shows the Dundee City Integration Joint Board's funding during the year to support officers' pension

¹ From 17th January 2024 D Berry, Chief Finance Officer became Acting Chief Officer

² From 17th January 2024 C Jones became Acting Chief Finance Officer.

benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/23 £	For Year to 31/03/24 £		Difference from 31/03/23 £000	As at 31/03/24 £000
V Irons Chief Officer	21,765	23,079	Pension	2.5	47
			Lump Sum	(3)	82
D Berry Chief Officer/Chief Finance Officer	17,246	19,009	Pension	7	53
			Lump sum	7	70
C Jones ³ Acting Chief Finance Officer	N/A	N/A	Pension	N/A	N/A
			Lump Sum	N/A	N/A
Total	39,011	42,088	Pension	9	100
			Lump Sum	4	152

Pay band information is not separately provided as all staff pay information has been disclosed in the information above.

Exit Packages

There were no exit packages payable during the financial year.

Bob Benson
Chair
Dundee City Integration Joint Board

Dave Berry
Acting Chief Officer
Dundee City Integration Joint Board

Date:

Date:

³ Pension Information is not available for the Acting Chief Finance Officer. At the time of preparing the 2023/24 Accounts Pension information did not include remuneration related to the acting Chief Finance Officer role. Due to the accrued Pension Benefits available being related to a non specific officer role this could not be published.

Introduction

The Annual Governance Statement explains Dundee City Integration Joint Board’s governance arrangements and reports on the effectiveness of the Integration Joint Board’s system of internal control.

Scope of Responsibility

Dundee City Integration Joint Board (IJB) is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

To meet this responsibility, the Integration Joint Board has established arrangements for governance which include a system of internal control. The system is intended to manage risk to support the achievement of the Integration Joint Board’s policies, aims and objectives. Reliance is also placed on the NHS Tayside (NHST) and Dundee City Council (DCC) systems of internal control that support compliance with both organisations’ policies and promotes achievement of each organisation’s aims and objectives, as well as those of the Integration Joint Board. Reliance is similarly placed on Angus IJB and Perth & Kinross IJB with respect to Lead Authority Services.

The system can only provide reasonable and not absolute assurance of effectiveness.



The Governance Framework and Internal Control System

Dundee City IJB comprises six voting members, three nominated by Dundee City Council and three nominated by Tayside NHS Board, as well as non-voting members including a Chief Officer and Chief Finance Officer appointed by the Integration Joint Board. As a legacy from the response to the COVID-19 pandemic, all formal IJB governance committees continued to be held online throughout the 2023/24 financial year.

The IJB Board membership has seen various changes during 2023/24, particularly in relation to Tayside NHS Board members, including nominated Chair. Additional support, induction and development sessions from Officers to new members continues to be offered where required.

The main features of the governance framework in existence during 2023/24 were:

- The Integration Scheme as the overarching agreement between the Integration Joint Board, NHS Tayside and Dundee City Council as to how the planning for, and delivery of, delegated health and social care services is to be achieved reflecting a range of governance arrangements required to support this arrangement. The current version was

reviewed by the statutory partners during 2021/22 and early 2022/23 with a revised scheme submitted to Scottish Ministers for approval at the end of June 2022 and final approval received in November 2022.

- The senior leadership team of the Health and Social Care Partnership consisting of the Chief Officer, Head of Finance and Strategic Planning (Chief Finance Officer) and two Heads of Service of Health and Social Care Services. The Chief Finance Officer has overall responsibility for the Integration Joint Board's financial arrangements and is professionally qualified and suitably experienced to lead the Integration Joint Board's finance function and to direct staff accordingly.
- During the latter months of 2023/24, interim and contingency arrangements to support and supplement the senior leadership team were put in place to cover a period of absence. Acting Chief Officer, Acting Chief Finance Officer and Acting Head of Service, Strategic Services posts commenced on 17th January 2024, and continue to date. In addition, following the retirement of one Head of Service for Health and Social Care Services during April 2024, an interim replacement commenced in May 2024.
- Formal regular meetings of the senior leadership team including professional advisers.
- Standing Orders, Financial Regulations and a Code of Conduct including the publication of Register of Member's Interests and the nomination of the Clerk to the Integration Joint Board as Standards Officer were all in place during 2023/24.
- The Integration Joint Board met remotely on eight occasions throughout the year to consider its business. Four development sessions were also held remotely as part of the 2024/25 budget development process. A further two development sessions were held covering Trauma Informed Practice and Leadership and Risk Appetite.
- The Integration Joint Board's Performance and Audit Committee met remotely on four occasions throughout the year to scrutinise the performance of the Integration Joint Board and audit arrangements in line with regulations and good governance standards in the public sector.
- The Integration Joint Board reviewed and approved the updated Terms of Reference for Performance and Audit Committee on 13 December 2023.
- Internal Audit arrangements for 2023/24 were approved at the Performance and Audit Committee meeting held on 27 September 2023, including the continuation of the appointment of the Chief Internal Auditor of FTF Internal Audit and Management Services to the role of Chief Internal Auditor of the Integration Joint Board supported by Dundee City Council's Internal Audit Service. An Internal Audit Plan for 2023/24 was approved drawing on resources from both organisations.
- Assurances are provided from internal audit through their independent review work of the Integration Joint Board's internal control systems.
- Assurances were provided to the Performance and Audit Committee in relation to Clinical, Care and Professional Governance through the presentation of a Chairs assurance Report from the Clinical, Care and Professional Governance Group to each meeting of the Committee.
- The Chief Finance Officer complied fully with the five principles of the role of the Chief Finance Officer, as set out in CIPFA guidance.

- Compliance with CIPFA's Financial Management Code

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2023/24 this included the following:

- A continued focus on considering risk in decision making through the clear identification of risks in relation to Integration Joint Board decisions reflected in reports presented to the Integration Joint Board and Performance and Audit Committee.
- The provision of regular strategic risk register updates to the Performance and Audit Committee with an annual risk register report presented to the IJB.
- The approval and progressing in year of the Annual Internal Audit Plan with the presentation of Internal Audit reports and follow up action plans as appropriate. Update reports on progress of the Internal Audit Plan were provided at each Performance and Audit Committee.
- The presentation of the IJB's Annual Performance Report.
- The approval of Best Value Arrangements and Assessment report providing assurance that governance arrangements and activities were in place to demonstrate best practice.
- Continued development of the performance management framework with a range of performance reports published and scrutinised by the Performance and Audit Committee throughout the year, including more detailed reviews of specific areas of concern, some of which were requested by the committee such as emergency readmission to hospital rates and discharge management on complex and standard delays. A further suite of indicators for Drug and Alcohol and Mental Health Services were adopted by and reported to the Performance and Audit Committee during the financial year.
- A process of formal, regular reporting of financial performance and monitoring to the Integration Joint Board was in place throughout 2023/24.
- The provision of regular budget development reports for 2024/25 to the Integration Joint Board.
- The IJB and Performance and Audit Committee minutes continue to reflect the nature of discussion and further agreed actions in addition to the availability of online access to, and recordings of meetings.
- The continued development of an Action Tracker with updates to each IJB and Performance and Audit Committee meeting to monitor progress of previously agreed actions and to provide assurance that actions were implemented as required.
- The provision of an assurance report from the Chair of the Performance and Audit Committee outlining the key issues raised at the previous Performance and Audit Committee meeting to the following Integration Joint Board meeting.
- Reporting on issues relating to the Clinical, Care and Professional Governance Group in the form of the group Chair's Assurance Report to each meeting of the Performance and Audit Committee in line with the overarching strategy: Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework with no major issues reported.

- A Directions Policy setting out the process for formulating, approving, issuing and reviewing directions to Dundee City Council and NHS Tayside.
- Regular reporting to the Performance & Audit Committee of external scrutiny reports relating to delegated services from scrutiny bodies such as the Care Inspectorate and supporting subsequent action plans.
- Provision of a Governance Action Plan progress report to monitor progress of previous recommended areas of improvement provided to each meeting of the Performance and Audit Committee. Mapping work to develop revised reporting of outstanding Governance Actions has been completed and the next stage to refine and enhance the recording of these actions to show a clear link between source of required action, progress made and actions being taken continues to be developed.
- Assurance provided around the quality of Social Work Services through the annual Chief Social Work Officer's Annual Report.
- Reporting of Complaints in relation to delegated Health and Social Care services, and initial roll-out of Care Opinion service to enhance capturing of feedback from patients, carers and service users.
- Assurances on the procedures, processes and systems of NHS Tayside and Dundee City Council as advised through the partner bodies Annual Governance Statements and Annual Internal Audit Reports and relevant internal and external audit reporting.
- The provision of an annual report from the Performance and Audit Committee to the Integration Joint Board meeting on 23 August 2023 in relation to the PAC's activities during the year 2022/23.

Review of Adequacy and Effectiveness

Dundee City Integration Joint Board is required to conduct, at least annually, a review of the effectiveness of its governance framework including the system of internal control.

The review is informed by the work of the HSCP's Senior Management Team (who have responsibility for the development and maintenance of the internal control framework environment), the work of the internal auditors and the Chief Internal Auditor's annual report, and reports from external auditors and other review agencies and inspectorates.

The review of Dundee City Integration Joint Board's governance framework is supported by a process of self-assessment and assurance certification by the Chief Officer. The Chief Officer completes a "Self-assessment Checklist" as evidence of review of key areas of the Integration Joint Board's internal control framework. The Senior Management Team has input to this process through the Chief Finance Officer. There were no significant internal control issues identified by the self-assessment review.

In addition, the review of the effectiveness of the governance arrangements and systems of internal control within the Health Board and Local Authority partners places reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control.

The Chief Finance Officer has completed a checklist developed by CIPFA to demonstrate compliance with their Financial Management Code designed to support good practice in financial management and to assist authorities in demonstrating their financial sustainability.

Following this, the Chief Finance Officer has concluded compliance with all relevant standards.

Furthermore, in order to support the Chief Financial Officer in ensuring they have fulfilled their duties, a Statement on the Role of the Chief Financial Officer checklist has been completed which notes all relevant requirements have been met.

In preparing the Annual Governance Statement, the Integration Joint Board gave consideration to both NHS Tayside and Dundee City Council's Annual Governance Statements. There were no issues arising which require any further disclosure in the Integration Joint Board's Governance Statement.

Throughout the year, the Performance and Audit Committee has considered a range of issues which cover its core responsibilities in providing the Integration Joint Board with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and governance arrangements. Assurances are provided through the internal audit reviews undertaken throughout the financial year and presented to the Performance and Audit Committee.

During 2023/24 the IJB's Performance and Audit Committee was presented with internal audit report D06/22, relating to the Viability of External Providers, which was outstanding from the 2021/22 Audit Programme. The audit assessed the arrangements in place to monitor the financial viability and operational sustainability of external care providers. The review provided reasonable assurance but highlighted weaknesses relating to financial monitoring, quarterly monitoring reports and contracts with Care Providers.

The Performance and Audit Committee also received internal audit report D06-23 on Operational Planning, as part of 2022/23 Audit Plan. The audit assessed the effectiveness of arrangements in place for monitoring performance and progress towards objectives at service delivery level to effectively implement the Strategic Commissioning Framework strategies. The review provided reasonable assurance and identified some areas requiring improvement, including development and reporting of underpinning operational plans, review periods for groups terms of reference, the application of project management where appropriate and performance measurement.

Following the issue of D06/21 Governance Action Plan in March 2023, no further action was required by Internal Audit. The Internal Control Evaluation D05/24 has been combined with D03/25 Annual Report and will be issued in June 2024. Audit fieldwork on report D06/24 Workforce is ongoing.

Regular updates have been provided to Performance and Audit Committee regarding the progress and challenges relating to the Governance Action Plan with this anticipated to be presented to September 2024 Committee. The Annual Report (including Internal Control Evaluation) is expected to be presented to June 2024 meeting of Integration Joint Board, while the Workforce report is now targeted to be presented at the September 2024 meeting of Performance and Audit Committee.

The IJB consolidated its development work around risk management through continuous reviews of the IJB's Strategic Risk Register at each meeting of the Performance and Audit Committee. This led to identification of new risks highlighted from the Clinical Care and Professional Governance Group, review of emerging and escalating risks from wider political, financial and strategic implications through horizon scanning and the removal of other risks no longer considered relevant or subsumed within other risks (e.g. the direct impact of Covid19). Further development sessions are to be undertaken during 2024/25 to enable the IJB to agree its risk appetite. The Tayside Risk Management Group, consisting of risk

management leads from the three Tayside IJB's, the corresponding local authorities and NHS Tayside and chaired by Dundee IJB's Chief Finance Officer continued to meet during the year to streamline risk reporting arrangements, share risk intelligence and develop best practice.

Following on from the agreement of the revised Integration Scheme in December 2022, the IJB has developed and adopted a Directions Policy which will enhance the governance, transparency and accountability between the IJB, Dundee City Council and NHS Tayside by clarifying responsibilities and relationships and support the IJB in exercising its legal powers to ensure the IJB's Strategic Commissioning Plan is delivered. This was approved by the IJB in April 2023.

Following receipt of a report from the Equality and Human Rights Commission with regard to compliance with the Public Sector Equality Duty, the IJB reviewed its arrangements and implemented a range of improvements to ensure compliance with the duties. This included improvements to the Integrated Impact Assessment reporting within formal IJB and PAC reports, more accessible public access to these assessments on the IJB's website and the provision of a development session for IJB members and workshop for IJB report authors to ensure full understanding of the requirements of the duties. Following feedback from authors and IJB members, some of the format and content was reviewed and updated in April 2024 with the refreshed version to be used from 2024/25.

Following the publication of the update report from the Dundee Drugs Commission in March 2022, leaders from across the Dundee Partnership published an initial statement of intent in June 2022 asserting their commitment to providing a comprehensive, accessible, trauma-informed and compassionate response to drug related harm. This was followed in January 2023 by the publication of the Strategic Framework 2023-2028: Working Together to Prevent Harm and Support Recovery, along with a supporting two-year delivery plan. This plan was developed to not only to respond to recommendations made by the Dundee Drugs Commission, but to provide a single, prioritised framework that addresses national policy priorities and local needs. Importantly, the revised framework also extends to cover alcohol related harm, as well as drugs. The strategic framework sets out the Alcohol and Drug Partnership's (ADP) vision that "People in Dundee thrive within safe, nurturing and inclusive communities, supported by accessible and effective alcohol and drug services that focus on prevention, protection, harm-reduction, resilience and recovery." Dundee ADP published a Two Year Delivery Plan (2023-2025) and Investment and Commissioning Plan (2023-2025) to support the overarching 5 year Strategic Framework.

During August 2023, the Dundee Partnership received notification by the Care Inspectorate of their intention to undertake a joint inspection of adult support and protection. The joint inspection focused on 2 quality indicators – Key adult support and protections processes and Leadership for adult support and protection, with the evidence gathering / field work phases finishing in late October 2023 and the inspection report published on 19 December 2023. Quality indicators for both were evaluated as Effective (on a 3-point progress statement scale : 'important areas of weakness', 'effective' and 'very effective'). This grading means that the Dundee Partnership is *'effective with areas for improvement. There are clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweigh areas for improvement.'* In addition to these overall gradings, the joint inspection team identified six areas of strength, and six key areas for improvement. In response to this, the multi-agency Improvement Plan was submitted by Dundee Partnership, following approval by Chief Officers Group, to the Care Inspectorate on 7 February 2024.

Dundee City Integration Joint Board complies in full with "The Role of the Head of Internal Audit in Public Organisations" (CIPFA) and operates in accordance with "Public Sector Internal Audit Standards" (CIPFA). The Chief Internal Auditor reports directly to the Performance and Audit Committee with the right of access to the Chief Finance Officer, Chief Officer and Chair

of the Performance and Audit Committee on any matter. The annual programme of internal audit work is based on a strategic risk assessment, and is approved by the Performance & Audit Committee.

The Chief Internal Auditor has carried out a review of the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk management and control. The findings of this review are reflected in the Annual Internal Audit Report 2023/24 presented to the IJB meeting of the 19 June 2024 which supports the outcome of Dundee City IJB's self-assessment process noted above and concludes that although some areas for improvement have been identified these do not impact on the level of assurance provided and reliance can be placed on the Integration Joint Board's governance arrangements and systems of control for 2023/24.

Continuous Improvement

The following areas for improvement have been identified through the self-assessment process, the Governance Action Plan and Annual Internal Audit Report. Progress against these will be monitored by the Performance and Audit Committee during 2024/25.

Area for improvement	Lead Officer	Target Completion Date
Under Clinical and Care Governance, agreement that service annual reports will be shared between Clinical, Care and Professional Governance groups across the 3 Tayside IJB's to support governance of lead agency services	Lead Allied Health Professional/ Head of Service Health & Community Care	October 2024
Reporting on workforce issues including the Workforce and Organisational Development Strategy as well as the partnership forum.	Chief Officer	December 2024
Further development of improved Lead Authority Services arrangements around risk and performance management for lead authority services.	Chief Finance Officer	December 2024
Ongoing development of performance report information into a delivery plan framework to ensure the HSCP fulfils its remit in delivering the direction of travel within the IJB's Strategic Commissioning Framework.	Chief Finance Officer	October 2024
Combine financial and performance reporting to members in the context of the IJB's Strategic Risks.	Chief Finance Officer	December 2024
Further development of governance arrangements considering agreed governance principles and updated advice from the Scottish Government Health & Social care Division including an IJB assurance plan to ensure assurance on all IJB risks including from partner bodies. Continue to provide an annual report from the PAC to the IJB to provide assurance that it has met its remit.	Chief Officer	October 2024
Update the Board and PAC on progress in delivering against the remaining actions in the risk maturity action plan following adoption of Tayside IJB's Risk Management Framework.	Chief Finance Officer	October 2024
Work to fully implement the actions in the Workforce and Organisational Development Strategy. Strive towards ensuring that the DH&SCP culture becomes fully embedded. Engage staff in developing and	Lead Allied Health Professional/ Head of Service Health & Community Care /	December 2024

maintaining the partnership culture as well as sharing and embedding the guiding principles.	Chief Finance Officer	
Review attendance at groups based on agreed principles. Attendance at partner groups should be based on a consideration of whether this is necessary to provide assurance to allow the partner body to fulfil their agreed responsibilities in line with their accountabilities	Chief Officer	October 2024
Review best practice guidance document to ensure the operation of all groups conforms to the various principles detailed in the Governance Mapping report.	Chief Finance Officer	December 2024
Review and implement recommendations from the Internal Audit Review of the IJB's Transformation Programme	Chief Finance Officer	October 2024
Review and implement the recommendations from the Internal Audit Review of Performance Management arrangements	Chief Finance Officer	December 2024
Review and further develop Strategic Plan Performance Measures for implementation of the IJB's Strategic Plan	Chief Finance Officer	December 2024
Review and implement the recommendations from the Internal Audit Review of Viability of External Providers	Chief Finance Officer	December 2024
Completion of mapping and progress towards resolution of outstanding items on Governance Action Plan	Chief Finance Officer	September 2024
Annual Strategic Risk Register report to be considered by PAC for review and endorsement prior to submission to IJB	Chief Finance Officer	May 2025
Annual report to PAC detailing Directions issued, in line with Directions policy (including progress reports from the partners where appropriate)	Chief Officer	May 2025
Review and adoption of FTF's Assurance Principles across governance groups of IJB	Chief Officer	October 2025
Further enhancement of Financial Monitoring reports to provide details of financial performance against plan and progress towards delivery of savings targets	Chief Finance Officer	October 2025

Conclusion and Opinion on Assurance

While recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of Dundee City Integration Joint Board's governance arrangements.

We consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the Integration Joint Board's principal objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment.

Bob Benson
Chair
Dundee City Integration Joint Board

Dave Berry
Acting Chief Officer
Dundee City Integration Joint Board

Date:

Date:

Comprehensive Income & Expenditure Statement

The Comprehensive Income and Expenditure Statement shows the cost of providing services which are funded by budget requisitions from the partners for the year according to accepted accounting practices.

2022/23		2023/24
Net Expenditure (Income) £000		Net Expenditure (Income) £000
91,254	Older People Services	94,334
27,671	Mental Health	29,665
42,200	Learning Disability	43,056
10,370	Physical Disability	11,051
8,831	Substance Misuse	10,580
18,497	Community Nurse Services / AHP* / Other Adult Services	20,180
13,561	Community Services (Hosted)***	14,808
4,475	Other Services / Support / Management	8,036
31,868	Prescribing	34,189
30,056	General Medical Services (FHS**)	30,953
23,290	FHS – Cash limited & Non-Cash Limited	24,016
302,073	Net Cost of Operational Services during the Year	320,868
361	IJB Operational Costs	407
20,776	Large Hospital Set Aside	21,711
323,210	Total Cost of Services	342,986
(308,180)	Taxation and Non- Specific Grant Income (Note 5)	(336,831)
15,030	(Surplus) or Deficit on Provision of Services	6,155
15,030	Total Comprehensive Income & Expenditure	6,155

Notes

* AHP – Allied Health Professionals

** FHS – Family Health Services

*** Reflects the impact of hosted services not attributable to specific client groups

Dundee City Integration Joint Board's Comprehensive Income and Expenditure Statement shows the net commissioning expenditure provided to partners to support services. It does not separately detail income received from service users as this remains the statutory responsibility of the partners.

Movement in Reserves Statement

This statement shows the movement in the year on the Dundee City Integration Joint Board's reserves.

Total Reserves 2022/23 £000	Movements in Reserves	General Fund Balance Total Reserves £000
38,998	Opening Balance at 31 March 2023	23,968
(15,030)	Total Comprehensive Income and Expenditure	(6,155)
(15,030)	Increase/(Decrease)	(6,155)
23,968	Closing Balance at 31 March 2024	17,813

The Financial Statements: Balance Sheet

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The Balance Sheet shows the value as at the Balance Sheet date of the assets and liabilities recognised by Dundee City Integration Joint Board.

31 March 2023 £000		Notes	31 March 2024 £000
24,039	Short Term Debtors	Note 6	17,878
24,039	Current Assets		17,878
(71)	Short Term Creditors	Note 7	(65)
(71)	Current Liabilities		(65)
23,968	Net Assets		17,813
23,968	Usable Reserve: General Fund	Note 8	17,813
23,968	Total Reserves		17,813

The unaudited accounts were issued on 19 June 2024

Christine Jones, FCCA
Acting Chief Finance Officer
Dundee City Integration Joint Board

Date: 19 June 2024

1. Significant Accounting Policies

General Principles

The Financial Statements summarise Dundee City Integration Joint Board's transactions for the 2023/24 financial year and its position at the year-end of 31 March 2024. The Dundee City Integration Joint Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23, supported by International Financial Reporting Standards (IFRS), and statutory guidance issued under Section 12 of the Local Government in Scotland Act 2003.

The accounts are prepared on a going concern basis, which assumes that the Dundee City Integration Joint Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the Dundee City Integration Joint Board.
- Income is recognised when the Dundee City Integration Joint Board has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

Funding

Dundee City Integration Joint Board is primarily funded through funding contributions from the statutory funding partners, Dundee City Council and NHS Tayside. Expenditure is incurred as the Integration Joint Board commission's specified health and social care services from the funding partners for the benefit of service recipients in the Dundee City Integration Joint Board area.

Cash and Cash Equivalents

Dundee City Integration Joint Board does not operate a bank account or hold cash. Transactions are settled on behalf of Dundee City Integration Joint Board by the funding partners. Consequently, Dundee City Integration Joint Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on Dundee City Integration Joint Board's Balance Sheet.

Employee Benefits

Dundee City Integration Joint Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. Dundee City Integration Joint Board therefore does not present a Pensions Liability on its Balance Sheet. Dundee City Integration Joint Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs.

Reserves

The Dundee City Integration Joint Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March 2024 shows the extent of resources which the Dundee City IJB can use in later years to support service provision.

Indemnity Insurance

Dundee City Integration Joint Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Tayside and Dundee City Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide. Unlike NHS Boards, Dundee City Integration Joint Board does not have any 'shared risk' exposure from participation in Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). Dundee City Integration Joint Board participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

The Dundee City IJB currently has no known or potential claims against it.

2. Critical Judgements and Estimation Uncertainty

Critical Judgements in Applying Accounting Policies

In applying the accounting policies set out in Note 1, the Dundee City Integration Joint Board has had to make certain judgements about complex transactions or those involving uncertainty about future events. The critical judgements made in the Annual Accounts are:

The value of the Large Hospital "set aside" expenditure reported within the total Integration Joint Board expenditure is £21.771m. This figure for 2023/24 has been agreed with NHS Tayside and will be included in both the NHS Tayside and Dundee City IJB annual accounts. The figure is calculated on the basis of activity and costs extracted from local datasets. In line with national guidance issued, bed day rates were adjusted to reflect a direct cost per occupied bed day, uplifted for inflation. As such, the sum set aside included in the accounts will not reflect actual hospital cost in 2023/24. This is a transitional arrangement for 2023/24 agreed locally between NHS Tayside and the three Tayside Integration Joint Boards and with the Scottish Government. Work is progressing at a national and local level to refine the methodology for calculating and planning the value of this in the future.

On behalf of all IJBs within the NHS Tayside area, Dundee City IJB acts as the lead partner under hosting arrangements for a range of services including Palliative Care, Brain Injury, Nutrition and Dietetics, Sexual and Reproductive Health and Psychological Therapies. It commissions services on behalf of the three Tayside IJB's and is responsible for the strategic planning and operational budget of those hosted services. The Dundee City IJB reclaims the cost of these services using an agreed methodology based around population shares from the other IJB's. Dundee City IJB is not responsible for covering the full cost of any overspends in

these areas, nor do they retain the benefits of any underspends. The Dundee City IJB will also receive a corresponding charge from the other Tayside IJB's for the services they host on Dundee's behalf. This arrangement is treated as an agency arrangement.

Assumptions Made About the Future and Other Major Sources of Estimation Uncertainty

The Annual Accounts contain estimated figures that are based on assumptions made by the Dundee City Integration Joint Board about the future or that which are otherwise uncertain. Estimates are made taking into account historical experience, current trends and other relevant factors. However, because balances cannot be determined with certainty, actual results could be materially different from the assumptions and estimates.

3. Events after the Reporting Period

It is considered that there have been no events occurring between 1 April 2024 and the date the accounts were authorised for issue that would have an impact on the 2023/24 financial statements.

4. Expenditure and Income Analysis by Nature

2022/23 £000	Description	2023/24 £000
188,963	Services commissioned from NHS Tayside	205,797
133,887	Services commissioned from Dundee City Council	136,782
330	Other IJB Operating Expenditure	376
31	Auditor Fee: External Audit Work	31
(201,659)	Partners Funding Contributions – NHS Tayside	(232,498)
(106,521)	Partners Funding Contributions – Dundee City Council	(104,333)
15,030	(Surplus) or Deficit on the Provision of Services	6,155

5. Taxation and Non-Specific Grant Income

2022/23 £000	Description	2023/24 £000
(201,659)	Funding Contribution from NHS Tayside	(232,498)
(106,521)	Funding Contribution from Dundee City Council	(104,333)
(308,180)	Taxation and Non-Specific Grant Income	(336,831)

The funding contribution from the NHS Board shown above includes £21,711k in respect of 'set aside' resources relating to acute hospital and other resources (Large Hospital Set Aside). Dundee City Integration Joint Board has responsibility for the strategic planning of the amount set aside based on the local population's consumption of these resources. NHS Tayside has

the responsibility to manage the costs of providing these services. The value of the set aside is calculated on the basis of activity and costs extracted from local datasets. The methodology of calculating future values of the Large Hospital Set Aside is being developed locally and nationally.

6. Debtors

2022/23 £000	Description	2023/24 £000
8,336	NHS Tayside	8,203
15,703	Dundee City Council	9,675
24,039	Total Debtors	17,878

7. Creditors

2022/23 £000	Description	2023/24 £000
0	NHS Tayside	22
68	Other Bodies	43
3	Other Government Bodies	0
0	Dundee City Council	0
71	Total Creditors	65

8. Usable Reserve: General Fund

Dundee City Integration Joint Board holds a general reserve balance in line with its reserves policy for two main purposes:

- To commit, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management with resources to be used in line with the delivery of the IJB's Strategic and Commissioning Plan.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the Dundee City Integration Joint Board's risk management framework.

As stated in the IJB's reserves policy, in light of the size and scale of the Integration Joint Board's operations, over the longer term it is considered that it would be an aspiration to achieve a level of general reserves which represent approximately 2% of net expenditure. The value of reserves must be reviewed annually as part of the Integration Joint Board's Budget and Strategic and Commissioning Plan and in light of the financial environment at that time.

Under the IJB's reserves policy, committed reserves relate to specific funds for specific purposes and will only be used for these purposes, often spanning multiple years. Whilst these reserves are fully committed and therefore not free to use, these are regularly monitored. Any change of use, or decisions relating to residual balance will require the approval of the IJB.

The movement reflects the impact of funding for specific initiatives during 2023/24. The committed reserves balance of £11,024k has been committed by the Dundee City Integration Joint Board through the planned reinvestment of Scottish Government ring fenced funding in line with the conditions of this funding for Primary Care Improvement Plan, Action 15 Mental Health Strategy and Alcohol and Drug Partnership. In addition, Dundee City Integration Joint Board has made decisions to commit reserves for specific purposes such as to support strategic developments and revenue budget support during 2023/24 and 2024/25. A detailed breakdown of these reserves is noted below:

Committed Reserves	Balance at 31-Mar-23 £000	Movement 2023/24 £000	Balance at 31-Mar-24 £000
Mental Health	636	400	1,036
Primary Care	1,534	324	1,858
Service Specific	1,995	(543)	1,452
Community Living Fund	613	(613)	0
NHST - Shifting Balance of Care	1,600	(1,600)	0
Drug & Alcohol	924	(365)	559
Strategic Developments	2,500	(744)	1,756
Revenue Budget Support	3,000	1,000	4,000
Other Staffing	377	(14)	363
Total Committed Reserves	13,179	(2,155)	11,024
Total Uncommitted Reserves	10,789	(4,000)	6,789
Total - General Fund Balances	23,968	(6,155)	17,813

9. Related Party Transactions

The Dundee City Integration Joint Board has related party relationships with NHS Tayside and Dundee City Council. In particular the nature of the partnership means that the Dundee City Integration Joint Board may influence, or be influenced by, its partners. The following transactions and balances included in Dundee City Integration Joint Board's accounts are presented to provide additional information on the relationships. Dundee City Integration Joint Board is required to disclose material transactions with related parties – bodies or individuals that have the potential to control or influence Dundee City Integration Joint Board or to be controlled or influenced by Dundee City Integration Joint Board. Related party relationships require to be disclosed where control exists, irrespective of whether there have been transactions between the related parties. Disclosure of these transactions allows readers to assess the extent to which the Dundee City Integration Joint Board may have been

constrained in its ability to operate independently or might have secured the ability to limit another party's ability to bargain freely with Dundee City Integration Joint Board.

Dundee City Integration Joint Board Members

Board members of Dundee City Integration Joint Board have direct control over the Board's financial and operating policies. The Dundee City Integration Joint Board membership is detailed on page 6 of these statements. Board members have the responsibility to adhere to a Code of Conduct, which requires them to declare an interest in matters that directly or indirectly may influence, or be thought to influence their judgement or decisions taken during the course of their work. In terms of any relevant parties, board members with declarations of interest did not take part in any discussion or decisions relating to transactions with these parties.

Officers

Senior Officers have control over Dundee City Integration Joint Board's financial and operating policies. The total remuneration paid to senior officers is shown in the Remuneration Report. Officers have the responsibility to adhere to a Code of Conduct, which requires them to declare an interest in matters that directly or indirectly may influence, or be thought to influence their judgement or decisions taken during the course of their work. In terms of any relevant parties, officers with declarations of interest did not take part in any discussion or decisions relating to transactions with these parties.

Key Management Personnel

The Non-Voting Board members employed by Dundee City Council and recharged to the Dundee City Integration Joint Board include the Chief Officer and the Chief Finance Officer. Details of the remuneration for these post-holders is provided in the Remuneration Report.

Transactions with NHS Tayside

2022/23 £000	Description	2023/24 £000
201,659	Funding Contributions received from the NHS Tayside Board	232,498
(188,963)	Net Expenditure on Services Provided by the NHS Tayside Board	(205,797)
12,696	Net Transactions with NHS Tayside	26,701

NHS Tayside did not charge for any support services provided in the year ended 31 March 2024 (2023: nil)

Balances with NHS Tayside

2022/23 £000	Description	2023/24 £000
8,336	Debtor balances: Amounts due from the NHS Board	8,202
0	Creditor balances: Amounts due to the NHS Board	(22)
8,336	Net Balance with the NHS Board	8,180

Transactions with Dundee City Council

2022/23 £000	Description	2023/24 £000
106,521	Funding Contributions received from Dundee City Council	104,333
(134,248)	Net Expenditure on Services Provided by Dundee City Council	(137,189)
(27,727)	Net Transactions with Dundee City Council	(32,856)

Dundee City Council did not charge for any support services provided in the year ended 31 March 2023 (2022: nil).

The Net Expenditure on Services Provided by Dundee City Council figure includes IJB Operating Expenditure of £407k.

Balances with Dundee City Council

2022/23 £000	Description	2023/24 £000
15,703	Debtor balances: Amounts due from Dundee City Council	9,675
0	Creditor balances: Amounts due to Dundee City Council	0
15,703	Net Balance with Dundee City Council	9,675

10. Value Added Tax (VAT)

Dundee City IJB is not a taxable person and does not charge or recover VAT on its functions. The VAT treatment of expenditure in the Dundee City IJB's accounts depends on which of the partner agencies is providing the service as these are treated differently for VAT purposes. The services provided to Dundee City IJB by the Chief Officer are outside the scope of VAT as they are undertaken under a special legal regime.

11. Agency Income and Expenditure

On behalf of all Integration Joint Boards within the NHS Tayside area, the Dundee City Integration Joint Board acts as the lead manager for a variety of Community, Older People, Physical Disability, Mental Health and Learning Disability Services. It commissions services on behalf of the other Integration Joint Boards (Perth & Kinross and Angus) and reclaims the costs involved. The payments that are made on behalf of the other Integration Joint Boards, and the consequential reimbursement, are not included in the Comprehensive Income and Expenditure Statement (CIES) since the Dundee City Integration Joint Board is not acting as principal in these transactions.

The amount of expenditure and income relating to the agency arrangement is shown below.

2022/23 (£000)	Description	2023/24 (£000)
14,566	Expenditure on Agency Services	16,932
(14,566)	Reimbursement for Agency Services	(16,932)
0	Net Agency Expenditure Excluded from CIES	0

12. Provisions and Contingent Liabilities

Dundee City Integration Joint Board has currently made no provisions. This does not prohibit Dundee City Integration Joint Board making provisions in the future and will where necessary consider the needs for a provision based on the merits of the incumbent circumstances at a relevant future point.

Contingent Liability

As part of the NHS Scotland Agenda for Change pay deal for 2023/24 it was agreed to look at modernisation of staff terms and conditions. The three commitments were made –

- Implementation of protected learning time
- Review of the working week
- Review of Band 5 nursing profiles

Further details can be found in SG circulars; PCS(AFC)2024/1 and PCS(AFC)2024/2, issued in March 2024. This confirms the protected learning time and review of the working week are effective from 1 April 2024 meaning there is no impact on the 2023/24 financial statements. There is currently no circular for the Band 5 nursing profiles review and as such, no sufficiently reliable estimate can be made of any likely cost, timing and uptake.

13. Accounting Standards that have been issued but not adopted

There were no relevant accounting standards that have been issued but are not yet adopted in the 2022/23 Code of Practice on Local Authority Accounts in the United Kingdom.

Independent Auditor's Report

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

The Annual Accounts are subject to audit in accordance with the requirements of Part VII of the Local Government (Scotland) Act 1973.

The Auditor appointed for this purpose by the Accounts Commission for Scotland is:

Brian Howarth

Audit Director

Audit Scotland

4TH Floor, South Suite,

The Athenaeum Building

8 Nelson Mandela Place

Glasgow

G2 1BT

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
19 JUNE 2024

REPORT ON: YEAR END FINANCIAL MONITORING POSITION AS AT MARCH 2024

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB22-2024

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide the Integration Joint Board with an update of the year-end financial position for delegated health and social care services for 2023/24.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report including the overall operational financial position for delegated services for the 2023/24 financial year end as at 31st March 2024 as outlined in Appendices 1, 2, and 3 of this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The year-end financial position for Dundee Health and Social Care Partnership for the financial year to 31st March 2024 shows a net operational overspend of £3,744k – a marginal deterioration from the previously reported position of projected operational overspend of £3,528k (Article X of the minute of meeting of 17th April 2024 refers DIJB15-2024).
- 3.2 This overspend exceeds the parameters of the IJB's approved 2023/24 financial plan, whereby up to £3m of IJB reserves had been identified to support the IJB's financial position at the year end. The position also recognises winter demand pressures, which results in the ability to access up to £1m of reserves identified to support winter pressures – the year-end financial position has resulted in £0.744m of this Reserve being utilised.

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 29th March 2023 (Article IV of the minute of the meeting of 29 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 2023/24 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 Services Delegated from NHS Tayside

- 4.3.1 The financial position for services delegated from NHS Tayside to the IJB details a operational underspend of (£2,525k) for the financial year.
- 4.3.2 Community-based health services managed directly by Dundee Health and Social Care Partnership are underspent by (£1,640k) along with the additional cost of risk sharing adjustments for Lead Partner Service (formerly referred to as Hosted Services) being overspent of £493k. Prescribing is showing an underspend of (£1,251k) with other Primary Care services are underspent by (£127k).
- 4.3.3 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) and other staffing groups and across various bands and skills-mix. Recruitment activity continues to take place throughout the service areas to ensure patient demand and clinical risk is managed as best as possible.
- 4.3.4 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 (this is particularly noted in in-patient service areas, i.e. Psychiatry of Old Age, Medicine for the Elderly and Palliative Care), plus the increased cost of prescribed drug costs in drug and alcohol recovery services.
- 4.3.5 Supplementary spend during the 12 months of 2023/24 totals £6,489k. This includes £715k on additional part-time hours and overtime, £1,001k on medical locums, £295k on agency nursing, £4,030k on bank nursing and £449k other. Absence rates for NHS employed staff within HSCP have averaged at 6.63% during the 12 months of 23/24.
- 4.3.6 In recent years, GP and Other Family Health Services Prescribing had contributed an underspend to the overall financial position. The year-end position for 2023/24 is showing an overspend of £261k. The figure is considerably better than expected in the 2023/24 Financial Plan (as reported in the Budget Setting report of 29 March 2023 where a cost pressure of £1,545k was anticipated and acknowledged in the Plan) due to 23/24 volume and pricing growth being lower than anticipated. Ongoing regular monitoring of the local and regional Prescribing financial position is undertaken within Tayside-wide multi-disciplinary meetings. The IJB should note that the data issues following the transition to a new national pharmacy payment system from which the local prescribing expenditure information is drawn has now returned to normal reporting timescales, with the figures now including 10 months of actual verified prescribing spend for 2023/24 available. (It is normal for data to be received 2 months in arrears to allow for national review and verification). Further national and regional year-end adjustments (some of which were linked to the payment system changes) were identified and captured in the year-end position which has resulted in the movement from previously reported figures.
- 4.3.7 Other Primary Care Service projected overspend is mainly driven by the share of cost pressure relating to GP 2C practices.

- 4.3.8 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 an increased cost implication of £312k which mainly relates to a significantly higher spend within GP Out of Hours Medical Service led by Angus IJB. 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.
- 4.3.9 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 2023/24 and the service closed the year with an overspend of around £5.5m across Tayside. 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, discussions had taken place to agree financial risk sharing arrangements amongst the 3 IJB's and NHS Tayside for the current financial year. Agreement was reached by the 3 IJB Chief Officers, Chief Finance Officers, Chief Executives of the 3 local authorities and NHS Tayside and NHS Tayside's Director of Finance for a funding solution for 2023/24 resulting in a financial contribution being sought from the 3 IJB's and NHS Tayside. Permission was granted by the IJB during the February 2024 meeting to release funding held in reserves, originally provided by NHS Tayside to support shifting the balance of care, totalling £1.6m, to contribute to the overall service shortfall. Following finalisation of the year-end position, a further £20k contribution from Dundee HSCP was required at year end to fund a share of the residual overspend position. The development of a financial recovery plan for Inpatient Mental Health Services and a strategic finance and resource framework has been delayed.

4.4 Services Delegated from Dundee City Council

- 4.4.1 The projected financial outturn for services delegated from Dundee City Council to the IJB shows an overspend of £3,269k for the financial year.
- 4.4.2 Similar to health teams, a key driver of underspending areas continues to be from vacancies as a result of recruitment and retention challenges across various teams, professions and grades. Again, recruitment activity continues to take place throughout the service areas to ensure service user demand and care risk is managed as best as possible
- 4.4.3 Key drivers of overspend include ongoing lower chargeable income levels and premium cost of sessional and agency staff to fill vacant posts where necessary. During the 12 months of 23/24, sessional staffing costs of £1,040k and overtime payments of £455k have been incurred along with agency staffing costs of £1,436k. Absence rates for DCC employed staff within HSCP have averaged at 11.72% during the 12 months of 23/24.
- 4.4.4 The additional cost pressure has been previously noted within external Care at Home spend, principally due to managing the significant increased demand growth being experienced this year. This position continues to be closely monitored to ensure funding is utilised as efficiently and effectively as possible.
- 4.4.5 However it should be noted that as a result of managing this increased Care at Home demand, there are benefits for patients and service users as well as the whole-system health and social care pathways through reduced hospital delayed discharges and reduced social care unmet

need in the community. During recent months, Dundee has been amongst the best performing Integration Authority in Scotland for Delayed Discharge performance.

4.5 Reserves funding to manage recognised gap

- 4.5.1 The 2023/24 Financial Plans and Budget setting report included utilisation of up to £3m of IJB Reserves to manage the gap within the integrated position. This means that the IJB's financial position was planned as an overspend of £3m for 2023/24. The year-end operational overspend is therefore higher than originally anticipated.
- 4.5.2 In addition, further £1m was set aside to support winter planning and pressures. The year-end position includes some additional costs from earlier in the year to support winter preparations as well as spend during recent months to support the winter demand pressures, therefore £744k of this Reserves funding has been utilised and drawn down to offset the overspend position.
- 4.5.3 The 2023/24 overspend position has been managed from the combined earmark Reserves balance, therefore no additional drawdown from general reserves is required.

4.6 Reserves Position

- 4.6.1 The IJB's reserves position significantly improved at the year ended 31st March 2023 as a result of the IJB generating an operational surplus of £7,531k during 2022/23. This resulted in the IJB having total committed reserves of £13,179k and uncommitted reserves of £10,789k at the start of 2023/24 financial year. This provided the IJB with more flexibility to respond to unexpected financial challenges and provides the opportunity for transition funding for transformation of services. The reserves position is noted in Table 2 below:

Table 2

Reserve Purpose	Closing Reserves @ 31/3/23	Year End 23/24 Reserves @ 31/3/24	Opening 24/25 Reserves @ 1/4/24
	£k	£k	£k
Mental Health	635	1,036	1,036
Primary Care	1,535	1,859	1,859
Community Living Fund	613	0	0
NHST - Shifting Balance of Care	1,600	0	0
Drug & Alcohol	925	559	559
Strategic Developments	2,500	1,756	1,756
Revenue Budget Support	3,000	0	4,000
Service Specific	1,995	1,452	1,452
Other Staffing	377	362	362
Total committed	13,179	7,024	11,024
General	10,789	10,789	6,789
TOTAL RESERVES	23,968	17,813	17,813

- 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 Based on full-year spend during 2023/24 and combined with in-year funding allocations, year-end reserves are also noted in Table 2, with this now showing closing Earmarked (or Committed) reserves of £7,024k and retention of £10,789k general reserves.

- 4.6.4 The revised Reserves breakdown showing the opening position for 2024/25 has also been noted to reflect the £4m revenue budget support funding for 24/25 that was identified as part of the budget setting proposals for the coming financial year – this has resulted in a reduction of General Reserves to facilitate this realignment.
- 4.6.5 The IJB's Reserves Policy seeks to retain General Reserves of 2% of budget (approximately £6.2m)

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 2 x Impact 4 = Risk Scoring 8 (which is a High Risk Level)
Mitigating Actions (including timescales and resources)	Regular financial monitoring reports to the IJB will highlight issues raised.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (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: 20 May 2024

						Appendix 1
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2023/24						Mar-24
	Dundee City Council Delegated Services		NHST Dundee Delegated		Partnership Total	
	Net Budget	Year-End Overspend / (Underspend)	Net Budget	Year-End Overspend / (Underspend)	Net Budget	Year-End Overspend / (Underspend)
	£,000	£,000	£,000	£,000	£,000	£,000
Older Peoples Services	52,733	2,178	19,905	348	72,638	2,526
Mental Health	11,089	171	5,001	(283)	16,091	(111)
Learning Disability	32,628	1,106	1,633	(79)	34,261	1,026
Physical Disabilities	7,947	(345)	0	0	7,947	(345)
Drug and Alcohol Recovery Service	-250	(394)	5,044	55	4,794	(340)
Community Nurse Services/AHP/Other Adult	-584	(112)	19,326	(174)	18,741	(286)
Lead Partner Services			28,078	(219)	28,078	(219)
Other Dundee Services / Support / Mgmt	3,771	665	34,612	(451)	38,384	214
Centrally Managed Budgets			-1,519	(836)	(1,519)	(836)
Total Health and Community Care Services	107,333	3,269	112,080	(1,640)	219,413	1,629
Prescribing (FHS)			34,758	261	34,758	261
FHS Drugs Prescribing Cost Pressure Investment			1,545	(1,545)	1,545	(1,545)
Other FHS Prescribing			-863	33	(863)	33
General Medical Services			31,003	(50)	31,003	(50)
FHS - Cash Limited & Non Cash Limited			24,093	(77)	24,093	(77)
Large Hospital Set Aside			21,711	0	21,711	0
In-Patient Mental Health			13,758	0	13,758	0
Total	107,333	3,269	238,086	(3,018)	345,419	251
Net Effect of Lead Partner Services*			(5,588)	493	(5,588)	493
Financial Plan Gap (integrated budget)					(3,000)	3,000
Grand Total	107,333	3,269	232,498	(2,525)	336,831	3,744
*Lead Partner Services (formerly known as 'Hosted Services') - Net Impact of Risk Sharing Adjustment						

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						Appendix 2
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2023/24						Mar-24
	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Year-End Overspend / (Underspend) £,000	Annual Budget £,000	Year-End Overspend / (Underspend) £,000	Annual Budget £,000	Year-End Overspend / (Underspend) £,000
1						
Psych Of Old Age (In Pat)			5,541	104	5,541	104
Older People Serv. - Ecs			284	-31	284	-31
Older Peoples Serv. -Community			1,144	-94	1,144	-94
Ijb Medicine for Elderly			6,743	314	6,743	314
Medical (P.O.A)			821	335	821	335
Psy Of Old Age - Community			2,904	-141	2,904	-141
Medical (MFE)			2,468	-140	2,468	-140
Care at Home	24,586	4,518			24,586	4,518
Care Homes	28,983	-1,295			28,983	-1,295
Day Services	1,083	94			1,083	94
Respite	764	-418			764	-418
Accommodation with Support	1,191	-30			1,191	-30
Other	-3,874	-691			-3,874	-691
Older Peoples Services	52,733	2,178	19,905	348	72,638	2,526
2						
Community Mental Health Team			5,001	-283	5,001	-283
Care at Home	1,118	-108			1,118	-108
Care Homes	816	391			816	391
Day Services	69	-12			69	-12
Respite	0	66			0	66
Accommodation with Support	5,340	297			5,340	297
Other	3,747	-462			3,747	-462
Mental Health	11,089	171	5,001	-283	16,091	-111
3						
Learning Disability (Dundee)			1,633	-79	1,633	-79
Care at Home	-422	434			-422	434
Care Homes	3,072	268			3,072	268
Day Services	9,892	575			9,892	575
Respite	465	-149			465	-149
Accommodation with Support	22,942	-36			22,942	-36
Other	-3,321	15			-3,321	15
Learning Disability	32,628	1,106	1,633	-79	34,261	1,026
4						
Care at Home	722	35			722	35
Care Homes	2,125	-309			2,125	-309
Day Services	1,510	-120			1,510	-120
Respite	-2	-31			-2	-31
Accommodation with Support	768	291			768	291
Other	2,824	-210			2,824	-210
Physical Disabilities	7,947	-345	0	0	7,947	-345
5						
Dundee Drug Alcohol Recovery			5,044	55	5,044	55
Care at Home	-52	0			-52	0
Care Homes	47	239			47	239
Day Services	64	1			64	1
Respite	-14	0			-14	0
Accommodation with Support	670	-124			670	-124
Other	-964	-510			-964	-510
Drug and Alcohol Recovery Service	-250	-394	5,044	55	4,794	-340

		Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
		Annual Budget £,000	Year-End Overspend / (Underspend) £,000	Annual Budget £,000	Year-End Overspend / (Underspend) £,000	Annual Budget £,000	Year-End Overspend / (Underspend) £,000
6							
	A.H.P.S Admin			529	-4	529	-4
	Physio + Occupational Therapy			7,883	-218	7,883	-218
	Nursing Services (Adult)			10,086	75	10,086	75
	Community Supplies - Adult			344	57	344	57
	Anticoagulation			483	-84	483	-84
	Other Adult Services	-584	-112			-584	-112
	Adult Services	-584	-112	19,326	-174	18,741	-286
7							
	Palliative Care - Dundee			3,637	224	3,637	224
	Palliative Care - Medical			1,667	166	1,667	166
	Palliative Care - Angus			444	4	444	4
	Palliative Care - Perth			2,070	-105	2,070	-105
	Brain Injury			2,048	11	2,048	11
	Dietetics (Tayside)			4,984	86	4,984	86
	Sexual & Reproductive Health			2,558	-88	2,558	-88
	Medical Advisory Service			80	-9	80	-9
	Homeopathy			39	10	39	10
	Tayside Health Arts Trust			82	0	82	0
	Psychological Therapies			7,378	-55	7,378	-55
	Psychotherapy (Tayside)			1,343	-231	1,343	-231
	Perinatal Infant Mental Health			814	0	814	0
	Learning Disability (Tay Ahp)			933	-232	933	-232
	Lead Partner Services	0	0	28,078	-219	28,078	-219
8							
	Working Health Services			1	28	1	28
	The Corner			667	-40	667	-40
	Dundee 2c (gms) Services			482	248	482	248
	Ijb Management			806	-74	806	-74
	Partnership Funding			27,600	0	27,600	0
	Urgent Care			2,235	-75	2,235	-75
	Community Health Team			52	-52	52	-52
	Health Inclusion			1,447	-375	1,447	-375
	Primary Care			1,321	-111	1,321	-111
	Support Services / Management Costs	3,771	665			3,771	665
	Other Dundee Services / Support / Mgmt	3,771	665	34,612	-451	38,384	214
	Centrally Managed Budget			-1,519	-836	-1,519	-836
	Total Health and Community Care Services	107,333	3,269	112,080	-1,640	219,413	1,629
	Other Contractors						
	FHS Drugs Prescribing			34,758	261	34,758	261
	FHS Drugs Prescribing Cost Pressure Investment			1,545	-1,545	1,545	-1,545
	Other FHS Prescribing			-863	33	-863	33
	General Medical Services			31,003	-50	31,003	-50
	FHS - Cash Limited & Non Cash Limited			24,093	-77	24,093	-77
	Large Hospital Set Aside			21,711	0	21,711	0
	Grand H&SCP	107,333	3,269	224,327	-3,018	331,661	251
	Lead Partner Services Recharges Out			-17,213	281	-17,213	281
	Lead Partner Services Recharges In			11,525	312	11,525	312
	Hosted Recharge Cost Pressure Investment			100	-100	100	-100
	Adjustment			-5,588	493	-5,588	493
	Financial Plan Gap (integrated budget)					-3,000	3,000
	Grand Total	107,333	3,269	218,739	-2,525	323,073	3,744

NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards			Appendix 3
Recharge to Dundee IJB			
Risk Sharing Agreement - March 24			
	Annual Budget £000s	Year-End Over / (Underspend) £000s	Dundee Share of Variance £000s
Lead Partner Services - Angus			
Forensic Service	1,185	145	57
Out of Hours	9,334	1,714	675
Tayside Continence Service	1,734	338	133
Locality Pharmacy	3,405	0	0
Speech Therapy (Tayside)	1,509	(8)	(3)
Sub-total	17,167	2,188	862
Apprenticeship Levy & Balance of Savings Target	418	(357)	(141)
Total Lead Partner Services - Angus	17,585	1,831	721
Lead Partner Services - Perth & Kinross			
Prison Health Services	5,137	(85)	(34)
Public Dental Service	2,763	(537)	(211)
Podiatry (Tayside)	3,695	(391)	(154)
Sub-total	11,595	(1,013)	(399)
Apprenticeship Levy & Balance of Savings Target	72	(27)	(11)
Total Lead Partner Services - Perth&Kinross	11,667	(1,040)	(410)
Total Lead Partner Services from Angus and P&K	11,525		312

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	Dundee IJB - Budget Savings List 2023-24		Appendix 4
	Agreed Savings Programme		
	Savings / Initiative	2023/24 Value £000	Risk of non- delivery
	Recurring Proposals		
1)	Dundee City Council Review of Charges – Additional Income	287	Medium
2)	Remove 2022/23 Budget Contingency	300	Low
3)	Reduce Service Budgets for Supplies and Services and Transport Costs	300	Low
4)	Impact of National Insurance Increase Policy Change	550	Low
	Total Recurring Savings / Initiatives	1,437	
	Non-Recurring Proposals		
5)	Utilisation of IJB Reserves – Previously Agreed by IJB	2,500	Low
6)	Proposed Further Utilisation of Reserves	500	Low
7)	Management of natural staff turnover	700	Low
	Total Non Recurring Savings / Initiatives	3,700	
	Total Savings / Initiatives	5,137	

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 19 JUNE 2024

REPORT ON: ENGAGE DUNDEE - COST OF LIVING CRISIS SURVEY RESULTS

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB21-2024

1.0 PURPOSE OF REPORT

- 1.1 To inform the Integration Joint Board of the results of the Engage Dundee survey exploring citizens' experiences of the cost of living crisis

2.0 RECOMMENDATIONS

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

- 2.1 Note the findings of the Engage Dundee survey.
- 2.2 Remit the Strategic Planning Advisory Group and operational managers across the Dundee Health and Social Care Partnership to consider actions to mitigate the effects of the cost of living crisis on health and wellbeing and to reflect these in the IJB's Annual Delivery Plan where appropriate.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 BACKGROUND

- 4.1 The Engage Dundee survey explored citizens' experiences of coping with the cost of living crisis over a 12-month period from November 2022. The work was sited within Public Health Scotland's Localised Working Pathfinder Programme providing support for the City Plan priority to reduce inequalities and was a collaboration with NHS Tayside, Dundee City Council, and Dundee Health and Social Care Partnership.
- 4.2 The survey collected information on personal circumstances and characteristics, and included categorical responses on difficulties experienced; personal finances; services/ support used; health and wellbeing; other changes experienced; and, future support. Respondents were invited to provide additional comments and leave contact details should they wish to be involved in further discussions.
- 4.3 Analysis of quantitative data was undertaken by Dundee City Council Research and Information Team and qualitative information by NHS Tayside Public Health Intelligence Officers. Additional guidance was provided by Public Health Scotland.
- 4.4 The survey was completed by 1,181 individuals:
- Three-quarters were female.
 - The majority were working age and in some form of employment.

- 1 in 12 were unemployed and 1 in 10 medically unfit for work.
- 45% were owner occupiers and 24% lived alone.
- Almost one-third were accessing means-tested benefits.
- 699 incidences of disability or health condition were reported.
- 1 in 5 provided unpaid care.
- There was a fairly even spread of responses across all Electoral Ward areas.

4.5 This was a cross-sectional survey and liable to the limitations and biases inherent with this type of design. The sample was large; however, caveats exist to extrapolating or generalising findings. Respondents were self-selecting and it is possible that some population groups and individuals did not participate. Those that were motivated to respond may have been more adversely affected by increases in cost of living.

4.6 **SUMMARY OF RESULTS**

4.6.1 Result showed that respondents were struggling considerably across all aspects of their lives including essential household costs such as food and home energy. Many were facing multiple challenges in trying to make ends meet, and the majority were using savings for essential costs, borrowing more money than before, had been unable to pay regular bills and had asked family or friends for financial help.

4.6.2 There was variation in respondents' experiences of accessing support depending on how and where this was delivered. The minority rated positively services that were not provided face-to-face whilst the vast majority felt that using targeted cost-of-living support offered locally was a positive experience. It was not uncommon for respondents to be unaware that services existed and/or think they did not qualify for support because they were employed.

4.6.3 There were considerable impacts of financial difficulties on health, wellbeing, and lifestyle behaviours. Most commonly this was feelings of fear/ anxiety/ stress/ worry which was reported by 86% of respondents. The majority also reported hopelessness, low mood/ depression, social isolation, poor sleep and irritability.

4.6.4 Almost half of those with a pre-existing physical or mental health condition reported these had worsened due to the cost of living crisis, including from the effects of inadequately heated homes and poor diet. Around one third reported developing a physical or mental health condition over the previous 12 months.

4.6.5 Respondents were asked to rate their general health on a scale of 1 to 5, with 1 being "very bad" and 5 "very good". The most common response was 3 (38.9%) with an average score of 3.3 across the total sample. More respondents rated their general health on the upper end of the scale, with 34.8% rating 4 or 5 compared with 26.4% rating 1 or 2.

4.6.6 Many respondents commented on negative health impacts from the cost of living. Ongoing health issues persisted due to being cold, not being able to afford healthy food, skipping meals altogether or heating homes inadequately. Some respondents were unable to find time for self-help due to working longer hours and a small number commented that a lack of face-to-face care had impacted them negatively.

4.6.7 Over 1 in 5 of comments referred to deterioration in physical health with some respondents feeling fatigued, in more pain, or unable to manage pre-existing conditions due to being cold or not eating well. Some were less physically active whilst others gained weight due to the cost of healthy meals. The prohibitive cost of transport meant that some could not seek medical help whilst others could not afford non-prescribed medication and treatments.

4.6.8 4 in every 10 comments reflected impacts on mental health including chronic anxiety due to financial worries, inability to socialise, or working longer hours leading to stress and in some cases depression. Some felt drained, demotivated, ashamed, miserable and overwhelmed from

trying to cope. Financial worries exacerbated depression and anxiety which were previously well managed and there were concerns about the future, a lack of control and poor sleep.

- 4.6.9 Deterioration in mental health was recognised as impacting on relationships. Respondents stated that low mood and motivation made it difficult to connect with others and that parental stress impacted on children's mental health and wellbeing. Some felt increased working hours were affecting family life.

4.7 SUBANALYSES – ELECTORAL WARDS AND UNPAID CARERS

- 4.7.1 A sub-analysis by Electoral Ward showed variations in characteristics, life circumstances and some of the challenges experienced by respondents depending on where they lived. Almost two-thirds of respondents living in the East End were in receipt of means tested benefits compared to 28% in the Ferry. 50% of respondents in the Ferry were coping with the cost of food compared to 20% in the North-East and East End. 40% of respondents in the Ferry reported social isolation/ loneliness compared to almost two-third in the North-East and East End. Other difficulties such as mental health impacts and cutting back on discretionary spend were experienced commonly across the whole sample.
- 4.7.2 Respondents were asked if they provided unpaid care for another person and 21.9% (n=259) stated yes. A further question explored whether those respondents felt supported to continue in their caring role and 15.3% agreed or strongly agreed whilst 37.5% disagreed or strongly disagreed. The remainder neither agreed nor disagreed.
- 4.7.3 A sub analysis showed some differences in the circumstances and challenges faced by carers compared to the total sample. 50% of carers were on means-tested benefits compared to the average of 33% and fewer carers were coping with the cost of food, home energy, transport, and social/ leisure activities. Their relationships and personal finances were impacted more by the cost of living although some of these differences were small.
- 4.7.4 Impacts on health and wellbeing for those who identified as providing unpaid care showed slightly bigger differences at around 10 percentage points for most indicators. For example, 68% of unpaid carers felt they had worse general health compared to the average of 58%.
- 4.7.5 The survey explored support that respondents would find helpful in managing the cost of living. Across the total sample and sub-analyses, the most common responses were access to low-cost/ free activities and support with health and wellbeing. Carers were much more likely to request support to increase income through benefits and employment than the total sample.
- 4.7.6 A range of further sub-analyses is planned, including for those who identified as long-term sick and disabled. Planning is also underway to engage further with those respondents who indicated they would like to be involved in further discussions.

4.8 RESPONSE TO FINDINGS

- 4.8.1 Findings were presented in March 2024 to Dundee Partnership as the governing body for the Public Health Scotland (PHS) Localised Working Pathfinder Programme (the overall programme of work within which this survey sits). The following recommendations asked of the partnership were approved:
- Members share survey results and consider implications for their organisations and services.
 - Further analyses are undertaken to help identify localities, population groups and individuals most at risk.
 - Results are considered by Strategic Leadership Groups and other relevant strategic partnerships.
 - PHS supports cross-sectoral discussions on prevention, early intervention and evidence-based best practice.

- A summary of results is shared with the public and all partners.
- Interested respondents are given the opportunity for further dialogue.
- This work continues to be coordinated and supported by PHS with governance through Dundee Partnership.

This process is ongoing and results have now been presented to a range of strategic groups including the Carers Partnership, Mental Health and Wellbeing Strategic Planning and Commissioning Group, and the Local Leadership Group. Some early actions arising from the findings include: promoting cost of living support to those in employment via Dundee City Council social media channels; producing infographics of the Electoral Ward analysis to engage with communities to update Local Community Plans; providing the Fairness Leadership Panel with information to strengthen work around their priorities; and, discussions with Public Health on the potential for an on-line population-wide mental health promotion campaign.

- 4.8.2 In February 2024 the IJB's Strategic Planning Advisory Group considered the findings of the survey. The group noted that the results were closely aligned to the existing priorities and strategic shifts within the IJB's Plan for Excellence in Health and Social Care in Dundee, particularly those for Inequalities, Self-Care and Open Door. Operational managers from across the Partnership are currently considering how the detailed findings of the survey might inform the actions through which these priorities and strategic shifts are implemented over the coming year. Additionally, through the Working Together strategic priority the IJB has made specific commitments to continue to work with wider Community Planning Partners to support people to cope with the cost of living crisis. Through the recent restructure of the Dundee Partnership, the Health and Social Care Partnership has representation from senior officer at the Child Poverty and Income, Attainment and Health Inequalities Board.
- 4.8.3 In relation to the sub-analysis for unpaid carers, the information obtained adds further details to previous surveys of unpaid carers conducted both local and nationally. This information will be considered as part of the statutory review of the Carers Strategy that will progress during 2024/25, whilst work to support unpaid carers in relation to the cost of living continues to be delivered by a range of partners across the city. This included the distribution of 496 grants totalling £139,304 from the Carers Winter Assistance Fund in 2022/23 and 429 grants totalling £124,019 in 2023/34. This fund provided financial assistance to unpaid carers in greatest need where they were unable to access alternative sources of support (such as the Scottish Welfare Fund), covering costs such as food and fuel, travel, whist goods, winter clothing, and bedding and furniture.

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 was not necessary and this report is being provided to the Integration Joint Board for information only.

7.0 CONSULTATIONS

- 7.1 The Acting Chief Finance Officer. 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: 14 May 2024

Sheila Allan, Community Health Inequalities Manager, Dundee HSCP/
Neighbourhood Services

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 19TH JUNE 2024

REPORT ON: STRATEGIC SHIFT TO ADVANCED NURSE PRACTITIONER LED FRAILTY PATHWAY

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB23-2024

1.0 PURPOSE OF REPORT

- 1.1 To seek approval to progress the development of the leadership model required to support the ongoing development of a clinically robust Advanced Nurse Practitioner workforce.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the transformational nature of this proposal and its contribution to the strategic aims of Continuous improvement of unscheduled pathways and process as outlined in this report.
- 2.2 Approves the release of funding from ring fenced IJB Transformation Reserves to the value of £92k to support the proposal (as detailed in section 3.1 of this report).
- 2.3 Instructs the Chief Officer to issue the direction as attached at Section 8 of this report to NHS Tayside.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The proposals to create 1 additional Lead Advanced Nurse Practitioner post and associated project support resource to support implementation and to provide robust data management as outlined in this report will require £92k of additional investment for a 12-month period. It is proposed that the IJB utilises ring fenced Transformation Reserves to support this test of change which will be reviewed with further recommendations put to the IJB in due course as to future funding options should the change be successful.

4.0 MAIN TEXT

- 4.1 Work has been progressing to develop a seamless whole system frailty pathway. This has focussed on aligning professional staff from all disciplines to patient pathways, and wherever possible around GP cluster groupings.

Most of the progress so far has been with the Medicine for the Elderly (MFE) patient and professional groups, although we would aspire to spread this work across the wider frail population as we stabilise and embed the model.

Aims:

- promote early intervention and prevention
- Contribute to NHS Tayside's Annual Delivery Plan target of reducing front door presentations by 5%

- Prevent admission and therefore promote better outcomes
 - Support primary care and General Practice
 - Provide alternative pathways for Scottish Ambulance Service, Flow Navigation Centre, and Out of Hours General Practice Service
 - Support early discharge with minimal risk of readmission
 - Reduce cost of clinical service over time
- 4.2 The ethos behind the development and expansion of the frailty model is that this type of intervention promotes early discharge from hospital, and the delivery of care closer to home. Early discharge prevents the dependence created by longer admissions to hospital, as well as reducing the number of bed days used.
- 4.3 The effectiveness of this is evidenced through the impact of implementation of the frailty model in Oct 2017, and the subsequent strategic positioning of targeted social care resource within the model to support early discharge and prevention of admission.
- 4.4 As our integrated partnership working across Dundee Health and Social Care Partnership and NHS Tayside has developed and matured, we have continued to focus on developing this approach in order that the growing numbers of frail older (and increasingly younger) adults can receive care, treatment and support from the right person at the right time in the right place.
- 4.5 We are now at a stage where the Dundee Enhanced Community Support Team (DECAHT) has realigned into multiprofessional Advanced Nurse Practitioner (ANP) led cluster teams with a single point of access for GPs. This enables each referral to be triaged appropriately within the cluster teams and the appropriate type of assessment undertaken, therefore increasing efficiency within the service. Patients receive a comprehensive geriatric assessment, based on the principles of realistic medicine, and accompanied by realistic and sensitive conversations with patients and their families about their wishes in order to develop robust anticipatory care plans.
- 4.6 The MFE medical team has been realigned against the cluster model as much as possible across both Ninewells and Royal Victoria Hospitals (RVH) to promote care continuity, with the cluster DECAHT teams linking with their cluster consultant when necessary for additional advice. This promotes the formation of virtual multidisciplinary teams and communication across the system and is aimed at reducing inappropriate treatment decisions.
- 4.7 As the ANP workforce grows and the system develops trust in the efficacy of the competence framework, we anticipate less medicalisation i.e. fewer polypharmacy issues, fewer unnecessary tests and fewer admissions.
- 4.8 The next stage in this transformational process involves 2 key actions:
- Shift a further 18 beds from the MFE acute bed base to the frailty model with the aim of discharging more patients within 72 hours into community settings. This will involve further realignment of medical staff to strengthen the cluster model across the whole pathway i.e. wherever possible within job planning, cluster consultant will see the patient in acute and follow either to RVH or into community
 - Expand the ANP workforce across the inpatient setting therefore reducing the MFE medical spend over time
- 4.9 Agreement has been secured to transfer money from the MFE medical budget to fund 1 additional WTE ANP to work within the RVH site and plans are in discussion for further potential transfer over the next year should this model create the anticipated efficiencies. This will enable us to develop an ANP led model across the cluster MFE wards, thereby reducing the need for medical input, and driving the practice and culture changes required to reduce length of stay in line with the Urgent & Unscheduled Care Optimising Flow Workstream.

- 4.10 This will require some initial investment as the growing ANP workforce requires a leadership infrastructure to ensure the necessary governance is in place, and to support the supervision of the competence framework for the ANPs.

This workforce currently comprises:

13 ANPs within DECAHT providing senior clinical assessment for urgent GP referrals in community and care homes

1 ANP in RVH

4 ANPs in Community Mental Health Team for Older People (2 in training)

2 ANPs in Community Nursing

2 ANPs in 2C practice, Maryfield with a plan to provide more leadership support as practices develop their ANP workforce

- 4.11 The model already includes 2 Lead ANP posts banded at 8A, funded partly from the previous management structure within the service, with additional investment from MFE budget. In order to continue to support the ANP workforce adequately as the model becomes embedded, a further Lead ANP post is requested. This will secure the continuing strategic development of the model, and ensure excellence is maintained across all 4 pillars of practice, while crucially continuing to develop the model proactively in a way which supports the demographic demand.

5.0 POLICY IMPLICATIONS

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	Inadequate professional and managerial structure to support growing workforce
Risk Category	Workforce
Inherent Risk Level	Likelihood 5 x Impact 4 = Risk Scoring 20
Mitigating Actions (including timescales and resources)	Introduction of this management structure will support ongoing development of advanced practice workforce
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9
Planned Risk Level	Likelihood 3) x Impact 3 = Risk Scoring 6
Approval recommendation	Recommend risk is accepted due to the mitigating actions put in place

Risk 2 Description	Inadequate management resource to develop and manage emerging governance structure
Risk Category	Governance
Inherent Risk Level	Likelihood 5 x Impact 4 = Risk Scoring 20
Mitigating Actions (including timescales and resources)	Introduction of proposed management structure to support governance structure, both in terms of development of governance and the measurement of service performance against the framework
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9

Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9
Approval recommendation	Recommend risk is accepted due to the mitigating actions put in place

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

None

DATE: 21 May 2024

Dave Berry
Acting Chief Officer, Dundee IJB

Lynne Morman
Associate Locality Manager, Acute and Urgent Care



DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB23-2024
2	Date Direction issued by Integration Joint Board	19 th June 2024
3	Date from which direction takes effect	19 th June 2024
4	Direction to:	NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Dundee Enhanced Community Support Team
7	Full text of direction	Dundee Integration Joint Board directs NHS Tayside to create and recruit to 1 additional Lead Advance Nurse Practitioner and associated project support in the Dundee Enhanced Community Support Team for an initial 12-month period
8	Budget allocated by Integration Joint Board to carry out direction	£92k
9	Performance monitoring arrangements	Service review process
10	Date direction will be reviewed	June 2025

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REPORT TO: DUNDEE INTEGRATION JOINT BOARD – 19TH JUNE 2024

REPORT ON: ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP 2023-2024

REPORT BY: CLINICAL DIRECTOR

REPORT NO: DIJB25-2024

1.0 PURPOSE OF REPORT

This annual report is to provide assurance to the Dundee IJB regarding matters of Clinical, Care and Professional Governance. In addition, the report provides information on the business of the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group ("the Group", DHSCP CCPG Group), and to outline the ongoing planned developments to enhance the effectiveness of the group.

2.0 RECOMMENDATIONS

It is recommended that the Dundee Integration Joint Board:

- 2.1 Notes the content of this report.
- 2.2 Notes the work undertaken by the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group from April 2023–March 2024 to seek assurance regarding matters of Clinical, Care and Professional Governance.
- 2.3 Instructs the Chief Officer to share this report with the IJB's partner bodies to provide assurances with regards to Clinical Care and Professional Governance.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Objectives and Responsibilities

- 4.1.1 Review and enquiry about risks being managed across the Dundee Health & Social Care Partnership (Dundee HSCP) and action progressed to mitigate risk.
- 4.1.2 Review and enquiry to demonstrate there are systems to embed clinical, care and professional governance at all levels from frontline staff to the IJB and to drive a culture of continuous improvement.
- 4.1.3 Sharing and learning from best practice and innovative ways of working in relation to clinical, care and professional governance across Dundee HSCP.

4.2 Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group

4.2.1 The Business considered by the DHSCP CCPG Group during 2023-2024 has addressed the function and remit of the Group; profiling national policy and local application of policy and guidance that affects practice. Key themes considered are outlined below:

- Service Area Reports/Updates
- The Risk Register
- Feedback
- Adverse Events
- Outcome of Inspection Reports
- Updates on Clinical Governance and Risk Management Local Adverse Event Reviews / Significant Adverse Event Reviews / Significant Case Reviews
- Exception reports relevant to Clinical, Care and Professional Governance with reference to the 6 domains outlined in the Getting it Right for Everyone (GIRFE) Framework, from each service.
- Processes for the introduction of new clinical, care and professional policies and procedures.

4.2.2 Clinical, Care and Professional Governance Assurance Reports following each CCPG Group meeting have been timeously submitted to the Dundee HSCP Executive Management Team and to the NHS Tayside Care Governance Committee and to the Dundee Performance and Audit Committee for review and discussion and agreement on assurance levels provided.

4.2.3 The Group met on six occasions during the period 1 April 2023 to 31 March 2024 on the following dates:

- 26 April 2023
- 28 June 2023
- 30 August 2023
- 25 October 2023
- 13 December 2023
- 28 February 2024

4.2.3.1 Providing operational support and a forum for learning, the Clinical, Care and Professional Governance Forum met on the following dates:

- 27 April 2023
- 31 August 2023
- 26 October 2023
- 28 March 2024

Primary Governance Groups and Service Level Governance Groups provide reports into the Clinical, Care and Professional Governance Group and Forum. The service level reports tabled at the Forum encourage supportive discussion to enhance the reports provided to the CCPG Group.

Assurance reports are provided to a range of committees and/or boards with information taken from the range of governance groups mentioned above in line with the reporting timeframes set by each committee/board. The primary areas for this reporting are via:

- NHS Tayside Care Governance Committee
- Dundee Health and Social Care Partnership Performance and Audit Committee
- Dundee Integration Joint Board.

These assurance reports were produced in:

- April 2023 – Care Governance Committee
- May 2023 – Performance and Audit Committee
- May 2023 – IJB (Annual Assurance Report)
- June 2023 – Care Governance Committee
- August 2023 – Care Governance Committee
- September 2023 – Performance and Audit Committee
- October 2023 – Care Governance Committee
- November 2023 – Performance and Audit Committee
- December 2023 – Care Governance Committee
- January 2024 – Performance and Audit Committee
- February 2024 – Care Governance Committee

4.2.3.2 Strategic Risks

The Dundee HSCP Strategic Risk Register is regularly presented to the NHS Tayside Strategic Risk Management Group and is available to Dundee City Council Risk and Assurance Board through the Pentana system.

Operational Risks are reviewed by the Clinical, Care and Professional Governance Group, with any significant areas of concern which may impact on the ability of the IJB to deliver its Strategic and Commissioning Plan reported to the PAC through the Clinical, Care and Professional Governance Group's Chairs Assurance Report.

Operational Risks which should be escalated are identified through Senior Management meetings, the Clinical, Care and Professional Governance forum and through reports to the IJB and PAC.

The strategic risks aligned with clinical, care and professional governance include: Staff Resource, Dundee Drug and Alcohol Recovery Service, Primary Care, Environmental and Buildings, Mental Health Services with a number of other risks demonstrating significant crossover with the clinical, care and professional governance agenda, for example: National Care Service, Restrictions on Public Sector Funding, Cost of Living Crisis and the introduction of the Health and Care (Staffing) (Scotland) Act 2019.

Significant work has been undertaken seeking to mitigate each of these risks. The fundamental challenges in seeking to recruit and retain our workforce continue to impact on a number of our risks and while these pressures continue there are successes, in some areas, with recruitment to leadership posts, key clinical posts and the development of new models of service delivery.

Work will continue through Workforce Planning Leads to further develop and implement our recruitment and retention strategies.

A new risk management group has been established this year to allow more time to be dedicated to understanding and managing strategic and operational clinical, care and professional risks across the HSCP. This group has an overview of both strategic and operational risks and support managers identify, record and mitigate the risks they own.

Primary Care

Practice sustainability remains a key risk in Dundee practices with ongoing concerns regarding termination of contracts with one practice terminating its contract and a further practice notifying of their intention to do so through 2024. A significant number of practices have had closed lists within this year which creates pressures on nearby practices.

Recruitment and retention of GPs and the wider team to support primary care remains challenging and is impacting on service delivery and care. The NHS Tayside risk for the sustainability of primary care is at 20, reduced from 25.

Actions linked to the internal audit review are being progressed both locally and regionally. External factors such as changes to capital funding by the Scottish Government are anticipated to have an ongoing negative impact as they impact on GP recruitment through lack of progress with leases and loans.

Dundee Drug and Alcohol Recovery Service

A key priority for 2023-2024 was foremost focused on working to put systems in place to meet all 10 of the Medication Assisted Treatment (MAT) Standards. The work for Standards 1-5 was to imbed changes that had been put in place over the preceding 18 months and for Standards 6-10 it was about developing improvement plans and tests of change to meet the standards. The MAT standards have continued to push the Drug and Alcohol services through a transformational change process against the backdrop of high levels of, and ever changing, demand. The types of drugs used in Dundee continue to evolve with Cocaine and Benzodiazepines as well as Alcohol showing high levels of prevalence. This means the ADP has funded the development of a psycho-stimulant pathway and DDARS and other services are looking to improve the Alcohol Pathway. This has successfully led to the creation of new processes that focus on patient-centred care informed by those with lived experience. The evidence required to show an area is imbedding has to include copies of the protocols for the service delivery, data that demonstrates the outcomes achieved and experiential data from service users, their family/carers and those working in services.

The key priorities for 2024-25 will include progressing work on all 10 MAT Standards and working to move the DDARS service out of Constitution House which will have to be achieved over several phases to ensure the teams move into accommodation that is fit for purpose to allow DDARS and our partners to provide trauma-informed patient-centred care. DDARS have developed a needs assessment around accommodation needs that is being reviewing in DHSCP property management meetings. DDARS already uses 11 community sites across Dundee as well as in service users home environments and the plan is to continue to move all clinical activity into the community.

Increased senior leadership within this team has allowed for an enhanced focus on improvement work across the service. This has supported a significant reduction in the overall risk level for the service over the past 4 months with improvements in workforce availability.

Mental Health

The overarching concerns within mental health and learning disability services during 2023-24 related to; the provision of adequate levels of staffing due to recruitment challenges, with the most significant risk relating to the limited availability of psychiatry resources.

The opening of the Hope Centre has been a hugely positive development, as have the significant developments seen across Primary Care Mental Health Services with continued collaboration across a range of services and agencies.

During 2024-25 priority focus will be given to continue to develop new models of support to support mental health and wellbeing in a more timely manner.

Nutrition & Dietetics

The Paediatric Dietetic Service faced significant pressure this year due to high levels of staff absence and staff turnover culminating in a mutual aid request being made to NHS Scotland Health Boards for support. Collaboration through professional lines and excellent multidisciplinary working has supported the provision of safe care through this challenging period.

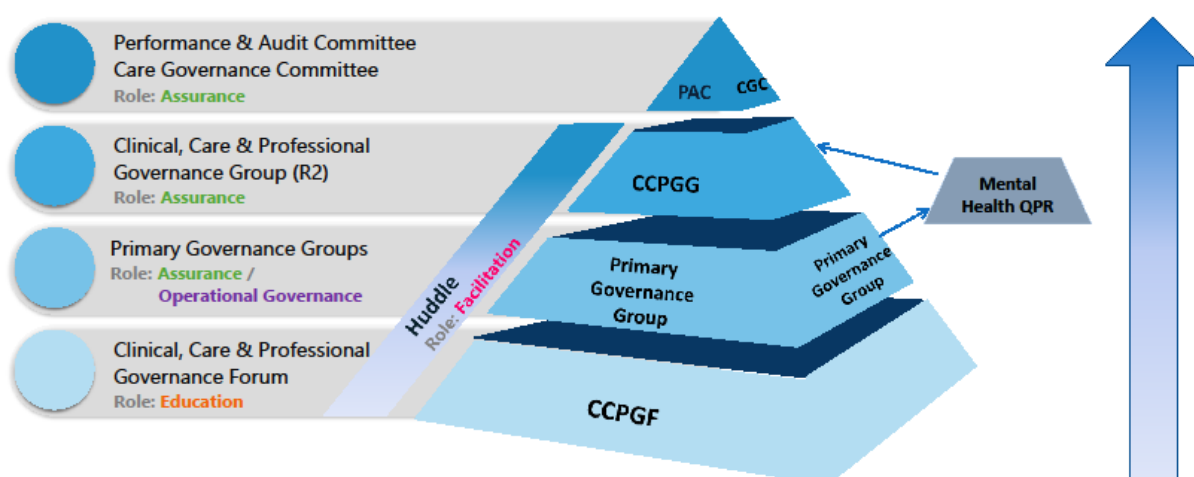
Workforce Availability

The availability of our workforce has remained a significant risk this year. The number of risks varies but has reached 23 separate operational risks across the full range of professional and staffing groups. While this can be transient for some teams we have had some service areas with significant workforce risks for the entirety of the financial year.

4.2.3.3 Dundee HSCP Governance Structure

Dundee HSCP governance structures are outlined in the diagram below. The following narrative explains how each of the aspects functions to provide assurance to NHS Tayside and the Dundee IJB.

DHSCP Clinical, Care & Professional Governance



4.2.3.4 DHSCP CCPG Group

Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group is responsible for directing, collating and monitoring governance arrangements and ensuring that there are effective and embedded systems for clinical, care and professional governance in all services within Dundee Health & Social Care Partnership. It is chaired by the Clinical Director, and membership, as referenced in the terms of reference, extends to Head of Health and Community Care Services, Associate Nurse Director, Associate Medical Director, Associate Locality Managers, Lead Allied Health Professional, Lead Nurse, Lead Pharmacist, Clinical Governance Lead, Senior Officer – Business Planning and Information Governance, NHS Business Support Representative and Third Sector representative.

Management structures across DHSCP have been redesigned during this reporting period, and continue to be reviewed, and the members of the CCPG Group will be updated to reflect this and the Primary Governance Group structure which sits beneath the CCPG Group.

At each CCPG Group meeting each Primary Governance Group will present an exception report highlighting key areas of concern across the six domains listed in the Getting it Right for Everyone (GIRFE) Governance Framework. They will also reference exceptional pieces of

work undertaken, current challenges and future potential issues identified through triangulation of data reviewed through Primary Governance Group meetings.

A range of additional reports are also reviewed at the CCPG Group, which includes DHSCP Analysis Report (Adverse Events and Risks), Complaints, Infection Prevention and Control and Inspection Reports.

Further assurance is sought with a range of reports/discussions relating to topics such as professional registration, GDPR and contemporary issues, for example Dundee Drugs Commission Review, The National Care Service and Safe Staffing legislation.

4.2.3.5 Primary Governance Groups (PGG)

There are currently 9 PGGs:

- In Patient and Day Care Services
- Community Services
- Acute and Urgent Care Services
- Mental Health & Learning Disabilities Services
- Older People's Mental Health & Care Homes
- Psychological Therapies
- Primary Care
- Nutrition and Dietetics Service
- Dundee Drugs and Alcohol Recovery Services

Each Primary Governance Group will meet monthly and the remit of the Primary Governance Group is to:

- Provide assurance to the Clinical, Care and Professional Governance Group on the systems and processes for clinical, care and professional governance activities.
- Develop, prioritise, implement, monitor and review the annual work plan for clinical, care and professional governance activities.
- To create the learning environment and conditions within services by dedicating time to allow staff to share learning, tools and other resources and encourage the dissemination of good practice.
- Ensure that clinical and care leadership underpins service assurance processes and that clinical and care leaders are supported to share tools and resources to spread good practice.
- Encourage an integrated approach to quality improvement across services.
- Ensure appropriate actions in relation to clinical, care and professional governance and quality activities are taken in response to internal reports and external reports from bodies such as NHS Healthcare Improvement Scotland, the Care Inspectorate, Audit Scotland, Mental Welfare Commission and Scottish Public Services Ombudsman.
- Ensuring that there is a robust reporting and assurance mechanism for the services which are hosted within the partnership but do not solely operate within Dundee HSCP.
- Undertake the management, escalation or cascading of issues/risks/concerns as appropriate.
- Collate, review and analyse core and service-specific datasets to inform exception reports to the CCPGG, reflecting the 6 domains described in the Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework.
- The exception report should include, but is not limited to:
 - Emerging issues of concern
 - Adverse Events
 - Recurring themes, Major and Extreme Incidents
 - Incidents that trigger Statutory Duty Of Candour
 - All Red Adverse Events
 - Adverse Event Reviews, Significant Case Reviews
 - Complaints/Feedback

- Risks
- Inspection Reports and Outcomes
- Changes to standards, legislation and guidelines
- Outcomes of care
- Adherence to standards
- Sharing of learning

A representative from each PGG will represent the group at the Dundee HSCP CCPG Group and present and talk to the exception report. The representative will act as a conduit between the PGG and CCPG ensuring effective communication between groups.

Due to the recent redesign of the management structure, there have been changes in the organisation of the PGGs. The Governance team, alongside the professional leads in the HSCP are working closely with the new Chairs of these PGGs to support development of these groups.

4.2.3.6 Governance Huddle

There is a weekly governance huddle attended by the professional leads and the governance team. A high level review of all adverse events is undertaken with the intention of identifying themes or patterns and triangulating knowledge of service pressures, governance scorecards and service data to identify services who may be at risk, who require support to manage clinical, care and professional governance activities. This allows for early support to be provided to teams from both a governance and managerial perspective to undertake early management of developing potential risks.

The huddle is open to managers to attend to gain an enhanced overview of the governance arrangements across the Dundee HSCP. Managers can also attend to discuss specific aspects of clinical, care and professional governance as required.

The huddle will also undertake work to review risk management, complaints process and quality and any other governance-related theme as required.

4.2.3.7 Clinical, Care and Professional Governance Forum

The forum is used as an education forum for managers and lead governance staff across the Dundee HSCP. The format allows for review of scorecard data, encouraging discussion around works of excellence and challenging areas, with managers peer-reviewing one another and sharing learning across a range of themes.

Each forum will also have a dedicated educational element to improve knowledge and understanding of governance systems and processes across the HSCP. This reporting period, subjects have included: Qlikview, Risk Management System, Datix system report building, falls management in in-patient environments and scorecard development.





4.2.3.8 Summary Assurance Statement

The year April 2023 to March 2024 continued to be one of the most challenging across the health and social care system, due to the remobilisation post-COVID-19 pandemic and the changing demands of the population. The response from staff has been incredible and high quality services have continued to be delivered safely and effectively. There have, of course, been challenges and the infrastructure that has been built, and continues to evolve, has supported the HSCP and its staff to manage and mitigate risk in a proactive and productive manner.

Learning, and the sharing of learning, remains a key focus within the HSCP, and while this has developed well over the year, it remains an area where further improvements will be made. This is instrumental in supporting the HSCP move towards substantial levels of assurance: "A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited, where Controls are applied continuously or with only minor lapses".

The current “reasonable” levels of assurance demonstrate that a generally sound system of governance, risk management and control is in place. Some issues do persist (timeous management and administration of risks, complaints and adverse event; ongoing workforce availability) and there is evidence of some non-compliance (attendance at governance groups, provision of governance reports at all groups), and there is identified scope for improvement across a range of services and governance domains. Despite all of the challenges faced this year, the collective picture illustrates an improving picture, with the HSCP being in a strong position to strive to move towards substantial assurance through 2024-2025.

All assurance reports presented to the Care Governance Committee, the Performance and Audit Committee and the Integration Joint Board have provided reasonable assurance.

Level of Assurance		System Adequacy	Controls
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.

4.2.4 During the financial year ending 31 March 2024 membership of the Group comprised:

Clinical Director (Chair)
 Head of Health and Community Care Services (Vice-chair)
 Head of Health and Community Care Services
 Community Nurse Director
 Associate Medical Director
 Associate Locality Managers / Service Managers
 Mental Health and Learning Disability Manager
 Clinical Lead, Mental Health & Learning Disabilities
 Allied Health Professional Lead (DHSCP)
 Lead Nurse (DHSCP)
 Clinical Governance Lead (DHSCP)
 Clinical Governance Facilitator (DHSCP)
 Lead Officer – Strategic Planning and Business Support (DHSCP)

4.3 Schedule of Business Considered During the Period 1 April 2023 to 31 March 2024

4.3.1 26 April 2023

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability and mental Health Service Report
- Noted Psychological Therapies Service Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Report
- Noted Community Services Report
- Noted In Patient and Day Care Report
- Noted Primary Care Report
- Noted Acute and Urgent Care Report
- Noted Older People's mental health / care home reports

Getting it right for everyone group feedback provided including feedback from care governance committee.

Update on Mental Health work across Tayside seeking a solution to maximising the use of current structures for assurance reporting.

DHSCP Huddle newsletter shared.

Current risk updates explored the palliative Care Risk associated with staffing availability and the improving position for this risk.

New and emerging risks were discussed in relation to the inpatient neuro services. A short life working group was in place to manage this.

Demand and capacity concerns raised across a number of services, most noticeably in mental health areas.

Concerns raised regarding the costs of locum consultants – Scotland wide solution being sought.

DDARS Service reported on early work commencing to support Medication Assisted Treatment (MAT) Standards.

Care at home services reported positive outcomes in reducing unmet need following test of change.

Work ongoing to develop new nursing documentation across NHS Tayside.

Changes to estates reporting system noted and shared with the group.

Noted report regards bed base at Kingsway Care centre to reduce on temporary basis, due to staff shortages.

Verbal update provided on provision of fit notes by AHP and Nursing staff.

Verbal updated provided on agency use for nursing staff.

Clinical, Care and Professional Governance Forum Report presented.

Infection and Prevention Control Group Minute provided for information.

Dundee HSCP Analysis report presented with a focus on risk management and pending risks.

4.3.2 28 June 2023

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability and mental Health Service Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Service Report
- Noted Community Services Report
- Noted In-Patient and Day Care Service Report
- Noted Primary Care Report
- Noted Psychiatry of Old Age Service Report
- Noted Older People's mental Health / Care Home Report

Junior doctor strike discussed with mitigations considered across services.

Clinical, Care and Professional Governance Forum Report presented.

Infection and Prevention Control Group Minute provided for information.

Dundee HSCP Analysis report presented with a focus on risk management and pending risks. The excellent data provided in relation to adverse events was noted with the number of overdue unverified events showing an improving picture.

Complaints report noted.

Protecting People Oversight Group Minutes shared for information

Strategic risk register noted.

Significant Adverse Event Review process discussed to support Tayside wide discussions on future process.

Risk updates provided on leadership in stroke / neurological wards; ligature risk; Staffing Levels in Psychiatry of Older Age and Point of Care Health Monitoring Equipment.

Professional Update provided on use of agency staffing (nursing)

Celebrated staff member receiving RCN Scotland Award for Learning and Leadership.

Update provided on Racism within social work from Chief Social Work Officer.

4.3.3 30 August 2023

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability and Mental Health Service Report
- Noted Dundee Drug and Alcohol Service Report (Verbal)
- Noted Nutrition and Dietetics Service Report
- Noted Community Services Report
- Noted Primary Care Report (Verbal)
- Noted Acute and Urgent Care Report (verbal)
- Noted Older People's mental Health / Care Home Report

Information shared regards the Protecting People lead role, the structure and planned visits to the HSCP's following the NHS Tayside Protecting People Lead's presentation to the GIRFE Group.

Group updated on Governance Framework development, led via the Risk Management and Clinical Governance Team.

Update provided on the work across Tayside regards the Mental Health Governance Structures and reporting. Key Performance Indicators in development to support aligning reports from the HSCP's.

Update provided on the process for mortality and morbidity reviews and associated timescales.

Update provided on inaugural risk management meeting. This meeting has been established to support a greater focus on risk management and support for managers across the Partnership. It was reported the first meeting was well received.

Risk updates provided on leadership in stroke / neurological wards; ligature risk; Staffing Levels in Psychiatry of Older Age; Point of Care Health Monitoring Equipment; in-patient criteria for learning disabilities and the variance of waiting times across psychology services.

Mental Health Service shared recent experience with regards to investigating missing patient records and learning in regard to patient support.

A number of services continue to report significant risk in relation to recruitment and the unavailability of workforce across a range of professions and grades.

Professional leads reported on work progressing regarding workforce planning and development of processes to support the Health and Care (Staffing) Act.

Professional updates included: Health and Care Professions Council updated Standards of proficiency; Potential for learning following Lucy Letby Case; Notice of Adult Support and protection inspection due later this year.

Care Home Inspection Report Noted.

Feedback report presented with members asked to note very positive comments included in most recent report and to encourage staff to continue to report this.

Dundee HSCP Analysis report presented.

4.3.4 25 October 2023

Clinical, Care and Professional Governance Exception Reporting

- Noted Perinatal & Infant Mental Health Service Report
- Noted Psychological Therapies Service Report
- Noted Nutrition and Dietetics Service Report

- Noted Psychiatry of Old Age In Patient and Community Services Report
- Noted Care Home Report
- Noted Community Services Report
- Noted In Patient and Day Care Report
- Noted Primary Care Report

GIRFE Update – Key Performance Indicators for Mental Health work shared with the group.

Governance Huddle Newsletter shared with the group for onward sharing and awareness.

Risk updates provided on leadership in stroke / neurological wards; ligature risk; Staffing Levels in Psychiatry of Older Age; Point of Care Health Monitoring Equipment; Nutrition and Dietetics Paediatric Staffing.

New and emerging risks noted in relation to staff security; warfarin monitoring (equipment availability); Kingsway Care Centre's environment.

Updates from Performance and Audit Committee and Care Governance Committee reports demonstrating reasonable levels of assurance being provided with good quality reports continuing to be provided.

Professional updates highlighted: Successful Occupational therapy re-registration (100%); Major Trauma Peer review planning ongoing; Collaborative work regards discharge adverse events across 3 HSCPs and Acute sector; Annual GP Appraisal demonstrating excellent engagement; Responsible Officers Advisory Group established to manage professional concerns related to doctors.

Inspection Grading Report presented highlighting excellent collaboration between HSCP and Care Home team with proactive management of arising issues.

Dundee HSCP Analysis Report Presented for adverse events and risks with new tab included reflecting the work from the governance huddle regards incomplete adverse events. Additional tabs also include data associated with discharges and supplementary staffing.

Safe Staffing Update provided outlining work being undertaken across professions.

Feedback report noted including update on care opinion development in the Dundee HSCP.

Infection Prevention and Control Report noted.

4.3.5 13 December 2023

Clinical, Care and Professional Governance Exception Reporting

- Community Services Report noted.
- Care Homes Report noted
- Mental Health and Learning Disability Reports noted.
- Psychology Report noted.
- Drug and Alcohol Recovery Service Report Noted.
- Nutrition and Dietetics Report noted.
- Acute and Urgent Care Report noted.
- In Patient and Day Care Report noted.
- Older People's Mental Health Report Noted
- Care Home Report noted.
- Primary Care verbal report noted.

Getting it Right for Everyone Update – Key piece of work is progressing relating to key performance indicators for mental health. Clinical Governance Framework development ongoing. Update provided on the Person-Centeredness Charter development.

Governance Huddle outlined work relating to incomplete adverse events and developing a better understanding of the reasons for these.

Paper noted on Lead Partner (Hosted) Service Assurance Report Tayside wide.

Risk updates provided on: ligature risk; Point of Care Health Monitoring Equipment; Nutrition and Dietetics Paediatric Staffing; Kingsway Care Centre environment; staff security in community setting; workforce risks (23) noted across various teams.

Allied Health Professions Professional Update: Significant ongoing work with national teams supporting the safer staffing agenda; Tayside wide workforce contingency plan for winter completed. National benchmarking exercise complete. Tayside Falls Framework and associated 12 Commitments shared.

Nursing Professional Update: Update provided on Excellence in Care Education and Development Framework; Workforce Tool development with local lead ongoing; Awareness raised on current C.Diff strain in England; DDARS nurse received Queen's Nursing Award.

Social Work Professional Update: National care Service update provided; Adult Support and Protection Inspection Report due for release 19 December.

Medical Professional Update: Health and Care biennial survey complete; General Practitioners whole time equivalent number have dropped in Tayside, although nursing numbers have increased - both above Scottish average; Responsible Officers Advisory group has seen 20 cases within first year.

Commissioned Services Grading and Update Report Noted. It was recognised the exception reports that covered commissioned services provided excellent triangulation of the exceptions identified and resultant actions. Care home grades are improving across the city.

Feedback Report noted with positive performance in relation to meeting standards for complaints. Care Opinion procurement is progressing well.

Dundee HSCP Analysis Report Presented: Improved position with risk management; noted an increase in adverse events for failed discharges and for vulnerable people.

4.3.6 28 February 2024

Clinical, Care and Professional Governance Exception Reporting

- Care Homes Report noted
- Mental Health and Learning Disability Reports noted.
- Psychology Report noted.
- Nutrition and Dietetics Report noted.
- Acute and Urgent Care Report noted.
- In Patient and Day Care Report noted.(Verbal)
- Older People's Mental Health Report Noted
- Care Home Report noted.
- Primary Care verbal report noted.

Getting it Right for Everyone Update – Mental Health KPI's – seeking a way collate this information centrally; GIRFE meetings will now alternate between general business and mental health business every 2 months; Care Governance Committee has reviewed it's terms of reference – exception reports to be reviewed to ensure alignment.

Governance Huddle encouraged more use of the DATIX Dashboards to view and manage adverse events and risks. Also requested enhanced use of the system for recording actions undertaken, i.e. using progress notes and email system within DATIX system.

Lead Partner (Hosted) Service Assurance Report Tayside wide annual report template in development, comments requested from group.

Risk updates provided on: ligature risk; Point of Care Health Monitoring Equipment; Kingsway Care Centre environment.

Allied Health Professions and Nursing Professional Update: Significant ongoing work with national teams supporting the safer staffing agenda and the use of national tools and local implementation; Nursing profession to use safecare system.

Medical Professional Update: Ongoing work linking the Responsible Officer Advisory Group to primary care for clinical concerns is progressing well. All GP's successfully appraised.

Adult Support and Protection Inspection Report and action plan noted. Teams progressing actions well.

Commissioned Services Grading and Update Report Noted. It was recognised the exception reports that covered commissioned services provided excellent triangulation of the exceptions identified and resultant actions. Care home grades continue to improve across Dundee.

Feedback Report noted with positive performance in relation to meeting standards for complaints. Care Opinion awaiting a soft launch and staff training opportunities

Dundee HSCP Analysis Report Presented: Improved position with risk management; noted; overdue incomplete adverse events increasing.

4.4 Assurance Statement

- 4.4.1 As Chair of the Dundee HSCP Clinical, Care and Professional Governance Group during the financial year 2023-2024, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings has supported the fulfilment of the Group's objectives and responsibilities.
- 4.4.2 I would like to offer my thanks to the commitment and dedication of fellow members of the Group. Significant work goes into the preparation of the written reports and I am grateful to all those who have attended and contributed to each of the meetings.

5.0 POLICY IMPLICATIONS

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 CONSULTATIONS

The Chief Officer, Chief Finance Officer, Head of Service – Health & Community Care, Allied Health Professions Lead and the Lead Nurse were consulted in the preparation of this report.

7.0 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	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

8.0 BACKGROUND PAPERS

None.

Dave Berry
Acting Chief Officer

DATE: 07 May 2024

Christine Jones
Acting Chief Finance Officer

Jenny Hill
Head of Health & Community Care

Krista Reynolds
Lead Nurse

David Shaw
Clinical Director

Matthew Kendall
Allied Health Professions Lead

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 19 JUNE 2024

REPORT ON: ANNUAL COMPLAINTS AND FEEDBACK REPORT

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB31-2024

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide an analysis of complaints and feedback received by the Dundee Health and Social Care Partnership over the past financial year 2023/2024. This includes complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure, and the Dundee City Integration Joint Board Complaint Handling Procedure.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the analysis of Dundee Health and Social Care Partnership's complaints performance 23/24, improvement actions, service compliments and as outlined in this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None

4.0 BACKGROUND INFORMATION

- 4.1 From the 1st of April 2017 both NHS and social work complaints are required to follow the Scottish Public Service Ombudsman Model Complaint Handling Procedure. Both NHS Tayside Complaint Procedure and the Dundee Health and Social Care Partnerships Social Work Complaint Handling Procedures have been assessed as complying with the model complaint handling procedure by the SPSO.
- 4.2 Complaints are categorised by 2 stages: Stage 1: Frontline Resolution and Stage 2: Investigation. If a complainant remains dissatisfied with the outcome of a Stage 1: Frontline Resolution complaint, it can be escalated to a Stage 2. Complex complaints are handled as a Stage 2: Investigation complaint. If a complainant remains dissatisfied with the outcome of Stage 2: Investigation complaint they can contact the Scottish Public Services Ombudsman who will investigate the complaint, including professional decisions made.

- 4.3 In 2023/24 a total of 193 complaints were received about health and social care services in the Dundee Health and Social Care Partnership. The last three years have seen a downward trend of complaints received by Health & Social Care.

Total number of complaints received by year

	2019/20	2020/21	2021/22	2022/23	2023/24
Number of complaints received	229	157	217	202	193

5.0 Complaint Themes

- 5.1 The highest proportion of complaints for Health continues to be regarding Mental Health Services.
- 5.2 Mental Health Services thoroughly investigate all complaints and meet weekly with the NHS Tayside Patient Experience Team to ensure that the complaints are being managed appropriately.
- 5.3 Due to the complexity of the Mental Health complaints these can be about service process issues or issues that are specific to the individual making the complaint. Where the complaints are about service process issues and improvements are identified then appropriate actions are taken improve the service processes.
- 5.4 For Social Work Complaints the most common complaint themes were Failure to meet our service standards and Failure to provide a service. Complaints received are about a range of services.

6.0 Number of Complaints closed at Stages

- 6.1 The number of complaints closed per stage within timescale

	Stage 1	Stage 2	Escalated
Social Work	37%	27%	4%
Health	32%	21%	6%
Total	33%	22%	6%

Complaints closed do not total 100% as some complaint data was missing or were closed as resolved / withdrawn / no consent / transferred

- 6.2 Wherever possible Dundee Health and Social Care Partnership aim to handle complaints as a Stage 1 complaint where the complaint is handled closely to where and when it is raised. Stage 2 complaints are used for more complex complaints that require a more thorough investigation.
- 6.3 The number of complaints closed per stage represent the results that we would expect to see about the spread of complexity of complaints received.

7.0 Complaint Outcomes at Stages

- 7.1 Complaint outcomes at stage 1 as % of all complaints closed in full at stage 1

	Upheld	Not Upheld	Partially Upheld
Social Work	27%	43%	10%
Health	16%	32%	23%
Total	19%	35%	19%

Stage 1 complaints do not total 100% as some complaints were closed as resolved / withdrawn / no consent / transferred / missing

- 7.2 The outcomes show that, for both health and social work complaints, around a third of complaints are upheld or partly upheld.

7.3 Complaint outcomes at stage 2 as % of all complaints closed in full at stage 2

	Upheld	Not Upheld	Partially Upheld
Social Work	10%	65%	15%
Health	6%	41%	27%
Total	7%	47%	24%

Stage 2 complaints do not total 100% as some complaints were closed as resolved / withdrawn / no consent / transferred / missing

7.4 Similarly to stage 1 complaints, the total percentage of complaints upheld or partially upheld is around a third of all stage 2 complaints received.

7.5 Complaint outcomes at stage 2 as % of all escalated complaints closed in full at stage 2

	Upheld	Not Upheld	Partially Upheld
Social Work	0%	50%	50%
Health	18%	35%	24%
Total	16%	37%	26%

Stage 2 escalated complaints do not total 100% as some complaints were closed as resolved / withdrawn / no consent / missing

For escalated stage 2 complaints the total percentage of complaints upheld or partially upheld is slightly higher at around 50 %.

7.6 Where complainants remain dissatisfied with the outcome of a Stage 2 complaint, they have the option to refer the complaint to the Scottish Public Services Ombudsman.

7.7 During 2023/24 Dundee Health and Social Care Partnership had four complaints referred to the SPSO. Two of these were Social Work complaints, and two were Health Complaints. Neither of the Social Work complaints were taken forward for further investigation by the SPSO. The SPSO is currently gathering information regarding the two Health complaints in order to decide whether they will investigate.

8.0 Complaints closed within timescale

8.1 Number of complaints closed within timescales as a % of total complaints by stage

	Stage 1 within 5 working days	Stage 2 within 20 working days	Escalation
Social Work	37%	27%	4%
Health	32%	21%	6%
Total	33%	22%	6%

8.2 Complaints not being closed within timescales is having a significant impact on repeat communication from complainants chasing up responses.

8.3 Across stage 1 and escalated complaints, we are providing less responses within timescales which is causing delays and complaints to be escalated. During our weekly meetings, it has been agreed that should a complaint be closed at stage 1, this needs fed back within a timeous manner to save a complaint being escalated which is not needed.

8.4 Since last year Stage 2 complaints within Social Work have seen an increase in complaints closed within timescales since last year. However, Health complaints closed within timescales for stage 2 complaints have decreased, partially due to the complex nature of these complaints along with investigator feedback not being received timeously.

8.5 Dundee Health and Social Care Partnership complaints co-ordinators for services meet weekly with the NHS Tayside Complaint and Feedback team to discuss ongoing complaints.

9.0 Planned Service Improvements

- 9.1 Where a complaint is upheld, we identify planned service improvements to reduce the likelihood of similar issues arising again for patients and service users.
- 9.2 A selection of Planned Service Improvements for Social Work complaints include prompts for names to be checked when administering medication; communication around process for college support; Driver Awareness training eLearning to be completed for Meals Drivers; Awareness of Charging Policy to be shared and discussed at Team Meeting.

10.0 Compliments

- 10.1 Dundee Health & Social Care Partnership received 42 social work compliments within 2023/24. Many of these focused on our staff's attitude and their caring and attentive nature. Some examples of compliments are below;
- 10.2 "I just phoned DHSCP and a human voice greeted me. She was really helpful and there was no stress in getting information on what I needed. I really really appreciated not getting an automated service. Well done Dundee, excellent service."
- 10.3 "I was in ward 6 for about 9 weeks and in that time, I was treated to the best of care from all staff. Staff were friendly supportive and always ready to encourage us to help ourselves to try harder. XX was always ready to help or listen to anything we had to say, she was always there with a ready smile and made our stay more enjoyable. I received better care and attention in ward 6 than I received from some hotels I have paid to stay in please pass on my heartfelt thanks to all staff."
- 10.4 "I would just like to thank the meals service department on my lovely delicious meals. Also the council and my support worker for arranging this for me. I really appreciate the nutritional meals which I can no longer make for myself. Thank you again it's going to make such a difference to my overall health"

11.0 Development of Care Opinion

- 11.1 The Complaint team have been preparing for the launch of Dundee Health and Social Care Partnership services fully utilising Care Opinion.
- 11.2 Training dates are being rolled out for staff responders and administrators, and all teams across the partnership have been mapped and appropriate responders identified.

12.0 POLICY IMPLICATIONS

- 12.1 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.

13.0 RISK ASSESSMENT

Risk 1 Description	The risk of not improving our Complaint resolution timescales will increase customer dissatisfaction and non-compliance with our complaint procedure, which may result in improvement recommendations from the SPSO.
Risk Category	Governance
Inherent Risk Level	12 – High risk
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Weekly meeting to discuss outstanding complaints - Increased staff awareness of the complaint procedures. - Recruitment of staff member with focus on complaint administration by the DHSCP
Residual Risk Level	9 – High Risk
Planned Risk Level	6 – Moderate Risk
Approval recommendation	The PAC is recommended to accept the risk levels with the expectation that the mitigating actions make the impacts which are necessary to improve the complaint resolution timescales.

14.0 CONSULTATIONS

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

15.0 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	

16.0 BACKGROUND PAPERS

16.1 None

Dave Berry
Acting Chief Officer

DATE: 23 May 2024

Cheryl Russell, Customer Care & Governance Officer

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 19TH JUNE 2024

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP DELIVERY PLAN UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB26-2024

1.0 PURPOSE OF REPORT

To update the Integration Joint Board on progress made towards development of a Delivery Plan for Dundee Health and Social Care Partnership for 2024/25, and ongoing work to develop other companion documents to the Plan for Excellence in Health and Social Care in Dundee.

2.0 RECOMMENDATIONS

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

- 2.1 Note the contents of this report.
- 2.2 Instruct the Chief Officer to bring forward a final delivery plan, for the period 2024/25, no later than 31 October 2024.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

4.1 Background

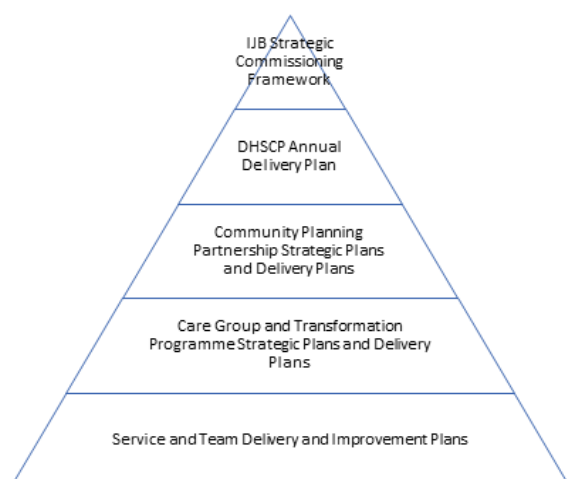
- 4.1.1 In June 2023, the IJB approved their Strategic Commissioning Framework 2023-2033; the Plan for Excellence in Health and Social Care in Dundee (article VIII of the minute of the meeting of the Dundee Integration Joint Board held on 21 June 2023 refers). The publication of the framework discharged the statutory duty on the IJB to review and subsequently prepare a replacement strategic plan (Section 37 of the Public Bodies (Joint Working) (Scotland) Act 2014). However, at that time the IJB also approved a revised approach to the development of documents supporting the strategic plan, including the development of an IJB resource framework and performance framework and production of annual delivery plans for the Dundee Health and Social Care Partnership (the Partnership). This approach was intended to streamline the strategic planning landscape, making plans more accessible to members of the public.
- 4.1.2 Subsequent to the agreement of this approach initial work was undertaken to plan the overall scope and key content within the resource and performance frameworks and the delivery plan. However, this work was then significantly delayed due to the prioritisation of all available capacity to support the joint inspection of services for adult at risk in the Dundee area that commenced in August 2023 and concluded in January 2024 (article X of the minute of the meeting of the Dundee Integration Joint Board held on 25 October 2023 refers). Progress has

also been impacted by wider challenges relating to the ongoing capacity within the Finance and Strategic Services division of the Partnership, which are now being addressed through a restructure of teams within the division (Article VIII of the minute of meeting of 22nd May 2024 Report PAC13-2024 provides a full overview). However, the budget development process for 2024/25 has provided an opportunity to refocus officers across the Partnership on working collaboratively to develop the annual delivery plan for 2024/25.

4.2 Dundee Health and Social Care Partnership Delivery Plan

4.2.1 The development of an annual delivery plan for the Partnership is a challenging task; it must respond to the significant scale and complexity of delegated health and social care functions and strategic shifts identified within the IJB's strategic plan, whilst remaining an accessible document for a public audience. It requires close collaboration between officers responsible for strategic planning with those leading of finance, risk and the operational delivery of services (including improvement and transformation) at a time when workforce and financial pressures are significant challenges. No other Partnership across Scotland has been identified who has developed a single annual delivery plan, with most continuing to rely on a number of care group level plans. This means that the development of a delivery plan for the Partnership in Dundee is an learning process, with continuous reflection and development required as the work progresses. It is anticipated that the delivery plan approach will evolve over the next 2 year period before a settled approach can be found that adequately meets the needs of all stakeholders, most importantly members of the public.

4.2.2 The delivery plan is one layer of a tiered approach to strategic and service planning within the Partnership, and with strategic partners across the wider community planning landscape. As such, the delivery plan is not intended to be an exhaustive list of all actions and activity planned across the Partnership to support the delivery of the IJB's strategic plan. The focus of the plan will be on the critical few, strategically important actions that will have the greatest impact in terms of the strategic shifts already set out within the IJB's plan. Specifically there will be a focus on:



- Transformation projects, including those identified through the budget setting process and through performance and improvement activity;
- Actions responding to areas of risk identified within the IJB's strategic risk register; and,
- Actions that address statutory requirements.

The Partnership will therefore continue to produce and report to the IJB in relation to a range of care group and service delivery area plans, which are already in place and are addressing significant proportions of the strategic shifts identified within the IJB's strategic plan.

4.2.3 Internal Audit reports completed since the pandemic have consistently included recommendations regarding the need for the Partnership to develop a structure transformation programme, that addresses both financial pressures and significant changes to the health and social care needs of the population (both now and into the future). The Partnership's Senior Leadership Team has considered and tested a range of options to support this over the last two financial years, and recognise that there is a pressing need to adopt a sustainable approach to planning, leading and supporting transformation across the Partnership. It is intended that moving forward the Annual Delivery Plan will incorporate the Partnership's transformation plans and activity. This will include the Extended Management Team providing the leadership and oversight of the Delivery Plan, and therefore of the transformation projects and actions contained within it.

- 4.2.4 Appendix 1 contains a high-level overview of the developing draft content of the Partnership's Delivery Plan set out against the six strategic priorities from the IJB's strategic plan. Over the summer period the Partnership's Extended Management Team will dedicate time to further develop this draft content into a final delivery plan, including finalizing the priority actions, identifying leads and timescales for each aspect of the work and additional consultation with partners across the health and social care system. Further consideration is also required in terms of two key interfaces:

- Integration of relevant content from NHS Tayside's Annual Delivery Plan, which has recently been approved by the Scottish Government and contains some content relevant to planning for delegated health and social care functions. NHS Board Annual Delivery Plans are structured around nationally set priorities and requirements, which require to be translated into local context and plans.
- Emerging detail regarding proposed planning requirements within the new National Care Service, including for reformed Integration Authorities.

Whilst the Delivery Plan will be a working document, it is intended that a final draft will be available by the end of October 2024.

4.3 Other Companion Documents to the Strategic Commissioning Framework

- 4.3.1 When the Plan for Excellence in Health and Social Care in Dundee was approved and published, a short Housing Contribution Statement (HCS) was included, this highlighted that a new Local Housing Strategy (LHS) for Dundee is to be produced in 2024 and that a fully updated HCS will subsequently be developed and published. Officers from Dundee City Council Neighbourhood Services are continuing to work with partners to develop the LHS, in-line with statutory requirements, with a view to this work being completed before the end of the calendar year. Development of the LHS will include collaboration with relevant services across the health and social care partnership, including a focus on statutory requirements to address health and social care needs, housing for people with particular requirements and for children and young people.
- 4.3.2 Outline plans for both the performance framework and resources framework have been developed, but have not been progressed further at this time due to capacity within the relevant teams and the need to prioritise the completion of the delivery plan in the first instance. However, progress has been made over the last twelve months in some key areas that will inform the content of the resource framework, including further development of workforce and property strategies for the Partnership. The establishment of a Quality, Data and Intelligence Team within the restructure Finance and Strategic Services Division has created a focus for driving forward the further development of the performance framework over 2024/25. With the newly formed Strategic Planning and Business Support Team providing leadership for the development of the resource framework in collaboration with Finance colleagues. As with the delivery plan, there is also a need to consider some of the emerging detail regarding proposed arrangements for the National Care Service when progressing the outline plans into fully developed documents.

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	Delivery planning arrangements do not support the IJB to achieve the strategic shifts identified within the Plan for Excellence in Health and Social Care in Dundee.
Risk Category	Governance
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk Scoring 16 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • Wide range of plans setting out operational and strategic developments are in place – this includes Care Group level Strategic Plans, plans supporting operational Transformation Programmes, multi-agency strategic and delivery plans (to which the IJB and HSCP are partners) and service /team level plans. • Work is progressing towards completion of integrated delivery plan focused on critical, strategically important actions. • Performance reporting arrangements continue to provide assurance to the IJB regarding ongoing programmes of work and their impact in relation to strategic shifts and outcomes.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low 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 Finance Officer, Heads of Service, Health and Community Care, members of the Strategic Planning Advisory Group and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

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: 21 May 2024

Kathryn Sharp
Acting Head of Service, Strategic Services

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APPENDIX 1

Overview of DRAFT Delivery Plan Content

<i>Strategic Priority</i>	Inequalities	Self-Care
<i>What Care Group and Transformation Plans are already in place to address strategic shifts for this priority? (Internal plans and programmes)</i>	<ul style="list-style-type: none"> • IJB Equality Outcomes • Mental Health and Wellbeing Strategic Plan • Tayside Mental Health and Learning Disability Whole System Change Programme 	<ul style="list-style-type: none"> • Falls Improvement Plan • Mental Health and Wellbeing Strategic Plan • A Caring Dundee 2 • Primary Care Strategy (in development) • Palliative and End of Life Care
<i>What wider strategic plans are in place to address strategic shifts for this priority? (External / partnership plans and programmes)</i>	<ul style="list-style-type: none"> • Adult Support and Protection Delivery Plan • Alcohol and Drug Partnership Strategic Framework and Delivery Plan • Trauma Informed Leadership and Practice Implementation Plan • Gendered Services Project • Community Learning and Development Plan 	<ul style="list-style-type: none"> • Alcohol and Drug Partnership Strategic Framework and Delivery Plan • Trauma Informed Leadership and Practice Implementation Plan • Community Learning and Development Plan
<i>DRAFT priority content for HSCP Delivery Plan 2024/25 (high level themes/areas)</i>	<ul style="list-style-type: none"> • Development of physical disability and sensory impairment strategic plan • Re-establishment of Frailty Strategic Planning Group • Develop suicide prevention delivery plan (as part of wider Protecting People arrangements) • Review of learning disability and autism strategic plan • Primary care prevention project 	<ul style="list-style-type: none"> • Statutory review of the Carers Strategy • Public communications and information provision • Social prescribing mainstreaming • Waiting Well project

<i>Strategic Priority</i>	Open Door	Planning Together
<i>What Care Group and Transformation Plans are already in place to address strategic shifts for this priority? (Internal plans and programmes)</i>	<ul style="list-style-type: none"> • Social work / social care front door and social work assessment • Mental Health and Wellbeing Strategic Plan • A Caring Dundee 2 • GP Strategy • GP Property Strategy • Tayside Mental Health and Learning Disability Whole System Change Programme 	<ul style="list-style-type: none"> • A Caring Dundee 2 • Mental Health and Wellbeing Strategic Plan • Unscheduled Care Board Improvement Programmes • Social care / community multi-disciplinary improvement programme • GP Strategy • Primary Care Strategy (in development) • Property Strategy • Tayside Mental Health and Learning Disability Whole System Change Programme • Dundee Community Nursing Service – Locality Working
<i>What wider strategic plans are in place to address</i>	<ul style="list-style-type: none"> • Trauma Informed Leadership and Practice Implementation Plan 	<ul style="list-style-type: none"> • Alcohol and Drug Partnership Strategic Framework and Delivery Plan

strategic shifts for this priority? (External / partnership plans and programmes)

DRAFT priority content for HSCP Delivery Plan 2024/25 (high level themes / areas)

- Public communications and information provision
- Social prescribing mainstreaming
- Development of Health and Social Care Partnership digital strategy
- Statutory review of the Carers Strategy
- Review of personalisation strategy and related delivery arrangements
- Out-of-hours service provision
- Further evolution of Fair Work implementation and commissioning for outcomes
- Primary care sustainability

- Local Housing Strategy and Strategic Housing Investment Plan

- Public communications and information provision
- Framework for public engagement and involvement
- Statutory review of the Carers Strategy
- Re-establishment of Frailty Strategic Planning Group
- Review of learning disability and autism strategic plan
- Development of Health and Social Care Partnership digital strategy
- Review of approach to participatory budgeting
- Review of personalisation strategy and related delivery arrangements
- Programme of work supporting further reduction in care home placements
- Review of day care services
- Review of direct payment commitments
- Care at home contract efficiency review
- Review of transport
- Learning Disability and Mental Health reviews of physical resources / environment quality and contractual service
- Review of practical support service
- Focus on improving data quality to support performance management and improvement

Strategic Priority

Workforce

Working Together

What Care Group and Transformation Plans are already in place to address strategic shifts for this priority? (Internal plans and programmes)

- Workforce plan
- A Caring Dundee 2
- IJB Equality Outcomes

What wider strategic plans are in place to address strategic shifts for this priority? (External / partnership plans and programmes)

- Dundee City Council People Strategy
- NHS Tayside Workforce Plan
- Trauma Informed Leadership and Practice Implementation Plan

- Dundee City Plan
- Tayside Plan for Children and Young People
- Dundee's Promise to Children and Young People
- Protecting People Committee Delivery Plans
- Child Poverty and Fairness Action Plan
- Linlathen Pathfinder

***DRAFT priority content for
HSCP Delivery Plan 2024/25
(high level themes / areas)***

	<ul style="list-style-type: none"> • Trauma Informed Leadership and Practice Implementation Plan
<ul style="list-style-type: none"> • Development of resource framework, including market facilitation element • Statutory review of the Carers Strategy • Development of Health and Social Care Partnership digital strategy • Development of quality assurance frameworks and improved reporting arrangements • Completion of Finance and Strategic Services restructure • Completion of restructure of senior leadership team • Safe Staffing Act implementation • Building maintenance and Health and Safety improvements 	<ul style="list-style-type: none"> • Develop suicide prevention delivery plan (as part of wider Protecting People arrangements) • Statutory review of the Carers Strategy • National Care Service engagement and transition planning • Framework for public engagement and involvement • Measurement of impacts and outcomes • Streamlining of governance arrangements / interfaces with corporate bodies • Resilience planning – business continuity planning and learning and development activities • Development of net zero action plan

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 19 JUNE 2024

REPORT ON: CATEGORY 1 RESPONDER – ANNUAL REPORT 2023/24

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB20-2024

1.0 PURPOSE OF REPORT

To present to the IJB an annual report of activity related to its status as a Category One Responder under the Civil Contingencies Act 2004.

2.0 RECOMMENDATIONS

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

- 2.1 Note the contents of this report.
- 2.2 Instruct the Chief Officer to bring forward a further annual report, for the period 2024/25, in twelve-months in addition to any relevant reporting on Category 1 Responder activity made during the year.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The Civil Contingencies Act 2004 (the Act) provides the legal basis for emergency preparedness and response across the UK, supplemented by the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 that provide further detail to support the application of the Act in Scotland. The regulations contain details regarding the roles and duties of responders.

The Act pre-dates the creation of Integration Joint Boards. Following a consultation exercise in late 2020 (Article XII of the minute of the Dundee Integration Joint Board held on 27 October 2020 refers) the Scottish Government has now amended the Civil Contingencies Act 2004 to add Integration Joint Boards to the list of Category 1 responders (Part 2, Schedule 1). This amendment came into effect of 17 March 2021.

- 4.1.2 The Act (section 2) sets out the following list of duties for Category 1 responders:

- Assess the risk of emergencies occurring and use this to inform contingency planning.
- Put in place emergency plans.

- Put in place business continuity management arrangements.
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- Share information with other local responders to enhance co-ordination.
- Co-operate with other local responders to enhance co-ordination and efficiency.

The duties listed apply to the functions that have been delegated to the IJB under the Public Bodies (Joint Working) (Scotland) Act 2014, as well as to any other powers and duties placed on the IJB by other legislative instruments.

- 4.1.3 In October 2022, the IJB approved a Category 1 Responder Action Plan, which included the requirement to provide an annual assurance report to the IJB detailing arrangements for fulfilling Category 1 Responder duties and activity throughout the year (article XVII of the minute if the meeting of the Dundee Integration Joint Board held on 26 October 2022 refers).
- 4.1.4 Given the nature of the duties placed on Category 1 Responders the majority of activity to fulfil these duties is carried out by Dundee City Council and NHS Tayside working both individually and in co-operation via the Dundee Health and Social Care Partnership. Many of the functions that are critical to fulfilling duties, such as Resilience Planning, Communications, and Workforce Learning and Development are not delegated to the IJB and therefore resources have not been deployed to the Health and Social Care Partnership to support this activity. This annual report therefore reflects the activity undertaken within Dundee City Council, NHS Tayside and jointly through the Health and Social Care Partnership over the last year that contributes to the IJB's fulfilment of their duties as a Category 1 Responder. NHS Tayside Resilience Planning Governance Group produces an annual report with assurance regarding work undertaken during the year; the report for 2023/24 and key information drawn from this is highlighted in this report where applicable. An equivalent report is not available for Dundee City Council, however relevant information has been included where available.

4.2 Assessing Risk, Information Sharing and Co-operation

- 4.2.1 During 2023/24 the following arrangements and activities have supported the fulfillment of duties relating to the assessment of risk, information sharing and co-operation:
- Officers from the Health and Social Care Partnership have continued to work with Resilience Officers in NHS Tayside and Dundee City Council and the Tayside Local Resilience Partnership to progress implementation of the IJB's Category 1 Responder duties.
 - The Chief Officer and Head of Service, Health and Community Care have continued to play an active role as members of the Tayside Local Resilience Partnership and associated sub-groups. Over 2023/24 the frequency of meetings has been stepped down and the Chair of the Group has passed from Angus Council Chief Executive to Dundee City Council Chief Executive.
 - The Tayside Local Resilience Partnership Working Group was re-established to progress the broader resilience agenda. This group is co-chaired through NHS Tayside and Angus Council and includes Dundee Health and Social Care Partnership representation. The working group reports to the Tayside Local Resilience Partnership and updates against their workplan on a regular basis.
 - The Head of Health and Community Care continued to chair the Tayside Local Resilience Partnership Caring for People Group until her retirement. The Chair of this forum will be managed by Angus and Perth & Kinross Health and Social Care Partnerships going forward; Dundee Health and Social Care Partnership will be represented and contribute to ongoing planning and developments in this area.

- The Dundee Health and Social Care Partnership participates in the North of Scotland Resilience Planning Group and contributed to their integrated risk assessment during 2023, with a view to developing statements of preparedness. This Group was established to:
 - Consider and agree identified risks within Scottish Resilience Agencies and their partners.
 - Identify any additional risks that impact on the Regional Resilience Partnership and are not considered in the national or Scottish risk assessment.
 - Identify key stakeholders involved in the management of respective risks.
- The Head of Health and Community Care continues as a member of NHS Tayside Resilience Planning Governance Group. The purpose of this group is to ensure that NHS Tayside has robust arrangements in place to provide an integrated response in the event of a major incident, internal emergency or business continuity issue in order to protect the health of and ensure continued provision of healthcare to the population in Tayside. The group has an annual workplan covering work carried out by divisions, including the Health and Social Care Partnerships.
- Dundee City Council Senior Officer Resilience Group has also been re-established and includes Health and Social Care Partnership representation. Dundee City Council has also expanded its resilience capacity during the year, including recruiting to the vacant Service Manager post within Neighbourhood Services that includes a resilience portfolio.
- Dundee Health and Social Care Partnership has continued to hold fortnightly internal Resilience and Business Continuity meetings. Originally established during the COVID-19 pandemic they continue to consider resilience issues relating to service delivery, staffing, humanitarian response and recovery and residual impact of the pandemic.
- Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group reporting arrangements include matters of operational resilience within primary governance reporting and onwards to corporate governance forums. The Partnership also continued to participate in the Tayside Care Home Oversight Group and maintains the related local Dundee Forum. Action is taken to address any concerns raised using both the supportive visits and specialist inputs, working alongside the care Inspectorate and utilising the Adult Support and Protection Act to instigate large scale enquiries where appropriate.
- Training and exercising continues to be progressed by partners on both a multi and single agency basis. Some examples of particular relevance to the IJB are:
 - Information inputs relating to PREVENT, including preparation for a move to Exceptional Response.
 - North Region Resilience Planning workshops on a range of issues.
 - Tayside workstream considering the impact of National Power Outage, this workstream was developed following a tabletop development and event.
 - Debrief sessions and learning events following significant incidents (including Storm Babet).
 - Tayside Local Resilience Partnership has funded a Resilience Training Officer who has prepared a programme of training for senior managers and staff involved in the delivery of support centres and volunteers. These training sessions commenced with Volunteer Support Centre Training in early April 2024.
- Through NHS Tayside and Dundee City Council key information has been made available to the Health and Social Care Partnership workforce regarding resilience matters, for example:
 - NHS Tayside established a Ukraine Response page within the resilience planning incident section of Staffnet where all open source information is hosted for access by the workforce.
 - All NHS Tayside Business Continuity Plans are available on staffnet.

- NHS Tayside Business Continuity and Major Incident e-learning modules have been in place since July 2021.
- NHS Tayside continue to publish a Resilience Planning newsletter via Staffnet on a quarterly basis.

4.2.2 Future plans in these areas of work during 2024/25 include:

- The Head of Service who has had lead responsibility for resilience matters within the Health and Social Care Partnership retired in mid-April 2024. The lead for resilience matters is currently being reallocated within the portfolios for the Heads of Health and Community Care.
- Work to undertake a comprehensive, integrated readiness assessment for the Health and Social Care Partnership covering both emergency planning and business continuity risks will continue to be a priority area of work for the Partnership in 2024/25.

4.3 Emergency Plans and Business Continuity Arrangements

4.3.1 During 2023/24 the following arrangements and activities have supported the fulfillment of duties relating emergency plans and business continuity arrangements:

- A Partnership Resilience Group has continued to meet on a fortnightly basis to both identify emerging risks and manage resilience responses. This has included the resettlement of Ukrainian Displaced People, Storm Babet.
- Progress has been made with partners in revising arrangements for the provision of emergency rest centres. Dundee Health and Social Care Partnership continues to take a lead role in the operation of rest centres when these are required. Training has recently been offered to members of the workforce to be involved in rest centre management and revised guidance for the management and support arrangements for rest centres are in the final stages. This latter work is carried out in partnership with Angus Council/Angus Health and Social Care Partnership to support a mutual aid approach. Joint support centre policy and procedures will be signed off following the completion of the current training exercise.
- The Social Care Contracts Team continues to oversee contractual arrangements that include a requirement on all providers to develop and maintain processes and procedures for business continuity, including undertaking regular risk assessments to identify any threats or risks to service provision. Contracted providers submit their business continuity plans for assurance purposes.
- Work has continued to progress to confirm the current status of emergency plans and business continuity plans:
 - For services carrying out functions delegated by NHS Tayside a structured approach is already in place. Reminders of review dates are issued automatically through electronic systems, with monthly manual monitoring by the Risk and Resilience Planning Team with progress against Key Performance Indicators reported to the Resilience Planning Governance Group and Strategic Risk Management Group.
 - Community-based social work and social care services have continued to evolve their Winter Plans and arrangements put in place during the COVID-19 pandemic and recent resilience incidents (such as Operation Unicorn), into ongoing Business Continuity Plans.
- NHS Tayside has continued to carry out regular tests of the NHS Tayside Alert system throughout the year.
- In 2023/24 Dundee City Council has continued to operate the volunteer direct list, where staff volunteering to support an emergency or planned resilience response can be called to action through an app. Health and Social Care Partnership staff (Dundee City Council employees) are included and have supported emergency incidents throughout the year.

Storm Babet was the first major test of the effectiveness of the new system, where it performed very well and contributed to the staffing of rest centres by a much broader group of staff than has previously been the case. The new rest centre operating procedures were also tested through this incident response.

4.3.2 Future plans in these areas of work for 2024/25 include:

- Continued work with partners across Tayside to roll out learning and development activity to support implementation of the new rest centre operating procedure. This will include training to be undertaken across the different roles / grades within the Partnership staffing structure.
- Completing an audit of Dundee Health and Social Care Partnership managed services to confirm current status of emergency plans and business continuity plans, with a particular focus on services delivering functions delegated by Dundee City Council. Work is also required with Angus and Perth & Kinross Health and Social Care Partnership to both provide and obtain assurance regarding the status of Business Continuity Plans for lead partner services. Following completion of the audit there will be requirement to provide support to services where work is required to bring plans up-to-date, as well as to establish a sustainable approach to monitoring the status of plans, including exercising, on an ongoing basis.

4.4 Public Communications

4.4.1 During 2023/24 the following arrangements and activities have supported the fulfillment of duties relating to public communications:

- The Partnership has continued to work alongside the Tayside Local Resilience Partnership and the Communications Teams within Dundee City Council and NHS Tayside to inform and support public communications with regarding the civil protection matters.

4.4.2 Given the advanced status of public communications approaches within both NHS Tayside and Dundee City Council there are no plans for further focused work in this area during 2024/25. The Partnership's Resilience and Business Continuity Group will continue to consider this area of work and respond to any emerging risks and concerns. Officers from the Partnership will also continue to monitor this area through their membership of wider NHS Tayside and Dundee City Council Groups, the Tayside Local Resilience Partnership and operational response groups associated with specific incidents.

4.5 Category 1 Response Examples

4.5.1 During 2023/24 officers from the Health and Social Care Partnership have been involved in a variety of operational responses to resilience and business continuity incidents. Some examples are provided below:

- Storm Babet – the support centre was established initially to support Dundee citizens displaced from their homes due to flooding. The centre continued across two days, providing overnight shelter to those people travelling north of Dundee and across Angus as travel routes were disrupted.
- Evacuation of multi-storey flats in the Hilltown associated with a police incident in February 2023 – the support centre was established to support those evacuated from their homes. The rest centre was open for approximately four hours and supported a small number of people.
- Support following the interruption of the electricity supply to multi-storey flats in the Hilltown caused by severe weather – the centre was opened in response to the power outage and supported a small number of people. In addition, staff attending the centre worked closely with colleagues from Neighbourhood Services to ensure that those most at risk were provided with information and alternative support provided.

- Douglas hand grenade incident – the centre was set-up in response to the cordoning of the immediate area, however the incident was contained prior to the receipt of members of the public. This is not an unusual situation and staff are often alerted to the potential for a support centre while the situation is being assessed.
- Ukraine Response – Dundee Health and Social Care Partnership maintained the Hotel Support Team for Ukrainian displaced people throughout 2023/24. The majority of people residing in hotels have now moved to accommodation within the city, and the Hotel Support Team was stood down at the end of March 2024. The cross services team supporting people from Ukraine, were awarded an OSCA award within Dundee City Council in 2023. The Health and Social Care Partnership Health Inequalities Team continues to provide initial health screening and checks for displaced people within Dundee.
- Partners have worked closely together to respond to the heightened risk of demand outstripping supply for national power generation resulting in a potential energy shortfall and the possibility of rolling rota disconnects. This has included joint assessment at a regional and local level of the risk of an energy shortfall and disconnects and consideration of proportionate response measures and plans. NHS Tayside has developed a Power Resilience Plan. Exercising of plans is planned for the coming year.

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	Failure to fully comply with the Category 1 Responder duties.
Risk Category	Governance, Legal
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk scoring 12 (which is a high-risk level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • Close co-operation is already in place across the LRP and with the corporate bodies. IJB membership of LRP and sub-groups agreed. • Dedicated Resilience Officers are in place within NHS Tayside and Dundee City Council who are available to provide expert advice and guidance to the Chief Officer and the wider Partnership when required. • Internal resilience structure within Dundee Health and Social Care Partnership in place, including Resilience and Business Continuity Group. • Arrangements in place to seek assurance from contracted providers regarding emergency plans and business continuity plans. • Category 1 Responder Action Plan developed, identifying areas for action and timescales.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk scoring 9 (which is a high-risk level)
Planned Risk Level	Likelihood 2 x Impact 2 = Risk scoring 4 (which is a low risk level)
Approval recommendation	It is recommended that the existing risk within the IJB's Strategic Risk Register is updated to reflect the current position, including risk mitigation and scoring.

7.0 CONSULTATIONS

- 7.1 The Chief Finance Officer, Heads of Service, Health and Community Care, corporate resilience leads in NHS Tayside and Dundee City Council and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

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: 19 May 2024

Kathryn Sharp
Acting Head of Service, Strategic Services

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
19 JUNE 2024

REPORT ON: FINANCIAL REGULATIONS - 2024/25

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB28-2024

1.0 PURPOSE OF REPORT

The purpose of this report is to present the Integrated Joint Board with updated Financial Regulations for consideration and requests that these are adopted as a key element of the Integration Joint Board's governance arrangements.

2.0 RECOMMENDATIONS

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

- 2.1 Notes and adopts the updated Financial Regulations for officers which is detailed in Appendix 1.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 The Public Bodies (Joint Working) (Scotland) Bill was enacted in April 2014. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) establishes the framework for the integration of health and social care in Scotland. The Scottish Government established the Integrated Resources Advisory Group (IRAG) to consider the financial implications of integrating health and social care, and to help develop professional guidance.
- 4.2 The IRAG guidance requires IJBs to establish good governance arrangements by producing Financial Regulations. These Financial Regulations are intended to provide the financial governance framework within which the IJB will operate. The Chief Officer, supported by the Chief Finance Officer must ensure there are adequate systems and controls in place for the proper management of its financial affairs.
- 4.3 The purpose of Financial Regulations is to assist organisations in fulfilling their obligations in respect of corporate governance, ensuring that stakeholders have an understanding of their responsibilities and a framework within which to discharge them.
- 4.4 Both Dundee City Council (DCC) and NHS Tayside (NHST) operate under Financial Regulations/Standing Orders for the operational delivery of services. As this direct service delivery will continue to be carried out within NHST and DCC, these Financial Regulations relate specifically to the affairs of the IJB, and, therefore are more limited and focused in scope. All operational and transactional finance matters for the delivery of the IJB will comply with DCC Financial Regulations and NHST Standing Financial Instructions.

- 4.5 Dundee IJB adopted financial regulations at its meeting of DIJB3-2016 (Article VI of the meeting refers) and were based on the Integration Scheme in place at the time and prior to the development of a range of other governance arrangements supporting the IJB and integrated health and social care services. The attached Financial Regulations have been revised to reflect the revised Integration Scheme and learned experience of health and social care integration. The Financial Regulations reflect and are consistent with a number of specific provisions made within the Revised Integration Scheme in relation to financial governance issues.
- 4.6 The IJB may revise the Financial Regulations at any time but any changes to the Regulations must be approved by the IJB and an updated version encompassing such amendments must be issued.

5.0 POLICY IMPLICATIONS

None.

6.0 RISK ASSESSMENT

Risk 1 Description	Failure to have adequate Financial Regulations will undermine the IJB's governance arrangements
Risk Category	Governance risk
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Mitigating Actions (including timescales and resources)	Regular update of Financial Regulations to reflect the current organisational structure.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 1 x Impact 2 = Risk Scoring 2 (which is a Low Risk Level)
Assessment of Risk Level	The mitigating actions set out above will ensure the Financial Regulations remains relevant and appropriate and therefore the risk to poor governance is low.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

None.

CHRISTINE JONES
ACTING CHIEF FINANCE OFFICER

DATE: 22 May 2024

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Dundee Integration Joint Board

Financial Regulations

Document Title:	Financial Regulations		
Owner:	Chief Finance Officer	Current Status	V1
Date First Approved	30-03-2016	Date of last review	N/A
Approved By:	Dundee IJB	Date of Next Review	
Revision History			
Version	Date Effective	Author & Changes	
1.0	2016	Dave Berry, Chief Finance Officer	
2.0	2024	Christine Jones, Acting Chief Finance Officer, Full Review	

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2.2 INTEGRATION JOINT BOARD MEMBERS RESPONSIBILITIES

2.3 CHIEF OFFICER / FINANCE OFFICER RESPONSIBILITIES

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6. REVIEW OF FINANCIAL REGULATIONS

GLOSSARY Appendix 1

1 WHAT THE REGULATIONS COVER

- 1.1 The Integration Joint Board is a legal entity in its own right created by Parliamentary Order, following ministerial approval of the Integration Scheme. It is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities. Stewardship is a major function of management and, therefore, a responsibility placed upon the appointed members and officers of the Integration Joint Board.
- 1.2 The Regulations set out the respective responsibilities of the Chief Officer and the Chief Finance Officer of the Integration Joint Board.
- 1.3 It will be the duty of the Chief Officer assisted by the Chief Finance Officer to ensure that these Regulations are made known to the appropriate persons within the Integration Joint Board and to ensure that they are adhered to.
- 1.4 If it is believed that anyone has broken, or may break, these Regulations, this must be reported immediately to the Chief Finance Officer, who may then discuss the matter with the Chief Officer, NHS Tayside Chief Executive, Dundee City Council Chief Executive or another nominated or authorised person as appropriate to decide what action to take.
- 1.5 These Regulations will be the subject of regular review by the Integration Joint Board Chief Financial Officer in consultation with the NHS Tayside Director of Finance and the Dundee City Council's Section 95 Officer, and where necessary, subsequent adjustments will be submitted to the Integration Joint Board ~~Performance & Audit Committee~~ for approval.
- 1.6 These Financial Regulations are an essential component of the corporate governance of the Health & Social Care Partnership Integration Joint Board.

2 ROLES AND RESPONSIBILITIES

2.1 SCOPE AND OBSERVANCE

- 2.1.1. Voting members of the IJB together with non-voting members of the IJB have a duty to abide by the highest standards of probity in dealing with financial issues. This is achieved by ensuring everybody is clear about the standards to which they are working and the controls in place to ensure these standards are met.
- 2.1.2. The key controls and control objectives for financial management standards are: -
 - the promotion of the highest standards of financial management by the IJB;
 - a monitoring system to review compliance with the financial regulations;

- comparisons of actual and forward projection of financial performance with planned/budgeted performance that are reported to the IJB;
- preparation and approval of an annual budget;
- preparation of annual accounts which will be submitted for external audit; and
- provision for performance monitoring and scrutiny of the IJB to fulfil its duties under its Terms of Reference.

2.1.3. In all matters to do with the management and administration of the Integrated Budget by the IJB and its officers exercising such delegated powers as the IJB has agreed, these Financial Regulations will apply in all circumstances.

2.1.4. Prior to any funding being passed by one of the Parties to the IJB as part of the Integrated Budget, the Financial Regulations or Standing Financial Instructions of the relevant Party will apply. Similarly, once funding has been approved from the Integrated Budget by the IJB and directed by it to the Council or the NHS for the purposes of service delivery, the Standing Financial Instructions or Financial Regulations of the relevant Party will then apply to the directed sum, which will be utilised in accordance with the priorities determined by the IJB in its Strategic Plan.

2.2. INTEGRATION JOINT BOARD MEMBERS RESPONSIBILITIES

2.2.1. The members of the IJB are responsible for ensuring that, through the IJB's Chief Finance Officer, there is proper administration of the IJB's financial affairs, and that proper accounting records are kept for the IJB, which disclose the true and fair financial position and enable the preparation of financial statements that comply with the applicable Code of Practice.

2.2.2. The members of the IJB are responsible for ensuring the IJB's Strategic Plan can be delivered on a financially sustainable basis.

2.3. CHIEF OFFICER (IJB CO)/ FINANCE OFFICER (IJB CFO) RESPONSIBILITIES

Joint Responsibilities

2.3.1. The IJB CO and IJB CFO shall comply with the internal control procedures prevailing within the host organisation responsible for Service Delivery with regard to their operational activities e.g. segregation of duties, procurement of goods / services, control of assets, etc.

2.3.2. The IJB CO and IJB CFO shall comply with the internal control procedures prevailing within their host organisation with regard to their personal work-related activities e.g. travel and subsistence, codes of conduct, declarations, etc.

2.3.3. Where the IJB CO or IJB CFO delegate any of their responsibilities, the nature and extent of this should be set out in a Scheme of Delegation.

Chief Officer Responsibilities

2.3.4. The IJB CO will ensure that the decisions of the IJB are carried out and has a direct line of accountability to the Chief Executive of NHS Tayside and the Chief Executive of Dundee City Council for the delivery of integrated services. The IJB CO is responsible for ensuring that service delivery is in accordance with the Strategic Plan to support the national outcomes, any locally delegated responsibilities for health and wellbeing and for measuring, monitoring and reporting on the underpinning measures and indicators (including financial) that will demonstrate progress.

2.3.5. The IJBCO is the accountable officer for Delegated Functions to the Integration Joint Board of the IJB in all matters except finance. The IJBCO will discharge his/her duties in respect of the delegated resources by The Parties agree that the IJBCO is responsible for:

- the Operational Management and performance of Integrated Services including Lead Partner services with the exception of Acute Services, adult mental health inpatient, learning disability inpatient and drug and alcohol inpatient services
- ensuring that the Strategic Plan meets the requirement for economy, efficiency and effectiveness in the use of the IJB resources; and
- giving directions to NHS Tayside and Dundee City Council that are designed to ensure resources are spent according to the Strategic Plan. The IJBCO will report directly to the Chief Executive of the Council and the Chief Executive of NHS Tayside on Operational Management. It is the responsibility of the IJBCO to ensure that the provisions of the directions enable the Parties to discharge their responsibilities with regard to the provisions of the directions.
- Having in place management structures that ensure accountability and responsibility for professional, clinical and care governance in respect of the Integrated Services for which they have direct Operational Management responsibility.

2.3.6. In their operational role within the NHS and the Council, the IJBCO has no “accountable officer” status but is: -

- accountable to the Chief Executive of the Council and Chief Executive of the NHS for the operational performance of the services managed by the IJBCO.
- accountable to the Chief Executive of the NHS for the proper financial management of the operational budget, and is advised by the NHS Director of Finance;
- accountable to the Chief Financial Officer (Section 95 Officer) of the Council for the proper financial management of the operational budget, and is advised by the Chief Financial Officer of the Council

Chief Finance Officer Responsibilities

2.3.7. The Integration Scheme notes that the IJBCFO “will be accountable to the IJBCO and the IJB for the Annual Accounts, Financial Plan (including the Annual Financial Statement as required under section 39 of the Act) and providing financial advice to the Integration Joint Board. The IJBCFO will provide financial advice and support to the IJBCO and the IJB on the financial resources used for operational delivery. ~~will be accountable to the Integration Joint Board for the proper administration of its financial affairs including the preparation of the Annual Accounts and Financial Plan (including the Annual Financial Statement as required under Section 39 of the Act) and will provide financial advice and support to the Chief Officer and IJB on the financial resources used for operational delivery.~~” The IJBCFO will be responsible for preparing the IJB’s medium term financial plan to be incorporated into the Strategic Plan.

The IJBCFO is responsible for the administration of the financial resources delegated to the IJB and will discharge this duty by:

- establishing and maintaining financial governance systems for the proper use of the delegated resources
- ensuring that the Strategic Plan meets the requirement for best value in the use of the IJB’s financial resources

- ensuring that financial resources are utilised in accordance with the Strategic Plan

2.3.8. At the point when the IJB provides Direction to the Parties, for the operational delivery of services, the Director of Finance (NHS) and Council's Section 95 Officer are responsible for ensuring governance of these resources in accordance with their own organisation's financial governance documents.

3 FINANCIAL PLANNING AND MANAGEMENT

3.1 BUDGET PREPARATION

3.1.1. The Integrated Budget - The resources within scope of the IJB's Integrated Budget are those local authority social care services, health IJB primary, community healthcare and hospital services delegated in accordance with the Integration Scheme. The Integrated Budget will be the aggregate of payments to the IJB for services delegated by DCC and NHST.

3.1.2. The Strategic Budget - The resources within scope of the IJB's Strategic Budget are those within the Integrated Budget together with those in respect of large hospitals set aside in accordance with the Integration Scheme, termed "Large Hospital Services". The NHS budget for Large Hospital services is included within the IJB's Integrated Budget for direction via the Strategic Plan. Future changes agreed by the IJB and NHST will determine the movement between the Integrated Budget and the Large Hospital "Set Aside".

3.1.3. The Strategic Plan - the IJB is responsible for the production of a Strategic Plan - setting out proposals for the delivery of services within the remit of the IJB over the medium term. This will include a medium-term financial plan for the resources within scope of the strategic plan, incorporating the integrated budget and the notional budget for directed hospital services.

3.1.4. Budget Preparation / Requisitions - In accordance with the Integration Scheme the IJBCFO "will make annual budget Requisitions to the Parties in line with their respective budget setting timetables. The budget Requisitions will be calculated with initial reference to the pertinent year of the latest Strategic Plan agreed by the IJB and in line with agreement by the Parties and will include the costs of the IJB, External Audit, the IJBCO, the IJBCFO and any other relevant costs.~~will make annual budget Requisitions to the Parties in the format reflected within their respective budget guidance and to align with their respective budget setting timetables. The budget Requisitions will be calculated with initial reference to the pertinent year of the latest Strategic Plan agreed by the IJB~~".

3.1.5. "Where any adjustments are made from the proposals/assumptions contained in the Strategic Plan this will be made clear in the budget Requisition made by the Chief Finance Officer to the Parties~~Thereafter, the IJBCFO will consider areas of adjustment of budget requisitions in light of actual or projected performance (where applicable for each Party) and taking into account the Parties Corporate Financial Plans. Where any adjustments are made from the proposals/assumptions contained in the Strategic plan this will be made clear in the budget requisition made by the IJBCFO to the Parties~~".

3.1.6. "The Parties will engage with the IJBCO and IJBCFO while considering these Requisitions through their respective budget setting processes~~The IJBCO and IJBCFO will meet with~~

~~DCC and NHST senior finance officers to review and, if necessary, revise the budget Requisition in line with locally agreed budget setting timetables”.~~

3.1.7. ~~“The Parties will consider the implications of the Integration Joint Board’s planned Requisitions over the period of the Strategic Plan will ensure the services commissioned by the Integration Joint Board are delivered within the available Integrated Budget. The Partners (DCC and NHST) will consider these proposed budget Requisitions through their respective budget setting processes and will confirm the actual budget Requisition to the IJB by the day after the Council Tax legally requires to be set each year”.~~

3.1.8. Directions - Following agreement of the Strategic Plan by the IJB, and confirmation of the requisitions from the Parties, in accordance with the Integration Scheme the IJB “will approve and provide Direction to the Parties before the start of the Integration Joint Board financial year, in the relevant year, regarding the services that are commissioned, how they are to be delivered and the resources to be used in delivery.”~~will approve and provide Direction to the Parties before the start of the IJB financial year, in the relevant year, regarding the functions that are being directed, how they are to be delivered and the resources to be used in delivery”.~~ This direction is with a view to ensuring that resources are utilised in accordance with the objectives of the Strategic Plan.

3.1.9. The Integration Scheme notes that in “the event that a material calculation error in the spending Directions provided by the IJB to the Parties is discovered this will be adjusted for and revised Directions issued to the Parties”.

3.2. BUDGET MONITORING AND CONTROL

3.2.1. Budget Monitoring in accordance with the Integration Scheme the IJBCFO will “ensure routine financial reports are available to the IJBCO and the IJB on a timely basis and include as a minimum, annual budget, full year outturn projection and commentary on material variances. All IJB reports will be shared with the Parties simultaneously”. The frequency, form and content of reports will be agreed by the IJB. These reports will cover the financial performance of the Integrated Budget and the Strategic Budget together with projections for the full financial year and any implications for the following financial years.

3.2.2. “Where an unplanned year end overspend in the IJB’s budget is projected in respect of the Integrated Services for which the IJBCO has Operational Management responsibility the IJBCO and the IJBCFO must present a recovery plan to the IJB and the Parties and the IJB to address in year overspends and any recurring overspends for future financial years”.

In the event that the recovery plan is unsuccessful, and an overspend is evident at the year-end, uncommitted Reserves held by the IJB would firstly be used to address any overspend. If after the application of reserves there remains a forecast overspend, a revised Strategic Plan must be developed and agreed by the Parties to enable the overspend to be managed in subsequent years.

In the event that an overspend is evident following the application of a recovery plan, use of reserves or where the Strategic Plan cannot be adjusted, the overspend will be allocated based on each Parties’ proportionate contribution to the IJB’s budget Requisition for that financial year on a like for like basis.

Where the Parties make additional payments to cover an overspend then the Parties will discuss whether recovery of those additional payments in future years from the Integration Joint Board should be pursued.

In the event that further services and their associated budgets are added to the initial scope of the IJB the above timelines will not be adjusted unless the Parties agree otherwise.

3.2.3. In the event that an underspend is evident within the IJB's year-end position, this will be retained by the IJB unless the following conditions apply:

- Where a clear error has been made in calculating the budget Requisition; or
- In other circumstances agreed through a tripartite agreement between the Parties and the IJB

If these conditions apply, the underspend will be returned to each of the Parties in proportion to the spending Direction for each Party for that financial year, adjusting these spending Directions to ensure the Parties budgets are on a like for like basis. ~~will be allocated based on each Parties' proportionate contribution to the IJB's budget Requisition for that financial year on a like for like basis unless agreed otherwise through a tripartite agreement between the IJB and the Parties.~~

IJB Reports

3.2.4. The IJBCFO will be consulted on all reports being submitted to the IJB to ensure that any financial implications arising have been considered. Each IJB report should include a Financial Implications section.

3.2.5. It is a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014 that an Annual Performance Report is presented to the IJB and the financial contents therein should comply with the requirements as set out in the Act.

3.2.6. It will be the responsibility of the IJBCO and IJBCFO to provide relevant information and reports to ensure the DCC and NHST performance reporting arrangements are complied with.

Virement (Between Financial Years)

3.2.7. The Strategic Plan and budget Requisitions will detail the budget virement that is proposed to be undertaken between each financial year in respect of both the Integrated Budget and large hospital services set aside. The extent of virements will be confirmed following completion of the IJB annual accounts.

Virement (In Year) – Integrated Budget

3.2.8. The IJBCO, in consultation with the IJBCFO, can undertake budget virement of up to and including ~~£23,000,000~~ £24,000,000 under delegated authority subject to this virement not impacting upon current IJB, Council or NHS policies and must be consistent with the aims of the Strategic Plan. Individual virements in excess of ~~£5100,000~~ £5400,000 must subsequently be reported to the IJB for noting through the budget monitoring reports. Budget virement in excess of this sum requires approval of the IJB.

3.2.9. It will be necessary for the IJBCO to issue a revised direction to the Parties in light of in-year budget virement.

Virement (In Year) – Large Hospital Services

3.2.10. All budget virement in respect of Large Hospital services will require approval of the IJB and the NHST and the reasons for this virement will be detailed in such a request e.g. changes in the timing of planned capacity changes from that outlined in the Strategic Plan.

Year End Budget Variances

3.2.11. Any surplus or deficit arising at the financial year end on the Strategic Budget will be addressed in accordance with the provisions for this detailed within the Integration Scheme as follows: -

- Deficit

Uncommitted Reserves held by the IJB would firstly be used to address any overspend;

Via the risk sharing provisions between the Parties as set out in the Integration Scheme.

- Surplus

Retained in Reserves unless either a clear error has been made in calculating the budget Requisition or in other circumstances agreed through a tripartite agreement between the Parties and the IJB.

Reserves

3.2.12. The IJB is able to retain Reserves albeit these will be notional as the IJB will not hold cash balances. The IJB is required to set out and agree, therefore, a Reserves policy and strategy in the Strategic Plan.

3.3. ANNUAL ACCOUNTS

3.3.1. The annual accounts for the IJB are required to be prepared subject to the provisions of Section 106 of the Local Government (Scotland) Act 1973. As such the annual accounts – including a Governance Statement and Best Value Statement will be undertaken in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom.

~~3.3.1.~~ 3.3.2. As part of the process of preparing the Annual Accounts of the IJB, the IJBCFO will be responsible for liaising with the Parties to agree balances between the Integration Joint Board and the Parties at the end of the financial year in accordance with the respective annual account's timescales of the Parties. The IJBCFO will also be responsible for provision of other information required by the Parties to complete their annual accounts including Group Accounts.

~~3.3.2.~~ 3.3.3. The IJBCFO will arrange for the preparation and submission of the IJBs annual accounts by the statutory deadline and sign the annual accounts.

~~3.3.3.~~ 3.3.4. The draft annual accounts and final accounts should be submitted to the IJB and Audit Committee (if applicable) for their scrutiny and review.

4 FINANCIAL SYSTEMS AND PROCEDURES

4.1 TREASURY MANAGEMENT

4.1.1. Legislation, under Section 106 of the Local Government (Scotland) Act 1973 empowers the IJB to hold reserves, which should be accounted for in the financial accounts and records of the IJB.

4.1.2. The IJB will not undertake any cash transactions but rather these will be on a notional basis through the direction of expenditure undertaken by the Parties. Any cash correction arising as a result of variance between the Requisitions from and Directions to the Parties will be undertaken directly between the Parties without any adjustment for interest.

4.1.3. In light of the above the IJB will not operate a bank account [although it has the power to do so](#).

4.2. PROCUREMENT

4.2.1. The Public Bodies (Joint Working) (Scotland) Act 2014 provides that the IJB may be empowered to contract itself to carry out the functions delegated to it. The IJBCO shall consult with the IJBCFO and both Parties' senior finance officers prior to seeking IJB approval for such contracting.

4.2.2. Until such agreement is achieved, procurement activity will be undertaken by the respective Parties and in accordance with the guidance prevailing in the organisation to which the IJB has given operational direction for the use of financial resources. The IJBCO and IJBCFO will consider whether there are financial or other benefits for either of the Parties to be directed to undertake particular areas of spend.

4.3. CHARGES FOR SERVICES

4.3.1. The IJB will not charge for services as any charging will be undertaken by the organisation to which the IJB has given operational Direction to deliver the services for which a charge is made in accordance with local policy and national guidance.

4.4. VALUE ADDED TAX

4.4.1. There is no requirement for a separate VAT registration for the IJB as the IJB will not be delivering any services within the scope of VAT.

4.4.2. The IJBCO and IJBCFO must remain cognisant of possible VAT implications arising from the delivery of the Strategic Plan. The Parties will be consulted in early course on proposals which may have VAT related implications.

4.5. INSURANCE AND RISK MANAGEMENT

4.5.1. The Integration Joint Board will make appropriate insurance arrangements for all activities of the Integration Joint Board in accordance with the risk management strategy.

4.5.2. The Chief Officer will arrange, taking such specialist advice as may be necessary, that adequate insurance cover is obtained for all normal insurable risks arising from the activities of the Integration Joint Board for which it is the general custom to insure. This will include the provision of appropriate insurance in respect of Members of the Integration Joint Board acting in a decision-making capacity.

4.5.3. The Integration Joint Board will use its membership of the Clinical Negligence and Other Risks Scheme (CNORIS) scheme to provide indemnity cover for the Integration Joint Board Members. The cover to be provided is in respect of decisions made by Members in their capacity on the Board. All other cover required should be provided by NHS Tayside and Dundee City Council.

4.5.4. The NHS Tayside Director of Finance and the Section 95 Officer of Dundee City Council will ensure that the Chief Officer has access to professional support and advice in respect of risk management.

4.5.5. The IJBCO will notify the IJB as soon as reasonably possible of any incidents of loss, damage or injury, which may give rise to a claim by or against the IJB.

4.6. BOARD MEMBERS' ALLOWANCES AND EXPENSES

- 4.6.1. Payment of IJB Board Members' allowances, travel and subsistence expenses [if appropriate](#) will be the responsibility of the Members' individual Council or NHST or employing organisation, and will be made in accordance with their own Schemes as required to reflect the capacity of the role being discharged e.g. Lead Clinician, third sector representative.

5. FINANCIAL ASSURANCE

5.1. EXTERNAL AUDIT

- 5.1.1. The IJB will be subject of external audit by auditors appointed by the Accounts Commission. The IJB, IJB CO and IJB CFO are required to comply with all reasonable requests made by the auditors in completion of their external audit.
- 5.1.2. The IJB CFO will be the initial point of contact with external auditors for all matters in relation of the IJB's annual accounts.

5.2. INTERNAL AUDIT

- 5.2.1. The IJB shall establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the allocated resources, but not the amount or sufficiency of the allocated resources. This will include determining who will provide the internal audit service for the IJB and nominating a Chief Internal Auditor.
- 5.2.2. The operational delivery of internal audit services within the NHS and the Council will be contained within their respective and established arrangements.
- 5.2.3. The Internal Audit Service will undertake its work in compliance with the Public Sector Internal Audit Standards.
- 5.2.4. On or before the start of each financial year, the IJB's Chief Internal Auditor will prepare and submit a strategic risk-based audit plan to the IJB [or Performance and Audit Committee](#) ~~(or appropriate Sub Committee, if established)~~ for approval. It is recommended this is shared for information with the relevant committee of the NHS and the Council.
- 5.2.5. The IJB's Chief Internal Auditor will submit an annual audit report of the Internal Audit function to the Chief Officer and the IJB [or Performance and Audit Committee](#) ~~(or appropriate Sub Committee)~~ indicating the extent of audit cover achieved and providing a summary of audit activity during the year. As a minimum the annual audit report and IJB Chief Internal Auditor's opinion will also be reported to the audit committee of the NHS Board and the Scrutiny Committee of the Council.
- 5.2.6. The IJB, IJB CO and IJB CFO have a duty to inform DCC's Chief Internal Auditor and the NHS Counter Fraud Service of any suspicion of fraud, irregularity or any other matter concerning the contravention of the Financial Regulations affecting assets of the IJB or the Parties.

5.3. BREACH OF THE FINANCIAL REGULATIONS

- 5.3.1. A breach of these Financial Regulations must be reported immediately to the Chief Officer, who may then discuss the matter with the NHS's Chief Executive, the Council's

Chief Executive or another nominated or authorised person as appropriate to decide what action to take.

5.3.2. The Audit Committee will be notified of any material breach of the Financial Regulations.

5.4. AUTHORISATION OF COMMUNITY CARE PACKAGES

5.4.1. The IJBCFO will have delegated authority to authorise expenditure on community care packages for adults as detailed below:

- Level 1 - For individuals who can be supported in their own home with interval support and care packages, the IJBCFO will have delegated authority to agree the cost of care packages for these individuals at a rate equating to the national care home rate for nursing care plus 15%. (NH NCH rate +15%)
- Level 2 - For individuals requiring twenty-four-hour care and support from a specialist provider, the IJBCFO will have delegated authority to agree the cost of care packages for these individuals up to twice the cost of a Level 1 care package per week (i.e 2*NH NCH rate +15%)
- Level 3 - For individuals who present a significant risk to themselves or to others (including people who have forensic needs or severe challenging behaviour), the IJBCFO will have delegated authority to agree the cost of care packages for these individuals up to three times the cost of a Level 1 care package per week (i.e 3*NH NCH rate +15%)

5.4.2. Should a proposed package of care exceed these levels, the proposal will be referred to the IJBCO for consideration in consultation with the Chair and Vice Chair of the IJB. The outcome of the decision will be reported to the next available IJB meeting for information.

5.5. SCHEME of DELEGATION

Detail included in separate documentation.

5.6. GIFTS and HOSPITALITY / REGISTER of INTEREST

5.6.1. Members and employees should comply with their respective codes of conduct when offered gifts, gratuities and hospitality. NHS Tayside and Dundee City Council both maintain a register of gifts and hospitality offered.

5.6.2. A central register of gifts and hospitality will be maintained by the Integration Joint Board. For the offers of any hospitality or gift, approval must be sought from the relevant line manager prior to acceptance and for offers exceeding £30 details must be intimated in writing for including in the register. Reference should be made to the respective codes of conduct.

5.6.3. A separate Register of Interests for board members is to be maintained by the Clerk to the Integration Joint Board.

REVIEW OF FINANCIAL REGULATIONS

6.

These Financial Regulations shall be subject to review on an ongoing basis by the Chief Finance Officer and where necessary, subsequent amendments will be submitted to the Integration Joint Board for approval. Financial Regulations should be considered alongside other Governance documents including Standing Orders and Scheme of Delegation.

GLOSSARY

<i>Term</i>	<i>Meaning</i>
The Act	the Public Bodies (Joint Working) (Scotland) Act 2014
Integration Scheme	this is a document agreed jointly by Dundee City Council and NHS Tayside which details the joint working procedures to be followed by Integrated Joint IJB Parties – these are Dundee City Council and NHS Tayside
Integrated Functions	those functions and services delegated to the IJB by virtue of this Scheme;
Integration Joint Board Order	the Public Bodies (Joint Working) (Proceedings, Membership and General Powers of Integration Joint IJBs) (Scotland) Order 2014
IJB	the Integration Joint IJB to be established by Order under section 9 of the Act, abbreviated to “IJB”
IJB Chief Officer (IJB CO)	that individual appointed by the Integrated Joint IJB to ensure delivery of the IJB’s Strategic Plan
IJB Chief Finance Officer (IJB CFO)	that individual appointed by the Integrated Joint IJB to ensure governance of the IJB’s financial resources and provide financial advice to the IJB CO and IJB
Local Authority Section 95 Officer	this is the individual occupying the post within the local authority with responsibility for governance of financial resources in accordance with Section 95 of the Local Government (Scotland) Act 1973
Health Director Of Finance	that individual occupying the post within NHS Tayside with accountability for governance of financial resources
Requisition	the financial resources devolved by each of the Parties to the Integrated Joint IJB
Direction	is the instruction from the IJB to each of the Parties to undertake operational provision of services and the related financial resource level to undertake this (issued under section 26 of the Act)
Payment	Term used in the legislation to describe the Integrated Budget contribution to the Integration Joint Board and does not require that a bank transaction is made. In addition the term used to describe the resources paid by the Integration Joint Board to the Health Board and the Local Authority for carrying out the directed functions.
Integrated Budget	Budget for the delegated resources for the functions set out in the Integration Scheme as specified in legislation (See “notional budget”).
Notional Budget	Activity based budget for commissioned hospital services used by the IJB population as set out in the Strategic Plan. This is the amount required to be set aside by the Health Board for use by the IJB.
Strategic Plan	the plan which the IJB is required to prepare and implement in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act.
Virement	the transfer of an under spend on one budget head to finance additional spending on another budget head. For the purposes of the IJB, represents the transfer of budget one are of “subjective”

<i>Term</i>	<i>Meaning</i>
	spend to another, i.e. staff costs, employee costs, property costs, etc. or the transfer of budget between Parties.
Acute services	those services set out in Part 2 of Annex 1 to the Scheme which are delivered within Ninewells Hospital and Perth Royal Infirmary, except medicine for the elderly services delivered at Perth Royal Infirmary (for which the Integration joint IJB will have operational delivery responsibility)
Large Hospitals	those hospitals which fall within the definition set out in section 1(14) of the Act; Means the functions that a Health Board proposes to delegate under an integration scheme which are carried out in the area of the Health Board and are provided for the areas of two or more local authorities. (Section 1 (14)). Note that it is possible that this definition could be interpreted as referring to community hospitals that provide care to people from more than local authority but this is not the intention of the legislation
Outcomes	the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act;
Dundee City Council or The Council or DCC	the local government area of Dundee City as defined in the Local Government Etc. (Scotland) Act 1994
VAT – Value Added Tax	Health Boards and Local Authorities have a different VAT status under the VAT Act 1994. Local Authorities have Section 33 status whereby they can recover VAT on non-business activities; and Health Boards have Section 41 status, they can typically only recover VAT incurred on services. Local Authorities typically recover a greater proportion of VAT than Health Boards.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
19 JUNE 2024

REPORT ON: SCHEME OF DELEGATION - 2024/25

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB29-2024

1.0 PURPOSE OF REPORT

The purpose of this report is to present the revised Scheme of Delegation for officers from the Integrated Joint Board for consideration and requests that this is adopted as a key element of the Integration Joint Board's governance arrangements.

2.0 RECOMMENDATIONS

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

- 2.1 Notes and adopts the updated Scheme of Delegation for officers which is detailed in Appendix 1.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 The legislation requires the IJB to direct the Council and Health Board to deliver services pursuant to the delegated functions in a manner consistent with the Strategic Plan. The IJB transfers financial allocations to the Council and Health Board to permit the discharge of these directions. The IJB also places the Chief Officer at the disposal of the Chief Executives of the Council and Health Board to operationally manage these services and the employees engaged in their delivery. It is this element which forms the basis of the delegation to Officers
- 4.2 The original Scheme of Delegation was approved by the IJB at its meeting of the 25th April 2017. A revised Scheme of Delegation was approved on 23rd April 2019 on submission of report DIJB16-2019 (Article V of the minute of the meeting refers). It is noted that Dundee City Council reviewed their Scheme of Delegation in 2020 so all wording regarding the Chief Social Work Officer has now been reflected in the updated Scheme of Delegation which is attached as Appendix 1.

5.0 POLICY IMPLICATIONS

None.

6.0 RISK ASSESSMENT

Risk 1 Description	Failure to have adequate Scheme of Delegation will undermine the IJB's governance arrangements
Risk Category	Governance risk
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Mitigating Actions (including timescales and resources)	Regular update of Scheme of Delegation to reflect the current organisational structure.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 1 x Impact 2 = Risk Scoring 2 (which is a Low Risk Level)
Assessment of Risk Level	The mitigating actions set out above will ensure the Scheme of Delegation remains relevant and appropriate and therefore the risk to poor governance is low.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

None.

CHRISTINE JONES
ACTING CHIEF FINANCE OFFICER

DATE: 22 May 2024



Dundee Integration Joint Board

Scheme of Delegation

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CONTENTS**1 INTRODUCTION AND INTERPRETATION****2 CORE PRINCIPLES****3 GENERAL POWERS RESERVED FOR THE IJB****4 SPECIFIC POWERS RESERVED FOR THE IJB****5 DELEGATION TO OFFICERS**

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SCHEME OF DELEGATION

1 INTRODUCTION AND INTERPRETATION

1.1 Introduction

The Scheme of Delegation was approved by Dundee City Integration Joint Board (hereinafter referred to as the "IJB") on 25th April 2017, [and further revised on 23rd April 2019](#). The scheme clarifies the remit and responsibilities of the Chief Officer and the Chief Finance Officer in respect of the operational management and deliverability of the integrated services as set out in the Integration Scheme for Dundee, which was approved by Scottish Ministers in [October 2022](#)~~September 2015~~.

This scheme of delegation sets out the powers conferred on the Integration Authority (the Dundee City Integration Joint Board) by the Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act") and what is delegated to the IJB from the Partners and clarifies the remit and responsibilities of the Chief Officer and the Chief Finance Officer in respect of the operational management and deliverability of the integrated services.

1.2 Interpretation and Definitions

The Interpretation Act 1978 shall apply to the interpretation of the Scheme as it would apply to the interpretation of an Act of Parliament. In this Scheme the following words shall have the meanings assigned to them, that is to say:

"the Act" means the Public Bodies (Joint Working) (Scotland) Act 2014;

"the Board" means Dundee City Integration Joint Board;

"Chief Officer" means the Chief Officer of the Integration Joint Board;

"Chief Finance Officer" means the chief financial officer of the Board appointed by the Board in terms of section 95 of the 1973 Act.

"Clerk" means the Head of Democratic and Legal Services of Dundee City Council

"Integration Scheme" means the [revised](#) Dundee Integration Scheme [2022](#) made between the Partners under the 2014 Act and approved by Scottish Ministers;

1.3 Alteration of Scheme

1.3.1 The Board shall be entitled to amend, vary or revoke the Scheme from time to time.

1.3.2 The Clerk shall have the power to alter the Scheme to correct any textual or minor errors, or to make any consequential amendments required as a result of a decision of the Board.

2 CORE PRINCIPLES

2.1 Dundee City Council and NHS Tayside (hereinafter referred to as "the Partners") delegated various functions to the IJB on [10th October 2022](#)~~1st April 2016~~ under the [revised](#) Dundee City Integration Scheme. The Partners retain overall statutory responsibility for their respective functions delegated to the IJB, as the IJB are responsible for the strategic planning and resources provision for the functions set out in the Scheme.

2.2 The matters reserved to the IJB or its committees, sub-committees or working groups are mainly the strategic policy, the making of Directions and financial or regulatory issues requiring to be decided by the IJB, while the day to day operational matters are assigned to officers. The remit of officers of the IJB detailed in the Scheme are not exhaustive.

3 GENERAL POWERS RESERVED FOR THE INTEGRATION JOINT BOARD

3.1 Delegated powers should not be exercised by officers where any decision would represent:

- (i) a departure from Board policy or procedure;
- (ii) a departure from the Strategic and Commissioning Plan;
- (iii) a significant development of policy or procedure.

4 SPECIFIC POWERS RESERVED FOR THE INTEGRATION JOINT BOARD

4.1 The powers which are reserved to the IJB or its committees, sub-committees and working groups are comprised of those which must, in terms of statute, be reserved, and those which the IJB has, itself, chosen to reserve. Powers which are not reserved are delegated, in accordance with the provisions of the Integration Scheme and this Scheme.

4.2 The following is a list of what powers are reserved to the IJB or any of its committees, sub-committees or working groups - this list is exhaustive:

- a) Any other functions or remit which is, in terms of statute or legal requirement bound to be undertaken by the IJB itself;
- b) To establish such committees, sub-committees and working groups, as may be considered appropriate to conduct business and to appoint and remove Chair Person and Vice Chair Person, members of committees, sub-committees, working groups and outside bodies;
- c) The approval of the Annual Budget;
- d) The approval of the Financial Strategy;
- e) The approval of the IJBs Accounts;
- f) The approval or amendment of the Standing Orders regulating meetings proceedings and business of the IJB and committees, sub-committees and working groups and contracts in so far as it relates to business services, the engagement of consultants, or external advisors for specialist advice, subject to necessary approvals through the Partners Procurement Standing Orders, Schemes of Delegation and Procurement Regulations;
- g) The approval or amendment of the Scheme of Delegation detailing those functions delegated by the IJB to its officers;
- h) The decision to co-operate or combine with other Integration Joint Boards in the provision of services other than by way of collaborative agreement;
- i) The approval or amendment of the Strategic and Commissioning Plan and associated Financial Framework;
- j) To deal with matters reserved to the IJB by Standing Orders, Financial Regulations and other schemes approved by the IJB;
- k) To issue Directions to the Partners under sections 26 and 27 of the 2014 Act, in line with the Integration Scheme and legislative framework sitting around the Chief Executive Officers (CEO's) of the Partners, and;
- l) The approval of the Clinical and Care Governance Framework.

5 DELEGATION TO OFFICERS

5.1 Chief Officer

5.1.1 The Chief Officer will have delegated responsibility for all matters in respect of the operational management and delivery of integrated functions of the Board, as set out in the Integration Scheme, except where

- (i) generally or specifically reserved to the Board; or
- (ii) where the Board determines that a particular power should be exercised by the Board, notwithstanding the delegation permitted by this clause.
- (iii) specifically reserved to the Chief Finance Officer in section 4.2 of this Scheme

5.1.2 The Chief Officer is authorised to take, or make arrangements for, any action required to implement any decision of the Board or any decision taken in the exercise of delegated powers.

5.1.3 The Chief Officer may in urgent circumstances and after consultation with the Chair Person and Vice Chair Person of the Board and the Chief Finance Officer and Clerk take such measures as may be required in which case a report will be submitted to the next appropriate meeting of the Board for noting.

5.1.4 If any decision proposed under delegated powers might lead to a budget being exceeded, the Chief Officer must consult with the Chair Person and Vice Chair Person of the Board before exercising the delegated power.

5.1.5 The Chief Officer whom failing the Chief Finance Officer or Clerk is authorised to execute or sign any deed or document to which the Board is a party.

5.1.6 Any deputy of the Chief Officer is authorised to exercise all powers delegated to the Chief Officer in the absence of the Chief Officer.

5.2 Chief Finance Officer

5.2.1 The Chief Finance Officer has overall responsibility for Finance including Audit and Financial Management.

5.2.2 The Chief Finance Officer shall discharge their duties in accordance with the powers as delegated to them by the Partners under their respective approved Schemes of Delegation. In discharging their duties and in making any recommendation to the IJB, the Chief Finance Officer will demonstrate to the IJB that they have followed relevant Partner procedures and sought approval, where this is required.

5.2.3 The Chief Finance Officer shall:-

- a) act as the Proper Officer responsible for the administration of the financial affairs of the IJB in terms of section 95 of the Local Government (Scotland) Act 1973;
- b) adhere to IJB and Partner Financial Regulations and relevant Codes of Practice of the Board for the control of all expenditure and income;
- c) monitor the IJB's capital and revenue budgets during the course of each financial year and report thereon to the IJB;
- d) determine all accounting procedures and financial record keeping of the IJB, to ensure the IJB is fully compliant with the Chartered Institute of Public Finance and Accountancy (CIPFA) Statement of Recommended Practice;

- e) subject to the approval of the Chief Officer and in conformity with any Financial Regulations and any approved policy, authorise the transfer of approved estimates from one head of expenditure to another, within a Service estimate, unless it is considered to materially affect the approved budget, in which case authorisation of the IJB will be sought. The Financial Regulations of the Partners- set out the rules in Virement;
- f) any deputy of the Chief Finance Officer is authorised to exercise all powers delegated to the Chief Finance Officer in the absence of the Chief finance Officer

5.3 Chief Social Work Officer

[5.3.1](#) The Chief Officer and Chief Finance Officer will support the Chief Social Work Officer in the discharge of their duties as a statutory appointment by virtue of section 3 of the Social Work (Scotland) Act 1968. The Council Management Team of Dundee City Council will ensure appropriate experienced and qualified cover for the post of Chief Social Work Officer during the absence of the Chief Social Work Officer.

[5.3.2](#) The Chief Social Work Officer has the following general responsibilities in their role as a Proper Officer of Dundee City Council:-

- (i) To oversee the discharge of the Council's statutory social work duties;
- (ii) To ensure the provision of effective professional and objective advice to elected members and officers of the Council in the Council's provision of social work services;
- (iii) To oversee the effective provision of social work services.

[5.3.3](#) Further details regarding the specific statutory function can be found within Dundee City Council Delegation of Powers to Officers of the Council (linked)

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))	Beth Hamilton	✓	✓	✓	✓				
Dundee City Council (Elected Member) (Vice Chair)	Cllr Ken Lynn	A	✓	✓	✓				
Dundee City Council (Elected Member)	Cllr Siobhan Tolland	✓	✓	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)	David Cheape				✓				
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓	✓						
Dundee City Council (Chief Social Work Officer)	Glyn Lloyd			A	✓				
Chief Officer	Vicky Irons	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 Flower	✓	✓	✓	✓				
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	✓				
Trade Union Representative	Jim McFarlane	✓	✓	✓	✓				
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	A	A	A				
Voluntary Sector	Christina Cooper	A	✓	✓	A				
Service User Representative	Liz Goss	✓	✓	✓	✓				
Person Providing unpaid care in the area of the local authority	Martyn Sloan	✓	✓	✓	A				
NHS Tayside (Director of Public Health)	Dr Emma Fletcher	A	✓	A	✓				
Clinical Director	Dr David Shaw	✓	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