



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

City Chambers
DUNDEE
DD1 3BY

13th June, 2023

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, 21st June, 2023 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) 4344818 or by email at committee.services@dundeecity.gov.uk by 5pm on Friday, 14th April, 2023.

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 MEMBERSHIP APPOINTMENT

It is reported that Sarah Dickie has now retired from NHS Tayside and that at the meeting of Tayside NHS Board held on 27th April, 2023, it was agreed that Susannah Flower be appointed as a replacement non-voting member of the Integration Joint Board in the capacity of Registered Nurse employed by the Health Board.

The Integration Joint Board is asked to note the position.

4 MINUTE OF PREVIOUS MEETING - Page 1

(a) The minute of previous meeting of the Integration Joint Board held on 19th April, 2023 is attached for approval.

(b) ACTION TRACKER - Page 7

The Action Tracker (DIJB29-2023) for meetings of the Integration Joint Board is attached for noting and updating accordingly.

5 BELLA UNIT, WOMEN'S CUSTODY UNIT – UPDATE FOLLOWING OPENING

Jacky Ramsay, Team Manager and Neil Wallace, Service Manager from Children and Families Service attending.

6 PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 24TH MAY, 2023 - Page 11

(Copy attached for information and record purposes).

(b) CHAIR'S ASSURANCE REPORT - Page 17

(Report No DIJB39-2023 attached for information and record purposes).

7 ANNUAL COMPLAINTS PERFORMANCE - Page 19

(Report No DIJB33-2023 by the Chief Officer, copy attached).

8 STRATEGIC COMMISSIONING FRAMEWORK 2023-2033 - Page 27

(Report No DIJB27-2023 by the Chief Officer, copy attached).

9 CARERS INVESTMENT PLAN UPDATE - Page 141

(Report No DIJB35-2023 by the Chief Finance Officer, copy attached).

10 MANAGEMENT OF DELAYED DISCHARGES - Page 163

(Report No DIJB31-2023 by the Chief Officer, copy attached).

11 ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP 2022-2023 - Page 175

(Report No DIJB32-2023 by the Clinical Director, copy attached).

12 CATEGORY 1 RESPONDER – ANNUAL REPORT 2022/23 - Page 189

(Report No DIJB37-2023 by the Chief Officer, copy attached).

13 FAIRER WORKING CONDITIONS – HOME CARE (UPDATE) - Page 213

(Report No DIJB30-2023 by the Chief Officer, copy attached).

14 ANNUAL INTERNAL AUDIT REPORT - Page 239

(Report No DIJB40-2023 by the Chief Finance Officer, copy attached).

15 UNAUDITED ANNUAL ACCOUNTS 2022/2023 - Page 275

(Report No DIJB41-2023 by the Chief Finance Officer, copy attached).

16 FINANCIAL MONITORING POSITION AS AT MARCH 2023 - Page 337

(Report No DIJB28-2023 by the Chief Finance Officer, copy attached).

17 5 YEAR FINANCIAL OUTLOOK 2023/24-2027/28 - Page 351

(Report No DIJB36-2023 by the Chief Finance Officer, copy attached).

18 DELIVERY OF GENERAL MEDICAL SERVICES FOR PATIENTS REGISTERED WITH INVERGOWRIE PRACTICE - Page 359

In view of the timescales involved this Report was approved by the Chief Officer in consultation with the Chief Finance Officer, Clerk and Standards Officer, Chairperson and Vice Chairperson on the Integration Joint Board.

(Report No DIJB42-2023 by the Chief Finance Officer, copy attached).

19 SPECIALIST PALLIATIVE CARE SERVICES REMODELLING - Page 369

(Report No DIJB34-2023 by the Chief Officer, copy attached).

20 TAYSIDE MENTAL HEALTH SERVICES: MENTAL HEALTH AND LEARNING DISABILITIES SERVICES WHOLE SYSTEM CHANGE PROGRAMME - Page 383

(Report No DIJB43-2023 by the Chief Officer, copy attached).

21 MEETINGS OF THE INTEGRATION JOINT BOARD 2023 ATTENDANCES – DIJB38-2023 - Page 461

A copy of the attendance return for meetings of the Integration Joint Board held to date over 2023 is attached for information.

22 DATE OF NEXT MEETING

The next meeting of the Dundee Integration Joint Board will be held remotely on Wednesday, 23rd August, 2023 at 10.00am.

This page is intentionally left blank

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST
(REVISED MAY 2023)

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

<u>Role</u>	<u>Recipient</u>
VOTING MEMBERS	
Non Executive Member (Chair)	Pat Kilpatrick
Elected Member (Vice Chair)	Councillor Ken Lynn
Elected Member	Councillor Siobhan Tolland
Elected Member	Councillor Dorothy McHugh
Non Executive Member	Anne Buchanan
Non Executive Member	Sam Riddell
NON VOTING MEMBERS	
Chief Social Work Officer	Diane McCulloch
Chief Officer	Vicky Irons
Chief Finance Officer (Proper Officer)	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson
Registered Nurse	Suzie Flower
Registered medical practitioner (not providing primary medical services)	Dr James Cotton
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)	Donald McPherson
Proxy Member (NHS Appointment for Voting Member)	Jenny Alexander
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)	Grant Archibald
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)	Kenny McKaig
Dundee City Council (Members' Support)	Jayne McConnachie
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



At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 19th April, 2023.

Present:-

Members

Role

Ken LYNN (<i>Vice Chairperson</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)
Anne BUCHANAN	Nominated by Health Board (Non Executive Member)
Sam RIDDELL	Nominated by Health Board (Non-Executive Member)
Dave BERRY	Chief Finance Officer
Dr James COTTON	Registered Medical Practitioner (not providing primary medical services)
Alice KIRKWOOD	Third Sector Representative
Dr David SHAW	Clinical Director
Martyn SLOAN	Person providing unpaid care in the area of the local authority
Dr David WILSON	NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))

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

Joyce BARCLAY	Dundee Health and Social Care Partnership
Jenny HILL	Dundee Health and Social Care Partnership
Shona HYMAN	Dundee Health and Social Care Partnership
Christine JONES	Dundee Health and Social Care Partnership
Clare LEWIS-ROBERTSON	Dundee Health and Social Care Partnership
Julia MARTINEAU	Dundee Health and Social Care Partnership
Mary O'CONNOR	Audit Scotland
Kathryn SHARP	Dundee Health and Social Care Partnership
Richard SMITH	Audit Scotland

Ken LYNN, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Members

Role

Christina COOPER	Third Sector Representative
Sarah DICKIE	Registered Nurse
Emma FLETCHER	Director of Public Health
Liz GOSS	Service User residing in the area
Vicky IRONS	Chief Officer
Pat KILPATRICK	Nominated by Health Board (Non Executive Member)
Diane McCULLOCH	Chief Social Work Officer
Jim McFARLANE	Trade Union Representative
Raymond MARSHALL	Staff Partnership Representative

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 22nd February, 2023 and 29th March, 2023 were submitted and approved.

- (b) ACTION TRACKER

The Action Tracker DIJB24-2023 for meetings of the Integration Joint Board was submitted and noted.

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

- (i) that in relation to action number 4 (Integration Scheme Development Session), the Chief Finance Officer would check attendance from Dundee with colleagues in Angus IJB who hosted the session; and
- (ii) to note that in relation to progress with the Community Wellbeing Centre, lease arrangements were being concluded and interviews for staff were still ongoing.

IV STRATEGIC COMMISSIONING FRAMEWORK 2023-2033 – CONSULTATION DRAFT

There was submitted Report No DIJB17-2023 by the Chief Officer providing an update regarding the development of the replacement strategic commissioning framework, delivery plan and other companion documents and seeking approval of a consultation draft of the Dundee Integration Joint Board Strategic Commissioning Framework 2023-2033 and of plans for final consultation, including with members of the public, Dundee City Council and NHS Tayside.

The Integration Joint Board agreed:-

- (i) to note the content of the report;
- (ii) to approve the consultation draft of the Dundee Integration Joint Board Strategic Commissioning Framework 2023-2033 which was attached as Appendix 1 to the report;
- (iii) to approve the plans for final consultation, including with Dundee City Council and NHS Tayside;
- (iv) to note that the current Strategic and Commissioning Plan Addendum 2022/2023 would remain in place until such times as the IJB approved the replacement framework and delivery plan; and
- (v) to instruct the Chief Officer to submit the final draft of the Strategic Commissioning Framework for approval to the IJB on 21st June 2023.

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

- (vi) that Kathryn Sharp would liaise with Communications colleagues about publicity for the Framework.

V EQUALITY MAINSTREAMING AND EQUALITY OUTCOMES PROGRESS REPORT 2021-2023 AND EQUALITY OUTCOMES 2023-2027

There was submitted Report No DIJB16-2023 by the Chief Officer seeking approval of the Dundee Integration Joint Board's Equality Mainstreaming and Equality Outcomes Progress Report 2021-2023 and of a new set of Equality Outcomes for the period 2023-2027.

The Integration Joint Board agreed:-

- (i) to note the content of the report;
- (ii) to approve the Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2021-2023 (section 4.2 and appendix 1 of the report);
- (iii) to approve the proposed Dundee IJB Equality Outcomes for the period 2023-2027 (section 4.3 and appendix 1 of the report); and
- (iv) to approve the intended approach to publication (section 4.4 of the report).

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

- (v) that Kathryn would check the colour coding in chart 7 for accuracy.

VI DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP SENIOR MANAGEMENT STRUCTURE UPDATE

There was submitted Report No DIJB21-2023 by the Chief Officer providing an update about the developing DHSCP senior management structure.

The Integration Joint Board agreed to note the updated senior management team structure as outlined in Appendix 1 to the report.

VII DUNDEE IJB PROPERTY STRATEGY UPDATE

There was submitted Report No DIJB20-2023 by the Chief Officer providing an update in relation to the Integration Joint Board's overarching Property Strategy approved by the IJB on the 14th December 2022 (Article VIII of the minute of meeting referred).

The Integration Joint Board agreed:-

- (i) to note the progress made in implementing the Property Strategy; and
- (ii) to instruct the Chief Officer to bring back progress reports to the IJB on an annual basis.

VIII DUNDEE CITY IJB STRATEGIC RISK REGISTER ANNUAL REPORT

There was submitted Report No DIJB23-2023 by the Chief Officer providing the annual report on developments and progress made in Dundee Health and Social Care Partnership's Strategic Risk management over the past year. It also provided further information about significant changes in specific risks over the past year.

The Integration Joint Board agreed:-

- (i) to note the current status of the IJBs Strategic Risk Register as set out in Appendix 1 of the report;
- (ii) to note the progress made in Dundee Health and Social Care Strategic Risk Management including agreement of the Tayside IJB's Risk Management Framework, and the holding of two IJB Development Sessions on Risk Management and Risk Appetite;
- (iii) 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
- (iv) to note the future work planned to further embed Strategic Risk Management in the IJB.

IX DUNDEE INTEGRATION JOINT BOARD DIRECTIONS POLICY

There was submitted Report No DIJB19-2023 by the Chief Finance Officer seeking approval to adopt a Directions Policy to support the issuing of Directions from the IJB to Dundee City Council and NHS Tayside.

The Integration Joint Board agreed to approve the proposed Directions Policy as set out in Appendix 1 to the report.

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

- (i) that the Directions Policy would be included in a future Development Session.

X AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2022/23

There was submitted Report No DIJB18-2023 by the Chief Finance Officer on the proposed Dundee Integration Joint Board Annual Audit Plan 2022/2023 as submitted by the IJB's appointed External Auditor (Audit Scotland).

The Integration Joint Board agreed:-

- (i) to note the content of the report; and
- (ii) to approve the proposed Audit Plan for 2022/2023 as submitted by Audit Scotland (attached as Appendix 1 to the report).

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

- (iii) to note the input provided by Richard Smith, Audit Scotland at the meeting.

XI FINANCIAL MONITORING POSITION AS AT FEBRUARY 2023

There was submitted Report No DIJB19-2023 by the Chief Finance Officer providing an update of the projected financial monitoring position for delegated health and social care services for 2022/2023 including an overview of the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the overall projected financial position for delegated services to the 2022/2023 financial year end as at 28th February 2023 as outlined in Appendices 1, 2, and 3 of the report;
- (ii) to note the costs and financial risks associated with Dundee Health and Social Care Partnership's continued response to the COVID-19 crisis as set out in section 4.5 of the report.
- (iii) to note that officers within the Health and Social Care Partnership would continue to carefully monitor expenditure throughout the remainder of the financial year.

XII MEETINGS OF THE INTEGRATION JOINT BOARD 2022 - ATTENDANCES

There was submitted a copy of the Attendance Return DIJB25-2023 for meetings of the Integration Joint Board held to date over 2023.

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

XIII 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 21st June, 2023 at 10.00am.

Ken LYNN, Chairperson.

This page is intentionally left blank

ITEM No ...4(b).....

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 21ST JUNE, 2023

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Original Timeframe	Status	Comment
1.	22/06/22	VII(ii)	COMMUNITY CUSTODY UNIT	to note following enquiry from Donald McPherson on measurement of delivery of service the advice of Diane McCulloch that the Scottish Prison Service would attend a future meeting to further outline the model of delivery.	Chief Officer	December 2022	Complete	Staff from Children and Families Services will provide an update to the IJB at June 2023 meeting.
2.	24/08/22	VII	QUARTERLY COMPLAINTS PERFORMANCE 1ST QUARTER 2022/2023	Following questions and answers the Integration Joint Board further agreed to note following enquiry from Donald McPherson that at next reporting period further examination would be given to clarification of information provided in relation to complaints received and breakdown of these over the quarters indicated.	Chief Finance Officer	December 2022	Complete	Further analysis reported to the PAC as part of the Quarterly Complaints Monitoring Report
3.	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	In progress	Strategic Plan has been formatted and circulated. Work to produce commissioning plan continues, this will be submitted to the IJB once completed.
4.	22/02/23	III(b)	ACTION TRACKER – Community Custody Unit	request for visit to be arranged to Unit.	Head of Health and Community Care (DMcC)	August 2023	In progress	Update to come to the IJB in June 2023. Numbers to be collated for the visiting for further discussions.

5.	22/02/23	IX	DUNDEE ALCOHOL AND DRUGS PARTNERSHIP STRATEGIC FRAMEWORK AND DELIVERY PLAN	the Chair, Vice Chair and relevant officers would have an off-table discussion in relation to required capital investment.	Chief Finance Officer	May 2023	In progress	Date to be arranged once initial planning complete
6.	22/02/23	X	MENTAL HEALTH AND WELLBEING STRATEGIC UPDATE	the manager of the Community Wellbeing Centre would be invited to the IJB at a relevant time.	Chief Social Work Officer	TBC	In progress	Consideration being given to the arrangement of visits to the centre as an initial alternative.
7.	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	In progress	Report being developed through the Tayside Executive Group
8.	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	In progress	Visits to be scheduled in May/June
9.	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	In progress	To be coordinated as part of programme of IJB development session on strategic planning.
10.	19/04/23	III(b)	ACTION TRACKER	that the Chief Finance Officer would check attendance at Integration Scheme Development Session with Angus as they hosted.	Chief Finance Officer	June 2023	Complete	Confirmed that only IJB Chairs and Vice Chairs had been invited to the session by Angus – will be picked up locally through further development session on governance to be arranged after the summer recess

11.	19/04/23	V	EQUALITY MAINSTREAMING AND EQUALITY OUTCOMES PROGRESS REPORT 2021-2023 AND EQUALITY OUTCOMES 2023- 2027	that Kathryn would check the colour coding in chart 7 for accuracy	Kathryn Sharp	May 2023	Complete	Chart and accompanying narrative were reviewed and update prior to publication of the report.
12.	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	In Progress	Further session on governance to be held following the summer recess

This page is intentionally left blank

ITEM No ...6(a).....



At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 24th May, 2023.

Present:-

<u>Members</u>	<u>Role</u>
Ken LYNN (Chairperson)	Nominated by Dundee City Council (Elected Member)
Dorothy McHUGH	Nominated by Dundee City Council (Elected Member)
Anne BUCHANAN	Nominated by Health Board (Non Executive Member)
Sam RIDDELL	Nominated by Health Board (Non Executive Member)
Dave BERRY	Chief Finance Officer
Barry HUDSON	(for Tony GASKIN Chief Internal Auditor)
Vicky IRONS	Chief Officer
Diane MCCULLOCH	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:-

Linda GRAHAM	Health and Social Care Partnership
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Kathryn SHARP	Health and Social Care Partnership
Lynsey WEBSTER	Health and Social Care Partnership
Jenny HILL	Health and Social Care Partnership
Christine JONES	Health and Social Care Partnership

Prior to commencement of business, the Chair advised the Committee that this would be Annie Buchanan's last meeting and paid tribute to the contribution made by her over her period of membership and wished her well for the future.

Ken LYNN, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

There were apologies for absence submitted on behalf of:-

Raymond MARSHALL	(Staff Partnership Representative
Dr James COTTON	(Registered Practitioner not providing primary medical care services).

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 1st February, 2023 was submitted and approved.

(b) ACTION TRACKER

There was submitted the Action Tracker, PAC14-2023, 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 ANALYTICAL REVIEW OF EMERGENCY READMISSION RATES – UPDATE

There was submitted Agenda Note PAC16-2023 giving an update on the analytical review of emergency readmission rates. Unscheduled hospital care is one of the biggest demands on Partnership resources. Whilst significant improvements had been made in some aspects of unscheduled care, performance in relation to repeat emergency admissions remains an area requiring further understanding and improvement. The Performance and Audit Committee had received a series of in-depth analytical reports for unscheduled care, including readmissions (Article VIII of the minute of the Dundee PAC on 29th May 2018, Article IV of the minute of the Dundee PAC on 25th March 2019 and Article XIV of the minute of the Dundee PAC on 22nd September 2020 referred). At the end of 2021 further analytical work was being planned (Article VII of the minute of the Dundee PAC on 24th November 2021 referred), however this was suspended as local data for readmissions was not available from Q1 2021/22 as NHS Tayside Business Unit (NHST BSU) were undertaking investigation and improvement of coding and recording to ensure greater parity when benchmarking performance across Partnerships (Article XI of the minute of the Dundee PAC on 20th July 2022 referred).

Following completion of the work by NHST BSU reporting of readmissions data had recommenced as at Q3 2022/23 (Article XVII of this minute refers).

Since February 2023, a short-life working group had been meeting to consider readmissions data. This group included NHST BSU, NHST Public Health Directorate, Public Health Scotland LIST and both data and intelligence and operational staff from the Dundee Health and Social Care Partnership. To date the work of the group had focused on developing a robust understanding of local readmissions data and ensuring that local calculation of the readmissions indicator was consistent with the technical definition of the national readmissions indicator. The group had now reached the stage of having as high a level of confidence as is proportionate, given limited analytical resources, in the local data and local calculation methodology. This provided the foundation for moving forward with further work in two areas: data definitions and quality and, analysis to inform improvement.

In relation to data definitions and quality, the immediate focus was on addressing remaining recording and coding issues that had been identified through the process already undertaken by the working group. The group had also opened up channels of communication with Public Health Scotland regarding the technical definition of the national readmissions indicator and were advocating for changes to the methodology to align this with modern pathways of care.

Work to develop a robust understanding of local readmissions data and indicator calculation had also helped the working group to identify specific areas for further analysis, with a view to this informing future improvement activity:-

- Further analysis of data by Scottish Index of Multiple Deprivation (SIMD), gender and age.
- Analysis of the readmission ratio, which was the number of readmissions observed over the expected readmissions.
- Further analysis of short stay admissions and readmissions (0 days and 1-3 days);
- Analysis of readmissions activity based on admission routes, including admissions made by GPs.

- Analysis of admissions and readmissions by diagnosis, with a focus on instances where initial admissions and subsequent readmissions are for the same diagnosis.
- Analysis of instances where there had been a significant number of multiple readmissions.
- Confirmation of specialities with highest readmission rates and further analysis of data for each of these specialities.
- Working with operational colleagues to contextualise readmissions activity as part of the pathway of unscheduled care and articulate the impact of wider improvement activity on a broader suite of indicators that provided a more holistic overview of unscheduled care performance and quality.

The working group anticipated submitting a full analytical report to the Performance and Audit Committee on 27th September 2023.

The Committee agreed to note the updated position.

V DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2022/2023 QUARTER 3

There was submitted Report No PAC17-2023 by the Chief Finance Officer, providing an update on the 2022/2023 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:-

- to note the content of the summary report;
- 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) to the report;
- 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) to the report; and
- to note the number of people waiting for social care assessment and care at home package and associated hours of care yet to be provided as detailed in Appendix 2 of the report.

VI MENTAL HEALTH PERFORMANCE

There was submitted Report No PAC20-2023 by the Chief Finance Officer, reporting a suite of measurement relating to the activity of Mental Health services for scrutiny and assurance.

The Committee agreed:-

- to note the content of the report;
- to discuss any further areas for development in the content and presentation of the report; and
- to note the operational and strategic supporting narrative in the context of the trends in performance and activity.

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

There was submitted Report No PAC15-2023 by the Clinical Director providing assurance to the Committee on the business of the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group.

The report was brought to the Committee to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership Integration Scheme. Clinical Governance was a statutory requirement to report, at Board level, from Scottish Government as per NHS MEL (1998) 75. The Performance and Audit Committee was asked to provide their view on the level of assurance the report provided in regard to clinical and care governance within the Partnership. The timescale for the data within the report was to 31st January 2023.

The Committee agreed:-

- (i) to note the Exception Report for the Dundee Health and Social Care Partnership Clinical Care and Professional Governance as detailed in Section 4 of the report; and
- (ii) that the level of assurance was reasonable due to the factors as indicated.

VIII QUARTERLY COMPLAINTS PERFORMANCE – 4TH QUARTER 2022/2023

There was submitted Report No PAC18-2023 by the Chief Finance Officer, summarising the complaints performance for the Health and Social Care Partnership (HSCP) in the fourth quarter of 2022/2023. 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; and
- (ii) to note the work which had been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring and report.

IX DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE

There was submitted Report No PAC19-2023 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;
- (ii) to note the extract from the Strategic Risk register attached at Appendix 1 of the report; and
- (iii) to note the recent work and future work on the Pentana Risk Management System in Section 7 of the report.

X DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT REPORT – GOVERNANCE ACTION PLAN

There was submitted Report No PAC10-2023 by the Chief Finance Officer, presenting the findings of the Internal Audit Review of the Governance Action Plan which was presented to each meeting of the Performance and Audit Committee.

The Committee agreed:-

- (i) to note the content and recommendations of the Internal Audit Review of the Governance Action Plan as set out in Appendix 1 of the report; and
- (ii) to instruct the Chief Finance Officer to implement the recommendations of the report and provide an update on progress at the next meeting of the Committee.

XI GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC12-2023 by the Chief Finance Officer, providing an update on the progress of the actions set out in the Governance Action Plan.

The Committee agreed to note the content of the report and the progress made in relation to the actions set out in the Governance Action Plan as outlined in Appendix 1 of the report.

XII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC13-2023 by the Chief Finance Officer, providing an update on the completion of the previous years' internal audit plans as well as progress against the 2022/2023 plan and work relating to 2023/2024. 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 completion of the 2021/2022 Internal Audit Plan and work undertaken relating to 2022/2023 and the commencement of the 2023/2024 plan.

XIII ATTENDANCE LIST

There was submitted Agenda Note PAC21-2023 providing attendance returns for meetings of the Performance and Audit Committee held over 2023.

The Committee agreed to note the position as outlined.

XIV DATE OF NEXT MEETING

The Committee agreed to note that the next meeting of the Committee would be held remotely on Wednesday 27th September, 2023 at 10.00 am.

Ken LYNN, Chairperson.

This page is intentionally left blank



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD -
21 JUNE 2023

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

REPORT BY: CHAIR, PERFORMANCE AND AUDIT COMMITTEE

REPORT NO: DIJB39-2023

This assurance report relates to the meeting of the Performance and Audit Committee (PAC) of the 24th May 2023.

Instructions Issued by the Committee

- The Committee instructed the Chief Finance Officer to implement the recommendations of the Internal Audit Review of the Governance Action Plan and provide an update on progress to the September 2023 PAC meeting.

Issues to highlight to the Board

- The Committee noted the updated PAC Action Tracker and requested that progress is made in progressing a number of actions which have been outstanding for some time.
- The Health and Social Care Partnership's quarter 3 (2022/23) Performance Report was presented to the Committee. As ever the committee spent time assessing the information presented and sought supplementary information from officers on a range of aspects of the report. It was noted that due to more confidence in the information available, quarterly and local data for readmissions to hospital within 28 days of discharge had been able to be included in the reporting for the first time since the 1st quarter report of 2021/22.
- The Committee was updated on the work ongoing in relation to the Analytical Review of Emergency Readmission Rates. As a result of the work of a multi-agency short life working group to consider the data, a full analytical report on this area requiring performance improvement is anticipated to be made available to the meeting of the PAC in September 2023.
- Following agreement at the February PAC, the committee received a new suite of mental health services performance indicators for the first time. This will support the committee in scrutinising the performance of mental health services delegated to Dundee IJB and highlights the challenges faced in terms of demand for services. Much of the reporting is reflected at a locality level which is invaluable in focussing attention on those areas of greatest need.
- The Clinical Care and Professional Governance Assurance report was presented to the Committee which as ever provided many questions and discussion given the comprehensive overview of services including risks associated with service delivery. The report provided a reasonable level of assurance of clinical and care governance arrangements in place.

- The 2022/23 4th Quarter Complaints Performance Report was submitted to the PAC. The Committee was disappointed that despite several requests made to NHS Tayside to provide information on NHS complaints performance, no information was forthcoming to enable completion of the report. The Committee noted the Chief Finance Officer had escalated the issue and was reassured that NHS Tayside have committed to making this information available for future reporting.
- The regular Strategic Risk Register update was provided to the Committee. This noted a relatively steady position in relation to risk levels with the only movement of risk scoring being around the Dundee Drug and Alcohol Recovery Service which reduced due to a range of positive actions taken, albeit it remains a high risk. A new risk has been identified around Data Quality reflecting capacity to ensure accurate data is recorded on social care systems thereby impacting on the quality of data submitted for statutory returns.
- The Committee was presented with the outcome of the Governance Action Plan review which is one of Internal Audit's substantive reviews as part of the IJB's Internal Audit Plan. The review found that the current Governance Action Plan has become overcomplicated and it's difficult to identify if all recommendations from a specific report have been completed. The review recommended providing separate reports to the PAC in future to cover the different sources of recommendations for improvement such as through internal audit, external audit and external reviews. The Committee accepted the recommendations and instructed the Chief Finance Officer to implement the required actions accordingly.
- The Committee tracked progress of both the Internal Audit Plan and the Governance Action Plan with reports on both of these presented to the meeting.

Ken Lynn
Chair

12 June 2023

ITEM No ...7.....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21ST JUNE 2023

REPORT ON: ANNUAL COMPLAINTS PERFORMANCE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB33-2023

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide an analysis of complaints received by the Dundee Health and Social Care Partnership over the past financial year 2022/2023. 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 Note the analysis of 2022/23 DHSCP complaint performance as set out in section 4 of this report
- 2.2 Note that this report is submitted in a different format to previous years to comply with the Scottish Public Service Ombudsman (SPSO) request for specific data within the report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None

4.0 BACKGROUND INFORMATION

- 4.1 From the 1st April 2017 both NHS and social work complaints follow the Scottish Public Service Ombudsman (SPSO) 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. The Performance and Audit Committee receives a Quarterly Complaints Report at each meeting. This report provides the IJB with an overview of complaints performance over the full year for 2022/23.
- 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 2022/23 a total of 202 complaints (217 in 2021/22) were received about health and social care services in the Dundee Health and Social Care Partnership.

This is a decrease from the previous year.

Total number of complaints received by year:

	2018/19	2019/20	2020/21	2021/22	2022/23
Number of complaints received	154	229	157	217	202

5.0 TOTAL NUMBER OF COMPLAINTS RECEIVED PER 1,000 POPULATION

- 5.1 The total number of complaints received per 1,000 population

SW	Health	Total
0.30	1.37	1.67

- 5.2 The total number of complaints closed per 1,000 population

SW	Health	Total
0.35	1.30	1.64

6.0 COMPLAINT THEMES

- 6.1 The highest proportion of complaints for Health continues to be regarding Mental Health Services with more than a third of complaints throughout the year relating to the service (40%). Of the 66 closed complaints for Health almost 44% were either upheld or partially upheld for the service.

The most common themes for Complaints about Mental Health Services are Waiting Times for Appointments; Disagreement with Treatment Plan; and Lack of Support. Complaints about Mental Health Services are by their very nature, very often complex.

For Social Work Complaints the most common complaint theme was Delay in responding to enquiries and requests. The second most common complaint theme was Failure to meet our service standards. This is the same result as 2021/22.

7.0 NUMBER OF COMPLAINTS CLOSED AT STAGES

- 7.1 The number of complaints closed per stage as % all complaints closed

	Stage 1	Stage 2	Escalated
Social Work	48%	48%	5%
Health	39%	41%	19%
Total	41%	43%	16%

8.0 COMPLAINT OUTCOMES AT STAGES

- 8.1 Complaint outcomes at stage 1 as % of all complaints closed in full at stage 1

	Upheld	Not Upheld	Partially Upheld
Social Work	15%	55%	15%
Health	34%	16%	45%
Total	29%	26%	38%

Stage 1 complaints do not total 100% as some complaints were closed as resolved / withdrawn / no consent / transferred / missing

8.2 Complaint outcomes at stage 2 as % of all complaints closed in full at stage 2

	Upheld	Not Upheld	Partially Upheld
Social Work	10%	60%	15%
Health	6%	58%	28%
Total	7%	59%	25%

Stage 2 complaints do not total 100% as some complaints were closed as resolved / withdrawn / no consent / transferred / missing

8.3 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	3%	63%	23%
Total	3%	63%	25%

Stage 2 escalated complaints do not total 100% as some complaints were closed as resolved / withdrawn / no consent / missing

9.0 AVERAGE TIME FOR FULL RESPONSE

9.1 The average time in working days for a full response to complaints by stage

	Stage 1 Responses	Stage 2 Responses	Escalated Responses
Social Work	12	34	36
Health	19	20	23
Total	16	27	30

This year, health and social care have increased the average time taken to respond to complainants in full to 16 working days from 9 at stage 1.

The average time taken to respond in full for a stage 2 complaint has decreased this year to 27 days from 56 days in 2021/22.

Complaints after escalation have also decreased their average days to respond in full from 75 in 2021/22 to 30 in 2022/23.

10.0 COMPLAINTS CLOSED WITHIN TIMESCALE

10.1 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	45%	13%	0%
Health	34%	37%	47%
Total	37%	27%	44%

Complaints closed within timescales this year have decreased from last year.

Complaints about Mental Health Services often take the longest to resolve. The Mental Health Services team will often ensure that complaint resolutions are agreed with by the complainant. This can often mean that these types of complaints take longer to resolve than other service areas. This is because mental health treatments can take longer to be effective than other services. There are also issues around capacity within the team to investigate complaints.

In comparison complaints about Allied Health Profession services are often resolved within timescales. This may be due to the nature of Allied Health Profession services being shorter to carry out with patients and supported people.

11.0 EXTENSION OF COMPLAINT TIMESCALES

11.1 Number of complaints closed at stage 1 where extension was authorised as % of all complaints at stage 1

SW	Health	Total
35%	0%	35%

11.2 Number of complaints closed at stage 2 where extension was authorised as % of all complaints at stage 2

SW	Health	Total
65%	2%	16%

11.3 Number of complaints closed after escalated where extension was authorised as % of all complaints escalated

SW	Health	Total
50%	20%	22%

In 2022/23 health and social care have had an increase of complaints extended across all stages of complaints compared to 2021/22.

12.0 SERVICE IMPROVEMENTS

12.1 Where complaints are upheld or partially upheld we plan service improvements to help prevent similar issues arising again.

12.2 Planned service improvements in the past year have included:

- A complaint was received in relation to the provision of equipment and the policy that supports decision-making. The policy is undergoing a review to ensure it reflects current legislation. This review is ongoing with health and social care staff, Neighbourhood Services (Housing Services) and the local authority legal team.
- A complaint was received in relation to posts made by a staff member on social media. While the staff member was aware of the social media policy they have been asked to reflect on their actions and review the policy.
- A complaint was received in relation to the timely response provided from the Direct Payments Team. A review led to the implementation of different working practices with an enhanced focus on the monitoring of work and the prioritisation and timely nature of responses.
- A number of complaints were received in relation to standards of care and on investigation these related to a failure in communication. Teams have worked hard, in complex and challenging circumstances, to develop systems for clear, concise communication and escalation processes to ensure ongoing communication throughout care provision.

12.3 Planned service improvements can include the development of systems, such as case recording systems development and where appropriate support for staff members to prevent complaint issues recurring. Where staff members have complaints raised about their practice there are appropriate support structures for them to access as necessary.

13.0 POLICY IMPLICATIONS

- 13.1 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.

14.0 RISK ASSESSMENT

Risk 1 Description	The risk of not improving our Complaint resolution timescales will result in increased customer dissatisfaction and non-compliance with our complaint procedure which may result in improvement recommendations from the SPSO.
Risk Category	Governance
Inherent Risk Level	Likelihood 4 L x Impact 3 = 12 – High risk
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Weekly reporting on open complaints to Locality Managers, and Head of Service - Exception reporting of complaints outwith timescales to the Chief Officer - Increased staff awareness of the complaint procedures. - Recruitment of staff member with focus on complaint administration by the DHSCP
Residual Risk Level	Likelihood 3 x Impact 3 = 9 High Risk
Planned Risk Level	Likelihood 2 x Impact 3 = 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.

15.0 CONSULTATIONS

- 15.1 The Chief (Finance) Officer and the Clerk were consulted in the preparation of this report.

16.0 DIRECTIONS

- 16.1 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	

17.0 BACKGROUND PAPERS

17.1 None

Vicky Irons
Chief Officer

DATE: 25 May 2023

Cheryl Russell, Customer Care & Governance Officer

SPSO Categories

	Social Work					Health				
	Q1	Q2	Q3	Q4	Annual	Q1	Q2	Q3	Q4	Annual
1a: the total number of complaints received per 1,000 population	0.06	0.04	0.06	0.10	0.30	0.30	0.34	0.30	0.34	1.37
1b: the total number of complaints closed per 1,000 population	0.10	0.05	0.07	0.13	0.35	0.40	0.34	0.37	0.42	1.30
2a: the number of complaints closed at stage 1 as % all complaints closed	25%	67%	88%	38%	48%	33%	29%	27%	45%	39%
2b: the number of complaints closed at stage 2 as % all complaints closed	75%	33%	13%	50%	48%	31%	52%	69%	39%	41%
2c: the number of complaints closed after escalation as % all complaints closed	0%	0%	0%	13%	5%	33%	19%	24%	16%	19%
3a: the number of complaints upheld at stage 1 as % of all complaints closed in full at stage 1	33%	25%	0%	17%	15%	44%	25%	33%	30%	34%
3b: the number of complaints not upheld at stage 1 as % of all complaints closed in full at stage 1	33%	50%	43%	83%	55%	13%	8%	25%	17%	16%
3c: the number of complaints partially upheld at stage 1 as % of all complaints closed in full at stage 1	0%	25%	29%	0%	15%	44%	67%	33%	43%	45%
3d: the number of complaints upheld at stage 2 as % of all complaints closed in full at stage 2	11%	50%	0%	0%	10%	20%	0%	3%	0%	6%
3e: the number of complaints not upheld at stage 2 as % of all complaints closed in full at stage 2	56%	0%	100%	75%	60%	47%	59%	45%	65%	58%
3f: the number of complaints partially upheld at stage 2 as % of all complaints closed in full at stage 2	33%	0%	0%	0%	15%	33%	41%	13%	15%	28%
3g: the number of escalated complaints upheld at stage 2 as % of all escalated complaints closed in full at stage 2	0%	0%	0%	0%	0%	6%	0%	0%	13%	3%
3h: the number of escalated complaints not upheld at stage 2 as % of all escalated complaints closed in full at stage 2	0%	0%	0%	50%	50%	56%	63%	100%	13%	63%
3i: the number of escalated complaints partially upheld at stage 2 as % of all escalated complaints closed in full at stage 2	0%	0%	0%	50%	50%	31%	25%	0%	63%	23%
4a: the average time in working days for a full response to complaints at stage 1	31	19	15	35	12	10	19	13	9	19

4b: the average time in working days for a full response to complaints at stage 2	50	28	69	45	34	31	26	41	15	20
4c: the average time in working days for a full respond to complaints after escalation	0	0	0	57	36	39	35	36	15	23
5a: the number of complaints closed at stage 1 within 5 working days as % of total number of stage 1 complaints	0%	50%	57%	50%	45%	6%	83%	83%	83%	34%
5b: the number of complaints closed at stage 2 within 20 working days as % of total number of stage 2 complaints	22%	0%	100%	50%	13%	33%	36%	24%	35%	37%
5c: the number of complaints closed after escalation within 20 working days as % of total number of escalated complaints	0%	0%	0%	0%	0%	25%	25%	45%	63%	47%
6a: number of complaints closed at stage 1 where extension was authorised as % of all complaints at stage 1	33%	50%	29%	33%	35%	6%	8%	0%	0%	0%
6b: number of complaints closed at stage 2 where extension was authorised as % of all complaints at stage 2	78%	100%	100%	38%	65%	0%	9%	5%	0%	2%
6c: number of complaints closed after escalated where extension was authorised as % of all complaints escalated	0%	0%	0%	50%	50%	19%	25%	27%	0%	20%

**Please note all categories add up to 100% due to missing data, the use of resolved outcomes and other categories to close complaints.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21ST JUNE 2023

REPORT ON: STRATEGIC COMMISSIONING FRAMEWORK 2023-2033

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB27-2023

1.0 PURPOSE OF REPORT

To seek approval of the Dundee Integration Joint Board (IJB) Strategic Commissioning Framework 2023-2033. To inform the IJB of the response to the final period of public, workforce and stakeholder engagement that has informed the strategic commissioning framework, and to update them on ongoing work to develop a 2023/24 annual delivery plan.

2.0 RECOMMENDATIONS

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

- 2.1 Note the contents of this report.
- 2.2 Note the summary report of public, workforce and stakeholder engagement activity that has directly informed the development of the strategic commissioning framework (section 4.2 and appendix 1).
- 2.3 Approve and adopt, with immediate effect, the Dundee Integration Joint Board Strategic Commissioning Framework 2023-2033 (section 4.3 and appendix 2).
- 2.4 Instruct the Chief Officer to oversee the final formatting of the plan, including the addition of accessibility features, and subsequent publication and dissemination (section 4.3.2).
- 2.5 Note the revised approach to the development of an annual delivery plan for Dundee Health and Social Care Partnership (DHSCP) and planned work to develop a resources framework and performance framework as companion documents to the strategic commissioning framework (section 4.4).
- 2.6 Instruct the Chief Officer to provide a further update to the IJB on the development of the delivery plan and companion documents to the strategic commissioning framework no later than 31 October 2023.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

- 4.1 In April 2023, the IJB received an update on progress towards the preparation of a replacement strategic commissioning plan and approved a consultation draft of the Strategic Commissioning Framework 2023-2033 (article IV of the minute of the meeting of the Dundee Integration Joint Board held on 19 April 2023 refers). The IJB also noted plans to undertake a final consultation

on the draft strategic commissioning framework with members of the public, the health and social care workforce and wider stakeholders during May 2023, with a view to the framework being finalised and submitted to the IJB for approval in June 2023.

4.2 Final Consultation

4.2.1 Section 33 of the Public Bodies (Joint Working) (Scotland) Act 2014 sets out requirements relating to the preparation of strategic plans by Integration Authorities. The provisions within this section include, that prior to approving a strategic plan the IJB must carry out a consultation with the Corporate Bodies (Dundee City Council and NHS Tayside), as well as with all other interested stakeholders. Since the IJB approved the consultation draft of the strategic commissioning framework in April 2023, a range of activity has been progressed:

- Public facing information and a feedback form were developed and added to the Partnership website to enable members of the public, the health and social care workforce and wider partners to view the draft framework and provide their views. Information about the consultation was promoted via social media (primarily via Dundee City Council and NHS Tayside), and by distribution through communications networks, all workforce e-mails, strategic planning groups and commissioned providers. All contact points were asked to facilitate onward circulation and to consider how they could proactively engage with people who use services and supports and unpaid carers to support them to contribute their views.
- Proactive contact was made with people and groups who had contributed to earlier consultation activities that had informed the development of the consultation draft.
- Alternative routes for providing feedback, by non-digital means, were also identified and promoted to the public. Flyers highlighting the consultation and how to get involved, both digitally and non-digitally, were issued to libraries, community centres and sports venues (via Leisure and Culture Dundee) for display in public areas. This included the offer for a printed copy of the consultation draft and summary version to be provided to people via post or other means.
- The consultation draft has been presented to and discussed with Dundee City Council Leadership Team and NHS Tayside Executive Leadership Team.
- Officers have presented the strategic commissioning framework at a range of strategic meetings, providing an opportunity for partners to provide direct feedback on the draft document.

4.2.2 Overall, there was a relatively low level of response to the final consultation. In total, over the 4 week consultation period 16 people responded via the online feedback form and there were no requests for feedback to be taken in other formats. Further comments were received from officers within NHS Tayside, Dundee City Council and a variety of other service providers. Taking all contributions together, the key themes can be summarised as:

- A small number of respondents to the consultation stated that the framework is too long and / or that it contains too much jargon or needs to be in plainer language. Other respondents said the use of plain language was helpful.
- A small number of respondents said the draft framework does not provide enough detail about specific areas for improvement, about how the shifts will be delivered and how progress will be measured. However, other respondents said the plan is too long and complex.
- Some colleagues from within the Health and Social Care Partnership said there should be more focus on leadership and organisational culture within the medium and long-term strategic shifts under the 'Workforce'.

- NHS Tayside requested enhanced emphasis should be given to the IJB's contribution to reducing carbon emissions, implementing Community Wealth Building, supporting the young workforce and supporting access for communities to green spaces.

4.2.3 Although the level of response to the final consultation was low, it should be noted that this was the very final step in a process of engagement that has been ongoing since the statutory review of the IJB's strategic and commissioning plan was undertaken in 2021/22. Stakeholders across the health and social care sector, including people who use services, unpaid carers, communities and the workforce, have been engaged in the review and redevelopment of the plan through a variety of activities over the last two years. Their expertise and contributions have directly influenced the development of the new strategic framework both in terms of its content and its presentation. It is possible that the low level of response indicates that those who wished to express a view had already taken that opportunity and felt that this had been listened to, understood and reflected in the consultation draft. However, it is also recognised that over the last two years we have heard from people about how engagement processes can be improved; adjustments have been made throughout the process of developing the plan but further improvements will continue to be made in the future. The finalisation of the plan is an important milestone but it does not bring the focus on effective engagement to an end; officers from across the Health and Social Care Partnership will continue to prioritise this as part of their day-to-day work.

4.2.4 A summary of all consultation and engagement activity that has informed the development of the strategic framework is provided in appendix 1.

4.3 Final Strategic Commissioning Framework

4.3.1 In response to the further feedback received during the final consultation period the following changes have been incorporated into the strategic commissioning framework:

- Changes to wording to further emphasise commitment to reduce health inequalities and to support early intervention and prevention.
- Changes to wording to further emphasise the inclusion of the third and independent sector as part of the health and social care workforce and system of services and supports. This includes a new strategic shift focused on supporting provider sustainability in the third and independent sector.
- Addition of strategic shifts within the 'Workforce' priority to enhance focus on organisational culture and leadership.
- Changes to wording to emphasise enhanced support to young people from disadvantaged communities or who are part of protected equality groups in relation to workforce entry routes.
- Additional wording and strategic shifts within the 'Working Together' priority regarding access to green space, Community Wealth Building and reducing the carbon footprint of health and social care services.

In addition, some partner organisations provided feedback, suggestions and additional information that whilst not incorporated in the strategic commissioning framework, will be utilised for the development of the annual delivery plan, resource framework and performance framework (see section 4.4).

4.3.2 An Integrated Impact Assessment (IIA) has now been completed in relation to the strategic commissioning framework (see section 5.1). This has been informed by contributions received from stakeholders and the public during the engagement activity that has supported the production of the framework, as well as a review of evidence contained within the IJB's Strategic Needs Assessment and other data sources. Overall the IIA identified wide ranging positive impacts for a number of protected and fairness groups, including: age (both older and younger

people); disability; race; religion; sex (both females and males); the 6 most deprived LCPP areas; unpaid carers, people who have poor mental health and wellbeing; people who use drugs and alcohol; homeless people; and, people receiving support from Community Justice services. Given the focus of the strategic framework on improving health and wellbeing, addressing inequalities, improving accessibility of services, promoting self-care and early intervention and enhancing the quality of services and supports for those with significant health and social care needs it is clear that improvements will have the biggest positive impact on groups within the population who currently experience the most health and social care need (in terms of scale and complexity) and who achieve the poorest health and wellbeing outcomes.

- 4.3.3 The IIA also identified there is some risk of a negative impact on older people and people with a disability with a lower level of support needs and people living within the most affluent LCPPs (West End the The Ferry). Targeted support to reduced inequalities includes some risk that people with lower levels of health and social care needs will experience a reduction in services and supports available to them, however there will be a more pro-active approach to informing people of and signposting them to informal community supports and self-care resources. All services will continue to operate in-line with eligibility criteria. The actual impact of this shift in approach will be monitored through ongoing engagement with potentially affected groups, including through the Carers Partnership. There are also opportunities to monitor the impact through Partnership information systems; including complaints and performance reporting. The IIA also identified that a continued focus on shifting the balance of care from hospital and residential settings to people's homes and communities could result in a negative impact on unpaid carers if the scale and quality of such services is not sufficiently enhanced to meet the needs of cared for people. However, the strategic shifts within the Planning Together priority and other priorities within the framework have a clear focus on investment in and improvement of these services with a view to mitigating potential negative impacts. The impact of this will be monitored via the Carers Partnership including through ongoing engagement and reporting against their performance indicators (currently under development).
- 4.3.4 The final version of the Strategic Commissioning Framework 2023-2033 is attached in appendix 2. Whilst the majority of design and formatting work has been completed by Dundee City Council Design Service, some final work is to be completed following approval of the plan. This includes the addition of accessibility features which must be the very last step in the process once all amendments to the document have been completed, including the incorporation of any amendments agreed by the IJB.
- 4.3.5 In response to comments received from the public and workforce during the final consultation period some additional actions have been planned to support dissemination of the framework and to communicate the approval of the strategic framework and its key contents to stakeholders, including members of the public and the workforce. This includes:
- Further formatting of the full version of the framework to enhance the functionality of the Explanation Notes. This will be formatted so that definitions appear in the digital version where users hover over specific terms.
 - Production of a suite of summary versions, including a summary of the full plan and summaries of key, individual sections (for example, individual strategic priorities).
 - Production of a suite of video clips with officers summarising and explaining key sections of the framework.

4.4 Companion Documents and Delivery Plan

- 4.4.1 As previously reported to the IJB, following the approval of the strategic commissioning framework work will now commence on two key companion documents: a resource framework and a performance framework. Alongside this officers will begin to plan activity relating to the review of the Housing Contribution Statement, aligned to Neighbourhood Service's plans to replace the Local Housing Strategy. An update on this activity will be provided to the IJB in

October 2023. This work directly responds to the feedback received during the consultation process about the need for further detail about how progress towards achieving the strategic shifts will be measured.

- 4.4.2 The IJB has also previously been advised about initial work to develop an annual delivery plan for 2023/24. Work undertaken to date has been co-ordinated with the process of developing the IJB's budget for 2023/24 to ensure consistency and best use of capacity across the Partnership. Meetings have now taken place with operational management teams to identify priority programme of improvement and transformation. Some attention has also been given to the developing content of NHS Tayside's Annual Delivery Plan, which has very recently been completed and submitted to the Scottish Government. This work directly responds to the feedback received during the consultation process about the need for further detail about how strategic shifts will be delivered.
- 4.4.3 Initial work undertaken in relation to the annual delivery plan has provided learning and opportunity for reflection regarding the status of and approach to developing the document. There is now greater clarity that whilst the Strategic Commissioning Framework sets out the IJB's strategic commission for health and social care services and supports, the Annual Delivery Plan should be considered to be Dundee Health and Social Care Partnership's operational plan for delivering that strategic commission over the coming year. Through discussion at the Partnership's Senior Leadership Team it has been agreed that the development of the Annual Delivery Plan offers an opportunity to consolidate an approach to planning across the Partnership, including incorporating plans for transformation activity in-line with previous audit report recommendations. The Partnership Senior Leadership Team has also identified the need for further conversations with colleagues from across partner organisations to inform an effective delivery plan for aspects of the strategic commissioning framework that relate to whole systems and whole family strategic shifts. Overall, there is recognition that during 2023/24 the Partnership requires to take a considered approach to developing and then further refining it's annual delivery plan approach and format. Taking the time to do this week in the first year of the strategic framework will provide a strong foundation for review and publication of annual plans throughout the rest of the lifetime of the strategic commissioning framework.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	The replacement strategic commissioning framework is not adequately informed by the experience, knowledge and expertise of partner organisations and members of the public.
Risk Category	Legal, Governance
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"> • Formal consultation has taken place with Dundee City Council and NHS Tayside in line with their governance arrangements. • Publication of consultation draft on Dundee Health and Social Care Partnership with feedback form for 4-week consultation period. • Promotion of consultation to workforce via internal mailing systems. • Promotion of consultation to partner organisations through mailing lists, provider forums, care group strategic planning meetings and other opportunities throughout 4-week period. • Promotion of consultation to public via social media and other communication channels, via engagement mailing lists and through networks of established engagement groups (such as Health and Wellbeing Networks). Alternative routes for providing feedback were made available to members of the public who do not wish to utilise digital response formats. • Production of overview engagement report detailing all engagement activity, key themes and changes made to the draft plan has been produced.
Residual Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low Risk Level)
Planned Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low Risk Level)
Assessment of Risk Level	Given the risk mitigating actions in place the risk is assessed to be manageable and acceptable.

Risk 2 Description	The strategic commissioning framework is not fully implemented and / or does not achieve the desired strategic shifts and outcomes.
Risk Category	Operational, Governance, Political
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"> • Annual Delivery Plans to be developed and published for each financial year. 2023/24 Annual Delivery Plan is under development and will set the approach / format for future years. • Annual Delivery Plan will reflect and be supported by a range of existing strategic and operational plans developed by Strategic Plan Groups / Boards and transformation programmes. These plans and groups will lead implementation in their designated area of expertise. • Resource Framework to be developed as companion document to the strategic commissioning framework, articulating how key resources (financial, workforce, digital and property) will be deployed to support delivery of strategic shifts. • Performance Framework to be developed as companion document to the strategic commissioning framework, articulating progress towards achieving strategic shifts and outcomes. This will include setting out mechanisms for public reporting of performance.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low Risk Level)
Assessment of Risk Level	Given the risk mitigating actions in place the risk is assessed to be manageable and acceptable.

7.0 CONSULTATIONS

- 7.1 The Strategic Planning Advisory Group, care group strategic planning groups, Chief Finance Officer, Head of Service, Health and Community Care and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

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	X

9.0 BACKGROUND PAPERS

- 9.1 None.

Vicky Irons
Chief Officer

DATE: 19 May 2023

Dave Berry
Chief Finance Officer

Joyce Barclay
Senior Officer

Kathryn Sharp
Service Manager, Strategy and Performance

This page is intentionally left blank



DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB27-2023
2	Date Direction issued by Integration Joint Board	21 June 2023
3	Date from which direction takes effect	21 June 2023
4	Direction to:	Dundee City Council and 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	All delegated services
7	Full text of direction	Dundee IJB directs Dundee City Council and the NHS Tayside Board to develop and align their services to support the vision, priorities and actions identified within the plan.
8	Budget allocated by Integration Joint Board to carry out direction	Dundee City Council - £102.3m NHS Tayside - £181.8m
9	Performance monitoring arrangements	Performance Framework to be developed as companion document to the strategic commissioning framework, articulating progress towards achieving strategic shifts and outcomes. This will include setting out mechanisms for public reporting of performance.
10	Date direction will be reviewed	March 2024 following the setting of the 2024/25 IJB Revenue Budget

This page is intentionally left blank

Appendix 1

Summary Engagement Report – IJB Strategic Commissioning Framework 2023-2033

1. Involvement for the Strategic Commissioning Framework (SCF)

The information and views that shaped the development of the Strategic Commissioning Framework 2023 were shared through a variety of methods. The process started by considering information from review of the previous plan in 2021/2 and the review of the Integration Scheme in 2022. Additional information was available from ongoing development and strategic work for specific care group and service areas. Throughout 2022 and into 2023 officers heard views, information and priorities from people in strategic forums including: Learning Disability Planning, Mental Health Planning, Carers Partnership development, Alcohol and Drug Partnership Planning, Protecting People Meetings, Health Inequality Work, Community Planning Partnership, NHS and DCC Equality Meetings, Community Planning Meetings and the Building Stronger Communities Forum. It was agreed that further involvement to gain insight from people who use health and social care services and supports, families, unpaid carers, communities and the health and social care workforce would be related to both the replacement SCF and Mainstreaming Report and Equality Outcomes for 2023.

2. The SCF Engagement Process

From Late October 2022 there was a 'Call for Views' from people who access care and support or may access care and support in future; carers of people living in Dundee and young carers in Dundee; colleagues and volunteers across services and supports (including the workforce from NHS, Council, Third Sector and Independent Sector.) A mixed method approach was applied included face-to-face meetings and going to where people were already meeting, phone calls and one-to-one meetings, on-line survey and focus groups.

A call for views was issued late October 2022. This was widely publicised on Social Media, email and with A4 posters. In January 2022 there was a further invite to engage via on line or in person focus groups, however there was little interest in this and other arrangements were made to hear views. It was agreed to combine (where appropriate) this engagement activity with engagement about GP premises.

It was hoped that we might have stakeholders, the public coming forward who might form a Reference Group but there were not enough people who wanted to do this.

An interim involvement report was produced in March 2023 detailing meeting and responses received. This information directly shaped the production of the first and subsequent drafts of the SCF; culminating in a final consultation draft of the SCF being approved by the IJB in April 2023.

From late April 2023 until the end of May 2023 information on how to access the consultation draft was circulated (on-line) with an electronic feedback form. There was also a further offer to hear views about the consultation draft in other ways and to print and post copies for discussion.

3. Feedback on the Engagement Process

During the engagement process some people took the opportunity to tell us about how our approach to engagement could be improved in the future. People indicated that in order to effectively engage and give views, information about services, supports, systems and planning must be shared effectively with them. People want to hear about plans through meetings and discussions as well as more accessible documents in printed form. Some people pointed out that '*don't like QR codes, not everyone has smart phones, not everyone can use QR code.*' People also said that there should be a range of ways to have a dialogue with people- digital and on-line suits some people but not all.

People recognised and noted that they appreciate having information in accessible formats, for example the video interview about the Learning Disability Plan, as well as paper formats of this plan and information about the plan. People have said often that the "easy read" formats of some documents use good explanations and clear language but because they include many pages they can become difficult for those who need accessible information. The Partnership has tested short information documents about plans previously and this has been well received. For the final consultation period a summary version of the consultation draft was produced and made available alongside the full draft.

During the April 2023 call for views links were made with Leisure and Culture Dundee to distribute posters throughout their venues across the city, this included telephone contact information and the offer to provide printed copies of the consultation draft, summary version and response form. No requests were received as a result of this approach.

The groups visited, including workforce groups, wanted a continued involvement and update about the strategic commissioning framework and its outcomes. This feedback will be considered as part of ongoing plans for workforce and public communication.

4. Initial Survey – December 2022/January 2023

The initial electronic survey in December 2022/January 2023 had just under 60 responses. A significant number of these were from the workforce. Almost all respondents lived or worked in the Dundee area (57); just under one-third described themselves as an unpaid carer (18); just over half described themselves as someone who uses or might use services and supports provided by DHSCP (33); and, a very large proportion of respondents said that as well as being citizens in Dundee they either work or volunteer within DHSCP or its partner agencies (44)

Initial Survey Findings

Vision

Although a majority of respondents felt the current vision is right for the next plan (65%), these respondents highlighted two possible concerns regarding the vision:

- That in practice it may not be achievable.

- That accessibility is of critical importance – people must be able to easily and equitably access information, supports and services for the vision to be realised.

Respondents who were supportive of the current vision stated it is clear and simple, inclusive of all and that equity is important.

Respondents who were either unsure or did not agree that the current vision is right for the next plan (45%) highlighted the following key concerns:

- It is not achievable in practice.
- It is too broad, specifically that a 'fulfilled life' is beyond the remit of the IJB.
- It is too vague / poorly defined and therefore not meaningful to the public– 'fulfilled life' in particular was highlighted.
- Should be more explicit about reducing inequalities.
- Should be more ambitious and take a public health orientated perspective, moving away from a focus on individuals to a population wide approach.

One respondent suggested the following replacement;

"Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life when they need it, where they need it and for as long as they need it, having the opportunity to self empower along the way."

Principles

Respondents were asked to rank themes in terms of their importance in informing the next strategic plan. Overall ranking from most important to least important was as follows:

- Respect
- Dignity
- Choice and control
- Human rights
- Living an independent life
- Equality of outcome
- Integrity
- Connections in the community
- Capacity to contribute



Other themes that were suggested as being important were: honesty – openness, transparency and accountability including about the IJB's capacity to deliver and to invest; empowering people and communities including promoting self-care; collaboration with and listening to people and communities; information and access; equality of opportunity / recognising and responding to difference/individuality; quality of life; early intervention and prevention; and, compassion.

Respondents were also asked to rank themes in terms of their importance in the delivery of supports and services. Overall ranking from most important to least important was as follows:

- Accessibility – affordability, inclusivity, physical accessibility
- Availability
- Quality
- Trust
- Empowerment
- Entitlement
- Non-judgemental
- Acceptability
- Generating self-respect



Other themes that were suggested as being important were: good quality and accessible information; timing – having the right support at the right time, including out-of-hours; individual choice; supported self-management; consistency; and, compassion.

Strategic Priorities – Health Inequalities

Almost all respondents (58) supported the continued inclusion of a priority focused on health inequalities, fairness and equality in the next plan. This was viewed as being an important area where significant further work is required to enhance early intervention, improve the impact of health and wellbeing outcomes for disadvantaged populations and reduce pressure on statutory services.

“equity is important - those in greatest need deserve more”

“Targeting inequalities is the most effective way of improving the most significant health and wellbeing issues affecting the Dundee population, and the upstream determinants of poorer wellbeing and life experience”

“We cannot eliminate inequalities - but it is important to me that Dundee has a stated aim to try”

It should be noted that a significant minority of people whilst agreeing with retaining this priority felt the focus should be on equal opportunity and outcome for all and did not support targeted / enhanced services for specific geographic areas or population groups.

Suggestions were made that the wording of the priority may need to be reviewed to better reflect the wider context of the cost of living crisis, and that more work needs to be done on measuring inequalities and reporting changes achieved. Overall more than 50% of respondents favoured the following wording:

Health inequalities across Dundee will reduce so that every person, regardless of income, where they live or population group, will experience the support they need to achieve positive health and wellbeing outcomes.

However, some strong comments were made about whether this was achievable, that there should be a more explicit focus on disadvantaged people and the need for clear communication of a commitment to prioritise those in most need / at most disadvantage. A number of respondents suggested the wording needs to be simplified and more easily understandable, the following suggestions were provided:

“Everyone in Dundee, regardless of their circumstances, will get the help they need to live a healthy life.”

“Through a continued commitment to prioritise resources towards people and communities with the greatest need, every person will experience the support they need to achieve positive health and wellbeing outcomes and health inequalities will be reduced.”

Strategic Priorities – Early Intervention and Prevention

There was a high level of support (52 respondents) for retaining the current early intervention and prevention priority within the new plan.

“Early intervention can reduce issues further down the line and encourages individuals to take control, this in turn can help promote ongoing well being and reduce reliance on services.”

Respondents were supportive of the need to move away from crisis intervention and were particularly supportive of the following approaches:

- Focus on empowerment of individuals and communities.
- Health promotion and self-care.
- Better use of resources and skills in the third sector.
- Enhanced public communications and information resources.
- Development of community hubs, integrated triage approaches etc to ensure earlier and more appropriate access to services and supports.

However, there was also caution about whether this priority can be realistically achieved and whether ‘shifting resources’ from crisis to early intervention is possible and desirable; with a number of respondents that investment is needed across the whole system. Some respondents also suggested that an approach to implementing, resourcing and measuring the impact of early intervention and prevention needs to be on a Dundee Partnership wide basis.

Strategic Priorities – Locality Working and Engaging with Communities

Again, there was a high level of support amongst respondents (47) for retaining this priority within the new plan. However, the detailed comments provided suggested that within this priority there is a need for a different focus. Respondents expressed significant concern about current levels of demand (translating into waiting times and unmet need) and advocated for an approach that focused more on collaboration with communities to understand their needs and preferences and to develop new, sustainable and localised models of care.

"People in the local area will always have a better idea of the challenges so should be part of the discussion."

"the nature of 'community' is now very different to that which the priority is based on - need to look at what community currently is and possibly redefine and then adjust accordingly."

"services across Tayside and even Dundee, are massively centralised and I don't think decision makers (who can drive, access information, have lots of time to look after themselves) understand how inconvenient this is for people. de-centralised, community based services is a long needed change to Dundee services."

Some respondents highlighted that this might be outwith the scope of the IJB and require a greater contribution from Children and Families and Communities, as well as collaborative working with the third sector.

Strategic Priorities – Models of Support, Pathways of Care

Although the majority of respondents also favoured retaining this priority, levels of support were significantly lower (32) than for other priorities. Of those who did not support retaining it approximately 50% said no and 50% were unsure.

Detailed responses highlighted, once again, concern about whether the priority can be implemented in practice given current levels of needs, demands and resources. There was a call for greater emphasis on accessibility, transparent services information, personalisation, self-care and empowerment rather than on service based models and pathways.

"But with the caveat that we don't pigeon hole people into pathways or models - we are dealing with humans and although there may be normal trends not everyone fits into a model."

"Models of support should be support to enable independence and a clear path to self care."

Some respondents also highlighted potential overlap with the Locality Working and Engaging with Communities priority and one suggested a single, merged priority titled

'Accessing Support Services Closer to You.'

Value Statements

Overall there was a high level of support for the new plan containing a statement of values or principles held by the IJB. However, the following caveats were noted:

- This should only be done if there is a mechanism by which to hold the IJB accountable against these.
- This should only be done if the values and principles are implemented consistently in practice across the organisation.
- They should be set out as a separate cross-cutting statement not attached to individual priorities.

A general theme also emerged across a survey sections and responses that there is a need to revise and simplify all of the language in the new plan, but specifically the wording of the vision, strategic priorities and any value statements. The use of acronyms and technical / organisational language was specifically challenged by respondents.

5. Engagement Activity Record – October 2022 – March 2023

Beehive Group	In person	10 older women
Pensioners Forum	In person	20 older people
Green Partnership	On line	5 colleagues
Balcarres Care Home	In person	3 residents 3 colleagues
Care at Home Providers Forum	In person	10 colleagues
Care Home providers	In person	20 colleagues
Day care Providers	In person	8 colleagues
West end Blethers	In person	20 people (mainly older people)
Healthy Minds Network	In person	5 people
Advocating together	In person	3 advocates
Carers Centre	In person	In person / on-line focus group
Care Management Older People Physical Disability Team Managers	In person	4 colleagues
Community Health Advisory Group	In person	11 people – mix of colleagues and community members
Public BSL Meetings	In person	4 British Sign Language users
Scottish Refugee Council	On line	1 colleague
Aphasia Organisation	In person	1 colleague
Individual responses (carers- service users/patients) email views, in person interview, phone calls		

Information from Engagement Activity

Regarding health and social care services in general, people expressed positive responses about the majority of services and supports that are delivered. For example, some recently introduced supports were praised by one Care Home provider the Care Home Support Service. Pharmacy services reviewing medication on admission to care home was seen as a particular advantage to new residents.

Cost of Living

People are extremely concerned about how cost of living changes will affect them and how they will affect vulnerable citizens. Particular concerns were raised about people with life long disabilities whose circumstances mean that they, their family and carers might experience more significant impacts. Carers of children with disabilities find that they are less able to work than their peers due to lack of (affordable) alternative childcare and a need for them to meet the child's needs.

Concerns over workforce capacity

One family member expressed concern over a lengthy delayed discharge of a very elderly relative and concluded that '*We are desperately needing more Social Care Staff to support the most vulnerable citizens in Dundee*'. The workforce expressed that they feel a loss of power due reduced capacity and pressures associated with this. Someone who is a carer for an adult son with disabilities said that overall they were impressed by the support arranged for their son and the process of arranging it. She said 'every social worker that my son has had over the years is keen and helpful, but too often seem to become overwhelmed and end up taking time off with stress'

Dignity in Care

The public are concerned about the social care workforce vacancies and workloads. A carer said the care at home offered to her aunt was not sufficiently individual or person-centred, perhaps a result of time pressures, there was a 'production-line' approach which sometimes lacked dignity. The carer was appreciative of Team Manager input that made sure the care was right and included a partnership with them as the carer. Some retired people said that former 'trusting relationships with health care professionals are being eroded', although they thought that some recently developed supports are helpful e.g. pharmacist reviews in GP Practices and social prescribing workers.

Health and Social Care Supports and Services

One carer advised that 'It's quite overwhelming knowing what to expect, what is available'. This was reiterated by carers of children with disabilities, who sometimes felt they and their child faced an uncertain future in terms of care and support provision. A carer with a disability expressed concern about quality of life for disabled people recognising that peoples life expectancy has been extended often due to medical breakthrough and feel 'It's ok for people living longer so long as they have a quality of life'.

There were concerns about how some things might have changed after covid and that must not be used as an excuse. Changes to GP provision was a particular concern, particularly access when disabled and unwell. Although many people think that the changes have been made because of the pandemic they said that services need to develop the right Primary Care access for the future.

Some people thought that '*continuity of support is needed to maintain wellbeing*' and that sometimes people were moved away from targeted support without enough ways to reconnect (without a lengthy wait) when needed.

People from a Mental Health Group said that health and social care provision has improved and has become more of a "with and by" the people affected rather than "to and for" people. Someone identified that third sector provision seems to provide a more private /dignified way of meeting needs. However,

someone else said that there are *"too many wee groups- there should be more partnership between them."*

Some older people still felt the impact of ageism from some of the workforce in services and supports and low expectations.

People whose first language is British Sign Language (BSL) were keen to emphasise the need for BSL interpretation in health and social care services and how it supported them to access services. Although interpreters are easily booked for Health and Social Care Partnership work on some occasions their requests are not acted on. They would welcome effective ways of flagging up their communication needs when referred to new professionals. People who use other languages agreed with this. They are concerned that when a family member helps them once it is common for assumptions to be made that they will be able to continue to do this or that they might prefer or want this every time.

Some colleagues saw some of the new services that had been developed as helpful to providing a seamless service. Provisions like the "Urgent Care" team have good relationships with providers of services and a high level of skill and knowledge that supports individuals to get the best health care. People welcomed developments like the Community Care and Treatment Service and appreciated that they could have a choice of community venue for some health related issues. They said it was important to ensure that "sign posting" of these services was clear when you reached the venue, including who to contact if the arrangements did not go to plan.

Concern about Potential Budget Reductions

Parents of an adult who was supported by Wellgate Day Support expressed sincere and warm appreciation for the service but also expressed concerns that financial pressures might impact the service in the future. In general, there was a level of confidence about supports and services available from health and social care services, some older people were concerned that reduced capacity for preventative work could potentially lead to greater demands on services in the future.

People said that services need to be sure we that they can find ways of meeting needs and giving the right care, in the right place, at the right time. A local carer identified a need for support groups outwith office hours *"I find that any supports available through groups ...those that are available during the day when I am at work".*

Some people said that services need to find *"More proactive ways are needed to offer and encourage people to take support..."* before people become critical *"...Homelessness and eviction are a real concern and Homeless facilities need to be improved".* Some people said *"More help is needed for people with autism- it is hard because people with autism don't always seek help and can find it had to take the initiative."*

Children with disabilities -Transition

A colleague expressed concern about young people and potential gaps when they become an adult. Partnership working is needed so that sufficient advice, information and support is accessible and available for the young person and their parents who transition to become carers.

Strategic Planning

Some retired people concluded that: *“the vision should include something about choice and independent living- at home or somewhere that feels like home. Sometimes practical support will be needed for independence. Also need a balance of privacy with help when you need and want it.”*

6. Final Consultation – May 2023

During May 2023 final views were sought about the contents of the consultation draft of the strategic commisisoning framework. Some people sent views directly by email or gave views at meetings where the draft document was shared. This included Dundee City Council Leadership Team, NHS Tayside Executive Leadership Team, the IJB and members of the Strategic Planning Advisory Group.

16 people responded via the online feedback form. Almost all respondents lived or worked in the Dundee area (15); only 3 respondents described themselves as an unpaid carer; just under half described themselves as some who uses or might use services and supports provided by DHSCP (7); and, a very large proportion of respondents said that as well as being citizens in Dundee they either work or volunteer within DHSCP or its partner agencies (13)

There was a strong endorsement of both the draft ambition statement and value statement.

Each of the strategic priorities also received a high level of support, with no-one suggesting any alternative or additional priorities.

The majority of respondents could not identify any negative impacts of the draft strategic framework on people with protected characteristics (in terms of the Equality Act 2010) (13) or people affected by poverty and poor scoail circumstances (15). Only one person said they could identify negative impacts on people with protected characteristics, but they did not provide any further detail when prompted.

Respondents were asked to rate the overall accessibility of the draft strategic framework (including the length and use of plain language) on 1 to 10 scale (with 1 being very poor and 10 being very good). Responses ranged from 4 (1 respondent) to 10 (2 respondents). The avergae score was 7, with 11 respondents rating the plan as 6 or above and 5 respondents rating it as 5 or less. A range of additional comments were provided about accessibility, which can be summarised as follows:

- Overall, the plan is too high level and general, more detail is needed about the specific steps that are going to happen to make the changes and achieve the priorities.
- Overall, the plan is too long and complex.

- The use of plan language is very helpful.
- The language is too complex and needs to be simplified.

Contributions outwith the feedback form were received from officers working across partner agencies. Specifically these highlighted:

- There should be more focus on leadership and organisational culture within the medium and long-term strategic shifts under the 'Workforce'.
- Enhanced emphasis should be given to the IJB's contribution to reducing carbon emissions, implementing Community Wealth Building, supporting the young workforce and supporting access for communities to green spaces.
- Additional national, regional and local policy documents that should be referenced within the plan.
- Additional terms that should be added to the glossary section of the plan.

7. Future Involvement for Strategic Planning

Throughout this engagement people suggested that '*we need creative new ways to support co-production*'. Recent changes in world circumstances are known to have affected public and workforce attitudes and it is recognised that planned changes in Scotland (in particular National Care Services) will influence overall engagement with Integration Joint Boards planning and development activities. The ambition is to get closer to learning quality information from stakeholders and having an ongoing dialogue with them as well as providing short opportunities to hear what developments are needed and to respond to draft documents.

The intention is that there is support for existing good quality listening processes that go beyond a tick box or nurturing a single representative at planning meetings. Although meeting representation is extremely valuable and significantly enhances planning processes there is also a need to learn from who don't, don't want to and never will fit into our systems. Currently there are fledgling developments such as the Community Health Advisory Group that will contribute to and enhance listening processes and finding the right ways at the right time in the right places to enhance involvement overall so IJB can genuinely listen to authentic voices.

This page is intentionally left blank

Dundee Integration Joint Board

The plan for excellence in health and social care in Dundee

Strategic Commissioning Framework
2023-2033

This page is intentionally left blank

Contents

Foreword	?
Introduction	?
Ambition for Health and Social Care in Dundee	?
The Integration Joint Board's Values	?
Strategic Priorities	?
Health and Social Care Needs in Dundee	?
Health and Social Care Policy	?
Let's Talk	?
Equality Outcomes	?
Strategic Priority – Inequalities	?
Strategic Priority - Self Care	?
Strategic Priority – Open Door	?
Strategic Priority – Planning Together	?
Strategic Priority - Workforce	?
Strategic Priority - Working Together	?
Measuring the Change	?
Resources and Risks	?
Resources to Support Delivery	?
Risks to Delivery	?
Explanation Notes	?
Appendix 1 - Housing Contribution	?
Appendix 2 - National Health and Wellbeing Outcomes and Indicators	?

This page is intentionally left blank

Foreword

This plan for excellence in health and social care in Dundee sets out our ambition that everyone who lives in Dundee will have the best possible health and wellbeing.

We know that this is a big, but very important, challenge. High levels of poverty and other social issues mean that life expectancy for people in Dundee is lower than it was 10 years ago. There are also big differences between how healthy and well people are because of where they live in the city, how much money they have and due to who they are (for example, their ethnic origin, sexual orientation, disability or age). We want everyone to have the same good opportunities to be well and to have good mental wellbeing.

The Integration Joint Board has decided that a long-term plan is needed to tackle these challenges over the next 10 years. We know that some things can be changed quickly to help to improve people's health and wellbeing, but that some other changes will take longer. We also know that the Integration Joint Board must work closely with other organisations in the city, including the Council, NHS Tayside, the Police and organisations in the third and independent sectors to make a real and lasting difference to people's lives.

Over the next 10 years the Integration Joint Board aims to invest in health and social care services that help to reduce differences in health and wellbeing outcomes between different groups of people and improve outcomes for as many people as possible. We will make additional investment in the care and support provided to people who use drugs and alcohol and who experience poor mental health. There will also be a focus on making health and social care services easier to find out about and access, so that people get the help that they need, when they need it, in the way that they want it. There will also be a wider range of opportunities for people and communities to look after their own health and wellbeing so that they can be well and stay well.

As we have developed our plan, people have told us about the incredible difference that health and social care services have made to their lives when they have needed them. They have also told us that how we do things is just as important as what we do. As a direct response to this the Integration Joint Board has developed a statement of its values and how these will inform everything they do in the future. All of the values are important, but two that the public told us were particularly important to them were: collaboration and compassion. Collaboration is about how we listen to and work together with people

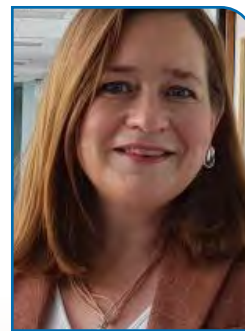
who use health and social care services, unpaid carers and the workforce. Compassion is about how we make sure that we treat everyone with kindness, compassion and dignity. As leaders within the Integration Joint Board we are committed to making sure that over the next 10 years collaboration and compassion are central to the work that we do. We know that by working in this way we can benefit from the experience and knowledge of people who use and who work for health and social care services, families, unpaid carers and wider communities to achieve our goal of excellence in health and social care.



Pat Kilpatrick
Chair, Dundee IJB



Councillor Ken Lynn
Vice-Chair, Dundee IJB



Vicky Irons
Chief Officer, Dundee IJB



Introduction

This Strategic Commissioning Framework sets out plans for working together in Dundee towards excellence in health and social care. This Framework has been developed by Dundee Integration Joint Board (IJB). The IJB is the group of people responsible for planning, agreeing and monitoring community-based health, social work and social care services for adults.¹

This strategic commissioning framework tells people what the IJB's ambition and priorities are for adult health, social work and social care services in Dundee and how the IJB will use the resources it has to make this ambition a reality.

This strategic commissioning framework is for the next 10 years. As it has been developed the IJB has thought about:

Information about the health and social care needs of people who live in Dundee, people who provide unpaid care and the health and social care workforce

National policy (what the Scottish Government expects IJBs and partner organisations across the health and social care system to consider), including the integration planning and delivery principles²

Local policy (what local organisations have already said they plan to do to help improve health and wellbeing)

The views of local people, unpaid carers, communities, the health and social care workforce and partner organisations

This framework is supported by a delivery plan. The delivery plan has more information about how health and social care services will be delivered and improved over the next year. These services are delivered by the Dundee Health and Social Care Partnership - the place where Dundee City Council, NHS Tayside and some organisations in the third and independent sector work together to deliver the services and supports the IJB has planned and agreed. A delivery plan will be agreed and published by the IJB every year, starting in April 2023.

1 You can find out more about what the law says about how IJBs must plan, agree and monitor health and social care services at: <https://www.gov.scot/publications/strategic-commissioning-plans-guidance/pages/9/>

2 You can find the integration delivery principles at: <https://www.gov.scot/publications/strategic-commissioning-plans-guidance/pages/9/> (section c)

This page is intentionally left blank

Ambition for Health and Social Care in Dundee

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.



The Integration Joint Board's Values

Human rights	Making sure that everything we do promotes and protects the human rights of everyone in Dundee.
Equality and fairness	Working in a way that understands the differences between people and communities so that everyone gets the help that they need to have good health and wellbeing.
Whole life	Contributing to good health and wellbeing from birth to death, including supporting people to have a good death. Supporting other public services in their leadership of work to promote good health and wellbeing in the early years and throughout childhood.
Collaborative	Making sure that we listen to and work together with people who use health and social care services, unpaid carers and the workforce.
Innovative	Testing new, improved and better approaches to promoting health and wellbeing.
Compassionate	Making sure that we treat everyone with kindness, compassion and dignity. This includes people who use health and social care services, unpaid carers and the health and social care workforce.
Transparent	Making sure that we communicate clearly with the public about the decisions we make, why we have made them and the impact they have had on people's health and wellbeing.
Empowering	Working with people and communities to share power, make decisions and support them to access the things they need to meet their own health, wellbeing and social care needs.
Sustainability	Investing in services and supports that make the best use of the money and other resources that the IJB has just now to reduce the future demand on health and social care services. Using evidence about 'what works' to help the IJB to do this. Working in a way that helps to reduce the impact of climate change on the future health and social care needs of people.

Strategic Priorities

The IJB has agreed 6 strategic priorities that will be the focus for the next 10 years to help to achieve the ambition for health and social care. These priorities will also help to achieve Scotland's National Health and Wellbeing Outcomes.³



Inequalities

Support where and when it is needed most.

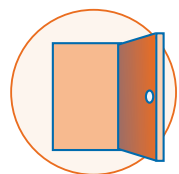
Targeting resources to people and communities who need it most, increase life expectancy and reduce differences in health and wellbeing.



Self Care

Supporting people to look after their wellbeing.

Helping everyone in Dundee look after their health and wellbeing, including through early intervention and prevention.



Open Door

Improving ways to access services and supports.

Making it easier for people to get the health and social care supports that they need.



Planning together

Planning services to meet local need.

Working with communities to design the health and social care supports that they need.



Workforce

Valuing the workforce.

Supporting the health and social care workforce to keep well, learn and develop.



Working together

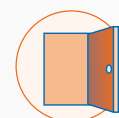
Working together to support families.

Working with other organisations in Dundee to prevent poor health and wellbeing, create healthy environments, and support families, including unpaid carers.

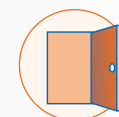
³ You can find out more about the National Health and Wellbeing Outcomes and the IJB's role in delivering these at: <https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>

National Outcome 1

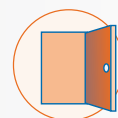
People are able to look after and improve their own health and wellbeing and live in good health for longer.

**National Outcome 2**

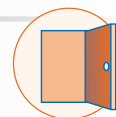
People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

**National Outcome 3**

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

**National Outcome 4**

Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services.

**National Outcome 5**

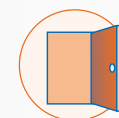
Health and social care services contribute to reducing health inequalities.

**National Outcome 6**

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.

**National Outcome 7**

People using health & social care services are safe from harm.

**National Outcome 8**

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

**National Outcome 9**

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

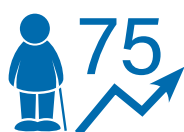


Health and Social Care Needs in Dundee

Information about the health and social care needs of people who live in Dundee, people who provide unpaid care and the health and social care workforce has been used to make decisions about what the strategic priorities should be.

You can find out more about the needs of people in Dundee, including unpaid carers in the full **strategic needs assessment**:

Dundee is a city that has high levels of poverty and other social issues that impact on people's health and wellbeing. Life expectancy for people in Dundee is getting shorter. There are also big differences between how healthy and well people are because of where they live in the city, how much money they have and due to who they are (for example, their ethnic origin, sexual orientation, disability or age).



Dundee expects to see a 38% increase in the population aged 75 years and over by 2043.



Dundee is the 5th most deprived local authority area in Scotland. 36.6% of the population live in 20% most deprived areas of Scotland.



Life expectancy at birth is decreasing for males and females in Dundee. Between 2012-14 and 2019-2021 decreased by almost 2 whole years for males and by around 18 months for females.



Dundee has the 2nd lowest life expectancy in Scotland. Life expectancy in the most deprived areas of Dundee is about ten years less than in the most affluent areas.



Dundee has the 8th highest rate of homelessness applications in Scotland, much higher than the Scottish rate.



There are fewer owner occupiers and more people living in rented accommodation than the rest of Scotland.



Dundee's unemployment rate was 4.9% for the year 2021; higher than the Scottish rate of 3.9%.



Dundee has the 4th highest prevalence of drug use in Scotland. Alcohol related harm is also high when looking at hospital attendances and alcohol-related deaths.



Dundee has the 5th highest rate in Scotland of adults (aged 16-64 years) who reported in the 2011 Census that they are living with a mental health condition.



Dundee has the highest prevalence rate of domestic abuse in Scotland.

Dundee has high levels of health and social care needs. This includes people with care and support needs, as well as adults and children who provide unpaid care and support to them. It also includes supporting people at the end of their life to have a good death and providing bereavement support to unpaid carers and to families.



Due to inequalities, particularly deprivation, many people in Dundee enter older age with pre-existing health conditions.



Due to inequalities, particularly deprivation, some people in Dundee have a need for higher levels of health and social care support at an earlier stage than people of the same age who live in more affluent parts of the city or in other areas in Scotland.



Across all Local Community Planning Partnerships the average number of prescription drugs used to treat diabetes, hypertension and heart failure has increased since 2015/16.



Rates of hospital admission due to alcohol and drug use are high, with a higher proportion of people who need support living in the most deprived areas of the city.



Around 1 in 10 people aged 65 or over has dementia. Due to the pandemic the proportion of people who received a minimum of 12 months post diagnostic support after their diagnosis reduced from 97% to 68%.



The number of people living with or dying from cancer is rising. It is estimated that 1 in 2 people will be diagnosed with (but not necessarily die from) a cancer in their lifetime. The prevalence of cancer varies by deprivation and age group.



Hospital admissions due to long-term conditions are higher for the most deprived areas of the city, especially for asthma, COPD and coronary heart disease.



High rates of cancer and of long-term and multiple health conditions has increased demand for palliative and end of life care. This includes enhanced support for unpaid carers providing end of life care, as well as bereavement support.



Since 2016 the number of admissions to hospital due to a stroke has been increasing, In 2016 there were 639 hospital admissions but this has steadily increased to 1,001 admissions in 2022.



Dundee has the highest admissions to hospital rate for falls in Scotland. As at 2020 the rate was 30.7 per 1,000 people aged 65 and over.



For people receiving homes care services, an average of 45% had an emergency admission to hospital in the 28 days before the service started.



In 2021/22 half of the people admitted to care homes had experienced an emergency admission to hospital within the 28 days beforehand.



62% of adult carers supported by local carer services provide an average of 50 or more hours of care per week.

72% of carers reported poor mental health, and the same percentage said their physical health had got worse

Many people in Dundee were adversely affected by the COVID-19 pandemic, especially by negative impacts on their physical and mental health and wellbeing:



Isolation and reduced mobility during the pandemic for people who were already frail increased demand for support amongst those already receiving services and also for those who had not previously required support.



1 in 5 respondents to the Engage Dundee survey reported a worsening of existing mental health conditions, this was highest for people aged 25-34.



As a result of the pandemic, 84% of carers reported negative impacts on physical, mental and social wellbeing, and 60% reported feeling socially isolated.

Health and Social Care Policy

National policy is an important consideration when deciding what the strategic priorities should be. These are the things that the Scottish Government asks IJBs and other organisations across the health and social care system to do.

Another important consideration is the plans and commitments made by local organisations about helping to improve peoples' health and wellbeing. Local plans describe how organisations like Dundee City Council, NHS Tayside, Police Scotland and other organisations who provide services to the public are going to use the money and other resources they have, including the things they want to work together with the IJB to improve.

Below shows some of the most important national and local policies that have informed this strategic framework:

Local



- **Dundee City Plan 2023-2033**
- **Local Community Plans**
- Local Housing Strategy
- **Strategic Housing Investment Plan**
- Trauma Implementation Plan
- **Alcohol and Drug Partnership Strategic Framework and Delivery Plan 2023-2028**
- Dundee Adult Support and Protection Committee Delivery Plan
- Dundee Child Protection Committee Delivery Plan
- Dundee Violence Against Women Partnership Delivery Plan
- **Local Child Poverty and Fairness Plan**
- **Our Future City Centre – Strategic Investment Plan**
- **Discover Work Strategy and Action Plan**
- **Dundee Climate Change Action Plan**

Regional



- **Tayside Plan for Children, Young People and Families**
- **Living Life Well – Tayside Mental Health and Wellbeing Strategy**
- **Angus IJB Strategic Commissioning Plan**
- **Perth & Kinross IJB Strategic Commissioning Plan**
- NHS Tayside Public Health Strategy
- NHS Tayside Three Year Recovery Plan 2022-2025 and Annual Operational Plans

National



- **Health and Social Care Standards (2017)**
- **National Health and Wellbeing Outcomes**
- **NHS Recovery Plan 2021-2026**
- **A National Clinical Strategy for Scotland (2016)**
- **Delivering Value Based Health and Care: a Vision for Scotland (2022)**
- **Enabling, Connecting and Empowering: Care in the Digital Age – Scotland's Digital Health and Care Strategy (2021)**
- **Greater access, better insight, improved outcomes: a strategy for data-driven care in the digital age (2023)**
- **National Workforce Strategy for Health and Social Care (2022)**
- **Fair Work Action Plan (2021)**
- **National Mental Health Strategy 2017-2027**
- **Primary Care Improvement Programme**
- **General Medical Services Contract in Scotland (2021)**
- **Recovery and Redesign: An Action Plan for Cancer Services (2020)**
- **Diabetes Improvement Plan (2014)**
- **A Healthier Future – a framework for the prevention, early detection and early intervention of type 2 diabetes (2018)**

- **Heart Disease Action Plan (2021)**
- **Progressive Stroke Pathway (2022)**
- **Palliative and End of Life Care Strategic Framework for Action (2015)**
- **Palliative and End of Life Care by Integration Authorities: advice note (2018)**
- **My Health, My Care, My Home - Healthcare Framework for Adults living in Care Homes (2022)**
- **Self-Directed Support: framework of standards (2021)**
- **National Carers Strategy (2022)**
- **Creating Hope Together – Suicide Prevention Strategy 2022-2032**
- **National Drug Mission Plan 2022-2026**
- **Rehabilitation and Recovery: a person-centred approach (2022)**
- **Learning / intellectual disability and autism transformation plan (2021)**
- **See Hear – A strategic framework for meeting the needs of people with a sensory impairment in Scotland (2014)**
- **Housing to 2040 (2021)**



Let's Talk

Many people who live, work or provide unpaid care in Dundee shared their views over the last two years about 'what matters to them' about health and wellbeing and adult health and social care services.

You can find a full report of what people have said here (link to be added). The things that people said have directly influenced the ambition and priorities in this framework. More information about what people have said has been highlighted in this document.

Some of the important messages people gave are:

- Plans must be written in a way that is simpler, uses clearer language and means something to people who use health and social care services now or might use them in the future.
- The ambition of the IJB should be about the real differences it makes and the things it has most control over.
- The IJB need to think more about how to work better with other organisations, including the Dundee Partnership, to improve all services and supports that make a difference to people's health and wellbeing. This is most important when preventing poor health and wellbeing, making sure people get the help they need sooner and when working alongside people in communities to understand their needs.
- It is really important to reduce the differences in people's health and wellbeing that are caused by things like poverty, where they live, or their personal characteristics (like sex, age or ethnic origin). The IJB should inform people that the money the IJB has will be spent in a way that gives extra help to people who need it most so that they can be as healthy and well as everyone else in Dundee.
- People realise that public sector services, like the Council, NHS Tayside and the IJB, do not have enough money or staff to do everything for everyone. People felt it was important to be honest about that and how resources, including money and staff, will be used to help people have the best possible health and wellbeing.
- More time and money should be spent making it easier for people to know more about existing health and social care services and how to get help from them.

- People said they are worried about having to wait too long to get the help they need.
- People said when they do get support from health and social care services it has been very good and has made a big difference to their lives.
- People said it is important that the IJB remembers that they want a good quality of life, not just to live longer in their own home.
- The IJB needs to think more about how to reduce the impact of the cost of living crisis on people's health and wellbeing.
- The IJB should support the Health and Social Care Partnership to spend more time working with people and communities to understand the help they need to stay healthy and well. They should also work with people to design services to deliver the help they need.
- People who work in health and social care organisations should stop talking about models and pathways – these are words used by organisations and don't mean anything to those people who need services. People would like the IJB and Health and Social Care Partnership to talk more about how services can give them the specific help they need and help them look after themselves rather than seeking to do everything for them.

From December 2022 to March 2023 people were asked to share their views about Dundee's GP Premises Strategy. As part of this activity many people also spoke about other aspects of services delivered through GP practices. A full report of what people said is available here (link to be added), but some of the things people said were most important were:

- Lots of people did not know about the full range of different professionals and supports that are available to them at through their GP practice. People said that there should be more information about services that are available and more help from reception staff to make sure they see the right person.
- Many people are willing to accept an appointment that is not face-to-face. This was the case most often when people were aged under 65 years old. Older people had a stronger preference for face-to-face appointments.
- The process for booking appointments needs to be improved.
- There needs to be more support available in GP practices for health and wellbeing, mental health and pharmacy.

The Dundee Partnership has also been talking to people across Dundee over the last two years to find out more about what they need, the things that affect their lives and what they hope for in the future. This information helped the Dundee Partnership to write its [City Plan 2022-2032](#). Some of the things people in local communities identified as being most important for health and wellbeing that need to get better were:

- Ways to have a say in improving things in the community.
- Drug and alcohol advice and services in the community.
- Dealing with the way the COVID-19 pandemic has made some things more difficult for people. Many people said it made them more isolated and their mental health and wellbeing worse. It also meant some people did not have enough money to buy food or other basic things we all need to stay safe, healthy and well. People noticed that the pandemic had made things even worse for people who already had poor health and wellbeing.
- The way the COVID-19 pandemic made it more difficult for people to find and get help when they needed it.



Equality Outcomes

The IJB's ambition is that everyone in Dundee has the best possible health and wellbeing.

The Equality Act (2010) aims to make sure all people are treated fairly, particularly people who have protected characteristics (age, disability, sex, gender reassignment, pregnancy and maternity, sexual orientation, marriage and civil partnership, religion / belief, and, race). Sometimes, people with Protected Characteristics need support given in a different way or they need extra support to have the same outcomes as other people. They might also be more likely to have particular health and social care needs.

Some people experience poverty and poor social circumstances; this can affect anyone but can affect people with Protected Characteristics more. This can make it even harder for them to have the same life chances as other people. From April 2018 the Equality Act (2010) introduced the Fairer Scotland Duty to help make sure Scotland is a fair place to live by acting to tackle poverty, reduce inequality and build a fairer and more inclusive Scotland.

As part of the work to make Dundee a fairer city the IJB is concerned about health inequality; this is the unfair and avoidable differences in health between people or groups of people. People with Protected Characteristics and people affected by poverty can experience health inequalities that impact on their overall health and wellbeing.

People with Protected Characteristics and people affected by poverty and poor social circumstances can find it more difficult to access health and social care services. Sometimes those people have a poorer experience of supports and services.



The Equality Act (2010) says that Public Bodies, like the IJB, must publish a set of equality outcomes at least every four years. People who have Protected Characteristics and those people affected by poverty and poor social circumstances have shared what matters most to them about health and wellbeing and health and social care services. People who have an interest in making Dundee a fairer place to live have also told the IJB what matters to them. This has helped the IJB to agree Equality Outcomes for the IJB:

1 Information published by the IJB will be more accessible to people who have a sensory impairment or learning disability, whose first language is not English and those people who are older.

2 The IJB has increased the range and effectiveness of ways to listen, hear and learn what matters to older people, people from minority ethnic groups and the LGBTQ community about health and social care services and supports.

3 IJB membership will be more diverse and more closely reflect the overall population of Dundee across the following characteristics: sex, disability, race, religion or belief and age.

4 The IJB contributes to an improved culture within the workforce to actively challenge discrimination, through a focus on eliminating race discrimination on the workplace.

In 2027 the IJB will check again whether these outcomes are the right ones to focus on. You can read more about the IJB's equality outcomes and other work it is doing to improve health and social care outcomes for people with protected characteristics or who are affected by poverty and poor social circumstances at:

www.dundeehscp.com/equality-matters-dundee-health-and-social-care-partnership

Strategic Priority: Inequalities

Support where and when it is needed most

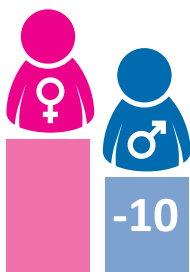


Targeting resources to people and communities who need it most, increase life expectancy and reduce differences in health and wellbeing.

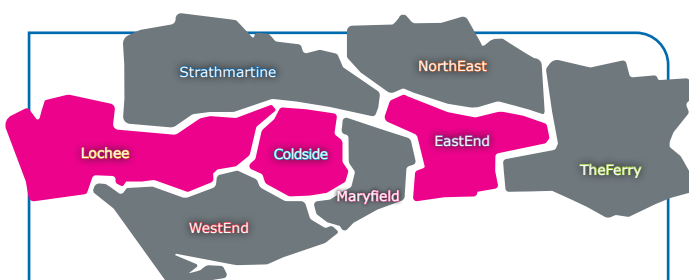
Why is this important?

- Data for Dundee shows that life expectancy is getting shorter. Since 2012-14, life expectancy at birth has got worse for both males (from 75.6 to 73.54 years) and females (from 80.06 to 78.54 years)⁴.
- Information about the health and wellbeing of people in Dundee shows that there are big differences between how healthy and well people are. These differences happen because of where people live in the city, how much money they have and because of who they are (for example, their ethnic origin, sexual orientation, disability or age). These difference are often called Health Inequalities.

Life expectancy of a male who lives in one of the most deprived areas of Dundee is 10 years less than a female who lives in one of the least deprived areas.

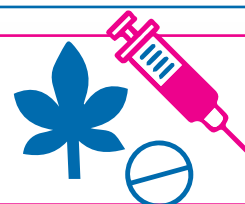


A&E attendance due to alcohol related harm is 4 times higher in the most deprived areas of the city.



East End, Lochee and Coldsides wards have the highest prevalence of people with mental health conditions, physical disabilities, learning disabilities and sensory impairment. These wards also have the highest proportion of residents classified as income deprived.

Drug related hospital discharges are 20 times higher in the most deprived areas of the city.



⁴ Data Tables for Life Expectancy in Scotland, 2019-2021 | National Records of Scotland (nrsotland.gov.uk)

- People who are affected by poverty or poor social circumstances or who have a protected characteristic can find it more difficult to access health and social care services. Sometimes these people also have a poorer experience of support and services, including that they do not make as big a difference to their health and wellbeing as they do for other people⁵.
- Dundee has high levels of social issues that impact on health and wellbeing of vulnerable people, including people affected by poverty or who have protected characteristics. This includes, drug and alcohol use, poor mental health, domestic abuse and others types of violence against women, and harm to other vulnerable adults and children.
- People who shared their views about 'what matters to them' said that reducing health inequalities is really important and that the IJB should spend more money making sure that people who need extra help to access services and achieve good health and wellbeing get it. People also said they are concerned about the impact of the cost of living crisis and how this might make health inequalities worse in the future. They also said the IJB should support the Health and Social Care Partnership to spend more time working with people to understand their different needs and how services could help them.
- People have told the Dundee Partnership that it is really important the more is done to help people who use drugs and alcohol and who have poor mental health and wellbeing. They were also concerned that the pandemic has made things worse for people who already had poor physical and mental health and wellbeing.
- The IJB has a legal duty, working together with Dundee City Council and NHS Tayside through the Health and Social Care Partnership, to make sure that they promote equality and fairness. This includes thinking about how health and social care services are designed and delivered to people with different needs. Equality and fairness can be about how people access services in the first place but also their experiences of services and how they impact on people and their outcomes.
- Recent independent reviews of drug services and supports in Dundee and mental health services across Tayside found important changes that need to be made⁶.
- A wide range of national policies for health and social care include a commitment to reducing inequality. This includes reducing differences in how easy people find it to access the services and supports they need, as well as the differences these services make to their health and wellbeing.

5 Scottish Better Together Survey, Patient Survey Programme

6 The full reports from the Dundee Drugs Commission can be found at:
<https://www.dundee.gov.uk/dundee-partnership/dundee-drugs-commission>.
 The full reports from the Independent Inquiry into Mental Health Services in Tayside can be found at:
<https://independentinquiry.org/category/reports/>.

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

Short-term (2023-2026)



Disadvantaged communities (geographic and shared characteristics) are benefiting from more targeted investment to support self-care and prevention.

Adults who have multiple and complex needs, including adults at risk of harm are more quickly identified and services work well together to provide an initial response to their needs.

People who experience challenges in relation to mental health and drug and alcohol use experience a co-ordinated response from services.

More health and social care services and supports demonstrate a gendered approach to service delivery.

The health and social care workforce has a better understanding of equality and fairness, including how their practice can help to better meet people's needs.

People who have a sensory impairment or learning disability, whose first language is not English and who are older are better able to find and understand Information published by the IJB and Health and Social Care Partnership.

People who have mental health and wellbeing needs, and for people who use drugs and alcohol have a wider choice of easily accessible community-based supports.

More health and social care services and supports demonstrate a trauma informed response to meeting needs.

There is a clear strategic plan for how the IJB will invest its resources to better meet the needs of people with a physical disability or sensory impairment.

The IJB has an improved understanding of the needs of different equality and fairness groups and how effectively health and social care services are meeting those needs.

Medium-term (2026-2029)

There are fewer drug and alcohol related deaths.

Older people feel less isolated and lonely. This is helping to improve their physical and mental health and wellbeing.

People from disadvantaged groups are getting the support, treatment and care they require without fear of discrimination or stigma.

More disadvantaged people and communities are accessing the health and social care services and supports that they need.

Peoples' mental health and wellbeing is better.

There are fewer deaths by suicide.

Long-term (2029-2033)

People living in deprivation or who are part of protected equality groups have improved health and wellbeing outcomes. These outcomes are closer to those achieved by the wider population of Dundee (reduced inequality gap).

People are protected from harm and supported to recover from the impact of trauma.

Health and social care services are provided from premises that create environments that support trauma informed ways of working and reduce inequalities.

Everyone in Dundee is living longer (increased life expectancy and increased healthy life expectancy).

People living in the most deprived communities are living longer (increased life expectancy and increased healthy life expectancy).

People accessing health and social care services experience a culture and practice that is rights-based.

The IJB will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual delivery plan can be found [here](#).

The IJB's performance framework will set out how the IJB will measure their progress towards making these changes and tell the public about this. The performance framework and performance reports can be found [here](#).



Strategic Priority: Self-Care

Supporting people to look after their wellbeing

Helping everyone in Dundee look after their health and wellbeing, including through early intervention and prevention.

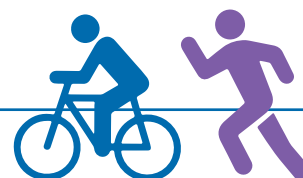
Why is this important?

- Prevention and self-care are important aspects of health and social care services and supports. They help people to look after themselves independently from services, have more control of their health and can improve people's quality of life. These types of support can include helping people develop the knowledge and skills to prevent them becoming unwell by living a healthy life. They can also help people to manage existing health conditions so that they do not get worse.
- Information about Dundee shows that factors such as smoking, being overweight and physically inactive have a big impact on many people's health and wellbeing. A Dundee Partnership survey found that 31% of respondents found it difficult to have a healthy lifestyle during the pandemic. People who already had poor health or a disability were most likely to find this difficult.

A higher percentage of people aged over 35 in Dundee smoke tobacco compared with Scotland as a whole. There is a known link between smoking and lung cancer.



Less than one fifth of Dundee Citizens reported that they undertook moderate physical activity for at least 30 minutes per day, 4+ days per week.



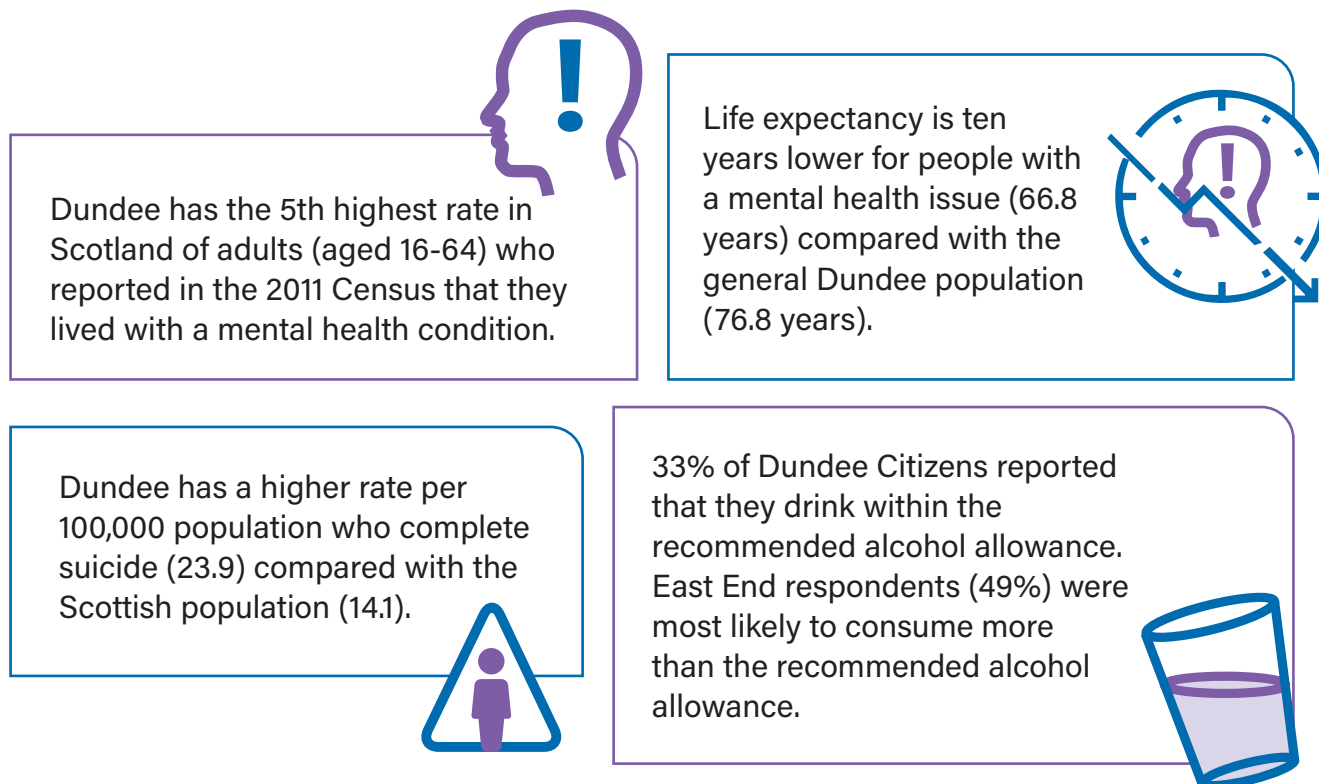
13.5% of Primary 1 age children in Dundee were at risk of becoming overweight and 11.3% were at risk of obesity.



Dundee citizens who undertook regular exercise had better mental health than those who undertook exercise either less than once a week or never.



- Since the pandemic the number of people who have said that they need to help to look after their mental health and wellbeing or because they are drinking alcohol more often has also been increasing. There are also many people who are managing the impact of 'long covid' on their health and wellbeing.



- Based on the Scottish Health Survey it is thought that about 33% of adults in Dundee (aged over 16 years old) have a limiting long-term physical or mental health condition⁷. GP records show that conditions such as high blood pressure, asthma, depression, COPD⁸ and diabetes are particularly common. Many people have more than one condition from an earlier age. The most deprived areas of the city also have the most people with these types of conditions.
- Dundee has a relatively high number of people who are admitted to hospital after having a fall.
- Research has shown that helping people understand and manage their health and wellbeing helps them make healthier choices, improves their overall health outcomes and reduces the need for them to receive emergency care at hospital. The impact of this type of support is even better when it is targeted at people that need it most – so it also helps to reduce health inequalities⁹.

7 <https://www.gov.scot/publications/scottish-surveys-core-questions-2018-analytical-tables/>

8 COPD – Chronic Obstructive Pulmonary Disease is the name for a group of lung conditions that cause breathing difficulties.

9 <https://www.scie.org.uk/integrated-care/research-practice/activities/prevention-self-care>

- People who shared their views about 'what matters to them' said that they know there is not enough people or money in the health and social care system to do everything for everyone. The IJB has also decided that the level of investment in health and social care services and not having enough people in the workforce are risks to being able to deliver their ambition. Supporting people to make healthier choices, prevent poor health and wellbeing and look after themselves when they are unwell reduces the number of people who need help from health and social care services. This means that those services can focus on supporting people who have the highest need, who have long-term health needs and on providing new services.
- A wide range of national policies for health and social care commit to helping people look after their own health and wellbeing. This includes helping people to live a healthier lifestyle that can help prevent poor health and wellbeing. The Independent Review of Adult Social Care (2021) said that the social care system in Scotland must focus on prevention and early intervention and support independent living.



What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

Short-term (2023-2026)



People find self-care and self-management information and opportunities easier to find and understand.

More people, especially disadvantaged groups, are accessing a wider range of health, wellbeing and healthy lifestyle activities across the city.

People are being helped to connect with the service and supports that they need at an earlier stage through the use of a social prescribing approach by everyone in the health and social care workforce.

There are more opportunities for people with mental health challenges to look after their physical health and for people with chronic physical health conditions to improve their mental health.

The health and wellbeing needs of people who have been bereaved, including unpaid carers, are recognised and responded to. There are specific resources in place to support people who have been bereaved in traumatic circumstances (for example, by suicide).

There are more prevention, self-care and self-management resources available for:

- Falls
- Stroke
- Long-term conditions
- End of life and bereavement
- Managing key life changes
- Healthy weight
- Mental health and wellbeing.

More people are participating in adult screening programmes, especially within areas of deprivation and groups with protected characteristics.

More Carers are accessing opportunities to lead a fulfilled and healthy life, and to have a good balance between caring and other things in their life.

Peer recovery services and supports have a greater role in meeting people's needs at an early stage.

Medium-term (2026-2029)

More people are supported to achieve their personal outcomes through low level, early interventions provided by community-based care and support services.

More carers say that they want to and are able to continue in their caring role.

More people are in drug, alcohol and mental health recovery.

Fewer people experience side effects and deterioration of long-term conditions because they are better supported to comply with their medication.

Long-term (2029-2033)

More people feel motivated to make lifestyle choices that positively enhance their health and wellbeing.

People are more physically active and mentally well.

A smaller number of people need hospital-based acute services; people who do need them less often.

Fewer people in Dundee have a limiting long-term physical or mental health condition.

Everyone in Dundee is living longer (increased life expectancy and increased healthy life expectancy).

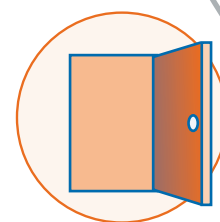
People living in the most deprived communities are living longer (increased life expectancy and increased healthy life expectancy).

The IJB will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual delivery plan can be found [here](#).

The IJB's performance framework will set out how the IJB will measure their progress towards making these changes and tell the public about this. The performance framework and performance reports can be found [here](#).

Strategic Priority: Open Door

Improving ways to access services and supports



Making it easier for people to get the health and social care supports that they need.

Why is this important?

- People who shared their views about 'what matters to them' said that more time and money should be spent making sure people know about what health and social care supports there are. People also wanted it to be easier to get help from these services quickly. Many people were worried about having to spend too long finding the right service and waiting for help.
- A Dundee Partnership survey found that people felt that the pandemic made it more difficult to find and get help.
- The Independent Review of Adult Social Care in Scotland (2021)¹⁰ found that access, eligibility and assessment were important areas for improvement. People who use social care supports told the review that things are too difficult right from the start and they had to repeat information to lots of different people.
- Different groups of people prefer different ways of finding out about and accessing services. The pandemic has helped to develop digital ways to access health and social care services, but this doesn't work well for everyone. People need information to be communicated in a way that meets their needs, for example in a different language or as pictures, which makes it easier to find and access services and also helps reduce health inequalities.
- Helping people easily find and access the services and supports they need can also help them to get help earlier. This can prevent their health and wellbeing getting worse meaning they have the chance to look after themselves independent of health and social care services. Making it easier for people to find and access services also helps to support self-care.
- Recent independent reviews of drug services and supports in Dundee and mental health services across Tayside made recommendations about how services could be easier to find and access in the future¹¹.

¹⁰ <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

¹¹ The full reports from the Dundee Drugs Commission can be found at:
<https://www.dundee.gov.uk/dundee-partnership/dundee-drugs-commission>.
 The full reports from the Independent Inquiry into Mental Health Services in Tayside can be found at:
<https://independentinquiry.org/category/reports/>

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

Short-term (2023-2026)



People find information about health and social care services and supports easy to find and to understand.

People can access social care and social work assessment and support more easily through an joined-up Health and Social Care Partnership 'front door.'

There is a quick and high-quality response to people who are experiencing distress and/or at risk of harm, including in the evenings and at weekends.

Assessments of need and support planning are person centred and focused on helping people to achieve their unique person outcomes.

Carers are identified, respected and involved. They are equal partners in planning and shaping services and supports.

People can get the community-based help and support that they need in the evenings, overnight and at weekends.

People connected quickly to the right type of support for them through a supported referral approach (rather than signposting). The use of a social prescribing approach by everyone in the health and social care workforce is helping to support this.

More services and supports have options for digital access to services and services delivery. There are good alternatives in place for people who do not have digital access.

Better information sharing between services means that people do not have to share the same information multiple times.

More people are accessing Self-Directed Support to support them to choose and access the services and supports that they need.

Medium-term (2026-2029)

Fewer people experience a sudden deterioration of long-term conditions requiring crisis intervention, including hospital admission.

Services purchased from the third and independent sector are focused on supporting people to achieve their personal outcomes, rather than on hours of service delivered.

Joined up IT systems are supporting the workforce to share information quickly and easily.

More people are supported to achieve their personal outcomes through low level, early interventions provided by community-based care and local support services.

More carers say that they want to and are able to continue in their caring role.

People have easy and equitable access to primary care services delivered from General Practices or other locations local to them.

Long-term (2026-2033)

Care and support is easily accessible, flexible and available at the right time to respond to people's changing needs.

Fewer people need help and support from formal health and social care services. More people get the help and support they need from the third sector (voluntary and community organisations).

People experience integrated care and support that is smooth and seamless from their own, and their families and carers, point of view.

People accessing health and social care services experience a culture and practice that is rights-based.

The IJB will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual delivery plan can be found [here](#).

The IJB's performance framework will set out how the IJB will measure their progress towards making these changes and tell the public about this. The performance framework and performance reports can be found [here](#).



Strategic Priority: Planning Together

Planning services to meet local need

Working with communities to design the health and social care supports that they need.

Why is this important?

- People who shared their views about 'what matters to them' said the IJB should make sure that the Health and Social Care Partnership spend more time working with people and communities to understand the help they need to stay healthy and well. They also said the Partnership should then work with people to design services that will deliver the help they need. People said health and social care services should stop talking about models and pathways because these words don't mean anything to people who need services. It would be more helpful to talk about how services can give them the specific help they need, and help them to look after themselves and one another rather than doing everything for them.
- People told the Dundee Partnership they want to have more say in improving things in their communities.
- The Independent Review of Adult Social Care in Scotland (2021)¹² found that there needs to be more focus on involving people in planning their own care, deciding what needs to change in their communities, and planning, designing and developing health and social care services.¹³
- Research has found many benefits of working with and involving people in service design and delivery in health and social care. This includes those people gaining skills, having improved health and wellbeing and feeling more trusting and empowered. It has also found that communities involved in designing services have a better understanding of their health and social care needs and can make better use of the resources that already exist in their community. Evidence also shows that this type of service design can help people in the community who are most disadvantaged to have a voice and help reduce inequalities. Services designed with communities can be more positive and creative and everyone involved has greater awareness of what help is available as well as the challenges of delivering those services.

12 <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

13 Conquer, S. & Bacon, L. The Value of Co-production within Health and Social Care: A literature review (2021)
<https://healthwatchesuffolk.co.uk/wp-content/uploads/2021/11/The-Value-of-Co-production-Within-Health-and-Social-Care.pdf>

- A wide range of national policies and strategies set out how health and social care services and supports should be delivered in the future. This includes changes to the way existing services are delivered and new types of support to be provided. More information can be found on [page 17](#).
- The IJB has already agreed how it will develop and improve services for a number of different groups of people with health and social care needs. This includes people who have poor mental health and wellbeing, are impacted by drug and alcohol use, have a learning disability and / or autism, adults at risk of harm, and unpaid carers. They have also agreed how they will make big changes to the way in which primary care, unscheduled hospital care and non-acute care are delivered in the future.¹⁴ To make sure these commitments happen in practice it is important that the IJB continues to work with communities to design and deliver services.
- Recent independent reviews of drug services and supports in Dundee and mental health services across Tayside made recommendations about how service could be improved in the future.¹⁵

14 Strategic plans for specific groups of people with health and social care need are published on the [Dundee Health and Social Care Partnership website](#)

15 The full reports from the Dundee Drugs Commission can be found at:
<https://www.dundee.gov.uk/dundee-partnership/dundee-drugs-commission>.
 The full reports from the Independent Inquiry into Mental Health Services in Tayside can be found at:
<https://independentinquiry.org/category/reports/>



What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

Short-term (2023-2026)



People and communities can find and understand information about health and social care needs and performance in the area they live in.

More Carers say that they have positive experience of supports and services designed to support them and the person they care for.

People who are admitted to hospital are safely discharged without delay back to their home or another community setting.

People are able to access the right community-based social care supports at the right time, delivered by joined-up multi-disciplinary teams. This is helping to reduce hospital admissions.

Older people are supported to live well and independently in the community by co-ordinated prehabilitation and rehabilitation services and supports.

People are supported to experience a good death at the end of their life. Most people die at home and unpaid carers are well supported to be part of end of life care. Services enable timely, effective admissions to hospital where this is the best option for the people.

More people from local communities are involved in developing future plans for health and social care services. This includes, plans for specific service areas as well as the overall strategic plan for health and social care.

There are a wider range of community-based services to help meet the recovery needs of people with poor mental health or who use drugs and alcohol.

People are supported through a Home First approach to access the services and supports that they need to support them to live well and independently in their own home.

People who have experienced a stroke have access to high quality hospital-based care as well as community-based recovery supports.

Fewer people are supported in residential care homes. Those who are receive highly personalised care and support.

People are making the best possible use of the full range of primary care services. They are well supported to directly access the specific services that best meet their needs and don't have to be referred by their GP.



Medium-term (2026-2029)

More people with health conditions or disabilities get the care and support they need in their own home or in other places local to them.

Significant harms linked to drug and alcohol use have been reduced by delivering the right care in the right place at the right time. This is also helping to improve people's quality of life.

The third and independent sector have increased capacity to contribute to modern ways of delivering services and supports, alongside public sector health and social care services.

The HSCP has access to the right balance of clinical and community based spaces from which to deliver services.

Fewer people who require residential based care and support have to leave the Dundee area to receive this.

People's homes provide the best possible environment to support their care and their overall health and wellbeing.

People with a learning disability and autism get the help they need to live well, be part of their community and share their talents.

People experience seamless transitions between community, primary and hospital-based services.

People have greater access to and control over their health and social care data, where appropriate and safe to do so.

People who need support and unpaid carers experience services that are highly personalised to meet their unique needs and support them to achieve their individual personal outcomes.

There is better co-ordination of people's housing options with available health and social care supports. This helps people to be able to stay in their home successfully.

Communities are directly influencing how health and social care resources are invested through participatory budgeting.



Long-term (2029-2033)

People receive the support they need, in the locations they want, at the time they need it.

A smaller number of people need hospital-based acute services; people who do need them less often. Resources have been reinvested in improving care at home or in community settings.

Health and social care services are provided in and from accessible, sustainable and fit-for-purpose, modern buildings.

People say that they are firmly at the centre, understand the choices available to them and are supported to make informed decisions about their own care and support.

Fewer people need help and support from formal health and social care services. More people get the help and support they need from the third sector (voluntary and community organisations).

People, including unpaid carers, have a higher level of overall satisfaction with the health and social care services and supports they receive.

The IJB will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual delivery plan can be found [here](#).

The IJB's performance framework will set out how the IJB will measure their progress towards making these changes and tell the public about this. The performance framework and performance reports can be found [here](#).

Strategic Priority: Workforce

Valuing the workforce



Supporting the health and social care workforce to learn and keep well.

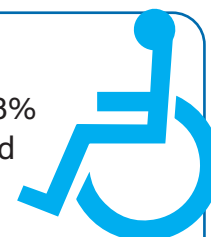
Why is this important?

- Dundee IJB does not directly employ any staff. The health and social care workforce is employed through Dundee City Council, NHS Tayside and organisations in the third and independent sector. The combined workforce is the single biggest asset available to the Dundee Health and Social Care Partnership to enable them to provide the services and supports that the IJB has asked for.



995 staff employed Dundee City Council (the same as 900 full-time staff) and 1555 by NHST (the same as 1325 full-time staff)

4.3% of the workforce have disability compared with 8.3% of all Dundee residents aged 16-74



87% workforce is female



2.1% of the workforce are from minority ethnic groups compared with 5.6% of Dundee residents aged 16 and over.



In addition, third and independent sector providers employ:

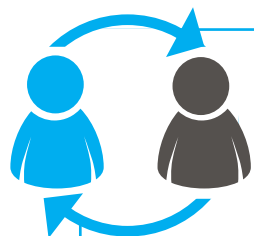
- 815 people in care at home services
- 1080 people in care home services
- 1105 people in Learning Disability/ Mental Health care at home / housing support services



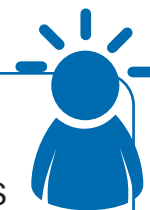
50yrs +

At least 40% of workforce is aged 50 or over.

- The COVID-19 pandemic had a big impact on the health and wellbeing of the health and social care workforce. Information shows that more staff are experiencing poor health and wellbeing. It also shows that many people are choosing to leave the health and social care workforce and that fewer people are joining.



Staff turnover across the workforce has increased between 2020/21 and 2021/22, from 4.3% to 10.4% for Dundee City Council employees and from 11.7% to 12.8% for NHS Tayside employees.



The number of new starts across Dundee City Council and NHS decreased from 276 in 2020/21 to 265 in 2021/22.

- People who shared their views about 'what matters to them' said they are worried that there are not enough people working in health and social care services to provide all the help and support needed.
- The IJB has decided that difficulties making sure that there are enough people in the health and social care workforce, with the right skills and experience, is one of the biggest challenges to being able to deliver its ambition and priorities. This includes working with organisations in the third and independent sector to make sure they can continue to provide services in the long-term and treat their staff fairly. They are also concerned about the impact on the workforce of changes to the way health and social care services are planned and delivered in Scotland, through the introduction of a National Care Service.
- Although the IJB does not employ the workforce who deliver health and social care services, the decisions they make have a big impact on staff wellbeing. They also impact on the opportunities that people have to learn and develop new skills. Learning and development will be essential to help to make the changes to health and social care services and supports that are in this framework and will be in annual delivery plans.
- The Independent Review of Adult Social Care in Scotland (2021)¹⁶ found that changes are required to how the health and social care workforce is valued and how fair work is supported in the future system of health and social care. This included making changes to the opportunities the workforce has to learn and develop so they can support changes in the way that services are delivered in the future.

16 <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

- The Scottish Government National Workforce Strategy for Health and Social Care in Scotland (2022)¹⁷ describes what action is needed to make sure there is a sustainable, skilled health and social care workforce in the future that is respected and valued. This strategy includes actions to help support more people into working in health and social care. It also focuses on learning and development and wellbeing. The decisions of the IJB will make an important contribution to making this strategy a reality.

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

(Please note that when the word 'workforce' is used below this is the whole health and social care workforce, including people working in the third sector and independent sector.)

Short-term (2023-2026)



The workforce is benefiting from having a wider range of more easily accessible mental health and wellbeing supports available to them. This includes supports for bereaved staff members.

People working within the health and social care workforce receive clear and understandable information about the work of the IJB and Health and Social Care Partnership.

There are clear local routes for the young workforce to enter a career in health and social care. More young people are accessing these, particularly young people from disadvantaged communities and protected equality groups.

The IJB has a fuller understanding of health and social care workforce needs and has agreed a plan to address gaps and challenges. This plan is being implemented in practice.

Recruitment and retention has improved in key areas, including Primary Care, Social Care, Mental Health and Drug and Alcohol services.

People working within the health and social care workforce have benefited from opportunities to develop their leadership skills and confidence.

Enhanced workforce wellbeing supports have helped to reduce overall levels of staff absence and turnover.

People working within the health and social care workforce have better opportunities to influence the work of the IJB.

¹⁷ <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

Medium-term (2026-2029)



All providers who are contracted to deliver health and social care services are fully complying with Fair Work practices.

Staff who are unpaid carers say they want to and are well supported by their employers to continue in their caring role.

Staff are active participants in self-evaluation and quality assurance approaches that enable them to reflect, learn and plan for improvement.

There is strong and visible integrated leadership of health and social care from senior staff.

All health and social care services are delivered by a workforce working in fully integrated teams.

Staff within the health and social care workforce have improved levels of confidence and competence with a range of relevant digital technologies.

Staff working in health and social care services say they feel valued, well supported and would recommend their place of work.



Long-term (2029-2033)

The health and social care workforce has the right number of staff, in the right place, doing the right things to meet the needs of people in Dundee.

The diversity of the health and social care workforce reflects the overall population of Dundee, particularly in terms of protected characteristics.

Overall health and social care services have a positive culture that supports the delivery of excellent care and support.

Health and social care services are provided from environments that ensure the wellbeing of the workforce.

The health and social care workforce has a more diverse range of ages, supporting more effective succession planning.

The IJB will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual delivery plan can be found [here](#).

The IJB's performance framework will set out how the IJB will measure their progress towards making these changes and tell the public about this. The performance framework and performance reports can be found [here](#).



Strategic Priority: Working Together

Working together to support families

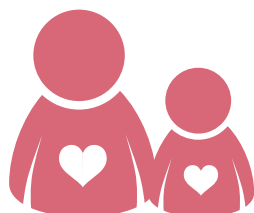


Working with other organisations in Dundee to prevent poor health and wellbeing, create healthy environments, and support families, including unpaid carers.

Why is this important?

- In Dundee, unpaid carers make a big and important contribution to supporting the people that they care for. The IJB has committed to making changes so that all carers in Dundee are heard, valued, understood and supported so they can have good health and wellbeing.¹⁸ To make this happen the IJB must work together with other organisations in Dundee, including services who support young carers.

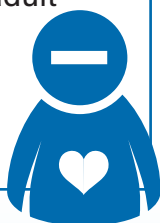
It is estimated that there are around 18,300 adult carers and 830 young carers in Dundee.



62% of adult carers supported by local services provided an average of 50+ hours of care per week. 65% of young carers supported by local services provided up to 19 hours of care per week on average



94% of young carers and 77% of adult carers experienced an impact on their emotional well-being due to their caring role. 61% of adult carers reported a negative impact on their health due to their caring role.



27% of unpaid carers said that they felt supported to continue in their caring role.

¹⁸ A Caring Dundee 2 – A Strategic Plan for Working Alongside, Supporting and Improving the Lives of Carers in Dundee 2021-2024

- Dundee is a city that has high levels of poverty and other social issues that impact on people's health and wellbeing. This includes issues like drug and alcohol use, domestic abuse and poor mental health. Many of these issues affect both adults and children within families. Supporting people to access the support they need, stay safe from harm and improve their wellbeing requires the IJB to work together with other organisations in the Dundee Partnership.
- The social determinants of health are the things that have an important impact on people's health and wellbeing and include the social circumstances in which people are born, grow-up, live and work. They are influenced by a wide range of economic, political and social policies, which means that preventing poor health and wellbeing and reducing health inequalities cannot be achieved by the IJB alone. The IJB must work together with other organisations in Dundee, in Tayside and across Scotland to make long-term improvements to health and wellbeing.
- People who shared their views about 'what matters to them' said that the IJB need to think more about how best to work with other organisations, including the Dundee Partnership, to improve all services and supports that make a difference to people's health and wellbeing. People said this is most important when working on ways to prevent poor health and wellbeing and making sure people get the help they need sooner. They also said that the IJB needs to think more about the help required to reduce the impact of the cost of living crisis on people's health and wellbeing.
- The Independent Review of Social Care in Scotland (2021)¹⁹ found that people who have experience of using health and social care services think that national and local services need to work better together. In particular, people wanted the way in which children with health and social care needs are supported into adulthood to be better. They also wanted local services to work better together on things like transport, housing, education and employment as these support people to live independently.
- The Independent Review of Social Care in Scotland (2021)²⁰ highlighted specific challenges for health and social care providers in the third and independent sector. This included challenges around the funding available to them to be able to continue to operate and deliver high quality services.
- In 2022 the Scottish Government began the process of developing a new National Care Service for Scotland. This will impact the way that adult social care, social work and community based health services are delivered in the future. It might also affect the way that adult and children's services work together. The planned changes will be the biggest change to the health and social care system in recent years. The IJB will have an important role in helping to plan these changes.

19 <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

20 <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

Short-term (2023-2026)

Families with multiple and complex needs receive co-ordinated, whole family support at an early stage.

People at risk of harm are effectively identified at an early stage and are effectively supported by services who work in partnership to help them be safe and well.

People and communities affected by poverty are getting more targeted support at an earlier stage to prevent this leading to poor outcomes for health, social care and other aspects of their life.

There is a partnership approach to identifying and supporting unpaid carers of all ages. Services who support unpaid carers work closely with services who provide care and support.

Health and social care services in Dundee have actively contributed to the co-design process for the National Care Service.

Health and social care services in the third and independent sector are actively supported to continue to deliver high quality services and supports.

Children and young people are supported into adulthood by services that work together to meet their needs.

People are receiving the information and support they need to help them to cope with the cost of living crisis, including to help to stay safe and be well.

People are receiving the help they need to live a healthy lifestyle, including eating well, accessing green space and staying active. There is a specific focus on supporting children and young people.

Services work well together to collect, understand and use information about health and social care to improve services for people.

Communities experience a co-ordinated approach to gathering information about their needs and priorities for health and social care and related services.

Medium-term (2026-2029)

Services have worked together to understand and manage the local impacts of the transition to the National Care Service.

The enduring impact of poor mental health and wellbeing has been decreased through a focus on prevention.

There are fewer deaths by suicide.

The IJB and other organisations have better evidence about the impact that services and supports have on people's health and wellbeing outcomes.

The enduring impact of drug and alcohol use has been decreased through a focus on prevention.

There are fewer drug and alcohol related deaths.

Planning for improvements to health and social care outcomes is better co-ordinated across all members of the Dundee Partnership. There is a whole-system approach to improving health and wellbeing outcomes.

Communities across Dundee are benefiting from the use of Community Wealth Building approaches.

Long-term (2029-2033)

All Carers are confident that they are listened to, valued and supported. They feel well and are able to live a life alongside caring.

People living in the most deprived communities are living longer (increased life expectancy and increased healthy life expectancy).

People are protected from harm and supported to recover from the impact of trauma.

More people are a healthy weight and regularly participate in physical activity.

Everyone in Dundee is living longer (increased life expectancy and increased healthy life expectancy).

People and communities are confident that their views and ideas are listened to, valued and used effectively across the whole community planning partnership to improve outcomes.

Health and social care services have reduced their carbon footprint, especially emissions from transport and buildings.

The IJB will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual delivery plan can be found [here](#).

The IJB's performance framework will set out how the IJB will measure their progress towards making these changes and tell the public about this. The performance framework and performance reports can be found [here](#).



Measuring the Change

IJBs have a duty to measure the progress they are making against the 9 National Health and Wellbeing Outcomes²¹. The Scottish Government has created a list of 23 indicators to help IJBs to do this. Dundee IJB reports publicly on its performance against these outcomes in quarterly and annual performance reports.

You can see an overview of these outcomes and indicators on [Appendix 2](#).

As well as monitoring these national outcomes and indicators the IJB must also measure its progress towards meeting the ambition, priorities and short, medium and long-term changes in this plan. The IJB is committed to reporting the progress that is being made to the public. The detailed plan for measuring and reporting this information will be published in an IJB Performance Framework. It will focus on two things:

- Developing ways to share the progress that has been made to complete actions in the IJB's Annual Delivery Plan. This will include finding ways to share this with local citizens in a meaningful and accessible way.
- Reporting the impact of these actions on the health and wellbeing of people in Dundee. This will include setting out the specific data the IJB will measure and report. For some data it will include setting targets for the change the IJB wants to see over the next 10 years.

The IJB will also continue to publish data through the performance information that Dundee City Council, NHS Tayside and the Dundee Partnership publish. It will also take part in reporting arrangements for IJBs that support the Scottish Government to publish national performance information for health and social care services.

21 You can find out more about the 9 National Health and Wellbeing Outcomes at:
<https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/pages/5/>

You can find out more about the 23 National Health and Wellbeing Indicators at:
<https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2015/04/health-social-care-integration-core-suite-indicators/documents/core-suite-integration-indicators/core-suite-integration-indicators/govscot%3Adocument/00475305.pdf>

This includes information about how the indicators are measured and reported

Resources and Risks

Resources to Support Delivery

There are a range of resources that the IJB can use to support the actions in the Annual Delivery Plan and to achieve the ambitions set out in this strategic framework. These are:

Financial resources

The money that is available to the IJB to fund health and social care services and supports.

Dundee City Council and NHS Tayside give the IJB funds to spend on the delivery and improvement of adult health and social care services. The IJB uses these funds to buy services and supports that meet the needs of people in Dundee and that help to achieve the ambitions and priorities set out in this strategic framework. The Scottish Government and other organisations sometimes also provide extra funds to the IJB to spend on specific things, like the priorities they have set in national plans and policies for health and social care.

In 2022/23 Dundee City Council and NHS Tayside gave the IJB just over £284 million to spend on adult health and social care services.

Every year the IJB must decide how it will spend the money it has, they do this by setting a balanced budget. It cannot spend more than it has been given by the Council, NHS Tayside and other funders, this means that decisions sometimes have to be made to spend less buying one type of service so that more can be spent on new or improved services in another areas.

In 2022/23 the IJB spent most of its budget on:

1. Services for older people (23.2% or £65.9 million)
2. Services for people who have a learning disability (11.5% or £32.7 million)
3. Prescribed medications (11.4% or £32.3 million)
4. General medical services provided by GPs (10.4% or £29.5 million)
5. Family health services including community dental, optical and pharmacy services (8.4% or £23.9 million)

The cost of delivering health and social care services is increasing. This is because of things like pay increases for the health and social care workforce and increased cost to services of energy, rent and other things that are impacted by inflation. Increased need and demand for services also makes the overall cost of providing services higher. At the same time the IJB, and other public services, have not had an increased amount of funding to meet these increased costs.

The health and social care workforce

These are the people employed by Dundee City Council, NHS Tayside and the third and independent sector who work in health and social care services. This includes services that are paid for by the money that the IJB has but also people who work in other organisations that have an impact on health and wellbeing.

The Partnership has 995 individual staff (working the same amount of hours as 900 people who work full-time) who are employed by Dundee City Council and 1,555 (working the same amount of hours as 1,325 people who work full-time) staff who are employed by NHS Tayside.

The largest staff groups are nurses (825), social and home care workers (615) and allied health professionals (320). These posts collectively account for 67% of the total Council and NHS health and social care workforce.

87% of the total Council and NHS health and social care workforce are female.

Across each health and social care service area, at least 40% of the total NHS and Council employed workforce is aged 50+

108 employees stated they have a disability which is 4.3% of all employees. This is lower than the 8.3% of Dundee residents aged 16-74 who stated in the 2011 Census that they have a disability which limits day to day activities a lot.

54 employees stated they were from a minority ethnic background, which is 2.1% of all employees. This is lower than the 5.6% of Dundee residents ages 16+ who stated they were from a minority ethnic group in the 2011 Census.

Property

The IJB does not own any property. Health and Social Care services and supports are delivered from places that are owned by other organisations. This is normally Dundee City Council and NHS Tayside, but can also be buildings owned by the third and independent sector. Across the Dundee Health and Social Care Partnership services and supports are delivered from a wide range of different places, including:

Property			
23 General Practices	4 Hospitals	4 Care Homes	4 Day Centres
1 Palliative Care Unit	2 Respite Units	1 Equipment Store	6 Office Bases
1 Records Store	7 other community-based service delivery sites	42 community-based venues used by social care teams	Shared sites of service delivery in Angus and Perth & Kinross
Service delivery sites in the third sector and independent sector			

The long-term ambition is that health and social care services and supports will be delivered from places that are modern, fit for purpose and are used to their maximum potential. There are some important changes that will make it challenging to do this: Dundee City Council and NHS Tayside are both working to reduce the number of premises they have in the city and the physical condition and design of some properties is not suitable for modern ways of delivering services. However, developments in digital technology and changes in the way that the health and social care workforce work are factors that will help to make better use of the buildings that are available to the Health and Social Care Partnership in the future.

Digital

This is the IT and technology available to support the delivery of health and social care services. The IJB does not own these resources, they are normally provided by Dundee City Council and NHS Tayside. It includes the IT equipment and systems that are used by the health and social care workforce, but also resources that they use to provide care to people and for people to look after their own health and wellbeing.

The IJB will publish a Resource Framework. This will describe in more detail the financial resources the IJB has and how it plans to use them. It will also set out how the IJB will work with Dundee City Council and NHS Tayside to secure the workforce, property and digital resources that are required to deliver the ambition for health and social care in Dundee.



Risks to Delivery

There are a number of potential risks that could impact on the delivery of this strategic framework. The IJB regularly considers these risks and how their impact can be reduced. It also has systems in place to identify any new risks and consider how they can be managed. Information about the risks to the delivery of this strategic commissioning framework is regularly reported to the IJB. In April 2023, when this framework was written, the biggest risks to the delivery of the strategic commissioning framework were:

- Planned reductions in the financial resources the IJB has to support the delivery and improvement of health and social care services and supports.
- Difficulties making sure that there are enough people in the health and social care workforce, with the right skills and experience, to deliver the actions and ambitions.
- Limited money in Dundee City Council and NHS Tayside to invest in and improve community-based buildings from which health and social care services are delivered.
- The impact of the cost of living crisis on the health and wellbeing needs of people. These impacts might mean that actions planned have less overall positive impact on people's health and wellbeing.
- The longer-term impact of the COVID-19 pandemic on health and social care needs and outcomes for people in Dundee.
- Challenges faced by providers of health and social care services in the third and independent sector in meeting increasing costs with less funding available to them.
- The impact of changes to the way health and social care services are planned and delivered in Scotland, through the introduction of a National Care Service.

An overview of current risks will be provided each year as part of the IJB's Annual Delivery Plan.

This page is intentionally left blank

Explanation Notes

Term	Explanation
Acute services	This is short-term treatment, normally in a hospital, for a severe injury or episode of illness or an urgent medical condition.
Adult screening programmes	Screening is the process of identifying people who appear to be healthy but may be at an increased risk of a disease or condition. There are a number of screening programmes in Scotland. These are designed to detect early signs of a disease or condition and provide referrals and treatment as early as possible.
Capacity building	This is the process of developing and strengthening the skills, abilities and resources that individual people, communities or organisations have to survive, adapt and thrive.
Carbon footprint	This is the amount of carbon dioxide released into the atmosphere (the air) as a result of the activities of a person, community or organisation.
Community-based	The services and supports provided by the IJB through Dundee Health and Social care Partnership are often identified as community-based services. These are services that are delivered from and within local communities. This might be in people's own homes as well as in places like health centres.
Community Wealth Building	This is a different approach to supporting economies to work. The aim is to make sure that more wealth and opportunity benefits local people. Dundee Integration Joint Board is an 'anchor institution' - this is an organisation that can influence and make change in the local economy.
Delivery plan	This is the plan that the Dundee Health and Social Care Partnership makes each year about the actions it will take to deliver the big changes the IJB has said must happen in their strategic framework. It tells people how these changes will be made in practice.
Deprivation / deprived areas	Deprivation is the result of a lack of income and other resources. In Scotland the Scottish Index of Multiple Deprivation (SIMD) is a tool that is used to identify places in Scotland where people are experiencing disadvantage across different areas of their lives.

Term	Explanation
Dundee Partnership / Local Community Planning Partnerships (LCPP)	<p>This is Dundee's Community Planning Partnership; this is the name given to all services that come together to take part in community planning. They are responsible for producing the City Plan, which sets out the big issues impacting people in Dundee and how partners will work together to make improvements.</p> <p>Within the Dundee Partnership there are 8 Local Community Planning Partnerships (Strathmartine, North East, Coldside, West End, The Ferry, Maryfield, East End, Lochee). Each one brings together elected members, people living in the area and staff from services who work in the area to plan and deliver better services for that community.</p>
Early intervention	<p>This is a way of working that aims to ensure people get the care, support and information that they need as early as possible so that their situation does not get worse.</p>
Eligibility criteria	<p>This is a way of deciding whether or not a person's health and social care needs are at the level where they should receive support from public sector services, for example care at home services funded by the Health and Social Care Partnership.</p>
Enabling independence	<p>This is a way of working that aims to support people to be able to continue to look after their own health and wellbeing as much as is possible in their specific circumstances. It involves services working with people to understand what support they need to live independently, including equipment that might help them.</p>
Equality	<p>Equality is about making sure that every person has an equal opportunity to make the most of their lives and talents. It is about the belief that no-one should have poorer life chances because of the way they were born, where they come from, what they believe, or whether they have a disability.</p>
Equality outcomes	<p>This is a result that the IJB aims to achieve in order to eliminate discrimination, advance equality of opportunity or foster good relations with people / groups of people who have a protected characteristic.</p>

Term	Explanation
Fairness	This is about the unfair differences between outcomes for people in Scotland because of socioeconomic disadvantage. This means things like have a low income, living in a deprived area, not having any savings or other forms of wealth (like owning a home) and not having enough materials things (like clothes and other essential items).
Gendered approach	Men, women and non-binary people experience the world differently. A 'gendered approach' focuses on understanding the different experiences people have, why they have these experiences and what this means for how services and supports can better meet their needs.
Health and Social Care Partnership	The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) required Local Authorities (Councils) and Health Boards to integrate the planning of some health services and functions and most social care functions. Dundee City Council and NHS Tayside deliver integrated services as Dundee Health and Social Care Partnership (sometimes shortened to the 'Partnership,' 'DHSCP' or 'HSCP' or H&SCP). The HSCP is a way for both organisations, along with the Independent and Third Sector, to deliver the services planned by the IJB.
Independent sector	Privately owned companies delivering health and social care services. This can be single care home organisations to large providers in health and social care.
Inequalities / health inequalities	Health Inequalities are the differences that exist between the health of different population groups. This type of gap exists between people with different personal characteristics (such as their age, sex or whether or not they have a disability) and between people who live in poorer and more affluent areas of the city.
Integrated care and support	This is a way of working where services and supports working very closely together to assess and meet people's needs. It might include people from different professions working together in the same team.

Term	Explanation
Integration Joint Board (IJB)	The IJB is the formal legal body that is responsible for planning, agreeing and monitoring community-based health, social work and social care services for adults. Some of the membership of the IJB is defined in legislation. Details of the current Dundee City IJB membership is available at https://www.dundeehscp.com/dhscp-who-we-are The IJB
Life expectancy	This is a statistical measure of the average time a person is expected to live.
Long-Covid	This is a term used to describe the effects of Covid-19 that last for several weeks or months beyond the initial illness.
Long-term conditions	This is an illness that cannot be cured, however it may be able to be controlled with medicines or other treatments. Examples of long-term conditions include diabetes, arthritis, asthma and some mental health conditions.
National Outcome / National Health and Wellbeing Outcome	These are the things that the Scottish Government has decided are important that everyone can experience or achieve. They describe the type of place they want Scotland to be.
Participatory budgeting	This is a form of participation where people are involved in the process of deciding how public money will be spent.
Performance framework	This is a document that describes how the IJB will measure the progress it is making towards achieving their ambition and the strategic shifts. It describes how data and other types of information will be used to show the impact that services and supports have on people. It will also say how the IJB will report this information, including to members of the public.
Personalised / personalisation / personal outcomes	This is a way of working where services and supports focus on people as unique individuals. This includes thinking about their specific individual needs, as well as the things each person wants to achieve or be better about their life (their personal outcomes). It involves delivering services in a flexible way and adapting them to the unique individual, rather than providing one standard services to everyone.

Term	Explanation
Post diagnostic support	This is the range of services and information available to people once they have been diagnosed with a health condition.
Prehabilitation	This is a way of working with people to help them get ready for medical treatment. It aims to help people leave hospital sooner after their treatment, have fewer side effects and cope better with ones that do happen, and to have a quicker overall recovery.
Prevalence	This is the proportion (or percentage) of people in the population who have a specific characteristic. For example, 5% (1 in 20) people in Scotland have diabetes.
Prevention	This is a way of working that aims to tackle the underlying causes of poor health and wellbeing. Instead of waiting for people to become unwell or need support from services, the aim is to prevent that happening. This way of working often involves working with whole communities or populations.
Primary care	This is the day-to-day healthcare available in every local area including: GPs (general practitioners)-the family or local doctor and community and practice nurses.
Protected characteristic / Communities of interest	<p>The Equality Act 2010 defines nine protected characteristics. These are the characteristics where evidence shows that people experience significant discrimination in areas like employment, provision of services and access to services.</p> <p>Communities of interest are communities of people who share the same characteristics.</p>
Rehabilitation	This is a way of working with people who have a medical condition or disability to help them to live as independently as possible. This can include working with people to help them to manage symptoms, changing their environment to better meet their needs, using assistive equipment and providing information to help people to manage their own health and wellbeing needs.
Resources	These are the things that the IJB and other partners have available to them to invest in health and social care services and supports. This can include money, the workforce, property and IT resources (such as IT equipment and systems).

Term	Explanation
Rights-based	A rights-based approach is about supporting people to know and claim their rights. This includes supporting people to have more opportunities to be part of the decisions that impact on their rights. It also includes services understanding rights, respecting them and knowing how to help people access them.
Self-care / self-management	This is a way of working that focuses on supporting and empowering people to manage their own health needs and conditions. It can include things like supporting people to manage their own medication or treatment, or to monitor their condition and know when to ask for more support.
Self-Directed Support	This is a way of providing social care support that aims to give people more control, choice and flexibility of their own lives and the support they want. It is a method of arranging social care support in a tailor-made way so that people can live independently and with the best possible quality of life.
Social determinants of health	These are non-medical things that impact on health outcomes and have a big influence on health inequalities. Some important social determinants are: income, education, unemployment, food insecurity and housing conditions.
Social prescribing	This can be undertaken by anyone working within health and social care services. It is a way of working that focuses on referring people to a range of non-medical services that can support their health and wellbeing. It involves helping people to find the services that would best meet their needs, as well as supporting them to access those services.
Strategic commissioning	This is a process for understanding needs and planning how to invest money and other resources to meet that need and deliver better outcomes for people.
Strategic needs assessment	This sets out current and (predicted) future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services within an IJB area.
Strategic priorities	These are the important areas that planners decide to work together to on to make improvements and improve outcomes for people.

Term	Explanation
Third sector	This includes charities, social enterprises and voluntary groups, In health and social care. They deliver essential services including those commissioned by the Health and Social Care Partnership.
Transitions	Transitions can take place in health and social care when people have significant changes in their life circumstances and / or move between different services and supports. For example, when young people move into adulthood they also move from children's service into adult services.
Trauma / Trauma-informed	People can experience trauma as a result of an event, a series of events or their life circumstances. Trauma can be physically and emotionally harmful and can impact people's health and wellbeing for the rest of their life. Trauma-informed approaches to delivering services and supports are designed to understand that people may have experienced trauma and to better meet their needs.
Unpaid carer	This is someone of any age who looks after or supports a family member, partner, friend or neighbour in need of help because they are ill, frail, have a disability or are vulnerable in some way. A carer does not have to live with the person being cared for and will not be paid for the care they give, although may or may not receive carers allowance or carer premium. Some carers look after more than one person.
Unscheduled hospital care	This is health care that was not planned in advance. This might be accessed through services like NHS 24, GP Out-of-Hours Service or at A&E.

This page is intentionally left blank

Appendix 1 - Housing Contribution

Dundee City Council Neighbourhood Services and the IJB know that living in good quality, safe, stable and secure housing has a positive effect on people's overall health and wellbeing. They also know that, poor quality accommodation, being at risk of homelessness, antisocial behaviour, high energy costs and low incomes may have a negative impact on health and wellbeing.

The housing sector has an important role in supporting the IJB to achieve its ambition for health and social care. This is reflected in the requirement (Section 53 of the Public Bodies (Joint Working) (Scotland) Act 2014) to produce a Housing Contribution Statement as part of the IJB's Strategic Commissioning Plan. This Housing Contribution Statement sets out how the local housing sector will actively work with the IJB to help them achieve their priorities and ambitions. The Dundee IJB published its last **Housing Contribution Statement** in February 2020.

The Local Housing Strategy (2019-2024) (link to be added) is the document that sets out plans for tackling fuel poverty, and for providing housing, housing support and homelessness services. A new Local Housing Strategy will be written over the next year, this will provide a good opportunity for the IJB and Neighbourhood Services to work together to produce a new Housing Contribution Statement that focuses on the new ambition and priorities for health and social care as well as the new priorities for housing. The IJB will publish a fully updated Housing Contribution Statement by June 2024.

While work is happening to produce the new Local Housing Strategy and Housing Contribution Statement the IJB, Neighbourhood Service and other local housing organisations will continue to work together.

IJB Strategic Planning Advisory Group

Neighbourhood Services and third sector housing services are members of the group within the IJB who are responsible for making plans to improve health and social care services.

Strategic Planning Group

The Homelessness Partnership is the place where housing and health and social care services come together to make detailed plans for improving services.

Services for people


Every day housing and health and social care services work together to meet the needs of people and communities through the services and supports they provide.

Many people in Dundee have a housing need that impacts on their health and wellbeing. Some of the biggest challenges are:

- Homelessness, fuel poverty and poor housing conditions impact the most on people, including unpaid carers, who live in the poorest areas of the city and people who have protected characteristics.
- Many people find themselves in a housing crisis and this also has an impact on their health and wellbeing. This might be because of abuse in a relationship, difficulties they have living independently because of poor mental health and wellbeing or because the housing they have isn't right for their physical health needs.
- There is not enough housing of the right type and in the right area to meet everyone's needs, including their health and social care needs. This is a problem across other areas in Scotland too. People might have to wait for the right housing for them, including 'particular needs' housing that has been designed to meet the needs of people who are disabled or have long-term health conditions (including wheelchair accessible housing).

Until the new Local Housing Strategy is written, Neighbourhood Services and the IJB will continue to work together to tackle these issues. Some of the most important things they will focus on are:



IJB Strategic Priority	Local Housing Strategy (2019-2024) Priority
 Inequalities	<ul style="list-style-type: none"> ▪ Tackling homelessness and supporting vulnerable people ▪ Tackling fuel poverty ▪ Housing options and homelessness prevention
 Self Care	<ul style="list-style-type: none"> ▪ Housing support ▪ Particular needs housing ▪ Housing adaptations
 Open Door	<ul style="list-style-type: none"> ▪ Housing options and homelessness prevention
 Planning Together	<ul style="list-style-type: none"> ▪ Housing support ▪ Regeneration ▪ Particular needs housing ▪ Housing adaptations
 Working Together	<ul style="list-style-type: none"> ▪ Improving standards in the private rented sector

More information about the specific actions that will be taken over the next year is included in the IJB's annual delivery plan.

This page is intentionally left blank

Appendix 2 - National Health and Wellbeing Outcomes and Indicators

National Health and Wellbeing Outcomes

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing health inequalities.
- 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 well-being.
- People who use health and social care services are safe from harm.
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- Resources are used effectively and efficiently in the provision of health and social care services

National Health and Wellbeing Indicators

- % of adults able to look after their health very well or quite well.
- % of adults supported at home who agree that they are supported to live as independently as possible.
- % of adults supported at home who agree that they had a say in how their help, care or support was provided.
- % of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
- % of adults receiving any care or support who rate it as excellent or good
- % of people with positive experience of care at their GP practice.
- % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
- % of carers who feel supported to continue in their caring role.
- % of adults supported at home who agree they felt safe.
- % of staff who say they would recommend their workplace as a good place to work.
- Premature mortality rate.
- Rate of emergency admissions for adults.
- Rate of emergency bed days for adults.
- Readmissions to hospital within 28 days of discharge.
- Proportion of last 6 months of life spent at home or in community setting.
- Falls rate per 1,000 population in over 65s.
- Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.
- Percentage of adults with intensive needs receiving care at home.
- Number of days people spend in hospital when they are ready to be discharged.
- % of total health and care spend on hospital stays where the patient was admitted in an emergency.
- % of people admitted from home to hospital during the year, who are discharged to a care home.
- % of people who are discharged from hospital within 72 hours of being ready.
- Expenditure on end of life care.

Dundee Integration Joint Board Integrated Impact Assessment

Part 1 - Pre-Integrated Impact Assessment Screening.

NB For Dundee City Council Committees the Citrix Firm Step Process must be used.

This word document can be completed and information transferred to Firm Step if required.

Title of Report/Project/Strategy	IJB Strategic Commissioning Framework 2023-2033
Lead Officer for Report/Project/Strategy	Kathryn Sharp Service Manager
Name and email of Officer Completing the Screening Tool	Joyce Barclay Joyce.Barclay@dundeecity.gov.uk
List of colleagues contributing information for Screening and IIA	Members of Dundee Strategic Planning Advisory Group have considered draft documents for Plan The final public consultation for draft report included a draft IIA for comment. Joyce Barclay Kathryn Sharp
Screening Completion Date	March 2023 - IIA completion date May 2023
Name and Email of Senior Officer to be Notified when Screening complete	Kathryn.sharp@dundeecity.gov.uk

Is there a clear indication that an IIA is needed? Mark one box only		
<input checked="" type="checkbox"/>	YES	Proceed to IIA
<input type="checkbox"/>	NO	<i>Continue with Screening Process</i>

The following document includes all questions in DCC IIA- The Dundee City Council IIA Guidance document can be found [here](#).

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment

Integrated Impact Assessment Record

Report Author	Kathryn Sharp
Author Title	Service Manager (Strategic Planning, Health Improvement, Commissioning)
Dundee Health and Social Care Partnership	
Author Email	Kathryn.sharp@dundeecity.gov.uk
Author Telephone	01382 433410
Author Address	5 City Square, Dundee

IJB Chief Executive	Vicky Irons
Email	Vicky.iron@dundeecity.gov.uk
Telephone	01382 434000
Address	Claverhouse East, Jack Martin Way, Dundee

Document Title	The Plan for excellence for health and social care in Dundee; Strategic Commissioning Framework 2023-2033
IJB Report Number	DIJB27-2023
Document Type	Strategic plan
New or Existing Document?	New
Document Description	IJB Strategic Commissioning Framework- The plan for excellence in health and social care in Dundee and covering report.
Intended Outcome	As a result of the plan people in Dundee will be enabled to have the best possible health and wellbeing throughout their life; supported by health and social care services that will help to reduce the differences in health and wellbeing that exist between different groups of people through a focus on helping people in the way that they need and want.
Planned Implementation Date	May 2023
Planned End Date	May 2033
How the proposal will be monitored and how frequently	The impact of the plan will be monitored through a variety of mechanisms including Quarterly Performance Reports and Annual Performance Reports. The intention is that the plan will be delivered through short, medium- and long-term goals, actions and activities. A Performance Framework is to be developed to set out in more detail arrangements for monitoring and reporting progress. Dundee Health and Social Care Partnership is also to develop an Annual Delivery Plan. The IJB will receive regular updates on implementation of the plan.
Planned IIA review dates	May 2026, May 2029, May 2032.
IIA Completion Date	31 May 2023
Anticipated date of IJB	21 June 2023

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

Officer	People/groups	Activity/Activities	Date
---------	---------------	---------------------	------

Dundee Integration Joint Board Integrated Impact Assessment

Senior Officer / Service Manager	Members of the public DHSCP workforce	Formal review of the IJB's Strategic Commissioning Plan undertaken during 2021/22. This included a number of focus groups with the workforce / organisational stakeholders, as well as with members of the public, including patients, service users and carers.	2021/22
Chief Finance Officer / Service Manager	Members of the public	Public survey conducted as part of the statutory review of the Dundee Health and Social Care Integration Scheme	2022
Care Group Strategic Planning Group Chairs	Strategic Planning Group members Members of the public	Strategic Planning Groups have continued to engage with members of the public who use health and social care services and unpaid carers as part of their work to review and develop care group strategic plans. This has included a specific focus on carers, learning disability, mental health, substance use and primary care. A variety of methods have been used including surveys, focus groups and large-scale engagement events.	2021/22 and 2022/23
Senior Officer / Service Manager	Members of the public DHSCP workforce IJB members and Strategic Planning Advisory Group members	Targeted engagement aligned to the development of the strategic commissioning framework. See activities detailed in appendix 1 of cover report; Summary Engagement Report.	October 2022-May 2023
Service Manager / Senior Officer		Review of strategic needs assessment and performance information related to protected groups	May 2023

Equality and Fairness Impact Assessment Conclusion

(complete after considering impacts through completing questions on next pages)

The strategic framework has significant potential positive impacts on many of the protected characteristics and will enhance the IJB's contribution to fairness in the city of Dundee. The plan is targeted to deliver enhanced support to people who need it most as a result of health inequalities and poverty, as well as delivering support to those affected by disability and poor health (mental and physical). Older people, as the largest group of users of health and social care services, will benefit from efficient and effective provision of health and care supports and carers will be positively impacted as a result of targeted work with them. Mental health and wellbeing of people in the city will be enhanced and there will be an improved response to people who use drugs and alcohol. The open-door approach to access will support people with a range of characteristics and disadvantages, and planning with local people and the workforce means that there are opportunities for all to highlight barriers and concerns and have them addressed. The priority given to workforce contributes to the delivery of fairness objectives in Dundee and is likely to have significant positive impacts for females (who make up the vast majority of the health and social care workforce).

Some potential risks of negative impacts have also been identified. These relate to two main areas:

1. The targeting of support to address inequalities, whilst beneficial to disadvantaged and minority groups in general, may risk a reduction in some service and supports for other people. This includes older people, disabled people and people living in the most affluent LCPPs (The Ferry and West End). There may also be a risk of indirect negative impacts on unpaid carers who are providing care for older and disabled people and for females (who are the largest group of older people and of unpaid carers). The potential for negative impact can be mitigated by the strategic

Dundee Integration Joint Board Integrated Impact Assessment

shifts contained within other priorities within the strategic framework, particularly those contained within the Self-Care priority. Whilst people whose health and social care needs are lower may experience a reduction in some services and supports available to them (inline with eligibility criteria) there will be a more pro-active approach to informing people of and signposting them to informal community supports and self-care resources. The actual impact of this shift in approach will be monitored through ongoing engagement with potentially affected groups, including through the Carers Partnership. There are also opportunities to monitor the impact through Partnership information systems; including complaints and performance reporting.

2. A continued focus on shifting the balance of care from hospital and residential settings to the provision of care in peoples' own homes and communities could create a risk of a negative impact on unpaid carers if community and home-based support services are not sufficiently enhanced in terms of scale and quality to meet the needs of cared for people. However, the strategic shifts within the Planning Together priority and other priorities within the framework have a clear focus on investment in and improvement of these services with a view to mitigating potential negative impacts. The impact of this will be monitored via the Carers Partnership including through ongoing engagement and reporting against their performance indicators (currently under development).

PART 2- Assessment (continued)

When assessing impacts throughout this document an explanation is required when a positive, negative or not known impact is selected. There may be positive and negative impacts for the protected group described. For not known this should indicate if further research is needed and if not, why not. When there is No Impact identified, no narrative is required.

Equality, Diversity & Human Rights Indicate Yes or No by marking Y or N in each Box

Age	Y/N	Explanation, assessment and any potential mitigations
Positive	X	<p>It is known that older people are the highest users of a number of health and social care services and supports. Therefore, it is anticipated that the strategic shifts contained within the framework will have a greater positive impact on older people than on other people within the population. Specific strategic shifts with a focus on older people or younger people are highlighted below.</p> <p>Inequalities Priority – Positive as targets resources at reducing differences in wellbeing meaning older people most in need will be prioritised. Potential impact to older people with less needs who may be less likely to receive some services and support; however, enhancement to self-care will support mitigation of potential negative impact. This priority includes a strategic shift focused on improving accessibility of information for older people. This reflects the recognition that the widespread use of digital communication and publication does not meet the needs of older people as well as it does for the rest of the population. 18 % of Dundee's population is aged 65 years or over and 68% of this group have one or more long-term condition that might impact on their communication needs. It also includes a focus on reducing isolation and loneliness amongst older people.</p> <p>Open door Priority-includes a commitment to have alternatives to digital access in place. As highlighted above alternatives to digital access are particularly important to older people.</p>
No Impact		
Negative	X	
Not Known		

Dundee Integration Joint Board Integrated Impact Assessment

		<p>Planning Together Priority – this includes a strategic shift focused on supporting older people to live well and independently in the community, with a direct positive benefit to older people.</p> <p>Workforce Priority- this priority includes a commitment to supporting the young workforce to enter employment in health and social care services. It also includes a commitment to developing the overall diversity of the health and social care workforce, including diversity in terms of age. Currently, 40% of the Dundee Health and Social Care Partnership workforce (employed by Dundee City Council and NHS Tayside) are aged 50 years of over. Working towards a more diverse workforce will positively benefit younger people.</p>
Disability	Y/N	Explanation, assessment and potential mitigations
Positive	X	<p>It is known that people with a disability have a higher level of health and social care need than the rest of the population. It is also known that they experience poorer health and wellbeing outcomes, including life expectancy, than other people. Therefore, it is anticipated that the strategic shifts contained within the framework will have a greater positive impact on disabled people than on other people within the population. Specific strategic shifts with a focus on people with a disability are highlighted below.</p> <p>Inequalities Priority – Positive as targets resources at reducing differences in wellbeing, meaning disabled people most in need will be prioritised. Potential impact to some people who are less affected by their disability and therefore may be less likely to receive some services and support. However, the focus on early intervention and prevention may increase positive outcomes at an earlier stage reducing the impact of disability. This priority includes a strategic shift focused on improving accessibility of information for people with a sensory impairment, learning disability of who are BSL users. This reflects the recognition that in its current format much of the information published by the IJB and DHSCP does not meet the specific communication needs of these groups. For every 1,000 people living in Dundee just under 25 are blind or have partial sight loss and just under 70 are deaf or have partial hearing loss. Dundee also has the highest population of adults with a learning disability of any local authority area in Scotland (in 2019: 1101 adults over 16, with a further 227 people known to have an autistic spectrum disorder). Although alternative formats can be requested by people, proactive publication of more accessible information will positively impact on communication and support more effective engagement between them as individuals and as a group with the IJB. This priority also includes a commitment to develop a clear strategic plan for meeting the needs of people with a physical disability or sensory impairment.</p> <p>Planning Together Priority- this priority includes a strategic shift focused on ensuring disabled people get the care or support they need in their own home or places local to them. There is also a focus on supporting people with a learning disability to live well and be part of their community.</p> <p>Workforce Priority- this priority includes a commitment to developing the overall diversity of the health and social care workforce, including disability. Currently 4.3% of the workforce have a disability, compared with 8.3% of all Dundee residents aged 16-74 years. Working towards a more diverse workforce will positively impact disabled people.</p>
No Impact		
Negative	X	
Not Known		

Dundee Integration Joint Board Integrated Impact Assessment

		Working Together Priority- a significant proportion of young people who transition from children's service health and social work supports into adult health and social care services have a disability. The strategic shift within this section focused in improving transitions into adulthood is therefore likely to have particularly positive benefits for people with a disability.
Gender Reassignment	Y/N	Explanation, assessment and potential mitigations
Positive		At the present time there is not sufficient data available to assess the demand for and use of delegated health and social care services by people who have been through gender re-assignment.
No Impact	X	
Negative		
Not Known		There is no identifiable impact that can be monitored as part of this plan. However, people who are affected by Gender Reassignment would be expected to benefit from and be considered through work to increase ease of access to services, workforce diversity and other strategic shifts contained within the framework.
Marriage & Civil Partnership	Y/N	Explanation, assessment and potential mitigations
Positive		There is no identifiable direct impact that can be monitored as part of this plan. However, people who might experience or perceive barriers as a result of marital status might benefit from work to increase ease of access to services, workforce diversity and other strategic shifts contained within the framework.
No Impact	X	
Negative		
Not Known		
Race & Ethnicity	Y/N	Explanation, assessment and potential mitigations
Positive	X	At the present time there is not sufficient data available to assess the demand for and use of delegated health and social care services by black and minority ethnic people and therefore the impact of the framework on them cannot be fully and accurately assessed at this time. However, it is known through wider research evidence that black and minority ethnic people experience inequalities in health and social care needs and outcomes, for example they were at a higher risk of dying during the pandemic. Therefore, it is anticipated that the strategic shifts contained within the framework are likely to have a positive impact on black and minority ethnic people. Specific strategic shifts with a focus on black and minority ethnic people are highlighted below.
No Impact		
Negative		
Not Known		
		<p>Inequalities Priority - this priority includes a strategic shift focused on improving accessibility of information for people whose first language is not English. This reflects the recognition that in its current format much of the information published by the IJB and DHSCP does not meet the specific communication needs of this group of people. Evidence from 2021 Census shows that 12,121 people in Dundee use a language other than English at home. Although alternative formats can be requested by people, proactive publication of more accessible information will positively impact on communication and support.</p> <p>Open Door Priority- ways to support ease of access for all including looking at barriers people might experience in accessing service due to language or other barriers.</p> <p>Workforce Priority- this priority includes a commitment to developing the overall diversity of the health and social care workforce, including race and ethnicity. Currently 2.1% of the workforce are from a minority ethnic group, compared with 5.6% of all Dundee residents aged 16-74 years. Working</p>

Dundee Integration Joint Board Integrated Impact Assessment

		towards a more diverse workforce will positively benefit people from minority ethnic groups.
Religion & Belief	Y/N	Explanation, assessment and potential mitigations
Positive	X	It is anticipated that the main way in which the strategic framework will impact on religion and belief is through the commitment to personalisation of planning and of support. This is reflected in a number of strategic shifts across the priorities within the plan (with the exception of the Workforce priority). Further personalisation of services is likely to have a positive impact as people will have greater opportunity to plan the services and supports for future that take account of religious beliefs and preferences.
No Impact		
Negative		
Not Known		
Sex	Y/N	Explanation, assessment and potential mitigations
Positive	X	Due to differences in life expectancy between males and females in Dundee, a higher proportion of people aged 65 and over are females. It is therefore anticipated that both the positive and negative impacts set out for older people (above) will have a greater impact for females than for males. It is known that the majority of unpaid carers are female. It is therefore anticipated that the positive impacts set out (below) for unpaid carers will have a greater impact for females than for males. Inequalities Priority – this contains a strategic shift specifically focused on applying gendered approaches within health and social care service delivery. A gendered approach should enhance the quality of support available to all people across the city, including both males and females. This priority also contains strategic shifts focused on drug and alcohol use and mental health, including suicide. Data from Dundee demonstrates that currently more males than females die by completion of suicide and through drug related deaths. Therefore, actions to improve services and supports will have a greater impact on males than females. Data also demonstrates that females are more likely than males to experience a range of forms of violence and abuse within family and intimate relationships across their lifetime, including domestic abuse and sexual violence. Therefore actions to improve services and supports in these areas will have a greater impact on females than males. Workforce Priority- 87% of the Dundee Health and Social Care Partnership workforce is female (those staff employed via Dundee City Council and NHS Tayside). There is also evidence that females in the workforce are more likely to be employed in lower paying roles, specifically in social care services. The strategic shifts set out within this priority which support implementation of fair work practices are therefore likely to significantly benefit females in the workforce. The strategic shift focused on improving workforce diversity is more likely to benefit males, providing greater opportunity for them to enter the health and social care workforce. Working Together Priority- this includes a strategic shift relating to the protection of people at risk of harm. Evidence from Dundee demonstrates that females are significantly more likely to be at risk of harm due to violence against women and other adult protection risks than males. It is therefore anticipated that this strategic shift will benefit females more than males.
No Impact		
Negative	X	
Not Known		
Sexual Orientation	Y/N	Explanation, assessment and potential mitigations
Positive		

Dundee Integration Joint Board Integrated Impact Assessment

Describe any Human Rights impacts not already covered in the Equality section above.		
No Impact	X	There is no identifiable impact that can be monitored as part of this plan. However, people of minority sexual orientations would be expected to benefit from and be considered through work to increase ease of access to services, workforce diversity and other strategic shifts contained within the framework.
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above.		
None		

PART 2- Assessment (continued)

Fairness & Poverty Geography – Describe how individuals, families and communities are affected in each area-particular consideration is needed where there are previously identified areas of deprivation.

Mark either Yes or no (Y or N) in each box

Y or N	Area	Fairness – Explain Impact / Mitigations / Unknowns
Y/N	Strathmartine (Ardler, St Mary's & Kirkton)	<p>The IJB's strategic needs assessment clearly demonstrates that health and social care needs and outcomes are very closely associated with deprivation; with people from the most deprived areas having the highest levels of needs and poorest outcomes. The priority relating to Inequalities in the strategic commissioning framework will mean that in the future resources will be targeted towards supporting those with the highest levels of health and social care need. This will support targeting of resources to support people living in communities affected by poverty and deprivation and affected by health inequalities. This approach is therefore likely to have positive impacts for people living in the 6 LCPPs that experience the highest levels of deprivation.</p> <p>There is a risk that this approach will result in a negative impact on LCPPs that do not experience high levels of deprivation: the West End and the Ferry. However, individuals in these areas with higher levels of health and social care need will continue to be able to access the services and supports they require, in-line with eligibility criteria and personalised assessments. An enhanced focus through the Self Care Priority on early intervention and prevention should help to mitigate against any negative impacts on people living with these LCPPs, as well as improvements in access and signposting arrangements contained with the Open Door Priority.</p>
X	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	Lochee (Lochee, Beechwood, Charleston & Menzieshill)	
X	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	Coldside (Hilltown, Fairmuir & Coldside)	
X	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	Maryfield (Stobswell & City Centre)	
X	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	North East (Whitfield, Fintry, Mill O'Mains)	
X	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	East End (Mid Craigie, Linlathen, Douglas)	
X	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	The Ferry	
X	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	West End	
X	Positive	
	No Impact	
X	Negative	
	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

Household Group- *consider the impact on households and families may have the following people included.*

Y/N	Looked After Children & Care Leavers	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Carers	Explanation, assessment and potential mitigations
X	Positive	<p>It is known that there are approximately 18,300 adult carers and 830 young carers in Dundee. 62% of adult carers supported by local services provide an average of 50+ hours on care per week. It is therefore known that any changes and improvements contained within the strategic framework will have a bigger impact on unpaid carers than other people within the population. The impact of the strategic framework on cared for people (primarily older people and people with a disability) will also have indirect impacts for unpaid carers (please see sections above). Whilst it is general considered that improvements in health and social care services and supports will have a positive impact on unpaid carers, specific strategic shifts impacting directly on carers are highlighted below.</p> <p>Inequalities Priority- targeting of support to those most in need is expected to have a positive impact on many unpaid carers. Enhancing levels of support to the most vulnerable and disadvantaged people in the city may provide a greater choice for unpaid carers regarding the type and amount of unpaid care they wish to provide to the cared for person. Targeting of support will also be an approach applied within services and supports for carers, with unpaid carers who are themselves disadvantaged or from minority groups benefiting more than others within the population of unpaid carers. However, for some carers there is a risk that targeting of support will mean some cared for people who have less need will be less likely to receive some services and supports. This risk is being mitigated by parallel enhancement for self-care and early intervention and prevention approaches, that will focus on supporting people at lower levels of need to access community-base supports and information appropriate to their level of need. The impact of this will be monitored via the Carers Partnership including through ongoing engagement and reporting against their performance indicators (currently under development).</p> <p>Self-Care Priority – this priority includes strategic shifts focused on supporting more carers to access opportunities to lead a fulfilled and healthy life and balance caring with other things in their lives. It is anticipated that this will have a positive impact on unpaid carers.</p> <p>Open Door Priority- this priority includes strategic shifts focused on identifying, respecting and involving unpaid carers as equal partners. It is anticipated that this will have a positive impact on unpaid carers.</p> <p>Planning Together Priority – this priority includes strategic shifts that will enhance the involvement of unpaid carers in developing future plans for health and social care, as well as enhancing unpaid carer experiences of supports and services for them and for cared for people. There is also a focus on enhancing palliative and end of life care, including supports for unpaid carers. Finally, there is a strategic shift focused on enhancing personalised support focusing on</p>
	No Impact	
X	Negative	
	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

		<p>achieving unpaid carers' individual personal outcomes. It is anticipated that these shifts will have a positive impact on unpaid carers. It is noted that the strategic shifts within this priority continue to focus on shifting the balance of care from hospital and residential settings to the provision of care in people's own homes and communities. This could create a risk of a negative impact on unpaid carers if community and home-based support services are not sufficiently enhanced in terms of scale and quality to meet the needs of cared for people. However, the strategic shifts within that priority and other sections of the plan have a clear focus on investment in and improvement of these services with a view to mitigating potential negative impacts. The impact of this will be monitored via the Carers Partnership including through ongoing engagement and reporting against their performance indicators (currently under development).</p> <p>Workforce Priority- this priority contains a strategic shift focused on providing support to members of the workforce who are unpaid carers to enable them to continue in their caring role. It is anticipated that this will have a positive impact on unpaid carers, particularly female unpaid carers (as 87% of the health and social care workforce is female).</p> <p>Working Together Priority- this priority contains strategic shifts focused on identifying, supporting, listening to and valuing carers. It is anticipated that this will have a positive impact on unpaid carers.</p>
Y/N	Lone Parent Families	Explanation, assessment and potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Single Female with Children	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Young Children and/or Greater Number of Children	Explanation, assessment and potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Retirement Pensioner (s)	Explanation, assessment and potential mitigations
X	Positive	Please see section focused on Age (above).
	No Impact	
X	Negative	
	Not Known	
Y/N	Unskilled Workers and Unemployed	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Serious & Enduring Mental Health	Explanation, assessment and potential mitigations
X	Positive	People who have poor mental health and wellbeing are a significant proportion of all people accessing health and social care services
	No Impact	
	Negative	

Dundee Integration Joint Board Integrated Impact Assessment

Not Known	<p>and supports. This includes both community mental health services and wider health and social care services. It is known that Dundee has high numbers of people who report they are living with a mental health condition (5th highest in Scotland) and that mental health and wellbeing has been a key community concern following the COVID-19 pandemic. It is also known that people with poor mental health often also have a range of other health and social care needs, including physical health needs. Therefore, it is anticipated that the strategic shifts contained within the strategic framework will have a greater positive impact on people with poor mental health and wellbeing than on other people within the population. Specific strategic shifts with a focus on mental health and wellbeing are highlighted below.</p> <p>Inequalities Priority – a number of strategic shifts set out within this priority have a direct focus on mental health and wellbeing, with others have an indirect focus as people with poor mental health and wellbeing being considered to be a disadvantaged group. Strategic shifts with direct impact include increasing choice and accessibility of community-based supports, improving co-ordination of services and reducing deaths by suicide. Strategic shifts with indirect impacts include targeted investment in self-care and prevention, better identification of adults at risk of harm and enhanced trauma-informed responses. It is anticipated that these shifts will have a significant positive impact on people with poor mental health and wellbeing.</p> <p>Self-Care Priority- this priority contains strategic shifts focused on improving the prevention, self-care and self-management resources available for mental health and wellbeing. There is also a strategic shift focused on expanding opportunities for people with poor mental health and wellbeing to look after their physical health. It is anticipated that these shifts will have a positive impact on people with poor mental health and wellbeing.</p> <p>Open Door Priority – this priority includes a strategic shift focused on improving responses to distress (including out-of-hours). It is anticipated this will have a significant positive impact on people with poor mental health and wellbeing.</p> <p>Planning Together Priority- this priority includes a strategic shift focused on enhancing the range of community-based services to meet the recovery needs of people with poor mental health and wellbeing. It is anticipated this will have a significant positive impact on people with poor mental health and wellbeing.</p> <p>Workforce Priority – this priority includes a strategic shift focused on having a wider and more accessible range of mental health and wellbeing supports available to the workforce. In addition, there is a strategic shift focused on reducing staff absence; it is known that across the DHSCP workforce the largest reason for absence related to mental health and wellbeing. It is therefore anticipated that these shifts will have a significant positive impact on people within the workforce who have poor mental health and wellbeing.</p> <p>Working Together Priority- this priority includes a strategic shift focused on reducing the enduring impact of poor mental health and wellbeing through a focus on prevention. It is anticipated this will</p>
-----------	--

Dundee Integration Joint Board Integrated Impact Assessment

		have a significant positive impact on people with poor mental health and wellbeing.
Y/N	Homeless	Explanation, assessment and potential mitigations
X	Positive	<p>It is known that people who are homeless have a higher level and complexity of need for health and social care services and supports than the rest of the population. Therefore, it is anticipated that the strategic shifts contained within the strategic framework will have a greater positive impact on people who are homeless than on other people within the population. Specific strategic shifts with a focus on mental health and wellbeing are highlighted below.</p> <p>Inequalities Priority – people who are homeless are recognised as being a disadvantaged and at-risk group. Strategic shifts with indirect impacts on homeless people include targeted investment in self-care and prevention, better identification of adults at risk of harm and enhanced trauma-informed responses. It is anticipated that these shifts will have a significant positive impact on people who are homeless.</p> <p>It is also a known that people who are homeless are more likely than other people within the population to have poor mental health and wellbeing and / or to use drugs and alcohol. Please see sections on mental health (above) and drugs and alcohol (below) for further information.</p>
	No Impact	
	Negative	
	Not Known	
Y/N	Households of Single Female with Children	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Drug and/or Alcohol	Explanation, assessment and any potential mitigations
X	Positive	<p>People who use drugs and alcohol are a significant proportion of all people accessing health and social care services and supports. This includes both community-based drug and alcohol services and wider health and social care services. It is known that Dundee has high numbers of people who use drugs and alcohol (4th highest prevalence of drug use in Scotland) and that both drug and alcohol related deaths are high. It is also known that people use drugs and alcohol also have a range of other health and social care needs, including mental and physical health needs. Therefore, it is anticipated that the strategic shifts contained within the strategic framework will have a greater positive impact on people who use drugs and alcohol than on other people within the population. Specific strategic shifts with a focus on drug and alcohol use are highlighted below.</p> <p>Inequalities Priority – a number of strategic shifts set out within this priority have a direct focus on drug and alcohol use, with others have an indirect focus as people who use drugs and alcohol are considered to be a disadvantaged group. Strategic shifts with direct impact include increasing choice and accessibility of community-based supports, improving co-ordination of services and reducing drug and alcohol related deaths. Strategic shifts with indirect impacts include targeted investment in self-care and prevention, better identification of adults at risk of harm and enhanced trauma-informed responses. It is anticipated that these shifts will have a significant positive impact on people who use drugs and alcohol.</p>
	No Impact	
	Negative	
	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

		<p>Self-Care Priority- this priority contains strategic shifts focused on enhancing the role of peer recovery services, including earlier intervention through peer recovery supports. It is anticipated that this shift will have a positive impact on people who use drugs and alcohol.</p> <p>Planning Together Priority- this priority includes a strategic shift focused on enhancing the range of community-based services to meet the recovery needs of people who use drugs and alcohol. It is anticipated this will have a significant positive impact on people who use drugs and alcohol.</p> <p>Working together Priority- this priority includes a strategic shift focused on reducing the enduring impact of drug and alcohol use through a focus on prevention. It is anticipated this will have a significant positive impact on people who use drugs and alcohol.</p>
Y/N	Offenders and Ex-Offenders	Explanation, assessment and any potential mitigations
X	Positive	It is known that people who are receiving support from Community Justice Services have a higher level of health and social care need than the general population. This includes higher levels of poor mental health and wellbeing, drug and alcohol use, experiences of trauma and vulnerability to harm. It is therefore anticipated that the priorities and strategic shifts contained within the strategic framework will have an overall positive impact on these people. Further detail can be found above in the sections focused on mental health and wellbeing, drugs and alcohol and homelessness (above).
	No Impact	
	Negative	
	Not Known	

PART 2- Assessment (continued)

Socio-Economic Disadvantage- consider if the following circumstances may be impacted		
Y/N	Employment Status	Explanation, assessment and any potential mitigations
X	Positive	The Workforce Priority and strategic shifts within this are anticipated to have a positive impact on employment status. Within this priority, strategic shifts focus on reducing absence levels and turnover, improving routes into the workforce for young people, improving recruitment and retention and fair work practices. These shifts in particular are likely to contribute to a positive impact on increasing employment, particularly fair work.
	No Impact	
	Negative	
	Not Known	
Y/N	Education & Skills	Explanation, assessment and any potential mitigations
X	Positive	The Workforce Priority and strategic shifts within this are anticipated to have a positive impact on education and skills. A high proportion of the workforce require to be register with a professional body and as part of this to maintain a record of their personal learning and development. Within this priority, strategic shifts focus on developing leadership and digital skills, as well as skills for self-evaluation and quality assurance. Strategic shifts focused on fair work include ensuring access to appropriate training and development for frontline staff. These shifts are likely to contribute to a positive impact on enhancing education and skills across the health and social care workforce.
	No Impact	
	Negative	
	Not Known	
Y/N	Income	Explanation, assessment and any potential mitigations
X	Positive	
	No Impact	

Dundee Integration Joint Board Integrated Impact Assessment

	Negative	Strategic shifts focused on fair work within the Workforce priority are anticipated to have a positive impact on income. The impact will mainly be accrued by staff working in lower paid roles in frontline services, particularly females within the workforce.
	Not Known	
		Within the Working Together priority there is a strategic shift focused on ensuring people receive support and information to help them to cope with the cost of living crisis and work to support people living in poverty. It is anticipated that this will include support via partner agencies to ensure that people can maximise their household income.
Y/N	Fuel Poverty	Explanation, assessment and any potential mitigations
X	Positive	Within the Working Together priority there is a strategic shift focused on ensuring people receive support and information to help them to cope with the cost of living crisis. It is anticipated that this will include support via partner agencies address fuel poverty.
	No Impact	
	Negative	
	Not Known	
Y/N	Caring Responsibilities (including Childcare)	Explanation, assessment and any potential mitigations
X	Positive	Please see section focused on Carers (above).
	No Impact	
X	Negative	
	Not Known	
Y/N	Affordability & Accessibility of Services	Explanation, assessment and any potential mitigations
X	Positive	The Open-Door priority has a direct focus on improving access to services and supports. This priority includes a range of strategic shifts addressing the effective provision of service information, referrals pathways and arrangements, out-of-hours supports, digital access and information sharing. It is anticipated that the implementation of these shifts will have a positive impact on improving the accessibility of services, including targeted work to improve accessibility for disadvantaged and minority groups.
	No Impact	
	Negative	
	Not Known	

Inequalities of Outcome- consider if the following may be impacted

Y/N	Connectivity / Internet Access	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Income / Benefit Advice / Income Maximisation	Explanation, assessment and any potential mitigations
X	Positive	Within the Working Together priority there is a strategic shift focused on ensuring people receive support and information to help them to cope with the cost of living crisis and work to support people living in poverty. It is anticipated that this will include support via partner agencies to ensure that people can maximise their household income.
	No Impact	
	Negative	
	Not Known	
Y/N	Employment Opportunities	Explanation, assessment and any potential mitigations
X	Positive	
	No Impact	

Dundee Integration Joint Board Integrated Impact Assessment

	Negative	The Workforce Priority and strategic shifts within this are anticipated to have a positive impact on employment status. Within this priority, strategic shifts focus on reducing absence levels and turnover, improving routes into the workforce for young people, improving recruitment and retention and fair work practices. These shifts are likely to contribute to a positive impact on increasing employment, particularly fair work.
	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

Y/N	Education	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Health	Explanation, assessment and any potential mitigations
X	Positive	The overall ambition of the strategic framework is to support people in Dundee to have the best possible health and wellbeing.
	No Impact	
	Negative	
	Not Known	
Y/N	Life Expectancy	Explanation, assessment and any potential mitigations
X	Positive	The strategic framework is designed to enhance opportunities for optimum health and wellbeing of people in Dundee and reduce health inequalities, which in turn will increase life expectancy. Increased life expectancy is identified as a specific long-term strategic shift under a number of priorities within the plan.
	No Impact	
	Negative	
	Not Known	
Y/N	Mental Health	Explanation, assessment and any potential mitigations
X	Positive	The strategic framework is designed to enhance opportunities for the best mental health and wellbeing of people in Dundee. Please see above for further details regarding anticipated impacts for people with poor mental health and wellbeing.
	No Impact	
	Negative	
	Not Known	
Y/N	Overweight / Obesity	Explanation, assessment and any potential mitigations
X	Positive	The strategic framework is designed to enhance opportunities for optimum health and wellbeing of people in Dundee which includes health care and support for people impacted by being overweight/obesity. Specific strategic shifts focused on overweight/obesity are contained within the Self-Care and Working Together priorities.
	No Impact	
	Negative	
	Not Known	
Y/N	Child Health	Explanation, assessment and any potential mitigations
X	Positive	The working Together priority within the strategic framework includes strategic shifts focused on whole family approaches and partnership approaches to responding to circumstances that impact on the health and wellbeing of young people (for example, the cost of living crisis and poverty).
	No Impact	
	Negative	
	Not Known	
Y/N	Neighbourhood Satisfaction	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Transport	Explanation, assessment and any potential mitigations
X	Positive	Throughout the framework there is an emphasis on shifting the balance of care and enhancing the provision of care and support in people's homes and local communities. Overall this approach should reduce the need for people to travel to access an increasing proportion of health and social care services and supports. It should also have a positive impact on reducing workforce travel.
	No Impact	
	Negative	
	Not Known	
Environment- Climate Change		
Y/N	Mitigating Greenhouse Gases	Explanation, assessment and any potential mitigations
X	Positive	

Dundee Integration Joint Board Integrated Impact Assessment

	No Impact	<p>Throughout the framework there is an emphasis on shifting the balance of care and enhancing the provision of care and support in people's homes and local communities. Overall this approach should reduce the need for people to travel to access an increasing proportion of health and social care services and supports. It should also have a positive impact on reducing workforce travel.</p> <p>The Working Together priority within the framework includes a strategic shift directly focused on reducing the carbon footprint, from transport and buildings, associated with the provision of health and social care services and supports.</p>
	Negative	
	Not Known	
Y/N	Adapting to the Effects of Climate Change	Explanation, assessment and any potential mitigations
X	Positive	<p>The Working Together priority within the framework includes a strategic shift directly focused on reducing the carbon footprint, from transport and buildings, associated with the provision of health and social care services and supports.</p>
	No Impact	
	Negative	
	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

Resource Use		
Y/N	Energy Efficiency and Consumption	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Prevention, Reduction, Re-use, Recovery, or Recycling of Waste	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Sustainable Procurement	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	

Transport		
Y/N	Accessible Transport Provision	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Sustainable Modes of Transport	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	

Natural Environment		
Y/N	Air, Land and Water Quality	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Biodiversity	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Open and Green Spaces	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	

Built Environment		
Y/N	Built Heritage	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Housing	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

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

SEA provides economic, social and environmental benefits to current and future generations.

Use the [SEA flowchart](#) to determine whether your proposal requires SEA.

Strategic Environmental Assessment- SELECT One of the following statements		
X	No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005	(No further response needed)
	It has been determined that the proposal will have no or minimal environmental effects. The reason(s) for this determination are set out in the following SEA pre-screening determination section	SEA Pre-Screening Determination: Explain how you made the determination that the Plan, Programme or Strategy will have no or minimal negative environmental effect:
	Screening has determined that the proposal is unlikely to have any significant environmental effects. The reason(s) for this determination are set out in the Screening Report, a copy of which will be available to view at www.dundee.gov.uk/cplanning/sea	Insert the 'Summary of Environmental Effects' from your SEA screening report
	Screening has determined that the proposal is likely to have significant environmental effects and as a consequence an environmental assessment is necessary. A Scoping Report, which will determine the scope of the environmental assessment is being prepared for submission to the statutory Consultation Authorities for consideration	Insert the 'Summary of Environmental Effects' from your SEA screening report
	Screening determined that the proposal was likely to have significant environmental effects and as a consequence an environmental assessment was necessary. An Environmental Report has been prepared for submission to the statutory Consultation Authorities together with a draft Plan, Programme or Strategy for consideration. A copy of the Environmental Report will be available to view at www.dundee.gov.uk/cplanning/sea	Environmental Implications: Describe the implications of the proposal on the characteristics identified:
		Proposed Mitigating Actions: Describe any mitigating actions which you propose to take to overcome negative impacts or implications:

A copy of this document (or when no IIA is needed, the screening tool) must accompany relevant draft IJB Reports at IJB Pre-Agenda stage and at IJB. It should accompany IJB papers and should be published with relevant IJB Report.

Following IJB agreement of report contact Joyce.barclay@dundee.gov.uk to post IIA on DHSCP website.

NB Corporate Risk- is addressed in IJB reports

This page is intentionally left blank

ITEM No ...9.....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21ST JUNE 2023

REPORT ON: CARERS INVESTMENT PLAN UPDATE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB35-2023

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to seek approval of the updated Carers (Scotland) Act Investment Plan 2023-2024.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board:

- 2.1 Approves the revised Carers (Scotland) 2016 Act Investment Plan 2023-2024 set out in Appendix 1 to this report.
- 2.2 Remits the Chief Officer to issue the directions set out in section 8 below.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The total funding provided to Dundee nationally as part of the local government finance settlement for the implementation of the Carers (Scotland) Act 2016 and planned for as part of the IJB's budget for 2023/24 is £2,151,000. Of this total amount £358,303 has previously been approved by the IJB to be mainstreamed (as set out in Appendix 1).

4.0 MAIN TEXT

- 4.1 Funding referred to in 3.1 above is provided to support the Local Authority to fulfil its duties in relation to implementation of The Carers Act (Scotland) 2016 (The Act). The Act is designed to support carers' health and wellbeing and help make caring more sustainable. Measures include:
- a duty for local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria.
 - a specific adult carer support plan (ACSP) and young carer statement (YCS) to identify carers' needs and personal outcomes (separate funding is available to address the majority of needs of Young Carers).
 - a requirement for local authorities to have an information and advice service for carers which provides information and advice on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights.
 - a requirement for the responsible local authority to consider whether that support should be provided in the form of a break from caring and the desirability of breaks from caring provided on a planned basis.
- 4.2 At its meeting on 4th May 2023 the Carers Partnership prioritised areas for investment and subsequently the co-chairs of the Partnership approved the proposed revision to the Investment Plan for 2023/24 as set out in Appendix 1.

4.3 Proposals

- 4.3.1 The Carers Partnership proposes reviewed investment as set out within the revised Investment plan attached as Appendix 1. This includes:
- 4.3.2 Disinvestment of £32,727 previously allocated to Dundee Carers Centre for Carers Act Implementation Post. The work associated with this post was reviewed on the departure of the post holder. It has been agreed that elements of the work are no longer required and remaining work will be picked up through Dundee Health and Social Care Partnership (DHSCP) officers and the appointment of administrative support for the Carers Partnership (as referred to below).
- 4.3.4 Mainstreaming the following allocations, reflecting their key contributions towards the HSCP meeting its statutory requirements set out in The Act:
- Increase in Respite Provision (with continued review of resource requirements) - DHSCP
 - Adult Carer Support Planning (with continued review of resource requirements) - DHSCP
 - Administrative Support to the Partnership -DHSCP
 - Bereavement Service -DHSCP
 - Contribution to The Corner in respect of support to Young Carers - DHSCP
 - SDS support post Dundee Carers Centre
 - SDS Support Post DHSCP
 - Listening Service NHS Tayside
 - Counselling Service – Dundee Carers Centre
- 4.3.5 Funding to be allocated on a non recurring basis to the following programmes of work:
- Involvement and Engagement Team – Dundee Carers Centre
 - Streamline self or professional referral/assessment/ personal outcome document and associated process to be used then replacement care is required to enable a short break to take place
- 4.3.6 The following programmes were identified as a low priority for continued funding. It is proposed that (where appropriate) 3 month notice be given to these projects and no further funding is allocated to them:
- Carers Charter Implementation
 - Central support re DHSCP information (funding has been previously allocated but not utilised)
- 4.3.7 Following the prioritisation exercise and work to align the priorities to the funding available, and taking into account an anticipated non recurring underspend, it was agreed by the Partnership to earmark £144k to provide a further “Winter Fund” for carers. This allocation will be dependent on assessment of the schemes run during 22/23.

5.0 POLICY IMPLICATIONS

- 5.1 An initial Integrated Impact Assessment has been carried out and will continue to be added to throughout the span of the plan. The investment plan has a number of positive impacts in relation to age, sex, caring roles, those experiencing deprivation and mental health in particular. There are significant gaps in understanding in relation to impact on other protected characteristics.

6.0 RISK ASSESSMENT

Risk 1 Description	A number of achievements to date have been supported by Scottish Government Carers (Scotland) Act implementation funding. This funding is unlikely to increase in future years which potentially restricts the ability to respond to further increase in demand for carers support.
Risk Category	Financial, Political
Inherent Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> Refreshed Carers Strategy and action plan has identified priorities and resource requirements for the period of the strategy.
Residual Risk Level	Likelihood 3 x Impact 2 = Risk Scoring 6 (Moderate)
Planned Risk Level	Likelihood 3 x Impact 2 = Risk Scoring 6 (Moderate)
Approval recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

7.0 CONSULTATIONS

- 7.1 The Chief Officer and the Clerk were consulted in the preparation of this report. This report has been developed by the Carer's Partnership, which has broad representation from statutory and voluntary bodies, and from Carers.

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	X

9.0 BACKGROUND PAPERS

- 9.1 None

Dave Berry
Chief Finance Officer

DATE: 30 May 2023

This page is intentionally left blank



DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	
2	Date Direction issued by Integration Joint Board	May 2023
3	Date from which direction takes effect	May 2023
4	Direction to:	Dundee City Council and NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes –supersedes direction DIJB22-2022
6	Functions covered by direction	Services for carers in terms of the Carers (Scotland) Act 2016 Investment Plan.
7	Full text of direction	Dundee City Council is directed to enter into contractual arrangements with all relevant service providers and make provision for services to be provided directly by the council as identified in the Carers (Scotland) Act Investment Plan for the delivery of those services required for the implementation of the Act. NHS Tayside is directed to make provision for services to be provided directly as identified in the Carers (Scotland) Act Investment Plan.
8	Budget allocated by Integration Joint Board to carry out direction	2023-2024 Dundee City Council £1,945,853 2023-2024 NHS £203,200

9	Performance monitoring arrangements	Through the financial monitoring and workforce planning review arrangements to Dundee Integration Joint Board.
10	Date direction will be reviewed	April 2024

Proposed Carers Investment Plan 2022-23

Previously Agreed Mainstreamed Projects

Year 2023/24 Projected Spend	Service to be Delivered & Organisation	Comments
119,061	Caring Places - Dundee Carers Centre	Formerly funded via ICF* - Agreed in Report DIJB28-2019 - Carers Investment Plan 2019/20 Article XIV of minute of 25 th June 2019 refers
0	Carers (Scotland) Act Implementation Officer - Dundee Carers Centre	Formerly funded via ICF - agreed in Report DIJB28-2019 - Carers Investment Plan 2019/20 Article XIV of minute of 25 th June 2019 refers. No ongoing requirement for post – funding to cease April 2023
131,683	Caring Places - Dundee Carers Centre	Formerly Agreed in Report DIJB16 – 2021 (Article VIII of Minute of 21 st April 2021 refers)
11,917	Volunteer Co-ordinator -Dundee Carers Centre	Formerly Agreed in Report DIJB16 - 2021 (Article VIII of Minute of 21 st April 2021 refers)
53,187	Strategic Support - Strategy & Performance - DHSCP	Formerly Agreed in Report DIJB16 - 2021 (Article VIII of Minute of 21 st April 2021 refers)
42,455	Learning and Development - Dundee Carers Centre	Formerly Agreed in Report DIJB16 - 2021 (Article VIII of Minute of 21 st April 2021 refers)
358,303	Total of already mainstreamed Projects	
		*Integrated Care Fund

Carers Act Investment Proposals 23/24

Proposed allocation 23/24	Service	Proposal
67,700	Bereavement Service - DHSCP(NHS)	<i>Propose to mainstream</i>
107,500	Contribution to Young Carers Health Check - DHSCP (NHS)	<i>Propose to mainstream</i>
535,500	ACS Planning Team (DHSCP - DCC)	<i>Propose to mainstream - in-year slippage expected</i>
-267,750	Fairness wise – positive for carers	<i>n/a</i>
250,000	Increase in Respite Provision	<i>Propose to mainstream</i>
30,000	Admin Support to Carers Partnership	<i>Propose to mainstream</i>
484,000	Support for Carers - Short Breaks (DCC - Turriff House)	<i>Propose to mainstream</i>
28,000	Increase capacity and signposting of NHS T Listening Service - NHST	<i>Propose to mainstream</i>
50,000	Increase capacity and remove financial barriers to carers counselling via Carers Centre - Dundee Carers Centre	<i>Propose to mainstream</i>
100,000	Streamline a self or professional referral/assessment /personal outcome document and an associated process to be used when replacement care is required to enable a short break to take place	<i>Allocate non recurring 23/24. Review future funding requirement</i>
28,000	SDS Posts / Support Implementation (DHSCP)	<i>Propose to mainstream</i>
24,000	SDS Posts / Support Implementation (Carers Centre)	<i>Propose to mainstream</i>
76,000	Involvement & Engagement Team - Dundee Carers Centre	<i>Allocate non recurring 23/24. Review future funding requirement</i>
	Carers Charter Implementation - Dundee Carers Centre	<i>Allocate non-recurring in 23/24</i>

Proposed allocation 23/24	Service	Proposal
12,000		
121,800	Support for Implementation	<i>Propose to mainstream</i>
144,000	Winter Fund	<i>Earmark non recurring allocation dependent on evaluation of 22/23 scheme</i>
1,790,750	SUB-TOTAL	
2,149,053	TOTAL PROJECTED SPEND	
1947	Funding available to be allocated / (overcommitment) after proposed project funding	
2,151,000	Total Proposed Budget	

This page is intentionally left blank

Dundee Integration Joint Board Integrated Impact Assessment

Part 1 - Pre-Integrated Impact Assessment Screening.

NB For Dundee City Council Committees the Citrix Firm Step Process must be used.

This word document can be completed and information transferred to Firm Step if required.

Title of Report/Project/Strategy	Carers Act Investment Plan 2023-24
Lead Officer for Report/Project/Strategy (Name and Job Title)	Jenny Hill, Head of Service
Name and email of Officer Completing the Screening Tool	Allison Fannin Allison.fannin@nhs.scot
List of colleagues contributing information for Screening and IIA	Allison Fannin, Integrated Manager Kathryn Sharp, Service Manager (Strategic Planning, Health Improvement and Commissioning)
Screening Completion Date	
Name and Email of Senior Officer to be Notified when Screening complete	

Is there a clear indication that an IIA is needed? Mark one box only		
<input type="checkbox"/>	YES	Proceed to IIA
<input checked="" type="checkbox"/>	NO	Continue with Screening Process

Is the purpose of the Committee document the approval of any of the following Mark one box either Yes or No				
NB When yes to any of the following proceed to IIA document.				
	Yes		No	
A major Strategy/Plan, Policy or Action Plan		Proceed directly to IIA	X	Continue with Screening Process
An area or partnership-wide Plan	X	Proceed directly to IIA		Continue with Screening Process
A Plan, programme or Strategy that sets the framework for future development consents		Proceed directly to IIA	X	Continue with Screening Process
The setting up of a body such as a Commission or Working Group		Proceed directly to IIA	X	Continue with Screening Process
An update to a Plan	X	Proceed directly to IIA		Continue with Screening Process

There a number of reports which do not automatically require an IIA. If your report does not automatically require an IIA you should consider if an IIA is needed by completing the checklist on following page.

These include: An annual report or progress report on an existing plan / A service redesign. / A report on a survey, or stating the results of research. / Minutes, e.g. of Sub-Committees. / A minor contract that does not impact on the wellbeing of the public. / An appointment, e.g. councillors to outside bodies, Senior officers, or independent chairs. / Ongoing Revenue expenditure monitoring. / Notification of proposed tenders. / Noting of a report or decision made by another Committee including noting of strategy, policies and plans approved elsewhere.

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment

Integrated Impact Assessment Record

Report Author	Jenny Hill
Author Title	Head of Service
Dundee Health and Social Care Partnership	
Author Email	Jenny.hill@dundeecity.gov.uk
Author Telephone	
Author Address	

IJB Chief Executive	Vicky Irons
Email	Vicky.iron@dundeecity.gov.uk
Telephone	01382 434000
Address	Claverhouse East, Jack Martin Way, Dundee

Document Title	Carers Act Investment Plan Update
IJB Report Number	
Document Type	Investment Plan
New or Existing Document?	Update to existing
Document Description	The purpose of this report is to seek approval of the updated Carers (Scotland) Act Investment Plan 2023-2024
Intended Outcome	Approval of investment proposals by Dundee Carers Partnership, including mainstreaming of existing programmes of work
Planned Implementation Date	1st April 2023
Planned End Date	31 st March 2024
How the proposal will be monitored and how frequently	Via agreed performance framework of Dundee Carers Partnership
Planned IIA review dates	N/A – ongoing via mainstream monitoring
IIA Completion Date	
Anticipated date of IJB	22 nd June 2023

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

Officer	People/groups	Activity/Activities	Date
Jenny Hill	Dundee Carers Partnership	Development and agreement of investment plan proposals	
Jenny Hill	Carers in Dundee	Engagement with carers re impact of COVID on caring abilities	22-23
Senior Officer, Strategy and Performance	Carers in Dundee, Organisations representing Carers in Dundee	Engagement in relation to development of “A Caring Dundee 2”	22/23

Dundee Integration Joint Board Integrated Impact Assessment

Equality and Fairness Impact Assessment Conclusion

(complete after considering impacts through completing questions on next pages)

The investment plans have a number of positive impacts in relation to age, sex, caring roles, those experiencing deprivation and mental health in particular. There are significant gaps in understanding in relation to impact on other protected characteristics.

PART 2- Assessment (continued)

When assessing impacts throughout this document an explanation is required when a positive, negative or not known impact is selected. There may be positive and negative impacts for the protected group described. For not known this should indicate if further research is needed and if not, why not. When there is No Impact identified, no narrative is required.

Equality, Diversity & Human Rights Indicate Yes or No by marking Y or N in each Box

Age	Y/N	Explanation, assessment and any potential mitigations
Positive	X	The majority of carers in Dundee are aged over 50, with 1 in 5 being over 65. The proposals directly support older carers in Dundee or carers of older people in Dundee. The proposals also directly support Young Carers in Dundee.
No Impact		
Negative		
Not Known		
Disability	Y/N	Explanation, assessment and potential mitigations
Positive	X	The investment proposals directly support carers of those with disabilities in the City. Over half carers providing over 35 hours care per week have one or more health conditions themselves.
No Impact		
Negative		
Not Known		
Gender Reassignment	Y/N	Explanation, assessment and potential mitigations
Positive		No local information available to allow assessment of impact
No Impact		
Negative		
Not Known	X	
Marriage & Civil Partnership	Y/N	Explanation, assessment and potential mitigations
Positive		No local information available to allow assessment of impact
No Impact		
Negative		
Not Known	X	
Race & Ethnicity	Y/N	Explanation, assessment and potential mitigations
Positive		No local information available to allow assessment of impact
No Impact		
Negative		
Not Known	X	
Religion & Belief	Y/N	Explanation, assessment and potential mitigations
Positive	X	No local information available to allow assessment of impact
No Impact		
Negative		
Not Known		
Sex	Y/N	Explanation, assessment and potential mitigations
Positive	X	The majority of Carers in Dundee are female, the investment plan will positively support women in Dundee.
No Impact		
Negative		
Not Known		
Sexual	Y/N	Explanation, assessment and potential mitigations

Dundee Integration Joint Board Integrated Impact Assessment

Orientation		
Positive		No local information available to allow assessment of impact
No Impact		
Negative		
Not Known	X	
Describe any Human Rights impacts not already covered in the Equality section above.		

PART 2- Assessment (continued)

Fairness & Poverty Geography – Describe how individuals, families and communities are affected in each area- particular consideration is needed where there are previously identified areas of deprivation.

Mark either Yes or no (Y or N) in each box

Y or N	Area	Fairness Explain Impact / Mitigations / Unknowns
Y/N	Strathmartine (Ardler, St. Mary's & Kirkton)	<p>(Note: this section of the record asks for a single, collective narrative for each of positive, negative, or not known given as a response in one or more areas)</p> <p>The investment proposals are not aimed at a specific geography. However, carers are more likely than the general population to be impacted upon by financial inequalities.</p> <p>The Carers Centre are developing locality approaches towards service delivery, working in local communities to build relationships, identify needs and develop joint responses to these needs.</p> <p>ACSP processes proposed within the plan will help to identify and address individual financial circumstances through appropriate signposting to relevant services and supports.</p>
X	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	Lochee (Lochee Beechwood, Charleston & Menzieshill)	
X	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	Coldside (Hilltown, Fairmuir & Coldside)	
X	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	Maryfield (Stobswell & City Centre)	
X	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	North East (Whitfield, Fintry & Mill O'Mains)	
X	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	East End (Mid Craigie, Linlathen & Douglas)	
X	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	The Ferry	
X	Positive	
	No Impact	
	Negative	

Dundee Integration Joint Board Integrated Impact Assessment

	Not Known	
Y/N	West End	
X	Positive	
	No Impact	
	Negative	
	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

Household Group- consider the impact on households and families may have the following people included.

Y/N	Looked After Children & Care Leavers	Explanation, assessment and any potential mitigations
	Positive	The proposals contained within the investment plan have no direct impact on looked after children or Care leavers
X	No Impact	
	Negative	
	Not Known	
Y/N	Carers	Explanation, assessment and potential mitigations
X	Positive	Purpose of Investment Plan is to provide support to Carers in Dundee to support their caring role.
	No Impact	
	Negative	
	Not Known	
Y/N	Lone Parent Families	Explanation, assessment and potential mitigations
	Positive	
	No Impact	
	Negative	
X	Not Known	
Y/N	Single Female with Children	Explanation, assessment and any potential mitigations
	Positive	
	No Impact	
	Negative	
X	Not Known	
Y/N	Young Children and/or Greater Number of Children	Explanation, assessment and potential mitigations
	Positive	
	No Impact	
	Negative	
X	Not Known	
Y/N	Retirement Pensioner (s)	Explanation, assessment and potential mitigations
X	Positive	A large proportion of carers in the City (and those being cared for) are older people and will be positively impacted upon by the proposals
	No Impact	
	Negative	
	Not Known	
Y/N	Unskilled Workers and Unemployed	Explanation, assessment and any potential mitigations
	Positive	
	No Impact	
	Negative	
X	Not Known	
Y/N	Serious & Enduring Mental Health	Explanation, assessment and potential mitigations
X	Positive	Investment in low level mental health support and counselling services may reduce escalation of mental health issues
	No Impact	
	Negative	
	Not Known	
Y/N	Homeless	Explanation, assessment and potential mitigations
	Positive	
	No Impact	
	Negative	
X	Not Known	
Y/N	Households of Single Female with Children	Explanation, assessment and any potential mitigations
	Positive	
	No Impact	
	Negative	
X	Not Known	
Y/N	Drug and/or Alcohol	Explanation, assessment and any potential mitigations
	Positive	
	No Impact	
	Negative	
X	Not Known	
Y/N	Offenders and Ex-Offenders	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

Socio-Economic Disadvantage- consider if the following circumstances may be impacted		
Y/N	Employment Status	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Education & Skills	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Income	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Fuel Poverty	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Caring Responsibilities (including Childcare)	Explanation, assessment and any potential mitigations
X	Positive	Purpose of Investment Plan is to provide support to Carers in Dundee to support their caring role.
	No Impact	
	Negative	
	Not Known	
Y/N	Affordability & Accessibility of Services	Explanation, assessment and any potential mitigations
X	Positive	Proposal re counselling at Carers Centre removes financial barriers to access to this service. ACSP/Respite proposals directly support provision of non-chargeable support to carers
	No Impact	
	Negative	
	Not Known	

Inequalities of Outcome- consider if the following may be impacted		
Y/N	Connectivity / Internet Access	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Income / Benefit Advice / Income Maximisation	Explanation, assessment and any potential mitigations
X	Positive	Proposal re counselling at Carers Centre removes financial barriers to access to this service. ACSP/Respite proposals directly support provision of non-chargeable support to carers
	No Impact	
	Negative	
	Not Known	
Y/N	Employment Opportunities	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	

Dundee Integration Joint Board Integrated Impact Assessment

	Not Known	
--	-----------	--

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

Y/N	Education	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Health	Explanation, assessment and any potential mitigations
X	Positive	Investment proposals seek to actively improve the wellbeing of carers and cared for people in Dundee
	No Impact	
	Negative	
	Not Known	
Y/N	Life Expectancy	Explanation, assessment and any potential mitigations
	Positive	
	No Impact	
	Negative	
X	Not Known	
Y/N	Mental Health	Explanation, assessment and any potential mitigations
X	Positive	Implementation of Counselling and Listening services aim to have direct positive mental heath outcomes for carers
	No Impact	
	Negative	
	Not Known	
Y/N	Overweight / Obesity	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Child Health	Explanation, assessment and any potential mitigations
X	Positive	Contribution towards core costs of Corner will directly impact on health and well being of young carers
	No Impact	
	Negative	
	Not Known	
Y/N	Neighbourhood Satisfaction	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Transport	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Environment- Climate Change		
Y/N	Mitigating Greenhouse Gases	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Adapting to the Effects of Climate Change	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

Resource Use		
Y/N	Energy Efficiency and Consumption	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Prevention, Reduction, Re-use, Recovery, or Recycling of Waste	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Sustainable Procurement	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	

Transport		
Y/N	Accessible Transport Provision	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Sustainable Modes of Transport	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	

Natural Environment		
Y/N	Air, Land and Water Quality	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Biodiversity	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Open and Green Spaces	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	

Built Environment		
Y/N	Built Heritage	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Housing	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

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

SEA provides economic, social and environmental benefits to current and future generations.

Use the [SEA flowchart](#) to determine whether your proposal requires SEA.

Strategic Environmental Assessment- SELECT One of the following statements		
X	No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005	<i>(No further response needed)</i>
	It has been determined that the proposal will have no or minimal environmental effects. The reason(s) for this determination are set out in the following SEA pre-screening determination section	<i>SEA Pre-Screening Determination: Explain how you made the determination that the Plan, Programme or Strategy will have no or minimal negative environmental effect:</i>
	Screening has determined that the proposal is unlikely to have any significant environmental effects. The reason(s) for this determination are set out in the Screening Report, a copy of which will be available to view at www.dundee.gov.uk/cplanning/sea	<i>Insert the 'Summary of Environmental Effects' from your SEA screening report</i>
	Screening has determined that the proposal is likely to have significant environmental effects and as a consequence an environmental assessment is necessary. A Scoping Report, which will determine the scope of the environmental assessment is being prepared for submission to the statutory Consultation Authorities for consideration	<i>Insert the 'Summary of Environmental Effects' from your SEA screening report</i>
	Screening determined that the proposal was likely to have significant environmental effects and as a consequence an environmental assessment was necessary. An Environmental Report has been prepared for submission to the statutory Consultation Authorities together with a draft Plan, Programme or Strategy for consideration. A copy of the Environmental Report will be available to view at www.dundee.gov.uk/cplanning/sea	<i>Environmental Implications: Describe the implications of the proposal on the characteristics identified:</i>
		<i>Proposed Mitigating Actions: Describe any mitigating actions which you propose to take to overcome negative impacts or implications:</i>

A copy of this document (or when no IIA is needed, the screening tool) must accompany relevant draft IJB Reports at IJB Pre-Agenda stage and at IJB. It should accompany IJB papers and should be published with relevant IJB Report.

Following IJB agreement of report contact Joyce.barclay@dundee.gov.uk to post IIA on DHSCP website.

NB Corporate Risk- is addressed in IJB reports

Administrative Use	<i>Provide a link to relevant IJB Agenda for IJB Report including Agenda record page numbers where report is found.</i>
---------------------------	---



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21ST JUNE 2023

REPORT ON: MANAGEMENT OF DELAYED DISCHARGES

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB31-2023

1.0 PURPOSE OF REPORT

- 1.1 To provide an update on the actions taken to continue to reduce delayed discharges, and to outline the progress made against the local targets as detailed in IJB Report DIJB75-2022. Article VIII of the minute of meeting of 26th October 2022 refers.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the ongoing work to reduce delayed discharges particularly in relation to the local and national Discharge Without Delay and Care Closer to Home workstreams, as well as developments which have improved access to social care.
- 2.2 Notes performance against the Discharge Without Delay national indicators which are now consistently above the target of 98% since March 2023, with previous performance being consistently above 97% (See Appendix 1)

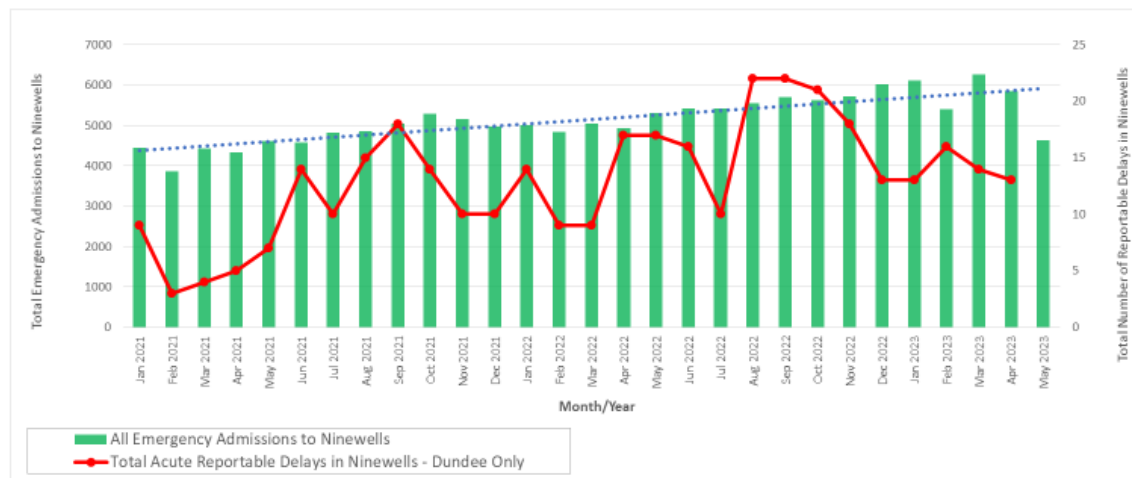
3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

- 4.1 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.
- 4.2 Performance in relation to delayed discharge has continued to improve since October 2022, despite a sustained increase in unscheduled admissions during that time period. 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 matrix has consistently been in amber status since week beginning 10th May 2023 and continues to reduce. Performance reporting beginning 22nd May 2023 is now within the green section of the RAG matrix for both acute and non complex delays (6 and 20 respectively) and in amber for the total delay figure (42).

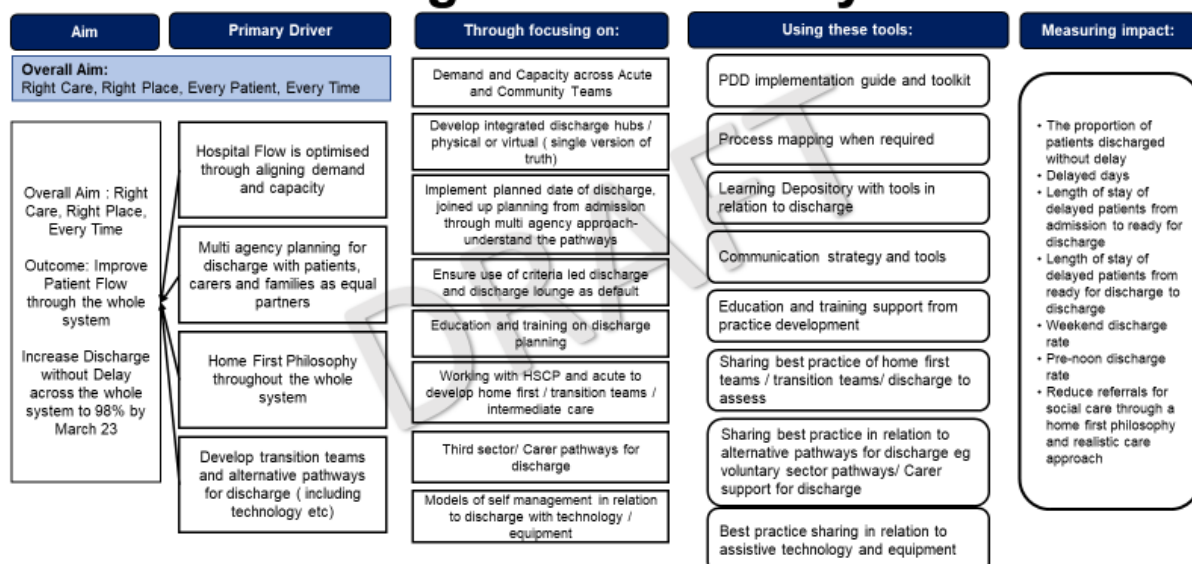
Graph showing level of reportable delayed discharges for Dundee HSCP in the context of increased admission rates to Ninewells Hospital on a monthly basis



Source: Qlikview – Filters: All emergency admissions to Ninewells. Includes patients of all ages from all Local Authorities between Jan 2021-April 2023 coded as an emergency admission to hospital. Delay figure taken from monthly census point (last Thursday of the month) for each month – only includes complex and non-complex reportable delays with Dundee City as the Responsible Local Authority. Health delays and code 100's are not included as these are not reportable to SG.

- 4.3 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. Specific improvement actions have been taken to address this as follows:
- 4.4 The Scottish Government Urgent and Unscheduled Care National Collaborative relaunched the Programme in July 2022, identifying 8 High Impact Change areas and asking each Health Board area to identify their priorities in progressing the work.
- 4.5 NHS Tayside and the 3 Health and Social Care Partnerships identified Discharge Without Delay (DWD) as a key area of high impact change.

HIC 7 – Discharge without Delay



Consequently, a highly skilled member of staff from the Dundee Discharge Team has been seconded for a year to lead on the roll out of the Planned Date of Discharge (PDD) Policy. This has involved a range of actions across Tayside, ranging from supporting the installation of electronic whiteboard in all wards, through to developing (in conjunction with the Health and Business Intelligence Unit), PDD dashboards with ward level data accessible for all ward staff. This enabled each individual multidisciplinary team to identify key actions to improve discharge planning processes relevant to them.

The impact of this work has been significant particularly in terms of the engagement of staff in the discharge planning process (See Appendix 1).

- 4.6 Within the social care service, a test of change has been undertaken which enhances the review process for existing social care service users. By locating an enablement support worker within the Resource Matching Unit, who works closely with the wider social care team, capacity has been released which is then available for re-use for new service users.
- 4.7 Of the 237 reviews undertaken so far as part of this test, a total of 2,298.5 social care hours have been released back into the system. This has improved access to social care for hospital discharge and has contributed to the reduction in delays.
- 4.8 A further test has been ongoing to explore Fair Working Principles within the social care sector as detailed in DIJB30-2023 – Fairer Working Conditions – Home Care (Update). Again this has supported better communication and engagement across and between commissioned providers, leading to greater efficiency. As well as creating additional capacity, this approach to social care provision has also contributed to prevention of admission in that the additional reassurance and support provided due to greater flexibility within the service has enabled existing service users to receive additional care at appropriate times.

Prevention of Admission Model

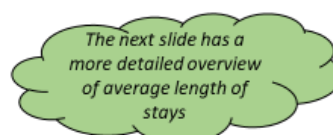
There were 21 case studies submitted as part of the test of change. 18 of the case studies identified that the extra visits provided on an adhoc basis by the provider supported a prevention of admission into hospital model of care delivery.

Whilst we cannot evidence the potential duration of these hospital admissions or, indeed, how long the individual would have waited in hospital for the appropriate level of service to facilitate a safe discharge home, we can propose an average cost saving using the assumptions below:

Time spent in hospital	Number of service users	Cost per day	Total Potential Savings
2 days	18	£287	£10,332
7 Days	18	£287	£36,162
14 Days	18	£287	£72,324
21 days	18	£287	£108,486



Average cost of hospital
bed day = £287



Dundee
Health & Social Care
Partnership

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

As this report is for update purposes only, no risks were identified.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

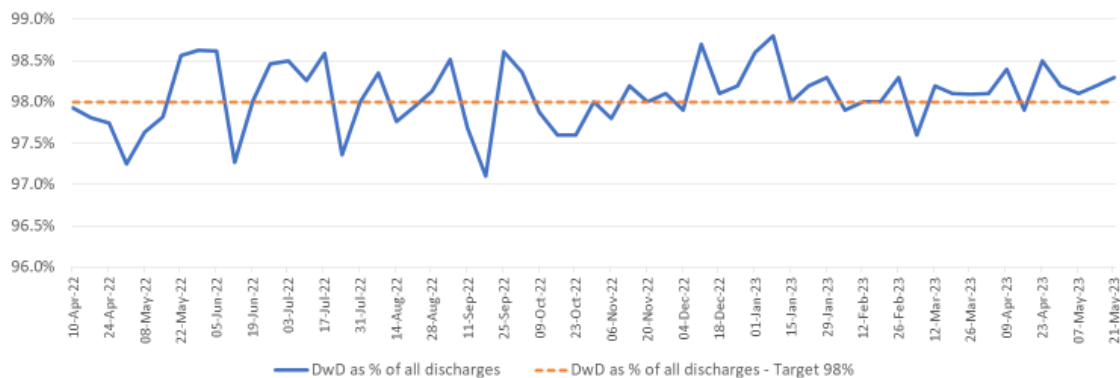
The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee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

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

9.0 BACKGROUND PAPERS

Appendix 1

Percentage of Patients Discharged without being registered as a DD on Trakcare



Source: Dundee Oversight Report – DWD Tab – populated using the weekly DWD iKey Measures on Tuesdays by Business Unit, NHS Tayside

DATE: 25th May 2023

A SPOTLIGHT SESSION:



WARD 4 RVH

**DISCHARGE WITHOUT
DELAY PROGRAMME**

May 2023

This page is intentionally left blank

WARD 4 – CHANGE TIMELINE



OBSERVATIONS & OPPORTUNITIES

170

YOU SAID	WE DID
HIGHER RATE OF AM DISCHARGES IS REQUIRED FOR CAPACITY AND FLOW	<i>VISIBLE WAITING LISTS – MOVE FROM “PUSH TO PULL”</i>
	<i>DEVELOPMENT OF TRANSPORT FLOWCHART IN CONJUNCTION WITH SAS AND TRANSPORT HUB</i>
	<i>DAILY HUDDLE DISCUSSING PDDs</i>
	<i>USE OF DAILY DISCHARGE TARGET POSTER</i>
IMPROVED LINKS WITH ADT	
PDD’S NOT VISIBLE ON WARD	<i>WHITEBOARD AMENDED ON WARD TO ENSURE PDD’S ARE VISIBLE FOR ALL PATIENTS, AS WELL AS OTHER KEY INFORMATION THAT IS CRUCIAL FOR EFFECTIVE DISCHARGE PLANNING</i>
IMPROVE COMMUNICATION BETWEEN NWH/RVH	<i>EMAIL SYSTEM DESIGNED TO INCLUDE INFORMATION ON DISCHARGES AND PLANNED TRANSFERS – PROACTIVE PLANNING</i>
	<i>SCN IN WARD 5 NWH TO VISIT RVH, TO MIRROR SUCCESS FROM ORTHO PATHWAY WHERE AN AWARENESS OF PRESSURES ON EACH SITE WAS HELPFUL AND IMPROVED FLOW</i>
TRAKCARE NOT BEING UPDATED ON A LIVE BASIS	<i>CREATION OF A PDD POSTER AS A MEANS OF PRESENTING WARD-LEVEL DATA, INCREASING STAFF AWARENESS OF THE ROLE TRAK PLAYS IN MEASURING THE USE OF PDD SO THAT STAFF CAN TAKE OWNERSHIP</i>
	<i>INSTALLATION OF ELECTRONIC WHITEBOARD – DATE TBC</i>

PDD POSTERS

INTRODUCED ON WARD 4 RVH [INSERT DATE]

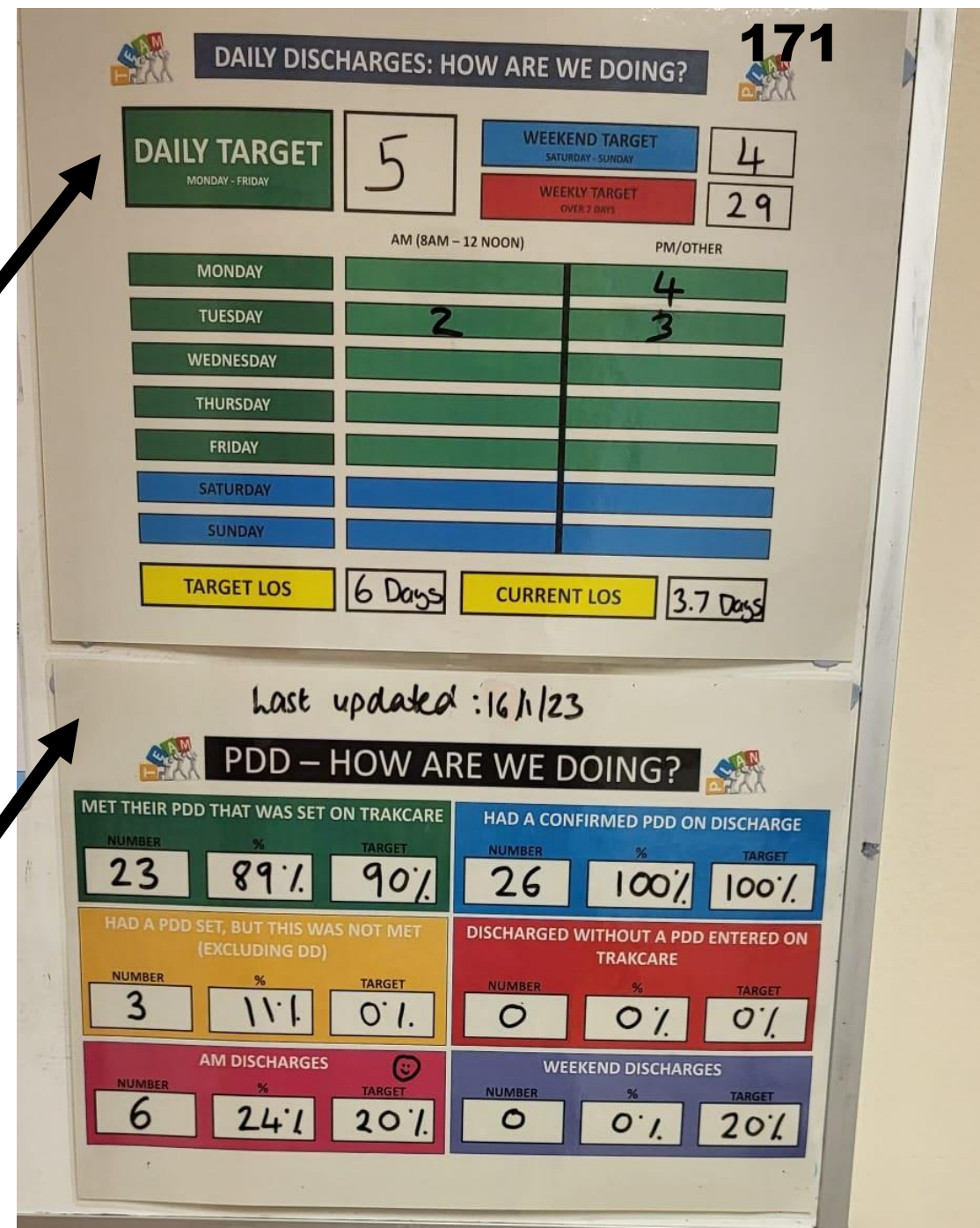
IT IS POPULATED BY WARD STAFF, WITH THE TARGETS SET AND AGREED BY THE CLINICAL CARE GROUPS.

STAFF SHOULD KNOW THEIR TARGETS AND ENSURE THEY ARE UPDATING THE POSTER WHEN DISCHARGES ARE CONFIRMED.

INTRODUCED ON WARD 4 RVH [INSERT DATE]

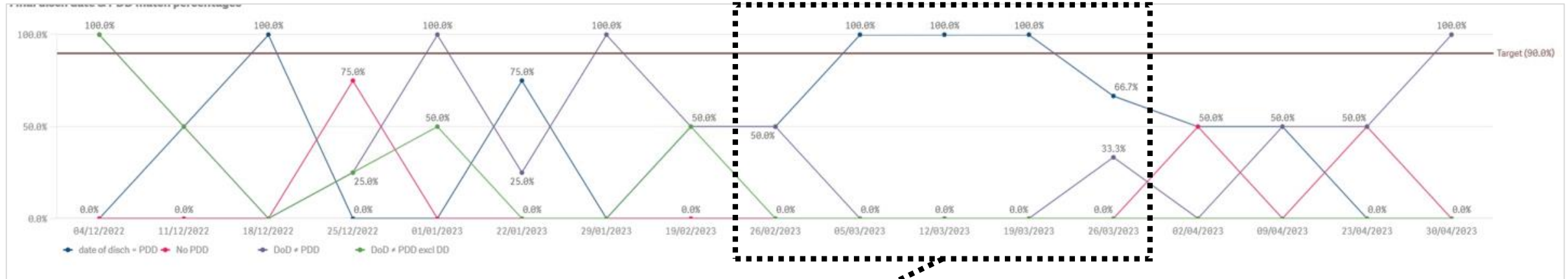
POPULATED USING DATA FROM THE PDD DASHBOARD THAT WAS DEVELOPED BY THE BUSINESS UNIT

GIVES WARD OWNERSHIP OF THEIR OWN DATA IN LINE WITH THE SG DWD TARGETS

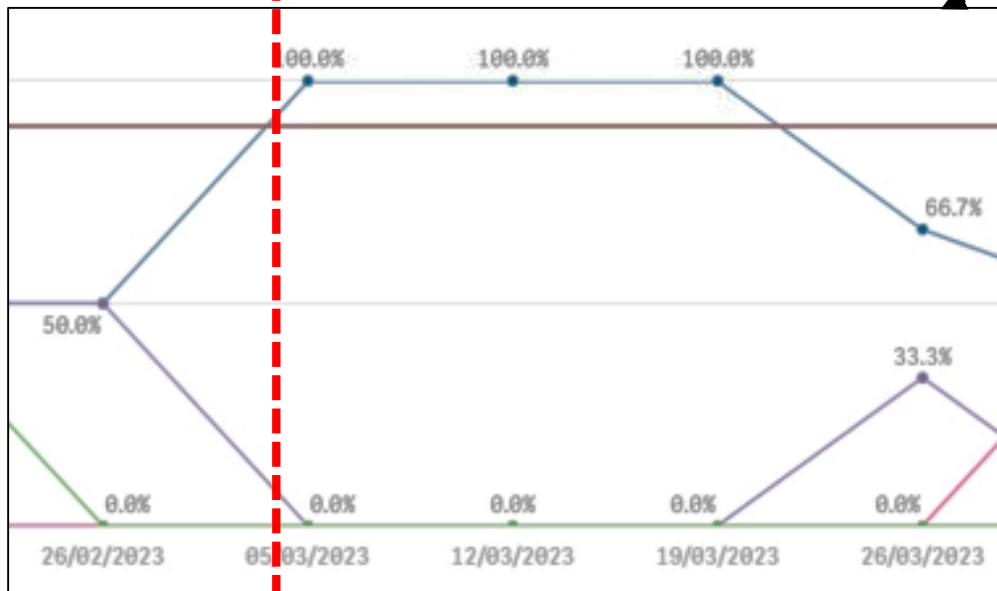


WARD 4 RVH - DATA

172



PDD roll out commences



If we zoom into the period highlighted above (26/02/23 – 26/03/23), we can see a marked improvement compared to previous trends. This is also the same time period during which the whiteboard changes took place, the Trak Training was provided, the huddle was reviewed and the PDD posters were introduced.

- 100% of PDD's were met
- 0% were discharged without a PDD

NEXT STEPS:

- ❖ **Sustainability is the KEY TO ONGOING SUCCESS!**
- ❖ Empower PDD Promoter to continue with improvement work once PDD Operational Lead moves on to another area
- ❖ Encourage nursing staff to take ownership of daily huddles and MDT's
- ❖ Work with the Discharge Team to ensure there is a consistent presence to support effective discharge planning and support the ward staff to continue to use PDD and Trak.
- ❖ Use data to inform ongoing improvement work and test of change ideas to ensure targets are met/exceeded.
- ❖ Electronic White Boards to be installed over next few weeks – likely by the end of May. This will support with the visibility of PDD and updating Trakcare on a live basis.
- ❖ Continue education for senior staff and PDD Promoters in Ward 4 around navigating and extracting data from PDD Dashboard – guide has been circulated and dates for sessions to be circulated.
- ❖ Ward 4 to share learning with Ward 5 RVH – opportunities for learning - action plan shared
- ❖ Use of “Bed Request” function on TRAK as a TOC
- ❖ Improved links with the Angus Discharge Team – meeting arranged 11th <May
- ❖ Work with the Discharge Team to ensure there is a consistent presence to support effective discharge planning and encourage the ward staff to continue to use PDD and Trak.

This page is intentionally left blank

ITEM No ...11.....



REPORT TO: DUNDEE INTEGRATION JOINT BOARD

REPORT ON: ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP 2022-2023

REPORT BY: CLINICAL DIRECTOR

REPORT NO: DIJB32-2023

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 2022–March 2023 to seek assurance regarding matters of 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 2022-2023 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 the Clinical, Care and Professional Governance with reference to the 6 domains outlined in the Getting it Right for Everyone 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 planned to meet on five occasions during the period 1 April 2022 to 31 March 2023 on the following dates:

- 18 May 2022
- 27 July 2022
- 28 September 2022
- 23 November 2022
- 8 February 2023

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

- 21 April 2022
- 23 June 2022
- 25 August 2022
- 27 October 2022
- 15 December 2022
- 23 February 2023 – Cancelled

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 2022
- August 2022
- October 2022

- December 2022
- February 2023
- April 2023

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, 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 Impact of COVID-19.

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.

Primary Care

Practice sustainability remains a key risk in Dundee practices with ongoing concerns regarding termination of contracts and practice notifying of their intention to do so through 2023. A significant number of practices have had closed lists in 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 remains at 25. An internal audit review of the risk has highlighted a number of actions to be progressed at both local and regional level.

Dundee Drug and Alcohol Recovery Service

The concerns for 2022-2023 were foremost focused on working to put systems in place to meet the initial 5 (out of 10) Medically Assisted Treatment (MAT) Standards. This was a transformational change process against the backdrop of high levels of demand, a flood in our main base and the need to change so many things so quickly. This has paid off in terms of the creation of new processes that focus on patient-centred care informed by those with lived experience.

The Key priorities for 2023-24 will include working 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.

Increased senior leadership within this team will allow for an enhanced focus on improvement work across the service.

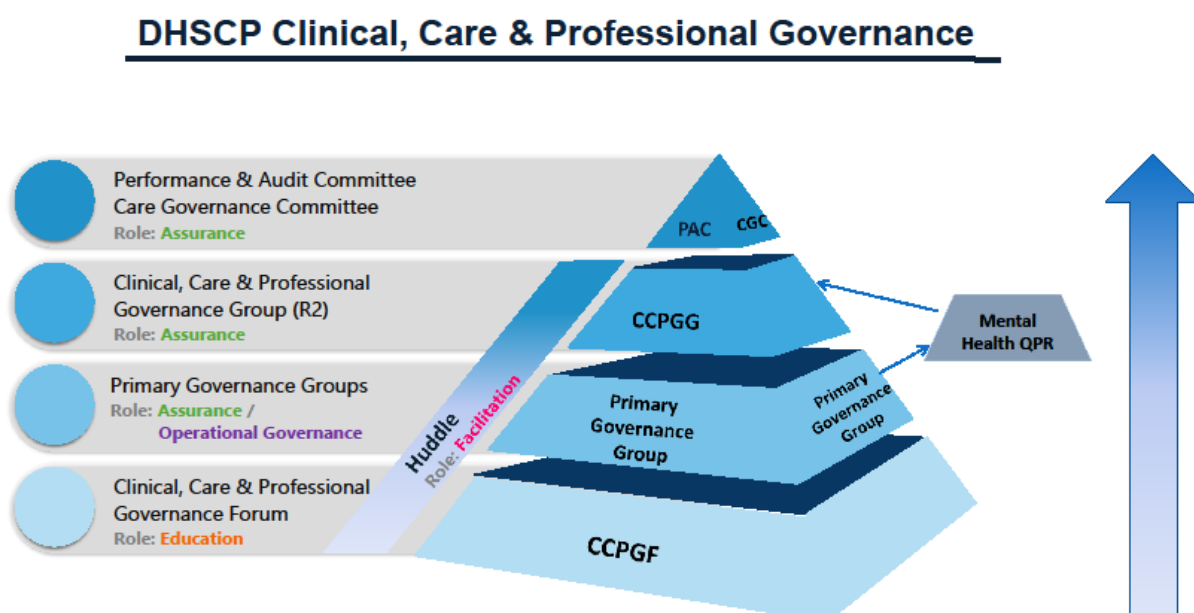
Mental Health

The overarching concerns within mental health and learning disability services during 2022-23 related to; the provision of adequate levels of staffing due recruitment challenges, with the most significant risk relating to the limited availability of psychiatry resources, and the recommendations arising from the Independent Inquiry into Mental Health Services in Tayside.

During 2023-24 priority focus will be given to new models of support to support mental health and wellbeing in a more timely manner. This will include the opening of a community wellbeing centre, continued focus to extend mental health and wellbeing support within in primary care and continued collaborative work through the Tayside Mental Health and Learning Disabilities Whole System Change Programme.

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.



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.

Each Primary Governance Group will produce an annual report in line with the reporting programme developed through the CCPG Group.

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, SPSO and contemporary issues, for example Dundee Drugs Commission Review and Trust and Respect Report.

4.2.3.5 Primary Governance Groups (PGG)

There are currently 11 PGGs:

- In Patient Services and Day Care Services
- Community Services
- Acute and Urgent Care
- Mental Health
- Learning Disabilities
- Older People's Mental Health
- Care Homes
- Psychological Therapies
- Health Inequalities
- Nutrition and Dietetics
- 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 struggling, who require support to manage adverse events or who may display a change in their current performance in relation to managing adverse events. 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. Subjects this reporting period have included: Qlikview, Risk Management System, Datix system report building and scorecard development.





4.2.3.8 Summary Assurance Statement

The year April 2022 to March 2023 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, although it should be noted this has improved significantly over the course of this reporting period) and there is identified scope for improvement across a range of services and governance domains. Despite all of the challenges faced this year, all of the above have shown an improving picture, with the HSCP being in a strong position to move towards substantial assurance through 2023-2024.

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 2023 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
 Mental Health and Learning Disability Manager
 Clinical Lead, Psychology Services
 Allied Health Professional Lead (DHSCP)
 Lead Nurse (DHSCP)
 Clinical Governance Lead (DHSCP)
 Senior Officer – Business Planning and Information Governance (DHSCP)

4.3 Schedule of Business Considered During the Period 1 April 2022 to 31 March 2023

4.3.1 18 May 2022

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted Mental Health Service Report
- Noted Psychology Service Report
- Noted Frailty / Older People's Service Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Report
- Noted Community Report
- Noted Health Inequalities Report
- Noted In Patient and Day Care Report
- Noted Primary Care Report

Focussed discussion on Dundee Drug and Alcohol Service staffing risks – nursing staff.

COVID-19 – Updates provided on current challenges relating to COVID-19. Focus primarily on remobilisation plans with a request for these to be reflected in exception reports at future meetings including impact of deconditioning and delays in care.

Staff wellbeing was discussed in relation to catering facilities on the Royal Victoria Site which had been absent since the start of the pandemic.

NHS Tayside Business Board Critical Report was shared for the group's awareness and use.

Report provided on the adverse event management policy that has been reviewed via the clinical policy governance group. The useful appendices to support governance activity were brought to members' attention, especially with reference to supporting adverse event reviews.

Infection Prevention and Control Committee Report presented. Group maturing well with broadening representation. Focus on comprehensive reporting across all HSCP services. Current level of assurance provided is moderate.

Verbal updates provided on feedback from Care Governance Committee and the Performance and Audit Committee including: good overview of governance is provided; request for information regarding Medication Assisted Treatment Standards; complaints performance in particular around overdue complaints in the mental health service; delays in biochemistry results post-mortem and the good links to national work to address, commended on the deep dive work undertaken in relation to adverse events in the District Nurse Service.

Mental Health Risks were discussed in relation to the development of 8 new risks for Mental Health services across Tayside to support whole system working and governance.

Clinical, Care and Professional Governance Annual Report was presented for members to comment on prior to submission.

Information Governance: Allied Health Professions documentation rationalisation process presented to the group. Excellent progress being made with work reporting into the Clinical Policy Governance Group.

Dundee HSCP Workforce Plan presented to the group.

New framework for Newly Qualified Practitioners in social care presented to the group for awareness and to engage with staff for support to implement.

Paper presented on Newly Graduated Practitioners in Nursing and the new processes to be implemented.

Dundee HSCP Analysis report presented highlighting areas for improvement including consistent reporting of adverse events (types and severity), overdue adverse events and timely management of the risk register.

Complaints Report presented:

- Increasing number of complaints
- Absence of key staff leading to increased delays responding to complaints.

Presentation on Care Opinion provided by Dundee Enhanced Community Service.

Fair Work in Social Care report presented to the group.

Verbal report provided on the work of the Drugs Commission.

Verbal report provided on the Listen, Learn, Change paper noting governance arrangements, leadership, scrutiny and key themes.

4.3.2 27 July 2022

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted Mental Health Service Report
- Noted Psychology 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 Health Inequalities Report
- Noted Acute and Urgent Care Report
- Noted Care Home Report

COVID-19 – Exceptions and emerging risks noted. Significant staffing issues have been noted with increasing absences a common theme alongside staff exhaustion.

Presentation provided on Ukrainian Refugees and the services put in place to support their relocation in Dundee. Noted significant impact this is having across a range of services. Situation remains very fluid but noted good resilience planning in place.

Primary Care reported on current pressures across a number of GP practices reflecting closure of one practice and the closure of lists for other practices.

Discussions commenced on the Getting it Right for Everyone Framework and how this might support reporting for hosted services. Work will progress through the GIRFE Group.

Report received on the Docman system and risk of missing information. Mitigation in place and being led both regionally and nationally.

Clinical, Care and Professional Governance Forum Report presented.

Infection and Prevention Control Group Minute provided for information.

Dundee Drugs Commission Report and initial response has been tabled to be heard at the Dundee IJB.

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. Future reports to include compliments and report to be renamed feedback report.

Care Home Forum membership and leadership discussed to further strengthen engagement and oversight across Care Homes.

4.3.3 28 September 2022

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted mental Health Service Report
- Noted Psychology 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 Health Inequalities Report
- Noted Acute and Urgent Care Report
- Noted Care Home Report

Presentation provided on the Promotion of Equality and Social Justice. Comprehensive discussion ensued on how to build support through communities and seek to help those with the greatest needs using inequalities informed practice.

Care Governance Committee updated provided outlining new reporting timetable for the HSCP.

Getting It Right for Everyone update provided on the work progressing regards the sharing of information across the HSCPs for hosted services.

Verbal report provided on the Drugs Commission progress with a number of short life working groups developing to lead the various workstreams.

Verbal update provided on the work related to Trust and Respect Report.

Verbal report provided regarding the Primary Care Improvement Plan and the Scottish Government review of funding for this work. The impact and associated risks were highlighted.

Risk Management processes within the HSCP were discussed with the intention of reviewing the current meeting structures to afford greater levels of support to service leads in managing risks.

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.

Dundee HSCP Workforce Plan presented to the group.

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 23 November 2022

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted Mental Health Service Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Service Report
- Noted Palliative Care Report
- Noted Psychiatry of Old Age In Patient and Community Services Report
- Noted Psychology Report
- Noted Health Inequalities Report
- Noted Community Services Report
- Noted Urgent and Acute Care Report
- Noted In Patient and Day Care Report
- Noted Primary Care Verbal Report

Public Health report presented outlining the impact of deprivation on health and the connections between deprivation, despair, drug statistics and suicides and mental health in impoverished areas.

GIRFE Update – Ongoing discussions regarding Lead Agency (Hosted) reports with some sharing of reports now in place.

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.

Drugs Commission Report presented outlining focus of work now towards Medication Assisted Treatment Standards and local implementation.

Trust and Respect Report update outlined final submission to the Independent Oversight and Assurance Group is due in December.

Primary Care Improvement Plan update provided demonstrated good progress being made although also highlighting a number of gaps in some areas due to staff availability.

Risk Management report noted with overview provided on a number of new risks and confirmation of the formation of a new risk management group to commence in early 2023.

Professional updates highlighted work related to packages of care and delayed discharges supporting patient flow. International recruitment was being progressed across a number of professions. Standards of proficiency were being published for community nursing staff in 2023. Significant workforce planning activity across newly-qualified social work staff ongoing.

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.

Safe Staffing Update provided outlining work being undertaken across professions.

Infection Prevention and Control Report noted.

4.3.5 08 February 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.
- Health Inequalities 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. New appointments to chair of the CGC noted.

Focussed discussion held regarding the development of a Tayside-Wide Mental Health Clinical, Care and Professional Governance Group which is being led within GIRFE.

Governance huddle shared the newly developed newsletter which aims to share simple, key messages to staff to support governance activity.

Drugs Commission Report update shared.

Trust and Respect Report presented. Agreement made for future updates to be provided within exception reports.

Primary Care Improvement Plan Update Report noted.

Emerging risk presented in relation to Palliative Care Services outlining level of risk and mitigations in place. Exception report to be provided to Care Governance Committee to inform them of emerging status.

Verbal update provided on first Risk Management meeting held in January 2023. Agreement reached to support continuation of Risk Management meeting.

Allied Health Professions Professional Update: Significant ongoing work with national teams supporting the safer staffing agenda. Group updated regarding the work for some AHP staff to now complete fit notes in place of medical staff and the governance processes around this.

Nursing Professional Update: Group updated regarding the work for nursing staff to now complete fit notes in place of medical staff and the governance processes around this. Update provided in relation to transforming nursing strategy.

Social Work Professional Update: National Social Work Agency Group has been established to consider implications of the National Care Service on social work. The SSSC Codes of Practice have been reviewed.

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 Inspection report noted.

Feedback Report noted with positive performance in relation to meeting standards for complaints.

Dundee HSCP Analysis Report Presented.

Equality and Social Justice Report presented with a key focus on cost of living crisis, access to appropriate support, local decision-making structures.

4.4 Assurance Statement

4.4.1 As Chair of the Dundee HSCP Clinical, Care and Professional Governance Group during the financial year 2022-2023, 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 screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 CONSULTATIONS

The Chief Finance Officer, Heads of Service – Health & Community Care, Clinical Director, 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.

Vicky Irons
Chief Officer

DATE: 6.6.2023

Diane McCulloch
Head of Health & Community Care

Jenny Hill
Head of Health & Community Care

Krista Reynolds
Lead Nurse

David Shaw
Clinical Director

Matthew Kendall
Allied Health Professions Lead



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21 JUNE 2023

REPORT ON: CATEGORY 1 RESPONDER – ANNUAL REPORT 2022/23

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB37-2023

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 2023/24, 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 2022/23 is attached as appendix 1 and key information drawn from this is highlighted 4.2 to 4.5 of this report. 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 2022/23 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. The Head of Service continues to chair the Tayside Local Resilience Partnership Caring for People Group.
 - The Head of Service, Health and Community Care has continued 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 Health and Social Care Partnership has established an internal Resilience and Business Continuity Group to plan and progress relevant actions, including maintaining the IJB's Category 1 Responder Action Plan.
 - The Dundee Health and Social Care Integration Scheme has been updated to reflect the status of the IJB as a Category 1 Responder.
 - 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.
 - Arrangements for information sharing with providers of health and social care services that had evolved over the course of the COVID-19 pandemic based on feedback from external providers have now been mainstreamed, meaning they will be available to support resilience communications (general and incident specific) moving forward.
 - 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:
 - Safe Steeple 2 (March 2022) – a multi-agency counter-terrorism tabletop exercise. A further exercise is planned for 2023.
 - Operation Unicorn Workshop (May 2022) – to provide multi-agency participants with updated information regarding Operation Unicorn, its associated plans and an opportunity to consider potential impact and consequences for organisations.
 - Switch Board Tabletop Exercise (April 2022) – to test contingency arrangements for Switchboard and Unified Communications in NHS Tayside in the event of a cyber-attack of their telephony infrastructure. This included consideration of the escalation process and response and recovery of impacted systems.

- Prevent – webinars have been run in partnership between NHS Tayside and Police Scotland on three occasions during the year. In addition, both NHS Tayside and Dundee City Council have continued to offer a Prevent e-learning module to their workforces.
- 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 2023/24 include:

- Work to undertake a comprehensive, integrated readiness assessment for the Health and Social Care Partnership covering both emergency planning and business continuity risks. This will be a priority area of work for the Partnerships' Resilience and Business Continuity Group in 2023/24.
- Further work with NHS Tayside and Dundee City Council to establish if it is possible to provide breakdowns of key information for the Dundee Health and Social Care Partnership. This might include, for example, monitoring of data related to Business Continuity Plans, workforce completion of e-learning, and workforce response to alert / volunteer systems.

4.3 Emergency Plans and Business Continuity Arrangements

4.3.1 During 2022/23 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 ongoing pandemic response, Operation Unicorn, and the resettlement of Ukrainian Displaced People.
- 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.
- 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.
- Initial work has progressed toward completing an audit of Dundee Health and Social Care Partnership managed services 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. There are 174 Business Continuity Plans in NHS Tayside (all services, not just delegated functions). Reminders of review dates are issued automatically through electronic systems, with monthly manual monitoring by the Risk and Resilience Planning Support Officer. In the last year additional resources have been developed to assist plan owners with the review, testing and exercising of plans. NHS Tayside has a target of 75% of plans being in date; at the last audit in January 2023 66% of plans were found to be in date.
 - Community-based social care services have been working to evolve their Winter Plans and plans developed for Operation Unicorn, into ongoing Business Continuity Plans.
- Within the last year, NHS Tayside has reviewed, updated and disseminated a number of key plans, including:
 - Reviewed their Major Incident Plan and begun work to support implementation across NHS Tayside.
 - Reviewed and update the Corporate Business Continuity Plan to support staff to respond efficiently and effectively to any incident, including the use of role specific action cards. A Critical Services and Critical Support Services document has also been incorporated within the plan.
 - Reviewed the NHS Tayside Adverse Weather Plan, with work now being progressed to update the action cards and escalation processes within the plan to align to current processes.

- During the last year NHS Tayside Public Health Directorate led the review of Tayside Local Resilience Partnership's Pandemic Flu Plan.
- NHS Tayside have continued to carry out regular tests of the NHS Tayside Alert system throughout the year. The last test for which data is available indicated a 66% response rate from staff contacted. Dundee City Council has developed a database, Volunteer Connect, which enables them to contact members of staff who have registered their interest to be contact by phone or e-mail when help is required in response to an incident.
- Dundee City Council have recently introduce a volunteer direct list, where staff volunteering to support an emergency or planned resilience response can be called to action through an app. H&SC partnership staff a(Dundee City Council employees) are included and have supported emergency incidents, stewarding for the passing of Queen Elizabeth's cotage and the Big Weekend. This group of staff will also support the stepping up of rest centres.

4.3.2 Future plans in these areas of work for 2023/24 include:

- A full review of training needs across the Health and Social Care Partnership workforce related to emergency rest centre management is to be progressed. This will include a reevaluation of expected levels of training to be undertaken across the different roles / grades within the Partnership staffing structure.
- Completing the 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 2022/23 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.
- Work has been undertaken to refresh the structure and content of the Dundee Health and Social Care Partnership website. The website contains a News section where information regarding resilience matters can be added as required. A separate page with COVID-19 Information also continues to be included on the website. The Partnership website is the only independent channel of communication available to the IJB, all other public facing communications are managed via Dundee City Council and NHS Tayside.

4.4.2 Given the advanced status of public communications approaches within both NHS Tayside and Dundee City Council there are n plans for further focused work in this area during 2023/24. 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:

- Successful operational response as a partner to Operation Unicorn following the death of HRH Queen Elizabeth II. Following the passing of HM Queen Elizabeth II, members of the Resilience Planning Team formed part of the organisations response team to ensure services were able to keep running. They also had a presence in the Joint Agency Coordination Centre, while ensuring ocontinuation of operational services.
- Emergency rest centres have been successfully supported utilising the revised procedure in relation to a small number of incidents over the last year.
- Ukraine Response – the Health and Social Care Partnership has had a lead role in local arrangements to consider and plan for the impact of the situation in the Ukraine, particularly the impact of the arrival of displaced people into the Dundee area who were placed in Hotels. These arrangements have given due consideration towards the mitigation of risks, impact assessments, business continuity and

contingency planning. Services provided included day to day support for those residing in hotels, health assessment and referral for health interventions, liaison with education for schooling, support for accessing housing and welfare benefits. In addition, H&SCP services work closely with Dundee City Council's Humanitarian Team, supporting both asylum seekers and those displaced through war. The cross services team supporting people from Ukraine, were recently shortlisted for an OSCAR award within Dundee City Council.

- 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

7.0	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.

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.

Vicky Irons
Chief Officer

DATE: 19 May 2023

Diane McCulloch
Head of Service, Health and Community Care / Chief Social Work Officer

Kathryn Sharp
Service Manager, Strategy and Performance



RESILIENCE PLANNING GOVERNANCE GROUP

ANNUAL REPORT

2022/23

**Ms Margaret E Dunning
Board Secretary
NHS Tayside
March 2023**

This page is intentionally left blank

ANNUAL REPORT OF THE RESILIENCE PLANNING GOVERNANCE GROUP [RPGG]

1 PURPOSE

To provide the Strategic Risk Management Group (SRMG) with an annual report in relation to activities of the RPGG which have been undertaken during 2022/2023.

2 RPGG**2.1 Purpose of Committee**

The purpose of RPGG 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 incident, in order to protect the health of and ensure continued healthcare provision to the population of Tayside and Fife.

During the financial year ended 31 March 2023 the Resilience Planning Governance Group membership comprised:

Name	Role
Lucy Archer	Soft Facilities Manager
Sharon Cassidy	Risk and Resilience Planning Advisor
Angie Dalgarno	Resilience Planning Facilitator
Keith Chalmers & Gregg Rettie on behalf of Nick Moore, Area Service Manager, Scottish Ambulance Service	Resilience, Scottish Ambulance Service
Mark Dickson	Clinical Governance and Risk Coordinator, Perth and Kinross HSCP
Jane Duncan	Director of Communications and Engagement
Margaret Dunning	Board Secretary [Chair]
Kenneth Fleming on behalf of George Doherty, Director of Workforce and David Dall, Deputy Director of Workforce	Head of Health and Safety
Garry Fraser	Associate Director, Hospital Services
Jillian Galloway on behalf of Gail Smith, Chief Officer of Angus HSCP	Head of Community Health and Care Services (North)
Andy Hay on behalf of Michael Cambridge, Associate Director of Procurement	Procurement Planning Manager
Simon Hilton	Consultant in Public Health Medicine
Michelle Jamieson	Premises and Services Manager, Primary Care Services
Julie Jefferson	Senior Regional Resilience Co-ordinator, Scottish Government
Diane McCulloch	Head of Service, Health and Community Care, Dundee HSCP
Alan O'Kane	Associate Director of Pharmacy
Charlie Quipp on behalf of Laic Khalique, Director of Digital Technology	Head of Service - Technical Infrastructure Manager
Andrew Reddick	Consultant in Emergency Medicine
Sarah Stark	Risk and Resilience Planning Advisor
Hilary Walker	Head of Risk and Resilience
Philip Wilde on behalf of Mark Anderson, Head of Hard Facilities	Property Environmental and Quality Manager
Keith Whitefield on behalf of Jillian Galloway, Head of Community Health and Care Services (North) Angus H&SCP	Programme Manager and Data Protection Officer

Audrey Warden, Associate Director, Hospital Services retired from post 30 June 2022 and George Doherty, Director of Workforce - NHS Tayside retired from post on 6 December 2022.

Support for the Group was provided by Angie Dalgarno, Risk and Resilience Planning Facilitator and John Hart, Emergency Planning Assistant.

2.2 Meetings

The RPGG met on four occasions during the period of 01 April 2022 to 31 March 2023, as follows:

- 1 July 2022
- 28 September 2022
- 21 December 2022
- 14 March 2023

The attendance schedule is attached as Appendix 1 for information.

2.3 Business

The Workplan for the RPGG during 2022/23 is attached as Appendix 2. The Workplan was substantively reviewed at the start of 2022 to provide improved governance and support robust corporate assurance mapping for key areas of business.

The minutes from each meeting of the RPGG are submitted to the subsequent meeting of the SRMG and uploaded to Staffnet.

3 OUTCOMES AND ASSURANCES

EU Exit – Following the exit of the United Kingdom from the European Union on 31 January 2020 and the end of the transition period 31 December 2021, communication was established with EU Exit Readiness Group members on a monthly basis to identify if there were any issues that required the group to be reconvened. The EU Exit Readiness Group has not been reconvened over the reporting time period and no issues for escalation have been highlighted over the last 12 months. Monthly communication to the EU Exit Readiness Group members has now been stepped down, however if issues do arise group members have been asked to escalate to the Risk and Resilience Planning team to ensure these are escalated through the appropriate communication pathways.

Critical Services/Systems/Support Systems - The Critical Systems and Critical Support Services document is an addendum to the Corporate Business Continuity Plan and has undergone a period of restructure development to ensure that it can support and enhance the response arrangements to any anticipated or evolving corporate business continuity incident. Following a data gathering exercise which focused on the agreed critical services and support services, all data received was incorporated into the Critical Services and Critical Support Services document, with a list of the top 10 high use systems identified.

This document was approved by the SRMG and shared to the Information Governance and Cyber Assurance Committee for information. The document has also been uploaded to Staffnet and shared to all those on the Executive Director and Senior Manager On-Call Rota. This will be reviewed on an annual basis in-line with the process used for other corporate plans. A meeting is to be scheduled with colleagues from the Digital Directorate in order to progress further critical digital infrastructure resilience discussions.

CBRNe (Chemical/Biological/Radiological/Nuclear)/HAZMAT Operational Plan - The annual review for the above plan was completed early 2023 as scheduled. The Plan was updated to incorporate learning following the 2022 collapsed casualty exercise.

Power Resilience - As a responsible organisation, we regularly plan for all eventualities and work with a wide range of stakeholders to develop and prepare robust contingency plans for a wide range of scenarios; no matter how unlikely they may be; this includes disruption to energy supplies. The invasion of Ukraine heightened the risk of demand outstripping supply for national power generation resulting in a potential energy shortfall and the possibility of rolling rota disconnects. Prudent resilience planning has continued both locally and nationally and the Risk & Resilience Planning Team have continued to actively engage with a variety of stakeholders to support, facilitate and enhance organisational resilience and preparedness. As we now move into spring 2023 work continues to support national arrangements as we begin to forward look at Winter 2023/24.

Power Resilience Plan

Development of an NHS Tayside Power Resilience Plan has continued to progress with the Risk & Resilience Planning Team actively engaged with a variety of stakeholders both internally and externally to support, facilitate and enhance organisational and Local Resilience Partnership preparedness. Following completion of Exercises Mighty Oak and Lemur learning points will be incorporated into the plan which will be presented to SRMG for approval over the summer months. Thereafter this will be kept under regular review as planning progresses on a regional basis to ensure it remains contemporary.

Business Continuity Planning – There are 174 Business Continuity Plans in NHS Tayside and a review was undertaken of these plans whereby a suite of action cards and supporting documents have been created to assist plan owners with the review, testing and exercising of BCPs. This has been augmented into the review process of BCPs held by services within NHS Tayside and plan owners are regularly informed of the importance and legal requirement, to annually test their BCPs. Additional guidance and advice is available by contacting the Risk & Resilience Team, by accessing the Resilience micro site and staff are invited to attend BCP Awareness Sessions which are held monthly.

Training and Education

Training was delivered to RPGG group members and partnership colleagues in the form of a number of virtual and in person training sessions throughout the year:

Prevent Webinars run in conjunction with Police Scotland took place in May 2022, July 2022 and January 2023 via MS Teams.

Online and in-person incident awareness sessions were held on a monthly basis between April 2022 and March 2023, for those who are on the Executive Director and Senior Manager On-Call Rota. Topics for each cohort of sessions included:

- Protected Persons Contingency Plan
- CBRNe
- Adverse Weather
- Major Incident Control Room Set Up

A number of table top and live exercises have been led or supported by the Strategic Risk and Resilience Planning Team over the reporting period. These include:

2022	2023
Telephony – Cyber Attack Telephony – Switchboard Murray Royal Infirmary Evacuation Renal Ward BCP Major Incident Ward 9 Ninewells Hazardous Materials: Chemical, Biological, Radiological and Nuclear Operation Unicorn (tabletop) Fuel Disruption	Controlling Movement and Access within Healthcare Facilities (Lockdown) Protected Persons Contingency Plan Oncology BCP (ChemoCare)

Plans and Procedures Risk & Resilience Planning

Corporate Business Continuity Plan

A comprehensive review of the Corporate Business Continuity Plan was undertaken by the Risk & Resilience Team. Minor changes were made to the actual wording of the document; however the format was changed with the incident response documentation moved to the front of the plan and the development and inclusion of action cards to support key roles in the event of an incident. Following approval by SRMG in August 2022, the document was uploaded to Staffnet and shared to all those on the Executive Director and Senior Manager On-Call Rota.

Major Incident Plan

The Risk & Resilience Planning Team undertook a significant review of the Major Incident Plan during 2022 in collaboration with key service areas to ensure that all action cards within the plan were reflective of current practices. Following approval of SRMG the plan was uploaded to Staffnet and, shared organisationally via Vital Signs on 12 December 2022.

Protected Persons Contingency Plan

In collaboration with key colleagues the Risk & Resilience Planning Team undertook a full review of the local plan and minor updates were identified and incorporated. Following the updates the plan was approved and shared to the closed distribution list. A live in person exercise was undertaken on 23 March 2023 in conjunction with Police Scotland Royalty & VIP Planning colleagues.

Adverse Weather Plan

Over the reporting time period the NHS Tayside Adverse Weather Plan annual review has been undertaken. Following consultation and feedback from key colleagues work is progressing to ensure that the action cards and escalation processes within the plan are reflective of current processes. It is anticipated that the Plan will be released following approval by SRMG in June 2023.

Soft Facilities ManagementBomb Threats and Suspicious Packages Policy

Following annual review there were minor amendments made to the Bomb Threats and Suspicious Packages Policy following consultation with the NHS Tayside Security Group. In addition a Vital Signs communications plan has been developed to share this information over the organisation and raise staff awareness.

Fleet Vehicle Fuel Disruption Plan

A comprehensive review of the Fleet Vehicle Disruption Plan was undertaken by Soft Facilities colleagues with a number of key points noted and incorporated into the plan:

- Trigger levels reflect those in the LRP plan
- Action cards are now included
- Electric vehicles section updated to ensure robustness

A table top exercise was held with key colleagues on 30 September 2022 to test the organisational and service contingency arrangements in the event of a period of fuel disruption impacting on the use of fleet vehicles. Following the session good practice was noted and actions agreed to support improvements to the plan.

Controlling Movement and Access within Healthcare Facilities

The annual review of the Controlling Movement and Access within Healthcare Facilities Plan has been completed by Soft Facilities colleagues with minor changes incorporated. A table top exercise to test the plan was undertaken on 2 March 2023 which received positive feedback from staff involved. The exercise was based on an agitated male entering the main concourse at Ninewells and brandishing a metal pole causing the concourse to be locked down. Good practice was noted during the exercise and the lessons learned were progressed to the service leads with an agreed completion by September 2023.

Public Health Plans

Public Health have reviewed the following plans with support from the Risk & Resilience Planning Team.

- Local Resilience Partnership (LRP) Scientific Tactical Advice Cell (STAC) Plan
Work has progressed on undertaking a comprehensive review of this plan and will incorporate the revised National STAC Guidance released October 2022. It is anticipated that the plan once finalised will be a focused document which reflects current technologies and working practices across partner agencies.
- Local Resilience Partnership (LRP) Pandemic Flu Plan
This was reviewed on behalf of the LRP by Dr Simon Hilton and Sharon Cassidy in advance of Winter 2022/23.

Incident Debrief Reports

Following periods of significant disruption, incident debrief reports are brought to the Group and any lessons learned shared organisationally.

4 RISK ASSURANCE AND REPORTING

The RPGG does not receive any Assurance Reports relating to Strategic Risks for NHS Tayside. The RPGG consider and contribute to the content of the Resilience Planning Service Level Risk which is recorded within the Organisation's electronic risk register. The risk underwent extensive review in November 2022 at which time the current risk exposure rating was reduced to 6 (Yellow/Medium), however, with some key actions still to be concluded, it was agreed the risk would not be considered for archiving until 2023/24.

5 ISSUES FOR CONSIDERATION IN NHS TAYSIDE'S GOVERNANCE STATEMENT

There are no exceptional issues that require to be reported in the governance statement.

6 CONCLUSION

I am satisfied as the Chair of the RPGG that the conduct of business, including the frequency of meetings and the breadth of the business undertaken has allowed the Group to fulfil its remit.

Given the work undertaken and progressed during the year, I can confirm as the Chair of the RPGG that adequate and effective arrangements were in place during the financial year ended 31 March 2023.

For 2023/24 the membership, terms of reference and work plan of the Resilience Planning Governance Group have been reviewed and augmented to ensure the full breadth of membership and scope of activity is in place and is compliant with the Standards for Organisational Resilience.

I wish to acknowledge the contribution and commitment of Group members and the administrative support provided by Angie Dalgarno, Risk and Resilience Planning Facilitator and John Hart, Emergency Planning Assistant.

Ms M E Dunning
Chair
RPGG

Considered and approved:

This page is intentionally left blank

Name of Member		Role	Organisation	1 Jul 2022	28 Sep 2022	21 Dec 2022	14 Mar 2023
Anderson	Mr Mark	Head of Property	NHS Tayside	Philip Wide in attendance	Philip Wide in attendance	Philip Wide in attendance	Apologies
Archer	Ms Lucy	Soft FM Manager	NHS Tayside	Present	Present	Present	Present
Cambridge	Mr Michael	Head of Procurement	NHS Tayside	Andy Hay in attendance	Andy Hay in attendance	Andy Hay in attendance	Not present
Cassidy	Mrs Sharon	Risk & Resilience Advisor	NHS Tayside	Present	Apologies	Present	Present
Chalmers	Mr Keith	Head of Resilience	SAS	Not present	Not present	Apologies	Not present
Dalgarno	Ms Angie	Risk & Resilience Planning Facilitator	NHS Tayside	Present	Present	Present	Present
Dall	Mr David	Deputy Director of Workforce	NHS Tayside	Not In Post	Not in Post	Apologies	Ken Fleming in attendance
Dickson	Mr Mark	Clinical Governance Facilitator	Perth & Kinross H&SCP	Present	Present	Present	Present
Doherty	Mr George	Director of Workforce	NHS Tayside	Chris King in attendance	Ken Fleming in attendance	Retired David Dall invited to attend	Retired David Dall invited to attend
Duncan	Mrs Jane	Director of Communications and Engagement	NHS Tayside	Not present	Present	Not present	Not present
Dunning	Ms Margaret	Board Secretary (Chair)	NHS Tayside	Present	Present	Present	Present
Fleming	Mr Kenneth	Head of Health & Safety	NHS Tayside	Chris King in attendance	Present	Present	Present
Fraser	Mr Garry	Associate Director Hospital Services	NHS Tayside	Present	Present	Present	Present
Galloway	Mrs Jillian	Head of Community & Health Care Services	Angus H&SCP	Present	Keith Whitefield in attendance	Keith Whitefield in attendance	Apologies
Hart	Mr John	Emergency Planning Assistant	NHS Tayside	Not In Post	Not in Post	Present	Present
Hay	Mr Andy	Procurement Planning Manager	NHS Tayside	Present	Present	Present	Apologies
Hilton	Dr Simon	Public Health Consultant	NHS Tayside	Present	Present	Apologies	Present
Jamieson	Mrs Michelle	Premises and Services Manager	Primary Care	Apologies	Present	Apologies	Present
Jefferson	Ms Julie	Senior Resilience Co-Ordinator	NoS RRP	Present	Not present	Not present	Apologies
McClure	Ms Gail	Quality & Services Manager	NHS Tayside	Present	Not present	Apologies	Not present
McCulloch	Ms Diane	Head of Service	Dundee H&SCP	Present	Apologies	Present	Present
Moore	Mr Nick	Area Service Manager	SAS	Julie Daily in attendance	Greg Rettie in attendance	Not present	Not present
O'Kane	Mr Alan	Associate Director Pharmacy	NHS Tayside	Not In Post	Not in Post	Not In Post	Apologies
Quipp	Mr Charlie	Head of Service - Technical Infrastructure Manager	NHS Tayside	Present	Present	Apologies	Present

Reddick	Mr Andy	ED Consultant/MI Lead	NHS Tayside	Not present	Not present	Not present	Not present
Rettie	Mr Greg	Resilience Advisor	SAS	Not present	Not present	Apologies	Not present
Stark	Mrs Sarah	Resilience Planning Advisor	NHS Tayside	Maternity Leave	Present	Apologies	Apologies
Walker	Mrs Hilary	Head of Risk & Resilience	NHS Tayside	Present	Present	Present	Present
Wilde	Mr Philip	Property Environmental and Quality Manager	NHS Tayside	Present	Present	Present	Apologies
Whitefield	Mr Keith	Programme Manager and Data Protection Officer	Angus H&SCP	Not present	Present	Present	Apologies

Appendix 1

RPGG ATTENDANCE RECORD FOR YEAR 1 APRIL 2022 TO 31 MARCH 2023 –

Appendix 2

RPGG Work Plan 2022-2023

Item	Responsible Officer	Reporting Arrangements	1 July 2022 <small>Rescheduled from June 2022</small>	28 Sept 2022	21 Dec 2022 <small>Rescheduled from 1 Dec 2022</small>	14 March 2023
Resilience Planning Team						
Resilience Planning Quarterly Report	Resilience Planning Department	Standing Item	√	√	√	√
Reports and lessons identified from debriefs, exercises or incidents inclusive of ICT Disruptive incidents	Resilience Planning Department	Standing Item	√	√	√	√
NHS Scotland: Standards for Organisational Resilience	Resilience Planning Department	Standing Item	√	√	√	√
Resilience Planning Service Level Risk (Datix)	Head of Risk and Resilience	Every 6 months	√		√	
Guidance for Business Continuity Plan Owners (Annual Update)	Resilience Planning Department	Annually				Deferred to June
Local, National and Partner Updates						
Updates from: <ul style="list-style-type: none"> North of Scotland Regional Resilience Partnership (RRP) and Tayside Local Resilience Partnership (LRP) NHS Scotland Resilience Forum Scottish Ambulance Service 	Board Secretary/Head of Risk & Resilience	Standing Item	√	√	√	√
Written Portfolio Updates for Assurance:	Various	Standing Item				
Communications	Director of Communications & Engagement	Every 6 months		√		√
Digital <ul style="list-style-type: none"> Please link to Critical Infrastructure Reporting below 	Director of Digital	Every 6 months		√		√
Hospital Services	Associate Director, Hospital Services	Every 6 months	√		√	
Primary Care Services	Premises & Services Manager	Every 6 months	√		√	

Item	Responsible Officer	Reporting Arrangements	1 July 2022 <small>Rescheduled from June 2022</small>	28 Sept 2022	21 Dec 2022 <small>Rescheduled from 1 Dec 2022</small>	14 March 2023
Procurement	Associate Director of Procurement	Every 6 months		✓		✓
Property <ul style="list-style-type: none"> Please link to Critical Infrastructure Reporting below 	Head of Property	Every 6 months	✓		✓	
Public Health <ul style="list-style-type: none"> Please refer to the Public Health Reporting section below 	Consultant Public Health Medicine	Every 6 months	✓		✓	
Soft Facilities <ul style="list-style-type: none"> Please link to Soft Facilities and Critical Infrastructure Reporting sections below 	Head of Soft Facilities Management	Every 6 months		✓		✓
Workforce	Deputy Director of Workforce	Every 6 months		✓		Deferred to June
Angus H&SCP	Head of Health & Community Care Services	Every 6 months	✓		✓	
Dundee H&SCP	Head of Service	Every 6 months		✓		✓
Perth & Kinross H&SCP	Clinical Governance Coordinator	Every 6 months	✓		✓	
Critical Infrastructure						
Report on list of Critical Assets and assurance that adequate Business Continuity/Disaster Recovery arrangements are in place for: <ul style="list-style-type: none"> Property Utilities (Gas/Electricity/Water) Sewerage Networks Fuel for Heat Buildings 	Head of Property	Annually	✓			
Report on list of Critical Infrastructure Assets and assurance that adequate	Head of Soft Facilities Management	Annually			✓	

Item	Responsible Officer	Reporting Arrangements	1 July 2022 <small>Rescheduled from June 2022</small>	28 Sept 2022	21 Dec 2022 <small>Rescheduled from 1 Dec 2022</small>	14 March 2023
Business Continuity/Disaster Recovery arrangements are in place for <ul style="list-style-type: none"> Transport/Vehicles Fuel for Transport 						
Report on list of Critical Infrastructure Assets and assurance that adequate Business Continuity/Disaster Recovery arrangements are in place for <ul style="list-style-type: none"> Digital Infrastructure Communications 	Director of Digital	Annually				√
Review and approve list of Critical Infrastructure Assets for NHS Tayside	Resilience Planning Dept	Annually				√
Adverse Weather Plan <ul style="list-style-type: none"> Annual Update including testing & exercising and full exercises that have been undertaken 	Resilience Planning Department	Annually				Deferred to June
Protected Persons Contingency Plan <ul style="list-style-type: none"> Annual Update including testing & exercising and full exercises that have been undertaken 	Resilience Planning Department	Annually				√
Operation Unicorn Response Plan <ul style="list-style-type: none"> Annual Update including testing & exercising and full exercises that have been undertaken 	Resilience Planning Department	Annually		√		
Corporate Business Continuity Plan <ul style="list-style-type: none"> Annual Update including testing & exercising and full exercises that have been undertaken 	Resilience Planning Department	Annually		√		

Item	Responsible Officer	Reporting Arrangements	1 July 2022 Rescheduled from June 2022	28 Sept 2022	21 Dec 2022 Rescheduled from 1 Dec 2022	14 March 2023
Major Incident Plan <ul style="list-style-type: none"> Annual Update including testing & exercising and full exercises that have been undertaken 	Resilience Planning Department	Annually		√	√	
Chemical, Biological, Radiological and Nuclear (CBRNe)/Hazardous Materials (HAZMAT) Plan Annual Update including testing & exercising and full exercises that have been undertaken	Resilience Planning Department	Annually			√	
Corporate Power Resilience Plan <ul style="list-style-type: none"> Annual Update 	Resilience Planning Department	Annually				Deferred to June
Resilience Planning Framework <ul style="list-style-type: none"> Annual Update 	Resilience Planning Department	Annually	√			
Procedure for provision of medical services at emergency support centres in Tayside <ul style="list-style-type: none"> Annual Update including testing & exercising and full exercises that have been undertaken 	Resilience Planning Department	Annually	√			
Hospital Evacuation Plans (See Appendix 1) <ul style="list-style-type: none"> Annual Update including testing & exercising and full exercises that have been undertaken <ul style="list-style-type: none"> 17 Dudhope Terrace [209947] Strathmartine [071355] 	Head of Soft Facilities and site specific colleagues	Annually Work is ongoing with Soft Facilities colleagues to agree a programme of table top exercises designed to review and test site				

Item	Responsible Officer	Reporting Arrangements	1 July 2022 Rescheduled from June 2022	28 Sept 2022	21 Dec 2022 Rescheduled from 1 Dec 2022	14 March 2023
<ul style="list-style-type: none"> ○ Royal Victoria Hospital [071314] ○ Kingsway Care Centre [071446] ○ Stracathro [340360] ○ Ninewells [040854] (TTX 02/03/2023) ○ Carseview [040852] ○ St Margarets Hospital [071305] ○ Crieff Community Hospital [071303] ○ Pitlochry [071304] ○ Blairgowrie Cottage Hospital [036907] ○ Perth Royal Infirmary [051481] ○ WHCCC [071475] ○ Murray Royal [048845] (TTX 31/05/2022) ○ Arbroath Infirmary [194857] 		specific evacuation plans				
Soft Facilities						
Controlling Movement and Access within Healthcare Facilities Guidance/Policy <ul style="list-style-type: none"> • Annual Update including testing 	Site Manager, Ninewells/Security Officer	Annually			√	

Item	Responsible Officer	Reporting Arrangements	1 July 2022 Rescheduled from June 2022	28 Sept 2022	21 Dec 2022 Rescheduled from 1 Dec 2022	14 March 2023
RPGG Workplan 2022/23	Resilience Planning Team	Standing Item	√	√	√	√
RPGG Attendance Record 2022/23	Resilience Planning Team	Standing Item	√	√	√	√
Resilience Training Plan	Resilience Planning Department	Standing Item	√	√	√	√
Resilience Training Mid Year Report	Resilience Planning Department	Every 6 months			√	
RPGG Terms of Reference 2023/24	Resilience Planning Team	Annually				√
RPGG Annual Report 2023/24	Resilience Planning Team	Annually				√
Internal Audit Reports	Head of Risk and Resilience	As required				

This page is intentionally left blank

ITEM No ...13.....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21st JUNE 2023

REPORT ON: FAIRER WORKING CONDITIONS IN HOME CARE UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB30-2023

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to update the Integration Joint Board regarding ongoing work to consistently implement good practice principles for fairer work with commissioned providers of care at home services.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this report, including the good practice principles for fairer work that have been identified (section 4.3).
- 2.2 Note the progress that has been achieved to date and the approach to working in partnership with commissioned providers to consistently implement these principles across the care at home workforce.
- 2.3 Note the significant benefits evidenced as resulting from this work (sections 4.4-4.7).
- 2.4 Approve the proposal to extend the good practice principles for fairer work into the 2023/24 commissioning contracts.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The financial implications of implementing the fairer working still require further analysis and the full benefits are difficult to quantify at this development stage. The reduction in avoidable admissions and delayed discharges due to improvements in social care unmet need through for example better use of downtime can only be analysed over a 1-2 year period. Cost savings due to the integrated approach of using providers and OTs more effectively and less reliance on social care due to the preventative approach, will also only be evidenced over this period. These however will be offset by the additional cost of paying care providers on a planned care basis rather than actuals.

4.0 MAIN TEXT

- 4.1 This report relates to a previous report submitted to the IJB, Report No DIJB5-2022 (Article XII of the minute refers) which details the good practice principles and the outcome of a baseline audit carried out of the then 13 providers of which 12 responded. A test of change was carried out to directly address the first element identified in section 4.3, as the findings showed only 50% of providers paid staff for the full shift. Any downtime due to cancellations, admissions or unallocated time between support visits remained unpaid, as providers could only pay staff what the Partnership paid the provider. Those who did pay full shift costs either reported reducing training or other costs to compensate.
- 4.2 The Dundee Health and Social Care Partnership recognises the vital contribution of the social care workforce to the health and wellbeing of the population and the importance of working with

providers to achieve fairer working conditions. This is also supported nationally through the Fair Work in Social Care Group, led by the Scottish Government and involving a range of stakeholders including COSLA, care providers, Scotland Excel, Trade Unions and professional led bodies such as Health and Social Care Scotland. This group has been pivotal in advancing pay levels and conditions for social care staff. Having fully supported the living wage across this workforce this report outlines progress to date in implementing fairer working conditions and proposed next steps.

- 4.3 The Partnership has worked with stakeholders, including staff side representatives, and identified a number of areas which are considered to be good practice:
- Providers should pay staff the living wage for the whole shift including travel and training.
 - An enhanced rate should be paid for weekends, public holidays and antisocial hours.
 - Provider should not use zero-hour contracts, although it is recognised that sessional work can be mutually beneficial to some staff and employers. Where staff are not recruited on a sessional basis they should be offered a guaranteed hours contract.
 - Travel as part of work should be funded by the provider.
 - Staff should be provided with the equipment they need to undertake their role and should not incur any additional cost for this, e.g. uniform/phone etc.
 - Staff should be provided with the training they need to complete their role and should not incur a cost from this. Attendance should be paid for mandatory training including induction.
 - Staff should not be asked to pay for any checks associated with safe recruitment procedures.
 - Providers should recognise Trade Unions who have membership within their employment.
 - Reasonable provision should be made to support workers to achieve SVQ qualifications and career progression.
- 4.4 When designing the test of change it was important to ensure any paid downtime between duties was used to best effect, improving outcomes for the people using our services. The Test of change commenced in October 2022- March 2023, with feedback and data collation monitoring progress, outcomes and impact on unmet need. This test was carried out in conjunction with another test of change linking the Resource Matching Unit with an Enablement Support Worker and the Independent Living Review Team. As such it is not possible to accurately quantify how much of the unmet need was addressed by each test but to date we have achieved approximately a 30% reduction in unmet need during this period, despite the impact of winter pressures and COVID-19, in turn supporting the reduction in delayed discharges.
- 4.5 It was agreed this process needed to be developed in partnership with providers and a steering group was set up jointly led by the contract manager, contract team and our Independent Sector Lead for Scottish Care. In the testing phase commissioned partners were invited to be flexible with how best to use any downtime to meet service users outcomes within agreed parameters of: enablement such as learning how to use technology to self-manage their condition or set reminders for medication, reablement such as practice to regain skills or build confidence following discharge or a fall, enhanced support to prevent deterioration such as additional support with nutrition and hydration or additional visits to prevent admission to hospital or a care home, and training.
- 4.6 Feedback was received from 21 service users, 171 staff members and 19 organisations (22 now provide services within Dundee but 3 already paid full shift costs and did not wish to affect the data so did not respond, one of the respondents also pay full shift costs). Of the 19 who responded only 12 are providing regular services within Dundee and included in the dataset for financial purposes. All feedback was very positive and highlighted access to rapid support, reduced inequalities, more personalised services, prevention of decline and hospital admission, improvements in recruitment and retention, financial stability for both organisations and staff, continuity of care and improved service reliability, less anxiety and higher morale and motivation in the workforce.

- 4.7 18 out of the 21 case studies and service user feedback highlighted a belief that the use of this periodic downtime had prevented admission to hospital. The average length of stay under geriatric medicine from February 2022 to January 2023 was 12 days. At an estimated cost of £287 per day this equates to a potential saving of £61,992 for the 6-month period for these case studies alone.
- 4.8 Due to data quality issues we do not have data on the overall number of service users supported with additional periodic services with some semi planned service provision reported via the actuals but most of the additional periodic support being included in the shift payments. As a result, the initial additional cost of full shift payments has not separated out the additional service provision delivered as a result. This will be rectified in the next phase of this work. Additionally, one provider reported a 99.7% additional cost which on investigation was due to data quality with the IT recording system entries (CM2000) with all 3 providers still using CM2000 having similar data quality issues artificially inflating the additional costs substantially and have therefore been excluded from the dataset. One small provider reported 0% additional cost due to a different way of scheduling and reports no downtime but is included as this was cost neutral. One provider was subject to a Large-Scale Inquiry (LSI), transferred many complex care packages to other providers and only resumed full service provision in February resulting in an additional cost of 48.1%. They have also been excluded for data purposes although full data is included in section 3.3 for transparency.
- 4.9 The phase two test of change is to formalise the processes and data collation and use a more targeted approach to maximise the benefits for service users. The Independent Living Review Team are working in partnership with external providers to support the achievement of positive independent living outcomes for Service users. The initial test has identified the key areas to maximise the benefits of any periodic downtime. They will work with providers and the service user to set meaningful goals with a focus on mobility, falls prevention, increasing confidence and safety and improving the health and wellbeing for that individual. This will be achieved by supporting the providers care workforce, to use the down time within rotas to undertake tasks to help the service user achieve independence.
- 4.10 Key areas:
- Assessment and review of an individual's functional abilities and support needs to promote independent living.
 - Enabling independence in the home environment.
 - Working directly with care providers to support in rehabilitation approaches and create a culture of enablement, reablement and supported self-management (supporting care workers to assist in meeting the person's prescribed goals /Independent Living Review Team (ILRT) specific tasks)
 - Robust review of care and support packages both at initial implementation stage, and after changes in need.
 - Optimising the use of available resources.
 - Identify and deliver on the skills & training required for Carers
 - The ILRT were set up to provide short term immediate assessment, provision of basic equipment and show any carers involved simple rehab approaches, to help reduce unnecessary dependence on packages of care (PoC) ensuring we maximise the use of scarce resources including Social Care and OTs.
- 4.11 The second phase test of change will commence with 1 external provider, focussing on current service user's they support but also new service users that have been allocated via the Resource Matching Unit. The current practice and use of downtime will continue across all providers with further transitions to a more focused approach over the remainder of this financial year.

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

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

Risk 1 Description	If the fair working principles are not embedded into future contracts the risks to service users is greater dependence on social care services, reduced quality of life, increased hospital admissions and delayed discharges leading to further increasing costs, increasing unmet need and escalation of risk to service users.
Risk Category	Financial, Political
Inherent Risk Level	Likelihood (3) x Impact (4) = Risk Scoring (12)
Mitigating Actions (including timescales and resources)	The current increased cost is leading to significant reductions in both bed days and social care unmet need. This in turn is expected to result in financial savings over the following 2-3 financial years.
Residual Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6)
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6)
Approval recommendation	The IJB is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

Risk 2 Description	The risks to staff and organisations include destabilisation of the market and recruitment and retention of social care staff. Without full cost of shift payments staff would not be paid the National Minimum Wage and would be significantly below the National Living Wage.
Risk Category	Governance, Political
Inherent Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9)
Mitigating Actions (including timescales and resources)	The test of change has stabilised both the market and recruitment and retention. Staff are engaging well and the new contracts would allow us to formalise the need to use the downtime more effectively reducing costs.
Residual Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6)
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6)
Approval recommendation	The IJB is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

7.0 CONSULTATIONS

The Chief (Finance) Officer and the Clark were consulted in the preparation of this report. The following stakeholders were full partners in developing and evaluating this work

- Integrated Manager and Team Manager for Partnership Care at Home Services
- Independent Lead Scottish Care Rep
- Project Manager and Contract Officer DHSCP
- Commissioned Services and staff
- Service Users

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

None.

Angela Smith
Associate Locality Manager

DATE: 24 April 2023

This page is intentionally left blank



DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB30-2023
2	Date Direction issued by Integration Joint Board	21 June 2023
3	Date from which direction takes effect	21 June 2023
4	Direction to:	Dundee City Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Externally provided care at home services
7	Full text of direction	Dundee City Council is directed to commission external care at home services in line with the Fair Work principles outlined in this report.
8	Budget allocated by Integration Joint Board to carry out direction	The value of the final 2023/24 external care at home budget
9	Performance monitoring arrangements	Performance information provided to the Performance and Audit Committee and further update reporting to the IJB in 12 months time
10	Date direction will be reviewed	31 March 2024

This page is intentionally left blank

TEST OF CHANGE – PAYMENT OF SHIFT HOURS – 10/10/22 to 31/03/2023

ONLY PROVIDERS WHO TOOK PART IN THE TEST OF CHANGE HAVE BEEN INCLUDED FORM THE DATE THEY STARTED THE TEST OF CHANGE

Allied Healthcare (CM USER)									
Date	Option 2 Actual Hrs	Option 2 Hosp and Cancel Hrs	Option 3 Actual Hrs	Option 3 Missing Hrs from CM	Option 3 Final Invoice Hrs	Option 3 Hosp and Cancel Hrs	Respite Actual Hrs	Respite Hosp and Cancel Hrs	Shift Hrs
10/10/22	0.00	0.00	0.00	0.00	670.06	7.00	0.00	0.00	1,038.25
17/10/22	0.00	0.00	0.00	27.50		1.50	0.00	0.00	1,047.00
24/10/22	0.00	0.00	0.00	41.75		39.00	0.00	0.00	1,057.50
31/10/22	0.00	0.00	0.00	41.75		49.50	0.00	0.00	1,090.45
07/11/22	0.00	0.00	0.00	42.00	3,267.75	23.75	0.00	0.00	1,099.91
14/11/22	0.00	0.00	0.00	33.00		13.00	0.00	0.00	1,126.77
21/11/22	0.00	0.00	0.00	33.25		40.00	0.00	0.00	1,116.56
28/11/22	0.00	0.00	0.00	27.25		62.00	0.00	0.00	1,113.00
05/12/22	0.00	0.00	0.00	35.25	3,202.25	66.50	0.00	0.00	1,122.55
12/12/22	0.00	0.00	0.00	59.50		48.75	0.00	0.00	1,120.16
19/12/22	0.00	0.00	0.00	59.75		58.25	0.00	0.00	1,090.50
26/12/22	0.00	0.00	0.00	60.25		36.25	0.00	0.00	1,099.84
02/01/23	0.00	0.00	0.00	134.00	3,103.75	20.25	0.00	0.00	1,114.00
09/01/23	0.00	0.00	0.00	0.00		52.25	0.00	0.00	1,110.05
16/01/23	0.00	0.00	0.00	0.00		28.75	0.00	0.00	1,107.50
23/01/23	0.00	0.00	0.00	5.50		61.00	0.00	0.00	1,129.63
30/01/23	0.00	0.00	0.00	15.75	3,127.50	34.50	0.00	0.00	1,145.59
06/02/23	0.00	0.00	0.00	1.50		5.25	0.00	0.00	1,150.72
13/02/23	0.00	0.00	0.00	7.25		8.50	0.00	0.00	1,215.20
20/02/23	0.00	0.00	0.00	7.50		41.75	0.00	0.00	1,268.49
27/02/23	0.00	0.00	0.00	7.50	3,383.25	27.00	0.00	0.00	1,298.39
06/03/23	0.00	0.00	0.00	221.00		14.75	0.00	0.00	1,286.59
13/03/23	0.00	0.00	0.00	206.75		0.75	0.00	0.00	1,274.65
20/03/23	0.00	0.00	0.00	205.25		11.50	0.00	0.00	1,229.70
27/03/23-31/03/23	0.00	0.00	0.00	148.21	2,902.48	0.50	0.00	0.00	933.22
Totals	0.00	0.00	0.00	1,421.46	19,657.04	752.25	0.00	0.00	28,386.22

Call-In Homecare							
Date	Option 2 Actual Hrs	Option 2 Hosp and Cancel Hrs	Option 3 Actual Hrs	Option 3 Hosp and Cancel Hrs	Respite Actual Hrs	Respite Hosp and Cancel Hrs	Shift Hrs
10/10/22							
17/10/22							
24/10/22							
31/10/22							
07/11/22							
14/11/22							
21/11/22							
28/11/22	0.00	0.00	1,029.75	61.50	0.00	0.00	1,181.00
05/12/22	0.00	0.00	1,034.50	48.50	0.00	0.00	1,226.00
12/12/22	0.00	0.00	1,000.50	72.00	0.00	0.00	1,182.75
19/12/22	0.00	0.00	938.75	50.00	0.00	0.00	1,198.50
26/12/22	0.00	0.00	972.50	21.25	0.00	0.00	1,172.75
02/01/23	0.00	0.00	1,034.50	20.00	0.00	0.00	1,200.75
09/01/23	0.00	0.00	1,022.25	30.25	0.00	0.00	1,187.75
16/01/23	0.00	0.00	1,071.25	25.50	0.00	0.00	1,287.50
23/01/23	0.00	0.00	1,074.25	35.00	0.00	0.00	1,323.50
30/01/23	0.00	0.00	1,042.25	56.25	0.00	0.00	1,340.25
06/02/23	0.00	0.00	1,042.50	56.00	0.00	0.00	1,339.00
13/02/23	0.00	0.00	1,064.50	41.00	0.00	0.00	1,326.00
20/02/23	0.00	0.00	1,057.75	49.00	0.00	0.00	1,340.25
27/02/23	0.00	0.00	1,073.25	41.00	0.00	0.00	1,339.50
06/03/23	0.00	0.00	1,190.50	48.00	0.00	0.00	1,512.25
13/03/23	0.00	0.00	1,209.00	31.00	0.00	0.00	1,495.25
20/03/23	0.00	0.00	1,175.75	28.75	0.00	0.00	1,427.00
27/03/23-31/03/23	0.00	0.00	820.25	54.75	0.00	0.00	1,057.50
Totals	0.00	0.00	18,854.00	769.75	0.00	0.00	23,137.50
Total Payable (Actual + Hosp/Cancel Hrs):-	19,623.75						
Cost £ (Actual + Hosp/Cancel Hrs):-	£394,044.90						
Total Payable (Shift Hrs):-	23,137.50						
Cost £ (Shift Hrs):-	£464,601.00						
Additional Cost £:-	£70,556.10						
Additional Cost %:-	17.9%						

Crossroads							
Date	Option 2 Actual Hrs	Option 2 Hosp and Cancel Hrs	Option 3 Actual Hrs	Option 3 Hosp and Cancel Hrs	Respite Actual Hrs	Respite Hosp and Cancel Hrs	Shift Hrs
10/10/22							
17/10/22							
24/10/22							
31/10/22							
07/11/22							
14/11/22							
21/11/22							
28/11/22							
05/12/22							
12/12/22	0.00	0.00	414.50	0.00	22.00	0.00	438.75
19/12/22	0.00	0.00	395.50	0.00	19.00	0.00	451.00
26/12/22	0.00	0.00	399.00	0.00	19.00	0.00	447.75
02/01/23	0.00	0.00	376.50	0.00	22.00	0.00	479.75
09/01/23	0.00	0.00	426.00	9.75	22.00	0.00	459.50
16/01/23	0.00	0.00	404.75	5.50	22.00	0.00	460.50
23/01/23	0.00	0.00	372.75	4.50	22.00	0.00	477.00
30/01/23	0.00	0.00	368.75	16.00	22.00	0.00	476.00
06/02/23	0.00	0.00	382.75	9.00	19.00	0.00	450.25
13/02/23	0.00	0.00	360.50	34.00	22.00	0.00	453.50
20/02/23	0.00	0.00	356.75	38.00	22.00	0.00	460.25
27/02/23	0.00	0.00	400.00	68.00	19.00	0.00	508.50
06/03/23	0.00	0.00	399.50	55.00	16.00	0.00	493.00
13/03/23	0.00	0.00	398.50	55.25	19.00	0.00	495.00
20/03/23	0.00	0.00	370.25	92.25	14.00	0.00	504.50
27/03/23-31/03/23	0.00	0.00	294.50	47.25	17.00	0.00	358.75
Totals	0.00	0.00	6,120.50	434.50	318.00	0.00	7,414.00
Total Payable (Actual + Hosp/Cancel Hrs):-	6,873.00						
Cost £ (Actual + Hosp/Cancel Hrs):-	£138,009.84						
Total Payable (Shift Hrs):-	7,414.00						
Cost £ (Shift Hrs):-	£148,873.12						
Additional Cost £:-	£10,863.28						
Additional Cost %:-	7.9%						

TayCare at Home							
Date	Option 2 Actual Hrs	Option 2 Hosp and Cancel Hrs	Option 3 Actual Hrs	Option 3 Hosp and Cancel Hrs	Respite Actual Hrs	Respite Hosp and Cancel Hrs	Shift Hrs
10/10/22	108.75	8.50	217.00	0.50	0.00	0.00	419.58
17/10/22	122.50	0.75	215.25	11.50	0.00	0.00	468.42
24/10/22	122.00	0.50	220.75	14.75	0.00	0.00	434.92
31/10/22	114.50	8.00	232.00	7.25	0.00	0.00	408.83
07/11/22	121.75	0.75	237.50	5.00	0.00	0.00	395.83
14/11/22	122.50	0.00	236.00	6.75	0.00	0.00	402.92
21/11/22	122.50	0.00	233.75	4.75	0.00	0.00	402.58
28/11/22	120.75	1.75	234.50	2.50	0.00	0.00	409.58
05/12/22	122.00	0.50	218.25	18.75	0.00	0.00	396.50
12/12/22	119.50	3.00	213.00	5.00	0.00	0.00	410.25
19/12/22	100.25	22.25	195.50	23.25	0.00	0.00	400.50
26/12/22	102.75	20.75	189.75	29.75	0.00	0.00	396.67
02/01/23	116.75	5.75	211.00	12.25	0.00	0.00	390.25
09/01/23	123.50	0.00	215.00	14.25	0.00	0.00	383.92
16/01/23	116.25	10.25	203.75	21.25	0.00	0.00	392.25
23/01/23	116.50	0.75	203.75	3.50	0.00	0.00	354.67
30/01/23	120.75	5.75	217.75	4.00	0.00	0.00	374.67
06/02/23	108.75	17.25	220.25	8.00	0.00	0.00	361.50
13/02/23	98.75	27.50	215.75	9.25	0.00	0.00	354.50
20/02/23	111.50	10.75	216.25	9.50	0.00	0.00	370.67
27/02/23	105.00	11.25	224.00	4.00	0.00	0.00	376.67
06/03/23	103.25	12.25	213.50	12.75	0.00	0.00	395.25
13/03/23	110.75	5.25	214.00	8.50	0.00	0.00	373.42
20/03/23	115.50	1.50	207.00	8.50	0.00	0.00	379.92
27/03/23-31/03/23	81.75	2.00	145.50	4.50	0.00	0.00	260.92
Totals	2,828.75	177.00	5,350.75	250.00	0.00	0.00	9,715.16
Total Payable (Actual + Hosp/Cancel Hrs):-	8,606.50						
Cost £ (Actual + Hosp/Cancel Hrs):-	£172,818.52						
Total Payable (Shift Hrs):-	9,715.16						
Cost £ (Shift Hrs):-	£195,080.48						
Additional Cost £:-	£22,261.96						
Additional Cost %:-	12.9%						

TLA							
Date	Option 2 Actual Hrs	Option 2 Hosp and Cancel Hrs	Option 3 Actual Hrs	Option 3 Hosp and Cancel Hrs	Respite Actual Hrs	Respite Hosp and Cancel Hrs	Shift Hrs
10/10/22	523.50	19.50	399.75	12.25	4.00	0.00	1,030.00
17/10/22	522.00	19.50	414.25	12.00	4.00	0.00	1,077.75
24/10/22	517.50	19.50	424.25	0.00	4.00	0.00	1,035.75
31/10/22	534.25	6.00	424.25	0.00	4.00	0.00	1,056.00
07/11/22	542.50	0.00	424.25	0.00	4.00	0.00	1,069.75
14/11/22	538.75	0.00	426.25	0.00	4.00	0.00	1,027.75
21/11/22	540.75	0.00	424.25	0.00	4.00	0.00	1,059.75
28/11/22	531.25	8.00	370.25	56.00	4.00	0.00	1,057.75
05/12/22	540.75	8.00	310.25	123.00	0.00	4.00	1,029.50
12/12/22	547.25	0.00	362.75	56.50	0.00	4.00	1,095.00
19/12/22	546.00	0.00	373.75	24.50	0.00	0.00	1,044.75
26/12/22	514.00	31.50	385.75	14.00	0.00	0.00	1,029.25
02/01/23	495.75	25.50	376.75	14.00	0.00	0.00	1,019.00
09/01/23	468.25	35.00	392.75	0.00	0.00	0.00	994.25
16/01/23	465.25	35.00	384.75	12.00	0.00	0.00	985.75
23/01/23	463.75	15.00	384.75	0.00	0.00	0.00	940.25
30/01/23	462.00	2.00	384.75	0.00	0.00	0.00	878.75
06/02/23	457.50	3.75	386.75	0.00	0.00	0.00	868.50
13/02/23	462.00	5.25	385.25	0.00	0.00	0.00	902.75
20/02/23	421.25	44.50	385.00	0.00	0.00	0.00	868.25
27/02/23	466.75	9.75	344.00	42.25	0.00	0.00	902.00
06/03/23	461.75	6.50	335.75	52.50	0.00	0.00	915.75
13/03/23	468.00	0.00	447.00	66.00	0.00	0.00	1,183.75
20/03/23	468.00	0.00	454.00	91.00	0.00	0.00	1,254.00
27/03/23-31/03/23	347.00	9.50	337.75	49.50	0.00	0.00	800.00
Totals	12,305.75	303.75	9,739.25	625.50	32.00	8.00	25,126.00
Total Payable (Actual + Hosp/Cancel Hrs):-	23,014.25						
Cost £ (Actual + Hosp/Cancel Hrs):-	£462,126.14						
Total Payable (Shift Hrs):-	25,126.00						
Cost £ (Shift Hrs):-	£504,530.08						
Additional Cost £:-	£42,403.94						
Additional Cost %:-	9.2%						

Avenue Care							
Date	Option 2 Actual Hrs	Option 2 Hosp and Cancel Hrs	Option 3 Actual Hrs	Option 3 Hosp and Cancel Hrs	Respite Actual Hrs	Respite Hosp and Cancel Hrs	Shift Hrs
10/10/22	0.00	0.00	373.50	61.50	0.00	0.00	495.25
17/10/22	0.00	0.00	384.25	50.75	0.00	0.00	493.00
24/10/22	0.00	0.00	417.00	3.50	0.00	0.00	465.00
31/10/22	0.00	0.00	407.00	10.00	0.00	0.00	494.00
07/11/22	0.00	0.00	395.50	18.00	0.00	0.00	486.00
14/11/22	0.00	0.00	384.25	28.50	0.00	0.00	461.75
21/11/22	0.00	0.00	370.00	48.75	0.00	0.00	471.75
28/11/22	0.00	0.00	383.50	32.25	0.00	0.00	465.50
05/12/22	0.00	0.00	396.50	21.50	0.00	0.00	480.25
12/12/22	0.00	0.00	361.00	51.00	0.00	0.00	464.75
19/12/22	0.00	0.00	344.25	54.25	0.00	0.00	460.00
26/12/22	0.00	0.00	346.00	59.00	0.00	0.00	461.00
02/01/23	0.00	0.00	381.75	20.25	0.00	0.00	473.50
09/01/23	0.00	0.00	367.75	24.25	0.00	0.00	459.25
16/01/23	0.00	0.00	396.50	8.00	0.00	0.00	472.50
23/01/23	0.00	0.00	377.75	36.50	0.00	0.00	483.75
30/01/23	0.00	0.00	402.00	40.75	0.00	0.00	492.75
06/02/23	0.00	0.00	407.00	36.50	0.00	0.00	519.75
13/02/23	0.00	0.00	409.25	21.25	0.00	0.00	490.25
20/02/23	0.00	0.00	395.00	17.50	0.00	0.00	496.25
27/02/23	0.00	0.00	446.75	41.00	0.00	0.00	621.50
06/03/23	0.00	0.00	478.25	32.00	0.00	0.00	610.75
13/03/23	0.00	0.00	489.75	23.50	0.00	0.00	602.75
20/03/23	0.00	0.00	479.00	36.00	0.00	0.00	631.00
27/03/23-31/03/23	0.00	0.00	407.00	24.00	0.00	0.00	536.00
Totals	0.00	0.00	10,000.50	800.50	0.00	0.00	12,588.25
Total Payable (Actual + Hosp/Cancel Hrs):-	10,801.00						
Cost £ (Actual + Hosp/Cancel Hrs):-	£216,884.08						
Total Payable (Shift Hrs):-	12,588.25						
Cost £ (Shift Hrs):-	£252,772.06						
Additional Cost £:-	£35,887.98						
Additional Cost %:-	16.5%						

Mitchell & Murdoch Care							
Date	Option 2 Actual Hrs	Option 2 Hosp and Cancel Hrs	Option 3 Actual Hrs	Option 3 Hosp and Cancel Hrs	Respite Actual Hrs	Respite Hosp and Cancel Hrs	Shift Hrs
10/10/22	380.75	0.00	0.00	0.00	0.00	0.00	442.20
17/10/22	371.75	0.00	0.00	0.00	0.00	0.00	459.17
24/10/22	365.00	0.00	0.00	0.00	0.00	0.00	462.76
31/10/22	378.00	0.00	0.00	0.00	0.00	0.00	395.75
07/11/22	372.50	0.00	0.00	0.00	0.00	0.00	411.33
14/11/22	374.50	0.00	0.00	0.00	0.00	0.00	501.67
21/11/22	358.50	42.00	0.00	0.00	0.00	0.00	603.00
28/11/22	344.50	40.75	0.00	0.00	0.00	0.00	686.00
05/12/22	358.50	42.00	0.00	0.00	0.00	0.00	686.00
12/12/22	399.75	42.00	0.00	0.00	0.00	0.00	686.00
19/12/22	400.00	38.00	0.00	0.00	0.00	0.00	686.00
26/12/22	408.50	27.50	0.00	0.00	0.00	0.00	686.00
02/01/23	418.75	18.25	0.00	0.00	0.00	0.00	686.00
09/01/23	438.00	6.50	0.00	0.00	0.00	0.00	686.00
16/01/23	448.50	5.50	0.00	0.00	0.00	0.00	686.00
23/01/23	456.00	3.50	0.00	0.00	0.00	0.00	686.00
30/01/23	451.50	7.00	0.00	0.00	0.00	0.00	686.00
06/02/23	446.75	20.50	0.00	0.00	0.00	0.00	686.00
13/02/23	426.50	48.50	0.00	0.00	0.00	0.00	686.00
20/02/23	422.75	27.75	0.00	0.00	0.00	0.00	686.00
27/02/23	410.25	33.25	0.00	0.00	0.00	0.00	686.00
06/03/23	410.25	33.25	0.00	0.00	0.00	0.00	686.00
13/03/23	410.25	33.25	0.00	0.00	0.00	0.00	686.00
20/03/23	477.25	31.50	0.00	0.00	0.00	0.00	874.00
27/03/23-31/03/23	473.25	23.00	0.00	0.00	0.00	0.00	673.50
Totals	10,202.25	524.00	0.00	0.00	0.00	0.00	15,799.38
Total Payable (Actual + Hosp/Cancel Hrs):-	10,726.25						
Cost £ (Actual + Hosp/Cancel Hrs):-	£215,383.10						
Total Payable (Shift Hrs):-	15,799.38						
Cost £ (Shift Hrs):-	£317,251.55						
Additional Cost £:-	£101,868.45						
Additional Cost %:-	47.3%						

Summary Totals - All Providers																			
Provider	Cost £ (Actual + Hosp/Cancel Hrs)	Cost £ (Shift Hrs)	Additional Cost £	Additional Cost %															
Allied Healthcare	£438,361.64	£569,995.30	£131,633.66	30.0%															
Blackwood	£100,682.02	£201,074.09	£100,392.08	99.7%															
British Red Cross	£442,794.79	£623,356.89	£180,562.11	40.8%															
Call-in Homecare	£394,044.90	£464,601.00	£70,556.10	17.9%															
My Care	£935,208.79	£1,029,760.49	£94,551.70	10.1%															
Prestige Nursing & Care	£362,453.14	£536,823.74	£174,370.60	48.1%															
Crossroads	£138,009.84	£148,873.12	£10,863.28	7.9%															
TayCare at Home	£172,818.52	£195,080.48	£22,261.96	12.9%															
TLA	£462,126.14	£504,530.08	£42,403.94	9.2%															
Avenue Care	£216,884.08	£252,772.06	£35,887.98	16.5%															
Family Friends Homecare	£70,229.80	£70,229.80	£0.00	0.0%															
Mitchell & Murdoch Care	£215,383.10	£317,251.55	£101,868.45	47.3%															
Totals	£3,948,996.75	£4,914,348.60	£965,351.84	24.4%															
Average 28.4% (Median 17.2%)																			

Excluding the 3 CM users and LSI
Summary

£2,983,098.58 Cost of all 8 shift hours
£4,914,348.60 Cost of all 12 shift hours
1.647397318 multiplication factor for estimating full cost
£378,393.41 additional cost of 8 providers
£623,364.29 Estimated true cost

Excluding the 2 Outliers - Blackwood (99.7%) and Family Friends (0.0%)				
Provider	Cost £ (Actual + Hosp/Cancel Hrs)	Cost £ (Shift Hrs)	Additional Cost £	Additional Cost %
Allied Healthcare	£438,361.64	£569,995.30	£131,633.66	30.0%
British Red Cross	£442,794.79	£623,356.89	£180,562.11	40.8%
Call-In Homecare	£394,044.90	£464,601.00	£70,556.10	17.9%
My Care	£935,208.79	£1,029,760.49	£94,551.70	10.1%
Prestige Nursing & Care	£362,453.14	£536,823.74	£174,370.60	48.1%
Crossroads	£138,009.84	£148,873.12	£10,863.28	7.9%
TayCare at Home	£172,818.52	£195,080.48	£22,261.96	12.9%
TLA	£462,126.14	£504,530.08	£42,403.94	9.2%
Avenue Care	£216,884.08	£252,772.06	£35,887.98	16.5%
Mitchell & Murdoch Care	£215,383.10	£317,251.55	£101,868.45	47.3%
Totals	£3,778,084.94	£4,643,044.71	£864,959.77	22.9%
			Average 24.1% (Median 17.2%)	

Excluding the 1 Outlier - Blackwood (99.7%)				
Provider	Cost £ (Actual + Hosp/Cancel Hrs)	Cost £ (Shift Hrs)	Additional Cost £	Additional Cost %
Allied Healthcare	£438,361.64	£569,995.30	£131,633.66	30.0%
British Red Cross	£442,794.79	£623,356.89	£180,562.11	40.8%
Call-In Homecare	£394,044.90	£464,601.00	£70,556.10	17.9%
My Care	£935,208.79	£1,029,760.49	£94,551.70	10.1%
Prestige Nursing & Care	£362,453.14	£536,823.74	£174,370.60	48.1%
Crossroads	£138,009.84	£148,873.12	£10,863.28	7.9%
TayCare at Home	£172,818.52	£195,080.48	£22,261.96	12.9%
TLA	£462,126.14	£504,530.08	£42,403.94	9.2%
Avenue Care	£216,884.08	£252,772.06	£35,887.98	16.5%
Family Friends Homecare	£70,229.80	£70,229.80	£0.00	0.0%
Mitchell & Murdoch Care	£215,383.10	£317,251.55	£101,868.45	47.3%
Totals	£3,848,314.74	£4,713,274.51	£864,959.77	22.5%
			Average 21.9% (Median 16.5%)	

Excluding the 3 CM users - Allied (30%), Blackwood (99.7%), BRC (40.8%) & LSI Prestige (48.1%)					
Provider	Cost £ (Actual + Hosp/Cancel Hrs)	Cost £ (Shift Hrs)	Additional Cost £	Additional Cost %	
Call-In Homecare	£394,044.90	£464,601.00	£70,556.10	17.9%	
My Care	£935,208.79	£1,029,760.49	£94,551.70	10.1%	
Crossroads	£138,009.84	£148,873.12	£10,863.28	7.9%	
TayCare at Home	£172,818.52	£195,080.48	£22,261.96	12.9%	
TLA	£462,126.14	£504,530.08	£42,403.94	9.2%	
Avenue Care	£216,884.08	£252,772.06	£35,887.98	16.5%	
Family Friends Homecare	£70,229.80	£70,229.80	£0.00	0.0%	
Mitchell & Murdoch Care	£215,383.10	£317,251.55	£101,868.45	47.3%	
Totals	£2,604,705.17	£2,983,098.58	£378,393.41	14.5%	
			Average 15.2% (Median 11.5%)		

This page is intentionally left blank

Dundee Integration Joint Board Integrated Impact Assessment

Part 1 - Pre-Integrated Impact Assessment Screening.

NB For Dundee City Council Committees the Citrix Firm Step Process must be used.

This word document can be completed and information transferred to Firm Step if required.

Title of Report/Project/Strategy	FAIRER WORKING CONDITIONS – HOME CARE (Update)
Lead Officer for Report/Project/Strategy (Name and Job Title)	Angie Smith, Associate Locality Manager
Name and email of Officer Completing the Screening Tool	Angie Smith, angela.smith@dundeecity.gov.uk
List of colleagues contributing information for Screening and IIA	David Phillips Integrated Manager, Carole Brunton Scottish Care Rep, Alison Mead Team Manager, Joanna Guild Project Manager, Craig Willox Contract Officer, Commissioned Services and staff, Service Users.
Screening Completion Date	18/05/2023
Name and Email of Senior Officer to be Notified when Screening complete	

Is there a clear indication that an IIA is needed? Mark one box only		
<input checked="" type="checkbox"/>	YES	Proceed to IIA
<input type="checkbox"/>	NO	<i>Continue with Screening Process</i>

Is the purpose of the Committee document the approval of any of the following Mark one box either Yes or No					
<i>NB When yes to any of the following proceed to IIA document.</i>					
	Yes			No	
A major Strategy/Plan, Policy or Action Plan	<input type="checkbox"/>	<i>Proceed directly to IIA</i>		<input type="checkbox"/>	<i>Continue with Screening Process</i>
An area or partnership-wide Plan	<input type="checkbox"/>	<i>Proceed directly to IIA</i>		<input type="checkbox"/>	<i>Continue with Screening Process</i>
A Plan, programme or Strategy that sets the framework for future development consents	<input type="checkbox"/>	<i>Proceed directly to IIA</i>		<input type="checkbox"/>	<i>Continue with Screening Process</i>
The setting up of a body such as a Commission or Working Group	<input type="checkbox"/>	<i>Proceed directly to IIA</i>		<input type="checkbox"/>	<i>Continue with Screening Process</i>
An update to a Plan	<input type="checkbox"/>	<i>Proceed directly to IIA</i>		<input type="checkbox"/>	<i>Continue with Screening Process</i>

There a number of reports which do not automatically require an IIA. If your report does not automatically require an IIA you should consider if an IIA is needed by completing the checklist on following page.

These include: An annual report or progress report on an existing plan / A service redesign / A report on a survey, or stating the results of research. / Minutes, e.g. of Sub-Committees. / A minor contract that does not impact on the wellbeing of the public. / An appointment, e.g. councillors to outside bodies, Senior officers, or independent chairs. / Ongoing Revenue expenditure monitoring. / Notification of proposed tenders. / Noting of a report or decision made by another Committee including noting of strategy, policies and plans approved elsewhere.

Dundee Integration Joint Board Integrated Impact Assessment

Only complete the checklist on the following page whenever your report does not automatically require an Integrated Impact Assessment otherwise delete the page prior to proceeding to IIA. Part 1 (continued) Pre-Integrated Impact Assessment Screening.

Screening Checklist for IIA Completion. When yes to any of the following proceed to IIA document.

Will the recommendations in the report impact on anyone in relation to any of the Protected Characteristics? <i>Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on People's Human Rights? <i>For more information on Human Rights visit: https://www.scottishhumanrights.com</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone residing in a Community Regeneration Area (CRA)? <i>Within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone in more vulnerable types of households? <i>Lone parent families (especially single female parents); households with a greater number of children and/or young children; pensioner households (single or couple)</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone experiencing the following issues? <i>Unskilled or unemployed and of working age; serious and enduring mental health; homelessness (potential homelessness); drug and/or alcohol.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone in the following more vulnerable groups? <i>Offenders and ex-offenders; looked after children and care leavers; carers.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on any of the following? <i>Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report on Climate Change or Resource Use? <i>Mitigating greenhouse gases; adapting to the effects of climate change. or Energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on Transport? <i>Accessible transport provision; sustainable modes of transport.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on the Natural Environment? <i>Air, land or water quality; biodiversity; open and green spaces.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on the Built Environment? <i>Built heritage; housing.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
<p><i>When no to everything in the above screening process you must contact 'Senior Officer to be Notified on Completion' and present a copy of this Screening tool with IJB Report. Otherwise proceed to IIA.</i></p> <p><i>* Transfer information into the Firm Step Process when report is progressing to Council Committee.</i></p>	

The following document includes all questions in DCC IIA- The Dundee City Council IIA Guidance document can be found [here](#).

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment

Integrated Impact Assessment Record

Report Author	Angie Smith
Author Title	Associate Locality Manager
Dundee Health and Social Care Partnership	
Author Email	angela.smith@dundeecity.gov.uk
Author Telephone	07824 528276
Author Address	Claverhouse East, 1 Jack Martin Way, Dundee, DD4 9FF

IJB Chief Executive	Vicky Irons
Email	Vicky.iron@dundeecity.gov.uk
Telephone	01382 434000
Address	Claverhouse East, Jack Martin Way, Dundee

Document Title	FAIRER WORKING CONDITIONS – HOME CARE (Update)
IJB Report Number	
Document Type	Update to previous proposal and authorisation request.
New or Existing Document?	Relates to DIJB5-2022
Document Description	The purpose of this report is to update the Integration Joint Board regarding ongoing work to consistently implement good practice principles for fairer work with commissioned providers of home care services.
Intended Outcome	Embed fair working principles into commissioned contracts and improve outcomes for the citizens of Dundee.
Planned Implementation Date	Process to commence on approval of this report.
Planned End Date	31 st March 2024
How the proposal will be monitored and how frequently	Monthly returns from providers matched to actuals / data (value for money and reducing or stabilising unmet need) and outcomes (quality of support). Quarterly review of data and feedback in the first year then annually.
Planned IIA review dates	
IIA Completion Date	
Anticipated date of IJB	21 June 2023

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

Officer	People/groups	Activity/Activities	Date
David Phillips / Carole Brunton, Alison Mead	Scottish Care, Commissioned Services, Staff and Service Users	Service user feedback, Social Care Worker feedback, Organisational feedback, Results from Questionnaires, Outcomes, Case Studies, measuring recruitment and retention, Provider updates at contract monitoring meetings	Various

Dundee Integration Joint Board Integrated Impact Assessment

Joanna Guild / Craig Willox		Data analysis and monitoring of service provision, unmet need and both qualitative and quantitative data regarding impacts for service users and staff.	Various

Equality and Fairness Impact Assessment Conclusion

(complete after considering impacts through completing questions on next pages)

Through test of change, feedback, data and surveys this initiative has demonstrated some clear positive equality impacts for service users and (unpaid) carers. Service users, who are predominately older people and people with disabilities. The predominantly female workforce has benefitted and will benefit from the Fair work that has been introduced and from stability and continuity of employment. There are opportunities for upskilling and for people who are affected by financial disadvantage.

The implementation of the policy will be closely monitored and any potential negative impacts identified.

The implementation of this plan will increase sustainability of home-based social care in Dundee and increase the recruitment and retention of staff as well as providing an increase in quality of provision with increased time for workers to support service users.

PART 2- Assessment (continued)

When assessing impacts throughout this document an explanation is required when a positive, negative or not known impact is selected. There may be positive and negative impacts for the protected group described. For not known this should indicate if further research is needed and if not, why not. When there is No Impact identified, no narrative is required.

Equality, Diversity & Human Rights Indicate Yes or No by marking Y or N in each Box

Age	Y/N	Explanation, assessment and any potential mitigations
Positive	Y	During the test of change the feedback and data evidenced positive outcomes predominantly for adults over 65 but also younger adults with physical disabilities.
No Impact	N	
Negative	N	
Not Known	N	
Disability	Y/N	Explanation, assessment and potential mitigations
Positive	Y	The use of paid downtime was used to support people with enhanced support needs to improve independence and reablement, prevent hospital admission and improve health and wellbeing.
No Impact	N	
Negative	N	
Not Known	N	
Gender Reassignment	Y/N	Explanation, assessment and potential mitigations
Positive	N	The questionnaires did not ask any potentially identifiable information and none of the case studies noted gender reassignment. It is expected there will be no impact but on a case by case basis could provide improved outcomes. While the policy is implemented we will continue to take note of any evidence that might give more information about potential impacts that might arise from research evidence or implementation and take appropriate action as well as discussing at review stage.
No Impact	Y	
Negative	N	
Not Known	Y/?	
Marriage & Civil Partnership	Y/N	Explanation, assessment and potential mitigations
Positive	N	None of the case studies or comments noted any potential direct impact but several staff members noted less stress at home and one noted improved relationships due the stability in finances benefiting their mental wellbeing.
No Impact	Y	
Negative	N	
Not Known	N	
Race & Ethnicity	Y/N	Explanation, assessment and potential mitigations
Positive	N	

Dundee Integration Joint Board Integrated Impact Assessment

No Impact	Y	Whilst none of the comments / case studies noted impacts for race & ethnicity, the down time could in future be used to provide related improved outcomes. While the policy is implemented we will continue to take note of any evidence that might give more information about potential impacts that might arise from research evidence or implementation and take appropriate action as well as discussing at review stage
Negative	N	
Not Known	Y	
Religion & Belief	Y/N	Explanation, assessment and potential mitigations
Positive	N	Whilst none of the comments / case studies noted impacts for religion & belief, the down time could in future be used to provide related improved outcomes. While the policy is implemented we will continue to take note of any evidence that might give more information about potential impacts that might arise from research evidence or implementation and take appropriate action as well as discussing at review stage
No Impact	N	
Negative	N	
Not Known	Y	
Sex	Y/N	Explanation, assessment and potential mitigations
Positive	Y	Fair work practices in social care potentially benefit female employees as care work continues to be a predominantly female employment.
No Impact	N	
Negative	N	
Not Known	N	
Sexual Orientation	Y/N	Explanation, assessment and potential mitigations
Positive	N	
No Impact	Y	
Negative	N	
Not Known	N	
Describe any Human Rights impacts not already covered in the Equality section above.		
The flexibility for staff to spend additional time with service users who could benefit from it increases the chance that Human Rights will be realised for service users- increased dignity will be an outcome for service users and for staff who are predicted to have increased autonomy and increased self-worth as valuable respected employees.		

PART 2- Assessment (continued)

Fairness & Poverty Geography – Describe how individuals, families and communities are affected in each area- particular consideration is needed where there are previously identified areas of deprivation.

Mark either Yes or no (Y or N) in each box

Y or N	Area	Fairness Explain Impact / Mitigations / Unknowns
Y/N	Strathmartine (Ardler, St. Mary's & Kirkton)	<p>(Note: this section of the record asks for a single, collective narrative for each of positive, negative, or not known given as a response in one or more areas)</p> <p>This is a city-wide proposal and test of change ensuring equity across all localities. The immediate benefits are fairness and increased financial stability for care at home staff working for commissioned services. The secondary benefits are: less stressed staff, many of whom are also unpaid carers. Increased financial security for service providers ensuring stability and continuity of employment across the city, improved recruitment and retention. 100% of 21 Service User respondents considered the test of change resulted in reduced inequalities. 100% considered this prevented deterioration or decline (which could lead to expensive care home costs as well as, potentially, less positive outcomes for service users who wish to remain at home.)</p>
Y	Positive	
N	No Impact	
N	Negative	
N	Not Known	
Y/N	Lochee (Lochee Beechwood, Charleston & Menzieshill)	
Y	Positive	
N	No Impact	
N	Negative	
N	Not Known	
Y/N	Coldside (Hilltown, Fairmuir & Coldside)	
Y	Positive	
N	No Impact	
N	Negative	
N	Not Known	
Y/N	Maryfield (Stobswell & City Centre)	
Y	Positive	

Dundee Integration Joint Board Integrated Impact Assessment

N	No Impact	
N	Negative	
N	Not Known	
Y/N	North East (Whitfield, Fintry & Mill O'Mains)	
Y	Positive	
N	No Impact	
N	Negative	
N	Not Known	
Y/N	East End (Mid Craigie, Linlathen & Douglas)	
Y	Positive	
N	No Impact	
N	Negative	
N	Not Known	
Y/N	The Ferry	
Y	Positive	
N	No Impact	
N	Negative	
N	Not Known	
Y/N	West End	
Y	Positive	
N	No Impact	
N	Negative	
N	Not Known	

Household Group- consider the impact on households and families may have the following people included.

Y/N	Looked After Children & Care Leavers	Explanation, assessment and any potential mitigations
N	Positive	None of the respondents supported looked after children or care leavers but it is expected any potential impacts would be positive. There may be employment opportunities for care leavers and potential fair work Impacts for all households (no evidence)
Y	No Impact	
N	Negative	
N	Not Known	
Y/N	Carers	Explanation, assessment and potential mitigations
Y	Positive	Paid downtime can be used to provide short breaks from caring on an ad hoc basis and the preventative approach reduces the burden on carers. Anticipated increased quality of life for person supported by carers will have a secondary impact
N	No Impact	
N	Negative	
N	Not Known	
Y/N	Lone Parent Families	Explanation, assessment and potential mitigations
N	Positive	The increase in fair employment opportunities may benefit lone parents in the workforce especially the anticipated increase in flexible family friendly working at hours that suit them.
Y	No Impact	
N	Negative	
N	Not Known	
Y/N	Single Female with Children	Explanation, assessment and any potential mitigations
Y	Positive	As with lone parents, especially as workforce is predominantly female
N	No Impact	
N	Negative	
N	Not Known	
Y/N	Young Children and/or Greater Number of Children	Explanation, assessment and potential mitigations
N	Positive	
Y	No Impact	
N	Negative	
N	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

Y/N	Retirement Pensioner (s)	Explanation, assessment and potential mitigations
Y	Positive	Most service users who have benefited are retired pensioners. Many staff who have benefited are above 50 and the financial stability could have positive benefits for pension planning.
N	No Impact	
N	Negative	
N	Not Known	
Y/N	Unskilled Workers and Unemployed	Explanation, assessment and any potential mitigations
Y	Positive	Increased stability across services is maintaining recruitment opportunities and training is provided to upskill the workforce. Some downtime is used to enhance training opportunities
N	No Impact	
N	Negative	
N	Not Known	
Y/N	Serious & Enduring Mental Health	Explanation, assessment and potential mitigations
Y	Positive	Downtime can be used for additional support to prevent crisis in mental health and wellbeing of service users and carers.
N	No Impact	
N	Negative	
N	Not Known	
Y/N	Homeless	Explanation, assessment and potential mitigations
Y	Positive	Potential for prevention of homelessness due to fair work being applied, also if service user has circumstances that could lead to this, it has more chance of being noticed and preventative action taken- e.g. signposting to financial help, helping avoid anti-social behaviour
N	No Impact	
N	Negative	
N	Not Known	
Y/N	Households of Single Female with Children	Explanation, assessment and any potential mitigations
Y	Positive	The increase in fair employment opportunities may benefit lone parents in the workforce especially the anticipated increase in flexible family friendly working at hours that suit them. Explanation, assessment and any potential mitigations workforce is predominantly female
N	No Impact	
N	Negative	
N	Not Known	
Y/N	Drug and/or Alcohol	Explanation, assessment and any potential mitigations
Y	Positive	Opportunity for staff to utilise down time supportively can enhance provision to service users with drug and alcohol use and enhance quality of life to help support recovery.
N	No Impact	
N	Negative	
N	Not Known	
Y/N	Offenders and Ex-Offenders	Explanation, assessment and any potential mitigations
N	Positive	
Y	No Impact	
N	Negative	
N	Not Known	

PART 2- Assessment (continued)

Socio-Economic Disadvantage- consider if the following circumstances may be impacted		
Y/N	Employment Status	Explanation, assessment and any potential mitigations
Y	Positive	Increased stability across services is maintaining recruitment opportunities
N	No Impact	
N	Negative	
N	Not Known	
Y/N	Education & Skills	Explanation, assessment and any potential mitigations
Y	Positive	Training is provided to upskill the workforce. Some downtime is used to enhance training opportunities
N	No Impact	
N	Negative	
N	Not Known	
Y/N	Income	Explanation, assessment and any potential mitigations
Y	Positive	120 of 171 staff respondents reported improved financial security, better ability to budget and helping with the cost of living due to the increased income.
N	No Impact	
N	Negative	
N	Not Known	
Y/N	Fuel Poverty	Explanation, assessment and any potential mitigations
Y	Positive	As above
N	No Impact	
N	Negative	

Dundee Integration Joint Board Integrated Impact Assessment

N	Not Known	
Y/N	Caring Responsibilities (including Childcare)	Explanation, assessment and any potential mitigations
Y	Positive	Improved income and reduced stress supports the workforce with their own unpaid caring responsibilities. The use of downtime and reablement / preventative work reduces pressures for carers of service users
N	No Impact	
N	Negative	
N	Not Known	
Y/N	Affordability & Accessibility of Services	Explanation, assessment and any potential mitigations
Y	Positive	This initiative alongside other small tests of change directly related have cut the unmet need by over 30% during the first six months of the programme significantly improving access to services for those with critical and substantial needs.
N	No Impact	
N	Negative	
N	Not Known	

Inequalities of Outcome- <i>consider if the following may be impacted</i>		
Y/N	Connectivity / Internet Access	Explanation, assessment and any potential mitigations
N	Positive	
Y	No Impact	
N	Negative	
N	Not Known	
Y/N	Income / Benefit Advice / Income Maximisation	Explanation, assessment and any potential mitigations
N	Positive	
Y	No Impact	
N	Negative	
N	Not Known	
Y/N	Employment Opportunities	Explanation, assessment and any potential mitigations
Y	Positive	Whilst this does not impact service users it does impact staff, many of whom are unpaid carers.
N	No Impact	
N	Negative	
N	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

Y/N	Education	Explanation, assessment and any potential mitigations
N	Positive	
Y	No Impact	
N	Negative	
N	Not Known	
Y/N	Health	Explanation, assessment and any potential mitigations
Y	Positive	The preventative / reablement approach reduces health inequalities by supporting access to wider services and preventing admission to hospital.
N	No Impact	
N	Negative	
N	Not Known	
Y/N	Life Expectancy	Explanation, assessment and any potential mitigations
Y	Positive	The preventative / reablement approach reduces deterioration and potentially improves life expectancy but this is difficult to evidence.
N	No Impact	
N	Negative	
N	Not Known	
Y/N	Mental Health	Explanation, assessment and any potential mitigations
Y	Positive	The use of downtime can be used to improve mental health and wellbeing outcomes. Positive benefit to both service users and staff noted.
N	No Impact	
N	Negative	
N	Not Known	
Y/N	Overweight / Obesity	Explanation, assessment and any potential mitigations
Y	Positive	The preventative / reablement approach / downtime can be used to support motivation, positive movement and weight reduction.
N	No Impact	
N	Negative	
N	Not Known	
Y/N	Child Health	Explanation, assessment and any potential mitigations
N	Positive	
Y	No Impact	
N	Negative	
N	Not Known	
Y/N	Neighbourhood Satisfaction	Explanation, assessment and any potential mitigations
N	Positive	
Y	No Impact	
N	Negative	
N	Not Known	
Y/N	Transport	Explanation, assessment and any potential mitigations
N	Positive	
Y	No Impact	
N	Negative	
N	Not Known	
Environment- Climate Change		
Y/N	Mitigating Greenhouse Gases	Explanation, assessment and any potential mitigations
Y	Positive	Whilst this test of change does not directly impact our carbon footprint the collaborative approach to commissioning and provision of services includes a collaborative approach to allocation of packages to minimise distances and thereby the carbon footprint due to the use of vehicles.
N	No Impact	
N	Negative	
N	Not Known	
Y/N	Adapting to the Effects of Climate Change	Explanation, assessment and any potential mitigations
Y	Positive	This collaborative approach supports more effective contingency planning due to severe weather events, electricity outages etc.
N	No Impact	
N	Negative	
N	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

Resource Use		
Y/N	Energy Efficiency and Consumption	Explanation, assessment and any potential mitigations
N	Positive	
Y	No Impact	
N	Negative	
N	Not Known	
Y/N	Prevention, Reduction, Re-use, Recovery, or Recycling of Waste	Explanation, assessment and any potential mitigations
N	Positive	
Y	No Impact	
N	Negative	
N	Not Known	
Y/N	Sustainable Procurement	Explanation, assessment and any potential mitigations
N	Positive	
Y	No Impact	
N	Negative	
N	Not Known	

Transport		
Y/N	Accessible Transport Provision	Explanation, assessment and any potential mitigations
N	Positive	
Y	No Impact	
N	Negative	
N	Not Known	
Y/N	Sustainable Modes of Transport	Explanation, assessment and any potential mitigations
N	Positive	
Y	No Impact	
N	Negative	
N	Not Known	

Natural Environment		
Y/N	Air, Land and Water Quality	Explanation, assessment and any potential mitigations
N	Positive	
Y	No Impact	
N	Negative	
N	Not Known	
Y/N	Biodiversity	Explanation, assessment and any potential mitigations
N	Positive	
Y	No Impact	
N	Negative	
N	Not Known	
Y/N	Open and Green Spaces	Explanation, assessment and any potential mitigations
N	Positive	
Y	No Impact	
N	Negative	
N	Not Known	

Built Environment		
Y/N	Built Heritage	Explanation, assessment and any potential mitigations
N	Positive	
Y	No Impact	
N	Negative	
N	Not Known	
Y/N	Housing	Explanation, assessment and any potential mitigations
N	Positive	
Y	No Impact	
N	Negative	
N	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

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

SEA provides economic, social and environmental benefits to current and future generations.

Use the [SEA flowchart](#) to determine whether your proposal requires SEA.

Strategic Environmental Assessment- SELECT One of the following statements		
Y	No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005	(No further response needed)
	It has been determined that the proposal will have no or minimal environmental effects. The reason(s) for this determination are set out in the following SEA pre-screening determination section	<i>SEA Pre-Screening Determination: Explain how you made the determination that the Plan, Programme or Strategy will have no or minimal negative environmental effect:</i>
	Screening has determined that the proposal is unlikely to have any significant environmental effects. The reason(s) for this determination are set out in the Screening Report, a copy of which will be available to view at www.dundee.gov.uk/cplanning/sea	<i>Insert the 'Summary of Environmental Effects' from your SEA screening report</i>
	Screening has determined that the proposal is likely to have significant environmental effects and as a consequence an environmental assessment is necessary. A Scoping Report, which will determine the scope of the environmental assessment is being prepared for submission to the statutory Consultation Authorities for consideration	<i>Insert the 'Summary of Environmental Effects' from your SEA screening report</i>
	Screening determined that the proposal was likely to have significant environmental effects and as a consequence an environmental assessment was necessary. An Environmental Report has been prepared for submission to the statutory Consultation Authorities together with a draft Plan, Programme or Strategy for consideration. A copy of the Environmental Report will be available to view at www.dundee.gov.uk/cplanning/sea	<i>Environmental Implications: Describe the implications of the proposal on the characteristics identified:</i>
		<i>Proposed Mitigating Actions: Describe any mitigating actions which you propose to take to overcome negative impacts or implications:</i>

A copy of this document (or when no IIA is needed, the screening tool) must accompany relevant draft IJB Reports at IJB Pre-Agenda stage and at IJB. It should accompany IJB papers and should be published with relevant IJB Report.

Following IJB agreement of report contact Joyce.barclay@dundee.gov.uk to post IIA on DHSCP website.

NB Corporate Risk- is addressed in IJB reports

Administrative Use	<i>Provide a link to relevant IJB Agenda for IJB Report including Agenda record page numbers where report is found.</i>
---------------------------	---

This page is intentionally left blank

ITEM No ...14.....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
21 JUNE 2023

REPORT ON: DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT
REPORT 2022/23

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB40-2023

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 2022/23.

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 2022/23 (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 20th July 2022 (Article X of the minute refers) to continue the arrangement for the provision of Internal Audit Services through the appointment of the Chief Internal Auditor of NHS Tayside to the role of Chief Internal Auditor for the Integration Joint Board with internal audit services provided by FTF Audit and Management Services 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 2022/23.
- 4.3 The Internal Audit review examined the framework in place during 2022/23 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, clinical, staff, financial and information governance.
- 4.4 The IJB's Draft Annual Statement of Accounts 2022/23 includes a Governance Statement based on a self-assessment of the IJB's governance, risk management and control frameworks as they have developed during 2022/23. 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 2022/23.

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.

Dave Berry
Chief Finance Officer

DATE: 9th June 2023

This page is intentionally left blank

FTF Internal Audit Service

Dundee City IJB Internal Audit Service

Annual Internal Audit Report 2022/2023

Issued To: V Irons, Chief Officer
D Berry, Chief Finance Officer

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

Dundee City Integration Joint Board
External Audit

C Wyllie, Chief Internal Auditor, DCC
D Vernon, Acting Senior Manager – Internal Audit, DCC

This page is intentionally left blank

Contents

Section		Page
Section 1	Introduction and Conclusion	2
Section 2	Issues and Actions	6
Section 3	Definitions of Recommendation Priorities	24
Appendix 1	Audit Follow Up Position	25

Draft Report Issued	09 June 2023
Management Responses Received	12 June 2023
Target Audit Committee Date	21 June 2023 (IJB)
Final Report Issued	12 June 2023

This page is intentionally left blank

INTRODUCTION AND CONCLUSION

1. The Integrated Resources Advisory Group (IRAG) 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.
2. 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.
3. 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.*
4. 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.
5. This review examined the framework in place during the financial year 2022/2023 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*
6. The results from this work reported within this 2022/23 Annual Internal Audit Report should inform the IJB's judgment on the Governance Statement.

KEY THEMES

7. As the organisation matures and returns to 'Business as Usual' following the pandemic, we welcome the significant preparatory work undertaken during the year to create the conditions for success in the coming years, with a number of ongoing developments in strategy, planning. However, given the planned timeframes for full development, it is unlikely that these will take full effect in 2023/24. Whilst arrangements have not yet been formalised, we would expect the IJB Board to receive regular assurance that they are on track, especially given the competing pressures on management time.

8. The environment in which the IJB 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.
9. The June 2023 will receive for approval a new Strategic Commissioning Framework (SCF) which sets out a number of proposed improvements to services. Although the report highlights that the public said that they know there is not enough people or money in the health and social care system to do everything for everyone; there is no detail in the strategy about areas that may need to be de-prioritised or how these will be identified. The Strategy did state that *'The IJB will publish a Resource Framework by the end of June 2023. This will describe in more detail the financial resources the IJB has and how it plans to use them'*. However, publication of the framework has now been deferred, although the June IJB will receive a financial outlook paper.
10. Over the coming 5-year period, it is estimated that total savings of nearly £ 36m will be required. It is extremely unlikely that savings of this magnitude can be achieved without a significant transformation programme accompanied by clear prioritisation. This will, inevitably, mean making difficult choices about the use of financial resources, scarce organisational development capacity and management time and organisational will. This will require the IJB to have a clear focus on financial sustainability, especially given an environment in which it is by no means certain that partner bodies would be willing or necessarily able to resource any overspend by the IJB.
11. In these circumstances monitoring of the implementation of the SCF and of the development and then implementation of the supporting documents including the Annual Delivery Plan, Resource Framework, Workforce Plan and Performance Framework will be fundamental. In particular there will need to be a focus on transformation and change i.e. what Dundee IJB will do differently to be able to deliver its strategic objectives within serious financial and workforce constraints and whether that transformation is delivering improvements (including financial savings) sufficient to enable sustainable services.
12. Agreement of the new Strategic Commissioning Plan and the ongoing work on the accompanying Annual Delivery Plan, Resource Framework and Performance Framework provides an opportunity for the IJB to reflect on its overall risk profile, i.e. all issues with the potential to stop the organisation achieving its strategic objective and give consideration of how IJB could be involved in agreeing the overall risk profile (for example at the upcoming development event on risk).
13. We performed detailed follow up work on the 3 recommendations from our 2020/21 which had been reported as outstanding in our 2021/22 Annual report as well as the 9 recommendations from the 2021/22 Annual report. Of these 12 recommendations, 10 were assessed as outstanding and for the remaining two, the underlying weaknesses remain.
14. We have previously reported that a range of governance developments identified within the IJB's own self assessment and through internal and external audit recommendations have not progressed as anticipated and recommended the creation of a Governance Action Plan as well as escalation from the PAC to the IJB and these themes are revisited in this report.
15. The current position with action to address previous Annual Internal Audit 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.

16. Given the above, 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. Plans in place for the development of an Annual Delivery Plan and associated Resource and Performance frameworks are welcomed. Concerted action is required as part of their implementation to ensure coherence between Governance Structures, Performance Management, Risk Management and Assurance and improve Dundee IJB's ability to monitor the achievement of operational and strategic objectives, including those necessary to enhance the sustainability of services.

GOVERNANCE STATEMENT AND CONCLUSION

17. Dundee IJB 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 *'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, 2023'*. 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 2023"*.
18. Plans are in place to share information on partner assurances before the audited accounts are signed off at the November 2023 Performance & Audit Committee (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.
19. The IJB has produced a draft Governance Statement for 2022/23 which reflects the IJB's 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 a number of years and depend on the input of partner bodies.
20. As Chief Internal Auditor, this Annual Internal Audit Report to the IJB provides my opinion on the IJB's internal control framework for the financial year 2022/23.
21. 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 2022/23.**

22. 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.**

ACTION

23. The IJB is asked to note this report in evaluating the internal control environment for 2022/23 and consider any actions to be taken on the issues reported for consideration.

INTERNAL CONTROL

24. Following a meeting of Dundee City IJB 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).
25. FTF undertakes internal quality reviews against Public Sector Internal Audit standards (PSIAS) every year. No issues of concern were identified in the 2022/23 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 2023/24.
26. For Dundee City Council Internal Audit, an External Quality Assessment in 2018 concluded that the Council's Internal Audit service fully conforms to 11 of the 13 standards and generally conforms to the remaining two. A self-assessment will be performed and reported in the Annual Report in June 2023 with an external review planned to be carried out in the third quarter of 2023/24.
27. The 2022/23 Internal Audit Plan was approved by the PAC in July 2022. Audit work undertaken in partnership with the Dundee City Council Internal Audit Service has been sufficient to allow the Chief Internal Auditor to provide his formal opinion on the adequacy and effectiveness of internal controls.
28. To inform our assessment of the internal control framework, we developed a self assessment governance checklist for completion by 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.
29. 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 following key arrangements in place by 31 March 2023; any ongoing developments and also comment on where further development is needed in 2023/24.

ACKNOWLEDGEMENT

30. On behalf of the Internal Audit Service I would like to take this opportunity to thank the Chief Officer and Chief Finance Officer of the IJB as well as staff within the partnership for the help and co-operation extended to Internal Audit throughout this year and throughout my tenure as Chief Internal Auditor.

A GASKIN, BSc. ACA
Chief Internal Auditor

Our evaluation of the IJB's Governance Framework is summarised below:

A – Corporate Governance
A1 – Key arrangements in place as at year end 2022/23 as well as planned and ongoing developments
<p>Response to Covid19</p> <ol style="list-style-type: none"> 1. In April 2022 the Chief Officer provided an update on progress achieved during 2021/22 in implementing priority actions identified within the Dundee HSCP Covid19 Remobilisation Plan. The Board approved the recommendation that the Partnership no longer maintains a separate Covid19 remobilisation plan, with remaining remobilisation priorities reflected in the Partnership's strategic and commissioning plans (overarching and care group specific) and individual service plans. Covid has had no further impact on the governance arrangements of Dundee City IJB with all meetings held virtually and open to the public. <p>Strategy</p> <ol style="list-style-type: none"> 2. In February 2022 the current Strategic Commissioning Plan was extended for the period 2022/23 to align the planning cycle aligned with that of the other Tayside IJBs and the Dundee City Plan. The addendum to the original plan set out priority actions to be delivered during the extension year and reflected priorities arising from Covid19 remobilisation activity. 3. During 2022/23, IJB members were regularly updated on the development of the new Strategic Commissioning Plan originally envisaged to be effective April 2023 onwards, including the challenging timescales and likely delays in producing the whole suite of documents by April 2023. In April 2023 the Board endorsed the draft of the new ten year Dundee IJB Strategic Commissioning Framework for consultation with the final iteration due for approval at the June IJB. The accompanying Annual Delivery Plan will be presented to a future IJB meeting in August or October 2023. The current Plan Addendum 2022/23 will remain in place until such times as the IJB approves the replacement framework and delivery plan. 4. Initial work has been undertaken to support the drafting of the first annual delivery plan for 2023/24, co-ordinating this with the process of developing the budget for 2023/24 to ensure consistency and the best use of capacity across the Partnership. The Annual Delivery Plan will also be configured to include transformation. This will be supplemented by a resource framework and a performance framework. Work on these documents is in the initial stages. Once approved, consideration will have to be given how these documents will be monitored and how the IJB will receive assurance. 5. Whilst we welcome the direction of travel and the intent demonstrated which align with previous internal audit recommendations and the principles laid out in previous internal audit annual reports, we are therefore not yet able to comment on their effectiveness. 6. Delivering the IJB's strategic and commissioning priorities within the budget and resources that it has available will be a significant challenge. A five year financial outlook 2023/28 to be presented to the June 2023 IJB meeting sets out an early indication of the scale of this challenge with an estimated cumulative funding gap of £35.8m. Whilst the 2023/24 budget contains a plan in place for to close the £5.1m

gap, it relies on rely on reserves, vacancies and savings in supplies and transport, rather than substantial transformation and service redesign.

7. It is extremely unlikely that the IJB will be able to close its underlying financial gap using operational efficiencies. As part of its service planning process, the Annual Delivery plan and associated resource framework will need 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 there will need to produce genuine, recurrent cash savings.
8. The need for consolidated Transformation Programme progress reports has been recognised for a number of years now and been the subject of previous internal audit recommendations, but, thus far, there has not been structured holistic monitoring of transformation through the governance structures of the IJB.
9. The 5-year financial outlook paper to be presented to the June 2023 IJB recognises this and recommends a range of principles for adoption to support the IJB in balancing resources and service delivery in line with its strategic intentions.
10. Whilst we have not yet been able to rely on its findings as part of this report, Internal audit D06/23 Operational Planning will conclude on whether:
 - Governance arrangements to deliver strategic priorities and transformational change at an operational level are sufficiently robust.
 - Clear service objectives and measurable, prioritised outputs to deliver strategic change have been identified and progress towards them is monitored and evaluated at an operational level.
 - Project management arrangements are adequate to ensure strategic transformational delivery at a service level is on track.
 - Realistic and challenging trajectories are in place.
 - The operational management performance reporting framework adequately describes the challenges faced, where action taken has not been effective, barriers to achievement, potential solutions and an assessment of the impact of previous actions.
11. The Annual Delivery Plan (ADP) will be a key bridge linking the Strategic Commissioning priorities with the Strategic Financial Plan, although it may not be approved until well into this financial year, which will limit its ability to generate the 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.
12. The IJB's priority must be to ensure the strategy addresses the needs of the local population within the parameters of available resources, most particularly financial, digital and workforce. This will almost inevitably involve extremely difficult decisions, which may not fully align with public or Scottish Government expectations.
13. Though the financial position of the IJB improved over the last two years due to additional Scottish Government funding, effective future investment of these reserves will be critical to the longer term financial sustainability of health and social care services.

Performance

14. The IJB in April 2022 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 plus an overall year-end report due to be presented to the August 2023 IJB. We have commented previously on the high quality of performance reporting in Dundee IJB, albeit noting the need for performance systems to provide assurance on both Strategic Risks and the implementation of the IJB's SCP.
15. The February 2023 report to the PAC included, for the first time, the published data from Social Care – Demand for Care at Home Services in order to identify special cause variation in performance (i.e. outwith normal expected range).
16. Unscheduled hospital care is one of the biggest demands on Partnership resources. The PAC received a series of in-depth analytical reports, including readmissions. 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. The working group will report on this work to the September 2023 PAC.
17. The latest performance data available was presented to the May 23 PAC for Q3 2022/23 (figures). Operational performance has, overall, been challenging :
 - Performance for emergency admissions deteriorated compared to baseline year and is poorest out of the 3 Tayside Partnerships, but compares well nationally
 - Performance against the standard on spending last 6 months of life at home or in a community setting is high (91.7%) and showing improvement
 - The rate of bed days lost to complex delayed discharge for age 75+ is 45% less than the 2015/16 baseline but performance has decreased over the last 4 quarters.
 - The rate of bed days lost to standard delayed discharge for age 75+ is 35% more than the 2015/16 baseline.
 - Rate of emergency bed days 18+ has reduced since the 2015/16 baseline
 - Performance on rate of hospital admissions due to a fall for aged 65+ remains poor.
 - Percentage of care services graded 'good' (4) or better in Care Inspectorate reports has deteriorated since the 2015/16 baseline.
18. The IJB is committed to the development of a Performance framework as companion document to the strategic commissioning framework, to allow monitoring of strategic change. We note here our view on principles to be taken into account for the format of future reporting:
 - Overt linkage to any associated Strategic risk, with specific opinion on whether this impacts on risk score, target score, and whether it provides assurance on the operation of key controls or the effectiveness of key actions.
 - A short summary of the impact of any non-delivery.
 - Specific improvement actions with target dates.
 - Outcomes focussed narrative. For example, rather than reporting the existence of, say, a Short Life Working Group to address an issue, the narrative should detail improvements flowing from the work of the group and whether they are being implemented effectively.

- Where action has been taken to address challenging areas or areas of poor performance, assurance on whether action has been effective should be provided. Where action has not been effective, alternative remedial action should be identified and lessons learned highlighted.
- An explanation of any barriers to achievement or potential risks to achievement i.e. horizon scanning. This would provide an early warning when known events / circumstances are likely to impact on achievement of targets. This requires assessment of risks to key services to identify urgent issues that may become critical imminently.
- Executive, Clinical and Management leads for all measures should be referenced in the performance report, together with expected timings.

19. Currently there is a lack of data or other performance reporting against many of the highest strategic risks of the organisation for example Drugs & Alcohol Services. A previous internal audit action on linking performance to risk management remains outstanding.

Governance Arrangements

20. A revised model Code of Conduct for Members of Devolved Public Bodies was adopted in April 2022. The current Standing Orders (2018) were adopted, unchanged, by the IJB in June 2022.

21. The IJB met 7 times during the year, and the PAC 4 times (the remit requires a minimum of 3 meetings per financial year). All IJB and PAC meetings were quorate. Following each meeting of the PAC; minutes and a Chair's assurance report are provided to the IJB. The 2021-22 Annual Internal Audit Report recommended that the PAC should provide an annual assurance report to the IJB to confirm it has fulfilled its remit and provide its formal conclusion on the adequacy and effectiveness of internal control and to highlight key areas of concern for future consideration. Although this has not yet been done, management aim for a summary overview to be provided to the August IJB.

22. Following a hiatus in monitoring, in August 2022 the IJB considered a paper on Ministerial Steering Group (MSG) Self-Assessment Findings – Implementation Update. This contained a detailed update on improvement actions arising from the 2019/20 self assessment against the 'Review of Progress with Integration of Health and Social Care'. The IJB approved a proposal that it cease to receive any separate report on the progress of the original MSG improvement plan, with reporting on individual areas continuing via the Governance Action Plan and individual workstream reports, although we have not yet been able to evidence such reporting. The focus of such monitoring should remain on addressing existing unresolved actions with an assessment of what is required to ensure agreed actions are implemented.

23. Internal Audit report D06/21 Governance Action Plan was reported to the PAC in May 2023 and concluded on the completeness and accuracy of the current follow up arrangements. Whilst we were able to provide assurance over accuracy, we reported that the GAP does not include several areas we would have expected to see, including in particular actions arising from previous annual internal audit reports and improvement areas identified in the Governance Statement. An exercise, facilitated by Internal Audit, including reprioritisation of outstanding recommendations, review of completeness, and review for consolidation of actions

is to be undertaken with a range of enhancements to the reporting format agreed.

Hosted Services (Lead Partner Arrangements)

24. The updated Integration Scheme refers to Lead Partner Services (previously Hosted Services) where the Lead Partner Chief Officer co-ordinates strategic planning and has operational responsibility for those services. The new 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.
25. Although progress continues to be made with a new process in place to share Quality Assurance reports (Clinical Governance reports) for Lead Partner services across all 3 Clinical Care & Professional Governance Groups, an agreed internal audit action in relation to assurance on risks of Lead Partner services remains outstanding. We would note that this action 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. However, we urge the IJB to progress this as a matter of urgency and favour pragmatic solutions which produce tangible results over lengthy, bureaucratic processes that could lead to further delays.

Review of Integration Scheme

26. Following the consultation on the draft revised Integration Scheme in April 2022, in June 2022 Tayside NHS Board and Dundee City Council gave final approval for submission to Scottish Government of the revised Scheme. The new Scheme received ministerial approval in November 2022 and has been published on the Dundee HSCP website. An IJB development session on governance issues is planned for later in 2023 and will include a section on the integration scheme.
27. We previously reported that a number of key governance issues were to be addressed through the agreement of a new Integration Scheme. Whilst the new scheme more clearly articulates operational management responsibilities, it did not resolve many of the other areas previously identified as concerns, including Large Hospital Set Aside (LHSA) and Corporate Support arrangements. Whilst the IJB is reliant on engagement from partner bodies to further progress in these areas, the organisation needs to ensure momentum is maintained.

Directions

28. A Directions Policy was presented and approved at the April 2023 IJB meeting. This policy was informed by revised statutory guidance on directions published by Scottish Government in March 2020. The policy states that the IJB's PAC will assume responsibility for maintaining an overview of progress with the implementation of Directions and, where relevant, request a midyear progress report. The PAC will escalate key delivery issues to the IJB. The Chief Officer will maintain a tracker to monitor and report progress on the delivery of each Direction at least on an annual basis. It was also agreed that the Directions Policy would be the subject of a future development session.
29. The new Policy does not address our previous recommendation that consideration should be given as to how clinical and care governance arrangements will feed into the formation of IJB directions.

Risk Management				
Risk	Previous score (March 2022)	Current score (March 2023)	Target score	
Staff Resource	25	25	9	→
Dundee Drug & Alcohol Recovery Service	25	16	12	↓
NEW National Care Service	N/A	25	16	↑
Staff Resource (Performance Management)	20	20	16	→
Primary Care	20	20	9	→
Restrictions on Public Sector Funding	16	20	12	↑
Unable to maintain IJB spend	16	16	9	→
NEW Lack of capital investment in community facilities (including Primary Care)	N/A	16	9	↑
NEW Cost of living crisis	N/A	16	9	↑
NEW Data Quality	N/A	12	9	↑
Impact of Covid 19	16	12	9	↓
Mental Health Services	16	16	9	→
Category 1 Responder	12	8	6	↓
Increased bureaucracy	12	9	9	↓
Governance arrangements	12	12	4	→
Employment Terms	9	9	6	→
ARCHIVED Staff perception of integration	9	N/A	N/A	↓
ARCHIVED Uncertainty around future service delivery	9	N/A	N/A	↓
Capacity of leadership team	8	12	6	↑
Viability of external providers	9	16	6	↑

30. Progress against D04/18 Risk Maturity Assessment, issued in 2020, was reported to May 2023 PAC as 75%. An IJB Development session on risk is being prepared for June 2023 and will address outstanding actions including Risk Appetite.

31. Reports on risk management came to each PAC meeting, with an annual report to the IJB in April 2023. We have also reviewed individual risks as documented on the Pentana system and are pleased to note all have recently been updated and show clear engagement by management. A review of IJB and PAC papers also shows reflective consideration of risk in the relevant section on the reporting template, even where these are not linked to an existing strategic risk.

32. The latest risk update was provided to the May 2023 PAC meeting and noted that *“target risk scores will be revisited following planned Risk Appetite sessions for the recent development work around risk appetite”*. It is vital that Risk Appetite reflects genuine intent and therefore the external risk environment; there is no point in a risk appetite which is simply unachievable. Further work will also be required to identify how risk appetite will affect Strategy, decision-making prioritisation and budget setting and organisational focus, the ‘so what?’ question, which will be fundamental to making risk appetite real.

33. There have been a number of changes in the organisation’s risk profile over the year.

3 new risks have been added: National Care Service, Lack of Capital Investment in Community Facilities and Cost of Living Crisis, as well as one new moderate risk in relation to data quality. Two previous risks have now been archived. The current Risk Management Strategy agreed in April 2021 does not explicitly set out the role of the IJB in agreeing the organisation's strategic risks. Agreement of the new Strategic Commissioning Plan and the ongoing work on the accompanying ADP, Resource Framework and Performance Framework provides an opportunity for the IJB to reflect on its overall risk profile, i.e. all issues with the potential to stop the organisation achieving its strategic objective and give consideration of how IJB could be involved in agreeing the overall risk profile (for example at the upcoming development event on risk).

34. The format of risk management reports to the PAC does not provide target scores and associated dates, information on the adequacy and effectiveness of controls and the adequacy of actions (planned future controls) to achieve the target. An action in relation to relevant, reliable and sufficient assurances against its strategic risks was agreed in response to the 2021/22 Annual internal audit report but remains outstanding.

Best Value

35. Under its terms of reference, the PAC has the duty to act as the focus for best value and performance initiatives. It was planned to submit a Best Value report to the June 2022 IJB but this was delayed due to staff capacity. The IJB now plans to rely on the assurances provided by the partner bodies' Governance Statements which make reference to their Best Value arrangements.

Communication and Engagement

36. Dundee City IJB recognises communication and engagement as a priority area for the effective delivery of the Partnership's strategic plan. The new Strategic Commissioning Framework includes a strategic priority section "Planning Together – Planning Services to Meet Local Need" and has demonstrated clear focus on this area. Arrangements have been made for all interested parties to provide feedback on the Draft Strategic Commissioning Framework Consultation. This includes methods that are not digital to ensure that there are no barriers to feedback from any party.

National Care Service

37. The Independent Review of Adult Social Care (IRASC) report (the Feeley report) was published by the Scottish Government on February 2021. This highlighted the "implementation gap" in social care services in Scotland. The recommendations for reform of the social care system set out in this report and subsequently developed through Scottish Government's National Care Service proposal emphasises innovation and improvement. Whilst there is significant focus on national structures for supporting improvement, the report emphasises the need to significantly increase improvement capability at the point of social care delivery, building capacity within the workforce alongside local improvement infrastructure. Scottish Government has delayed work on the National Care Service (Scotland) Bill. However, Dundee IJB has pro-actively introduced a new strategic risk surrounding the National Care Service.

Category 1 Responders / Business Continuity

38. IJBs are now Category 1 Responder bodies and, as recommended by Internal Audit,

the October 2022 meeting considered a Category 1 Responder Action Plan. This was a progress report in developing arrangements to support the IJB to fulfil their duties. A risk analysis was undertaken with risk level being 9 (high) with planned risk level 6 (moderate). The Chief Officer will submit the first IJB Category 1 Responder Assurance Report for 2022/23 to the June IJB.

Public Sector Equality Duty

39. In October 2022, the IJB was informed of the outcome of audit activity undertaken by the Equality and Human Rights Commission with regard to compliance with the Public Sector Equality Duty (PSED). A number of improvement actions were taken in response, with the February 2023 IJB informed of progress which it was anticipated would ensure full compliance with the PSED by Dundee IJB by the deadline date of 31st March, 2023.

40. In April 2023, the IJB approved the Equality Mainstreaming and Equality Outcomes Progress Report for 2021-2023 as well as proposed Equality Outcomes for the period 2023-2027.

B – Clinical Governance, Staff Governance, Financial Governance, Information Governance

Key arrangements in place as at year end 2022/23 as well as planned and ongoing developments

B1 Clinical:

1. Throughout the year, Dundee HSCP has provided regular, high-quality assurance reports to the NHS Tayside Care Governance Committee as well as to each meeting of the Dundee IJB PAC. An Annual Report for the year is tabled for the June 2023 IJB and provides positive assurance on the work of the group. Throughout the year the level of assurance provided was reasonable. Whilst the Annual Report is comprehensive and well written, we have previously commented that it should be used to reflect on key concerns during the year and priorities for the coming year, as well as views on the relevant Strategic Risks. This recommendation remains outstanding.
2. As noted above, progress continues to be made with a new process in place to share Quality Assurance reports (Clinical Governance reports) for Lead Partner services across all 3 Clinical Care & Professional Governance Groups. Implementation of this will be crucial for the IJB to receive assurance in relation to some of its significant strategic risks including Primary Care Services and Mental Health.
3. In the previous reporting period 5-year period (2017-2021), Dundee City had the highest age-standardised drug misuse death rate of all local authority areas in Scotland. Last year, a new strategic Drug & Alcohol risk was created, allowing for a clear focus on this important area. The current risk exposure has decreased from the maximum risk (5x5) to (4x4) as a result of several interventions being undertaken and is evidenced by progress made on the MAT (Medication Assisted Treatments) Standards. We commented last year on the need to link this risk to performance monitoring data, especially the continuing high number of associated deaths, to conclude on whether the controls applied are having the desired impact. In this case, we would suggest that it is not yet possible to determine that operational improvements have had the desired impact.

4. The Dundee Drugs Commission published a follow up report in March 2022. Improvement against the original 16 recommendations and further 12 recommendations from the follow up continue to be monitored. In November 2022 the PAC approved a suite of Drug & Alcohol services indicators that are to be developed into a full performance report to be reported bi-annually.
5. The February 2023 IJB noted the Dundee Alcohol & Drugs Partnership Strategic Framework and Delivery Plan containing short, medium and long term priorities. The Alcohol & Drug Partnership will develop a performance management framework, investment plan and strategic risk register to support the implementation of this plan and there is an associated 2 year rolling delivery plan which will be subject to a detailed review at the end of each financial year and updated.
6. Mental Health services continue to be an area of focus pan-Tayside. The Mental Health and Learning Disability Improvement Plan was prepared by the Chief Officer of Perth and Kinross Integration Joint Board in their capacity as Lead Partner. As requested by the executive partners, an additional 4 key priorities are to be added in a similar format to then form the Mental Health & Learning Disability Whole System Change Programme for Tayside. This is due by June 2023 with an acknowledgement that much work remains to be undertaken on the enabling elements for this plan. Perth and Kinross IJB, as Lead Partner, is developing a strategic risk for Mental Health. Internal audit reports over many years have highlighted the need for assurances on risks of Lead Partner services and this remains outstanding. The PAC receives quarterly reports on national indicators including some relating to mental health. The February 2023 PAC approved a suite of new performance indicators for delegated Mental Health Services which will form the basis of future six-monthly performance reports to the PAC. The PAC received the first Mental Health Performance Report in May 2023.

B2 Staff:

1. The 'Staff Resource' strategic risk is scored at the highest possible 25, reflecting the extreme pressures on workforce, both now and in future. There is a separate risk for leadership capacity.
2. In June 2022 the IJB approved the Dundee HSCP Workforce Plan 2022 to 2025. Scottish Government feedback noted that the plan required more detail in key sections such as the number and type of staff required to recover and transform its services. The Plan was commended for its use of the 5 Pillars format set out in the National Workforce Strategy but it was noted that sections appeared to be aspirational rather than action-oriented. Internal Audit D05/23 will comment on monitoring of implementation of this Plan and on its mitigation of the associated workforce risk.
3. 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*. We have been informed that the Chief Officer will seek the support of partner HR functions to make permanent arrangements for temporary posts and complete evaluations required for vacancies and new posts.
4. Since 1 April 2021 NHS organisations are required to follow National Whistleblowing

Principles and Standards. There are plans for quarterly reporting. Though such assurance has not yet been received, the principle has been reiterated in the new draft Integration Scheme which notes a requirement to report all concerns to the IJB Board and NHS Board on a quarterly basis.
B3 Finance:
<ol style="list-style-type: none"> 1. There are three financial governance strategic risks: Restrictions on Public Sector Funding currently scored at 20, Unable to maintain IJB spend currently scored at 16, Lack of Capital investment scored at 16. 2. The IJB's final budget for delegated services for 2022/23 was approved at the meeting of the IJB held on 25 March 2022. The 2022/23 budget did not require any additional savings plan to achieve a balanced budget position and therefore no reporting on savings. Each meeting of the IJB receives a Finance report including a risk assessment, reserves update and a forecast outturn position. 3. The latest reported position shows a net operational underspend for the full financial year of £7.5m, comprising a projected underspend of £986k for health services and £6,545k for services delegated from Dundee City Council. The main drivers of this significant underspend were noted as being due to £1.4m return of unspent 2021/22 funding from providers contractual obligations as well as staff vacancies across teams and grades together with lower activity levels as this recovers to return to pre-pandemic levels. 4. During 2022/23 Scottish Government adopted a policy of only releasing some grant funding for the delivery of specific national policy objectives once reserve funding held by IJBs had been applied. In addition, Scottish Government wrote to IJB Chief Officers and Chief Finance Officers to intimate their intention to reclaim surplus Covid-19 reserves to be distributed across the sector to meet current Covid-19 priorities. Dundee City IJB returned a surplus uncommitted Covid-19 reserve balance of £10.349m. This resulted in a significant use of brought forward reserves during the year. In December 2022 the IJB approved a Reserves Investment Strategy which set out plans to enable the IJB to fully utilise reserves to support delivery of the IJB's strategic priorities in addition to contribution to financial sustainability. Closing reserves are £13.2m in committed reserves and £10.8m in general, uncommitted reserves. 5. The IJB is kept regularly updated on development of the financial plan and the status of budget settlement discussions with the partners. The overall financial context, especially the legacy of Covid19, remains complex and uncertain, with a number of pressures impacting on future financial sustainability. The net gap for 2023/24 is £5.1m which will be covered by £3.7m non recurring initiatives mainly (81%) utilising brought forward reserves and only £1.4m recurrent savings. Whilst this will provide a temporary reprieve it is not a financially sustainable position and could impact on the ability of the IJB to "invest to save" in future periods. 6. Over the coming 5-year period, it is estimated that total savings of £ 35.8m will be required. We note above 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 difficult choices. Reporting on implementation of Strategy and financial monitoring should have a clear focus on the success of transformational projects i.e. what has changed and how services are better delivered, with savings achieved, as a result of transformation. Reporting should

- provide a rounded view of overall performance, financial sustainability and progress in implementing the priorities set out in the Strategic Plan, linked to assurance on any relevant strategic risks.
7. Financial monitoring reports should also clearly link to the Strategy Delivery plan and resource framework and clearly show progress with savings (identified and actually achieved against a planned trajectory) arising from these actions.
 8. As the organisation cannot rely on reserves in the long term, the focus should now be on addressing the underlying gap to ensure long term financial sustainability. We have set out under the Strategy section above that in our view transformation and resulting savings will be key.
 9. A key area will be culture. During the Covid pandemic, there was a necessary shift of focus towards operational priorities, which reflected the extreme risks in those areas as well as an influx of Covid related funding which lessened the immediate financial risk. However, risks related to financial sustainability are rising sharply and rapidly and the culture and conditions which provided financial stability may well have dissipated in the face of overwhelming operational pressures, the prioritisation of operational activity and ease of access to funding.
 10. The IJB should ensure that financial sustainability is given appropriate priority in all decisions, recognising that money spent now will not be available for future needs. In particular, we note that the SCP did not identify areas of deprioritisation or fully delineate the strategic change required for its implementation. Development of the associated action plan must give suitable priority to financial (and indeed workforce) sustainability.
 11. There may be benefit in a future Board Seminar giving overt consideration as to how such a culture can be set and reinforced in all future decisions, at the IJB Board, Standing Committee and operational levels.
 12. In common with almost all IJBs, progress with Large Hospital Set Aside (LHSA) has been difficult. We previously commented that work to address this should focus on strategic, holistic solutions which allow the transfer of resources to facilitate improvements in services and shifting the balance of care alongside the technical aspects of LHSA. The IJB was last updated on this area in June 2021, and noted the progress made around a clinically led approach to the development of whole system pathway/Large Hospital Set Aside (LHSA) work. Further progress has been hampered by the fact that data for hospital use has been skewed by the pandemic.
 13. Financial regulations have been in place since 2016 with the scheme of delegation reviewed and approved in April 2019. These now require to be reviewed and updated, and we have been informed that this is planned during 2023/24.
 14. The self-assessment against the CIPFA statement on the role of the Chief Financial Officer for Dundee City IJB assessed all elements as either compliant or not applicable.
 15. The IJB approved a Property Strategy in December 2022. The Strategy fills an opportunity and a clear need to review the approach taken to strategic property planning and utilisation of the estate of the Partnership to support the aims of integration. The Strategy set out the ambitions to develop premises that support health and social care, where citizens are able to access the services they need within their own community. A sub-group was established with objectives to gain best value from use of the property, to ensure that buildings are accessible and fit-for-purpose, that premises create environments that support trauma informed ways

of working and reduce inequalities, enhance the provision of health and social care services in local communities, enhance the wellbeing of the workforce and rationalise the estate in order to reinvest in frontline services. An update on progress of implementation of the Strategy was brought to the April 2023 IJB and the Chief Officer instructed to bring progress reports on an annual basis. We would highlight this as an area of concern given its importance to the Primary Care risk in particular and known issues in partner bodies.

B4 Information Governance:

1. We 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.
2. A new Records Management Plan (effective from September 2021) was submitted to and agreed by the Keeper of the Records of Scotland. The May 2022 Assessment report noted elements which require improvement action on the part of the authority on whose systems the IJB's public records are managed rather than by the IJB (in this case Dundee City Council) on condition of improvements in some areas. We have previously noted that the IJB should receive assurance from the Council on the relevant systems and their compliance with legislation.

Action Point Reference 1 – Sustainability

Finding:

Delivering the IJB's strategic and commissioning priorities within the budget and resources that it has available will be a significant challenge. Over the coming 5-year period, it is estimated that total savings of nearly £36m will be required. It is extremely unlikely that savings of this magnitude can be achieved without a significant transformation programme accompanied by clear prioritisation. This will mean difficult choices. There is no detail in the new Strategic Commissioning Framework about areas that may need to be de-prioritised or how these will be identified.

An Annual Delivery Plan configured to include transformation supplemented by a resource framework and a performance framework is in the initial stages of development.

The culture and conditions which provided financial stability may well have dissipated during the Covid pandemic given the prioritisation of immediate operational activity and ease of access to funding.

Audit Recommendation:

In these circumstances monitoring of the implementation of the SCF and of the development and then implementation of the supporting documents including the Annual Delivery Plan, Resource Framework, Workforce Plan and Performance Framework will be fundamental. Management should clearly set out how the IJB will receive assurance, including assurance over transformation.

Reporting on implementation of Strategy and financial monitoring should have a clear focus on the success of transformational projects i.e. what has changed and how services are better delivered, with savings achieved, as a result of transformation. Reporting should provide a rounded view of overall performance, financial sustainability and progress in implementing the priorities set out in the Strategic Plan, linked to assurance on any relevant strategic risks.

Financial monitoring reports should also clearly link to the Strategy Delivery plan and resource framework and clearly show progress with savings (identified and actually achieved against a planned trajectory) arising from these actions.

A key area will be culture. The IJB should ensure that financial sustainability is given appropriate priority in all decisions, recognising that money spent now will not be available for future needs. There may be benefit in a future Board Seminar giving overt consideration as to how such a culture can be set and reinforced in all future decisions, at the IJB Board, Standing Committee and operational levels.

Assessment of Risk:

Our assessment of the above finding is as follows:

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:	
<p>Management is focussed on developing and progressing transformation plans with clear links to the IJB's Strategic Commissioning Plan and consideration of the future financial sustainability of health and social care services. The further development of governance and reporting around transformation are key priorities for management over 2023/24 and beyond and a detailed proposal for changes to the governance and reporting, taking into account this recommendation, will be presented to the IJB for approval.</p>	
Action by:	Date of expected completion:
Chief Officer/Chief Finance Officer	December 2023

Action Point Reference 2 – Strategic Risk Management

Finding:

The Risk Management Strategy agreed in April 2021 states that the IJB Board is responsible for 'receipt, review and scrutiny of reports on strategic risks'. Agreement of the new Strategic Commissioning Plan and the ongoing work on the accompanying Annual Delivery Plan, Resource Framework and Performance Framework provides an opportunity for the IJB to reflect on its overall risk profile, i.e. all issues with the potential to stop the organisation achieving its strategic objective and An IJB Development session on risk is being prepared for before end of June 2023 and will address outstanding actions including Risk Appetite. The latest risk update was provided to the May 2023 PAC meeting and noted that *"target risk scores will be revisited following planned Risk Appetite sessions for the recent development work around risk appetite"*. We welcome this intention and note that further work will also be required to identify how the new risk appetite will affect Strategy, decision-making prioritisation and budget setting and organisational focus, the 'so what?' question, which will be fundamental to making risk appetite real.

Audit Recommendation:

We recommend consideration is given to how IJB members could be involved in the development and agreement of the organisation's risk profile.

To help implementation of the Risk Appetite to be agreed, we recommend that the IJB sets out clearly how:

- risk appetite is to be taken into consideration as part of decision making
- risk appetite affects monitoring and escalation processes for individual risks
- Risk appetite is reflected in target risk scores and how the IJB will understand whether target is actually being achieved.

Assessment of Risk:

Our assessment of the above finding is as follows:

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:

Management in agreement with the recommendations noted above and will ensure action is taken to work in partnership with IJB members to development and understanding of the IJB's risk profile and appetite A detailed report on progress will be provided to the PAC, with the 2023/24 Risk Management Annual report providing further assurance on the effectiveness of these developments.

Action by:	Date of expected completion:
Chief Finance Officer	December 2023 and April 2024

Action Point Reference 3- Outstanding actions**Finding:**

A high proportion of issues previously highlighted by ourselves and others which have resulted in agreed recommendations have not been taken forward as expected. Whilst we have evidenced a willingness to identify where governance improvements are needed, the ability to implement these is restricted.

In addition, Internal audit D06/21 Governance Action Plan found that as the GAP has been based on agenda items discussed by the Performance & Audit Committee (PAC), actions arising from our Annual Internal Audit Reports for 2020/21 and 2021/22 were not included, and neither were the improvement areas identified in the Governance Statement(s). In response to D06/21, an exercise, facilitated by Internal Audit, is to be undertaken including reprioritisation of outstanding recommendations, ensure completeness of actions to be followed up within the respective reports recommended by Internal Audit, which may present the opportunity for consolidation or cross reference.

Our 2019/20 Annual Internal Audit Report made a single recommendation on escalation of outstanding Governance Actions, which was reported to the October 2020 IJB meeting who 'instructed the Chief Officer and Chief Finance Officer to ensure these initiatives are implemented in order to strengthen the governance arrangements in place within the Integration Joint Boards governance framework'. This took place prior to the introduction of an action tracker for actions agreed by the IJB. No further updates were provided on this.

Our previous recommendation for an annual report from the PAC to the IJB also recommended the Committee reflect on any matters of concern for future consideration.

We have included below an appendix showing previous annual report recommendations still outstanding.

Audit Recommendation:

The PAC annual report should clearly highlight lack of progress in implementing agreed governance improvements and their impact on governance arrangements.

Alongside improvements to the monitoring of agreed governance improvement actions as agreed under D06/21, focus should be on prioritising outstanding actions with barriers to achievement and solutions to address these clearly identified.

Assessment of Risk:

Our assessment of the above finding is as follows:

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:





Recommendations to be implemented by management as set out above and as agreed in management response to Internal Audit Report D06/21 presented to the PAC at its

meeting on 24 May 2023 (Report PAC10-2023). The resultant streamlining of outstanding actions will assist focussing on the outstanding items.

Action by:	Date of expected completion:
Chief Finance Officer	PAC Annual Report to IJB – August 2023 Development of streamlined reporting to the PAC – September 2023

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 to achieving the objectives for area under review.	Two
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.	One
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	None

This page is intentionally left blank

Appendix 1

Follow Up Position

Source	Rec. No.	Assessment of risk	Description	Original Deadline	Current Status	Conclusion
D03/22 Annual Report 2020-21	3	Moderate	Review of standing orders including remit of PAC to refer to Clinical & Care Governance.	Mar-22	Standing Orders reviewed June 22 with no amendments. PAC remit does not refer to C&CG.	Ongoing
D03/22 Annual Report 2020-21	4	Significant	Review of financial regulations Adoption of Pan-Tayside solutions to LHSA, Corporate Support, Hosted Services.	Oct-21 Mar-22	Financial Regulations still to be reviewed - planned for 2023/24 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 not been prescriptive around corporate support arrangements	Ongoing Ongoing
D03/22 Annual Report 2020-21	6	Moderate	Risk assurance including development of an IJB Assurance Plan.	Dec-21	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.	Ongoing

Appendix 1

Follow Up Position

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 consequences of non-delivery.	Dec-22	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.	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.	Dec-22	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.	Ongoing
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.	Feb-23	Still to be taken forward. The aim is for a summary overview to be provided to the August 2023 IJB.	Ongoing
D03/23 Annual Report 2021-22	4	Significant	Direct and overt assurances over the strategic risks to the IJB.	Dec-22	Due to service capacity unable to take this recommendation forward as planned. Will be picked up during 2023/24.	Ongoing
D03/23 Annual Report 2021-22	5	Moderate	Consideration as to how clinical and care governance arrangements feed into the formation of IJB directions.	Dec-22	A new Directions Policy was presented at the April 2023 meeting. The policy makes no reference to CCG.	Ongoing
D03/23 Annual Report 2021-22	6	Significant	Detailed monitoring of savings initiatives .	As required	The 2022/23 budget was balanced without the need for savings proposals but a savings plan has been agreed for 2023/24. Financial monitoring arrangements this year will include savings monitoring.	Ongoing

Appendix 1

Follow Up Position

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	Nov-22	Following the Internal Audit Review of the Governance Action Plan this will be reconsidered alongside the consolidation and reporting of other reviews.	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.	Jun-23	The current draft will be reviewed for the June 2023 IJB.	Ongoing
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	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.	Ongoing

This page is intentionally left blank

ITEM No ...15.....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
21 JUNE 2023

REPORT ON: UNAUDITED ANNUAL ACCOUNTS 2022/23

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB41-2023

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 2022/23.

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 2022/23 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 2023 to enable the audit process to commence.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The unaudited annual accounts statement for the year end 31 March 2023 highlights that the IJB made an overall deficit of £15,030k in 2022/23. This consists of an operational underspend of £7,531k with a draw down of reserves balances for specific ring fenced funding allocations of £22,561k at the year-end. The deficit position is funded from reserve balances.

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 2023 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 2023 to the IJB's external auditors (Audit Scotland for 2022/23)
- 4.1.3 The 2022/23 Annual Accounts comprise: -
- a) Comprehensive Income and Expenditure Statement – This statement shows that Dundee Integration Joint Board made an overall deficit of £15,030k in 2022/23 (surplus of £25,169k in 2021/22) on the total income of £328,622k (£325,430k in 2021/22).
 - b) Movement in Reserves – Dundee City Integration Joint Board has year-end reserves of £23,968k (£38,998k in 2021/22). 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 reserves have decreased due to the return of unused COVID-19 recovery funding to the Scottish Government
 - 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.
- 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 19th April 2023 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-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 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.

This page is intentionally left blank

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 2022/23 provided for a budgeted payment of £92,763k 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 Funding to Dundee Integration Joint Board (DIJB)	£000
Initial DCC contribution to DIJB	92,763
Additional Scottish Government Funding For Investment in Health and Social Care (share of £200m)	5,881
Additional Scottish Government Funding For Social Work Capacity in Adult Services	628
Additional Funding from DCC – pension costs	7,047
IJB Adult Disability Payment	125
Various Council Virements	77
Total Funds provided by Dundee City Council	106,521

NHS Tayside Variations – The agreed delegated budget 2022/23 provided for a budgeted payment of £128,794k 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 Funding to Dundee Integration Joint Board (DIJB)	£000
Initial NHS Contribution to DIJB	128,794
Hospital & Community Health Services	3,999
FHS Drugs Prescribing	-4,657
General Medical Services	29,644
FHS - Cash Limited & Non-Cash Limited	23,301
Net Effect of Hosted Services	10,517
Large Hospital Set Aside	20,776
Additional Pay Award and NI Uplift	1,551
Scottish Government Allocation Adjustments	4,727
Partnership Funding	3,449
NHS contribution to DIJB	222,101

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 2022/23 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

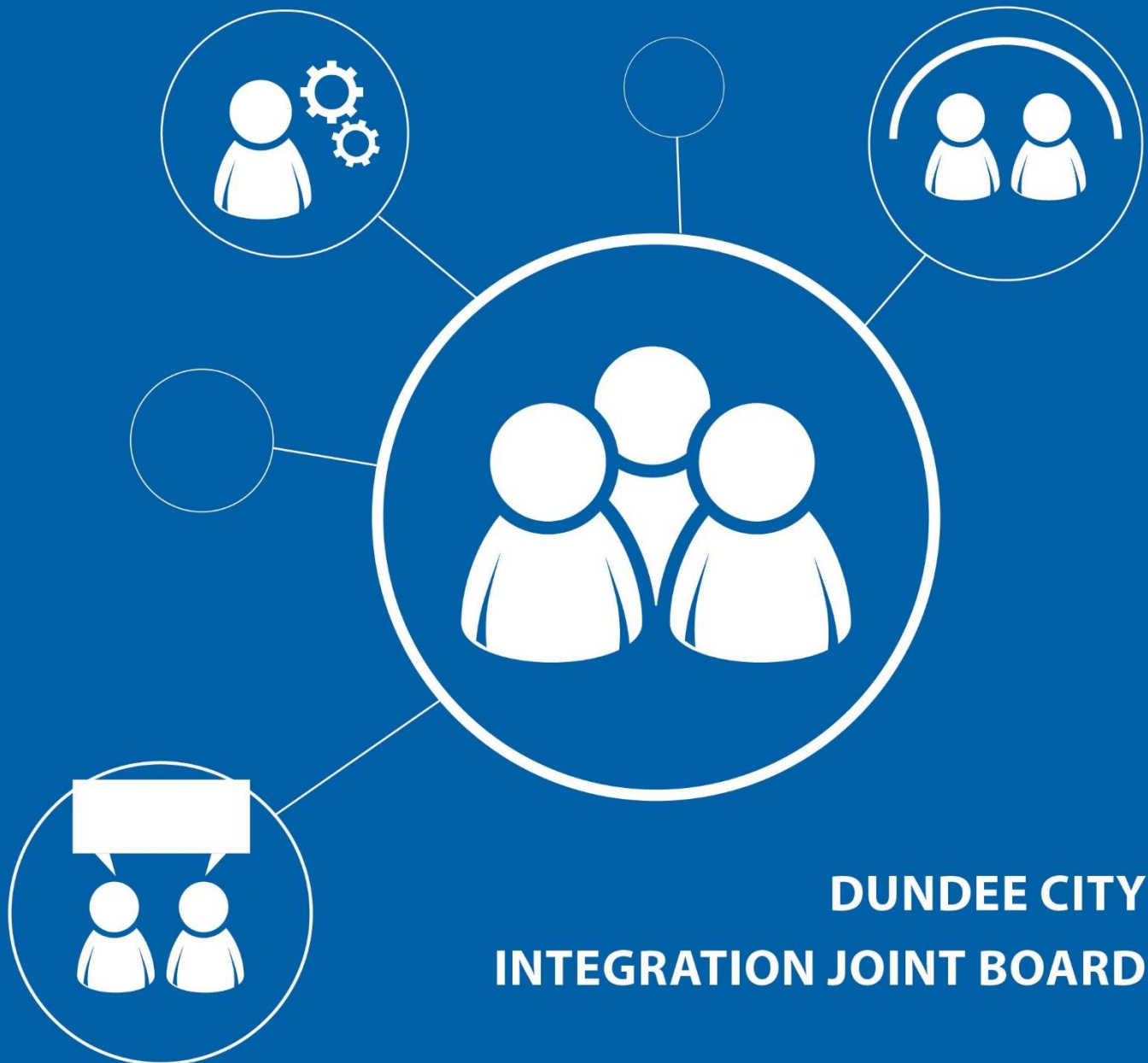
Further develop performance report information into a delivery plan framework to ensure the HSCP fulfils its remit in delivering the direction of travel within the IJB's Strategic Commissioning Plan.	Chief Finance Officer	October 2023
Combine financial and performance reporting to members in the context 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
2022-23**

Unaudited

This page is intentionally left blank

Dundee City Integration Joint Board
Annual Accounts 2022-23
Contents

	Page Number
Management Commentary	3
Statement of Responsibilities	21
Remuneration Report	23
Annual Governance Statement	26
The Financial Statements:	
Comprehensive Income and Expenditure Statement	34
Movement in Reserves Statement	35
Balance Sheet	36
Notes to the Financial Statements	37
Independent Auditor's Report	45

This page is intentionally left blank

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](#). (new link to be inserted)

This publication contains the financial statements for Dundee City Integration Joint Board for the year ended 31 March 2023. 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.

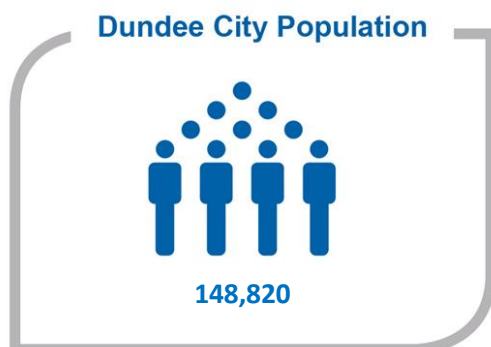
Role and Remit of Dundee City Integration Joint Board

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 149,000. These services are provided in line with the Integration Joint Board's Strategic and Commissioning Plan 2019-2022 (extended to 31st March 2023) which can be found here: (new link to be inserted)

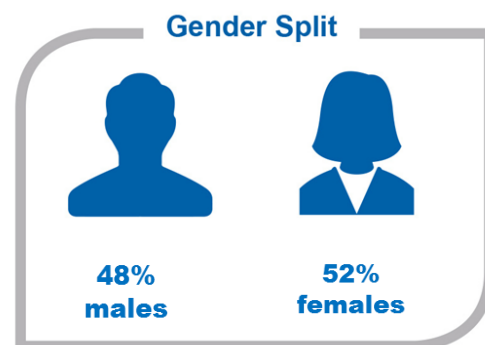
Population, health and deprivation impact directly on demand for health and social care services and can often result in higher support levels being required. Dundee has high levels of inequalities within the city with significant variances across locality areas, driven by high levels of deprivation 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.

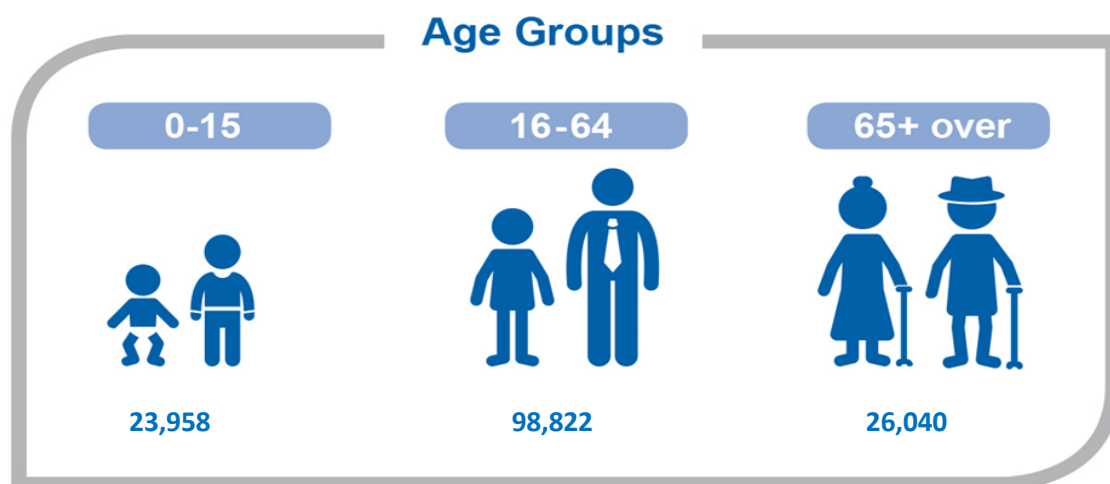
POPULATION PROFILE AND PROJECTIONS



(Source: [National Records of Scotland](#), 2021)



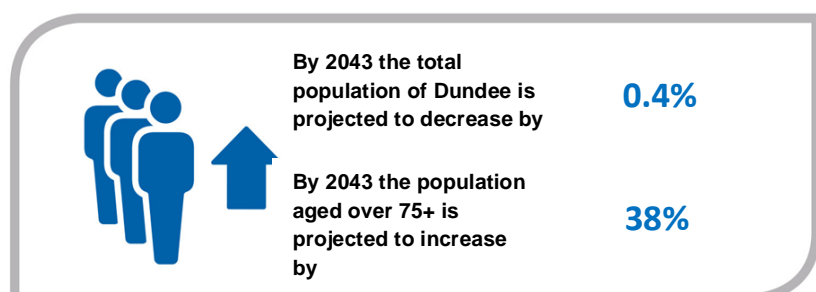
(Source: [National Records of Scotland](#), 2021)



(Source: [National Records of Scotland](#), 2021)

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 **38%** in those over 75 anticipated over the next 20 years.



Life Expectancy

Dundee males have the **second 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 for areas within Scotland 2018-20)

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



1,010 households assessed as homeless in 2019/20

58% of households have at least one identified support need

(Source: Homelessness in Scotland 2019 to 2020, 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 2022/23:

Voting Members:

Role	Member
Nominated by Tayside Health Board	Pat Kilpatrick
Nominated by Tayside Health Board	Anne Buchanan
Nominated by Tayside Health Board	Donald McPherson (until 27/10/2022 – proxy member from 27/10/2022) Sam Riddell (from 27/10/2022)
Councillor Nominated by Dundee City Council	Councillor Ken Lynn
Councillor Nominated by Dundee City Council	Bailie Helen Wright (until 04/05/2022) (Proxy member from 23/05/2022) Councillor Dorothy McHugh (from 23/05/2022)
Councillor Nominated by Dundee City Council	Councillor Lynne Short (until 04/05/2022) (Proxy member from 23/05/2022) Councillor Siobhan Tolland (from 23/05/2022) Councillor Steven Rome (Proxy Member until 04/05/2022) Councillor Roisin Smith (Proxy member from 23/05/2022)

Non-voting members:

Role	Member
Chief Social Work Officer	Diane McCulloch (Dundee City Council)
Chief Officer	Vicky Irons
Proper Officer Appointed under section 95 (Chief Finance Officer)	Dave Berry
Registered medical practitioner whose name is included in the list of primary medical performers prepared by the Health Board	Dr David Wilson
Registered nurse who is employed by the Health Board	Sarah Dickie (until 27/4/2023) Susannah Flower (27/4/2023)

Registered medical practitioner employed by the Health Board and not providing primary medical services	Dr James Cotton
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 (from 29/3/23)
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. The year began with Councillor Ken Lynn acting as chair and Pat Kilpatrick acting as vice chair until 27 October 2022 when she became Chair with Ken Lynn becoming Vice Chair from that date.

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.

COVID-19 PANDEMIC RECOVERY

The COVID-19 pandemic was the biggest public health challenge faced by society in our lifetimes. The impact on the health and social care needs of the population, how supports and services are delivered, on health inequalities and on the health and wellbeing of the health and social care workforce and of unpaid carers has been substantial and wide ranging.

Services delegated to Dundee City Integration Joint Board (IJB) as delivered through Dundee Health and Social Care Partnership (DHSCP) form a critical part of the overall health and social care system, particularly the wide range of community-based health, social care and social work supports and services. During the pandemic Partnership services not only supported efforts to rapidly increase the availability of beds to respond to COVID-19 positive patients requiring hospital admission, but were also integral to provide responses to COVID-19 positive people in the community, both within their own homes and within residential settings such as care homes.

During 2022/23 the effects of the pandemic were reduced but still clearly visible, particularly through Mental Health and Drug and Alcohol services which have seen a surge in referrals with some services seeing an increase of up to 50% in referral rate. The Engage Dundee survey concluded that 1 in 5 respondents admitting a worsening of their Mental Health conditions and 84% of carers reported a negative impact on physical, mental and social wellbeing as a result of the pandemic. This has had a knock-on effect on increased alcohol consumption, frailty and food and energy poverty resulting in increased demand for health and

social care services. This, alongside demand for those managing the impact of long COVID has increased pressure on services in terms of staffing demands and in the overall health of the community.

Partnership services have therefore continued to provide a pandemic response, whilst also consolidating adaptations to services and practice to become mainstream, long-term models of service provision. The enduring nature of the pandemic has meant that recovery activity in many aspects of the Partnership's work have been focused on establishing a 'new normal' across integrated health and social care services and supports rather than returning to pre-pandemic ways of working. Many offices still had restricted access and services continued to utilise home working with some consultations being held within a clinical setting.

In recognition that the effects of the pandemic were still evident in 2022/23 additional funding ringfenced from 2021/22 within the IJB's reserves was available for use throughout all services within DHSCP as required. In line with the Scottish Governments expectations, this funding was to be used solely for Covid-19 response purposes with any residual balance to be returned to the Scottish Government at year-end. Of the reserve balance at the start of the financial year of £15,595k, DHSCP spent £6,073k of eligible expenditure with £9,522k returned to the Scottish Government via NHS Tayside.

The future delivery of 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.

Operations for the Year

With Covid-19 infections having declined throughout 2022/23 the new focus of operations within the IJB lies with Covid recovery. As noted earlier in this report, Mental Health and Drug and Alcohol services have seen a surge in referrals since the pandemic and these services continue to be reviewed on a regular basis through various strategic planning groups consisting of senior managers, third party representatives and clinical staff amongst other stakeholders. Progress has been made in relation to rapid responses to non-fatal overdoses, the extension of assertive outreach work and broadening of treatment options offered by the Dundee Drug and Alcohol Recovery Service (DDARS). Within Mental Health, notable developments include the development of Distress Brief Intervention (DBI) in Tayside, led by the Dundee workforce, the Mental Health Discharge Hub and the progress made towards the provision of a Community Wellbeing Centre.

Throughout 2022/23 the population has also been impacted by the cost of living crisis and information about the city's response over the winter months was publicised widely across the Dundee Partnership including the HSCP. Intelligence gathered from our communities shows that the crisis is having a profound effect particularly those living in the more deprived areas who were already struggling to make ends meet. Interventions such as food vouchers, no-cost family activities, and free hot meals were organised quickly and appear to be having a positive and protective effect.

The HSCP has been impacted by the same recruitment challenges in a range of disciplines and professions as other health and social care services across Scotland. The lack of capacity in the social care workforce in particular has continued to provide challenges in reducing

delayed discharges from hospital as the acute sector experiences increased demand for beds. Other professions such as nursing, Allied Health Professionals (e.g. Occupational Therapists, Physiotherapists and Dieticians) and GP's alongside specialist areas such as substance use and mental health services also continue to face recruitment challenges which impact on the availability and effectiveness of services. These issues are highlighted in the IJB's Strategic Risk register and are monitored for impact. Work is ongoing through the IJB's Workforce Plan and national initiatives to address these risks. Continuing to develop more effective ways of working in an integrated way will help reduce the impact of increased demand and limited staffing resources. Examples of service change such as the launch of the Dundee Enhanced Care at Home Team which works in a multidisciplinary way across the frailty pathway to ensure the right care is provided at the right place, at the right time by the right person are key to achieving this.

Despite the pressures seen throughout 2022/23 all services continue to be underpinned by the principles of the Dundee City Integration Joint Board's Strategic and Commissioning Plan 2019-22. The plan sets out the context within which integrated services in Dundee operate and is shaped around the Health and Social Care Partnership's vision that "Each Citizen of Dundee will have access to the information and support that they need to live a fulfilled life." An extension to the plan to cover 2022/23 was approved in February 2022 by the IJB following the recommendation of the IJB's Strategic Planning and Advisory Group that the vision and strategic priorities of tackling health inequalities, early intervention and prevention, localities and engaging with communities and developing models of support/pathways of care remained fit for purpose.

However, work was required to update action lists associated with each priority considering feedback gathered from stakeholders, including members of the public, and other evidence gathered during the review of the existing plan. An addendum was developed to be read alongside the Strategic and Commissioning Plan 2019-2022 and the Equality Outcomes and Mainstreaming Framework 2019-2022. It is supported by the care group strategic planning/commissioning statements and transformation plans previously agreed by the IJB for areas such as mental health and wellbeing, carers, drug and alcohol and primary care. The addendum also reflected the priorities arising from Covid-19 remobilisation activity.

In June 2023 the IJB approved a revised Strategic and Commissioning Framework of the Dundee Integration Joint Board 2023-2033 "The plan for excellence in health and social care in Dundee". This builds on the previous framework and reflects the outcome of considerable engagement with communities and stakeholders. 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

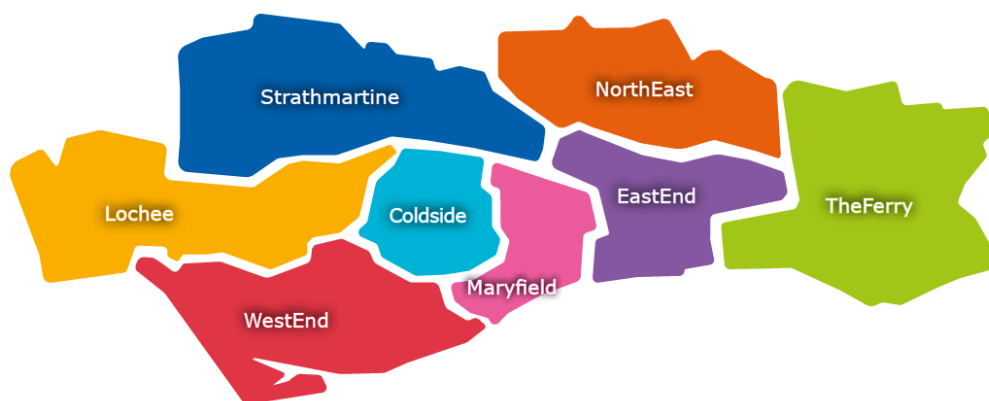
Outcome 1. Healthier Living	People are able to look after and improve their own health and wellbeing and live in good health for longer
Outcome 2. Independent Living	People, including those with disabilities, long term, conditions, or who are frail, are able to live as far as reasonably practicable, 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

Operational Delivery Model

During 2022/23, 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 misuse. 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 its' own particular social and demographic profile which require tailored responses to meet their specific health and social care needs. The partnership also provides health services on behalf of Angus and Perth and Kinross Integration Joint Boards under lead partnership arrangements (e.g. palliative care services) with reciprocal arrangements provided by those Integration Joint Boards (e.g. 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 the opportunity for committee members to better understand the needs of communities and to monitor and scrutinise performance of delegated services against delivering the strategic priorities through a range of performance indicators and benchmarking. Throughout 2022/23, the Integration Joint Board's Performance and Audit Committee received performance reports which quantified Dundee's health and social care challenges in relation to the baseline data against a range of performance indicators, designed to capture the progress made under integration over time. This includes nationally and locally set indicators, a number of which are reflected at locality level to assist the Dundee City Integration Joint Board in determining the areas of greatest need and to inform the targeting of resources. Dundee's 2022/23 performance against a range of national indicators is reflected in Table 2. Further information regarding the performance of Dundee Integration Joint Board can be found within the 2022/23 Annual Performance Report (**link to be inserted**)

The work of the Performance and Audit Committee over the 2022/23 financial year also informs the Annual Governance Statement set out within these annual accounts.

Table 2

National Indicator	Dundee 15/16 (Baseline Year)	Dundee 2021/22	Dundee 2022/23 *	Scotland 2022/23*
Emergency admissions rate to hospital per 100,000 people aged 18+	12,168	12,320	tbc	tbc
Emergency bed days rate per 100,000 people aged 18+	146,192	105,538	tbc	tbc
Readmissions to acute hospital within 28 days of discharge rate per 1,000 population	122	139	tbc	tbc
Falls rate per 1,000 population aged 65+	25	32	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	799	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 and performance and service redesign opportunities connected to the overarching strategic priorities. Following on from the pandemic some Covid contingency measures appear to be the 'new normal'. Mobile working practices have remained popular with applications still being used for non-contact consultations and services such as the Discharge Team have reinstated weekend working as 25% of discharges in Tayside are taking place over the weekend. In addition to this, we have also seen some services previously put on hold begin to reopen such as group work sessions within the community in relation to post diagnostic dementia support.

The key transformation programmes the Integration Joint Board has oversight of are as follows:

- Reshaping Non-Acute Care Programme
- Living Life Well – Tayside Mental Health and Wellbeing Strategy (Tayside Mental Health Alliance)
- ADP Strategic Framework and Delivery Plan
- Urgent and Unscheduled Care Board (Care Closer to Home, Specialist Palliative Care Services)
- Integrated Community Teams
- Transforming Public Protection (Dundee Partnership)

- Primary Care Improvement Plan
- Digital Transformation (with NHS Tayside and Dundee City Council)

Across Tayside a programme team has been established to support the delivery of Living Life Well. The team has supported efforts to revise governance structures related to living life well and listen learn change and have been involved in the process of reviewing existing workstreams to identify key priorities and streamline the overall programme. The following priority workstreams have been identified; Crisis and Urgent Care Pathway, Integrated Substance Use/Mental Health, Specialist Community Mental Health Redesign, Adult Mental Health Inpatient Redesign and Whole System Learning Disability. The revised workstream priority areas are in the process of remobilising, supported by the programme team.

A summary of the key achievements over 2022/23 is as follows:

- The Distress Brief Intervention (DBI) service continues to improve and develop providing essential support to people across Tayside experiencing distress. Run by Penumbra, between April and December 2022 they have supported 67 people across Tayside. DBI support is now being rolled out to practices.
- Progress continues to be made to further develop local mental health and wellbeing in primary care support. The Listening Service, social prescribing Link workers and PALMS team are linking with practices to support individuals as early in their pathway as possible.
- We have started to grow our Advanced Nurse Practitioner (ANP) workforce across a number of services such as Community Mental Health Team, Learning Disabilities, Psychiatry of Older Age Services and Urgent Care.
- The additional 4 ANP's in urgent care has allowed for the roll out of care home support to 14 practices.
- Increased staffing in our Post Diagnostic Support team to ensure those with a diagnostic of dementia and their carers are well supported. The increase in staffing has allowed the service to invest more time in one to one and groupwork support models.

Feedback from service users across the Partnership

"The carers centre made me realise how valuable I was as a carer and the skills I'd learnt it then gave me the confidence to grab life again I'm now in full time employment and working as a development and support worker an opportunity I'd have never in a million years expected my employers loved all the skills I'd learnt through caring role."

"Really supportive & helpful. Easy to talk to and let us decide as a group/team. I love this course and enjoy cooking. I'm getting more confident in my ability thanks to our team" feedback regarding 6 week cooking programme

"Her Morning Call has really helped to build her confidence and overcome her hesitation to join groups. We are really glad she has the service." - Daughter of service user after 5 months of calls. Service user had gone on to join 3 weekly clubs/groups and has cut calls down to twice a week instead of 5 times a week.

Analysis of Financial Statements 2022/23

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 Code 2022/23). The 2022/23 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 2022/23 Annual Accounts comprise: -

- a) Comprehensive Income and Expenditure Statement – This statement shows that Dundee City Integration Joint Board made an overall deficit of £15,030k in 2022/23 (surplus of £25,169 in 2021/22) on the total income of £328,622 (£325,430k) in 2021/22).
- b) Movement in Reserves – Dundee City Integration Joint Board has year-end reserves of £23,968k (£38,998k in 2021/22). 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 reserves have decreased due to the return of unused COVID-19 recovery funding to the Scottish Government.
- 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 2022/23 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 2023

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	128,794	92,763
Additional Pay award and NI uplift	1,551	
SG Allocation Adjustments	4,727	
Hospital & Community Health Services	3,999	
Partnership Funding	3,449	
Family Health Services Drugs Prescribing	-4,657	
General Medical Services	29,644	
Family Health Services – Cash and Non-Cash Limited	23,301	
Net Effect of Hosted Services	10,517	
Large Hospital Set Aside	20,776	
Additional DCC Funding – Pension Adjustment		7,047
Social Work & Social Care Funding		6,712
Revised Partners Funding Contribution	222,101	106,522

The IJB reported a year end underlying underspend of £7,531k for 2022/23, arising from an underlying underspend of £6,545k in social care budgets and an underlying underspend of £986k in health budgets. This net underspend has been utilised to increase the Uncommitted Reserve within the Balance Sheet.

Within Dundee City Council services, there have been high levels of staff vacancies, including management vacancies throughout a number of services. Difficulties in recruiting staff, resulting in less hours of care being available to deliver across services such as care at home services has been a significant driver in creating an underspend. This includes challenges in recruiting to new posts funded by additional Scottish Government funding in 2022/23.

Similarly, the underspend within the NHS also relates to recruitment and retention issues. This issue which has been seen nationally throughout different health boards has encouraged the Government to invest more in staff. During 2022/23 the effects of the cost of living crisis was felt heavily by many, the Agenda for Change pay award provided some respite for 2022/23

with further increases announced in February 2023 for 2023/24 in the hope to retain more staff going forward.

During 2022/23, the IJB utilised £6,073k of the additional COVID-19 funding which was held in a ring-fenced reserve, having been previously allocated by Scottish Government to fully cover all known additional pandemic response costs and provision for unanticipated costs. A breakdown of this expenditure is detailed below: -

Mobilisation Expenditure Area	COVID-19 Additional Expenditure (2020/21) £k	COVID-19 Additional Expenditure (2021/22) £k	COVID-19 Additional Expenditure (2022/23) £k
Additional Care Home Placements	336	0	0
PPE	157	192	85
Additional Staff Cover / Temporary Staff	2,817	2,659	3,425
Provider Sustainability Payments	4,379	2,538	1,712
IT / Telephony	50	0	20
Additional Family Health Services Contractor Costs	678	143	0
Additional Family Health Services Prescribing Costs	0	226	0
Loss of Charging Income	1,350	1,028	0
Additional Equipment and Maintenance	189	336	0
Primary Care	0	197	589
Additional Services within Remobilisation Plan	0	484	0
Other Costs	114	119	242
Anticipated Underachievement of Savings	200	0	0
Total Projected Mobilisation Costs	10,271	7,922	6,073
NHS Tayside spend	3,522	2,950	2,004
Dundee City Council spend	6,749	4,972	4,069

The in-year utilisation of Reserves balances within the impact of the overall financial position for integrated services in Dundee for 2022/23 has resulted in the level of reserves held by Dundee City Integration Joint Board decreasing to £24,423k at the year ended 31 March 2023 (as against £38,998k at the year ended 31 March 2022). This is reflected in the Movement in Reserves Statement.

	Opening Committed Reserves	In-Year Restatement of Reserves	Closing Committed Reserves @ 31/3/23
	£k	£k	£k
Primary Care	4,995	5,277	1,535
Mental Health	1,825	1,825	635
Drug & Alcohol	1,220	1,220	925
Service Specific	1,947	2,823	1,995
Community Living Change Fund	613	613	613
COVID-19	15,595	15,595	0
NHST - shifting balance of care	1,600	1,600	1,600
Strategic Developments	0	2,500	2,500
Interim Care	0	893	0
Revenue Budget Support	0	3,000	3,000
Other Staffing	394	394	377
Total Committed Reserves	29,065	35,740	13,189
Plus Uncommitted Reserves	9,933	3,258	11,244
Total Reserves	38,998	38,998	24,423

The reserve balance of £24,423k at the year ended 31 March 2023 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 the majority 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.

It should also be noted that the opening committed reserve for the continuing COVID-19 response was the only funding available to the Integration Joint Board to support additional COVID-19 expenditure during 2022/23 for all delegated services, including unscheduled care as the Scottish Government has confirmed there will be no further financial support available. During the financial year, the IJB utilised £6,073k towards this expenditure, with the surplus balance being returned to Scottish Government for redistribution across the sector to meet the Covid19 priorities. The impact of this was a net reduction of funding allocations of £9,523k to return this surplus funding to Scottish Government during 2022/23.

Achieving long-term financial sustainability and making best use of resources is critical to delivering the Dundee City Integration Joint Board's Strategic and Commissioning Plan'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 and 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 COVID-19 pandemic has had a profound impact 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 2022/23 clinical resource has been a key concern being one of the highest scoring risks on the partnerships strategic risk register. Recruitment challenges continue to exist in a range of roles including social care and nursing. Recruitment for Consultants and Doctors in specific areas such as Mental Health and Substance Misuse 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.

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 and also the medium term (12-36 month) workforce drivers focusing on sustaining growth and supporting longer term transformation.

National Care Service

The Scottish Government's Bill regarding the establishment of a National Care Service sets out plans to introduce Local Care Boards with the abolition of Integration Joint Boards. 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 has been deferred while the Scottish Government considers the feedback from the call for views and engages in further consultation with stakeholders, 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 risk continues to pose a risk to the IJB's future existence and its ability to implement its Strategic Commissioning Plan. Given the uncertainty that currently exists there is a risk that partner bodies may be reluctant to provide investment for HSCP developments.

The Cost of Living Crisis

The war in Ukraine resulting in higher levels of inflation and rising energy prices has led to a cost of living crisis throughout 2022/23, 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 posed a great risk to Dundee Health and Social Care Partnership throughout 2022/23 and continues to be a high priority heading into 2023/24.

Impact of COVID-19

Throughout 2022/23 the partnership has begun to see a decrease in the direct impact of Covid-19 with the number of cases declining. The risk now for the Integration Joint Board is the availability of resources for Covid-19 recovery. As noted in the management commentary, the pandemic has resulted in increased demand for services particularly Mental Health and

Substance use services while there is no additional funding available from 2023/24 onwards to support any Covid legacy expenditure. With waiting lists continuing to grow and scarce resources available, this poses a risk to service user and patient care along with a reputational and financial risk to the partnership.

Primary Care & Restrictions on Public Sector Funding

Challenges continue to present within Primary Care services, including the recent closure of Ryehill Medical Practice in Dundee and imminent closure of the Invergowrie Practice and impact on other Dundee GP Practices of supporting those closed practices patient lists. 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 2022/23, the challenges associated with the Dundee Drug and Alcohol Recovery Service were escalated 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.

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. 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.

Viability of External Providers

Previous assessments have been affected by the Covid-19 Pandemic, however the increase in energy prices in addition to fuel costs for staff travel in addition to staff pay pressures is already impacting this sector with concerns that a number will not be able to sustain their activities.

Conclusion

We are pleased to present the annual accounts for the year ended 31 March 2023 for Dundee City Integration Joint Board. The accounts show that Dundee City Integration Joint Board has benefited from considerable additional Scottish Government funding provided during 2022/23 to support the further development of integrated health and social care services through funding allocations such as expanding Multi-Disciplinary Teams while recognising the challenges of the legacy impact of the COVID-19 pandemic, growing demographic demand and the need to invest in the social care workforce. In line with health and social care services across the country, recruitment challenges in social care and other professions over the winter period in particular have resulted in slippage in the full deployment of these resources. The net impact of this has led to a considerable increase in the IJB's financial reserves which will support the IJB's financial position throughout 2023/24 and beyond. While some of this resource is allocated to delivering on local and national priorities the IJB has committed to utilising its reserves to support transformation of health and social care services and to support financial sustainability over future years.

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 by the impact of the Covid19 pandemic and the current 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
Chief Finance Officer
Dundee City
Integration Joint Board

Date:



Vicky Irons
Chief Officer
Dundee City
Integration Joint Board

Date:



Pat Kilpatrick
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 21st June 2023.

Signed on behalf of the Dundee City Integration Joint Board

Pat Kilpatrick

Chair

Dundee City Integration Joint Board

Date:

STATEMENT OF RESPONSIBILITIES

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 2023 and the transactions for the year then ended.

Dave Berry CPFA

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
P Kilpatrick	Chair – From 26 October 2022 Vice Chair - From 1 April 2022- 26 October 2022	NHS Tayside
K Lynn	Vice Chair – From 26 October 2022 Chair - From 1 April 2022 to 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 2022/23.

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.

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.

REMUNERATION REPORT

Total Salary, Fees & Allowances 2021/22 £	Post	Senior Employees	Total Salary, Fees & Allowances 2022/23 £
117,432	Chief Officer	Vicky Irons	128,027
97,316	Chief Finance Officer	Dave Berry	101,450
214,748		Total	229,477

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 Chief Finance 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 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 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.

REMUNERATION REPORT

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/22 £	For Year to 31/03/23 £		Difference from 31/03/22 £000	As at 31/03/23 £000
V Irons Chief Officer	19,963	21,765	Pension	0	45
			Lump Sum	0	85
D Berry Chief Finance Officer	16,459	17,246	Pension	4	46
			Lump sum	3	64
Total	36,422	39,011	Pension	4	91
			Lump Sum	3	148

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.

Pat Kilpatrick
Chair
Dundee City Integration Joint Board

Vicky Irons
Chief Officer
Dundee City Integration Joint Board

Date:

Date:

This page is intentionally left blank

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.

Pat Kilpatrick
Chair
Dundee City Integration Joint Board

Date:

Vicky Irons
Chief Officer
Dundee City Integration Joint Board

Date:

THE FINANCIAL STATEMENTS 2023

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.

2021/22		2022/23
Net Expenditure (Income) £000		Net Expenditure (Income) £000
83,526	Older People Services	91,570
24,843	Mental Health	29,733
37,980	Learning Disability	42,200
9,317	Physical Disability	10,370
7,107	Substance Misuse	8,840
18,259	Community Nurse Services / AHP* / Other Adult Services	18,666
12,328	Community Services (Hosted)***	14,788
6,681	Other Services / Support / Management	20,970
31,126	Prescribing	31,868
28,950	General Medical Services (FHS**)	30,056
21,607	FHS – Cash limited & Non-Cash Limited	23,454
281,724	Net Cost of Operational Services during the Year	322,515
337	IJB Operational Costs	361
18,200	Large Hospital Set Aside	20,776
300,261	Total Cost of Services	343,652
(325,430)	Taxation and Non- Specific Grant Income (Note 5)	(328,622)
(25,169)	(Surplus) or Deficit on Provision of Services	15,030
(25,169)	Total Comprehensive Income & Expenditure	15,030

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.

THE FINANCIAL STATEMENTS 2022/23

MOVEMENT IN RESERVES STATEMENT

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

Total Reserves 2021/22 £000	Movements in Reserves	General Fund Balance Total Reserves £000
13,829	Opening Balance at 31 March 2022	38,998
25,169	Total Comprehensive Income and Expenditure	(15,030)
25,169	Increase/(Decrease)	(15,030)
38,998	Closing Balance at 31 March 2023	23,968

THE FINANCIAL STATEMENTS 2022-23

BALANCE SHEET

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 2022 £000		Notes	31 March 2023 £000
39,038	Short Term Debtors	Note 6	24,039
39,038	Current Assets		24,039
(40)	Short Term Creditors	Note 7	(71)
(40)	Current Liabilities		(71)
38,998	Net Assets		23,968
38,998	Usable Reserve: General Fund	Note 8	23,968
38,998	Total Reserves		23,968

The unaudited accounts were issued on ** June 2023

Dave Berry, CPFA
Chief Finance Officer
Dundee City Integration Joint Board

Date:

This page is intentionally left blank

1. Significant Accounting Policies

General Principles

The Financial Statements summarise Dundee City Integration Joint Board's transactions for the 2021/22 financial year and its position at the year-end of 31 March 2022. 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 2023 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 UncertaintyCritical 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 £20.776m. This figure for 2022/23 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 usage in 2022/23. This is a transitional arrangement for 2022/23 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, Dietetics, Sexual and Reproductive Health and Psychology. 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

NOTES TO THE FINANCIAL STATEMENTS

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 2023 and the date the accounts were authorised for issue that would have an impact on the 2022/23 financial statements.

4. Expenditure and Income Analysis by Nature

2021/22 £000	Description	2022/23 £000
178,649	Services commissioned from NHS Tayside	209,405
121,275	Services commissioned from Dundee City Council	133,887
309	Other IJB Operating Expenditure	330
28	Auditor Fee: External Audit Work	31
(228,944)	Partners Funding Contributions – NHS Tayside	(222,101)
(96,486)	Partners Funding Contributions – Dundee City Council	(106,521)
(25,169)	(Surplus) or Deficit on the Provision of Services	15,030

5. Taxation and Non-Specific Grant Income

2021/22 £000	Description	2022/23 £000
(228,944)	Funding Contribution from NHS Tayside	(222,101)
(96,486)	Funding Contribution from Dundee City Council	(106,521)
(325,430)	Taxation and Non-Specific Grant Income	(328,622)

The funding contribution from the NHS Board shown above includes £20.776m 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

NOTES TO THE FINANCIAL STATEMENTS

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, previous national data sets not available due to COVID-19. The methodology of calculating future values of the Large Hospital Set Aside is being developed locally and nationally.

6. Debtors

2021/22 £000	Description	2022/23 £000
27,792	NHS Tayside	8,336
11,246	Dundee City Council	15,703
39,038	Total Debtors	24,039

7. Creditors

2021/22 £000	Description	2022/23 £000
0	NHS Tayside	0
37	Other Bodies	68
3	Other Government Bodies	3
0	Dundee City Council	0
40	Total Creditors	71

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.

NOTES TO THE FINANCIAL STATEMENTS

The movement reflects the impact of funding for specific initiatives carried forward to 2023/24. The committed reserves balance of £13,179k 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 2022/23.

Committed reserves relate to reserves that have been earmarked for specific purposes. At 31 March 2022, the IJB reserves are reporting a number of committed reserves that have decreased in size. This is mainly due to Scottish Government Policy whereby reserve balances are considered in the in year allocation of funding for a number of ring fenced funding streams with the expectation that these reserve balances are utilised prior to funding being provided by the Scottish Government. The level of uncommitted reserves grew as a result of the net surplus achieved in 2022/23. A detailed breakdown of these reserves is noted below:

Committed Reserves	Balance At 01-Apr-22 £000	Ring-fenced in year 2022/23 £000	Restated 22/23 01-Apr-22 £000	Movement 2022/23 £000	Balance at 31-Mar-23 £000
Mental Health	1,825	0	1,825	(1,189)	636
Primary Care	4,996	281	5,277	(3,743)	1,534
Service Specific	1,947	0	2,823	(828)	1,995
Community Living Fund	613	0	613	0	613
NHST - Shifting Balance of Care	1,600	0	1,600	0	1,600
Drug & Alcohol	1,220	0	1,220	(296)	924
Covid-19	15,595	0	15,595	(15,595)	0
Strategic Developments	876	2,500	2,500	0	2,500
Revenue Budget Support	0	3,000	3,000	0	3,000
Other Staffing	394	(0)	394	(17)	377
Interim Care	0	893	893	(893)	0
Total Committed Reserves	29,065	6,675	35,740	(22,561)	13,179
Total Uncommitted Reserves	9,933	(6,675)	3,258	7,531	10,789
Total - General Fund Balances	38,998	0	38,998	(15,030)	23,968

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.

NOTES TO THE FINANCIAL STATEMENTS

Transactions with NHS Tayside

2021/22 £000	Description	2022/23 £000
221,572	Funding Contributions received from the NHS Tayside Board	222,101
(177,123)	Net Expenditure on Services Provided by the NHS Tayside Board	(209,405)
44,449	Net Transactions with NHS Tayside	12,696

NHS Tayside did not charge for any support services provided in the year ended 31 March 2023 (2022: nil)

Balances with NHS Tayside

2021/22 £000	Description	2022/23 £000
27,792	Debtor balances: Amounts due from the NHS Board	8,336
0	Creditor balances: Amounts due to the NHS Board	0
27,792	Net Balance with the NHS Board	8,336

Transactions with Dundee City Council

2021/22 £000	Description	2022/23 £000
96,486	Funding Contributions received from Dundee City Council	106,521
(121,613)	Net Expenditure on Services Provided by Dundee City Council	(134,248)
(25,127)	Net Transactions with Dundee City Council	(27,727)

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 £361k.

Balances with Dundee City Council

2021/22 £000	Description	2022/23 £000
11,246	Debtor balances: Amounts due from Dundee City Council	15,703
0	Creditor balances: Amounts due to Dundee City Council	0
11,246	Net Balance with Dundee City Council	15,703

10. Value Added Tax (VAT)

NOTES TO THE FINANCIAL STATEMENTS

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.

As was the case in 2021/22, National Services Scotland (NSS) have been supplying PPE to Scottish Health Boards free of charge during the financial year 2022/23. In addition to this the Health Boards also provided PPE to Dundee Health and Social Care employees throughout the year. The value of this PPE issued to Dundee Health and Social Care Partnership in 2022/23 was £0.043m. The IJB is acting as an agent regarding these transactions and therefore there is no impact on the figures within the Comprehensive Income and Expenditure Statement.

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

2021/22 (£000)	Description	2022/23 (£000)
13,109	Expenditure on Agency Services	14,566
(13,109)	Reimbursement for Agency Services	(14,566)
0	Net Agency Expenditure Excluded from CIES	0

12. Provisions

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.

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

This page is intentionally left blank



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
21 JUNE 2023

REPORT ON: FINANCIAL MONITORING POSITION AS AT MARCH 2023

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB28-2023

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 2022/23 including an overview of the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report including the overall financial position for delegated services to the 2022/23 financial year end as at 31st March 2023 as outlined in Appendices 1, 2, and 3 of this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The final financial position for Dundee Health and Social Care Partnership for the financial year to 31st March 2023 (excluding any implications of additional COVID-19 spend) shows a net operational underspend of (£7,531k).

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 25th March 2022 (Article IV of the minute of the 25 March refers). This set out the cost pressures and funding available to ensure the IJB had a balanced budget position going into the 2022/23 financial year. The 2022/23 budget did not require to stipulate any additional savings plan to achieve a balanced budget position, therefore the financial monitoring reports will not need to include an updated assessment of the status of the savings plan during this year.

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. These figures exclude the cost implications of responding to the COVID-19 crisis.

4.3 Services Delegated from NHS Tayside

- 4.3.1 The financial position for services delegated from NHS Tayside to the IJB details an underspend of (£986k) for the financial year which is an increased underspend from (£626k) reported as at February 2023 position.
- 4.3.2 Throughout the year, the figures have assumed all additional Covid-19 costs will be covered by additional funding, community-based health services managed directly by Dundee Health and Social Care Partnership have underspent by (£1,272k), impact of Lead Partner Service (formerly referred to as Hosted Services) risk sharing adjustment has incurred an additional cost of £843k, prescribing is underspent by (£958k) and other Primary Care services is overspent by £401k.
- 4.3.3 Key drivers of underspends across various services continued 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.
- 4.3.4 Key drivers of overspends tends to be as a result of reliance on bank, agency or locum staff (with premium cost implications) to fill vacancies where patient acuity and / or safe-staffing levels necessitate the use of these additional staff.
- 4.3.5 GP and Other Family Health Services Prescribing has continued to contribute an underspend to the overall financial position. This is predominantly as a result of cumulative prescription volumes being lower than Plan (by 2.2%), with cumulative average pricing being marginally higher than expected (by 3.0%). Ongoing regular monitoring of the local and regional Prescribing financial position is undertaken within multi-disciplinary meetings. Nationally, prices have also been impacted by short supply with price premiums required to meet wholesale cost increases, and this continues to cause some fluctuations and uncertainty.
- 4.3.6 Other Primary Care Service projected overspend is mainly driven by the share of cost pressure relating to GP 2C practices.
- 4.3.7 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 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 £843k which mainly relates to higher spend within Out of Hours and Forensic Medical Services led by Angus IJB. The Out of Hours overspend is as a direct result of Covid19 remobilisation with changes to the patient pathway now embedded in the service model. Work in ongoing within the service to develop a financial recovery plan and future service delivery model.

- 4.3.8 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. Discussions have continued throughout 2022/23 between the 3 Integration Joint Boards Chief Officers and Chief Finance Officers and NHS Tayside around residual financial risk sharing arrangements for these services resulting in an agreement that each of the IJB's make a financial contribution to support the services financial position for the 2022/23 financial year. The contribution from Dundee was £883k which was provided for within the IJB's existing financial resources. Further discussions are taking place with respect to the longer-term financial arrangements.

4.4 Services Delegated from Dundee City Council

- 4.4.1 The financial outturn for services delegated from Dundee City Council to the IJB shows a full year underspend of (£6,545k) which is an increased underspend from (£4,452k) reported as at the February 2023 position.
- 4.4.2 A key driver of underspend continues to be from vacancies as a result of recruitment and retention challenges across various teams, professions and grades.
- 4.4.3 Throughout 2022/23, the return to pre-pandemic levels of activity (and therefore expenditure) has not emerged at the rate initially anticipated for a variety of reasons, including availability of care at home provision due to the lack of capacity in the social care staff market and reduced number of care home beds including temporary closures to new placements due to Covid19 outbreaks. There have also been in-year delays in the planned opening of new services e.g. community wellbeing centre and accommodation with support developments. Funding for these increased activity levels and new developments was identified as part of 2022/23 budget setting process. During the year, projected expenditure figures had included relevant provision for anticipated increased activity and spend during the remaining period, however the year-end figures and associated analysis now reflects the confirmed expenditure for the full financial year.
- 4.4.4 The current year position also includes £1,400k of returned unspent 21/22 funding from providers contractual obligations. This is a non-recurring financial benefit this year and will not be received in future years.
- 4.4.5 Key drivers of overspend includes ongoing lower income levels (due to lower activity levels), and an additional cost pressure against the increased pay award agreement compared to the level budgeted for. The IJB's 2022/23 Budget included an assumption of 2% pay award against a flat-cash settlement from Dundee City Council, with this cost pressure being incorporated into the overall financial plan. The additional cost associated with the agreement at a rate above 2% was recognised and incorporated into financial monitoring position from October.

4.5 Financial Impact of the COVID-19 Response

- 4.5.1 Dundee Health and Social Care Partnership continued to incur additional expenditure associated with the response to the Covid19 pandemic and the Scottish Government provided additional funding throughout 2020/21 and 2021/22 to support these additional costs which included provision for unforeseen additional expenditure at the year-end period due to the uncertainty of a range of costs. The Scottish Government instructed that any surplus funding at the year-end would sit as earmarked for Covid-19 in IJB's reserve balances. At the start of the financial year, Dundee IJB held a total of £15.6m of Covid19 reserves, which must be drawn down to meet additional ongoing Covid19 related demands on delegated services in 2022/23. The Scottish Government confirmed that no further additional funding was to be made available.

- 4.5.2 The latest financial summary as submitted to the Scottish Government in April 2023 (after Month 12, 2022/23) is as follows:

Table 1

Mobilisation Expenditure Area	2022/23 COVID-19 Additional Expenditure £000	2021/22 COVID-19 Additional Expenditure £000	2020/21 COVID-19 Additional Expenditure £000
Additional Care Home Placements	0	0	336
PPE	85	192	157
Additional Staff Cover / Temporary Staff	3,425*	2,659	2,817
Provider Sustainability Payments	1,712	2,538	4,379
IT / Telephony	20	0	50
Additional Family Health Services Contractor Costs	0	143	678
Additional Family Health Services Prescribing Costs	0	226	0
Loss of Charging Income	0	1,028	1,350
Additional Equipment and Maintenance	0	336	189
Primary Care	589	197	0
Additional Services within Remobilisation Plan	0	484	0
Other Costs	242	119	114
Anticipated Underachievement of Savings	0	0	200
Total Mobilisation Costs	6,073	7,922	10,271

*Includes share of additional Covid19 costs for regional In-Patient Mental Health (£1,063k)

- 4.5.3 The available Covid-19 Reserves balance has been sufficient to fully cover the additional expenditure during 2022/23
- 4.5.4 The Scottish Government ended the full financial support offered to social care providers throughout the pandemic funded through IJB remobilisation funding on 30 June 2022. However, some ongoing support under the Social Care Staff Support fund remained in place along with financial support arrangements for testing and vaccinations until 31 March 2023 and these costs continued to be factored into financial projections.
- 4.5.5 The providers financial support claim process involves assessment and scrutiny as well as benchmarking where possible by contracts officers and commissioning leads with a recommendation made to the Chief Finance Officer of Dundee IJB as to the reasonableness of the request. The Chief Finance Officer considers these recommendations and other considerations prior to authorising additional provider payments.
- 4.5.6 Any future year or ongoing financial implications relating to additional Covid-19 costs continues to be reviewed and funding options considered, however it is recognised that no additional funding will be made available for this purpose and any expenditure must be managed within existing resources.
- 4.5.7 There have been a number of significant changes to Public Health policies in relation to Covid19 over the summer 2022, which has resulted in the profile of Covid19 spend reducing significantly compared to when funding was provided to IJBs for Covid19 purposes. In response to this, the Scottish Government wrote to IJB Chief Officers and Chief Finance Officers to intimate their intention to reclaim surplus Covid19 reserves to be redistributed across the sector to meet current Covid19 priorities. Correspondence was received from the Scottish Government dated 16th January 2023 confirming this was to be processed through a reduced (negative) allocation via NHS Board funding, with Dundee IJB returning a reported surplus uncommitted Covid19 reserve balance of £10,349k. Year end expenditure confirmed an additional balancing

allocation of £826k was required to fully fund the relevant expenditure – this allocation from Scottish Government was received during April and incorporated into the 2022/23 year-end financial position.

4.6 Reserves Position

- 4.6.1 The IJB's reserves position significantly improved at the year ended 31st March 2022 as a result of the IJB generating an operational surplus of £7,839k during 2021/22 and the impact of the release of significant funding to all IJB's by the Scottish Government for specific initiatives to be held as earmarked reserves. This resulted in the IJB having total committed reserves of £29,065k and uncommitted reserves of £9,933k at the start of 2022/23 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	Reserves Balance @ 31/3/22	Restated Reserves Balances 2022/23	Closing Reserves @ 31/3/23
	£k	£k	£k
Mental Health	1,825	1,825	635
Primary Care	4,995	5,277	1,535
Community Living Fund	613	613	613
NHST - Shifting Balance of Care	1,600	1,600	1,600
Drug & Alcohol	1,220	1,220	925
Covid-19	15,595	15,595	0
Strategic Developments	0	2,500	2,500
Revenue Budget Support	0	3,000	3,000
Interim Care	0	893	0
Service Specific	2,823	2,823	1,995
Other Staffing	394	394	377
Total committed	29,065	35,740	13,179
General	9,933	3,258	10,789
TOTAL RESERVES	38,998	38,998	23,968

- 4.6.2 As agreed at IJB meeting on 26 August 2022, per Agenda Note DIJB62-2022, an additional Committed Reserve has now been created to fund additional GP capacity during the next 2 years. This is noted in the Restated Primary Care Reserve value in Table 2
- 4.6.3 As agreed at IJB meeting on 26 October 2022, per Report DIJB76-2022, an additional Committed Reserve has been created to fund GP Premises Programme Manager during the next 2 years. This is noted in the Restated Primary Care Reserve in Table 2
- 4.6.4 As agreed at IJB meeting on 14 December 2022, per Report DIJB90-2022, additional Committed Reserves were created for short term targeted investment in supporting transformation, supporting necessary infrastructure and to reduce waiting times which will support the delivery of the IJB's Strategic and Commissioning Plan. These are noted in the Strategic Developments and Revenue Budget Support Reserves in Table 2
- 4.6.5 As agreed at IJB meeting on 29 March 2023, per Report DIJB13-2023, an increased Committed Reserve to provide Non-Recurring Revenue Budget Support for 2023/24 financial plan was approved as part of the budget setting process. This is noted in the Revenue Budget Support Reserve in Table 2.

- 4.6.6 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.
- 4.6.7 In relation to Primary Care Improvement funding, the Scottish Government confirmed that the total value of the earmarked reserves for this purpose held by IJBs across the country has now been considered as part of the overall available funding and therefore IJBs must use their reserves and will only receive additional funding for their investment programme once this has been fully utilised. Overall funding in 2022/23 was therefore restricted to the reserves plus the difference between the original annual funding allocation and those reserve balances, nb an overall reduction in this year's assumed available funding. This has had an impact on the IJB's ability to fully implement the Primary Care Improvement Plan.
- 4.6.8 Given the confirmed reclaim of Covid19 unused reserves, the Scottish Government's funding changes to Primary Care Improvement Funding and anticipated restrictions in Mental Health Action 15 and Alcohol and Drug Partnership funding, it was previously acknowledged a significant portion of committed reserves would be utilised during 2022/23.
- 4.6.9 The reserves balances at year end are now incorporated into Table 2 to reflect the in-year utilisation of reserves funding that has occurred during 2022/23, as well as the return of uncommitted surplus Covid-19 balance to the Scottish Government. The table shows a net overall reduction of £22,561k in committed reserves. The increase in general reserves reflects the inclusion of operational underspend of £7,531k for the current financial year.

4.7 Comparison to IJB Annual Accounts

- 4.7.1 Throughout the year, financial monitoring information is presented in a consistent format to reflect the operational position of services within the IJB. Assumptions relating to the utilisation of reserves are already reflected in the financial monitoring position i.e. expenditure planned to be funded from reserves is shown net of the reserves being applied (e.g. Covid expenditure)
- 4.7.2 In comparison, the IJB's Annual Accounts must follow a statutory format and layout in terms of accounting treatment and presentation, particularly in relation to movements to and from reserves. In this regard, any surplus that creates a new or increased reserve must initially flow through the CIES (Comprehensive Income and Expenditure Statement) and will be shown as an underspend, while any deficits that will be funded from reserves must also initially flow through CIES but be shown as an overspend in the accounts.
- 4.7.3 The IJB's Unaudited Annual Accounts for the financial year end 31st March 2023 are presented to the IJB on this agenda (report DIJBxx-2023.) This report reflects that the IJB incurred a deficit of £15,030k for the financial year. However reflecting the accounting treatment set out in 4.7.2 above, this is constituted as an operational underspend of (£7,531k) as set out within this report combined with cumulative drawdown from reserves during the year of £22,561k (a net reduction in the reserves position of £15,030k)

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 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.

Dave Berry
Chief Finance Officer

Date: 22nd May 2023

Christine Jones
Partnership Finance Manager

This page is intentionally left blank

						Appendix 1
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2022/23						Mar-23
	Dundee City Council Delegated Services		NHST Dundee Delegated		Partnership Total	
	Net Budget £,000	Overspend / (Underspend) £,000	Net Budget £,000	Overspend / (Underspend) £,000	Net Budget £,000	Overspend / (Underspend) £,000
Older Peoples Services	54,146	(2,494)	18,469	7	72,615	(2,488)
Mental Health	6,021	535	4,698	(53)	10,719	482
Learning Disability	33,970	(1,281)	1,548	(140)	35,518	(1,420)
Physical Disabilities	8,406	(338)	0	0	8,406	(338)
Drug and Alcohol Recovery Service	1,574	(285)	4,432	78	6,005	(206)
Community Nurse Services/AHP/Other Adult	-4,354	(99)	17,938	(644)	13,584	(743)
Lead Partner Services			25,005	(1,221)	25,005	(1,221)
Other Dundee Services / Support / Mgmt	6,758	(2,584)	36,078	(995)	42,836	(3,579)
Centrally Managed Budgets			-973	1,695	(973)	1,695
Total Health and Community Care Services	106,521	(6,545)	107,196	(1,272)	213,717	(7,817)
Prescribing (FHS)			33,457	(542)	33,457	(542)
Other FHS Prescribing			-630	(417)	(630)	(417)
General Medical Services			29,644	412	29,644	412
FHS - Cash Limited & Non Cash Limited			23,301	(11)	23,301	(11)
Large Hospital Set Aside			20,776	0	20,776	0
In-Patient Mental Health			12,736	0	12,736	0
Total	106,521	(6,545)	226,479	(1,829)	333,000	(8,374)
Net Effect of Lead Partner Services*			(4,378)	843	(4,378)	843
Grand Total	106,521	(6,545)	222,101	(986)	328,623	(7,531)
*Lead Partner Services (formerly known as 'Hosted Services') - Net Impact of Risk Sharing Adjustment						

This page is intentionally left blank

							Appendix 2
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2022/23							Mar-23
	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total		
	Annual Budget £,000	Overspend / (Underspend) £,000	Annual Budget £,000	Overspend / (Underspend) £,000	Annual Budget £,000	Overspend / (Underspend) £,000	
1							
Psych Of Old Age (In Pat)			5,094	301	5,094	301	
Older People Serv. - Ecs			293	-17	293	-17	
Older Peoples Serv. -Community			825	-54	825	-54	
Ijb Medicine for Elderly			6,485	19	6,485	19	
Medical (P.O.A)			772	230	772	230	
Psy Of Old Age - Community			2,608	-287	2,608	-287	
Medical (MFE)			2,392	-185	2,392	-185	
Care at Home	26,716	-1,184			26,716	-1,184	
Care Homes	30,988	-488			30,988	-488	
Day Services	1,166	119			1,166	119	
Respite	541	-259			541	-259	
Accommodation with Support	1,888	70			1,888	70	
Other	-7,153	-753			-7,153	-753	
Older Peoples Services	54,146	-2,494	18,469	7	72,615	-2,488	
2							
Community Mental Health Team			4,698	-53	4,698	-53	
Care at Home	892	-18			892	-18	
Care Homes	418	301			418	301	
Day Services	67	-10			67	-10	
Respite	-2	48			-2	48	
Accommodation with Support	4,569	467			4,569	467	
Other	77	-253			77	-253	
Mental Health	6,021	535	4,698	-53	10,719	482	
3							
Learning Disability (Dundee)			1,548	-140	1,548	-140	
Care at Home	20,471	-13			20,471	-13	
Care Homes	3,094	-449			3,094	-449	
Day Services	9,877	857			9,877	857	
Respite	441	257			441	257	
Accommodation with Support	1,956	-1,135			1,956	-1,135	
Other	-1,868	-798			-1,868	-798	
Learning Disability	33,970	-1,281	1,548	-140	35,518	-1,420	
4							
Care at Home	2,224	-229			2,224	-229	
Care Homes	2,046	-215			2,046	-215	
Day Services	1,473	62			1,473	62	
Respite	115	4			115	4	
Accommodation with Support	0	83			0	83	
Other	2,549	-42			2,549	-42	
Physical Disabilities	8,406	-338	0	0	8,406	-338	
5							
Dundee Drug Alcohol Recovery			4,432	78	4,432	78	
Care at Home	310	0			310	0	
Care Homes	528	54			528	54	
Day Services	62	1			62	1	
Respite	0	0			0	0	
Accommodation with Support	0	-179			0	-179	
Other	673	-160			673	-160	
Drug and Alcohol Recovery Service	1,574	-285	4,432	78	6,005	-206	

		Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
		Annual Budget	Overspend /	Annual Budget	Overspend /	Annual Budget	Overspend /
		£,000	(Underspend) £,000	£,000	(Underspend) £,000	£,000	(Underspend) £,000
6							
	A.H.P.S Admin			495	16	495	16
	Physio + Occupational Therapy			7,345	-440	7,345	-440
	Nursing Services (Adult)			9,270	-39	9,270	-39
	Community Supplies - Adult			344	-24	344	-24
	Anticoagulation			483	-156	483	-156
	Other Adult Services	-4,354	-99			-4,354	-99
	Adult Services	-4,354	-99	17,938	-644	13,584	-743
7							
	Palliative Care - Dundee			3,340	37	3,340	37
	Palliative Care - Medical			1,544	72	1,544	72
	Palliative Care - Angus			415	20	415	20
	Palliative Care - Perth			1,975	-124	1,975	-124
	Brain Injury			1,758	-43	1,758	-43
	Dietetics (Tayside)			4,007	56	4,007	56
	Sexual & Reproductive Health			2,441	-202	2,441	-202
	Medical Advisory Service			111	-42	111	-42
	Homeopathy			31	8	31	8
	Tayside Health Arts Trust			78	0	78	0
	Psychological Therapies			6,430	-643	6,430	-643
	Psychotherapy (Tayside)			1,316	-186	1,316	-186
	Perinatal Infant Mental Health			678	0	678	0
	Learning Disability (Tay Ahp)			881	-173	881	-173
	Lead Partner Services	0	0	25,005	-1,221	25,005	-1,221
8							
	Working Health Services			0	20	0	20
	The Corner			592	-3	592	-3
	Ijb Management			866	-109	866	-109
	Partnership Funding			29,497	0	29,497	0
	Urgent Care			1,971	-196	1,971	-196
	Health Inequalities			1,023	-218	1,023	-218
	Keep Well			636	-272	636	-272
	Primary Care			1,493	-217	1,493	-217
	Support Services / Management Costs	6,758	-2,584			6,758	-2,584
	Other Dundee Services / Support / Mgmt	6,758	-2,584	36,078	-995	42,836	-3,579
	Centrally Managed Budget			-973	1,695	-973	1,695
	Total Health and Community Care Services	106,521	-6,545	107,196	-1,272	213,717	-7,817
	Other Contractors						
	FHS Drugs Prescribing			33,457	-542	33,457	-542
	Other FHS Prescribing			-630	-417	-630	-417
	General Medical Services			29,644	412	29,644	412
	FHS - Cash Limited & Non Cash Limited			23,301	-11	23,301	-11
	Large Hospital Set Aside			20,776	0	20,776	0
	Grand H&SCP	106,521	-6,545	213,743	-1,829	320,265	-8,374
	Lead Partner Services Recharges Out			-15,085	520	-15,085	520
	Lead Partner Services Recharges In			10,707	324	10,707	324
	Adjustment			-4,378	843	-4,378	843
	Grand Total	106,521	-6,545	209,366	-986	315,887	-7,531

NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards			Appendix 3
Recharge to Dundee IJB			
Risk Sharing Agreement - March 2023			
	Annual Budget £000s	Forecast Over / (Underspend) £000s	Dundee Share of Variance £000s
Lead Partner Services - Angus			
Forensic Service	1,113	206	81
Out of Hours	8,986	1,286	507
Locality Pharmacy	1,609	38	15
Tayside Continence Service	3,332	(0)	(0)
Speech Therapy (Tayside)	1,301	5	2
Sub-total	16,342	1,536	605
Apprenticeship Levy & Balance of Savings Target	178	(123)	(48)
Total Lead Partner Services - Angus	16,520	1,413	557
Lead Partner Services - Perth & Kinross			
Prison Health Services	4,904	(328)	(129)
Public Dental Service	2,396	(68)	(27)
Podiatry (Tayside)	3,532	(416)	(164)
Sub-total	10,833	(811)	(320)
Apprenticeship Levy & Balance of Savings Target	(177)	220	87
Total Lead Partner Services - Perth&Kinross	10,656	(591)	(233)
Total Lead Partner Services from Angus and P&K	10,707		324

This page is intentionally left blank



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
21 JUNE 2023

REPORT ON: 5 YEAR FINANCIAL OUTLOOK 2023/24-2027/28

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB36-2023

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide the Integration Joint Board (IJB) with a forecast of the medium to longer term financial challenges which are likely to impact on the IJB's future delegated budget and sets out the framework within which these challenges will be mitigated to enable the IJB's strategic priorities to be delivered within a balanced budget.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the potential financial challenges which may impact on the IJB's delegated budget over the medium to longer term as set out in sections 4.1.1 to 4.1.8 and Appendix 1 to this report.
- 2.2 Approves the framework and range of principles under which the IJB will approach these challenges to ensure the IJB is able to deliver its strategic and commissioning priorities while delivering a balanced budget as set out in sections 4.1.9 and 4.1.10 of this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 This report sets out the potential financial gaps within the IJB's delegated budget over the coming years. Based on a range of current assumptions, this could potentially result in savings totalling approximately £36m being required over the next five financial years.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Since the establishment of Integration Joint Boards, the delivery of integrated health and social care services have been set within a context of severe financial restrictions to the Scottish Governments public spending and continued increases in demographic demand.
- 4.1.2 In relation to Dundee Integration Joint Board's delegated budget, these funding pressures and the impact of demographic demand resulted in year-end overspends being incurred in the pre-Covid19 pandemic financial years which in effect wiped out the IJB's reserves. Audit Scotland had previously commented on concerns about the ongoing financial sustainability of the IJB at this stage and how this could undermine the IJB's ability to improve and deliver vital health and social care services in the future (as set out in the Annual External Auditors Report – Item V of the meeting of the Performance and Audit Committee held on 24 November 2020 refers).
- 4.1.3 The financial position of the IJB has improved over the last 2 financial years through the impact of additional funding provided by the Scottish Government to invest in health and social care services and to mitigate the financial impact of the Covid19 pandemic. This has enabled the IJB to deliver financial underspends over those years and therefore replenish its reserves to support the

IJB's financial position. The effective future investment of these reserves will be critical to the longer term financial sustainability of health and social care services within Dundee.

- 4.1.4 The scale of the budgetary challenges faced by the IJB since it was established in terms of budgeted cost pressures and the level of funding received from partner bodies can be illustrated by the level of annual savings the IJB has been required to make to balance the delegated budget as follows:

Financial Year	Level of Savings Required to Balance Delegated Budget £000
2016/17 (baseline budget)	6,578
2017/18	2,840
2018/19	4,787
2019/20	5,936
2020/21	2,341
2021/22	2,042
2022/23	Nil
2023/24	5,137
Total	29,661

This position is net of any additional funding provided by the Scottish Government over that time and has clearly had a significant impact on the ability of the IJB to continue its aim of transforming health and social care services from within the delegated budget which is around £284m per annum.

- 4.1.5 The Scottish Government published its Scottish Fiscal Outlook – The Scottish Government's Medium-Term Financial Strategy in May 2023. In the forward of this publication the Deputy First Minister and Cabinet Secretary for Finance states *"The financial situation is, amongst the most challenging since devolution. Following on from a decade defined by UK austerity, over the past three years Scotland has faced a succession of economic shocks, with the Covid pandemic, the war in Ukraine, and the recent period of high inflation all driving significant pressures on the economy, society and the public finances"*. Furthermore *"We are living through the biggest fall in living standards in decades, with the Scottish Fiscal Commission forecasting that average real disposable incomes are not set to recover to pre-pandemic levels until around 2026-27."* Commenting on the impact of this *"We face a real terms reduction in the resource Block Grant of 0.1% in 2024-25, and a small real terms increase of 1.1% from 2025-26 onwards. Whilst overall funding is projected to increase compared to what was set out in the last Medium Term Financial Strategy, this growth fails to compensate for the impact of the sustained rates of high inflation and the corrosive effect this has on the Government's spending power."*
- 4.1.6 The strategy document sets out the overall funding available to the Scottish Government described as the central outlook for overall resource funding, which informs the Scottish Government's spending plans, and the assumptions underpinning this. This is compared to the spending outlook for services as follows to show a significant gap in funding.

Central Resource Spending Outlook

	2023/24	2024/25	2025/26	2026/27	2027/28
Social Security	5,290	6,192	6,638	7,000	7,389
Health and Social Care	18,176	18,903	19,660	20,446	21,264
Local Government	10,958	11,403	11,720	12,054	12,417
Other	10,836	11,076	11,286	11,513	11,777
Total	45,260	47,575	49,304	51,013	52,846
Central Funding Outlook	45,260	46,535	47,917	49,415	50,971
Modelled Shortfall	0	-1,040	-1,387	-1,598	-1,875
		-2%	-3%	-3%	-4%

Source: Scottish Government's Medium Term Financial Strategy May 2023

- 4.1.7 It is therefore within this challenging financial context that public services in Scotland will be required to operate within over the medium term.
- 4.1.8 Dundee Health & Social Care Partnership's (DHSCP) own financial modelling to establish the potential financial impact of both the range of cost pressures and the estimated funding from partners and the Scottish Government is set out in Appendix 1 to this report. This model makes a range of assumptions which are subject to change however represents the most up to date information DHSCP has in terms of future financial planning, including those from its statutory partner bodies. This includes assumptions around increasing staff pay awards with the cost of living rises anticipated to be significantly higher than recent years, increases in demographic demand and increases in costs experienced by external care providers such as through the National Care Home Contract, again through the impact of high inflation levels. The financial model does not fully include at this stage an estimate of the increased demand for health and social care services as a result of the Covid19 pandemic as distinct from underlying increases in demographic demand. Further information on population health, including an updated population needs assessment is required to provide a basis for potential cost estimation for these factors.
- 4.1.9 Appendix 1 sets out an early indication of the scale of the financial challenge facing the IJB over the coming years. By setting this out now, the IJB can start to consider how it can mitigate the effect of the difficult projected funding position in terms of its forward planning. This will require the IJB to focus on the need to change and transform services and not rely on short term measures to balance the budget. The following range of principles set within an overarching financial framework is recommended to be adopted which will support the IJB in balancing demand and improving health and social care outcomes for Dundee citizens while delivering a balanced budget.
- Ensure the delegated budget is targeted towards areas of spend which contribute to delivering the IJB's strategic priorities.
 - Continue to shift the balance of care for bed-based models of care to community-based health and social care services.
 - Prioritise investment in early intervention and prevention for longer term impact on demand for health and social care services.
 - Maintain investment in services which contribute to the continued good local performance around delayed discharge.
 - Ensure community-based health and social care services are as efficient and effective as possible without compromising on the quality of services.
 - Embed new ways of working implemented as a response to the Covid-19 pandemic and where possible ensure service delivery does not automatically revert to a pre-pandemic state
 - Maximise use of the IJB's earmarked and non-earmarked reserves to provide short term investment which will support longer term sustainability of service including the transformation programme reserve
 - Continue to work with statutory partners to develop the use of technology to enhance direct service user/patient contact and to support staff in the community to work in a more mobile way.
 - Set out clearly the eligibility criteria under which the local population can access the range of health and social care services available, including signposting to the most appropriate services where applicable.
 - Ensure a best value approach to service provision at all times and identify and eliminate waste and inefficiency.
 - Identify further partnering opportunities with the 3rd and independent sector.
 - Increase the pace of major transformation programmes, ensuring these are properly resourced with supporting infrastructure.
 - Pursue opportunities to access external funding to support specific initiatives (e.g. private, public and charitable funding).
 - Continue to develop the IJB's workforce plan to set out clearly the future shape of the required workforce to ensure there are no gaps, reducing the risk of incurring more expensive staff costs (e.g. use of agency staff).
 - Continue to ensure the implementation of fair work practices in social care provider contracts
 - Work with statutory partners, including neighbouring IJB's to identify wider transformation programmes within which health and social care services can benefit.

4.1.10 The IJB's transformation programme currently consists of the following established projects:

- Reshaping Non-Acute Care Programme
- Living Life Well – Tayside Mental Health and Wellbeing Strategy (Tayside Mental Health Alliance)
- ADP Strategic Framework and Delivery Plan
- Urgent and Unscheduled Care Board (Care Closer to Home, Specialist Palliative Care Services)
- Integrated Community Teams
- Transforming Public Protection (Dundee Partnership)
- Primary Care Improvement Plan
- Digital Transformation (with NHS Tayside and Dundee City Council)

The progression of these are critical to the IJB in terms of improving services, reducing risk (reflected in the current Strategic Risk Register), providing assurance to stakeholders and ensuring best value is achieved in the allocation of resources. While progress on these issues are reported to the IJB on a regular basis, consolidated Transformation Programme progress reports will be provided to the IJB during 2023/24. Further areas of service transformation will be identified and reported throughout the year.

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 the IJB will not be able to balance its resources and achieve its strategic objectives should the combination of the level of funding provided through the delegated budget and the impact of the IJB's Transformation Efficiency Programme be insufficient.
Risk Category	Financial
Inherent Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme)
Mitigating Actions (including timescales and resources)	Additional Scottish Government Funding provided Developing a robust and deliverable Transformation Programme. Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget. Application of IJB's reserves.
Residual Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Planned Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Approval recommendation	Although the risk levels remain high, the range of interventions identified generally have a medium to low risk of delivery in 2019/20 therefore it is recommended that the risks be accepted. Risks around the Prescribing budget will be continually monitored and reported to the IJB throughout the year.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

- 9.1 None.

Dave Berry
Chief Finance Officer

DATE: 29 May 2023

This page is intentionally left blank

Dundee IJB Delegated Budget

Appendix 1

5 Year Financial Outlook 2023/24 – 2027/28

	2023/24	2024/25	2025/26	2026/27	2027/28
	£000	£000	£000	£000	£000
Estimated Baseline Budget	278,575	284,184	290,939	295,129	299,430
Estimated additional Cost Pressures	10,746	15,610	10,793	11,683	12,223
Estimated Funding Required	289,321	299,793	301,731	306,182	311,654
Estimated Funding Provided	284,184	290,939	295,129	299,430	303,846
Estimated Funding Gap	5,137	8,855	6,602	7,382	7,807
Total Funding Gap Over 5 Years					35,783

Note: Assumes all staff costs uplifts for NHS services will continue to be funded by the Scottish Government

This page is intentionally left blank



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

REPORT ON: DELIVERY OF GENERAL MEDICAL SERVICES FOR PATIENTS REGISTERED WITH INVERGOWRIE PRACTICE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB42-2023

1.0 PURPOSE OF REPORT

This report outlines the current position with Invergowrie Medical Practice and the options for ensuring continuity of care for those patients registered with the practice. The Perth and Kinross Integrated Joint Board will also be asked to comment on the issues contained within this report prior to submitting to NHS Tayside for decisioning making.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the current position with Invergowrie practice and the termination date of their GMS contract with NHS Tayside on the 23 June 2023
- 2.2 Notes the options explored for ensuring ongoing care for those patients currently registered with Invergowrie Medical Practice
- 2.3 Notes the preferred option is to disperse patients to other practices in Errol and Dundee, with the majority of patients registered with Ancrum Medical Practice, whose staff currently also provide care in Invergowrie Medical Practice, and
- 2.4 Provide comment for NHS Tayside to take into account in their decision making.

3.0 FINANCIAL IMPLICATIONS

- 3.1 Primary Medical Services is largely funded from Scottish Government General Medical Services (GMS) funding, with additional funds for locally agreed services delivered by practices. As this funding is predominately based on population, the funding would move with patients regardless of the preferred option. Some of the options would be likely to have a greater impact on finance than others. However, finance specifically was not included in the scoring for the options appraisal as it is not seen as core to the decision-making process in this context, but was part of the resource criteria, noted at 4.5.2, along with staffing.
- 3.2 The recommendation to disperse patients across a set of practices is one where the recurring provision of services can be managed within the available long term GMS funding streams. There will be some recognised short term costs of managing new patients, including an additional allocation for Ancrum practice for 2 years, equivalent to the allocation that Invergowrie Medical Practice receives currently. Most of this will also be managed within national GMS funding streams with a small time-limited local augmentation of national funding required. This is primarily to support the additional work for practices to register and support new patients in a short period of time. There may also be some additional funding required for premises improvements in those practices who have an increase in patient numbers.

4.0 MAIN TEXT

4.1 Practice Context

- 4.1.1 Invergowrie Medical Practice provides general medical service care under a GMS 17c agreement, which offers a degree of flexibility from the standard 17J GMS Contract, and which was introduced to enable a practice with a small patient list, less than 1000 patients at the start of the agreement, to be viable. The agreement is currently held by General Practitioners (GP's) from Ancrum Medical Practice, for around 1800 patients. Patients registered with Invergowrie Practice predominantly live across the Carse of Gowrie, with around 300 also living within the Dundee city boundary. The practice has experienced difficulties over the last few years with the recruitment and retention of GPs. The practice has managed to obtain some locum cover and salaried sessions and had for a period additional support from a Career Start GP placed there as part of NHS Tayside's GP recruitment and retention programme. The recent resignation of one of the 2 remaining GP partners means there is now only one GP partner for both Ancrum and Invergowrie practices which have a combined list size of 5500. From a sustainability perspective it is preferable to have GP Partnerships rather than single handed contractors as this offers more resilience. The Invergowrie practice remains in a position where it has been unable to secure a stable GP workforce to ensure ongoing safe and quality person-centred care if staff are working over both Invergowrie and Ancrum sites.
- 4.1.2 The average Scottish practice has a list size per whole time partner of approximately 1500 patients. In order to provide a good service to its 1800 patients, ideally Invergowrie would therefore operate with 1.2 WTE (whole time equivalent) GPs. In December 2022 the remaining GP partner at Invergowrie Medical Practice submitted a letter resigning their GMS contract. NHS Tayside has responded, noting a termination date for Invergowrie's GMS contract of 23rd June 2023 at 6pm. It has been agreed that to ensure the safe and efficient transfer of care for patients to new practices the Invergowrie practice will not see patients from 16 June at 6pm.
- 4.1.3 In the interim, the practice team is working with salaried GPs and medium term locums to ensure that the practice will be able to provide a safe service to patients up until the contract termination date on 23rd June 2023.
- 4.1.4 There are a small number of staff who work in Invergowrie, including receptionists and a nurse, with most staff working across the two practices.
- 4.1.5. In considering the future of the practice, the IJB and NHS Tayside Board members are asked to take into consideration how care to patients is best maintained, and the risks to practices, and local health and social care services, can be minimised. Although the majority of patients live in Perth and Kinross, if the Invergowrie practice is not sustained, patients are likely to be registered with a Dundee practice, or Carse Medical Practice, and so is likely to impact on Dundee and Carse residents.

4.2 Wider Context

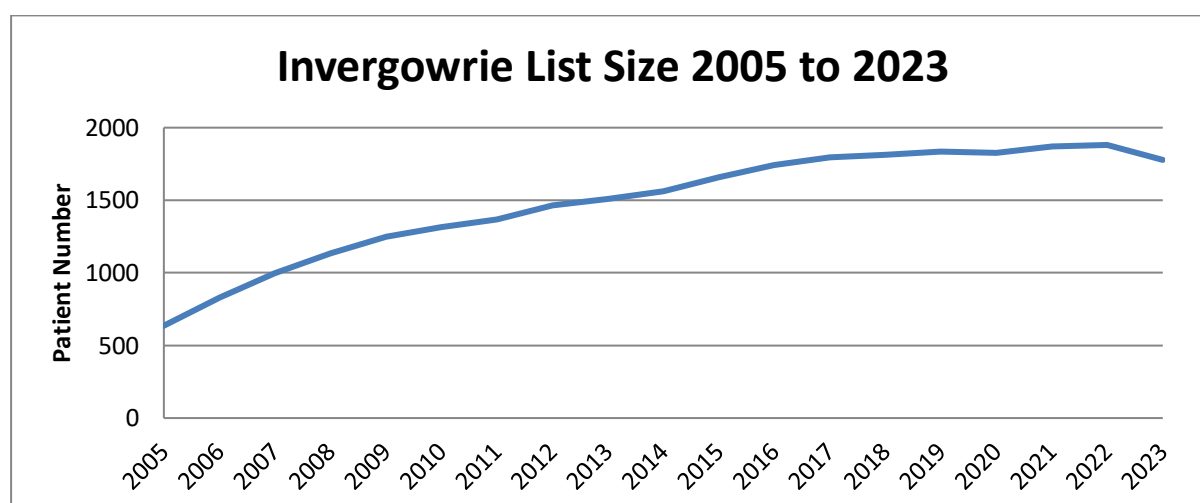
- 4.2.1 It is widely acknowledged that General Practice across the UK is experiencing a period of extreme difficulty which has been exacerbated by the pressures linked to Covid and post Covid recovery. Within Tayside, there are currently four practices operating under Section 2c arrangements with staff employed by NHS Tayside. A number of other practices in Tayside have gaps in GP staffing. A recent Tayside survey was undertaken with practices late in 2022. This highlighted that of 61 practices 23 currently have at least 1 GP vacancy, some have more than one, and 17 practices had been trying to fill a GP vacancy for at least 6 months with no success. In addition there were also a significant number of GPs who indicated they were planning to retire in the next 2 years. There are vacancies in the 2c practices across Tayside, in some cases with a number of vacant posts which have been difficult to recruit to. The recent dispersal of patients from Ryehill Medical Practice had an impact on practices in the area of Dundee closest to Invergowrie and a number of those practices have had closed lists over the past few months because of their lack of capacity to take any additional patients.

- 4.2.2 General practices have a number of ways in which they can manage their registered population. This includes changing the area they accept patients from (change to the boundary of the practice) and, with agreement from NHS Tayside/Primary Care Services, temporarily stop accepting new patients (operating a closed list). In Tayside in the last 18 months 17 practices have had closed lists, some on 2 occasions, reflecting the workforce pressures on the practices at that time point. A number of these practices with closed lists cover part of the area the Invergowrie practice covers.
- 4.2.3 In 2018 the Scottish Government introduced a new GP contract aimed at encouraging more GPs to enter the profession, to reduce the exit of retiring GPs and to reduce the workload of existing GPs so that they can manage their existing practice populations. Patients when contacting their practice may now be offered an appointment with another health professional who is skilled in a particular area of care and who can assess and plan their care. These services have been described within the Primary Care Improvement Plan and include physiotherapists, mental health practitioners and pharmacists. However, there are also local and national workforce challenges for these professions resulting in care which could be delivered by other professionals often remaining with the GP.

4.3 Practice Characteristics

- 4.3.1 The variation in practice population registered with the Invergowrie practice is demonstrated in Chart 1 below, noting there has been a steady increase in this number since 2005, with a small drop in the last few months since the current GP noted their intention to hand back their contract.

Chart 1



- 4.3.2 The practice is located within Perth & Kinross Council area, with the majority of the patients living in the Carse of Gowrie area (as show in Chart 2 below). with just over 300 living in Dundee. 95% of the practice population comprises the least deprived deciles (SIMD 7 to 10). The corresponding percentage for Dundee HSCP is 38% and Perth & Kinross is 64%. A chart showing the practice age population distribution is below in Chart 3. 5 % of the patient population are under 5 years of age, 54% are within the age range 25 to 64 and 8.2% are over 75.

Chart 2

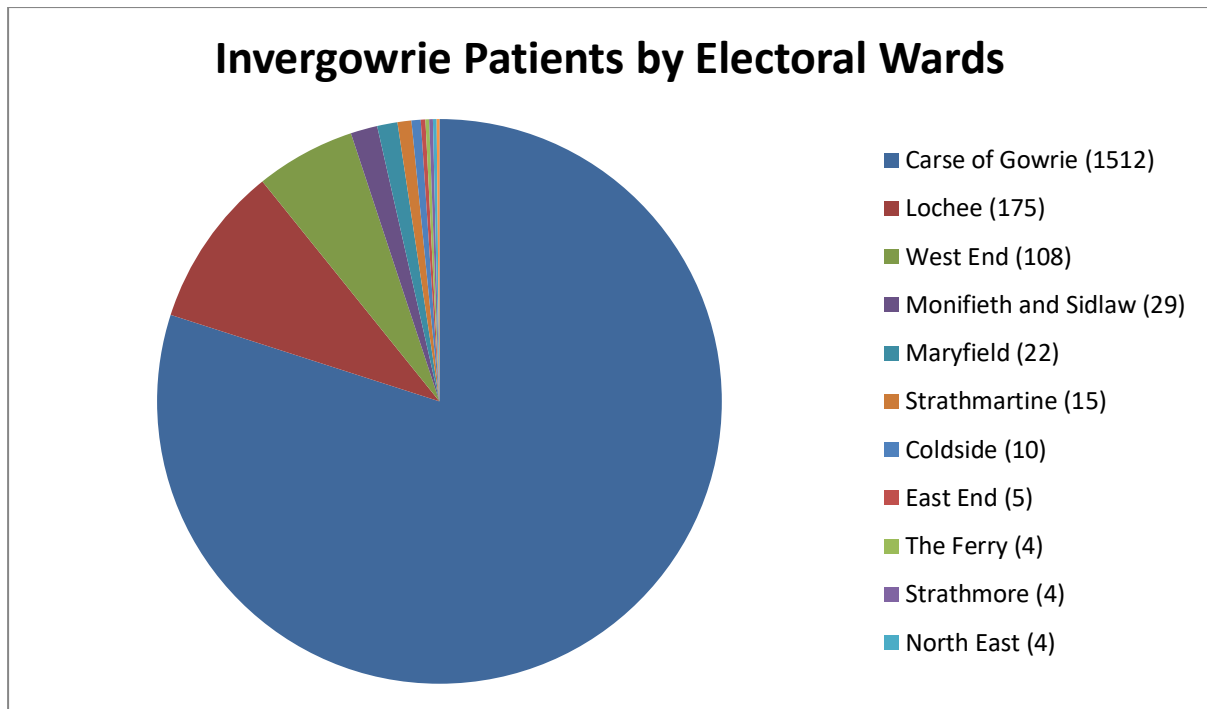
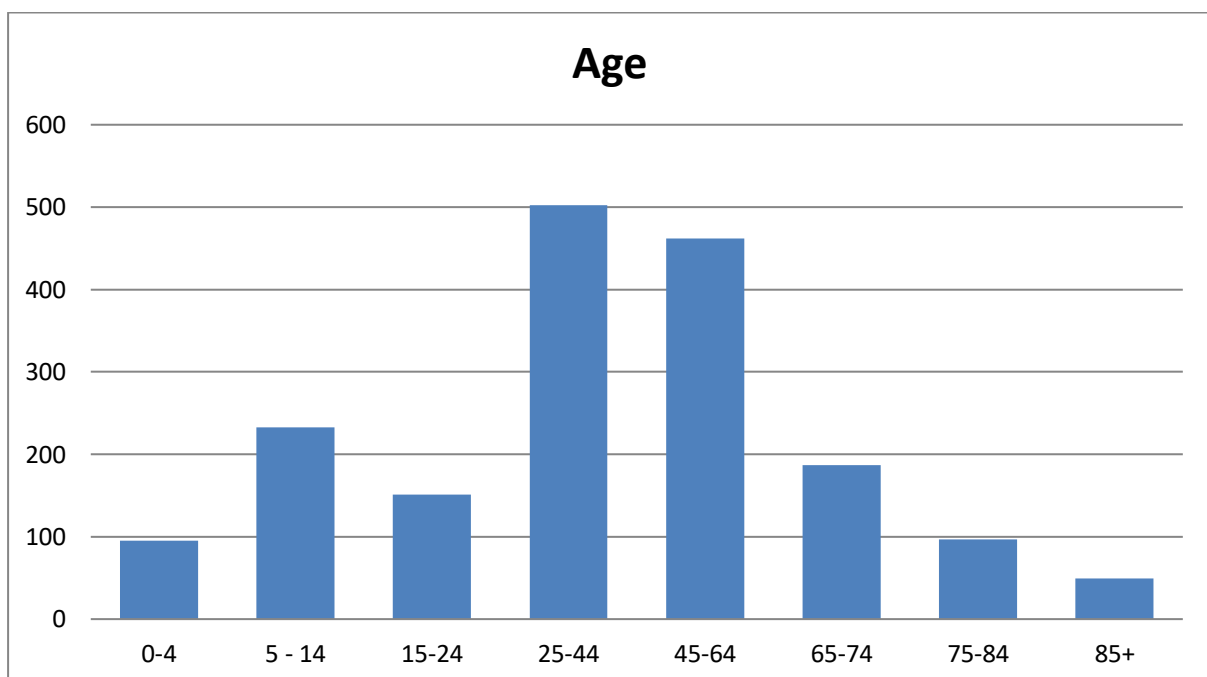


Chart 3



4.4 Assessment

- 4.4.1 The practice has been unable to recruit to GP posts for some time, and a further GP Partner leaving has led to their being a single partner across both Invergowrie and Ancrum Medical Practices. The current partner is unable to safely continue to deliver the quality of care to their

patients they wish to. They have now formally notified NHS Tayside of their intention to hand back their contract. The contract will terminate on the 23 June 2023

- 4.4.2 The practice is based in Invergowrie Medical Practice, which is an NHS Tayside owned building. A number of other teams are based there, including Warfarin management and care and treatment services who provide care such as wound care and taking bloods. It is anticipated that these services will continue but this is still to be finalised.
- 4.4.3 In order to ensure ongoing GMS care for those patients registered with the practice it was agreed to review all possible options to deliver care. Given the current challenges for all staffing across Tayside, but particularly Dundee city and the Carse of Gowrie, there is no immediate solution as the system is finding it challenging to deliver high quality access to GMS, which has been exacerbated by the covid pandemic in a range of ways. In addition to ensuring care for those registered with Invergowrie Practice it is also important not to destabilise other practices in a way that would significantly impact on their ability to deliver safe and effective care. It is recognised that this impact would be across practices in Dundee, and Errol. The Carse Practice in Errol covers a significant area that the current Invergowrie Practice covers, and may be the closest practice for many of the patients. However, this practice covers a large rural area, with ongoing challenges for GP capacity and does not have a secure premise to work from longer term. In Dundee there was a significant impact of moving over 5000 patients who were registered with the previous Ryehill practice to other Dundee practices. This impacted most on those practices towards the west of the city.

4.5 Options Review

- 4.5.1 There are a number of options which can be considered when a practice hands back its contract, including merger with another practice, a tendering process to see if another provider would take over the contract, running the practice directly by NHS Tayside (a 2c arrangement), and dispersing patients to other practices. A working group from NHS Tayside, including Primary Care Department, Property and Communications teams, P&K HSCP, Dundee HSCP and Angus HSCP, was established to consider feasible options and agree a recommendation for consideration. These options are outlined in Appendix 1.
- 4.5.2 Part of the process was to agree a number of objectives that informed the options and were considered along with professional judgement to inform a recommendation: These objectives are consistent with those used previously for this process. The feasibility of achieving the option by June 2023, the longer term sustainability and maintaining safe and effective care were seen as critical factors.
- To ensure all patients currently registered with Invergowrie Medical Practice continue to have access to high quality, person centred and safe GP and primary care services
 - The solution retains GP services within the local area
 - The solution ensures that ALL patients within the Dundee and Errol Practices continue to have access to high quality, person centred and safe GP and primary care services
 - The solution is achievable within the timeframe
 - The solution is viable to enable a sustainable long term solution
 - The solution is consistent with the strategic direction for primary care services in Dundee and Errol
 - The solution ensures best use of resources (staff and space)
 - Finance assessment (cost)
- 4.5.3 One of the options which was scored most highly was to offer the contract for tender and this process was implemented, with a submission date of the 10th April. Despite three notes of interest no tenders were received. A business merger with another practice also scored highly but no practice to date has approached the current GP partner to propose a merger. Running the practice as an independent 2c practice was not seen as viable given the size of the practice population and the issues nationally with maintaining small, particularly single handed, practices. Also, as noted in section 4.2.1 there are currently four practices which are run directly by NHS Tayside, of which two are in Dundee and two in Angus. There are significant ongoing

challenges with recruiting and retaining staffing levels across the four practices. This has an impact on access to and quality of patient care. While financial implications have been considered under the general resource factor noted above, options in appendix 1 linked to 2c provision will generally cost more to deliver than alternatives that continue to deliver care via non 2c options. However finance is not the key driver as recruitment and sustainability are more critical factors. The key reason for discounting 2c as an option is that to operate the practice safely with holiday cover, at least 2 GPs would need to be recruited, and given the existing recruitment experience with 2c practices, this was deemed highly unlikely to be successful.

- 4.5.4 The Ancrum practice have proposed that they can register a significant number of the current Invergowrie patients with their practice. They feel they are in a position with some recent recruitment to offer ongoing care to patients from the same clinical and administration team, from the site in Ancrum. They have also said that if they can further increase their capacity they would review if they can provide some clinical services from the Invergowrie building at a future time point, noting this will not be for at least 6 months. This proposal is a form of dispersal but given the size of the dispersal to one practice and the current relationship between the 2 practices, it is seen as a different approach within the dispersal option.
- 4.5.5 Therefore the option which best meets the objectives noted in section 4.5.2 is option 2a, to allow the practice to close and disperse patients to a limited number of practices, with the majority being registered with Ancrum, those living in or very near Errol going to Carse Practice, and a small number to other practices local to where they live.
- 4.5.6 There will be people who live local to the practice in Invergowrie who will find it potentially more difficult to access services outwith the village, due to a range of issues impacting on mobility. This may increase requests for home visits, as well as causing inconvenience for those impacted. Not all practices who are likely to have new patients from the practice will be easily accessible by public transport, including Ancrum. However the population of the practice is relatively young and affluent so more likely to have their own transport than is seen in other practices. The Ancrum site is 3.5 miles from the current Invergowrie site. It may also be possible to consider a community approach to transport.
- 4.5.7 If the option noted in 4.5.5 is approved, and noting the points in 4.4.2, services which can be delivered by other teams in the building would be reviewed. For example for patients who have regular blood tests this could be done by the care and treatment services team in the building so that it remains local for those patients living in the area. A key principle of those services being developed as part of the Primary Care Improvement Plan is to deliver locally to people where that is feasible to do so. Given the relatively small numbers of people in the area some more specialist services can not be delivered in this way. Some of the services which are currently delivered on site are underused at a time when there is huge demand that is unmet at other sites and this will be considered in longer term plans. It is also of note that there is a community pharmacy in the village and the expansion of Pharmacy First services nationally can support those who present with a wide range of health issues.
- 4.5.8 If the practice does close, and patients are registered with Ancrum Medical Practice, they have noted they will offer all the staff who are contracted solely to work in Invergowrie contracts with the Ancrum practice. This keeps these skilled staff within the practice team.

4.6 Conclusion

- 4.6.1 Given the current demands on Primary Care teams, including general practice, there is not a simple solution to how best to deliver ongoing care for those who are registered with Invergowrie Medical Practice. After reviewing a range of options the IJB are asked to note the recommendation that patients are dispersed to a limited number of practices with the majority of patients being registered with Ancrum Medical Practice to allow for ongoing care from the clinical team.

5.0 POLICY IMPLICATIONS

This report has not been subject to a full assessment but this should be undertaken prior to any decisions by NHS Tayside Board.

6.0 RISK ASSESSMENT

Risk 1 Description	Practices who have indicated they may be able to register additional patients are unable to create the capacity to do so, and this has a potential negative impact on care for those registering with a new practice and those currently registered with those practices.
Risk Category	Operational
Inherent Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6
Mitigating Actions (including timescales and resources)	The review group has linked closely with practices and wider teams to assess feasibility and additional requirements to make this achievable.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6
Approval recommendation	Given the context this risk should be accepted

7.0 CONSULTATIONS

The Associate Medical Director, Primary Care Service Manager P&KHSCP, Lead GP P&K HSCP and Dundee HSCP, the Chief Finance Officer, Angus HSCP (as a hosted service) and the Clerk were consulted in the preparation of this report. Practices, including via cluster meetings, have been involved in the development and review of options.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

None.

Vicky Irons
Chief Officer

DATE: 110523

David Shaw
Clinical Director/AMD DHSCP
Interim AMD for Primary Care NHS Tayside

Shona Hyman
Senior Manager Primary Care
DHSCP

Deborah McGill
Service Manager Primary Care Services
NHS Tayside

Appendix 1 List of options

Option	Descriptor	Summary
1	Seek new provider through procurement exercise. Invitation to submit a business case	This approach would have brought additional capacity into the system, however no bids were received.
2	Close the practice and disperse patients across other practices	Dispersal to all practices across the city risks destabilising other practices who are already finding workload demands difficult to meet. Dispersal to a smaller number of practices who may have, or can create, capacity would support stability across the city, and support longer term aim that people live locally to their practice.
2a	Close practice and disperse patients to small number of practices, majority to Ancrum Medical Practice	Majority of patients would retain the same clinical team and promote continuity of care. Minimises impact on other practices in Dundee and reduces impact for Carse practice. Increased travel for most people, with access issues for anyone with limited mobility, (unless practice capacity increases and site can be used in future)
3	Combine with an existing 2c practice	Minimises impact on other practices. However there is no specific GP capacity to merge so it would be a patient merger. The practice building may not be retained and people may have to travel some distance to the new practice.
4	Operate the practice as a 2c practice	Would support people accessing general practice within their locality. However a practice of this small size is difficult to staff and sustain. Given staffing issues in other 2c practices over the last few years a stand alone 2c practice is not seen as viable.
5	Business merger with an other independent practice	Potential to retain a practice on current site, assuming the merged practice chooses to do that, but may not retain staff. No other practice has shown interest. Cannot achieve within the timescales.

Each option was considered against the following objectives.

1. To ensure all patients currently registered with Invergowrie Medical Practice continue to have access to high quality, person centred and safe GP and primary care services
2. The solution retains GP services within the local area
3. The solution ensures that ALL patients within the Dundee and Errol Practices continue to have access to high quality, person centred and safe GP and primary care services
4. The solution is achievable within the timeframe
5. The solution is viable to enable a sustainable long term solution
6. The solution is consistent with the strategic direction for primary care services in Dundee and Errol
7. The solution ensures best use of resources (staff and space)
8. Finance assessment (cost)

DUNDEE IJB SIGNING DOCUMENT

In view of the timescales involved, this Report/Agenda Note was approved by the Chief Officer in consultation with the Chief Finance Officer, Clerk and Standards Officer, Chairperson and Vice Chairperson on the Integration Joint Board.

Vicky Irons

Chief Officer

Date 12th May 2023

Dave Berry

Chief Finance Officer

Date 12th May 2023

Roger Mennie

Clerk and Standards Officer

Date 12th May 2023

Pat Kilpatrick

Chairperson

Date 12th May 2023

Councillor Ken Lynn

Vice Chairperson

Date 12th May 2023



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21ST JUNE 2023

REPORT ON: SPECIALIST PALLIATIVE CARE SERVICES REMODELLING

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB34-2023

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to inform the IJB of the remodelling work being undertaken within Specialist Palliative Care Services.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the work being undertaken to remodel Specialist Palliative Care Services as outlined in this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 Investment has been identified from delegated recurring resources to Dundee Health and Social Care Partnership, additional recurring Scottish Government allocations, and National Urgent and Unscheduled Care Collaborative. Where appropriate, these investments have already been incorporated in and reported to the IJB as part of the IJB's delegated budget.
- 3.2 A bid was submitted to the Unscheduled Care Board in 2022 to support an Enhanced Community Care model. The bid was successful as it aligns to the Unscheduled Care Board key priority of Discharge without Delay. The service was awarded £138,980 to recruit the staff required to undertake the remodelling.

4.0 MAIN TEXT

- 4.1 The continued focus of strategic planning in Dundee remains the development of integrated, multidisciplinary services in community settings in order to shift the balance of care away from acute hospital and institutional settings towards a more community facing whole system pathway of care.
- 4.2 The Tayside Community Palliative Care Service aims to deliver high quality palliative and end of life care (PEOLC) to patients and families affected by progressive, life limiting illness. It does this in partnership with other agencies involved in the delivery of PEOLC. Through enhancement of the existing specialist Community Palliative Care Service in Dundee, the aims of this project are:
1. To reduce potentially avoidable inpatient admissions to hospital or hospice for people with PEOLC needs.

2. To enhance the transition of care from inpatient to community settings for people with PEOLC needs.

Funding from Unscheduled Care Board has enabled successful recruitment and establishment of additional workforce including:

- Full time Clinical Fellow in Roxburghe House, which has released an experienced Specialty Doctor to work 6PA dedicated to the Dundee Community Palliative Care Service. This post commenced in August 2022.
- 2 x Band 3 Health Care Assistant's (one redeployed from within service). Both Health Care Assistant's established in post end of January 2023.
- 1 x Band 7 Clinical Nurse Specialist – established in post February 2023.

Currently the project is being delivered through 3 workstreams that have looked to improve and enhance patient access to Specialist Palliative care in the community or on discharge from a hospital setting. This has included RAG rating of referrals with standards devised for response times, this also creates early access to senior decision makers to manage and consider treatment plans for any patient in the community.

Through establishing a Multi-disciplinary team with social care and third sector agencies, a weekly meeting with wide representation from all enables prioritisation of patient need and requirement for potential social care interventions and or any other AHP or supportive measure required.

Communication and co-ordination of care between Specialist Palliative care and other care delivery teams has increased enabling responsive and effective patient care in the community reflecting the realistic medicine ethos of right time, right place, right person. Scottish Ambulance Service are undertaking a test of change with a Decision making SBAR to support crews attending patients who have PEOLC needs.

With all of these workstreams data is being collected with patient feedback being sought.

- 4.3 Realistic medicine champions the need for partnership decision making with our patient population to ensure Person-centred care is delivered. Palliative and End of Life Care requires open and honest communication at a pace that a patient and family are ready to receive it. Ensuring that the care that they need is delivered by the right person at the right time and in the place that the patient prefers.

Innovation and creativity is actively encouraged through Realistic Medicine, by encouraging teams to consider how care can be delivered differently, incorporating evidence-based practice, evaluate the progress through data collection whilst respecting the patients' needs and opinions.

- 4.4 Clinical and co-learning collaborations already exist between Palliative care and other specialties with the purpose being to support patients who have advanced illnesses. This model has a strong evidence base that describes better patient outcomes for individuals with advanced illnesses as well as an increase in survival.

Within Tayside there are supportive care/collaborative models already in existence such as Renal Supportive Care and Interstitial Lung Disease. The success of these two examples has demonstrated that the current models of palliative care fit within a whole system, integrated approach and inclusion of early palliative care, enhanced community support and supportive care models has resulted in discussions from other specialties who, recognise the value for their patients as well as the likelihood of cost benefit.

- 4.5 Remodelling the current service would provide a cohesive approach to supportive care for advanced disease, demonstrating innovative ways of working and recognition of the growing

numbers of patients who would benefit. By supporting patients with PEOLC needs in the community will ensure that we are respecting patients and families wishes, prevent unplanned admissions into acute hospitals, reduce the length of stay from either acute hospital wards or specialist palliative care beds. By shifting the balance of care away from hospital delivered care resources can be directed to the place of greatest need and impact.

- 4.6 The next steps are to build upon our existent and developing models of care with the aim of improving patient value based health and care outcomes for the population of Tayside. This would require redirection of resource and investment from Perth and Kinross and Angus to enable the model to be fully replicated across all of Tayside.

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

This report has not been subject to a risk assessment as it relates to the provision of an update.

7.0 CONSULTATIONS

- 7.1 The Chief (Finance) Officer, the Clerk, Urgent and Unscheduled Care Board, Macmillan, Marie Curie, Scottish Ambulance Service and Cluster leads were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None

Fiona Barnett
Associate Locality Manager

DATE: 25 May 2023

Dundee Integration Joint Board Integrated Impact Assessment

Part 1 - Pre-Integrated Impact Assessment Screening.

NB For Dundee City Council Committees the Citrix Firm Step Process must be used.

This word document can be completed and information transferred to Firm Step if required.

Title of Report/Project/Strategy	
Lead Officer for Report/Project/Strategy (Name and Job Title)	Fiona Barnett Associate Locality Manager
Name and email of Officer Completing the Screening Tool	Fiona Barnett Fiona.Barnett@nhs.scot
List of colleagues contributing information for Screening and IIA	Fiona Barnett Lynne Morman Jenny Hill Joyce Barclay
Screening Completion Date	24/05/2023
Name and Email of Senior Officer to be Notified when Screening complete	Jenny Hill

Is there a clear indication that an IIA is needed? Mark one box only		
<input checked="" type="checkbox"/>	YES	Proceed to IIA
<input type="checkbox"/>	NO	Continue with Screening Process

Is the purpose of the Committee document the approval of any of the following Mark one box either Yes or No				
<i>NB When yes to any of the following proceed to IIA document.</i>				
	Yes		No	
A major Strategy/Plan, Policy or Action Plan	Yes	Proceed directly to IIA		Continue with Screening Process
An area or partnership-wide Plan	Yes	Proceed directly to IIA		Continue with Screening Process
A Plan, programme or Strategy that sets the framework for future development consents	Yes	Proceed directly to IIA		Continue with Screening Process
The setting up of a body such as a Commission or Working Group		Proceed directly to IIA	No	Continue with Screening Process
An update to a Plan		Proceed directly to IIA	No	Continue with Screening Process

There a number of reports which do not automatically require an IIA. If your report does not automatically require an IIA you should consider if an IIA is needed by completing the checklist on following page.

These include: An annual report or progress report on an existing plan / A service redesign. / A report on a survey, or stating the results of research. / Minutes, e.g. of Sub-Committees. / A minor contract that does not impact on the wellbeing of the public. / An appointment, e.g. councillors to outside bodies, Senior officers, or independent chairs. / Ongoing Revenue expenditure monitoring. / Notification of proposed tenders. / Noting of a report or decision made by another Committee including noting of strategy, policies and plans approved elsewhere.

The following document includes all questions in DCC IIA- The Dundee City Council IIA Guidance document can be found [here](#).

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment

Integrated Impact Assessment Record

Report Author	Fiona Barnett
Author Title	Associate Locality Manager
Dundee Health and Social Care Partnership	
Author Email	Fiona.Barnett@nhs.scot
Author Telephone	07971032640
Author Address	Offices at ward 4/5 RVH Jedburgh Road Dundee

IJB Chief Executive	Vicky Irons
Email	Vicky.iron@dundeecity.gov.uk
Telephone	01382 434000
Address	Claverhouse East, Jack Martin Way, Dundee

Document Title	Specialist Palliative Care Services Remodelling
IJB Report Number	
Document Type	IJB Report re remodelling of service
New or Existing Document?	New
Document Description	The purpose of this report is to inform the IJB of the remodelling work being undertaken within Specialist Palliative Care Services. This work is detailed in the body of this report and with the accompanying presentations
Intended Outcome	Improve service provision for patients who require SPCS
Planned Implementation Date	Test of Change started 2023
Planned End Date	
How the proposal will be monitored and how frequently	Regular evaluation of Test of Change and analysis of the Data by Senior Managers and Clinicians
Planned IIA review dates	Annual
IIA Completion Date	07/06/2023
Anticipated date of IJB	21/06/2023

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

Officer	People/groups	Activity/Activities	Date
Fiona Barnett		Dialogue with Urgent and Unscheduled Care board, Macmillan, Marie Curie, SAS and Cluster leads	

Equality and Fairness Impact Assessment Conclusion

(complete after considering impacts through completing questions on next pages)

Dundee Integration Joint Board Integrated Impact Assessment

This development is expected to benefit people with Palliative Care needs by providing high quality complex care in their homes. People in most protected characteristics will be positively impacted (or not be subject to negative impact).
People who are experiencing low household income may be adversely affected by increasing household costs will be identified at an early stage of assessment and money advice and financial help sought.
There will be increased employment and career opportunities for Health and Social care workforce.

PART 2- Assessment (continued)

When assessing impacts throughout this document an explanation is required when a positive, negative or not known impact is selected. There may be positive and negative impacts for the protected group described. For not known this should indicate if further research is needed and if not, why not. When there is No Impact identified, no narrative is required.

Equality, Diversity & Human Rights Indicate Yes or No by marking Y or N in each Box

Age	Y/N	Explanation, assessment and any potential mitigations
Positive	Y	Both models should improve access of Specialist Palliative Care for the adult age population. May advantage older people's health requirements as more likely to access this services
No Impact		
Negative		
Not Known		
Disability	Y/N	Explanation, assessment and potential mitigations
Positive	Y	Both models should improve access of Specialist Palliative Care for the adult age population. Should be more accessible for disabled patients who will not require travel to outpatient appointments or for treatment
No Impact		
Negative		
Not Known		
Gender Reassignment	Y/N	Explanation, assessment and potential mitigations
Positive	Y	This may increase access to care at home as provides more privacy as patients undergoing gender reassignment and will require less care in a shared setting.
No Impact		
Negative		
Not Known		
Marriage & Civil Partnership	Y/N	Explanation, assessment and potential mitigations
Positive		
No Impact	Y	
Negative		
Not Known		
Race & Ethnicity	Y/N	Explanation, assessment and potential mitigations
Positive	Y	As one of the models is expanding the reach of the service out in the community it is envisaged that all patients regardless of race or ethnicity will have better access to palliative care services closer to home
No Impact		
Negative		
Not Known		
Religion & Belief	Y/N	Explanation, assessment and potential mitigations
Positive	Y	As one of the models is expanding the reach of the service out in the community it is envisaged that all patients regardless of religion or beliefs will have better access to palliative care services closer to home
No Impact		
Negative		
Not Known		
Sex	Y/N	Explanation, assessment and potential mitigations
Positive		
No Impact	Y	
Negative		
Not Known		
Sexual Orientation	Y/N	Explanation, assessment and potential mitigations
Positive		

Dundee Integration Joint Board Integrated Impact Assessment

No Impact	Y	
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above.		
None		

PART 2- Assessment (continued)

Fairness & Poverty Geography – Describe how individuals, families and communities are affected in each area- particular consideration is needed where there are previously identified areas of deprivation.

Mark either Yes or no (Y or N) in each box

Y or N	Area	Fairness Explain Impact / Mitigations / Unknowns
Y/N	Strathmartine (Ardler, St. Mary's & Kirkton)	<p>(Note: this section of the record asks for a single, collective narrative for each of positive, negative, or not known given as a response in one or more areas)</p> <p>As this remodelling includes an enhanced community support team this would support increased access for all areas across Dundee city.</p> <p>The professional teams who are visiting patients at home will have greater insight into the social and financial positions of those patients they will be able to help find supportive measures to address those needs. Eg Macmillan grants for heating. And ready access to special equipment such as hospital beds, commodes and other personal care equipment.</p>
Y	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	Lochee (Lochee Beechwood, Charleston & Menzieshill)	
Y	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	Coldside (Hilltown, Fairmuir & Coldside)	
Y	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	Maryfield (Stobswell & City Centre)	
Y	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	North East (Whitfield, Fintry & Mill O'Mains)	
Y	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	East End (Mid Craigie, Linlathen & Douglas)	
Y	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	The Ferry	
Y	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	West End	

Dundee Integration Joint Board Integrated Impact Assessment

Y	Positive	
	No Impact	
	Negative	
	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

Household Group- consider the impact on households and families may have the following people included.

Y/N	Looked After Children & Care Leavers	Explanation, assessment and any potential mitigations
	Positive	
Y	No Impact	
	Negative	
	Not Known	
Y/N	Carers	Explanation, assessment and potential mitigations
Y	Positive	This will enable a partnership approach to care for the carer with the professionals, the team will identify and support the carer's with any needs that they may have.
	No Impact	
	Negative	
	Not Known	
Y/N	Lone Parent Families	Explanation, assessment and potential mitigations
	Positive	
Y	No Impact	
	Negative	
	Not Known	
Y/N	Single Female with Children	Explanation, assessment and any potential mitigations
	Positive	
Y	No Impact	
	Negative	
	Not Known	
Y/N	Young Children and/or Greater Number of Children	Explanation, assessment and potential mitigations
	Positive	
Y	No Impact	
	Negative	
	Not Known	
Y/N	Retirement Pensioner (s)	Explanation, assessment and potential mitigations
Y	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	Unskilled Workers and Unemployed	Explanation, assessment and any potential mitigations
Y	Positive	Can provide job opportunities for unskilled local people to upskill and provide career framework.
	No Impact	
	Negative	
	Not Known	
Y/N	Serious & Enduring Mental Health	Explanation, assessment and potential mitigations
Y	Positive	Gives option for anyone who has serious and or enduring Mental health needs to be cared for at home if they have palliative care needs.
	No Impact	
	Negative	
	Not Known	
Y/N	Homeless	Explanation, assessment and potential mitigations
	Positive	
Y	No Impact	
	Negative	
	Not Known	
Y/N	Households of Single Female with Children	Explanation, assessment and any potential mitigations
	Positive	
Y	No Impact	
	Negative	
	Not Known	
Y/N	Drug and/or Alcohol	Explanation, assessment and any potential mitigations
	Positive	
Y	No Impact	
	Negative	
	Not Known	
Y/N	Offenders and Ex-Offenders	Explanation, assessment and any potential mitigations
	Positive	
Y	No Impact	
	Negative	
	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

Socio-Economic Disadvantage- consider if the following circumstances may be impacted		
Y/N	Employment Status	Explanation, assessment and any potential mitigations
Y	Positive	Can provide job opportunities for unskilled local people to upskill and provide career framework.
	No Impact	
	Negative	
	Not Known	
Y/N	Education & Skills	Explanation, assessment and any potential mitigations
Y	Positive	Can provide job opportunities for unskilled local people to upskill and provide career framework.
	No Impact	
	Negative	
	Not Known	
Y/N	Income	Explanation, assessment and any potential mitigations
Y	Positive	If patient remains at home for care they will reduce travel costs, and fluctuations in disability income due to hospital admissions.
	No Impact	
	Negative	
	Not Known	
Y/N	Fuel Poverty	Explanation, assessment and any potential mitigations
Y	Positive	Patients in fuel poverty may struggle to heat their house. The team can identify this through their early assessment and can remedial action.
	No Impact	
Y	Negative	
	Not Known	
Y/N	Caring Responsibilities (including Childcare)	Explanation, assessment and any potential mitigations
Y	Positive	Patient who maybe a carer can receive advise and care at home so not impacting on their caring responsibilities. The patients carers will be supported by the team
	No Impact	
	Negative	
	Not Known	
Y/N	Affordability& Accessibility of Services	Explanation, assessment and any potential mitigations
Y	Positive	All service provision is non chargeable. Criteria for service is for any person who has a life limiting illness and is experiencing symptoms that are burdensome.
	No Impact	
	Negative	
	Not Known	

Inequalities of Outcome- consider if the following may be impacted		
Y/N	Connectivity / Internet Access	Explanation, assessment and any potential mitigations
	Positive	
Y	No Impact	
	Negative	
	Not Known	
Y/N	Income / Benefit Advice / Income Maximisation	Explanation, assessment and any potential mitigations
Y	Positive	The team will have early assessment and can signpost and refer to money advise services and financial support grants
	No Impact	
	Negative	
	Not Known	
Y/N	Employment Opportunities	Explanation, assessment and any potential mitigations
Y	Positive	The service will employ a range of staff. Will offer a flexible working arrangement
	No Impact	
	Negative	
	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

Y/N	Education	Explanation, assessment and any potential mitigations
	Positive	
Y	No Impact	
	Negative	
	Not Known	
Y/N	Health	Explanation, assessment and any potential mitigations
Y	Positive	Early access and increased access for positive health support
	No Impact	
	Negative	
	Not Known	
Y/N	Life Expectancy	Explanation, assessment and any potential mitigations
y	Positive	Supportive care models have demonstrated and are evidenced to have increased life expectancy and with less invasive treatment and interventions.
	No Impact	
	Negative	
	Not Known	
Y/N	Mental Health	Explanation, assessment and any potential mitigations
Y	Positive	Patients and carers will have less hospital interactions and will receive care closer to home which is usually the preferred place to be.
	No Impact	
	Negative	
	Not Known	
Y/N	Overweight / Obesity	Explanation, assessment and any potential mitigations
	Positive	
Y	No Impact	
	Negative	
	Not Known	
Y/N	Child Health	Explanation, assessment and any potential mitigations
	Positive	
Y	No Impact	
	Negative	
	Not Known	
Y/N	Neighbourhood Satisfaction	Explanation, assessment and any potential mitigations
	Positive	
Y	No Impact	
	Negative	
	Not Known	
Y/N	Transport	Explanation, assessment and any potential mitigations
Y	Positive	Reducing the use of transport
	No Impact	
	Negative	
	Not Known	
Environment- Climate Change		
Y/N	Mitigating Greenhouse Gases	Explanation, assessment and any potential mitigations
Y	Positive	Reducing patient travel, increasing the use of electronic pool cars for patient visits at home
	No Impact	
	Negative	
	Not Known	
Y/N	Adapting to the Effects of Climate Change	Explanation, assessment and any potential mitigations
	Positive	
Y	No Impact	
	Negative	
	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

Resource Use		
Y/N	Energy Efficiency and Consumption	Explanation, assessment and any potential mitigations
Y	Positive	Reducing patient travel, increasing the use of electronic pool cars for patient visits at home
	No Impact	
	Negative	
	Not Known	
Y/N	Prevention, Reduction, Re-use, Recovery, or Recycling of Waste	Explanation, assessment and any potential mitigations
	Positive	
Y	No Impact	
	Negative	
	Not Known	
Y/N	Sustainable Procurement	Explanation, assessment and any potential mitigations
	Positive	
Y	No Impact	
	Negative	
	Not Known	

Transport		
Y/N	Accessible Transport Provision	Explanation, assessment and any potential mitigations
	Positive	
Y	No Impact	
	Negative	
	Not Known	
Y/N	Sustainable Modes of Transport	Explanation, assessment and any potential mitigations
Y	Positive	Reducing patient travel, increasing the use of electronic pool cars for patient visits at home
	No Impact	
	Negative	
	Not Known	

Natural Environment		
Y/N	Air, Land and Water Quality	Explanation, assessment and any potential mitigations
	Positive	
Y	No Impact	
	Negative	
	Not Known	
Y/N	Biodiversity	Explanation, assessment and any potential mitigations
	Positive	
Y	No Impact	
	Negative	
	Not Known	
Y/N	Open and Green Spaces	Explanation, assessment and any potential mitigations
	Positive	
Y	No Impact	
	Negative	
	Not Known	

Built Environment		
Y/N	Built Heritage	Explanation, assessment and any potential mitigations
	Positive	
Y	No Impact	
	Negative	
	Not Known	
Y/N	Housing	Explanation, assessment and any potential mitigations
	Positive	
Y	No Impact	
	Negative	
	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

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

SEA provides economic, social and environmental benefits to current and future generations.

Use the [SEA flowchart](#) to determine whether your proposal requires SEA.

Strategic Environmental Assessment- SELECT One of the following statements		
X	No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005	<i>(No further response needed)</i>
	It has been determined that the proposal will have no or minimal environmental effects. The reason(s) for this determination are set out in the following SEA pre-screening determination section	<i>SEA Pre-Screening Determination: Explain how you made the determination that the Plan, Programme or Strategy will have no or minimal negative environmental effect:</i>
	Screening has determined that the proposal is unlikely to have any significant environmental effects. The reason(s) for this determination are set out in the Screening Report, a copy of which will be available to view at www.dundee.gov.uk/cplanning/sea	<i>Insert the 'Summary of Environmental Effects' from your SEA screening report</i>
	Screening has determined that the proposal is likely to have significant environmental effects and as a consequence an environmental assessment is necessary. A Scoping Report, which will determine the scope of the environmental assessment is being prepared for submission to the statutory Consultation Authorities for consideration	<i>Insert the 'Summary of Environmental Effects' from your SEA screening report</i>
	Screening determined that the proposal was likely to have significant environmental effects and as a consequence an environmental assessment was necessary. An Environmental Report has been prepared for submission to the statutory Consultation Authorities together with a draft Plan, Programme or Strategy for consideration. A copy of the Environmental Report will be available to view at www.dundee.gov.uk/cplanning/sea	<i>Environmental Implications: Describe the implications of the proposal on the characteristics identified:</i>
		<i>Proposed Mitigating Actions: Describe any mitigating actions which you propose to take to overcome negative impacts or implications:</i>

A copy of this document (or when no IIA is needed, the screening tool) must accompany relevant draft IJB Reports at IJB Pre-Agenda stage and at IJB. It should accompany IJB papers and should be published with relevant IJB Report.

Following IJB agreement of report contact Joyce.barclay@dundee.gov.uk to post IIA on DHSCP website.

NB Corporate Risk- is addressed in IJB reports



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
21st JUNE 2023

REPORT ON: TAYSIDE MENTAL HEALTH SERVICES: MENTAL HEALTH AND
LEARNING DISABILITIES SERVICES WHOLE SYSTEM CHANGE
PROGRAMME

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB43-2023

1.0 PURPOSE OF REPORT

The purpose of this report is to bring forward the completed Whole System Mental Health and Learning Disabilities Change Programme for approval.

2.0 RECOMMENDATIONS

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

- 2.1 Approves the Mental Health and Learning Disability Whole System Change Programme as attached at Appendix 1;
- 2.2 Notes the emerging partnership with the V&A in Dundee as detailed in section 4.1.6; and
- 2.3 Notes the additional investment required to deliver the programme as detailed below and in section 4.1.5.

3.0 FINANCIAL IMPLICATIONS

There is currently recurring funding for the programme met by the three Health and Social Care Partnerships and NHS Tayside (£215k). In addition, the Executive Leadership Group will be asked to approve and source additional investment to provide the required capacity to support the programme. This will include additional project and business support; backfill for clinical leadership to lead on the workstreams; commissioning external expertise to support values-based relational leadership and to embed collaborative design thinking/mindset across the programme. An assessment of the additional resourcing requirements has been carried out and this will require circa £200k part-year in 23/24 and £450k in 24/25.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 This change programme follows on from and builds upon the detailed Mental Health and Learning Disability Services Improvement plan which was submitted to Scottish Government in response to recommendations set out in the final report of the Independent Oversight and Assurance Group into Tayside Mental Health Services published in January 2023. The Whole System Mental Health and Learning Disabilities Change Programme plan is set in the context of a revised governance structure and refines the priorities set out in the Living Life Well Strategy.

- 4.1.2 The Executive Leadership Group and the Programme Board have agreed revised Terms of Reference and together provide the collaborative leadership for the delivery of the Mental Health & Learning Disabilities Whole System Change Programme ensuring appropriate priority and pace. This is providing leadership and challenge to deliver on the strategic direction for a whole system model of care and importance to the promotion of an energised culture focused on transformation and whole-system collaborative working. It is also providing formal engagement of a wide range of stakeholders including people with lived experience as members of the Board and within the workstreams.
- 4.1.3 The Whole System Mental Health and Learning Disabilities Change Programme is set out in Appendix 1 and covers 12 areas/workstreams which will be the focus of transformational change over the next 2-3 years. The 12 areas/workstreams are a combination of enablers, process/system improvement and service redesign which together set out an ambitious programme to deliver improvements so that people in Tayside receive the best possible care and treatment. These are summarised below in Table 1.

Table 1

	Workstream	Category
1	Adult Inpatient Redesign Phase 1	Improvement
	Adult Inpatient Redesign Phase 2	Service Redesign
2	Strathmartine Physical Environment	Improvement
3	Address Significant Delayed Discharges	Improvement
4	Streamline and Prioritise Change Programme	Enabler
5	Make Integration Work	Enabler
6	Engage the Workforce	Enabler
7	Engage with Patients, Families, Partners, and Communities	Enabler
8	Continue to Focus on Patient Safety	Improvement
9	Integrated Mental Health and Substance Misuse Services	Service Redesign
10	Whole System Redesign of Learning Disability Services	Service Redesign
11	Crisis and Urgent Care	Service Redesign
12	Specialist Community Mental Health Service Redesign	Service Redesign

- 4.1.4 The development of the additional four workstreams numbered 9-12 have been underpinned by a series of engagements and opportunities to comment and influence. This has ensured that the entire change programme has been prepared in the spirit of openness, transparency and with appropriate engagement on content. The development of the programme has included discussion and commentary as follows:

- Executive Leadership Group 8 Feb; 15 March; 19 April, 17 May, and 14 June 2023
- Programme Board 15 Feb; 9 March; 3 May
- Angus, Dundee, and Perth & Kinross IJBs in March 2023
- NHS Tayside Board 30 March 2023.

- 4.1.5 There is a concern that the programme is overly ambitious and that this will lead to an ongoing pattern of lack of progress and inactivity. The programme contains 12 workstreams of which five are identified as transformational or redesign. The remaining seven are identified as enablers or areas for improvement which should become business as usual and part of the

continuous improvement cycle. There is currently recurring funding for programme met by the three Health and Social Care Partnerships and NHS Tayside (£215k). In addition, the Executive Leadership Group will be asked to approve and source additional investment to provide the required capacity to support the programme. This will include additional project and business support; backfill for clinical leadership to lead on the workstreams; commissioning external expertise to support values-based relational leadership and to embed collaborative design thinking/mindset across the programme. An assessment of the additional resourcing requirements has been carried out and this will require circa £200k part-year in 23/24 and £450k in 24/25.

- 4.1.6 A workshop with a focus on developing our culture in mental health services was held on 21 April 2023. A helpful case study of organisations which have successfully developed a values-based behaviour framework led by staff will be used to generate ideas and our own approach to this. In addition, a partnership arrangement with the V&A is emerging with an offer to work together on supporting meaningful activity to support alignment and the culture and behaviours required to ensure true co-production. The V&A Design for Business Strategic Lead has offered to support the Mental Health and Whole System Change Programme through a number of tried and tested activity, and we have agreed to work up a programme for all participants in the service redesign workstreams. These include:

- **Creating a Design Culture**
Workshops in which participants will develop a manifesto of behaviours they will use while collaborating. It will involve multiple stakeholders - a range of people including senior managers, staff, patients, and their representatives – including those who do not usually work together and will focus on the development of a healthy culture for co-designing effectively.
- **Design Thinking Accelerators**
A 3-day programme for participants to work through the design process together in a safe and structured environment

4.2 Assessment

- 4.2.1 The Mental Health and Learning Disability Improvement Plan was submitted to the Scottish Government on 31 March 2023. The Whole System Mental Health and Learning Disabilities Change Programme has expanded on the Improvement Plan and includes four additional areas for service redesign. There has been considerable engagement on the development of the programme and an assessment of the additional requirements to resource and provide the required capacity to deliver. The Angus, Dundee and Perth & Kinross Integration Joint Boards are asked to approve the Whole System Mental Health and Learning Disabilities Change Programme at their meetings to be held in June 2023.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. A Tayside wide Integrated Impact Assessment was completed and is attached at Appendix 2.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that the implementation of the Mental Health and Learning Disability Improvement Plan is not delivered within the reported time framework
Risk Category	Operational; Governance;
Inherent Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Mitigating Actions (including timescales and resources)	Identification of additional resources to support implementation Clarity of improvement plans and new governance framework Increased leadership to support development across Mental health, learning disabilities and drug and alcohol services
Residual Risk Level	Likelihood 2 x Impact 4 = 8 (High)
Planned Risk Level	Likelihood 2 x Impact 4 = 8 (High)
Approval recommendation	Although the risk levels remain high, the impact of revised framework will support early identification of any barriers to implementation and enable a whole Tayside approach to address these.

7.0 CONSULTATIONS

7.1 The Chief Finance 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.

Vicky Irons
Chief Officer, DH&SCP

DATE: 13th June 2023

Jacquie Pepper
Chief Officer, Perth and Kinross H&SCP

Tayside Whole System Mental Health and Learning Disabilities Change Programme

June 2023

This page is intentionally left blank

Index

#	Workstreams / Enablers	Page
1	Adult Inpatient Redesign	3
2	Strathmartine Physical Environment	5
3	Address Significant Delayed Discharges	6
4	Streamline & Prioritise Change Programme	8
5	Make Integration Work	9
6	Engage the workforce	11
7	Engage with patients, families, partners and communities	12
8	Continue to focus on Patient Safety	13
9	Integrated Substance Use	14
10	Whole System Redesign of Learning Disabilities	16
11	Crisis and Urgent Care	17
12	Specialist Community Mental Health Service Redesign	18
	Appendix One: Map to National Indicators	19

This page is intentionally left blank



Priority 1: Progress the decision about Adult Inpatient Redesign		Intended Outcome: Excellent care and treatment for people for whom inpatient treatment is the best option through a redesigned service model with a strong evidence base.	
Executive Sponsor: <ul style="list-style-type: none">Chief Officer, P&K HSCP (Lead Partner)	Workstream Lead(s): <ul style="list-style-type: none">General Manager, Inpatient Mental Health, Crisis, IHTT and Liaison, NHS TaysideClinical Lead, GAP Inpatients, NHS Tayside	Responsible Officer(s): <ul style="list-style-type: none">Chief OfficersMedical DirectorExecutive Nurse Director	
Delivery Timeline: <ul style="list-style-type: none">Phase 1: July-2023Phase 2: Decision March 2026Implementation Jul 2026-onwards		Route to Delivery: <ul style="list-style-type: none">Phase 1: Operational LinePhase 2: Programme	
Milestones:			
Phase 1: Plan to support sustainability of safe Inpatient care. The aim of this phase is to understand the current pressures on the system and develop a short term plan to support sustaining safe delivery of Inpatient care.			
#	Timeline	Activity	
1	By 31 Mar 2023	Analysis of immediate pressures completed and shared with stakeholders which assists in decision-making about what actions may be required to maintain stable service in short term.	
2	By 30 Apr 2023	Appraisal and costing of estate options is completed alongside stakeholders, to include consideration of wider estate to support short term service continuity.	
3	By 31 May 2023	Equality Impact Assessment to be undertaken to assess the impact of all options. Approval of a plan for rapid whole-system engagement on short-term stability and continuity options. Communication and engagement with wider group of internal and external stakeholders, prior to submitting a plan for a rapid short term contingency for approval by NHS Tayside.	
4	By 30 Jun 2023	Options paper presented to NHS Tayside which aligns with progress of other work streams to support change.	
5	By 31 Jul 2023	Clarity on timescale for Implementation of short-term contingency alongside ongoing engagement with people using the service.	
6	By May 2024	NHS Tayside must exercise its end of contract options for the Carseview site (a Private Finance Initiative PFI contract). A business case which demonstrates the clinical strategy aligned to the Carseview Centre will be produced.	
7	By May 2026	NHS Tayside will exercise the preferred option for the end of PFI contract.	
Phase 2: Mental Health Needs Analysis, Option appraisal and development of an implementation and evaluation plan with timelines. The aim of this phase is to understand the current and future mental health service needs of the population of Tayside and come to an agreed plan for redesigning MH services to best meet that need both now and for the next 20 years. This phase includes ongoing engagement with our communities, through analysis, development and scoring of			

options.**Definition of a health needs analysis**

A health needs assessment is 'a systematic method of identifying unmet health and healthcare needs of a population and making changes to meet these unmet needs.'* It includes a quantitative approach to enumerate the size and scale of the problem alongside a qualitative assessment of the nature and meaning of the problem from the perspective of those who experience it.

It typically has three parallel assessments: Epidemiological analysis, Comparative analysis and Corporate analysis

#	Timeline	Activity
6	By 31 Mar 2024	Epidemiological analysis and prepare data plan in order to describe the mental health needs of people in Tayside, to inform future service provision and planning.
7	By 30 Sep 2024	Implement data plan
8	By 30 Nov 2023	Workforce and recruitment analysis completed
9	By 31 Jan 2024	Review of existing service (Inpatients, Outpatients, Emergency Dept, community including crisis hub, primary care i.e. all MH services) is completed. This will include an equality impact assessment.
10	By 30 Jul 2024	Comparative analysis completed – review of best practice models via literature search and also by learning from and about Mental Health services in other Health Boards and other parts of the UK. This may include a site visit and time with service leads. This would then allow a gap analysis to be undertaken – identifying areas where NHS Tayside could learn from/improve.
11	By 31 Jan 2025	Corporate analysis completed – stakeholder engagement – review/consider findings alongside on the ground expertise and experience to help shape option appraisal
12	By 31 Mar 2025	Modelling of options incorporating cost analysis, with forecasted projections by working with Whole System Modelling Team. Model existing service using historical trends and then use Scottish Burden of Disease analysis and epidemiological analysis of service pressures to both assess existing pressures and project forwards to assess what impact that will have on the service. Future projections can then be translated across to other scenarios (as identified from the options appraisal to assess impact of different service models. Incorporate an economic analysis and generate a modelled costed options appraisal alongside the rest of the Needs analysis.
13	By 30 Jun 2025	Option appraisal development - Pull together all the information gathered to develop a fully costed options appraisal. This would include equality impact assessments of each option.
15	By 31 Dec 2025	Consultation with our communities on the results of the option appraisal
14	By 31 Mar 2026	The 3 x IJBs and NHS Tayside Board will consider the Options Appraisal and will make a decision about which option to pursue, including agreement on the resourcing for the preferred option and considering both service needs now and potential service needs over the next 20 years
16	By 30 Jun 2026	Agree a detailed implementation plan, governance, evaluation plan and timelines which clearly sets out the involvement of staff, service users and providers in the design and implementation of the new inpatient

		model. Alongside this review the data/intelligence plan to ensure fit for purpose and adapt as appropriate.
17	July 2026 onwards	Implementation - preferred option is fully enacted and evaluated using performance, safety, financial and health intelligence data.

*(Wright J, Williams R, Wilkinson JR. Development and importance of health needs assessment. BMJ 1998;316 (7140):1310-13. doi: 10.1136/bmj.316.7140.1310)



Priority 2: Improve Strathmartine Physical Environment		Intended Outcomes: <ul style="list-style-type: none"> • Significant reduction in volume of environment-related incidents, • Improved experience for people receiving care in Strathmartine 															
Executive Sponsor: <ul style="list-style-type: none"> • Director of Facilities 	Workstream Lead(s): <ul style="list-style-type: none"> • General Manager, Inpatient Learning Disability Service, NHS Tayside 	Responsible Officer(s): <ul style="list-style-type: none"> • General Manager, Inpatient Learning Disability Service 															
Delivery Timeline: 31 August 2023		Route to Delivery: Operational Line															
Milestones: <table border="1"> <thead> <tr> <th>#</th><th>Timeline</th><th>Activity</th></tr> </thead> <tbody> <tr> <td>1</td><td>By 28 Feb 2023</td><td>Analysis of current environment has been completed.</td></tr> <tr> <td>2</td><td>By 30 Jun 2023</td><td>Plans are brought forward for a whole system redesign of Learning Disability Services, including consideration of the whole available estate.</td></tr> <tr> <td>3</td><td>By 31 Aug 2023</td><td>Environmental concerns that can be resolved within current provision have been attended to, with the appropriate maintenance agreements in place.</td></tr> <tr> <td>4</td><td>By 31 Aug 2023</td><td>Re-evaluation of the current LD Inpatient environment has taken place, including the views of people who need and use this service. If satisfactory, moves to Business as Usual. If not, repeat steps 1, 3 and 4.</td></tr> </tbody> </table>			#	Timeline	Activity	1	By 28 Feb 2023	Analysis of current environment has been completed.	2	By 30 Jun 2023	Plans are brought forward for a whole system redesign of Learning Disability Services, including consideration of the whole available estate.	3	By 31 Aug 2023	Environmental concerns that can be resolved within current provision have been attended to, with the appropriate maintenance agreements in place.	4	By 31 Aug 2023	Re-evaluation of the current LD Inpatient environment has taken place, including the views of people who need and use this service. If satisfactory, moves to Business as Usual. If not, repeat steps 1, 3 and 4.
#	Timeline	Activity															
1	By 28 Feb 2023	Analysis of current environment has been completed.															
2	By 30 Jun 2023	Plans are brought forward for a whole system redesign of Learning Disability Services, including consideration of the whole available estate.															
3	By 31 Aug 2023	Environmental concerns that can be resolved within current provision have been attended to, with the appropriate maintenance agreements in place.															
4	By 31 Aug 2023	Re-evaluation of the current LD Inpatient environment has taken place, including the views of people who need and use this service. If satisfactory, moves to Business as Usual. If not, repeat steps 1, 3 and 4.															



Priority 3: Address significant delayed discharges		Intended Outcome: People are able to leave hospital without delay, to home or community with the support they need.	
Executive Sponsor: <ul style="list-style-type: none">Chief Officer, Angus HSCPChief Officer, Dundee HSCPChief Officer, P&K HSCP		Workstream Lead(s): <ul style="list-style-type: none">Head of Community Health and Care Services, Angus HSCPMH&LD Strategic Commissioning Lead/ Locality Manager, Dundee HSCPMental Health Strategic Lead, P&K HSCP	
		Responsible Officer(s): <ul style="list-style-type: none">General Managers and Inpatients, Strategic Commissioning Leads	
Delivery Timeline: 31 March 2024		Route to Delivery: Programme	
Milestones:			
#	Timeline	Activity	
1	By 30 Apr 2023	Reasons for significant delay are understood and acted upon. Other relevant services including housing and welfare rights are active participants. Improvement work is underpinned by accurate delayed discharge reports to enable improved tracking of performance.	
2	By 31 Jul 2023	There is a personalised planning process for discharge in place, and information is available on progress and plans for all Inpatients	
3	By 31 Jul 2023	Effective joint and multi-agency/ disciplinary working between Inpatients and Community is embedded into ways of working. This should include relevant agencies and organisations who are involved in discharge planning process.	
4	By 31 Oct 2023	Mental Health Planned date of discharge is reliably embedded within GAP Inpatient pathways, underpinned by inclusive approaches to patient involvement.	
	By 31 Oct 2023	Learning Disabilities Planned date of discharge is reliably embedded within LD Inpatient pathways, underpinned by inclusive approaches to patient involvement.	
5	By 30 Nov 2023	Mental Health A strategic needs assessment in relation to the factors influencing delayed discharges has been completed to support future commissioning of care and support to reduce delays in hospital for people with mental health needs.	
	By 31 Dec 2023	Learning Disabilities A strategic needs assessment in relation to the factors influencing delayed discharges has been completed to support future commissioning of care and support to reduce delays in hospital for people with learning disability needs.	
6	By 31 Mar 2024	Mental Health A commissioning plan is in place to support people with learning disabilities and which will; reduce the likelihood of unnecessary admissions to hospital; reduce the likely hood of unnecessary delays	

	By 31 Mar 2024	<p>once people are ready for discharge; ensure that community health and social care resources are increased to avoid admission to, and support timely discharge from, hospital wherever possible.</p> <p>Learning Disabilities A commissioning plan is in place to support people with mental health needs and which will; reduce the likelihood of unnecessary admissions to hospital; reduce the likelihood of unnecessary delays once people are ready for discharge; ensure that community health and social care resources are increased to avoid admission to, and support timely discharge from, hospital wherever possible.</p>
7		Moves to Business as Usual.

This work will be underpinned by ongoing conversation with people who use and need our services, as well as with carers and third sector delivery partners, to ensure people understand the processes being put in place as well as seeking their views as part of how we evaluate revisions to the service.



Priority 4: Streamline and Prioritise the LLW Change Programme		Intended Outcome: Streamlined programme, clear governance, appropriate resources for the changes needed.
Executive Sponsor: <ul style="list-style-type: none"> Chief Officer, P&K HSCP (Lead Partner) 	Workstream Lead(s): <ul style="list-style-type: none"> Programme Manager, Mental Health Whole System Change Programme 	Responsible Officer(s): <ul style="list-style-type: none"> Chief Officers, Medical Director, Executive Nurse Director
Delivery Timeline: <ul style="list-style-type: none"> Implement June 2023 Review June 2024 		Route to Delivery: Executive Leads and Programme
Milestones:		
#	Timeline	Activity
1	By 31 Mar 2023	The governance arrangements for the Whole-System LLW Change Programme are agreed by all Parties through a formal report to NHS Tayside Board and the three Integration Joint Boards. By end of March 2023 the priorities for a refreshed Programme are reviewed and agreed. Completed for Perth and Kinross IJB 15 February 2023.
2	By 30 Apr 2023	Revised governance structures for the Whole System Change Programme will be approved across all parties with revised terms of reference and membership of the Mental Health and Wellbeing Programme Board. The role of each partner in the Integration Scheme, the priorities, roles and responsibilities will be set out in easy to understand Governance diagrams.
3	By 30 Jun 2023	The resourcing framework to support delivery of a Whole System Change Programme is agreed and in place, including an outline financial plan.
4	By 30 Jun 2023	The Executive Leadership Group is providing collaborative leadership across the whole system change programme. and the Strategic Programme Board is taking responsibility for the delivery of the revised and refined Whole System Change Programme - the system "to be". The role of the Integrated Leadership Group is clarified as working together to manage the system "as is".
	By 30 Sep 2023	Detailed Financial Framework including agreed financial recovery actions for inpatient services will be reported to IJBs and NHS Tayside
5	By 30 Apr 2024	There will be a review and evaluation completed of the effectiveness of how we are making integration work and improvements identified and actioned.
6		Moves to Business as Usual.



Priority 5: Make Integration work		Intended Outcome: Clear and effective arrangements for integration in place, which supports collaborative leadership across partners and sustainable strategic change and innovation. Clarity for staff and the general public with regards to the roles and responsibilities of each organisation across Tayside. Clear governance and decision-making structures.	
Executive Sponsor: <ul style="list-style-type: none">Chief Officer, Angus HSCP	Workstream Lead(s): <ul style="list-style-type: none">Chief Officer Angus HSCPChief Officer Dundee HSCPChief Officer Perth & Kinross HSCP		Responsible Officer(s): <ul style="list-style-type: none">Chief Officers,Medical Director,Executive Nurse Director
Delivery Timeline: June 2023, review April 2024		Route to Delivery: Executive Leads and IJB Chairs	
Milestones:			
#	Timeline	Activity	
1	By 30 Jun 2022	Revised Integration Schemes (IS) drafted, consulted upon with communities, updated based on feedback, and approved. The IS include the delegation of responsibility for the strategic planning and coordination for inpatient mental health and inpatient learning disability services to IJBs and to the Chief Officer of Perth and Kinross IJB as lead partner. - Complete.	
	By 30 Jun 2023	Approval of revised Directions Policy for each IJB which sets out how decisions and directions in relation to strategic planning for inpatient services will work in practice through approval by all IJBs, ensuring effective consultation at a local level, and therefore have regard to the needs of all communities in Tayside.	
2	By 30 Jun 2023	Collaborative working arrangements in place to make the new integration arrangements work in practice.	
3	By 31 Oct 2022	Programme support team appointed on a permanent basis, funded by all partner organisations to support change programme.	
4	By 30 Nov 2022	Integration Schemes approved by 3 IJBs and Scottish Government. - Complete	
5	By 30 Apr 2023	Revised governance structures for a Whole System Change Programme will be approved across all parties with revised terms of reference and membership of the Mental Health and Wellbeing Programme Board. The role of each partner in the Integration Scheme, the priorities, roles and responsibilities will be set out in easy to understand Governance diagrams.	
6	By 30 Apr 2023	There will be agreed re-prioritisation for the whole-system change programme work for 2023-2025, taking cognisance of the work progressing within each of the HSCP areas related to their Strategic Commissioning Plans and respective Mental Health and Wellbeing Plans.	
7	By 30 Jun 2023	Staff, service users, and their careers, and the general public will have clear information about what is going to change, what will be different for them, who will be responsible for making the change and how they can take part.	

8	By 30 Jun 2023	The Executive Leadership Group is providing collaborative leadership across the whole system change programme to ensure innovation flourishes and sustainable change can take place in line with the integration scheme and revised governance structures.
	By 30 Jun 2023	The Integrated Joint Boards and NHS Tayside Board have clear systems in place to ensure appropriate directions are provided and decisions made.
9	By 30 Apr 2024	There will be a review and evaluation of the effectiveness of how we are making integration work and improvements identified and actioned.
10		Moves to Business as Usual



Priority 6: Engage the Workforce		Intended Outcome: An engaged workforce who feel listened to, involved and engaged in service design, evidenced through feedback and participation in major decisions.	
Executive Sponsor: <ul style="list-style-type: none">Executive Nurse Director, NHS Tayside	Workstream Lead(s): <ul style="list-style-type: none">Operational Medical Director Mental Health & Learning Disability Services, NHS TaysideNurse Director Mental Health & Learning Disability Services, NHS TaysideHSCP Chief Officers x 3		Responsible Officer(s): <ul style="list-style-type: none">General Managers and Strategic Commissioning LeadsClinical Leaders
Delivery Timeline: 31 December 2023		Route to Delivery: Programme	
Milestones:			
#	Timeline	Activity	
1	By 30 Jun 2023	A workforce development and engagement plan and work at a system-wide level around culture, is agreed.	
2	By 31 Aug 2023	A review and refresh of leadership training, for key staff groups (Senior Nurses test), which includes how to engage staff and service users in service design, is in place.	
3	By 31 Jul 2023	The arrangements for monitoring progress against the workforce development plan are agreed and in place.	
4	By 30 Sep 2023	A Codesign and Coproduction Plan is agreed and implemented.	
5	By 31 Dec 2023	An evaluation of the extent to which change is being coproduced by people who work in our services has been completed and used to inform the next cycle of planning.	
6		Moves to Business as Usual.	



Priority 7: Engage with patients, families, partners and communities		Intended Outcome: Patients, family, friends, carers and the wider community are partners in the change programme and in redesigning new models of care. Stakeholder consultation will be a core element throughout the Whole System Change Programme. Leading through relationships - started in December 2022 will be expanded to all of the workstreams to build a broad platform of working in equal partnership throughout the programme. Appropriate systems will be in place throughout the whole system of care to enable co-production, meaningful engagement and feedback, and relationship building.	
Executive Sponsor: <ul style="list-style-type: none">Chief Officer, Angus HSCP		Workstream Lead(s): <ul style="list-style-type: none">Head of Community Health and Care Services, Angus HSCPMH&LD Strategic Commissioning Lead/Locality Manager, Dundee HSCPMental Health Strategic Lead, P&K HSCP	
		Responsible Officer(s): <ul style="list-style-type: none">General Managers and Strategic Commissioning Leads	
Delivery Timeline: 31 August 2024		Route to Delivery: Programme	
Milestones:			
#	Timeline	Activity	
1	By 31 May 2023	There will be a shared understanding across the whole system of care regarding current approaches to leading together and co-production. Good practice will be shared and new mechanisms for supporting meaningful engagement, collating views and experiences will involve all relevant stakeholders/groups who support the engagement, building relationships; with the Third Sector as partners in this work.	
2	By 30 Jun 2023	Data about current engagement methods/stakeholders/groups will be analysed and any gaps identified. With good practice highlighted.	
3	By 30 Sep 2023	A co-design and co-production Plan will be agreed and implemented across the whole system of care, with independent support provided from Healthcare Improvement Scotland to support this work. Patients, carers, family, friends and the wider community will be supported to meaningfully engage in planning. Key performance and quality indicators will be established and monitoring systems put in place.	
4	By 31 Jan 2024	A co-evaluation tool will be developed and tested which measures the impact of the change that will be undertaken.	
5	By 30 Jun 2024	A co-produced evaluation of the impact of the change will be completed. The outcomes will inform the effectiveness of the processes, highlight good practice and identify areas for improvement.	
6	By 31 Aug 2024	Learning will be shared with all stakeholders. This will inform the next cycle of planning and improvement.	
7		Moves to Business as Usual.	



Priority 8: Continue to focus on Patient Safety		Intended Outcome: All patients will experience high quality, safe and person centred care every time.	
Executive Sponsor: <ul style="list-style-type: none">Medical Director, NHS Tayside		Workstream Lead(s): <ul style="list-style-type: none">Operational Medical Director, Mental Health & Learning Disability Services, NHS TaysideDirector of Nursing, Mental Health & Learning Disability Services, NHS Tayside	
		Responsible Officer(s): <ul style="list-style-type: none">Heads of Service/Strategic Commissioning Leads,General Managers,Clinical Leads,Clinical Directors	
Delivery Timeline: September 2023 with the arrangements to monitor the outcome transferred into an ongoing programme centred on Least Restrictive Practice, reviewed in September 2024		Route to Delivery: Clinical Governance arrangement and reporting	
Milestones:			
#	Timeline	Activity	
1	By 31 Jul 2023	The required scope of the continued focus on patient safety work will be developed in collaboration with stakeholders.	
2	By 31 Jul 2023	The draft Terms of Reference for a patient safety collaborative/group will be developed to include: <ul style="list-style-type: none">scope and focusrole and remitgovernance reportingchair and deputy chairmembership	
3	By 31 Aug 2023	The draft Terms of Reference is agreed and ratified through the Programme Board	
4	By 30 Sep 2023	The revised Tayside Mental Health Patient Safety Collaborative will have had its first meeting	
5	By 30 Sep 2024	A 1-year review of the Patient Safety Collaborative against the Terms of Reference will be completed to inform any required developments/changes.	
6		Moves to Business as Usual.	



Priority 9:
Integrated Substance Use and Mental Health

Intended Outcome:

There are processes in place to ensure that people who have co-occurring substance use and mental health needs are able to access appropriate services, and that these services work together to support the people's needs.

Executive Sponsor:

- Chief Officer, Dundee HSCP

Workstream Lead(s):

- Head of Health and Community Care, Dundee HSCP
- Lead Clinician, NHST Drug and Alcohol Recovery Psychology Service

Responsible Officer(s):

- Heads of Service/ Strategic Commissioning Leads
- General Manager
- Clinical Leads

Delivery Timeline:

31 March 2024

Route to Delivery:

Operational and via Programme

Milestones:

#	Timeline	Activity
1	By 31 May 2023	a) Development of Operational Group; b) Develop implementation plan and sign off.
2	By 31 Oct 2023	Mechanisms are in place to enable staff in Mental Health and Substance Use Services to report concerns and advocate on behalf of patients at risk of falling between services
3	By 31 Oct 2023	At the point of referral, there will be a named professional as the main contact responsible for communication between services, and with the person and their family member or nominated person(s).
4	By 31 Oct 2023	Protocols in place for effective communication and information sharing between Mental Health and Substance Use services.
5	By 30 Nov 2023	There are procedures in place to ensure that staff in Mental Health and Substance Use Services are up to date with local treatment pathways and referral criteria for NHS primary and secondary care services, social care and third sector agencies.
6	By 31 Dec 2023	There will be agreed referral pathways across the local ROSC, to support anyone identified with substance use or mental health difficulties.
7	By 31 Dec 2023	Development of training and workforce development plans to ensure staff are trained and supported to: a) Carry out assessment of substance use and dependence; b) Recognise acute crises such as overdose, withdrawal or physical health consequences; c) Provide accurate and evidence-based harm reduction information and support to people with non-dependent substance use; d) Provide motivational interviewing where appropriate.
8	By 31 Dec 2023	Development of a training and workforce development plan to ensure staff are trained and supported to: a) Have the knowledge and skills to recognise acute mental health crises, suicidality/psychosis and respond appropriately; b) Know about availability and make use of skilled diagnosis and treatment within substance use teams, if not available through mental

		health assessment services; c) Make use of local protocols around severity and complexity of mental health disorder for treatment in substance use, primary care or mental health teams.
9	By 31 Dec 2023	Clear governance structures are in place to co-ordinate care (e.g. care programme approach) and establish effective joint working arrangements to care for those with severe mental illness and substance use.
10	By 31 Mar 2024	Agreed care pathways are in place to support any identified mental health care needs and clear governance structures, to establish effective joint working arrangements to care for people with co-occurring mental health difficulties and substance use
11	By 31 Mar 2024	Assessment protocols are in place, which include enquiry about mental health and/or substance use through appropriate screening tools.

**Priority 10:**

Whole System Redesign of Learning Disabilities

Intended Outcomes:

- People with a learning disability will experience reduced health inequalities
- People with a learning disability receive the right support at home/community to maintain their health and wellbeing
- People with a learning disability will receive the right support to minimise the likelihood of requiring admission to hospital
- People with a learning disability will be less likely to be unnecessarily delayed within in-patient care longer than required
- People with a learning disability will be less likely to require a placement out with their local area

Executive Sponsor:

- Chief Officer, P&K HSCP

Workstream Lead(s):

- Strategic Commissioning Lead, Dundee HSCP
- General Manager, Inpatient Learning Disability Service

Responsible Officer(s):

- General Manager LD Inpatients
- Strategic Commissioning Leads

Delivery Timeline:

By 31 March 2024

Route to Delivery:

Programme

Milestones:

#	Timeline	Activity
1	By 30 Sept 2023	Pathways between home and hospital have been mapped and revised to ensure processes are clearly understood, seamless and that the right support is in place at the right time
2	By 30 Sept 2023	Planned date of discharge is reliably embedded within Learning Disability Inpatient pathways, underpinned by inclusive approaches to patient involvement
3	By 31 Oct 2023	A detailed analysis of admissions and discharges since January 2021 has been undertaken, taking into account available benchmarking information
4	By 31 Oct 2023	Workforce needs have been identified that will support the availability of multi- disciplinary support wherever a person may be
5	By 31 Dec 2023	A strategic needs assessment, in relation to the factors influencing delayed discharges, has been completed to support future commissioning of care and support to reduce delays in hospital for people with learning disability needs
6	By 31 Mar 2024	A commissioning plan is in place to support people with learning disability needs and which will; reduce the likelihood of unnecessary admissions to hospital; reduce the likelihood of unnecessary delays once people are ready for discharge; ensure that community health and social care resources are increased to avoid admission to, and support timely discharge from, hospital wherever possible


Priority 11:
 Crisis & Urgent Care

Intended Outcome:

The re-design of a centralised crisis response to enable a Tayside-wide specialist emergency mental health assessment function, with clear links to local Emergency Departments, Scottish Ambulance and NHS Scotland Police Triage.

Executive Sponsor:

- TBC

Workstream Lead(s):

- Nurse Director, Mental Health and Learning Disabilities
- Clinical Lead for Mental Health and Learning Disabilities, Dundee HSCP

Responsible Officer(s):

- General Managers
- Operational Medical Director
- Nurse Director

Delivery Timeline:

By 31 December 2023

Route to Delivery:

Programme

Milestones:

#	Timeline	Activity
1	By 31 May 2023	Liaison with, and visit to, Lothian Mental Health sites to enable learning on live implementation of Standard Operating Procedure, which will inform re-designed framework in NHS Tayside
2	By 30 June 2023	Carry out self-assessment of current system and map against the National Roadmap, identifying gaps and areas requiring review
3	By 30 June 2023	Revisit and review the self-assessment against Best Practice Guidance for Home Treatment
4	By 30 June 2023	Training Needs Analysis Carried out across IHTT and Crisis Assessment Function
5	By 31 Jul 2023	Review existing data sets and agree a revised data set which would include demographics, patient journey and patient outcomes
6	By 31 Jul 2023	Implementation of Trakcare across Crisis and IHTT
7	By 31 Jul 2023	Workforce training plan to be developed across IHTT and Crisis
8	By 31 Jul 2023	Prioritise which routes of referral require review and mapping
9	By 31 Jul 2023	Appraise the Carseview site to assess current estate and optimum environment required for delivery of the Crisis Assessment Function
10	By 31 Aug 2023	Complete and evaluate the test of change in relation to Early Supported Discharge
11	By 31 Aug 2023	Complete and evaluate the test of change in relation to the gatekeeping role
12	By 31 Aug 2023	Workforce planning across IHTT and Crisis Assessment Function, with production of indicative workforce model
13	By 31 Oct 2023	Review and agree referral routes and pathways, aligned to the National Roadmap for Urgent Care and the revised IHTT clinical model
14	By 30 Nov 2023	Implement a mechanism for feedback from people who use and need the service Review and develop Crisis and IHTT packs for patients and carers
15	By 31 Dec 2023	Finalise and establish new Standard Operating Procedure for re-designed service linked to National Redesign of Urgent Care workstream.



Priority 12: Specialist Community Mental Health Service Redesign		Intended Outcome: By April 2024, redesign a co-produced model of care for the Tayside Specialist Community Mental Health Service ensuring equitable, effective, treatment, care and support for people living in the community with complex and severe mental illness.
Executive Sponsor: <ul style="list-style-type: none"> Chief Officer, Angus HSCP 	Workstream Lead(s): <ul style="list-style-type: none"> Operational Medical Director, Mental Health and Learning Disabilities Service Manager, Mental Health Services, P&K HSCP 	Responsible Officer(s): <ul style="list-style-type: none"> Chief Officers x 3 Strategic and Commissioning Leads
Delivery Timeline: 30 April 2024		Route to Delivery: Programme
Milestones:		
#	Timeline	Activity
1.	By 31 Oct 2023	Define key performance indicators, care standards, measures and audit mechanisms (including service user and carer measures)
2.	By 31 Oct 2023	Review and redesign the clinical model for Community Mental Health
3.	By 31 Oct 2023	Create a learning network for the Community Mental Health Service
4.	By 31 Dec 2023	Revised Demand, Capacity, Activity and Queue data readily available and evidenced to be used by Community Mental Health Teams across Tayside
5.	By 31 Dec 2023	Complete a review of current planned care pathways within Community Mental Health Teams to ensure people are accessing the appropriate care and support
6.	By 31 Mar 2024	Assess and target improvements in compliance by the Community Mental Health Teams with key performance indicators, care standards and measures (including service user and carer measures)
7.	By 30 Apr 2024	Review the workforce required within the Tayside Community Mental Health Service to deliver the new models of care



Appendix One: Mapping of work streams to draft National Mental Health Indicators

Measurement plans are in the process of being prepared for all work streams, in order to ensure that progress and achievement of outcomes is well evidenced. There is a connection to the work elsewhere to develop national Mental Health indicators. An initial mapping of work streams to the indicators in development has been undertaken and is summarised in figure 1. Descriptions of the indicators and a link to the source publication are also provided.

Figure 1:

Tayside Mental Health Improvement work streams mapped to Draft National MH Indicators

<u>Workstreams</u>	<u>Draft National Indicators</u>							
Adult MH Inpatient Redesign	EQ2	EQ4	EF1	EF2	EF3	S2	S5	P3
Delayed Discharges			EF1	EF2	EF3	EF4	P2	E1
Making Integration Work				E1	EF3	EF4	P2	P3
Patient Safety			S1	S2	S5	P3	P4	
Strathmartine Environment								P3*
Engage the workforce								NA
Engage Broader Stakeholders								NA
Streamline & Prioritise the Change Programme								NA

*requires modification for LD

Glossary of Indicator Descriptions

Timely –

T1 % of people who commence Psychological therapy-based treatment within 18 weeks of referral.

T2 % of young people who commence treatment by specialist Child and Adolescent Mental Health services within 18 weeks of referral.

T3 % of people who wait less than three weeks from referral received to appropriate drug or alcohol treatment that supports recovery.

Safe –

S1 suicide rates per 100,000 population.

S2 % of all discharged psychiatric inpatients followed-up by community mental health services within 7 calendar days.

S5 incidents of physical violence per 1,000 occupied psychiatric bed days.

Effective –

E1 number of days people spend in hospital when they are clinically ready to be discharged per 1,000 population (Integration indicator 19).

Efficient –

EF1 rate of emergency bed days for adults.

EF2 % of readmissions to hospital within 28 days of discharge

EF3 total Psychiatric inpatient beds per 100,000 population (NRAC adjusted)

EF4 total mental health spend as a % of total spend.

EF5 % of did not attend appointments for community based services of people with mental health problems.

Reference

[Quality Indicator Profile for Mental Health \(publichealthscotland.scot\)](https://publichealthscotland.scot)

This page is intentionally left blank

EQUALITY IMPACT ASSESSMENT (EQIA) TEMPLATE

Manager	Group
---------	-------

Established	Last updated	Review / Expiry
-------------	--------------	-----------------

UNCONTROLLED WHEN PRINTED

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

This page is intentionally left blank

Section 1 (This is mandatory and should be completed in all cases)

Part A – Overview

Name of Policy, Service Improvement, Redesign or Strategy:

Tayside Mental Health & Learning Disabilities Whole System Change Programme
(referred to hereafter as “the programme”).

Lead Director or Manager:

Jacqueline Pepper, Chief Officer - Perth and Kinross Health and Social Care Partnership
Lead Partner – coordination of strategic planning for inpatient mental health and learning disability services.

What are the main aims of the Policy, Service Improvement, Redesign or Strategy?

The programme aims to bring about person centred improvements in across the whole system of care and treatment for people experiencing mental ill-health and people with a learning disability. It aims to integrate health and social care delivery at a community level to meet needs. Strategic planning and improvement will focus on what matters to people and will be informed by what people are telling us works best for them. Improvements will be evidence based and will focus on what’s achievable and sustainable within the available resources. Our ambition is to design and deliver high quality care and treatment for people with Mental Health or Learning Disability needs, and better mental health and wellbeing for all, where people in Tayside can achieve the best possible mental health in inclusive communities which reduce/ eliminate stigma and discrimination.

Description of the Policy, Service Improvement, Redesign or Strategy – What is it? What does it do? Who does it? And who is it for?

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

Whole-system improvement of mental health and learning disability services. The programme is focused on prevention, proactive care, access to joined up and co-ordinated services and with a highly skilled and confident workforce to deliver better person-centred services. The programme will have the views and experiences of people who require care and treatment as central to making improvements and co-produce plans for transformational change. It reflects the needs of our patients, service users, their families, and carers and the needs of our staff who plan, provide, and deliver mental health services. The programme focuses on services for adults under 65.

What are the intended outcomes from the proposed Policy, Service Improvement, Redesign or strategy? – What will happen as a result of it? - Who benefits from it and how?

The programme is intended to provide people with:

- An investment in prevention of mental health disorders and proactive care to address poor mental health
- Services that tackle stigma and discrimination as a core priority
- Improved access to the right services at the right time, as close to home as possible
- High-quality, person-centred care and treatment in all settings and circumstances
- Co-ordinated treatment and supports for people with severe and complex mental illness
- Improvement in the physical health of people living with mental illness and reducing early mortality
- Assurance that the enablers of effective system performance and system improvement are in place
- Improvements in the transitions between Child Adolescent Mental Health Services (CAMHS) and adult mental health services to ensure every child and young person is supported to have the best adulthood they can
- Improvements in transitions between primary care and community services, and between community and hospital services, thereby ensuring no person feels they have fallen through the cracks and are lacking support to thrive
- Services that provide good patient experience, ensuring people get the support they need, when they need it, where they need it in a way that they're not passed around services, or have to repeat their story over and over again
- A system that makes safety and all aspects of quality (safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity) central to mental health service delivery.
- Carer support; unpaid carers are supported to be partners in care and are signposted to carer support, in line with the Triangle of Care approach.
- An approach that promotes peoples' freedom to make their own decision and the rights they have to take risks and have autonomy over their lives.

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

Name of the group responsible for assessing or considering the equality impact assessment? This should be the Policy Working Group or the Project team for Service Improvement, Redesign or Strategy.

The Whole System Change Workstream Leads reporting to the Executive Leadership Group.

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

This page is intentionally left blank

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
1.1	Will it impact on the whole population? Yes or No. If yes, will it have a differential impact on any of the groups or protected characteristics identified in 1.2. If no go to 1.2 to identify which groups or protected	Yes. The programme seeks to improve outcomes and experiences for anyone in Tayside who either has or is connected to someone with a mental health or learning disability need. It seeks to do so regardless of protected characteristics, so it is not anticipated that people with protected characteristics will be specifically affected in a	Providing the same service for everyone doesn't always achieve the same outcomes for those with protected characteristics. Each work stream of the programme will conduct its own EQIA to ensure that, where necessary, steps/activity are included to ensure those with protected characteristics and those with circumstances that are known to affect people more (Health inequalities) receive equitable service. This might mean for example offering appointments with interpreters- cultural awareness of why people from minority ethnic communities experience more mental health crisis- offering culturally aware and competent services.	

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	Page	Review Date: 30.05.2024

	characteristics could be affected.	different way to those without.	
--	------------------------------------	---------------------------------	--

SECTION 1 Part B – Equality and Diversity Impacts

Which equality group or Protected Characteristics do you think will be affected?

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
1.2	Protected characteristics: <ul style="list-style-type: none"> ○ Race - Minority ethnic population (including refugees, asylum seekers & gypsies / travellers) ○ Sex - Women and men ○ Religion/Belief - People in religious / faith groups ○ Disability - Disabled people 	<p>All people - with and without protected characteristics - will benefit from the programme, and especially people with mental health problems.</p> <p>The programme aims to bring about person centred improvements in health and social care delivery, in line with need. The programme will have a focus on community planning and will be community based and</p>	<p>Public Health analysis on p26 & p27 of strategy details what is known about the Tayside population.</p>	<p>Each work stream will consider the population characteristics and protected characteristics within the planning of actions, timescales and outcomes, and will identify and track actions to address any potential equality gaps.</p> <p>There are potential impacts as staff groups</p>

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

	<ul style="list-style-type: none"> ○ Age - Older people, children and young people ○ Sexual Orientation – Is the orientation of persons of the same sex, opposite sex or either sex ○ Gender Reassignment ○ Pregnancy/Maternity <p>Other:</p> <ul style="list-style-type: none"> ○ People with mental health problems ○ Homeless people ○ People involved in criminal justice system ○ Staff ○ Socio- economically deprived groups ○ People with mental health problems ○ Homeless people ○ Socioeconomic deprivation groups ○ Carers ○ Literacy ○ Rural 	<p>multi-agency in its approach. Our ambition is to design and deliver high quality specialist services for people with Mental Health or Learning Disability needs, and better mental health and wellbeing for all, within Tayside. By adopting this programme, individuals will receive a robust service that is able to be flexible in its approach and offer a variety of support and treatment options.</p>		<p>are likely to be predominantly female and maybe, for specialist staff, older. Homeless people may find it difficult to have appointments emailed and specific action might be needed like use of SMS messages</p> <p>Impact on carers will need to be considered. For example, - if location of inpatient care is changed and further away or if more people are supported at home the potential impact for carers of needing to provide increased support. These considerations will be picked up in each work stream EQIA.</p>
--	---	---	--	---

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	Page	Review Date: 30.05.2024

	○ Language / social origins			
--	-----------------------------	--	--	--

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
1.3	<p>Will the development of the policy, strategy or service improvement/redesign lead to</p> <p>Direct or Indirect discrimination Unequal opportunities Poor relations between equality groups, people with a protected characteristic(s) and other groups Other</p>	<p>No</p> <p>Through an EQIA within each work stream, all changes will be assessed for potential unintended consequences on people with protected characteristics. For example, if a planned change includes an increased reliance on digital resources, work will be undertaken to ensure that people living in poverty without access to the internet, and people with low digital literacy skills are not inadvertently disadvantaged.</p>	<p>The strategy was codesigned with people who use and need our services, to ensure that at this stage of planning, ambitions, changes and communication has been done in a way that reflects genuine need and capability. Each workstream is required to engage with people who have lived experience.</p>	<p>As stated previously, as programme activity crystallises on clear actions and decisions, separate detailed EQIAs will be undertaken</p>

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

SECTION 2 – Human Rights and Health Impact.

Which Human Rights could be affected in relation to article 2, 3, 5, 6, 8, 9 and 11. (ECHR: European Convention on Human Rights)

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
2.1	<p>On Life (Article 2, ECHR)</p> <ul style="list-style-type: none"> ○ Basic necessities such as adequate nutrition, and safe drinking water ○ Suicide ○ Risk to life of / from others ○ Duties to protect life from risks by self / others ○ End of life questions 	<p>The programme seeks to have a positive impact on;</p> <ul style="list-style-type: none"> • Rate of completed suicide • Risk to life of/ from others • Duties to protect life from risks by self/ others • Freedom from ill treatment It is envisaged that the programme will improve outcomes for those at risk of harm. This is due to the planned improved flexibility of services and having a person centred approach throughout this programme. The 	<p>Human Rights - p32 of strategy sets out our understanding of human rights as they pertain to matters of Mental Health, Learning Disability and wellbeing.</p> <p>Suicide – p24 of strategy sets out what we know about suicide and how that has been factored into the programme plans</p>	<p>We know that suicide risks include a large number of young (protected characteristic) men (protected characteristic)</p> <p>So for example, the Crisis and Urgent Care work stream will seek to look behind this and plan supports with these protected characteristics in mind.</p>

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

		programme will ensure that the views of service users is taken into consideration and will help with its delivery.		
2.2	<p>On Freedom from ill-treatment (Article 3, ECHR)</p> <ul style="list-style-type: none"> ○ Fear, humiliation ○ Intense physical or mental suffering or anguish ○ Prevention of ill-treatment, ○ Investigation of reasonably substantiated allegations of serious ill-treatment ○ Dignified living conditions 	<p>The programme plans to have a positive impact on;</p> <ul style="list-style-type: none"> • Fear, humiliation • Intense physical or mental suffering or anguish • Prevention of ill-treatment, • Investigation of reasonably substantiated allegations of serious ill-treatment • Dignified living conditions 	<p>Human Rights - p32 of strategy sets out our understanding of human rights as they pertain to matters of Mental Health, Learning Disability and wellbeing.</p> <p>There is a strong association between mental health and long term conditions. The relationships are complex and are shown in both directions. The same is true of people with Learning Disabilities. Both groups are at greater risk of physical illness than the general population. Some people with mental illness or a learning disability require different approaches to engagement and differences in how care</p>	<p>The programme has to date been designed alongside people with mental health or learning disability needs. This approach will continue.</p>

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

			is accessed, delivered and communicated.	
--	--	--	--	--

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
2.3	On Liberty (Article 5, ECHR) <ul style="list-style-type: none"> Detention under mental health law Review of continued justification of detention Informing reasons for detention 	The programme seeks to have a positive impact on; <ul style="list-style-type: none"> Detention under mental health law Review of continued justification of detention Informing reasons for detention 	Human Rights - p32 of strategy	A key part of this work will be the continuing commitment to work closely with, and communicate well with people detained under mental health law and where appropriate their families/ carers
2.4	On a Fair Hearing (Article 6, ECHR) <ul style="list-style-type: none"> Staff disciplinary proceedings Malpractice Right to be heard Procedural fairness Effective participation in proceedings that determine rights such as employment, damages / compensation 	The programme seeks to have a positive impact on; The right to be heard Procedural fairness, and Effective participation in change, in line with the NHS Scotland Staff Governance Standard. The programme will have a positive impact on detention under mental health law by giving service users the skills to self manage and the opportunity to seek help	NHS Scotland Staff Governance Standard has been followed throughout delivery of the programme. Extensive consultation with staff about what needs to be changed, why, when , how, where and by whom has taken place to date and that will continue.	A comprehensive communication and engagement plan including stakeholders within and outside of the system of care is in development within each work stream.

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

		at an early stage to prevent the development of a spiral into mental health crisis.		
--	--	---	--	--

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
2.5	<p>On Private and family life (Article 8, ECHR)</p> <ul style="list-style-type: none"> Private and Family life Physical and moral integrity (e.g. freedom from non-consensual treatment, harassment or abuse) Personal data, privacy and confidentiality Sexual identity Autonomy and self-determination Relations with family, community Participation in decisions that affect rights Legal capacity in decision making supported participation and decision making, 	<p>The programme seeks to have a positive impact on all articles of private and family life listed.</p> <p>Private and family life can be enhanced by improved mental health and wellbeing.</p> <p>Physical and moral integrity can be improved through many therapies and mental health interventions and by societal work around stigma associated with mental health and learning disabilities.</p> <p>Each work stream will consider the right to privacy and confidentiality.</p> <p>Mental ill-health is more prevalent in groups with protected characteristics around sexual identity, and</p>	<p>Ref: Strategy Page 95 values Page 32 panel principles</p> <p>are Participation Accountability Non-discrimination and equality Empowerment and Legality.</p> <p>The programme is committed to working to these principles across all change.</p>	<p>EQIAs within each work stream will consider what specific elements of change need to be put in place to continue managing the impact of changes on private and family life.</p>

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	Page	Review Date: 30.05.2024

	<p>accessible information and communication to support decision making</p> <ul style="list-style-type: none"> ○ Clean and healthy environment 	<p>so improved services will positively impact those areas.</p> <p>The rights people have to take risks and make decisions about their lives holds true regardless of the presence of a mental illness or learning disability. Our services have a good track record of finding ways to support people in those groups with these rights.</p>		
--	--	---	--	--

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research /Data to support the consideration of impact	Further Actions or improvements required
2.6	<p>On Freedom of thought, conscience, and religion (Article 9, ECHR)</p> <ul style="list-style-type: none"> To express opinions and receive and impart information and ideas without interference 	<p>The programme seeks to have a positive impact on the right to express opinions and receive and impart information and ideas without interference, in line with the NHS Scotland Staff Governance Standard</p> <p>There are lots of channels that have been used to date to bring the voice of people who need and use our services into the programme. These include conversations, focus groups, consultation exercises, use of long standing networks for people with protected characteristics, mailboxes, newsletters and invitations for specific comment around specific service plans.</p>	<p>Ref: Strategy Page 95 values Page 32 panel principles</p> <p>NHS Scotland Staff Governance Standard</p>	<p>The communication and engagement plans within each work stream, and their associated EQIAs will consider how to meaningfully engage with people about planned changes in a way that brings those with protected characteristics along with us as partners.</p>

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

2.7	<p>On Freedom of assembly and association (Article 11, ECHR)</p> <ul style="list-style-type: none"> Choosing whether to belong to a trade union 	No – the programme will not adversely affect a person's right to choose whether to belong to a trade union		
2.8	<p>On Marriage and founding a family</p> <ul style="list-style-type: none"> Capacity Age 	No		
2.9	<p>Protocol 1 (Article 1, 2, 3 ECHR)</p> <ul style="list-style-type: none"> Peaceful enjoyment of possessions 	No		

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

SECTION 3 – Health Inequalities Impact

Which health and lifestyle changes will be affected?

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
3.1	<p>What impact will the function, policy/strategy or service change have on lifestyles?</p> <p>For example, will the changes affect:</p> <ul style="list-style-type: none"> ○ Diet & nutrition ○ Exercise & physical activity ○ Substance use: tobacco, alcohol or drugs ○ Risk taking behaviours 	<p>The programme views Mental Health as a public health priority. It seeks to reduce inequalities in the following areas:</p> <ol style="list-style-type: none"> 1. Mentally healthy environments and communities 2. Mentally healthy infants, children and young people 3. Mentally healthy employment and working life 4. Mental healthy later life 5. Reducing the prevalence of suicide, self-harm and common mental health problems 	<p>Ref: strategy p19</p> <p>Ref: strategy p78 - 79</p>	

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

	<ul style="list-style-type: none"> ○ Education & learning or skills ○ Other 	6. Stigma and discrimination 7. The programme seeks to reduce instances of risk taking behaviours by supporting people to live in mentally health environments where they are free from stigma and discrimination and have the skills and opportunities to make more informed life choices		
3.2.	Does your function, policy or service change consider the impact on the communities? Things that might be affected include: <ul style="list-style-type: none"> ○ Social status ○ Employment (paid/unpaid) ○ Social/family support 	The programme has considered a range of environmental factors, social circumstances and individual protective and risk factors for good mental health.	Ref: strategy p78 - 79	Each work stream will include plans to address risk factors across all tiers of service provision for people with mental health and learning disability needs.

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	Page	Review Date: 30.05.2024

	<ul style="list-style-type: none"> ○ Stress ○ Income 			
--	--	--	--	--

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
3.3	<p>Will the function, policy or service change have an impact on the physical environment?</p> <p>For example will there be impacts on:</p> <ul style="list-style-type: none"> ○ Living conditions ○ Working conditions ○ Pollution or climate change ○ Accidental injuries / public safety ○ Transmission of infectious diseases ○ Other 	<p>In addition to the response in 3.2, the programme seeks to improve the physical environment in a number of healthcare-related settings, for example within the Adult Inpatient redesign, and within the Learning Disabilities whole system redesign.</p> <p>This will be achieved by improving the Physical environment to improve safety and ensuring that the transmission of infections is reduced through robust implementation of the Infection control policy</p>		

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

3.4	<p>Will the function, policy or service change affect access to and experience of services?</p> <p>For example</p> <ul style="list-style-type: none"> ○ Healthcare ○ Social services ○ Education ○ Transport ○ Housing 	<p>The programme seeks to positively influence healthcare, social services and housing for some parts of our communities. There is no direct impact on how people access and experience Education Services. Transport plans will need to be considered as part of significant service changes where hospital sites and out-patient bases are being changed.</p> <p>This will be achieved through</p> <ul style="list-style-type: none"> • Collaborative working • Providing people with the skills to access education • Ensuring that individuals are able to access transport • Create accessible and friendly facilities for treatment and support. 		
-----	---	--	--	--

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
3.5	<p>In relation to the protected characteristics and other groups identified:</p> <p>What are the potential impacts on health?</p> <p>Will the function, policy or service change impact on access to health care? If yes - in what way?</p>	<p>Yes. The programme seeks to have a direct and positive impact on health, particularly for people with Mental Health or Learning Disabilities related needs, and in a range of ways.</p> <p>These will include:</p> <ul style="list-style-type: none"> • Participation and engagement with service users • Ensure services are easily accessible through appropriate referral routes. • Create a range of interventions that can be delivered flexibly. Including digital delivery, self help and social support through Link workers. 	Ref : Strategy P8	

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	Page	Review Date: 30.05.2024

SECTION 4 – Financial Decisions Impact

How will it affect the financial decision or proposal?

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
4.1	Is the purpose of the financial decision for service improvement/redesign clearly set out Has the impact of your financial proposals on equality groups been thoroughly considered before any decisions are arrived at	Tayside Inpatient Mental Health and Learning Disability Services are budgeted for within the overall budget within NHS Tayside. Community Mental Health Services are budgeted for within each Integrated Joint Board and supported by local partners. A financial framework to support the strategic direction of the improvement programme and a shift in the funding balance from inpatient to community-based provision		A financial framework to support the programme will be developed and will be in line with the outcomes and mitigations required in the EQIA for each workstream,

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

		will be achieved wherever possible. Changes in funding will take account of the EQIA carried out by each workstream.		
4.2	<p>Is there sufficient information to show that “due regard” has been paid to the equality duties in the financial decision making</p> <p>Have you identified methods for mitigating or avoiding any adverse impacts on equality groups</p> <p>Have those likely to be affected by the financial proposal been consulted and involved</p>	<p>Yes</p> <p>TBC</p> <p>This will be integral to each workstream and decision-making guided by a Programme Board which includes stakeholders, advocates and people with lived experience.</p>		<p>A financial framework to support the programme will be developed and will be in line with the outcomes and mitigations required in the EQIA for each workstream.</p>

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	Page	Review Date: 30.05.2024

SECTION 5 – Involvement, Engagement and Consultation (IEC)

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
5.	Involvement, Engagement and Consultation (IEC) <ul style="list-style-type: none"> What existing IEC data do we have? Existing IEC sources Original IEC Key learning Have staff Networks been part of the consultation? (where required and not limited to, nor to exclude any other 	The programme has engaged with and intends to continue to engage with all relevant stakeholders throughout all phases of service development; from needs assessment, translation of need into service planning, implementation and review of outcomes being sought. This includes the voice of those with lived experience and those involved in the care of, and delivery of care for people who need and use our services. The Programme Board includes representation from people with experience of	LLW Communications and Engagement report details the approach, reach and achievements around communication and engagement which enabled the coproduction of the strategy.	Communications and engagement plans for each work stream are in the process of being developed.

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

	<p>community involvement, engagement and consultation).</p> <ul style="list-style-type: none"> ○ Do you have lived experiences? <p>What further IEC, if any, do you need to undertake?</p>	<p>interacting with our services as well as a range of subject matter professionals and accountable officers. The membership is designed to ensure that conversations, decisions and actions within the programme are underpinned by the principles of codesign, coproduction and codelivery. In addition, existing mechanisms for engagement within our communities have been mapped and these mechanisms will be used throughout the lifespan of the programme until outcomes are achieved. Finally the programme intends to seek feedback from existing networks across Tayside including but not limited to:</p> <ul style="list-style-type: none"> • BAME network • Disability network • Carers network and 		
--	---	---	--	--

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

		<ul style="list-style-type: none"> • LGBTQIA+ <p>This feedback will ensure that the ambition of improving Mental Health and Learning Disabilities Services for all is realised in a way which leaves nobody behind.</p>		
--	--	--	--	--

Section 6 – Have Potential Negative Impacts been Identified?

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
6.	<p>Have any potential negative impacts been identified?</p> <p>If so, what action has been proposed to counteract the negative impacts? (if yes state how)</p> <p>For example:</p> <ul style="list-style-type: none"> ○ Is there any unlawful discrimination? ○ Could any community get an adverse outcome? ○ Could any group be excluded from the benefits of the function 	<p>Potential negative impacts of the programme may include the impact of changes in configuration and relocation of existing services. For example, it may be necessary to relocate Inpatient beds to achieve greater benefit for all Tayside communities. That may in turn mean that some communities will see beds move further from them. In these cases, care will be taken to ensure that the rationale for such decisions is clear, and that the possible perceived negative impacts on some people will be minimised and appropriately managed to ensure that the standard of care on offer is not compromised.</p>	<p>The strategy sets out what we understand about the population we serve, what changes we and they are planning to make and how engagement will underpin the programme.</p>	<p>In addition to a commitment to continue engaging with people who use our services and those who care for them, the programme governance and infrastructure is designed to ensure that risks are articulated, that changes and outcomes are coproduced and agreed, and that measures to track progress towards those outcomes are monitored and reviewed and acted upon where necessary.</p>

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

	<p>/ policy? (consider groups outlined in 1.2)</p> <ul style="list-style-type: none"> ○ Does it reinforce negative stereotypes? (For example, are any of the groups identified in 1.2 being disadvantaged due to perception rather than factual information?) 			
--	--	--	--	--

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

Section 7 – Data and Research

7.	<p>Data and Research</p> <p>Is there need to gather further evidence / data?</p> <p>Are there any apparent gaps in knowledge / skills?</p>	<p>A needs analysis required to understand nature, prevalence and volume of need across our communities, and how our services and resources should be configured to best meet that need. The needs analysis will include a skills and workforce assessment to inform if and how our workforce needs to change in order to make best use of our resources in line with need.</p> <p>Data is also required to inform progress of the programme and the extent to which the programme's stated outcomes have been met or are yet to be met.</p>
----	--	--

Section 8 – Monitoring Outcomes

8.	<p>Monitoring of Outcome(s)</p> <p>How will the outcome(s) be monitored?</p>	<p>Through 2022-23 the governance arrangements are being refined. The programme reports to a Programme Board, which in turn is responsible for reporting progress and issues to the Executive Leadership Group. The Executive Leadership group is accountable to each Integration Joint Board and NHS Tayside Board.</p> <p>Measures and outcomes are in the process of being agreed for each work stream within the programme. These will be included in regular reporting to the Programme</p>
----	--	--

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

	<p>Who will monitor?</p> <p>What criteria will you use to measure progress towards the outcome(s)?</p>	<p>Board and to inform communication with stakeholders more broadly on the progress of the programme.</p> <p>Each identified area has its own Clinical and Professional Governance arrangements and these in turn will feed into a Tayside wide Mental Health Clinical Governance Forum. Key Performance Indicators have been identified to support the governance arrangements .</p>
--	--	---

Section 9 – Recommendation(s)

9.	<p>Recommendation(s)</p> <p>State the conclusion of the Equality Impact Assessment and any recommendation(s)</p>	<p>The Equality Impact Assessment concludes that the programme will not adversely affect people with protected or other characteristics. Indeed, successful delivery of the outcomes will result in a range of improvements for the people of Tayside in relation to those experiencing Mental Health and Learning Disabilities.</p> <p>It is recommended that the transformation of Mental Health services within Tayside progresses through a collaborative approach.</p>
----	--	---

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

Section 10 – Progress to Completion

10.	<p>Completed function/policy</p> <p>Who will sign this off?</p> <p>When?</p>	<p>Initial EQIA complete.</p> <p>Further revisions following EQIA for each individual workstream.</p> <p>Executive Leadership Group to ensure whole system approval.</p> <p>14 June 2023</p>
-----	--	--

SECTION 11 – Publication

11.	<p>Publication –</p> <p>Where will it be published and who has responsibility to publish it?</p>	<p>NHS Tayside website/Living Life Well microsite</p>
-----	--	---

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

	<p>Please also provide a copy of the approved EQIA following approval from the appropriate committee. Please email a copy to tay.corporateequalities@nhs.scot and a copy will be uploaded to the Equality and Diversity page on Staffnet and on the NHS Tayside Equality and Diversity public Internet page.</p>	
--	--	--

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	Page	Review Date: 30.05.2024

This page is intentionally left blank

SECTION 12 – Fairer Scotland Duty Assessment

Each EQIA must have a supporting Fairer Scotland Duty Assessment to declare if the Duty has been applied or not. Please complete either section 12A – ‘Fairer Scotland Duty Assessment not Required Evaluation Tool’ or Section 12B – ‘Fairer Scotland Duty Assessment Applied Evaluation Tool’.

SECTION 12A – Fairer Scotland Duty Assessment Not Required Evaluation Tool

Title of the programme/ proposal/decision	
Programme/ proposal/ decision implementation date	
Directorate/ Division/ Service/ Team	
Responsible officer for taking decision	
Who else was involved in taking the decision	
Was the decision taken by a partnership?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Rationale for decision	[Delete after completing: Please record why an assessment under the Fairer Scotland Duty is not required and what your justification is for making that decision. This must include confirmation that the programme/proposal/decision concerned does not constitute a strategic decision and/or has no relevance re socio-economic inequalities - see, in particular the examples held in the Defining Inequalities of Outcome section of the guidance.]

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

<p>Declaration: I confirm that the decision not to carry out a Fairer Scotland Duty assessment has been authorised by:</p> <p>Name and Job Title: Date Authorisation given:</p>	

SECTION 12 B - Fairer Scotland Duty Assessment Applied Evaluation Tool

Section 1 - Planning	Fully Met	Partially Met with Some Areas for Improvement	Not Met	Not Applicable
1. Due regard was paid during the development of the programme/proposal/decision, with a plan developed early to support the Duty assessment.		X		
2. The aims and expected outcomes of the programme/ proposal/ decision were clearly articulated and confirmed at the planning stage.	X			
3. Relevant stakeholders were involved in the planning stage.		X		
4. The appropriate officers across the organisation were made aware that the assessment was underway and that it could have affected the final decision being made.		X		

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

Based on your responses to the statements above, please provide evidence/ positive examples.		A communications and engagement subgroup was formed and jointly chaired by NHS Tayside Director of communications and engagement and the Chief Executive Officer of Feeling Strong – a third sector charity. The subgroup had more than 40 members including people with lived experience alongside representatives from the Third Sector, Stakeholder Participation Group, Health and Social Care. Through this mechanism, the strategy was codeveloped following an inclusive, workshop based method. Monthly engagement and media activity supported the development, with the strategy then published.		
Based on the statements above, where could future Duty assessments be strengthened?		Future Duty assessments would benefit from greater time and support to involve and consider how to involve more people disadvantaged by socio-economic factors. We intend to build Equality, inclusive of socio-economic factors, into work stream discussions, planning and delivery.		

Section 2 - Evidence	Fully Met	Partially Met with Some Areas for Improvement	Not Met	Not Applicable
1. Evidence was reviewed to identify the programme/ proposal/decision's actual or likely impacts on socio-economic disadvantage and key inequalities of outcome.		X		
2. Any existing evidence on the effects and effectiveness of the programme/proposal/decision		X		

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

being developed was collated.				
3. EQIA planning work for this issue was reviewed to identify if sex, race, disability or other protected characteristics intersected with socio-economic characteristics and had to be factored into decision making.		X		
4. Where possible, new evidence was collected for areas that were lacking in evidence to support decision making.		X		
5. Communities of interest (including those with direct experience of poverty and disadvantage) were engaged with in this process.		X		
Based on your responses to the statements above, please provide evidence/ positive examples.	See response to section A. The codesign phase included contribution from the Fairness Commission, Healthy Minds Network and others, alongside Mental Health and Learning Disabilities specific user groups			
Based on the statements above, where could future Duty assessments be strengthened?	<p>Some of the right subject matter experts were involved and commented. More involvement could have taken place and over a longer timeframe, and more work to ensure that local need was correctly evidenced now needs to take place. In addition, there are important links to local Community Planning Partnerships and local Health and Wellbeing Networks that will need to be attended to.</p> <p>The programme has developed Engagement Maps for each HSCP</p>			

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	Page	Review Date: 30.05.2024

	which set out the engagement landscape and the key mechanisms, groups and individuals that will ensure the programme appropriately evidences need and creates engagement with regard to the Fairer Scotland Duty Act.
--	---

Section 3 – Assessment and Improvement	Fully Met	Partially Met with Some Areas for Improvement	Not Met	Not Applicable
1. The assessment took place early enough for any impacts identified to inform the strategic decision being made and appropriate action taken.	X			
2. The programme/proposal/decision was assessed to identify how it could be improved so it reduced or further reduced inequalities of outcome, with a particular focus on socio-economic disadvantage.	X			
3. Senior decision makers were involved in the assessment.	X			
4. Any adjustments to the programme/proposal/decision took account of how these could further benefit		X		

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	Page	Review Date: 30.05.2024

particular communities of interest or of place, who are more at risk of inequalities of outcome associated with socio-economic disadvantage.				
Based on your responses to the statements above, please provide evidence/ positive examples.	As above. The programme represents a work in progress. Work to date has been characterised by activity to be inclusive. As a result, the programme has undergone a number of revisions to ensure that as more information is gathered and understood, decisions about actions and outcomes are informed.			
Based on the statements above, where could future Duty assessments be strengthened?	Detailed work within work streams now needs to consider the requirements of the Fairer Scotland Duty Act. Further consideration will need to be given to the scope and extent of work required, and how that work can be structured, phased, coordinated and proportionate to the available resource.			

Section 4 – Decision	Fully Met	Partially Met with Some Areas for Improvement	Not Met	Not Applicable
1. As a result of a Duty assessment, any changes required were made to the programme/proposal/ decision.		X		
2. There is a collective understanding, including at a senior level, of why any changes, if required, were made and what the expected outcomes are.		X		
3. If no changes were required to the				

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	Page	Review Date: 30.05.2024

proposal after a Duty assessment, this was clearly understood by all involved in the process.				X
Based on your responses to the statements above, please provide evidence/ positive examples.	See above. Decisions about specific service changes to date have been made in partnership with people who use and need our services and with subject matter experts such as Health Inequalities Officers. Decisions going forward will continue to be made through mechanisms of coproduction and ensuring that all equality considerations, including the FSDA, are part of the process.			
Based on the statements above, where could future Duty assessments be strengthened?	Future Duty assessments could be strengthened by making clearer the links to Community Planning Partnerships, and, as above, resources and timing of exercises to engage with people well will be necessary.			

Section 5 - Publication	Fully Met	Partially Met with Some Areas for Improvement	Not Met	Not Applicable
1. A record of the Duty assessment has been produced, that clearly and accessibly explains the impact of the assessment upon the process.			Not yet	
2. The Duty assessment has been written up as either an annex to a publication setting out the proposal, or as a Duty assessment document published separately or as a			Not yet	

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	Page	Review Date: 30.05.2024

separate section within an EQIA.				
3. The Duty assessment has been signed off by an appropriate officer and published where it can be easily accessed.			Not yet	
Based on your responses to the statements above, please provide evidence/ positive examples.		To be collated.		
Based on the statements above, where could future Duty assessments be strengthened?		By involving people with lived experience and who face socio-economic disadvantage in our change programme we will identify the particular challenges and potential adverse impact on outcomes that may arise from changes to service delivery. Wherever possible this will be highlighted at the outset and be taken into account in the design of the change to ensure that appropriate and practical mitigations can be made.		

Document Control:		
Document:	Version:0.3	Version Date: 09.06.2023
Policy Manager:	P a g e	Review Date: 30.05.2024

Summary Sheet: Outcome of Equality Impact Assessment

Positive Impacts (Note the groups affected)	Negative Impacts (Note the groups affected)
<p>The programme seeks to improve life for anyone in Tayside who either has, or is connected to, someone with a mental health or learning disability need. The programme therefore seeks to positively impact all groups with protected characteristics and those with other characteristics.</p>	<p>The programme is designed with the acknowledgement that people with mental health and learning disabilities are often disadvantaged in multiple ways and those with protected characteristics will experience disadvantage to a greater extent.</p> <p>The coproduction, inclusivity and engagement that has characterised the programme thus far needs to continue into the detailed work stream planning and delivery. To this end each work stream is now asked to build into its planning approach consideration of matters of equity, and in particular issues of equity connected to protected characteristics and socioeconomic factors. Finally each workstream will evaluate, with the people who use and need our services, the extent to which the outcomes being pursued are being met. These steps will ensure that the programme continues to deliver benefits for all, and does so in a way which identifies addresses and closes the gaps in inequality that people experience.</p>
<p style="text-align: center;">What if any additional information and evidence is required?</p>	

Each work stream will conduct a separate EQIA and is developing a communications and engagement plan. Together, these documents will provide detail on the potential impacts of each work stream, will ensure that issues of equity remain central to delivery of outcomes, and will ensure that the commitment to coproduction is realised.

From the outcome of the Equality Impact Assessment what are your recommendations? (refer to section 5 - 12)

We recommend the Mental Health and Learning Disabilities Whole System Change Programme be supported and endorsed.

The programme represents a commitment to improve life for people with Mental Health and Learning Disabilities needs, and those connected with a similar need, in Tayside. There are several opportunities to do so which range from antenatal life through to end of life. The programme will improve the lives of all people across the Tayside geographical area connected to Mental Health and Learning Disabilities, and will specifically improve aspects of care through the spectrum of needs, from whole-population level needs, right through to highest acuity need. To date, the programme can demonstrate the positive impact of engaging widely and inclusively on its plans, and engaging with subject matter experts operating in the Inequalities domain. The programme acknowledges and places high importance on its commitment to continue to consult, involve and engage with the people who will experience improved outcomes from the change the programme plans to make.

This summary sheet can be attached to the relevant committee report instead of the fully completed template, but if requested by the Committee or Board the fully completed Equality Impact Assessment should be made available.

MUST BE COMPLETED IN ALL CASES

Manager's Signature

Jacquie Pepper

on behalf of the Executive Leadership group

Date

14 June 2023

This page is intentionally left blank

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2023 TO DECEMBER 2023

Organisation	Member	Meeting Dates January 2023 to December 2023						
		22/02	29/03	19/4	21/6	23/8	25/10	13/12
NHS Tayside (Non Executive Member (Chair)	Pat Kilpatrick	✓	✓	A				
Dundee City Council (Elected Member) (Vice Chair)	Cllr Ken Lynn	✓	✓	✓				
Dundee City Council (Elected Member)	Cllr Siobhan Tolland	✓	A/S	✓				
Dundee City Council (Elected Member)	Cllr Dorothy McHugh	✓	✓	✓				
NHS Tayside (Non Executive Member)	Anne Buchanan	✓	✓	✓				
NHS Tayside (Non Executive Member)	Sam Riddell	✓	✓	✓				
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓	✓	A				
Chief Officer	Vicky Irons	✓	✓	A				
Chief Finance Officer	Dave Berry	✓	✓	✓				
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers)	Dr David Wilson	✓	✓	✓				
NHS Tayside (Registered Nurse)	Sarah Dickie	✓	✓	A				
NHS Tayside (Registered Medical Practitioner (not providing primary medical services)	Dr James Cotton	✓	A	✓				
Trade Union Representative	Jim McFarlane	✓	✓	A				
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	A	A				
Voluntary Sector	Christina Cooper	✓	A/S	A/S				
Service User Representative	Liz Goss			A				
Person Providing unpaid care in the area of the local authority	Martyn Sloan	✓	✓	✓				
NHS Tayside (Director of Public Health)	Dr Emma Fletcher	✓	A	A				
Clinical Director	Dr David Shaw	✓	A	✓				

✓ Attended

A Submitted Apologies

A/S Submitted Apologies and was Substituted

No Longer a Member and has been replaced / Was not a Member at the Time