



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

City Chambers
DUNDEE
DD1 3BY

16th August, 2024

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

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I refer to the agenda of business issued in relation to the meeting of the above Integration Joint Board which is to be held remotely on Wednesday, 21st August, 2024 and now enclose the undernoted items of business which were not received at the time of issue.

Yours faithfully

DAVE BERRY
Acting Chief Officer

**13 PROGRESS REPORT ON MENTAL HEALTH AND LEARNING DISABILITIES WHOLE
SYSTEM CHANGE PROGRAMME - Page 1**

(Report No DIJB51 by the Chief Officer, copy attached).

14 TAYSIDE INPATIENT LEARNING DISABILITY SERVICE - Page 5

(Report No DIJB50-2024 by the Chief Officer, copy attached).

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

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

<u>Role</u>	<u>Recipient</u>
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Non Executive Member (Chair)	Bob Benson
Elected Member (Vice Chair)	Councillor Ken Lynn
Elected Member	Councillor Siobhan Tolland
Elected Member	Councillor Dorothy McHugh
Non Executive Member	David Cheape
Non Executive Member	Beth Hamilton
NON VOTING MEMBERS	
Chief Social Work Officer	Glyn Lloyd
Chief Officer	Vicky Irons
Chief Finance Officer (Proper Officer)	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson
Registered Nurse	Suzie Flower
Registered medical practitioner (not providing primary medical services)	Dr Sanjay Pillai
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Christina Cooper
Service User residing in the area of the local authority	Liz Goss
Person providing unpaid care in the area of the local authority	Martyn Sloan
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PROXY MEMBERS	
Proxy Member (NHS Appointment for Voting Member)	Andrew Thomson
Proxy Member (DCC Appointment for Voting Members)	Councillor Lynne Short
Proxy Member (DCC Appointment for Voting Members)	Councillor Roisin Smith
Proxy Member (DCC Appointment for Voting Member)	Bailie Helen Wright

(b) CONTACTS – FOR INFORMATION ONLY

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

Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Jordan Grant
Dundee Health and Social Care Partnership	Christine Jones
Dundee Health and Social Care Partnership	Kathryn Sharp
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NHS Tayside (PA to Director of Public Health)	Gillian Robertson
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Audit Manager)	Richard Smith
Regional Audit Manager – NHS	Barry Hudson
Audit Scotland (Audit Director)	Rachel Browne
HSCP (Interim Head of Health & Community Care)	Angie Smith
HSCP (Head of Health & Community Care)	Jenny Hill



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21ST AUGUST 2024

REPORT ON: PROGRESS REPORT ON MENTAL HEALTH AND LEARNING DISABILITIES WHOLE SYSTEM CHANGE PROGRAMME

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB51-2024

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide Dundee Integration Joint Board with a progress update in relation to the Mental Health and Learning Disability Whole System Change Programme.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this update report on the Mental Health and Learning Disability Whole System Change Programme.
- 2.2 Notes that the Chief Officer will continue to work with the NHS Tayside Executive Lead for Mental Health Services and the other Tayside IJB Chief Officers to ensure there is whole system leadership and continued delivery of the change programme at pace.
- 2.3 Notes that work will continue to deliver a financial framework to support the delivery of the Model of Care and to shift the balance of care from inpatient services to community based services.
- 2.4 Instructs the Chief Officer to develop a commissioning framework for mental health services by March 2025 to enable the IJB to commission an appropriate level of inpatient services for the local population from 2025/26.

3.0 FINANCIAL IMPLICATIONS

- 3.1 Public health support for demand analysis will underpin a detailed financial framework and commissioning model. The focus is on shifting the balance of care from inpatient services to community-based provision.
- 3.2 A financial envelope for adult mental health and adult learning disabilities has been identified. The IJBs will consider this financial framework in early 2025.

4.0 MAIN TEXT

- 4.1 The Mental Health and Learning Disability Whole System Change Programme in Tayside has made positive progress since its approval in June 2023. This report provides an update to a

previous report to the IJB regarding the change programme (Article XX of the minute of the meeting of the 21st June 2023 refers)

- 4.2 The vision for the mental health and learning disability whole system change programme is in three parts reflecting different parts of the system and includes:
- providing excellent care and treatment for people for whom inpatient treatment is the best option through a redesigned service model with strong evidence base;
 - a co-produced model of care ensuring equitable, effective, treatment, care and support for people living in the community with complex and severe mental illness; and
 - in partnership with commissioned providers, deliver Coming Home ambitions so that people with a learning disability receive the right support at home/community to maintain their health and wellbeing and minimise the likelihood of hospital admission.
- 4.3 There has been considerable progress in creating the conditions for whole system collaborative leadership and decision-making, improvements in the reporting of progress across partners, and better involvement and participation of people with lived experience across the programme. This is resulting in an integrated whole system change programme which replaces the previous actions following the Trust and Respect Report (2018) and Independent Oversight and Assurance Group report (January 2023) and a cohesive change programme with connected leadership, stakeholder engagement and improved decision making. The work to date has created the platform to focus on transformation through new models of care and a move away from action planning for improvement. Continued whole system leadership and commitment is required to ensure the change programme is delivered at pace.
- 4.4 In addition to the financial and commissioning model set out in the financial implications section above the key next steps for the programme are as follows:

Model of Care Development:

An early draft of a single model of care has been shared with the Programme Board.

A new Model of Care Steering Group has been established to lead the work going forward across the whole system with stakeholder membership including advocacy organisations across Tayside. The model aims to deliver a community mental health framework that integrates secondary, primary, and community mental health services. A comprehensive and co-produced engagement plan has been developed which aims to achieve whole-system, multi-sector and significant stakeholder involvement in shaping and ownership of the final model. It is envisaged that this will commence in September and conclude in December 2024.

Learning Disabilities Services Redesign:

The V&A Dundee design accelerator workshops generated four ideas for whole system redesign, including crisis support, individualised care, alliance commissioning approaches and improved voice for people with learning disabilities.

Further development and refinement of the model of excellence for learning disabilities services will continue throughout 2024.

Engagement and Co-Production:

The “Care and Share Together” approach is ensuring ongoing sustainable and meaningful engagement and is gaining traction with dedicated co-production development officer. A co-production working group is preparing a framework based on the ladder of co-production, defining roles and expectations for service providers and users with a draft to the Programme Board by September 2024.

Early Intervention in Psychosis (EIP):

NHS Tayside is a national pathfinder site for EIP services. The EIP team has achieved positive outcomes, reducing inpatient re-admissions and improving engagement with the service and consideration for resourcing and roll-out is now required.

In summary, the program is advancing toward a whole system model of care, emphasising community/place-based services, stakeholder involvement, and financial sustainability. The focus remains on improving and achieving excellence in mental health and learning disability services for people in 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

Risk 1 Description	There is a risk that progress with the change programme does not deliver priorities at the required pace
Risk Category	Operational
Inherent Risk Level	Likelihood (3) x Impact (4) = Risk Scoring (12) High Risk
Mitigating Actions (including timescales and resources)	Structured programme board Whole system commitment from Chief Officers and NHST Executive Lead
Residual Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6) Moderate Risk
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6) Moderate Risk
Approval recommendation	Given the potential risks of doing nothing and the impact of the mitigating factors the risk should be accepted

7.0 CONSULTATIONS

- 7.1 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

9.1 None

Dave Berry
Acting Chief Officer

DATE: 14 August 2024



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21ST AUGUST 2024

REPORT ON: TAYSIDE INPATIENT LEARNING DISABILITY SERVICE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB50-2024

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to advise Dundee Integration Joint Board of the operational decision taken by NHS Tayside's Executive Leadership Team to progress the move to a single site for Tayside Inpatient Learning Disability Services in line with the strategic direction previously agreed by the Tayside Integration Joint Boards.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of the report on the Tayside Inpatient Learning Disability Service as attached as appendix 1 to this report.
- 2.2 Notes and supports the request to reaffirm the strategic direction agreed in 2018 with regards to a move to a single site model for Tayside Inpatient Learning Disability Services.
- 2.3 Notes the development of a comprehensive programme of work to progress the move to a single site by August 2025.
- 2.4 Notes the intention to provide quarterly progress reports to the IJB and instructs the Chief Officer to ensure these are provided accordingly.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The financial framework associated with the move to a single site model for Inpatient Learning Disability Services is currently being developed through a distinct finance workstream in the working group overseeing the service changes. This will include exploring the disinvestment and reinvestment opportunities associated with the service changes. The infrastructure costs of implementing the service changes will be funded by NHS Tayside given these are not delegated to the IJBs.
- 3.2 A number of the current patients in the existing facilities are classed as delayed discharges and while a range of discharge plans to the community are in place, should these be required to be accelerated to support the move to a single site then consideration will need to be given within the finance workstream as to available funding options.

4.0 MAIN TEXT

- 4.1 Inpatient Learning Disability Services in Tayside are currently provided across the Carseview and Strathmartine hospital sites. The bed base consists of a 10 bedded Learning Disability Assessment Unit at Carseview with 14 beds provided at the Strathmartine site.
- 4.2 In January 2018, Perth and Kinross Integration Board as lead strategic planning partner for Tayside Inpatient Mental Health and Learning Disability services approved a decision to move to a single site model for Learning Disability Services at Murray Royal Hospital in Perth. This was following a consultation and engagement process which had previously been reported to Dundee IJB. (Article XI of the minute of the meeting of 27th June 2017 and Article VI of the minute of the meeting of 19th June 2017 refers)
- 4.3 The attached report outlines the reasons why this service change did not progress timeously following that decision and sets out the current issues with the physical environment in addition to leadership, professional practice and culture highlighted through an internal Care Assurance Review and feedback from a recent Mental Welfare Commission unannounced visit.
- 4.4 The attached report also sets out the subsequent operational decision taken by NHS Tayside's Executive Leadership Team (which includes the 3 Tayside IJB Chief Officers) to expedite the move to a single site model and outlines the approach to deliver this taking into consideration patient and families and workforce implications in addition to financial, infrastructure and future care arrangements through a work programme overseen by a newly established Inpatient Learning Disability Transition Task and Finish group.

5.0 POLICY IMPLICATIONS

- 5.1 A full EQIA will be undertaken by the Inpatient Learning Disability Transition Task and Finish group and will be shared with the IJB as part of the quarterly reporting process once complete

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that if progress is not made to move to a single site model of delivery for services, patient care will be impacted on due to environmental factors and clinical and professional practice issues
Risk Category	Operational
Inherent Risk Level	Likelihood (4) x Impact (4) = Risk Scoring (16) Extreme Risk
Mitigating Actions (including timescales and resources)	Delivery of programme plan within timescales Effective discharge planning where appropriate Whole system approach to programme delivery
Residual Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6) Moderate Risk
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6) Moderate Risk
Approval recommendation	Given the potential risks of doing nothing and the impact of the mitigating factors the risk should be accepted

7.0 CONSULTATIONS

- 7.1 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

9.1 None

Dave Berry
Acting Chief Officer

DATE: 14 August 2024

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Meeting:	Integrated Joint Board and NHS Tayside Board meetings
Meeting date:	August 2024
Title:	Inpatient Learning Disability Service.
Responsible Officer	Sandra MacLeod, Deputy Chief Executive (Interim) NHS Tayside
Report Author:	Sandra MacLeod, Deputy Chief Executive (Interim) NHS Tayside Keith Russell, Nurse Director, Mental Health and Learning Disabilities, NHS Tayside

1 Purpose

The purpose of this report is to set out the current issues relating to Learning Disability Assessment Unit, Carseview and environmental issues at Strathmartine and provide the rationale for the operational decision undertaken by NHS Tayside Executive Leadership Team to progress the move to a single site for inpatient learning disabilities services on Murray Royal Hospital Perth.

The Angus, Dundee and Perth & Kinross IJB and NHS Tayside Board are asked to:

- a. Reaffirm the strategic direction agreed in 2018 and 2023 (March and June)
- b. Acknowledge the development of a comprehensive programme of work to progress the move to single site by August 2025.
- c. Consider quarterly progress reports to the IJB and NHST
- d. Ensure that communication to and engagement with staff and patients/carers cohorts is aligned to c above

This is presented to the Integrated Joint Boards of Angus, Dundee and Perth & Kinross and NHS Tayside Board for

- **Awareness**

This report relates to:

- Emerging issue
- Government policy/directive
- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Inpatient Learning Disability Services in Tayside are currently provided across two hospital sites Carseview and Strathmartine.

At Carseview there is the 10-bedded Learning Disability Assessment Unit and at Strathmartine there is the 8-bedded Low Secure and 6 bedded Behavioural Support Interventions Wards.

The existing model of care within Strathmartine co-locates occupational therapy and day services, creating a sense of therapeutic community for patients and staff. The relocation of in-patient services will also require to give due consideration of occupational therapy services.

2.1.1 Carseview Centre Care Assurance Review

A Care Assurance Review was undertaken in the Learning Disability Assessment Unit in the Carseview Centre in February and March 2024, and which reported in April 2024 to the Executive Lead for Mental Health and Learning Disability. This review has raised concerns relating to leadership, professional practice issues and professional nursing conduct concerns.

A Learning Disability Situational Awareness report summarising the findings of the review, providing assurance on the current practice in the unit and making recommendations for action was presented to the NHS Tayside Executive Leadership Team on the 29 April 2024.

The paper set out recommendations to rapidly:

- deliver a programme of work to ensure quality and safety of patients
- move to a single site model of inpatient delivery to maximise the leadership oversight, formalise and strengthen governance, maximise the efficiency and effectiveness of the workforce and improve the quality of accommodations for patients

The NHS Tayside Executive Leadership Team on 29 April 2024 approved the recommendations set out in the paper.

The NHS Tayside Care Governance Committee also received an assurance report about the mitigations that had been put in place immediately at Carseview to ensure patient safety and care quality at its meeting on 6 June 2024.

2.1.2 Strathmartine

On 18 June 2024, the Executive Nurse Director and the Medical Director received feedback from an unannounced Mental Welfare Commission visit to the Strathmartine site which had happened on 29 May 2024.

The MWC highlighted significant concern regarding the level of dilapidation and disrepair in the built environment and the impact this was having on the care experience of patients and the working environment for staff.

It has been widely recognised over a period of years that there are benefits and limitations within the Strathmartine environment. Whilst some works have been undertaken to improve the quality of the patients' living environment, there are significant limiting factors and deterioration in the overall quality of the environment.

The impact this is having on patient safety was noted by the Medical Director and Executive Nurse Director in correspondence with the Chief Executive on 28 June 2024, in which they clearly set out their view that the Strathmartine ward environment does not, and will not be able to, create a therapeutic environment for patients and there is a requirement to expedite the move to a single site for inpatient learning disability services.

The verbal feedback from the MWC and recommendations for remedial action were presented to the NHS Tayside Executive Leadership Team in July 2024 in a further Learning Disability Service report, which brought together the considerations and recommendations of the Learning Disability Assessment Unit Care Assurance Review and the Mental Welfare Commission. At time of writing the report we have not yet receive the written report.

2.2 Background

In January 2018 Perth and Kinross Integration Joint Board approved a decision to create a single site for Learning Disability Services at Murray Royal Hospital as part of a wider Transformation Programme for General Adult Psychiatry (GAP) and Learning Disability (LD) In-Patient Services. Under the schemes of delegation in place in 2018 Perth & Kinross Integration Joint Board had delegated authority for strategic planning of in-patient Mental Health and Learning Disability Services.

The link to meeting papers for the Perth and Kinross Integration Joint Board on the 26 January 2018 is included below (see item 7.3, p41 of the pack)

[https://www.pkc.gov.uk/media/41369/Agenda-Document-Pack-26-January-2018-Part-1/pdf/Perth and Kinross Integration Joint Board - 26 January 2018 - Part 1.pdf?m=1516630968510](https://www.pkc.gov.uk/media/41369/Agenda-Document-Pack-26-January-2018-Part-1/pdf/Perth%20and%20Kinross%20Integration%20Joint%20Board%20-%2026%20January%202018%20-%20Part%201.pdf?m=1516630968510)

The previous approved decision to move Learning Disability inpatients to a single site did not progress due to a number of factors including the establishment and reporting of the Independent Inquiry into Mental Health Services, the impacts of the COVID-19 pandemic and the oversight arrangements put in place by Scottish Government through the Independent Oversight and Assurance Group (IOAG).

The IOAG delivered its final report in January 2023.

It said: “In our second quarterly report, published in June 2022, we highlighted three specific areas that required urgent attention. We have not yet seen plans to take these issues forward. It is now imperative that Tayside do so with pace and ambition and in a way that engages with patients, families, partners and communities.

The three issues were:

1. Progressing the decision around about single site provision in Tayside for inpatient mental health care.
2. The physical environment in Strathmartine, which raised concerns for both patients and staff.
3. Addressing the issue of significant delayed discharges, meaning that patients were being kept in inpatient beds longer than they needed to be.

A whole-system improvement plan - The Mental Health and Learning Disabilities Improvement Plan - was developed in response to the IOAG's final report with priority workstreams to address the first recommendation of the IOAG relating to single site decision, Strathmartine environment and delayed discharges. The timeline for a decision on the single site was by March 2026. This Mental Health and Disabilities Improvement Plan was approved by the three IJBs and Tayside NHS Board in March 2023.

The proposal and direction of travel set out in this report for learning disabilities align with this recommendation from the IOAG's final report. The change is to the timeline and the need to expedite the move

2.3 Assessment

There is an urgent need to address the issues detailed in both the Carseview Care Assurance Review and the statement from the Executive Nurse Director and Medical Director to the NHS Tayside Chief Executive on 28 June 2024 that Strathmartine ward environment does not, and will not be able to, provide a therapeutic environment for patients and there is a requirement to expedite a move to a single site for inpatient Learning Disability Services.

The NHS Tayside ELT considered the options to address both these issues at its meetings on 8 and 15 July 2024. In particular the ELT considered and agreed with all of the following recommendations, including the requirement to expedite the move of Inpatient Learning Disability Services to a single site at Murray Royal Hospital.

1. Agree with the recommendations from the Board Medical Director and Nurse Director that Strathmartine is an unsustainable clinical environment to provide best quality care.
2. Agree that the concerns raised in relation to the Strathmartine environment should be considered alongside the concerns raised by the Care Assurance Review of the Learning Disability Assessment Unit (LDAU) at Carseview (considered by ELT on April 29) in relation to professional practice issues and professional nursing conduct concerns.
3. Agree that, as a consequence of these collective concerns, the move of inpatients from Strathmartine and the Learning Disability Assessment Unit at Carseview to Murray Royal Hospital should be expedited to achieve the co-location of all learning disability inpatients on a single site.
4. Agree that any impact of this move on our workforce will be considered in full partnership and according to Once for Scotland workforce policies.
5. Approve the requirement to fund ongoing environmental improvement works at Strathmartine whilst the move to a single site is progressed.
6. Agree that the newly-formed Inpatient Learning Disability Transition Task & Finish Group aligns to Priority 10 (whole system redesign of learning disability services) within the Whole System Change Programme and becomes a fully-resourced priority workstream for delivery. This will ensure that the existing governance arrangements for the Mental Health and Learning Disability Programme Board are maintained.
7. Agree to commission a reprioritised Priority 10 to deliver short-term objectives to deliver safe patient care across the whole system, alongside a longer-term vision and models of care for learning disability services in Tayside.
8. Agree to endorse and co-deliver the stakeholder engagement plan to brief key stakeholders relating to Tayside Learning Disability Services.
9. Agree that a further progress report on Learning Disability Services, including an implementation plan with comprehensive workforce plan undertaken in partnership, and timelines to deliver single site accommodation, is presented to ELT in September 2024 for whole system assurance and to identify any further support for delivery.

The Inpatient Learning Disability Transition Task & Finish group has been formed which will oversee the transition process and ensure engagement, communication and information is shared through appropriate governance routes.

Furthermore, NHS Tayside and the three IJBs are committed to implementing the vision and mission for people living with complex care needs, as set out in the Coming Home Implementation report published in February 2022. That report states:

'By March 2024 we want and need to see real change with out-of-area residential placements and inappropriate hospital stays greatly reduced, to the point that out-of-area residential placements are only made through individual or family choices and people are only in hospital for as long as they require assessment and treatment'.

The report highlights the requirement for whole system leadership which puts the individual at the centre and creates meaningful collaboration with, but not limited, to those with lived experience of complex care needs, their families, welfare guardians and staff working with people with learning disabilities.

The key principles and recommendations of the Coming Home Implementation inform and underpin the requirements to create purposeful, therapeutic environments of care for people with a learning disability and to work collaboratively to reduce and prevent people from staying in hospital beyond their date for discharge.

A move to a single site for in-patient learning disability services in Tayside is consistent with the values and mission set out in the Coming Home report.

2.3.1 Quality/ Patient Care

There are two vacant wards available to the inpatient Learning Disability Service at Murray Royal Hospital:

- Rannoch a 10 bedded ward in the main hub
- Faskally a 10 bedded low secure ward in the Rohallion clinic.

Both wards offer modern accommodation with ensuite bathrooms, internal courtyards, access to therapy areas and the wider Murray Royal Hospital campus. The footprints of the available wards are large and that brings the opportunity to redesign not only the number of beds that are required but also the quality of environments needed to provide care to people with a learning disability.

In addition, the co-location of Learning Disability Inpatient Services on one site provides greater opportunity to strengthen operational and professional leadership, governance and support to staff in comparison to the existing model across two geographically separate sites, which was a key finding of the Carseview Care Centre Assurance Review.

There are learning disability inpatients delayed in their discharge due to a number of factors, including the complex needs of individuals and, for some patients, lack of suitable accommodation. This means that some patients have lived in hospital for a number of years, and the ward environment is currently their home. The three Integration Joint Board Chief Officers and the NHS Tayside Executive Lead for MHLD are fully committed to working together to plan towards and expedite discharge of people to more suitable accommodation and care packages at the earliest opportunity. A key requirement of discharge planning will be to avoid, wherever possible, the need for a double move to Murray Royal Hospital and then to discharge accommodation.

2.3.2 Workforce

The move to a single site at Murray Royal Hospital will impact approximately 140 staff, many of whom have worked at Strathmartine and Carseview for a number of years and who feel a connection and sense of belonging to the sites.

The move to a single site and the optimisation of future care models require a staffing model that will deliver both the highest quality of care, and provide an environment that ensures the staffs' experience, expertise and passion for learning disability care shapes and informs ongoing developments. The creation of a single site provides the opportunity to redesign the clinical care model and shift the balance of care towards the community-based delivery of support and interventions to enable people to live fulfilling and meaningful lives outside of hospital.

Fundamental to achieving the change will be effective workforce design and planning that will be based on an understanding of the staffing needs within the new care model. From there, a plan will be developed to determine the options available for existing staff based on their needs and preferences, aligned with Once for Scotland Workforce Policies. This will ensure a consistent, fair and transparent process for staff, observing the NHS Scotland Staff Governance Standards.

Given the pace at which this work is evolving, there is a risk of affected staff not having the information they need to make informed decisions, and misinformation circulating. Staying connected with staff to ensure they are fully informed, working with our staff side in partnership, will be critical to our success.

2.3.3 Financial

It is not possible at this early stage to provide an estimate of revenue costs for the proposed single site.

The redesign of the clinical care model and shift in the balance of care to community-based delivery will inform the bed capacity required on the MRH site, and this bed number will determine the impact on revenue costs in the in-patient setting:

- The costs of transition and fit-out of the MRH site (NHS Tayside cost)
- The recurring revenue impact on the existing unitary charge for MRH following change in the use of wards, as MRH is a PFI building (NHS Tayside cost)
- The staffing model required and associated costs

There will be a whole system financial impact across inpatient and community services. The Executive Lead for Mental Health and Learning Disabilities and the project team is cognisant of the financial position of all partners and aware of the financial envelope and constraints which will be taken into full consideration as the delivery of the project objective proceeds.

Further reporting on the financial aspects of the move to a single site will be reported to the NHS Tayside Performance & Resources Committee and the IJBs as required.

2.3.4 Risk Assessment/Management

Senior clinical and operational leaders have raised patient safety impacts from the Care Assurance Review at Learning Disability Assessment Unit Carseview, the current environmental concerns at Strathmartine and of people whose discharge is delayed.

An oversight and assurance process is being led by the Medical Director and Executive Nurse Director. A weekly meeting chaired by the Associate Nurse Director for Mental Health and the General Manager is well established and this covers both the Learning Disability Assessment Unit Action Plan and the Strathmartine Action Plan. Membership of the weekly group reflects the breadth of the work required to deliver the agreed actions.

The weekly meeting reports to an Oversight and Assurance Group chaired by the Medical Director and Executive Nurse Director.

The actions taken following the Learning Disability Assessment Unit Care Assurance Review and the Mental Welfare Commission visit have been reported to the NHS Tayside Care Governance Committee at the June and August 2024 meetings and updates on delivery of the Action Plan will form part of the Mental Health and Learning Disability NHS Board retained services assurance reporting to that Committee on an ongoing basis.

There is a risk of reputational damage to NHS Tayside and the Integration Joint Boards with patients and families, external regulators and the Scottish Government due to the inpatient environment at Strathmartine and the number of patients living in hospital well beyond their discharge date. Equally the risk of not delivering on a strategic decision in a planned, timely and person-centred way may increase the likelihood of reputational damage. Key stakeholders have been briefed (see 2.3.8 below) and a communications and stakeholder engagement plan will be developed to mitigate this risk.

The current workforce is central to the delivery of Learning Disability Services in Tayside. Staff are committed, person-centred, and advocates for people with Learning Disabilities and they will be supported to make individual decisions, reflecting their personal circumstances and what works best for them.

Some staff will not be able to work at Murray Royal Hospital and an early requirement is to undertake a risk assessment to better understand the future availability of the current workforce to work at Murray Royal Hospital and in any new community-based services that are developed.

The existing model of care within Strathmartine co-locates occupational therapy and day services, creating a sense of therapeutic community for patients and staff. The relocation of in-patient services without due consideration of occupational therapy services will impact negatively on the patient care experience.

Strathmartine has well established occupational therapy opportunities within a large hospital site which has a therapy infrastructure in place to meet the needs of patients. The transition workstream will include a focus on the occupational therapy provision and the infrastructure in place at Murray Royal Hospital to ensure that replicable and meaningful therapeutic activity is available for patients

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has previously been completed for the development of a single site for Learning Disability Services at Murray Royal Hospital.

This impact assessment will be updated to reflect the current context and will be reported to the NHS Tayside Care Governance Committee in future update reports about the move to a single site for inpatient learning disability services.

2.3.6 Best Value Characteristics

Governance and Accountability -This report supports the application of good standards of governance and accountability in the delivery of safe, person centred care within Learning Disability In-Patient Services. It evidences how the NHS Tayside responds to both the feedback from internal reviews and external concerns about the safety and quality of services. There is clear reporting of risk to identified senior leaders within NHS Tayside and appropriate Governance Committees. The report provides assurance that NHS Tayside has a suitable focus on the continuous improvement and quality of services.

Use of Resources – Making the best use of public resources including land, property and optimising the use of the available In-patient estate.

2.3.7 Other impacts

There will be impacts for patients, their relatives and welfare guardians and communication and engagement has commenced with a series of individual meetings in the first instance.

The insights and lived experience of people with a learning disability and their families will help shape and inform the models of care and the new environments within Rannoch and Faskally Wards and more detailed communication and engagement plan will be developed.

2.3.8 Communication, involvement, engagement and consultation

A detailed stakeholder briefing plan is included as appendix 1 setting out the key briefings undertaken to date.

Staff briefings began on Wednesday 7th August and staff meetings commenced on Thursday 8th of August with a series of meetings with staff affected by the change at Strathmartine and Carseview. Communications have continued with staff since the first engagement and a Communications Expert Reference Group with representation from key stakeholders including families and staff is being established.

The Inpatient Learning Disability Transition Task & Finish group will have workstreams in place, one which will be communication and engagement to ensure robust and varied methods of communication are in place for all stakeholders.

The Inpatient Learning Disability Task & Finish group will also ensure appropriate governance structures, including staff side partnership, are engaged in the progress.

2.3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Tayside Executive Leadership Team Learning Disability Situational Awareness Report 29 April 2024
- Tayside Executive Leadership Team Learning Disability Service Report 8 July 2024
- Tayside Executive Leadership Team Learning Disability Service Report 15 July 2024.

2.4 Recommendation

The Angus, Dundee and Perth & Kinross IJBs and NHS Tayside Board are asked to:

1. Reaffirm the strategic direction agreed in 2018 and 2023 (May and June)
2. Acknowledge the development of a comprehensive programme of work to progress the move to single site by August 2025.
3. Consider quarterly progress reports to the IJB and NHST
4. Ensure that communication to and engagement with staff and patients/carers cohorts is aligned to 3 above

3 List of appendices

The following appendices are included with this report:

- Appendix 1 Stakeholder Briefing Plan

Learning Disability Services

Key stakeholder briefings: July/Aug 24

DATE	STAKEHOLDER	BRIEFED BY
15 July 2024	External SRO-led LD update to MHLd leadership team	External SRO
15 July 2024	External SRO-led LD priority workstream meeting written brief	External SRO
16 July 2024	Chair NHS Tayside	Chief Executive
16 to 18 July 2024	Chair and Vice-Chairs of IJBs	IJB Chief Officers x 3
16 to 22 July 2024	Local Authority Chief Executives x 3	IJB Chief Officers x 3
17 July and 18 July 2024	SG Mental Health Directorate key clinical and policy colleagues	Chief Executive, key Executive Team members
18 July 2024	Learning Disability SLT (multi-disciplinary clinical management)	Mental health and Learning Disability leadership
23 July 2024	Joint meeting: APF Secretariat and Inpatient Mental Health and Learning Disability Partnership Forum	Mental health and Learning Disability Team
At full APF meeting 24 July 2024	APF – reserve business full APF meeting	Exec Nurse Director, Nurse Director MHLd, LD General Manager
25 July 2024	Whole system briefing: NHS Tayside Board and voting IJB members	CE, Exec Nurse Director, Exec Medical Director, Chief Officers x 3
7 August 2024	Staff briefing: all learning disability staff receive communication	Executive Lead for MHLd and Executive Directors
7 August	Families briefing and letter: all families/welfare guardians of LD inpatients	Executive Lead for MHLd and Executive Directors
8 August	Learning Disability staff engagement sessions at Carseview and Strathmartine	Mental health and Learning Disability leadership
9 August 2024	Tayside elected members: regular briefing session	Chief Executive and Executive Leadership Team
13 August 2024	Learning Disability Transitions Task and Finish Group	SRO, Executive Lead and LD Transition

		Task and Finish Group members
15 August 2024	All Learning Disability Staff: Staff Update bulletin with Q&As	Executive Lead for MHL D and Executive Directors
REPORT DETAILING ELT OPERATIONAL DECISION TO EXPEDITE MOVE TO SINGLE SITE CONSIDERED BY:		
21 August 2024	Perth and Kinross IJB	Executive Lead for MHL D and COs x 3
21 August 2024	Angus IJB	
28 August 2024	Dundee IJB	
29 August 2024	Tayside NHS Board	



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

City Chambers
DUNDEE
DD1 3BY

14th August, 2024

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

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I would like to invite you to attend a meeting of the above Joint Board which is to be held remotely on Wednesday, 21st August, 2024 at 10.00 am.

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

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at committee.services@dundeecity.gov.uk by 12 noon on Monday, 19th August, 2024.

Yours faithfully

DAVE BERRY
Acting Chief Officer

AGENDA

1 APOLOGIES

2 DECLARATION OF INTEREST

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

3 MINUTE OF PREVIOUS MEETING - Page 1

(a) The minute of previous meeting of the Integration Joint Board held on 19th June, 2024 is attached for approval.

(b) ACTION TRACKER - Page 7

The Action Tracker (DIJB44-2024) for meetings of the Integration Joint Board is attached for noting and updating accordingly.

4 FINANCIAL MONITORING POSITION AS AT JUNE 2024 - Page 11

(Report No DIJB41-2024 by the Chief Finance Officer, copy attached – for decision).

5 5 YEAR FINANCIAL OUTLOOK 2024/25-2028/29 - Page 25

(Report No DIJB32-2024 by the Chief Finance Officer, copy attached – for decision).

6 DUNDEE IJB RESERVES INVESTMENT STRATEGY - Page 33

(Report No DIJB45-2024 by the Chief Finance Officer, copy attached – for decision).

7 TRANSFORMATION FUNDING FOR COMMUNITY FACING PALLIATIVE CARE SERVICES - Page 37

(Report No DIJB47-2024 by the Chief Officer, copy attached – for decision).

8 PSYCHOLOGICAL THERAPY SERVICES – ADHD - Page 55

(Report No DIJB48-2024 by the Chief Officer, copy attached – for decision).

9 REDESIGN OF MACKINNON CENTRE - Page 61

(Report No DIJB24-2024 by the Chief Officer, copy attached – for decision).

10 REDUCING HARM FROM DRUG AND ALCOHOL USE – UPDATE REPORT - Page 79

(Report No DIJB39-2024 by the Independent Chair, Dundee Drug and Alcohol Partnership, copy attached – for decision).

11 DELIVERY OF PRIMARY CARE IMPROVEMENT PLAN – ANNUAL UPDATE - Page 119

(Report No DIJB43-2024 by the Chief Officer, copy attached – for decision).

12 DUNDEE INTEGRATION JOINT BOARD GENERAL PRACTICE STRATEGY UPDATE - Page 157

(Report No DIJB40-2024 by the Chief Officer, copy attached – for decision).

13 TAYSIDE MENTAL HEALTH AND LEARNING DISABILITIES WHOLE SYSTEM CHANGE PROGRAMME UPDATE

(Report No DIJB51-2024 by the Chief Officer, copy attached – TO FOLLOW).

14 IN-PATIENT LEARNING DISABILITY SERVICE

(Report No DIJB50-2024 by the Chief Officer, copy attached – TO FOLLOW).

15 DUNDEE INTEGRATION JOINT BOARD EQUALITY OUTCOMES – UPDATE - Page 169

(Report No DIJB46-2024 by the Chief Officer, copy attached – for decision).

16 ANNUAL PERFORMANCE REPORT 2023/2024 - Page 177

(Report No DIJB42-2024 by the Chief Officer, copy attached – for decision).

17 MEETINGS OF THE INTEGRATION JOINT BOARD 2024 – ATTENDANCES - Page 275

A copy of the attendance return (DIJB49-2024) for meetings of the Integration Joint Board held to date over 2024 is attached for information.

18 IJB DEVELOPMENT SESSIONS

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

18th September – Strategic Planning – Committee Room 1, 14 City Square
 30th October – Understanding Data – venue TBC
 13th November – Primary Care – Committee Room 1, 14 City Square
 3rd December – Social Care Commissioning – venue TBC
 18th December – Budget – venue TBC

19 DATE OF NEXT MEETING

The next meeting of the Dundee Integration Joint Board will be held remotely on Wednesday, 23rd October, 2024 at 10.00am.

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

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

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

(b) CONTACTS – FOR INFORMATION ONLY

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

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

ITEM No ...3(a).....



At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 19th June, 2024.

Present:-

Members

Role

Bob BENSON (<i>Chairperson</i>)	Nominated by Health Board (Non-Executive Member)
Ken LYNN (<i>Vice Chair</i>)	Nominated by Dundee City Council (Elected Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
David CHEAPE	Nominated by Health Board (Non-Executive Member)
Beth HAMILTON	Nominated by Health Board (Non-Executive Member)
Dave BERRY	Acting Chief Officer
Christina COOPER	Third Sector Representative
Suzie FLOWER	Registered Nurse
Liz GOSS	Service User residing in the area
Christine JONES	Acting Chief Finance Officer
Glyn LLOYD	Chief Social Work Officer
Dr Sanjay PILLAI	Registered Medical Practitioner (not providing primary medical services)
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:-

Sheila ALLAN	Neighbourhood Services
Jenny HILL	Health and Social Care Partnership
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Jocelyn LYALL	Internal Audit
Lynne MORMAN	Health and Social Care Partnership
Kathryn SHARP	Health and Social Care Partnership
Angie SMITH	Health and Social Care Partnership

Bob BENSON, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Member

Role

Emma Fletcher	Director of Public Health
Vicky Irons	Chief Officer
Jim McFarlane	Trade Union Representative
Raymond Marshall	Staff Partnership Representative
Dr David Shaw	Clinical Director

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING

- (a) The minute of meeting of the Integration Joint Board held on 17th April, 2024 was submitted and approved.

- (b) ACTION TRACKER

The Action Tracker DIJB33-2024 for meetings of the Integration Joint Board was submitted and noted.

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

- (i) that Jenny Hill would e-mail Councillor McHugh with an explanation of the different strands of work in relation to Mental Health and Learning Disability;
- (ii) that the Chair and Vice Chair would consider the action tracker in more detail particularly to identify if the timescales were realistic; and
- (iii) that Development Session dates would be noted on the IJB agenda as a matter of course.

IV PERFORMANCE AND AUDIT COMMITTEE NHS MEMBERSHIP APPOINTMENT

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

The Board agreed that Sanjay be appointed as a non-voting member on the Performance and Audit Committee.

V PERFORMANCE AND AUDIT COMMITTEE

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

The draft minute of the previous meeting of the Performance and Audit Committee held on 22nd May, 2024 was submitted and noted for information and record purposes.

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

- (i) that the Acting Chief Officer would discuss with Audit colleagues whether the unapproved minute of the Performance and Audit Committee should be submitted to the IJB and come back with a recommendation'
- (b) CHAIR'S ASSURANCE REPORT

There was submitted Report No DIJB34-2024 by Ken Lynn, Chairperson of the Performance and Audit Committee, providing an Assurance Report to the Integration Joint Board on the work of the Performance and Audit Committee.

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

VI LEARNING DISABILITIES AND AUTISM STRATEGIC PLAN UPDATE

There was submitted Agenda Note DIJB27-2024 providing an update regarding the progress of the Learning Disabilities and Autism Strategic Plan 2022-2027. There was a single page accessible version available and a detailed operational action plan.

The Strategic Planning Group had fully remobilised on a face-to-face basis. Many adults with a learning disability found virtual meetings during the pandemic difficult to engage with; after

remobilising with a smaller membership to enable in-person meetings to commence as soon as possible, work was now underway to build up the wider membership again.

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

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

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

The IJB noted the position.

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

- (i) that Jenny Hill would provide an update to the Vice Chair on the current position with face to face meetings.

VII DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT REPORT 2023/2024

There was submitted Report No DIJB36-2024 by the Chief Finance Officer advising the Integration Joint Board of the outcome of the Chief Internal Auditor's Report on the Integration Joint Board's internal control framework for the financial year 2023/2024.

The Integration Joint Board agreed:-

- (i) to note the content and findings of the Annual Internal Audit Report 2023/2024 (incorporating Report D05/24 – Internal Control Evaluation 2023/24) attached as Appendix 1 to the report; and
- (ii) to instruct the Chief Finance Officer to report progress towards meeting the recommendations of the Annual Internal Audit Report to the Performance and Audit Committee.

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

- (i) to note thanks on behalf of the IJB to Jocelyn Lyall and her team.

VIII UNAUDITED ANNUAL ACCOUNTS 2023/2024

There was submitted Report No DIJB36-2024 by the Chief Finance Officer presenting the Integration Joint Board's Unaudited Annual Statement of Accounts 2023/2024.

The Integration Joint Board agreed:-

- (i) to consider and agree the content of the Unaudited Final Accounts Funding Variations as outlined in Appendix 1 of the report;

- (ii) to approve the Draft Dundee Integration Joint Board Annual Corporate Governance Statement as detailed within the Unaudited Annual Accounts document (page 28-35 of the report) and to note that Appendix 2 of the report should be amended accordingly;
- (iii) to note the Integration Joint Board's Unaudited Annual Statement of Accounts 2023/2024 as outlined in Appendix 3 of the report; and
- (iv) to instruct the Chief Finance Officer to submit the Unaudited Accounts to the IJB's external auditors (Audit Scotland) by 30th June, 2024 to enable the audit process to commence.

IX YEAR END FINANCIAL MONITORING POSITION AS AT MARCH 2024

There was submitted Report No DIJB22-2024 by the Chief Finance Officer providing an update on the year-end financial position for delegated health and social care services for 2023/2024.

The Integration Joint Board agreed to note the content of the report including the overall operational financial position for delegated services for the 2023/2024 financial year end as at 31st March, 2024 as outlined in Appendices 1, 2, and 3 of the report.

X ENGAGE DUNDEE – COST OF LIVING CRISIS SURVEY RESULTS

There was submitted Report No DIJB21-2024 by the Chief Officer providing information on the results of the Engage Dundee survey exploring citizens' experiences of the cost of living crisis.

The Integration Joint Board agreed:-

- (i) to note the findings of the Engage Dundee survey; and
- (ii) to remit the Strategic Planning Advisory Group and operational managers across the Dundee Health and Social Care Partnership to consider actions to mitigate the effects of the cost of living crisis on health and wellbeing and to reflect these in the IJB's Annual Delivery Plan where appropriate.

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

- (iii) to note that extensive promotion of the survey had taken place with support workers assisting with completion of surveys, attendance at focus groups etc;
- (iv) that the survey had only been one method of engaging with communities and that a large and continuous amount of engagement was continuing through the local infrastructure; and
- (v) that at the request of the Chair, consideration would be given to making this the focus of a future development session.

XI STRATEGIC SHIFT TO ADVANCED NURSE PRACTITIONER LED FRAILTY PATHWAY

There was submitted Report No DIJB23-2024 by the Chief Officer seeking approval to progress the development of the leadership model required to support the ongoing development of a clinically robust Advanced Nurse Practitioner workforce.

The Integration Joint Board agreed:-

- (i) to note the transformational nature of the proposal and its contribution to the strategic aims of continuous improvement of unscheduled pathways and process as outlined in the report;

- (ii) to approve the release of funding from ring fenced IJB Transformation Reserves to the value of £92k to support the proposal as detailed in section 3.1 of the report; and
- (iii) to instruct the Chief Officer to issue the direction as attached at Section 8 of the report to NHS Tayside.

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

There was submitted Report No DIJB25-2024 by the Clinical Director providing assurance to the Dundee IJB regarding matters of Clinical, Care and Professional Governance. In addition, the report provided information on the business of the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group ("the Group", DHSCP CCPG Group), and outlined the ongoing planned developments to enhance the effectiveness of the group.

The Integration Joint Board agreed:-

- (i) to note the content of the report;
- (ii) to note the work undertaken by the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group from April 2023–March 2024 to seek assurance regarding matters of Clinical, Care and Professional Governance; and
- (iii) to instruct the Chief Officer to share the report with the IJB's partner bodies to provide assurances with regards to Clinical Care and Professional Governance.

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

- (iv) to note that service modelling work in relation to Dundee Drug and Alcohol Recovery Service (DDARS) was continuing and a premises update would be brought to a future IJB meeting.

XIII ANNUAL COMPLAINTS AND FEEDBACK REPORT

There was submitted Report No DIJB31-2024 by the Chief Officer providing an analysis of complaints and feedback received by the Dundee Health and Social Care Partnership over the past financial year 2023/2024. This 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 Integration Joint Board agreed to note the analysis of Dundee Health and Social Care Partnership's complaints performance 2023/2024, improvement actions and service compliments as outlined in the report.

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

- (i) that the Customer Care and Governance Officer would be asked to consider providing more trend over time information in relation to complaints which would be included in the regular report to the Performance and Audit Committee and the annual report to the IJB; and
- (ii) that consideration be given to arranging a presentation from Care Opinion on how they operate.

XIV DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP DELIVERY PLAN UPDATE

There was submitted Report No DIJB26-2024 by the Chief Officer providing an update on progress made towards development of a Delivery Plan for Dundee Health and Social Care Partnership for 2024/2025, and ongoing work to develop other companion documents to the Plan for Excellence in Health and Social Care in Dundee.

The Integration Joint Board agreed:-

- (i) to note the content of the report; and
- (ii) to instruct the Chief Officer to bring forward a final delivery plan, for the period 2024/2025, no later than 31st October, 2024.

XV CATEGORY 1 RESPONDER – ANNUAL REPORT 2023/2024

There was submitted Report No DIJB20-2024 by the Chief Officer presenting an annual report of activity related to its status as a Category One Responder under the Civil Contingencies Act 2004.

The Integration Joint Board agreed:-

- (i) to note the content of the report; and
- (ii) to instruct the Chief Officer to bring forward further annual report, for the period 2024/2025, in twelve months in addition to any relevant reporting on Category 1 Responder activity made during the year.

XVI FINANCIAL REGULATIONS – 2024/2025

There was submitted Report No DIJB28-2024 by the Chief Finance Officer presenting the updated Financial Regulations for consideration with a request that these be adopted as a key element of the Integration Joint Board's governance arrangements.

The Integration Joint Board agreed to note and adopt the updated Financial Regulations for officers which was detailed in Appendix 1 of the report.

XVII SCHEME OF DELEGATION – 2024/2025

There was submitted Report No DIJB29-2024 by the Chief Finance Officer presenting the revised Scheme of Delegation for officers for consideration and with a request that these be adopted as a key element of the Integration Joint Board's governance arrangements.

The Integration Joint Board agreed to note and adopt the updated Scheme of Delegation for officers which was detailed in Appendix 1 of the report.

XVIII MEETINGS OF THE INTEGRATION JOINT BOARD 2024 ATTENDANCES

There was submitted a copy of the Attendance Return DIJB30-2024 for meetings of the Integration Joint Board held to date over 2024.

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

XIX 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 August, 2024 at 10.00am.

Bob BENSON, Chairperson

ITEM No ...3(b).....

(DIJB44-2024) DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 21ST AUGUST, 2024

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Original Timeframe	Status	Comment
1	24/08/22	XII(iv)	LEARNING DISABILITY STRATEGIC PLAN	to remit the Chief Officer to submit a further report to the Integration Joint Board in December 2022 outlining a Commissioning Plan which would accompany the Strategic Plan.	Locality Manager	December 2022 June 2024 August 2024	Complete	Agenda note provided. Dundee Participated in 2-day Tayside wide Learning Disability development workshop in April. Following this a MH and LD Tayside Wide report has been developed and will be presented to the IJB in August.
2	29/03/23	V	MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN	that a progress report in relation to Priority 2 would be submitted to the IJB later in the year.	Chief Officer	October 2023 June 2024	In progress	Report developed through the Tayside Executive Group and
3	29/03/23	V	MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN	that the Chief Officer would co-ordinate a range of options for IJB members to visit mental health services	Chief Officer	June 2023 June 2024	In progress	Programme of visits to be agreed post summer to align with new members induction.
4	29/03/23	V	MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN	that the Chief Officer would discuss with the Director of Public Health the possibility of arranging a specific development session for IJB members	Chief Officer	June 2023 June 2024 October 2024	In progress	Dates for development sessions to the end of 2024 have now been issued to IJB members. This programme will include a session focused on data (30 October 2024).
5	19/04/23	IX	DUNDEE INTEGRATION JOINT BOARD DIRECTIONS POLICY	that the Directions Policy would be included in a future Development Session	Chief Finance Officer	September 2023 June 2024	Complete	Incorporated within Governance Development Session held in June 2024.

6	21/06/23	VIII	ANNUAL COMPLAINTS PERFORMANCE	that, on the suggestion of the Chair, some investigation be made into carrying out benchmarking against other HSCPs and/or family groups	Lead Officer (Strategic Planning and Business Support)	December 2023 June 2024	In Progress	Complaints Officer reviewing available complaints performance information however limited availability of consistent, published information gathered to date. Work ongoing to identify further options for benchmarking.
7	23/08/23	V	ANNUAL PERFORMANCE REPORT 2022/23	that consideration would be given to arranging a briefing session for IJB members on understanding the data presented.	Chief Finance Officer	March 2024 June 2024 October 2024	In progress	Dates for development sessions to the end of 2024 have now been issued to IJB members. This programme will include a session focused on data (30 October 2024).
8	25/10/23	III(a)	MINUTE OF PREVIOUS MEETING – 23 RD AUGUST 2023	that consideration would be given to arranging a discussion in relation to governance issues.	Chief Officer	February 2024 June 2024	Complete	Incorporated within Governance Development Session held in June 2024.
9	13/12/23	V	DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK	that the developed measures would be brought back to the IJB in the next quarter.	Senior Manager, Service Development and Primary Care	December 2024	Ongoing	Our delivery plan is finalised with priority actions and outcomes underpinned by the national outcomes framework shown in action 12. Measures, and evaluation of services are priority action therefore a workstream will commence in March with service stakeholders to co-design these. We will provide information on the agreed measures relating to outcomes in the next reporting period.

10	13/12/23	V	DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK	that in relation to the mapping event for children and young people services, consideration would be given to providing feedback from the event to a future IJB meeting.	Head of Health and Community Care Services	December 2024	Ongoing	Work is underway and progressing well. We will provide an overview of progress in the next reporting period.
11	21/02/24	VII	FALLS SERVICE	that in relation to having older people and carers involved in the Falls Group, it had been agreed that this would be a positive addition to the work of the group and Matthew Kendall was following up on identifying reps.	Allied Health Professions Lead	December 2024	Ongoing	Operational falls leads is seeking nominations through engagement work.
12	27/03/24	IV	DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2024/2025	that the Acting Chief Officer would consider with the Management Team the possibility of bringing a report to a future IJB meeting on social care commissioning.	Acting Chief Officer	June 2024	In progress	Discussion at next Senior Management Team re scope of the report.
13	17/04/24	VI	TAYSIDE PRIMARY CARE STRATEGY – UPDATE	that Shona Hyman would link with colleagues about developing a more simplified version of the Plan on a Page;	Senior Manager, Service Development and Primary Care	TBC	In progress	This was requested in April but uncertainty at this stage as to whether this will be progressed given the link of the Primary Care Strategy to the overarching NHS Tayside Strategy going forward
14	17/04/24	VI	TAYSIDE PRIMARY CARE STRATEGY – UPDATE	that arrangements would be made to bring a report to a future meeting on the dentistry position	Senior Manager, Service Development and Primary Care	October 2024	In progress	Discussed with colleagues in appropriate teams and the content of this is being considered.
15	17/04/24	X	FINANCIAL MONITORING POSITION AS AT FEBRUARY 2024	that a paper may be brought to a future IJB meeting reprofiling and reviewing the reserves position	Chief Finance Officer	August 2024	Complete	An updating report will be brought to August 2024 meeting
16	19/06/24	III(b)	ACTION TRACKER	that an explanation would be provided to Councillor McHugh on the different strands of work on the	Head of Health and Community Care Services (JH)	August 2024	Complete	

				Action Tracker in relation to Mental Health and Learning Disability.				
17	19/06/24	III(b)	ACTION TRACKER	that the Chair and Vice Chair would consider the Action Tracker to identify if the timescales were realistic	Chair & Vice Chair			
18	19/06/24	III(b)	ACTION TRACKER	that Development Session dates would be noted on the IJB agenda as a matter of course.	Committee Services Officer		Complete	Dates now included on IJB Agenda.
19	19/06/24	IV(a)	PERFORMANCE AND AUDIT COMMITTEE MINUTE	that a discussion would take place with Audit colleagues about whether the unapproved PAC minute should be submitted to the IJB and a recommendation brought back.	Chief Officer	October 2024	In Progress	Discussion to be arranged
20	19/06/24	VI	LEARNING DISABILITIES AND AUTISM STRATEGIC PLAN UPDATE	that an update would be provided to the Vice Chair in relation to the current position with face to face meetings.	Head of Health and Community Care Services (JH)		Complete	These meetings are face to face
21	19/06/24	X	ENGAGE DUNDEE – COST OF LIVING CRISIS SURVEY RESULTS	that consideration would be given to making this the focus of a future Development Session.	Chief Officer	December 2024	In progress	To be considered for incorporation within existing schedule or for 2025 programme.
22	19/06/24	XII	ANNUAL REPORT OF THE DHSCP CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP 2023-2024	that a premises update report on DDARS would be brought to a future IJB meeting.	Chief Officer		In progress	The property strategy is under review and will incorporate DDARS as a key priority
23	19/06/24	XIII	ANNUAL COMPLAINTS AND FEEDBACK REPORT	that the Customer Care and Governance Officer would be asked to consider providing more trend over time information on complaints.	Lead Officer (Strategic Planning and Business Support)		Complete	Feedback has been provided to the relevant officer. This will be incorporated into the annual report for 2024/25 (due to be submitted June 2025).
24	19/06/24	XIII	ANNUAL COMPLAINTS AND FEEDBACK REPORT	that consideration be given to arranging a presentation from Care Opinion on how they operate.	Lead Officer (Strategic Planning and Business Support)	December 2024	In progress	Possibility of providing a session is being explored with relevant colleagues.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
21 AUGUST 2024

REPORT ON: FINANCIAL MONITORING POSITION AS AT JUNE 2024

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB41-2024

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report including the projected operational financial position for delegated services for the 2024/25 financial year end as at 30th June 2024 as outlined in Appendices 1, 2, and 3 of this report.
- 2.2 Note the actions being taken by Officers and Senior Management to address the current projected financial overspend position, with a report on progress and implications to develop a formal Financial Recovery plan to be presented at next IJB meeting (as detailed in section 4.5).
- 2.3 Instructs the Chief Finance Officer to request a copy of the financial Recovery Plan for Tayside GP Out of Hours service from Angus IJB (as detailed in section 4.5.4).

3.0 FINANCIAL IMPLICATIONS

- 3.1 The financial position for Dundee Health and Social Care Partnership for the financial year to 31st March 2025 shows a projected operational overspend of £6,197k – of which £4,000k was anticipated as part of the 2024/25 financial plan however the additional £2,197k is as a result of unplanned and unanticipated cost pressures.
- 3.2 This overspend exceeds the parameters of the IJB's approved 2024/25 financial plan, whereby up to £4m of IJB reserves has been identified to support the IJB's financial position at the year end. The content of this report highlights key reasons for the projected variance and ongoing actions by Officers and Senior Management to address these and improve the position.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 As part of the IJB's financial governance arrangements, the Integration Scheme outlines that "The Chief Finance Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances."
- 4.1.2 The IJB's final budget for delegated services was approved at the meeting of the IJB held on the 27th March 2024 (Article IV of the minute of the meeting of 27 March refers). This set out the cost pressures and funding available with a corresponding savings plan to ensure the IJB had

a balanced budget position going into the 2024/25 financial year. An updated assessment of the status of the savings plan is set out in Appendix 4 of this report.

4.2 Projected Outturn Position – Key Areas

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

4.3 Operational Health and Community Care Services Delegated to Dundee IJB

- 4.3.1 The financial position for services delegated to the IJB details an operational overspend of £1,303k for the financial year.
- 4.3.2 Older People Services contribute a significant portion of this, with a projected overspend of £997k. The majority of this is due to Care at Home demands and costs of care packages. It should be noted that as a result of managing this increased Care at Home demand, there are benefits for patients and service users as well as the whole-system health and social care pathways through reduced hospital delayed discharges and reduced social care unmet need in the community. During recent months, Dundee has continued to be amongst the best performing Integration Authority in Scotland for Delayed Discharge performance. Further analysis is now required to get a balanced position between meeting the whole-system demands and ongoing financial sustainability.
- 4.3.3 Learning Disabilities services contribute a further £412k overspend to the position, predominantly linked to staffing budgets.
- 4.3.4 Community Nurse Services / AHP / Other Adult Services are showing a projected overspend of £166k, partially linked to planned over-recruitment in Community Nursing Teams to help alleviate demand and staffing pressures, which is also anticipated to reduce reliance of bank staff to fill gaps.
- 4.3.5 Lead Partner Services managed by Dundee includes overspends within Specialist Palliative Care Services of £470k and Psychological Therapies of £300k. Both are linked mainly to staffing costs and budget holders continue to review options to resolve these positions.
- 4.3.6 Other Contractors includes GP Prescribing, General Medical Services and Family Health Services and is currently projecting a combined overspend of £378k. A significant portion of this is linked to the costs of operating the 2C GP Practices. Work is ongoing with service leads to address this.
- 4.3.7 Key drivers of underspends across various services continue to be staffing vacancies, with ongoing challenges of recruitment and retention of staff. This is similar across a number of medical, nursing, Allied Health Professionals (AHPs), social care, social work and other staffing groups and across various bands / grades and skill-mixes. Recruitment activity continues to take place throughout the service areas to ensure patient demand and clinical risk is managed as best as possible. This ongoing recruitment and retention challenge was recognised during the 2024/25 budget setting process with non-recurring slippages / vacancy factor savings targets implemented to reflect the reality of the current position.
- 4.3.8 In addition to the specific service overspends already highlighted, key drivers of overspends are mainly as a result of reliance on bank, agency or locum staff (with premium cost implications) to fill vacancies or cover due to staff sickness where patient acuity and / or safe-staffing levels necessitate the use of these additional staff. In addition, under recovery of income for chargeable social care services is also creating a cost pressure across various service budgets.
- 4.3.9 Supplementary spend during the first 3 months of 2024/25 totals £1,958k. This includes £447k on additional part-time hours and overtime, £458k on agency, and £1,050k on bank nursing / sessional staffing. Absence rates for NHS employed staff within HSCP have averaged at 6.62% during the 3 months of 24/25. The working days lost for DCC employed staff within the HSCP for June 2024 was 11.62%.

- 4.3.10 GP and Other Family Health Services Prescribing continues to be monitored as a local and Tayside-wide basis due to the scale and complexity of the budget. The Prescribing financial plan for 2024/25 indicated a projected cost pressure of £1052k as a result of anticipated volume and pricing growth, and funding was identified and set aside as part of the 2024/25 financial plan to manage this gap. At this stage of the financial year, projected spend is relatively close to plan but that is to be expected due to having limited data. (It is normal for data to be received 2 months in arrears to allow for national review and verification).

4.4 Tayside-wide Delegated Services

- 4.4.1 Members of the IJB will be aware that Angus and Perth and Kinross IJBs provide Lead Partner (formerly referred to as Hosted Services) arrangements for some services on behalf of Dundee IJB and a number of services are led by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the Lead IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth and Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows net impact of these adjustments to Dundee being an increased cost implication of £516k which mainly relates to a significantly higher spend within GP Out of Hours Medical Service led by Angus IJB. The Out of Hours overspend is as a direct result of changes to the patient pathway now embedded in the service model following Covid-19 pandemic and subsequent recovery. Work continues within the service to develop a financial recovery plan and future sustainable service delivery model.
- 4.4.2 Members will also be aware that In-Patient Mental Health services are also a delegated function to Tayside IJB's, having previously been hosted by Perth & Kinross IJB. In early 2020/21, the operational management of these services was returned to NHS Tayside, however under health and social care integration legislation the strategic planning of these services remains delegated to the 3 Tayside Integration Joint Boards. Currently, there is no budget delegated to the IJBs for 2024/25. Due to the IJB's having strategic planning responsibility for the services, there is a requirement to show a delegated budget and spend position in the IJB's annual accounts. Given the unusual governance position around In-Patient Mental Health Services whereby there is a separation between strategic planning and operational delivery of the service, ongoing discussions are taking place to agree financial risk sharing arrangements amongst the 3 IJB's and NHS Tayside for the current financial year.

4.5 Actions to resolve Projected Financial Gap

- 4.5.1 The 2024/25 Financial Plans and Budget setting report included utilisation of up to £4m of IJB Reserves to manage the gap within the integrated position. This means that the IJB's financial position is planned as an overspend of £4m for 2024/25. The current projected operational overspend is therefore higher than originally anticipated.
- 4.5.2 At this stage of the financial year, the projected position is based on known spend and activity during the first 3 months of the year only, with projections based on anticipated trends and spend patterns for the remaining 9 months. This highlights a degree of uncertainty and estimation in the projections, but also allows time for actions to be taken to help address some of the financial challenges in a planned and managed way.
- 4.5.3 The current financial position has been discussed at Senior and Extended Management Meetings, with actions being progressed to ensure both a robust understanding of financial drivers as well as implementing actions to improve the projected financial position. These actions include –
- Detailed analysis of Care at Home spend, alongside demand pressures
 - Review of income recovery rates for chargeable social care services
 - Review of services that are projecting an overspend, with the aim of returning these to within budget where safe to do so
 - Ongoing consideration of 'discretionary' spend and supplementary staffing to minimise any non-essential or non-critical expenditure
 - Continue progress to delivery current year savings plans and transformation plans to deliver a sustainable annual financial position

- 4.5.4 Within Lead Partner services, it is noted that GP Out of Hours service is projected a significant overspend for 24/25. This service is operationally and strategically managed by Angus IJB. The financial implications of this overspend is resulting in an unexpected additional cost pressure of £848k for Dundee under the Risk Sharing Agreement. It is proposed that Dundee IJB submit a formal request to Angus IJB for sight of the service Financial Recovery Plan.
- 4.5.5 Under the IJB's Integration Scheme, where an unplanned year end overspend is projected, a Recovery Plan must be presented to address the in-year overspends and any recurring overspends for future years. Due to the early stage in the current financial year and operational actions being implemented, it is proposed that the development of a formal Recovery Plan is deferred to the IJB's next meeting in October, where projections based on 31st August position will be available.
- 4.5.6 The 2024/25 projected overspend position could be managed from the combined earmark and general Reserves balances, however should this be required, the IJB's Reserves would be reduced and would leave limited flexibility for future year planning.

4.6 Reserves Position

- 4.6.1 The IJB's reserves position was reduced at the year ended 31st March 2024 as a result of the operational overspend of £3,744k during 2023/24. This resulted in the IJB having total committed reserves of £11,024k and uncommitted reserves of £6,789k at the start of 2024/25 financial year. This continues to provide the IJB with some 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 1 below:

Table 1

Reserve Purpose	Closing Reserves @ 31/3/24
	£k
Mental Health	1,036
Primary Care	1,859
Community Living Fund	0
NHST - Shifting Balance of Care	0
Drug & Alcohol	559
Strategic Developments	1,756
Revenue Budget Support	4,000
Service Specific	1,452
Other Staffing	362
Total committed	11,024
General	6,789
TOTAL RESERVES	17,813

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

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year.
Risk Category	Financial
Inherent Risk Level	Likelihood 4 x Impact 5 = Risk Scoring 20 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	Regular financial monitoring reports to the IJB will highlight issues raised. Actions to be taken by Officers, Senior Management and Budget holders to manage overspending areas. Transformation and Strategic Delivery Plan to drive forward priorities towards a sustainable financial position
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Risk Level)
Approval recommendation	While the inherent risk levels are high, the impact of the planned actions reduce the risk and therefore the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Christine Jones
Acting Chief Finance Officer

Date: 25 July 2024

		Appendix 1
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT		Jun-24
	Partnership Total	
	Net Budget £,000	Projected Overspend / (Underspend) £,000
Older Peoples Services	76,788	997
Mental Health	11,622	31
Learning Disability	36,613	412
Physical Disabilities	8,658	(457)
Drug and Alcohol Recovery Service	5,947	(33)
Community Nurse Services/AHP/Other Adult	17,773	166
Lead Partner Services	25,119	462
Other Dundee Services / Support / Mgmt	35,049	132
Centrally Managed Budgets	(1,406)	(406)
Total Health and Community Care Services	216,163	1,303
Prescribing (FHS)	34,492	829
FHS Drugs Prescribing Cost Pressure Investment	1,052	(1,052)
Other FHS Prescribing	(657)	208
General Medical Services	31,292	468
FHS - Cash Limited & Non Cash Limited	23,900	(75)
Large Hospital Set Aside	21,711	0
In-Patient Mental Health	0	0
Total	327,954	1,681
Net Effect of Lead Partner Services*	(5,000)	516
Financial Plan Gap (integrated budget)	(4,000)	4,000
Grand Total	318,954	6,197
*Lead Partner Services (formerly known as 'Hosted Services') - Net Impact of Risk Sharing Adjustment		

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		Appendix 2	
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2024/25		Jun-24	
		Partnership Total	
		Annual Budget £,000	Projected Overspend / (Underspend) £,000
1			
	Psych Of Old Age (In Pat)	5,527	10
	Older People Serv. - Ecs	273	-25
	Older Peoples Serv. -Community	1,065	83
	Ijb Medicine for Elderly	6,814	200
	Medical (P.O.A)	828	225
	Psy Of Old Age - Community	2,804	-150
	Medical (MFE)	2,454	0
	Care at Home	29,488	1,399
	Care Homes	29,809	-7
	Day Services	1,299	14
	Respite	520	-60
	Accommodation with Support	1,208	39
	Other	-5,301	-731
	Older Peoples Services	76,788	997
2			
	Community Mental Health Team	4,288	-75
	Tayside Adult Autism Consultancy Team	364	75
	Care at Home	-15	-153
	Care Homes	643	243
	Day Services	65	1
	Respite	-3	58
	Accommodation with Support	5,818	194
	Other	463	-312
	Mental Health	11,622	31
3			
	Learning Disability (Dundee)	1,619	0
	Care at Home	-315	353
	Care Homes	3,321	-47
	Day Services	9,752	443
	Respite	480	-185
	Accommodation with Support	23,954	-611
	Other	-2,198	459
	Learning Disability	36,613	412
4			
	Care at Home	1,101	-41
	Care Homes	2,290	-765
	Day Services	1,347	-72
	Respite	-26	123
	Accommodation with Support	813	143
	Other	3,133	154
	Physical Disabilities	8,658	-457
5			
	Dundee Drug Alcohol Recovery	4,453	225
	Care at Home	0	0
	Care Homes	380	55
	Day Services	70	-5
	Respite	0	0
	Accommodation with Support	350	-140
	Other	694	-169
	Drug and Alcohol Recovery Service	5,947	-33

		Partnership Total	
		Annual Budget	Projected Overspend / (Underspend)
		£,000	£,000
6			
	A.H.P.S Admin	515	8
	Physio + Occupational Therapy	7,428	10
	Nursing Services (Adult)	7,580	200
	Community Supplies - Adult	344	55
	Anticoagulation	483	-8
	Other Adult Services	1,422	-99
	Community Nurse Services / AHP / Other Adult Services	17,773	166
7			
	Palliative Care - Dundee	3,564	290
	Palliative Care - Medical	1,620	175
	Palliative Care - Angus	445	30
	Palliative Care - Perth	2,100	-25
	Brain Injury	2,022	-70
	Dietetics (Tayside)	3,851	50
	Sexual & Reproductive Health	2,591	-75
	Medical Advisory Service	80	-10
	Homeopathy	40	9
	Tayside Health Arts Trust	81	0
	Psychological Therapies	6,549	300
	Psychotherapy (Tayside)	1,093	-85
	Perinatal Infant Mental Health	220	23
	Learning Disability (Tay Ahp)	863	-150
	Lead Partner Services	25,119	462
8			
	Working Health Services	2	-40
	The Corner	638	-5
	Ijb Management	765	-15
	Partnership Funding	25,312	0
	Urgent Care	1,610	-40
	Community Health Team	196	-25
	Health Inclusion	1,163	-75
	Primary Care	845	-15
	Support Services / Management Costs	4,518	347
	Other Dundee Services / Support / Mgmt	35,049	132
	Centrally Managed Budget	-1,406	-406
	Total Health and Community Care Services	216,163	1,303
	Other Contractors		
	FHS Drugs Prescribing	34,492	829
	FHS Drugs Prescribing Cost Pressure Investment	1,052	-1,052
	Other FHS Prescribing	-657	208
	General Medical Services	30,820	335
	Dundee 2c (gms) Services	472	133
	FHS - Cash Limited & Non Cash Limited	23,900	-75
	Large Hospital Set Aside	21,711	0
	Grand H&SCP	327,954	1,681
	Lead Partner Services Recharges Out	-15,311	-255
	Lead Partner Services Recharges In	10,211	871
	Hosted Recharge Cost Pressure Investment	100	-100
	Hosted Services - Net Impact of Risk Sharing Adjustment	-5,000	516
	Financial Plan Gap (integrated budget)	-4,000	4,000
	Grand Total	318,954	6,197

NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards			Appendix 3
Recharge to Dundee IJB			
Risk Sharing Agreement - June 24			
	Annual Budget £000s	Forecast Over / (Underspend) £000s	Dundee Share of Variance £000s
Lead Partner Services - Angus			
Forensic Service	1,163	111	44
Out of Hours	9,284	2,152	848
Tayside Continence Service	1,527	534	210
Locality Pharmacy	2,314	0	0
Speech Therapy (Tayside)	1,494	14	6
Sub-total	15,783	2,811	1,108
Apprenticeship Levy & Balance of Savings Target	(304)	0	0
Total Lead Partner Services - Angus	15,479	2,811	1,108
Lead Partner Services - Perth & Kinross			
Prison Health Services	4,959	146	57
Public Dental Service	1,841	(414)	(163)
Podiatry (Tayside)	3,664	(300)	(118)
Sub-total	10,464	(568)	(224)
Apprenticeship Levy & Balance of Savings Target	(27)	(31)	(12)
Total Lead Partner Services - Perth&Kinross	10,437	(599)	(236)
Total Lead Partner Services from Angus and P&K	10,211		871

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

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
21ST AUGUST 2024

REPORT ON: 5 YEAR FINANCIAL OUTLOOK 2024/25-2028/29

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB32-2024

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 4.1.9 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 4.1.10 and 4.1.11 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 £45m 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 The financial position of the IJB has seen an improvement in recent financial years (2021/22 & 2022/23) despite these challenges, largely due to 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 had 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.

- 4.1.3 However the most recent financial year (2023/24) has returned to a deficit position as a result of known and unplanned cost pressures that had evolved throughout the year. The budget planning process for 2023/24 recognised this pressure at the start of the financial year and identified £3m from Reserves to support the anticipated spend.
- 4.1.4 The short-term reliance on non-recurring savings and use of Reserves during 2023/24 and 2024/25 enables the IJB time to evaluate and understand the service demands and new ways of working following a period of stability post-Covid19 recovery. This period is being used to refresh and develop Transformation and Prioritisation plans to ensure the funding available to used effectively and efficiently to best meets the demands and strategic priorities of the local patients and service users. It is recognised that use of Reserves is time-limited and achieving ongoing financial sustainability is critical.
- 4.1.5 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
2024/25	10,686
Total	37,791

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 £321m per annum.

- 4.1.6 The Scottish Government published its Proposed Budget 2024-25 document in December 2023. Chapter 2 of that document provided details of Economic and Fiscal Context, stating *“The economy has faced a succession of significant shocks in recent years, with the inflation shock arising from the war in Ukraine following on from those from Brexit and the pandemic. Collectively, they have led to a range of economic and fiscal risks which have evolved over the past couple of years as the economy has continued to recover, adjust and adapt to these persistent challenging conditions and elevated levels of uncertainty.”* Furthermore *“the Scottish Government has been fully exposed to inflationary risks on devolved expenditure but, instead of protecting our budget from inflation, the UK Government is instead focused on cutting public services to pay for UK-wide tax cuts. This means that our block grant funding from the UK Government is falling in real terms.”* Commenting on the impact of this *“expectations are that economic growth will remain weak, with the Scottish Fiscal Commission now forecasting growth of 0.7 per cent in 2024. The rise in interest rates is playing an increasing role in slowing economic activity as cost challenges continue to impact on household budgets and business investment decisions. This reflects a stalling in the recovery from the pandemic as the economic output has remained broadly unchanged at 0.9 per cent above its pre-pandemic level since the start of 2022.”* And *“the medium-term period is still forecast to remain challenging, with relatively subdued growth in 2024 and households still facing record falls in living standards which are not forecast to recover to pre-pandemic levels until 2026-27.”*
- 4.1.7 It is therefore within this challenging financial constraint that public services in Scotland will be required to operate within over the medium term.
- 4.1.8 In July 2024, the Accounts Commission published a report titled “Integration Joint Boards’ Finance and Performance 2024”. This report highlights the unprecedented pressures and financial uncertainty faced by community health and social care in Scotland. The report states that, nationally, IJB funding has decreased by 9% (£1.1 billion) in real terms in 2022/23 and the funding gap was set to triple in 2023/24, while at the same time the health inequality gap is widening, there is an increased demand for services and a growing level of unmet and more complex needs, along with difficulties in recruiting and retaining a skilled workforce. The report also sets out a number of recommendations for IJBs through local and collaborative working to share learning to develop

service redesign focussing on early intervention and prevention, workforce recruitment and retention improvements, data improvements, commissioning approaches to improve outcomes and medium-term financial planning. The report also highlighted the need for IJBs to work with other stakeholders to ensure annual budgets and proposed savings are achievable and sustainable.

4.1.9 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 staff pay awards following the cost of living rises which may still be 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. Further information on population health, including an updated population needs assessment is required to provide a basis for potential cost estimation for these factors.

4.1.10 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 from 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.
- 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.

4.1.11 The IJB's transformation programme currently consists of the following established projects:

- Mental Health and Learning Disability Whole System Change Programme
- ADP Strategic Framework and Delivery Plan
- Urgent and Unscheduled Care Board
- 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 2024/25. Further areas of service transformation will be identified and reported throughout the year.

4.1.12 In addition, both of the IJB's statutory partners are progressing their own transformation and service change plans to secure future financial sustainability and it is likely that the implications of some of these workstreams will also impact on delegated health and social care services.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that the IJB will not be able to balance its resources and achieve its strategic objectives should the combination of the level of funding provided through the delegated budget and the impact of the IJB's Transformation Efficiency Programme be insufficient.
Risk Category	Financial
Inherent Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme)
Mitigating Actions (including timescales and resources)	Develop programme of budget development sessions to fully engage and inform the IJB with the implications of each years budget position and funding settlement Developing a robust Transformation Programme through the IJB's annual delivery plan.. 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	Given the mitigating factors and the

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

- 9.1 None.

Christine Jones
Acting Chief Finance Officer

DATE: 24/07/24

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5 Year Financial Outlook 2024/25 – 2028/29

	2024/25	2025/26	2026/27	2027/28	2028/29
	£000	£000	£000	£000	£000
Estimated Baseline Budget	314,066	321,983	323,408	324,862	327,667
Estimated additional Cost Pressures	18,603	14,683	9,205	9,602	9,871
Estimated Funding Required	332,669	336,666	332,614	334,464	337,548
Estimated Funding Provided	321,983	323,408	324,862	327,677	330,548
Estimated Funding Gap	10,686	13,257	7,751	6,787	7,000
Total Funding Gap Over 5 Years					45,482

Note: Assumes all staff costs uplifts for NHS services will continue to be funded by the Scottish Government

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
21 AUGUST 2024

REPORT ON: DUNDEE IJB RESERVES INVESTMENT STRATEGY

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB45-2024

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide an update to the Reserves Investment Strategy for Dundee Integration Joint Board 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.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the update regarding the IJB Reserves Investment Strategy as set out in this report.
- 2.2 Approves the proposed realignment of £2m from General Reserves to Transformation Funding Reserve, as set out in section 4.1.8.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The financial implications of this strategy are set out within the main body of the report.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The IJB approved its original reserves strategy back in 2017 (Article VIII of the minute of the 25th April 2017 refers) as part of the early governance framework being put in place and prior to any real understanding of how reserves would be generated and utilised given the infancy of health and social care integration at that time. The reserves strategy states that the IJB should aspire to hold reserves to the value of around 2% of its annual operating budget to provide flexibility and support financial sustainability. Since then, the IJB has been in a position of holding reserves at around the 2% value in the early years of integration before seeing reserves depleted due to various financial challenges prior to the Covid19 pandemic.
- 4.1.2 An updated Reserves Strategy report was approved by the IJB in 2022 (Article XIV of the minute of 14th December 2022). This report highlighted the fluctuating Reserves position held by the IJB during the intervening years as well as agreeing to adopt 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.

- 4.1.3 A summary of the current Reserves balances, as at 31st March 2024, is noted in Table 1, along with the comparable balances held in previous years.

Table 1

Reserve Purpose	Closing Reserves @ 31/3/20	Closing Reserves @ 31/3/21	Closing Reserves @ 31/3/22 (restated)	Closing Reserves @ 31/3/23	Closing Reserves @ 31/3/24
	£k	£k	£k	£k	£k
Mental Health	36	527	1,825	635	1,036
Primary Care	176	2,424	5,277	1,535	1,859
Community Living Fund	0	613	613	613	0
NHST - Shifting Balance of Care	0	1,600	1,600	1,600	0
Drug & Alcohol	280	358	1,220	925	559
Covid-19	0	6,084	15,595	0	0
Strategic Developments	0	0	2,500	2,500	1,756
Revenue Budget Support	0	0	3,000	3,000	4,000
Interim Care	0	0	893	0	0
Service Specific	0	129	2,823	1,995	1,452
Other Staffing	0	0	394	377	362
Total committed	492	11,735	35,740	13,179	11,024
General	0	2,094	3,258	10,789	6,789
TOTAL RESERVES	492	13,829	38,998	23,968	17,813

- 4.1.4 Given the level of reserves held by IJB's for specific government initiatives, the Scottish Government has continued to take an approach in each financial year to ensure these are utilised by IJB's before drawing down the further in-year funding allocations for these purposes. This will have the effect of the majority of the Scottish Government element of reserves for Mental Health, Primary Care and ADP being reduced significantly by the end of the 2034/24 financial year.
- 4.1.5 The Integration Joint Board's Integration Scheme outlines the financial arrangements agreed by Dundee City Council and NHS Tayside should the occasion arise that an overspend is projected within the IJB's delegated budget during the financial year. The arrangements are as follows:

9.18 Where an unplanned year end overspend in the Integration Joint Board's budget is projected in respect of the Integrated Services for which the Chief Officer has Operational Management responsibility, the Chief Officer and the Chief Finance Officer must present a recovery plan to the Integration Joint Board and the Parties to address in year overspends and any recurring overspends for future financial years. If a projected overspend relates to Integrated Services operationally managed by the Chief Officer Acute Services or the Executive Lead for Mental Health and Learning Disability then they must present a recovery plan to the Integration Joint Board to address in year overspends and any recurring overspends in future years.

9.19 In the event that the recovery plan is unsuccessful, and an overspend is evident at the year end, uncommitted reserves held by the Integration Joint Board would firstly be used to address any overspend. If, after the application of reserves, there remains a forecast overspend, a revised Strategic Plan must be developed to enable the overspend to be managed in subsequent years.

9.20 In the event that an overspend is evident following the application of a recovery plan, use of reserves or where the Strategic Plan cannot be adjusted, the overspend will be shared in proportion to the spending Direction for each Party for that financial year, adjusting these spending directions to ensure the Parties budgets are on a like for like basis. Where the parties make additional payments to cover an overspend then the Parties will discuss whether recovery

of those additional payments in future years from the Integration Joint Board should be pursued. In the event that the Parties agree that the recovery of additional payments is to be pursued this will be over a maximum period of 3 years on a basis and repayment profile to be agreed between the Parties, in consultation with the Integration Joint Board. Consideration of whether to recover additional payments made by the Parties will be informed by an assessment of the reasons for these payments and the implications for the Parties and Integration Joint Board of doing so.

The inclusion of a potential recovery of additional payments made by the partner bodies to the Integration Joint Board is a new provision in the revised scheme.

- 4.1.6 Given the current significant financial challenges and demand pressures facing IJB's (and the wider public sector), it is imperative that the IJB ensures it continues to hold a sustainable level of reserves to manage unexpected demands but also has the opportunity to consider utilising Reserves in a planned way to support transformation and strategic developments.
- 4.1.7 A Transformation Funding reserve of £1m was previously created within the Committed Reserves balances to support services to identify, develop and implement transformational change. To date a proposal to utilise £92k of this has been approved (DIJB23-2024, Strategic Shift to Advanced Nurse Practitioner Led Frailty Pathway). Further requests are being considered during the August IJB meeting, with other proposals under development and expected to be presented to future meetings.
- 4.1.8 To allow sufficient flexibility and capacity within the IJB's Transformation Funding Reserve, it is proposed that a further £2m be realigned from General Reserves to this Committed Reserve.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that the IJB is unable to utilise its reserves effectively and for the full benefit of meeting the IJB's Strategic Priorities.
Risk Category	Financial
Inherent Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme)
Mitigating Actions (including timescales and resources)	Development of reserve strategy Development of transformation programmes to ensure future financial sustainability of the IJB
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, given the range of interventions identified the risk is manageable

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

- 8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act

2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

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

9.0 BACKGROUND PAPERS

9.1 None.

Christine Jones
Acting Chief Finance Officer

DATE: 25 July 2024

ITEM No ...7.....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21ST AUGUST 2024

REPORT ON: TRANSFORMATION FUNDING FOR COMMUNITY FACING PALLIATIVE CARE SERVICES

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB47-2024

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to outline proposed developments in the Specialist Palliative Care Service and to seek transformational funding to further explore and create collaborations with all care providers, statutory and otherwise, to strengthen community facing care to support the patients and their families, safely and effectively in their own homes.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the transformational nature of the proposed developments outlined in this report and the contribution to the strategic aims of continuous improvement of community facing palliative care services.
- 2.2 Approves the release of £115,083 of funding from transformation reserves to support the proposal outlined in Section 3.1 of this report.
- 2.3 Instructs the Chief Officer to provide a progress report prior to the end of the 18 month period to the IJB.
- 2.4 Instructs the Chief Officer to issue the direction as attached at Section 8 of this report to NHS Tayside.

3.0 FINANCIAL IMPLICATIONS

- 3.1 A bid was submitted to the Tayside Unscheduled Care Board in 2022 to support an Enhanced Community Care model. The bid was successful as it aligned to the Unscheduled Care Board key priority of Care Closer to home. The service was awarded £138,980 to recruit the staff required to begin the creation of an Enhanced Community Care Model. The evidence from the initial project demonstrates an improved quality of care for people in the community with complex specialist palliative care needs but has not yet been developed sufficiently to deliver a reduction in bed base which would support ongoing funding of community facing services. The aim is to reduce the need for inpatient beds in Dundee and use some of the savings to facilitate further integrated working to achieve quality cost effective Palliative and end of life care (PEOLC) for the citizens of Dundee.

- 3.2 Funding of £115,083 would support a Band 7 Clinical Nurse Specialist over 18 months to lead this work to map current provision, identify any gaps and develop a whole systems pathway ensuring effective co-ordination of care. This figure is inclusive of travel and necessary IT equipment.
- 3.3 Alternatively retaining the current bed base, the workload tools note to meet the safe staffing legislation requirements would incur an additional recurring cost pressure of circa £277k.

4.0 MAIN TEXT

- 4.1 The development and focus of the strategic planning group for Community Palliative care in Dundee, inclusive of all key stakeholders, is to gain greater understanding of how services work across the city to meet the needs of people requiring palliative and end of life care or support. To support, influence and facilitate the development of clear integrated, multidisciplinary pathways in community settings to enable the shift in the balance of care away from acute hospital and inpatients settings. This would enable Specialist Palliative care services to provide appropriate periods of support and intervention whilst enabling the primary care givers to feel confident and competent to care for people in the place of their choice. A key priority of the group is to understand the unmet need across the city and create links with all services who provide palliative and end of life care to enhance the person and their families experience.
- 4.2 Realistic Medicine champions the need for partnership decision making and a personalised approach to 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 the person and their 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 of the patient's preference. Innovation and creativity are actively encouraged through Realistic Medicine, by encouraging teams to consider how support can be delivered differently, incorporating evidence-based practice, evaluating progress through data collection, whilst respecting the person's needs and opinions.
- 4.3 The project described in section 3.1 demonstrated that across Dundee there are teams that are comfortable and confident to provide high standards of Palliative and End of Life Care (PEOLC), however, there was not always cohesive partnership working to support patients and families whilst at home. It is recognised that to enable patients who require palliative and end of life care (PEOLC) in the community they require care delivery from the right people, in the right place at the right time, and this requires co-ordination and creation of the infrastructure that is competent and confident in delivering person centred PEOLC. To enable services to connect, requires skilled facilitation, education, and support through a network of appropriate services who can collaborate to establish the pathways of care.
- 4.4 Through interfacing with acute services, early identification of people who have a life limiting illness can be supported timeously to ensure future care planning and holistic care needs are met early in the person's journey. This approach focuses on reducing associated risk of readmission to hospital in the last 6 months of life. By shifting the balance of care away from hospital delivered care, community-based resources can be focussed to the place of greatest need and impact.
- 4.5 Through this identified post the leadership and clinical expertise in PEOLC, will map, network, understand the current provision of care whilst recognising where limitations and gaps may arise for the population of Dundee city. With direction and guidance from the strategic group, it is envisaged that the multi-disciplinary, integrated pathway of statutory and partner agencies can be enhanced to allow for those who require complex PEOLC from specialist services to receive this.
- 4.6 To understand the impact of this community facing pathway will necessitate the ability to measure changes in the quality of care for those people who receive it. The quality of care should reflect value for money and the investment in this 18-month post will create sustainable models of care with no expected additional resource required following completion. Through

understanding the impact on unplanned/unscheduled admissions to hospital and co-ordination with the front door model test of change, Community Nursing redesign and with Hospital Palliative care team data collection we anticipate reduced readmission rates in the last 6 months of life and improved performance in meeting citizens' choice for preferred place of care and death.

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	Inadequate understanding of palliative and end of life care pathways across inpatient and community settings can lead to poor experience and quality of care at the end of life.
Risk Category	Political Social
Inherent Risk Level	Likelihood 4x Impact 4 = Risk Scoring 16
Mitigating Actions (including timescales and resources)	Initial work has improved the experience for people within the scope of the project and identified a need for more detailed understanding of the range of services delivering PEOLC and the need for greater co-ordination of care and support. The wider scoping exercise will give cohesion for staff, people and families supporting and experiencing palliative and end of life care in Dundee
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6
Approval recommendation	Given the high level of risk, intervention is recommended.

Risk 2 Description	Long term sustainability of the service. Currently the service budget is overspent, and the workload tools recommend significant investment to comply with safe staffing legislation.
Risk Category	Financial
Inherent Risk Level	Likelihood 4 x Impact 3 = Risk Scoring 12
Mitigating Actions (including timescales and resources)	Currently Clinical Fellows from overseas are supported via external funding but this end in August 2024. Supplementary staffing is used to cover the additional staffing requirements.
Residual Risk Level	Likelihood 4 x Impact 3 = Risk Scoring 12

Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6
Approval recommendation	Given the high level of risk, intervention is recommended.

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	X
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

- 9.1 Presentations.

Dave Berry Acting Chief Officer, Dundee IJB

DATE: July 25 2024

Fiona Barnett
Associate Locality Manager

Only to be completed if a direction is required



**DIRECTION FROM DUNDEE CITY
INTEGRATION JOINT BOARD**

1	Reference	DIJB47-2024
2	Date Direction issued by Integration Joint Board	21 st August 2024
3	Date from which direction takes effect	21 st August 2024
4	Direction to:	NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Specialist Palliative Care Services
7	Full text of direction	Provide for a Band 7 Clinical Nurse Specialist to the above service over 18 months to map current provision, identify any gaps and develop a whole systems pathway ensuring effective co-ordination of care as outlined in this report
8	Budget allocated by Integration Joint Board to carry out direction	£115,083
9	Performance monitoring arrangements	Through HSCP service management arrangements
10	Date direction will be reviewed	February 2026 (18 months)

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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	Community Facing Palliative Care service
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 Kirsty McQuarrie
Screening Completion Date	25/07/2024
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](#).

PART 2- Assessment

Integrated Impact Assessment Record

Report Author	Fiona Barnett
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Dundee Integration Joint Board Integrated Impact Assessment

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		Discussed with Consultants, Primary care teams, Community Nursing teams. Social Care organisers. Nurse Consultants.	17/06/2024

Equality and Fairness Impact Assessment Conclusion

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

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 advise and financial help sought. There will be increased employment and career opportunities for Health and Social care workforce.

Dundee Integration Joint Board Integrated Impact Assessment

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	The understanding of the population needs for palliative care across the city of Dundee and what range of services are available will support more people to achieve their ReSPECT wishes and future care plan wishes. Earlier access to Specialist Palliative Care for support and advise to improve the patient journey. May advantage older peoples health requirements as more likely to access this services
No Impact		
Negative		
Not Known		
Disability	Y/N	Explanation, assessment and potential mitigations
Positive	Y	Should be more accessible for disabled patients who cannot travel to outpatient appointments or for treatment for management of symptoms will be supported at a place more convenient to them.
No Impact		
Negative		
Not Known		
Gender Reassignment	Y/N	Explanation, assessment and potential mitigations
Positive		
No Impact		
Negative		
Not Known	Y	
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	By understanding the services available to provide Palliative care all patients regardless of race and ethnicity should receive seamless high quality palliative care with easy access to Specialist interventions if required.
No Impact		
Negative		
Not Known		
Religion & Belief	Y/N	Explanation, assessment and potential mitigations
Positive	Y	By understanding the services available to provide Palliative care all patients 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		
No Impact	Y	
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above.		

Dundee Integration Joint Board Integrated Impact Assessment

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><i>(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)</i></p> <p>As this project is scoping and connecting services across the city of Dundee who provide palliative care to those who require it. Through the creation of a community of palliative care practice it is believed that people would receive the right care by the right person at the right time. Early access if required to Specialist Palliative care for support and intervention would help achieve positive patient reportable outcomes.</p> <p>The professional teams who are visiting patients at home will have greater insight into how to effectively co-ordinate 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	
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
Y	Positive	Through co-ordinated service provision and understanding of what is available to support people and their families, Children should feel supported with early access to support for young people affected by life limiting illnesses.
	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
	Positive	
	No Impact	
	Negative	
Y	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	
	No Impact	
	Negative	
Y	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	

Dundee Integration Joint Board Integrated Impact Assessment

	Not Known	
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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	
	No Impact	
	Negative	
Y	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. This can be identified early through their early assessment and can remedial action.
	No Impact	
	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 care providers 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
	Positive	
	No Impact	
	Negative	
Y	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

Y/N	Education	Explanation, assessment and any potential mitigations
Y	Positive	Through understanding what current service provision is for providing palliative care for patients, education provision can be easily arranged for teams to enhance their knowledge and skills whilst improving confidence.
	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	Understanding service provision and co-ordination of services can support people to seek support and intervention earlier and improve life expectancy
	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
	Positive	
	No Impact	
	Negative	
Y	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 Care will be provided by service providers who are closer to the patients home environments.
	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
	Positive	
Y	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	(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

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21st AUGUST 2024

REPORT ON: PSYCHOLOGICAL THERAPY SERVICES - ADHD

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB48-2024

1.0 PURPOSE OF REPORT

To outline the current challenges in providing care and treatment to people presenting with Attention Deficit Hyperactivity Disorder (ADHD) and to seek approval to use Transformation finance to address current waits and achieve alignment between current provision and the emergent Tayside wide model of care for Neurodevelopmental Disorders.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the contents of this report.
- 2.2 Notes the transformational nature of this proposal and its contribution to the strategic aims of the Neurodevelopmental Disorder Workstream within the Tayside Whole System Change Programme.
- 2.3 Approves the release of funding from ring fenced IJB Transformation Reserves to the value of £508,204 (as detailed in Section 4.16 of this report).
- 2.4 Instructs the Chief Officer to note the direction as attached at Section 8 of this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The proposal to create a more protected service function for ADHD as outlined in this report for a period of up to 18 months will cost £101,641 in Year 1 and £406,563 in Year 2. It is proposed that the IJB utilises ring fenced Transformation Reserves to support this work. This timescale will allow Dundee to bridge across to any new service model with less people waiting than at present. The model to be utilised is designed to mirror key aspects of the model likely to be used in the longer-term and should therefore also help build a skilled workforce in advance of the establishment of a specialist Neurodevelopmental service.

4.0 MAIN TEXT

- 4.1 Referrals for ADHD are currently sent to one of two locality-based Community Mental Health Teams (East and West). Most people are seeking formalised assessment and, if diagnosed as having ADHD, access to evidence based supports and treatments. National Institute of Clinical Excellence (NICE) Guidance outlines that people should have access to structured discussions about the likely impact of ADHD on their life, advice with regard to making environmental modifications and, where necessary, access to medication.
- 4.2 In reality, most people are seeking medication which can only be initiated by someone with expertise in ADHD and there is a requirement for monitoring physical state over this period. A Shared Care Agreement with Primary Care means that people can be handed back only when stabilised on treatment and, even then, there is a requirement for CMHTs to provide annual reviews. This annual review must be with “a specialist” who reviews the efficacy and the physical impact of the medication and advises accordingly.
- 4.3 The rates at which people have presented to services requesting formal assessment for ADHD has increased significantly in recent years. This is in keeping with the National picture. For example, the National Institute for Health and Care Research (2023) reported findings from University College London’s analysis of the IQVIA Medical Research Data (a UK primary care database) indicating:

- The rate of new ADHD diagnoses increased from 2000 to 2018 in both males and females
- By 2018, the proportion of ADHD diagnoses for adults, was 74.3 per 10,000 in men and 20 per 10,000 in women
- This represents a 20-fold increase in ADHD diagnoses
- There was a 50-fold increase in ADHD prescriptions in men aged 18-29
- ADHD diagnoses were about two times higher in the most deprived areas.

The rates are recognised as having continued to rise since then but have not been studied in such a systematic way.

- 4.4 Within Dundee CMHTs, referrals are largely made on electronic systems. These electronic referral systems do not allow one to differentiate the reason for referral. However, separate analysis suggests that over the course of a year, each CMHT is receiving between 220 and 250 new referrals for ADHD. That is, around 500 new requests for treatment each year.
- 4.5 As referral for ADHD assessment is classed as “routine” care. Those cases triaged as requiring emergency and urgent care are prioritised, meaning that waiting times are disproportionate in comparison to other clinical problems. This issue has been added to over the last 6 months by National shortages in ADHD medication which has meant people being taken off medication (and therefore re-titration is necessary) and an agreement to stop all new assessments until the supply chain became reliable again. Together, this has resulted in a situation where more than half the people waiting for first appointments within CMHTs are waiting for assessment for ADHD. There are significant differences in the numbers waiting on each side of the City, but the proportion of ADHD waits are similar. In total, there are approximately 1000 people currently waiting for ADHD assessment.
- 4.6 CAMHS has experienced similar increases in referrals rates. They do not differentiate between neurodevelopmental conditions (mainly for Autism Spectrum Conditions and ADHD) but for the last three financial years, the rates of referral have been 2206, 1772, 1255 respectively. These people will graduate to adult services in due course and it is clear from CAMHS trajectories that a significant number will pass their 18th birthday whilst waiting to be seen (i.e. will be passed over without assessment being completed).
- 4.7 The current model of service delivery is almost entirely reliant on assessment by Consultant Psychiatrists and a thorough clinical review, using standardised assessments and gathering corroborative information from family/significant others, can take up to six hours work. As this part of the workforce remains unstable, there is a need to transform the delivery of services to people who consider that they may have ADHD.
- 4.8 The demand/capacity issues in responding to ADHD and the impact of this in responding to other common clinical problems managed within CMHTs, resulted in the setting up of a specific Workstream within the Tayside Whole System Change Programme to look at Neurodevelopmental Disorders (NDDs). The most common NDDs are Autism Spectrum Conditions and ADHD. These commonly co-occur with some studies suggesting that 65% of adults presenting at a specialist NDD services (innovation site) score positively for both ADHD and ASD irrespective of reason for referral. In those referred for ASD assessment, 81% scored positively for both and in those referred for ADHD assessment, 44% scored positively for both.
- 4.9 Given the above, the emergent model for management of ADHD, is to remove this from direct delivery within CMHTs and create new Neurodevelopmental Disorder Services which remove the emphasis on diagnosis and, instead, provide support based on need. Crucially, the model is likely to recommend a shift in the balance of care away from a having a health focus, to one which seeks to de-medicalise NDDs and the approach taken to them. This will likely include commissioning NDD specific services to provide needs based help and advice and low intensity supports and interventions. There will also be a move to systematically collect information (within a framework of ‘tell my story once’) which moves with a person should they require formal diagnosis and/or specialist higher intensity treatment approaches.
- 4.10 These emergent models increase overall capacity, decrease reliance on any single professional group and ensure that tasks are completed by someone with the relevant skills and competencies. A multi-disciplinary review of cases requiring diagnosis can achieve efficiency not possible within current models.
- 4.11 Given the above, increased capacity needs to be created within CMHTs. This increased capacity should be structured in ways which begins to mirror the emergent Tayside model of

NDDs. Early transformation to a new model means that Dundee will be well positioned in allowing service users a more seamless journey and will have allowed the 'growing' of a workforce interested in working with people with NDDs. Crucially, it will allow improved parity between NDDs and other common mental health problems. The work will remain housed within CMHT structures to ensure access to wider supports such as Duty Worker and preserve current referral routes.

4.12 Work can be conceptualised as having three distinct phases: Pre-diagnostic work; Diagnosis and Initiation of Medication; and Health Monitoring (annual checks).

4.13 Pre-diagnostic work will be undertaken by nursing, Occupational Therapy (OT), Assistant Psychologists and Peer Support Workers. This phase will allow structured information gathering, needs based advice and support and the provision of NICE recommended advice on environmental modifications.

- 1 wte Band 4 Peer Support workers
- 3 wte Band 4 Assistant Psychologists (plus 0.1 Band 8b for supervision)
- 0.6 wte Band 7 Community Mental Health Nurse (CMHN)
- 0.6 wte Band 7 OT

4.14 Diagnosis & Initiation of Medication will be undertaken by more specialist staff reviewing the structured information already gathered in above. Use will be made of the existing psychiatry resource where required but with a greater emphasis on alternative prescribers.

- 0.6 wte Band 7 Advanced Nurse Practitioner (ANP)
- 0.5 wte Band 7 Pharmacist

4.15 Health Monitoring. This will provide a more systems based approach to annual reviews in addition to the health checks required when medication is increased. Again, the existing psychiatry resource will be used for those tasks that can only be undertaken by them.

- 0.4 wte Band 7 CMHN
- 0.4 wte Band 7 ANP
- 0.5 wte Band 5 Pharmacy Technician

4.16 Costs
 Year 1 (part year to March 2025): £101,641
 Year 2 (April 2025 to March 2026): £406,563
 Total Transformation Sum requested: £508,204

4.17 The transformation of services will operate as a significant test of change and be monitored through the Mental Health & Learning Disability Clinical Care and Professional Governance Group with work delegated as appropriate to the Clinical Improvement Group. It is anticipated that this will reduce pressure on CMHTs and therefore also reduce the likelihood of hospital admission. This will need to be considered within a whole system financial framework.

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, procedure, services or core funding and 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	Patient safety. People with identified mental health needs are experiencing significant delays in accessing appropriate care and treatment. Demand outweighs clinical capacity and issues with lack of skill mix means that there is unnecessary demand on the most senior clinicians.
Risk Category	Governance
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk Scoring 16

Mitigating Actions (including timescales and resources)	Implementation of the recommendations outlined above. The resource will begin to address the longest clinical waits and provide support to the core ADHD work within CMHTs.
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12
Planned Risk Level	Likelihood 2 x Impact 2 = Risk Scoring 4
Approval recommendation	Given the moderate level of planned risk, the risk is deemed to be manageable.

Risk 2 Description	Best use of resource. There is currently a lack of appropriate skill mix in the approach to ADHD. Whilst a prescribing resource is required, the approach to support and diagnosis can be transformed, meaning any medical time can be better utilised.
Risk Category	Governance
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk Scoring 16
Mitigating Actions (including timescales and resources)	Phased-approach to service delivery with skill mix matched accordingly.
Residual Risk Level	Likelihood 4 x Impact 3 = Risk Scoring 12
Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9
Approval recommendation	Given the moderate level of planned risk, the risk is deemed to be manageable.

7.0 CONSULTATIONS

The Head of Health & Community Care, 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	
	2. Dundee City Council	
	3. NHS Tayside	X
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None

Dave Berry
Acting Chief Officer

DATE: 25th July 2024

Linda Graham
Clinical Lead for Mental Health & Learning Disability
Interim Director of Psychological Therapies Services

1	Reference	DIJB48-2024
2	Date Direction issued by Integration Joint Board	21 August 2024
3	Date from which direction takes effect	21 August 2024
4	Direction to:	NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Dundee Community Health Teams
7	Full text of direction	To implement the additional service provision as set out within this report
8	Budget allocated by Integration Joint Board to carry out direction	£508,204
9	Performance monitoring arrangements	Through HSCP management team arrangements
10	Date direction will be reviewed	March 2026

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
21ST AUGUST 2024

REPORT ON: REDESIGN OF MACKINNON CENTRE SERVICES

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB24-2024

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to seek approval from the Integration Joint Board to revise the model of care provided at the MacKinnon Centre in order to respond to changing demands for services and increased complexity of needs.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the alteration of the use of 10 Respite Beds at the Mackinnon Centre to deliver a flexible combination of Respite Care beds and Longer-Term Step-Down beds for those in complex situations
- 2.2 Agrees to cease providing a Skills Service at Mackinnon Centre to reflect low demand levels and alternative available supports
- 2.3 Instructs the Chief Officer to issue the Direction as set out in Section 8 of this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 Ceasing provision of the Skills Service and revision of staffing model to support the respite and step down beds is anticipated to release net recurring budget amounting to £207k.

4.0 MAIN TEXT

- 4.1 Mackinnon Centre is situated in the Broughty Ferry area of the city. The unit historically consisted of a 10-bed respite unit and a skills centre. More recently the HSCP developed two rooms for clinical use. These provide a range of Care and Treatment and Physio services, operating from there. The Centre's primary Service User Group was people with a Physical or Sensory impairment, Brain Injury or Progressive Illness. The unit was originally established as a Tayside wide resource but over time services in Perth & Kinross and Angus have identified alternative provision.
- 4.2 The respite unit provides 24-hour care for services users. We have seen the demand for this service fall. As the demand for the service has decreased the needs of those using the service have become increasingly complex. This has meant that the previous staffing arrangements were no longer appropriate.
- 4.3 The Skills Service at Mackinnon Centre has been non-operational since day services were shut down because of the COVID-19 pandemic. The service was designed to empower adults with a known physical disability, brain injury, sensory impairment and progressive illness, to manage

the associated life changes and transitions by learning, developing and regaining skills. The service was not intended to be used longer term but instead to be used quickly after diagnosis and then for service users to be discharged when they had regained their full potential. Pre-pandemic the service had approximately 50 service users using the service on a weekly basis however the Care Inspectorate had advised that the service was no longer delivering its intended purpose and instead was delivering a day service rather than a skill service.

- 4.4 A review of the service was undertaken and supported the view of the Care Inspectorate that service users were using the service for much longer than its intended purpose, were mainly using this for social interaction and only a small percentage were using this for its intended purpose of rehabilitation. While it is recognised that social interactions and needs are a vital part of the delivery of any service, it is also recognised that there are a wide variety of services across Dundee available to meet these needs out with the Skills Service. The referral rate has fallen over the years accordingly.
- 4.5 Work was undertaken with colleagues within the Stroke services and Neuro rehabilitations services at Royal Victoria Hospital to return the service to its initial purpose. Throughout 2023 there has been a clear lack of demand for the redeveloped service. The lack of demand would indicate that the remobilising of the Skills service would not be financially viable nor would this best serve the people of Dundee.
- 4.6 As a test of change we have been using the capacity to support a growing number of people for whom it is difficult to source an appropriate housing or care facility. Without the support of the Mackinnon Centre most if not all these Service Users would have to remain in an acute hospital setting. The centre has been designed to support people with complex physical needs and the staffing group have the appropriate skills to support individuals with very complex needs associate with progressive illness, neurological conditions, head injury or other physical disability. To meet these increasingly complex needs it was necessary to alter nightshift arrangements. Without additional staffing resources the unit can only operate at 60% of its capacity.
- 4.7 It is therefore proposed that the HSCP ceases to provide a Skills Service and the accommodation based unit is enabled to operate at full capacity to meet the needs for respite and step down accommodation.
- 4.8 The Skills Service currently employs a range of roles many of which will be realigned to Respite /Step Down service to support the increased complexity of service users. There are sufficient vacancies across HSCP to redeploy the other staff (less than 5 individuals) and there would be no requirement to consider redundancy.
- 4.9 It is proposed that the work to develop the building as a hub to support the local population continues.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	Risk that sufficient alternative supports to the skills centre are not available to meet future demand
Risk Category	Operational
Inherent Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6) Moderate Risk

Mitigating Actions (including timescales and resources)	Continuous review of new referrals for unmet need Continued development of more personalised community supports and alternative self directed support options
Residual Risk Level	Likelihood (1) x Impact (3) = Risk Scoring 3 Low Risk
Planned Risk Level	Likelihood (1) x Impact (3) = Risk Scoring 3 Low Risk
Approval recommendation	Give the low levels of risk and mitigating actions this risk should be accepted

7.0 CONSULTATIONS

7.1 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	
	2. Dundee City Council	X
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None

Dave Berry
Acting Chief Officer

DATE: 12 August 2024

CHRIS HEBENTON – INTEGRATED MANAGER

ALLISON LEE – ASSOCIATE LOCALITY MANAGER

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DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB24-2024
2	Date Direction issued by Integration Joint Board	21 st August 2024
3	Date from which direction takes effect	21 st August 2024
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	Skills Service at MacKinnon Centre
7	Full text of direction	Instructs Dundee City Centre to cease providing a Skills Service at MacKinnon Centre
8	Budget allocated by Integration Joint Board to carry out direction	£207k
9	Performance monitoring arrangements	None
10	Date direction will be reviewed	None

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Dundee Integration Joint Board Integrated Impact Assessment

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

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

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

Document Title	Mackinnon Service Review					
Type of document	Policy		Plan	x	Other- describe	
Date of this Pre-Integrated Impact Assessment Screening	22/05/2024					
Date of last IIA (if this is an update)	N/A					
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates						
The report highlights the lack of demand for the Skills service based in MacKinnon centre, and the proposed new model of care for this service. It is intended to not remobilise the skills service which has not operated for 3 years and instead focus on the respite and step-down bed models which are more in demand. The respite and step-down models are already established, and we are looking to cease the skill service with immediate effect.						
Lead Officer/Document Author (Name, Job Title/Role, Email)						
Dave Berry, Acting Chief Officer, DHSCP						
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)						
Allison Lee, Associate Locality Manager						
Job Title of colleagues or name of groups who contributed to pre-screening and IIA						
Chris Hebenton, Integrated Manager						
<p><u>Note</u>- some reports to IJB might not require an IIA. Completing screening will help identify when an IIA is needed. Common documents and reports that <u>may not</u> require this can include: report or progress report on an existing plan / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / Ongoing Revenue expenditure monitoring. When the purpose is the noting of information or decisions made by another body or agency (e.g. Council, NHS), including noting of strategy, policies and plans approved elsewhere, reference should be made in the IJB report to the Impact Assessment (or Screening) which accompanied the original report to the decision makers and where this can be found.</p>						
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.					Yes	No
A document or proposal that requires the IJB to take a decision					x	
A major Strategy/Plan, Policy or Action Plan						x
An area or partnership-wide Plan						x
A Plan/Programme/Strategy that sets the framework for future development consents						x
The setting up of a body such as a Commission or Working Group						x

Dundee Integration Joint Board Integrated Impact Assessment

An update to an existing Plan (when additional actions are described and planned)		X
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Will the recommendations in the report impact on the people/areas described below? When the answer is <u>yes</u> to any of the following an <u>IIA</u> must be completed	Y	N	
Individuals who have Equality Act Protected Characteristics I.e. Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation	X		
Human Rights. For more information visit: https://www.scottishhumanrights.com Children's Rights. Visit https://www.unicef.org/child-rights-convention#learn	X		
Individuals residing in a Community Regeneration Area (CRA)? i.e. Living in the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.		X	
People who are part of households that have individuals who are more at risk of negative impacts? Including Care Experienced children and young people; Carers (Kinship carers and unpaid carers who support a family member or friend); Lone Parent Families/ Single Female Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).		X	
Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues		X	
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services		X	
Offenders and former offenders		X	
Effects of Climate Change or Resource Use		X	
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.		X	
Transport, Accessible transport provision; sustainable modes of transport.		X	
Natural Environment		X	
Air, land or water quality; biodiversity; open and green spaces.		X	
Built Environment. Built heritage; housing.		X	
<p>An IIA is required when YES is indicated at any question in the screening section above.</p> <p>The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</p>			
From information provided in Step 1 (Pre-screening) Is an IIA needed?	Y	X	N
<p>In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)</p> <p>The skill service has not been operational for 3 years and the impact has been reviewed and monitored in this time. Only one family had concerns from over 50 families, this was resolved.</p>			
Anticipated Date of IJB		IJB Report Number	

Dundee Integration Joint Board Integrated Impact Assessment

Date IIA completed	22/05/2024
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Dundee Integration Joint Board Integrated Impact Assessment

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

STEP 2 -Impact Assessment Record

Conclusion of Equality, Fairness and Human Rights Impact Assessment

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

We can demonstrate no impacts through this assessment. The service was a historic way of providing a skill service to people with physical disabilities in a communal setting. The demand had reduced significantly prior to the pausing of the service through Covid. The demand after this reduced even further. The remaining possible users all found alternative supports to their individual needs.

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

Date	Activity/Activities	People/groups	By whom
2020	Questionnaires	To service users and families regarding use of service and views of service. See report	C Hebenton
2021	Review of service model	Undertaken to ascertain what service/ users' needs were	C Hebenton /F Barnett
2021	Consultation with users/families	To discuss the review and explain possible proposals. Assisted people to consider other community options	C Hebenton/ F Barnett
2022	Development of new models	Looking at rehabilitation pathway from RVH to Mackinnon. This demand was not evident. Further review in respite and step down models	F Barnett

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- Impact Assessment Record (continued)

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

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

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

Age		Explanation, assessment and potential mitigations
Positive		
No Impact	x	
Negative		
Not Known		
Disability		Explanation, assessment and potential mitigations
Positive		All previous service users have been accommodated through other actions/services to meet current needs
No Impact	x	
Negative		
Not Known		
Gender Reassignment		Explanation, assessment and potential mitigations
Positive		
No Impact	x	
Negative		
Not Known		
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		
No Impact	x	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		
No Impact	x	
Negative		
Not Known		
Religion & Belief		Explanation, assessment and potential mitigations
Positive		
No Impact	x	
Negative		
Not Known		
Sex		Explanation, assessment and potential mitigations
Positive		
No Impact	x	
Negative		
Not Known		
Sexual Orientation		Explanation, assessment and potential mitigations
Positive		
No Impact	x	
Negative		
Not Known		

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

Consultation with families and service users has been concluded. There have been no detrimental outcomes as all users have managed to have supports/ opportunities met elsewhere.

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- Impact Assessment Record (continued)

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

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

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

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- Impact Assessment Record (continued)

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

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

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

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

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

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- Impact Assessment Record (continued)

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

Socio-Economic Disadvantage and Inequalities of outcome – consider if the following circumstances may be impacted for individuals in the following conditions/areas.	
Explanation, assessment and any potential mitigations	
Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)	
Positive	
No Impact	x
Negative	
Not Known	
Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.	
Positive	
No Impact	x
Negative	
Not Known	
Earnings & employment -including opportunities, education, training &skills, security of employment, under employment & unemployment	
Positive	
No Impact	x
Negative	
Not Known	
Connectivity / Internet Access/ Digital Skills	
Positive	
No Impact	x
Negative	
Not Known	
Health (including Mental Health) Specifically consider any impacts to Child Health	
Positive	
No Impact	x
Negative	
Not Known	
Life expectancy	
Positive	
No Impact	x
Negative	
Not Known	
Healthy Weight/Weight Management/Overweight / Obesity	
Positive	
No Impact	x
Negative	
Not Known	
Neighbourhood Satisfaction -Neighbourhood satisfaction is linked to life satisfaction and wellbeing	
Positive	
No Impact	x
Negative	
Not Known	
Transport (including accessible transport provision and sustainable modes of transport)	
Positive	
No Impact	x
Negative	
Not Known	
NOW COMPLETE THE CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT AT THE START OF STEP 2	

Dundee Integration Joint Board Integrated Impact Assessment

Step 2- Impact Assessment Record(continued)

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

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- Impact Assessment Record (continued)

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

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

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

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

End of Impact Assessment Record.

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

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

Additional Information and advice about impact assessment can be found at

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

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

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

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21 AUGUST 2024

REPORT ON: REDUCING HARM FROM DRUG AND ALCOHOL USE – UPDATE REPORT

REPORT BY: INDEPENDENT CHAIR, DUNDEE DRUG AND ALCOHOL PARTNERSHIP

REPORT NO: DIJB39-2024

1.0 PURPOSE OF REPORT

To provide the Integration Joint Board with a summary overview of progress made during the first year of the Dundee Alcohol and Drug Partnership's Strategic Framework 2023-2028, and inform them of priorities for the second year of delivery. To seek approval of the annual return from the Dundee Alcohol and Drug Partnership to the Scottish Government.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this report and the progress toward implementation of the Dundee Alcohol and Drug Partnership's (ADP) delivery plan (section 4.2)
- 2.2 Note the priority areas for year two of delivery (2024/25) identified by the ADP and approved by the Chief Officers Group (section 4.3).
- 2.3 Notes that the ADP's Annual Report to the Scottish Government has already been approved by the group and submitted as a draft to the Scottish Government on the 28 June 2024, to meet the Scottish Government submission date guidelines (section 4.4).
- 2.4 Approves the draft ADP Annual Report (section 4.4 and appendix 1).

3.0 FINANCIAL IMPLICATIONS

- 3.1 Delegated resources to the Dundee Integration Joint Board (IJB) provide funding for statutory and commissioned drug and alcohol services. These resources are managed within the overall Dundee IJB Financial position. Additional funding is allocated annually from the Scottish Government to manage developments to support national drug and alcohol priorities. The specific utilisation of these funds is managed via Dundee Alcohol and Drug Partnership to meet local priorities within these national guidelines.
- 3.2 The value of additional Scottish Government allocation funding for drug and alcohol services in Dundee is approximately £2.4m in 2024/25. The totality of this funding will be used to support the implementation of the delivery plan with direction of spend provided through the publication of the Alcohol and Drug Partnership's Strategic Framework.

4.0 MAIN TEXT

4.1 BACKGROUND

4.1.1 The Alcohol and Drug Partnership's (ADP) strategic framework and delivery plan were published in January 2023 and sets out the 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."* This vision is underpinned by 5 key priorities:

- Reducing significant harms linked to drug and alcohol use by delivering the right care in the right place at the right time.
- Reducing the enduring impact of drug and alcohol use through an increased focus on prevention.
- Empowering people with lived experience to participate in and influence decision-making, commissioning, planning and improvement.
- Promoting cultures of kindness, compassion and hope, tackling stigma and discrimination and embedding trauma-informed approaches.
- Ensuring appropriate and effective governance arrangements and strengthening communications with stakeholders.

The whole framework is underpinned by a statement of values informing the work of the ADP at every stage as they move forward with implementation: human rights; person-centred; trauma-informed; gendered-based; kindness and compassion; innovation; collaboration; transparency and evidence-based.

4.1.2 The work of the ADP continues to be informed by the wider planning context that recognises poverty, deprivation, the range of trauma and adversities present across the population that contribute to high levels of drug and alcohol related harm. The implementation of the delivery plan reflects the high priority given by all local partner agencies to tackling harm caused by drugs and alcohol and recognise the need to continue to work at pace to improve responses to people currently affected alongside preventing future harm. Significant progress has been made during the first year of the strategic framework (2023/24) towards achieving the 5 key priorities, key achievements are summarised in section 4.2 of this report.

4.2 YEAR ONE – PROGRESS AND KEY ACHIEVEMENTS

4.2.1 The implementation of the national Medication Assisted Treatment (MAT) Standards has been a key aspect of the work of all ADPs across Scotland during 2023/24. The national 2024 benchmarking report on MAT implementation was published on 9 July 2024 (see [MAT Benchmarking 2024](#) for full report). The 2024 report demonstrated considerable progress made in Dundee:

Table 1: **MAT Standards Benchmarking by Reporting Year - Dundee**

	MAT 1	MAT 2	MAT 3	MAT 4	MAT 5	MAT 6	MAT 6 & 10	MAT 7	MAT 8	MAT 9	MAT 10
2022						N/A	N/A	N/A	N/A	N/A	N/A
2023							N/A				
2024						N/A					N/A

	Red
	Provisional Amber
	Amber
	Provisional Green
	Green

2022 MAT 6 to MAT 10 were not assessed
 2023 MAT 6 and MAT 10 were assessed separately
 2024 MAT 6 and MAT 10 were assessed jointly

Except for two ADP areas (Dumfries & Galloway and Greater Glasgow) these are the highest scores achieved at this at this stage. Dundee's results demonstrate year-on-year improvement and consistency in standards of care across the city. This reflects the innovation, hard work, dedication and development of good practice by frontline staff; the ADP is currently planning an event to acknowledge their contribution to this area of work.

- 4.2.2 It is now the case that individuals in Dundee have fast access to treatment, a choice of medication prescribed to them and wraparound supports and are supported to remain in treatment for as long as required. Those who have experienced a non-fatal overdose are quickly identified and supported to access treatment. Individuals can opt out to be supported by the new shared-care arrangements with Primary Care and everyone can access the support of independent advocates at any stage of their recovery journey. Harm reduction support and equipment is available at any stage for those accessing MAT. Of particular note, during 2023/24 Dundee achieved:

- 0 days from date of engagement with services to date of first MAT assessment.
- 75% of those people experiencing a high-risk event were contacted within 24 hours.
- 97.3% of the individual caseloads in Dundee were retained in treatment for six months or more.
- During 2023-24 18 people from Dundee accessed residential rehab establishments. This has included more women accessing residential rehabilitation than ever before, and almost all people embarking on residential support completing their full treatment.
- Increased participation of GP Practices in Shared Care and increased uptake by individuals, supported by input from Third Sector keyworkers, DDARS staff, Community Pharmacy and Dundee Independent Advocacy Service (DIAS). During 2023/24 there were 18 people referred for keyworker support under the Shared Care arrangements (of whom 3 did not engage)

At a national level experiential feedback indicates that most people felt they were treated with dignity and respect while accessing services. However, most people also felt they were not offered trauma-informed care and that buildings and spaces were not trauma informed. In Dundee the ADP has allocated funding to local organisations to develop trauma-informed spaces and the Trauma Steering Group are continuing to lead multi-agency work to develop both trauma informed leadership and practice. There has also been significant improvement, via the establishment of Dundee Women's Hub, in providing safe and supportive services to women.

- 4.2.3 Looking beyond the implementation of the MAT Standards, other notable developments in drug and alcohol services during 2023/24 included:

- Dundee's Recovery Network was established, the Lived Experience Framework developed, and a robust system for gathering evidence from those receiving MAT established.
- Collaborative work with Scottish Drugs Forum is ensuring dedicated support is available for those in recovery to gain employability skills, qualifications and employment.
- Independent Advocacy (IA) is available to all individuals accessing specialist substance use services. Individuals with living experience report that this support has been key to help them remain in services and have access to all the support they need.
- Long-term funding for assertive outreach has been allocated to Positive Steps, this includes joint work with DDARS to support individuals in crisis to access treatment services.

- A Non-Opioid Pathway is being developed and implemented, led by third sector organisations.
- Hope Point has opened and accommodates the delivery of a range of services, including a joint approach to substance use and mental health. The Hub also offers out of hours support. The Multi-Agency Consultation Hub (MACH) has been set up to facilitate joint decision-making and supporting individuals affected by substance use and mental health.
- Dundee had continued to develop the Whole Family Approach through a joint project with Scottish Families focusing on a sustained development of a family-focused approach. Dedicated support continued, to both statutory and third sector organisations, for Kinship Families, including specific support around bereavement.
- The 'decentralised fund' was allocated for the second year and continues to support all the Local Community planning Partnership to work in partnership with local services to tackle stigma and ensure individuals feel welcomed by communities. A co-ordinator was appointed to lead the 'Year of Kindness' project, starting April 2024.
- The Planet Youth project was progressed, with 2 staff members appointed to support it and more secondary schools joining the project.
- Work has continued, led by Hillcrest Futures, to develop a drug checking service. The service will be offered as part of Hillcrest's existing harm reduction services, with people submitting a sample of a substance to get an analysis of the types of drugs contained in it. Pending Home-Office license it is anticipated this service will be available in a few months.

4.2.4 In addition to developments within services, the ADP has also undertaken a range of activities to further strengthen their governance arrangements. This has included: publishing its first Investment and Commissioning Plan (see: [ADP Investment and Commissioning Plan 23.pdf \(dundeeadp.co.uk\)](https://dundeeadp.co.uk)); launching the ADP website (see dundeeadp.co.uk); and, developing a performance framework (currently being prepared for publication). Dundee Chief Officers Group recently appointed Pam Dudek (OBE) as the new Independent Chair of the ADP, with Dr Emma Fletcher (Director of Public Health) taking up the position of Vice-Chair until the end of 2024.

4.2.5 Throughout 2023/24 the ADP has worked with partners to resolve a number of challenges that have arisen to progressing the priorities within the strategic framework. The operation of the ADP's strategic risk register is increasingly effective in supporting members to identify and manage risks to delivery at an earlier stage. Examples of challenges addressed during the year include:

- A short life group was established in response to reports of increased ketamine related harm in local areas. Through the group, there has been awareness raising amongst Primary Care colleagues, and opportunities for additional training of relevant staff and improving young people's awareness of ketamine related risks are being explored.
- There have been some delays to the planned review of the alcohol pathway, however a dedicated member of staff is now in place and is progressing this as part of the wider programme of work on the non-opioids pathway.
- Due to significant challenges relating to property portfolios across partner organisations and the availability of capital funding, Constitution House remains as a site for service delivery. However, significant progress has been made in ensuring that DDARS service are delivered from 10 alternative sites, including Hillbank, Wishart Centre, the Women's Hub and Lochee.

- Sustainability of funding remains a strategic risk for the ADP, with some key areas of service delivery being funded from non-recurring budgets (including those that support elements of MAT). The ADPs Commissioning Group is providing a strong leadership role in terms of oversight and effective management of ADP financial allocations in this challenging context.
- Throughout 2023/24 Dundee waiting times performance has been in compliance with national standards. However, during the first quarter of 2024/25 this has changed, with Dundee experiencing a small (but potentially growing) number of longer waits, all of which have been for individuals presenting to alcohol services. This will continue to be closely monitored during 2024/25 (including via regular Drug and Alcohol Service performance reports to the Performance and Audit Committee), with a range of mitigating actions already being progressed and an enhanced focus on alcohol with the Year 2 Delivery Plan (see section 4.3).

4.3 YEAR TWO COMMITMENTS

- 4.3.1 The ADP has recently undertaken a comprehensive review of progress achieved against their Year 1 Delivery Plan and has subsequently developed a revised Year 2 Delivery Plan. This plan was approved by the Dundee Chief Officers Group in June 2024, and is will guide the work of the ADP throughout 2024/25. As well as continuing to progress a number of areas where progress has been made during 2023/24 into the next stage of delivery, year two will include a focus on evidencing the impact of MAT standard implementation on people who have drug and alcohol related needs, priority areas from the Scottish Government's National Mission (e.g. access to residential rehabilitation, near-fatal overdose response and assertive outreach). The ADP has also committed to ensuring that during year two there is an increased focus on responding to alcohol harms, and on shifting the balance towards prevention approaches. Other areas of priority within the Year 2 Delivery Plan are:
- Gendered and whole-family approaches are now recognised as two additional underpinning principles that must be considered across all action commitments.
 - A focus on responding to ongoing and historical trauma, with targeted and specific actions around trauma work delivered as part of a broader Protecting People approach.
 - Additional actions to prevent drug deaths agreed following the publication of the Tayside drug deaths annual report and the multi-agency event to discuss this report.
- 4.3.2 The delivery landscape for year two will be challenging, with high levels of need and demand across the local population and public sector finance and workforce pressures. The ADP recognises the significant resource that will be required to sustain MAT Standard implementation. In key areas of service provision, including Independent Advocacy and support to develop residential rehabilitation pathways, short-term funding risks will require to be addressed via the Commissioning Group. Although progress is being made, shifting focus and resources to prevention projects remains a challenge, especially in the context of current pressures on frontline treatment and care services. There is also the need for the ADP to develop more effective approaches to monitoring outcomes for people that are achieved over longer period of time as they more through their recovery journey.
- 4.3.3 Given the progress already made with the implementation of commitments within year one of the delivery plan, and Dundee's success at complying with national expectations for improvement, moving forward the Dundee Chief Officers Group will continue to be the primary site for monitoring progress with the ADP delivery plan. The IJB will continue to receive supports specific to delegated drug and alcohol services where appropriate, including the six-monthly report to their Performance and Audit Committee on service performance (next report to be submitted in September 2024).

4.4 ANNUAL REPORT

- 4.4.1 On an annual basis, ADPs across Scotland are required to submit an annual report on their activities and achievements to the Scottish Government. It is a requirement that the submission is approved by both the ADP and the IJB and is submitted by the end of June each year.
- 4.4.2 Dundee ADP has developed their submission for 2023/24, reflecting the range of progress set out in section 4.2 of this report. The ADP considered and agreed the submission on the 12 June 2024 and submitted this in draft to the Scottish Government on 28 June 2024. The IJB is asked to consider and approve the annual report, attached as appendix 1, in order that it can be confirmed as the final submission to the Scottish Government.

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.
- 5.2 As described at section 4.1.2, please note that the strategic framework and delivery plan were subject to a full Integrated Impact Assessment at the point of consideration and approval by the Chief Officers Group.

6.0 RISK ASSESSMENT

- 6.1 A risk assessment has not been provided as this report is mainly being provided to the Integration Joint Board for information only, and there are no risks associated with the submission of the ADP Annual Report.

7.0 CONSULTATIONS

Members of the Dundee Partnership, members of the Chief Officers (Public Protection) Strategic Group, members of the Alcohol and Drug Partnership, Dundee City Council Leadership Team, the Chief Finance Officer, Heads of Service, Health and Community Care and the Clerk have been 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

None.

Pamela Dudek
Independent Chair, Dundee Alcohol and Drug
Partnership

DATE: 20 July 2024

Jenny Hill
Head of Service, Health and Community Care

Vered Hopkins
Lead Officer, Protecting People

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Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2023/24

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission on drugs **during the financial year 2023/24**. This will not reflect the totality of your work but will cover areas where you do not already report progress nationally through other means.

The survey is composed of single option and multiple-choice questions with a limited number of open text questions. We want to emphasise that the multiple-choice options provided are for ease of completion and it is not expected that every ADP will have all of these in place.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are conscious that some of the data we are now asking for may appear to have been supplied through other means (e.g. MAT Standards reporting). After careful review, we found the data supplied via these means is not in a form that allows for consistently tracking change over time at a national level and so have included a limited number of questions on these topics.

The data collected will be used to better understand progress at local level will inform:

- National monitoring of the National Mission on Drugs;
- The work of advisory groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The work of national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as [Official Statistics](#) on the Scottish Government website. You can find the report on the 2022/23 ADP survey responses [here](#). All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations and so we would encourage you to publish your return.

The deadline for returns is Friday 28 June 2024. Your submission should be signed off by the ADP and the IJB. We are aware that there is variation in the timings of IJB meetings so please flag if this will be an issue.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Question 1

Which Alcohol and Drug Partnership (ADP) do you represent? Mark with an 'x'.
[single option]

Aberdeen City ADP

Aberdeenshire ADP

Angus ADP

Argyll & Bute ADP

Borders ADP

City of Edinburgh ADP

Clackmannanshire & Stirling ADP

Dumfries & Galloway ADP

X Dundee City ADP

East Ayrshire ADP

East Dunbartonshire ADP

East Renfrewshire ADP

Falkirk ADP

Fife ADP

Glasgow City ADP

Highland ADP

Inverclyde ADP

Lothian MELDAP ADP

Moray ADP

North Ayrshire ADP

North Lanarkshire ADP

Orkney ADP

Perth & Kinross ADP

Renfrewshire ADP

Shetland ADP

South Ayrshire ADP

South Lanarkshire ADP

West Dunbartonshire ADP

West Lothian ADP

Western Isles ADP

Question 2

Which groups or structures were in place at an ADP level to inform surveillance and monitoring of alcohol and drug harms or deaths? Mark all that apply with an 'x' – if drug and alcohol deaths are reviewed at a combined group, please select both 'Alcohol death review group' and 'Drug death review group'.

[multiple choice]

Alcohol death review group

Alcohol harms group

X Drug death review group

X Drug trend monitoring group/Early Warning System

None

Other (please specify):

Question 3

3a. Do Chief Officers for Public Protection receive feedback from drug death reviews? Mark with an 'x'.

[single option]

X Yes

No

Don't know

3b. If no, please provide details on why this is not the case.

[open text – maximum 500 characters]

Question 4

Please describe what local and national structures are in place in your ADP area for the monitoring and surveillance of alcohol and drug harms and deaths, and how these are being used to inform local decision making in response to emerging threats (e.g. novel synthetics)? [open text – maximum 2,000 characters]

The ADP has dedicated resource from health intelligence and locally there has been development of a dashboard to show information from DAISy. KPIs are reported by the health intelligence to the ADP strategic group and commissioning group to inform funding decisions. The ADP also uses monitoring and surveillance information from the Tayside drug deaths review group which meets monthly and provides a detailed annual report. Intelligence comes from the Dundee non-fatal overdose group. There is a Tayside wide needs assessment group for drugs and alcohol which has been gathering intelligence around alcohol related harm and Police colleagues convene a drug trend monitoring group involving local services and statutory bodies to share intelligence. The ADP uses information from RADAR reports and also feeds into RADAR through multiple routes. We are currently

implementing A&E NFOD Pathway. Local treatment services review all fatalities to inform learning and service delivery, this in turn is fed into Drug Death Review group. In terms of surveillance of alcohol related harms, we do this through the alcohol licensing report, which also comes to the ADP for awareness, and indicators with respect to alcohol related harm are included in the ADP's Performance Framework report.

Question 5

5a. In response to emerging threats, e.g. novel synthetics, have you made specific revisions to any protocols? Mark with an 'x'.

[single option]

☒ Yes

☐ No

5b. Please provide details of any revisions

[open text – maximum 500 characters]

All protocols now specify the need to feed in to RADAR and respond to any information that we receive from RADAR.

Cross-cutting priority: Resilient and Skilled Workforce

Question 6

6a. What is the whole-time equivalent¹ staffing resource routinely dedicated to your ADP Support Team as of 31 March 2024.

[numeric, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	2.50
Total vacancies (whole-time equivalent)	0.50

6b. Please list the job title for each vacancy in your ADP Support Team as at 31 March 2024 (if applicable).

[open text – maximum 500 characters]

The above is a rough estimation. Dundee doesn't have an ADP support team. Support to ADP is provided by the Protecting People Team, where staff cover a number of areas of vulnerabilities, with most staff working across a number of committees/ partnership. Current vacancies include a PP development Officer (time 0.5), and a FT Office manager. Other support provided from wider DHSCP resources (ie financial monitoring and advice).

Question 7

¹ Note: whole-time equivalent (WTE) is a unit of measurement that indicates the total working hours of employees in relation to a full-time position. It helps to standardise and compare staffing resource across different teams or organisations. A full-time employee is equal to one whole-time equivalent. For part-time employees, divide their hours by the whole-time equivalent. For example, if a part-time employee is required to work 7.5 hours per week and a 'full-time' position is considered to be 37.5 hours, the WTE would be 0.2 (7.5 hours / 37.5 hours).

Please describe any initiatives you have undertaken as an ADP, or are aware of in the services you commission, that are aimed at improving employee wellbeing (volunteers as well as paid staff).

[open text – maximum 2,000 characters]

Trauma-informed training and approach adopted by all organisations across the partnership, and was informed by the Dundee staff burnout report. The Staff Trauma Ambassador Network was set up, supporting staff wellbeing. Staff with lived experience peer support, open to all staff within Dundee City Council and the HSCP. The Dundee Independent Advocacy Service (DIAS) has opened up training on Safety and Sabilisation to all frontline staff from third sector organisations. DIAS is also supporting clinical supervision to their own staff within treatment services (increasingly working with complex caseloads). The partnership Trauma Learning and OD officer is working with Human Resources to review our attendance management policy through a trauma lens.

Cross cutting priorities: Lived and Living Experience

Question 8

Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Mark all that apply with an 'x'. [multiple choice]

- ☒ X Experiential data collected as part of MAT programme
- ☒ X Feedback / complaints process
- ☒ X Lived / living experience panel, forum and / or focus group
- ☒ X Questionnaire / survey
- ☐ No formal mechanism in place
- ☐ Other (please specify):

Question 9

How do you, as an ADP, **use feedback received from people with lived/living experience and family members** to improve service provision? Mark all that apply with an 'x'. [multiple choice]

	Lived/living experience	Family members
Feedback is integrated into strategy	X	X
Feedback is presented at the ADP board level	X	X
Feedback used in assessment and appraisal processes for staff	X	X
Feedback used to inform service design	X	X
Feedback used to inform service improvement	X	X
Other (please specify)		

Question 10

10a. In what ways are **people with lived and living experience** able to participate in ADP decision-making? Mark all that apply with an 'x'.
[multiple choice]

- Through ADP board membership
- X Through a group or network that is independent of the ADP
- X Through an existing ADP group/panel/reference group
- Through membership in other areas of ADP governance (e.g. steering group)
- Not currently able to participate
- X Other (please specify): Collective Advocacy Focus Groups

10b. In what ways are **family members** able to participate in ADP decision-making? Mark all that apply with an 'x'.
[multiple choice]

- X Through ADP board membership
- X Through a group or network that is independent of the ADP
- X Through an existing ADP group/panel/reference group
- Through membership in other areas of ADP governance (e.g. steering group)
- Not currently able to participate
- Other (please specify):

Question 11

What mechanisms are in place within your ADP to ensure that services you fund involve people with lived/living experience and/or family members in their decision making (e.g. the delivery of the service)? Mark all that apply with an 'x'.

[multiple choice]

☒ Prerequisite for our commissioning

☒ Asked about in their reporting

☒ Mentioned in our contracts

☐ None

☐ Other (please specify):

Question 12

Please describe how you have used your ADP's allocated funding for lived/living experience participation² in the last financial year. Within your answer please indicate which activities have been most costly.

[open text – maximum 2,000 characters]

The ADP funds DVVA to lead a partnership project to ensure the voices of those with lived and living experience are collated, heard and impact on decision-making. Most of the funding allocated to the ADP for lived/living experience is allocated to support this project. This project is also responsible to develop formal structure for the collation of experiential data to inform and improve the implementation of MAT standards. Together with SRC, people with lived experience are supported to run a @recovery Community in Dundee, named Recovery Network. DVVA publishes the Recoverzine, a magazine written by and for individuals in recovery. A number of Recovery Conversation cafes taken place. Support is offered for those accessing the SDF Traineeship programme during and after they complete. Joint working with HIS to improve engagement opportunities and approaches for those experiencing co-morbidities. Joint work with Recovery Coaching Scotland who are delivering their courses in community settings and the Bella centre. Running Peer2Peer programmes across the city. The ADP utilised some of the funding to support the Authentic Voice (AV) Project, funding a post for 2 years to implement the AV plan. All the above work also takes a gendered and trauma-informed approach.

Cross cutting priorities: Stigma Reduction

² The funding letter specified that "£0.5 million is being allocated to ADPs to ensure the voices of people with lived and living experience are heard and acted upon in service design and delivery at a local level. This includes decisions about prioritisation, commissioning and evaluation of services."

Question 13

Within which written strategies or policies does your ADP consider stigma reduction for people who use substances and/or their families? Mark all that apply with an 'x'.
[multiple choice]

☒ X ADP strategy, delivery and/or action plan

☐ Alcohol deaths and harms prevention action plan

☐ Communication strategy

☒ X Community action plan

☒ X Drug deaths and harms prevention action plan

☒ X MAT standards delivery plan

☒ X Service development, improvement and/or delivery plan

☐ None

☐ Other (please specify): we do not have a separate strategies for alcohol, communications, community action, instead these areas are included in the one ADP strategic Framework and Delivery Plan

Question 14

14a. Please describe what work is underway in your ADP area to reduce stigma for people who use substances and/or their families.

[open text – maximum 2,000 characters]

The ADP allocated funding to all the Dundee Local Community Planning Partnerships (LCPPS) to progress local projects to address stigma. Both the Dundee Recovery Network and the Recoverzine contribute significantly to challenging stigma toward people using substances. During the Recovery Month we held events across the city, run by a range of groups including introductions to Peer Work, recovery friendly drop-ins, exhibitions of work done by people in recovery, open days and more. These events were organised by groups that do specialist work with people in recovery, and took place in community accessible spaces, friendly to people affected by substance use. This challenges the stigma in many community localities and had messaging that put recovery front and centre. We supported people to access the Recovery Connects drug and alcohol free music festival and the SRC's Recovery Walk by putting on free buses to both events and sharing the opportunity to come with people affected by substance use. We work in partnership with Just Bee Productions to develop musicals based on people lived experience which they write, stage and perform. This provides opportunities for people to develop skills and confidence and to share their stories in a way which is creative and well supported. These shows challenge many traditional thoughts about both mental health and substance use. Gendered Approach training is being delivered as part of the Gendered Services project to reduce barriers for women accessing services. Feeling judged and stigmatised is a constant issue for women. In the past 3 years training has been delivered to over 300 participants, the majority provide support to people who use substances or alcohol. The ADP allocated funding to improve clinical spaces to make them less stigmatising and more

welcoming. The ADP is working with Scottish Families to do a scoping exercise and develop actions to encourage a Family-Inclusive approach in Dundee.

14b. What data does your ADP have access to that could be used to capture the impact of the work described in 14a? (Please indicate if this is not currently possible).
[open text – maximum 500 characters]

The ADP receives an annual evaluation report from all the LCPPs outlining their work and achievements. The rest of the work described in 14a is monitored via the Contracts Monitoring system with the relevant organisations.

Fewer people develop problem substance use

Question 15

How is information on local treatment and support services made available to different audiences at an ADP level (not at a service level)? Mark all that apply with an 'x'.
[multiple choice]

	In person (e.g. at events, workshops, etc)	Leaflets / posters	Online (e.g. websites, social media, apps, etc.)
Non-native English speakers (English Second Language)		X	X
People from minority ethnic groups		X	X
People from religious groups		X	X
People who are experiencing homelessness	X	X	X
People who are LGBTQI+		X	X
People who are pregnant or peri-natal	X	X	X
People who engage in transactional sex	X	X	X
People with hearing impairments and/or visual impairments		X	X
People with learning disabilities and literacy difficulties	X	X	X
Veterans		X	X
Women	X	X	X

Question 16

Which of the following education or prevention activities were funded or supported³ by the ADP? Mark all that apply with an 'x'.
[multiple choice]

	0-15 years (children)	16-24 years (young people)	25 years+ (adults)
Campaigns / information	X	X	X
Harm reduction services		X	X
Learning materials		X	X
Mental wellbeing		X	X
Peer-led interventions		X	X
Physical health		X	X
Planet Youth	X	X	X
Pregnancy & parenting			
Youth activities			
Other (please specify)			

³ Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Risk is reduced for people who use substances

Question 17

In which of the following settings are selected harm reduction initiatives delivered in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

	Supply of naloxone	Hepatitis C testing	Injecting equipment provision	Wound care
Community pharmacies	X		X	X
Drug services (NHS, third sector, council)	X	X	X	X
Family support services	X			
General practices		X		X
Homelessness services	X			
Hospitals (incl. A&E, inpatient departments)	X	X		X
Justice services	X			
Mental health services				
Mobile/outreach services	X	X	X	
Peer-led initiatives	X		X	
Prison	X	X		X
Sexual health services		X		
Women support services	X			
Young people's service	X			
None				
Other (please specify)				

Question 18

19a. Which of the following harm reduction interventions is there currently a demand for in your ADP area? (Either where the intervention is not currently provided or where demand exceeds current supply). Mark all that apply with an 'x'.

[multiple choice]

☒ X Drug checking

☒ X Drug testing strips

☐ Heroin Assisted Treatment

☒ X Safer drug consumption facility

☒ X Safer inhalation pipe provision

☐ Safe supply of substances

☐ Other (please specify):

19b. Please provide details, e.g. scale of the demand.

[open text – maximum 500 characters]

Dundee commissioned an independent feasibility study for Heroin Assisted Treatment (HAT) which supported a decision not to proceed. Drug trends identified increased use of crack cocaine & benzos. Greater focus on early detection to support early harm reduction messages. Legislation preventing use of crack pipes or filters, evidence that multiple use of pipes causing burns, cuts & increased risk of BBV.

People most at risk have access to treatment and recovery

Question 19

Which partners within your ADP area have documented pathways in place, or in development, to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Mark all that apply with an 'x'.

[multiple choice]

	NFO pathway in place	NFO pathway in development
Community recovery providers	X	
Homeless services	X	
Hospitals (including emergency departments)		X
Housing services	X	
Mental health services	X	
Police Scotland	X	
Primary care	X	
Prison	X	
Scottish Ambulance Service	X	
Scottish Fire & Rescue Service		
Specialist substance use treatment services	X	
Third sector substance use services	X	
Other (please specify)	Perth Prison	

Question 20

Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

X Further workforce training required

Insufficient funds

X Issues around information sharing

Lack of leadership

Lack of ownership

X Workforce capacity

None

Other (please specify):

Question 21

In what ways have you worked with justice partners⁴? Mark all that apply with an 'x'.
[multiple choice]

Strategic level

- ☒ ADP representation on local Community Justice Partnership
- ☒ Contributed to strategic planning
- ☒ Coordinated activities between justice, health or social care partners
- ☒ Data sharing
- ☒ Justice organisations represented on the ADP (e.g. COPFS, Police Scotland, local Community Justice Partnership, local Justice Social Work department, prison)
- ☒ Provided advice and guidance
- Other (please specify):

Operational level

- ☒ Provided funding or staff for a specialist court (Drug, Alcohol, Problem Solving)
- ☒ Raised awareness about community-based treatment options (partners involved in diversion from prosecution or treatment-based community orders)
- ☒ Supported staff training on drug or alcohol related issues
- ☒ Other (please specify): NFOD co-ordinator engaged with staff and prisoners when the Prison was experiencing very high numbers of under the influence /overdoses , attended the prison and recorded a question and answer session played on the prison radio

Service level

Funded or supported:

- ☒ Navigators for people in the justice system who use drugs
- ☒ Services for people transitioning out of custody
- ☒ Services in police custody suites
- ☒ Services in prisons or young offenders institutions
- ☒ Services specifically for Drug Treatment and Testing Orders (DTTOs)
- ☒ Services specifically for people serving Community Payback Orders with a Drug or Alcohol Treatment Requirement
- Other (please specify):

⁴ Note: 'justice partners' includes Community Justice Partnerships (CJPs), Justice Social Work departments, Prisons and Young Offender Institutes, Police, Crown Office and Procurator Fiscal Service (COPFS), Scottish Courts and Tribunals Service (SCTS), Sacro, and third sector organisations that specifically serve people involved with the criminal justice system.

Question 22

Which activities did your ADP support at each stage of the criminal justice system? Mark all that apply with an 'x'.

[multiple choice]

	Pre-arrest ⁵	In police custody ⁶	In courts ⁷	In prison ⁸	Upon release ⁹
Advocacy or navigators		X	X	X	X
Alcohol interventions		X	X	X	X
Drug and alcohol use and treatment needs screening		X	X	X	X
Harm reduction inc. naloxone		X	X	X	X
Health education & life skills		X	X	X	X
Medically supervised detoxification		X	X	X	X
Opioid Substitution Therapy		X	X	X	X
Psychosocial and mental health based interventions		X	X	X	X
Psychological and mental health screening		X	X	X	X
Recovery (e.g. café, community)	X	X			X
Referrals to drug and alcohol treatment services		X	X	X	X
Staff training		X	X	X	X
None					
Other (please specify)					

⁵ Pre-arrest: Services for police to refer people into without making an arrest.

⁶ In police custody: Services available in police custody suites to people who have been arrested.

⁷ In courts: Services delivered in collaboration with the courts (e.g. services only available through a specialist drug court, services only available to people on a DTTO).

⁸ In prison: Services available to people in prisons or young offenders institutions in your area (if applicable).

⁹ Upon release: Services aimed specifically at supporting people transitioning out of custody.

Question 23

24a. Does your ADP fund or support any residential services that are aimed at those in the justice system (who are who are subject to Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other relevant community orders)? Mark with an 'x'.

[single option]

Yes

X No

Don't know

24b. If yes, please list the relevant services.

[open text – maximum 500 characters]

Question 24

24a. For individuals who have had a court order given to them in relation to their substance use, do you have testing services available in your ADP area¹⁰? Mark with an 'x'. [single option]

X Yes

No

Don't know

24b. If yes, please describe the type of monitoring that takes place (e.g. sampling with handheld devices, spit tests, electronic monitoring) and who provides these services (e.g. private, third sector, statutory). [open text – maximum 500 characters].

 Spit test.

¹⁰ We are including this question on behalf of Scottish Government Justice colleagues to better understand substance testing for orders and licences in Scotland.

People receive high quality treatment and recovery services

Question 25

What **screening options** are in place to address alcohol harms? Mark all that apply with an 'x'.

[multiple choice]

- ☒ X Alcohol hospital liaison
- ☒ X Arrangements for the delivery of alcohol brief interventions in all priority settings
- ☒ X Arrangement of the delivery of alcohol brief interventions in non-priority settings
- ☐ Pathways for early detection of alcohol-related liver disease
- ☐ None
- ☐ Other (please specify):

Question 26

What **treatment options** are in place to address alcohol harms? Mark all that apply with an 'x'.

[multiple choice]

- ☒ X Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)
- ☒ X Alcohol hospital liaison
- ☒ X Alcohol related cognitive testing (e.g. for alcohol related brain damage)
- ☒ X Community alcohol detox (including at-home)
- ☒ X In-patient alcohol detox
- ☒ X Pathways into mental health treatment
- ☒ X Psychosocial counselling
- ☒ X Residential rehabilitation
- ☐ None
- ☐ Other (please specify):

Question 27

27a. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

Availability of aftercare

X Availability of detox services

X Availability of stabilisation services

Current models are not working

Difficulty identifying all those who will benefit

Further workforce training required

Insufficient funds

Insufficient staff

Lack of awareness among potential clients

Lack of capacity

Lack of specialist providers

Scope to further improve/refine your own pathways

Waiting times

None

X Other (please specify): The lack of availability of dedicated support for families.

27b. What actions is your ADP taking to overcome these barriers to residential rehabilitation?

[open text – maximum 500 characters]

We work with all partners to create easier access to detox through reduction plans, inpatient detoxes and the offer of community detoxes. We support stabilisation plans within the community programmes in theX Pathway 2 Recovery Service. We link with stabilisation units in other areas and are able to offer this as a placement option. Working alongside SFAD to look at family inclusive work in the City and discuss what is missing from the supports offered. We appointed additional support worker.

Question 28

28a. Have you made any revisions in your pathway to residential rehabilitation in the last year? Mark with an 'x'.

[single option]

No revisions or updates made in 2023/24

Yes - Revised or updated in 2023/24 and this has been published

X Yes - Revised or updated in 2023/24 but not currently published

28b. If yes, please provide brief details of the changes made and the rationale for the changes.

[open text – maximum 500 characters]

Added a female worker to the Pathway 2 Recovery Team offering more support to females within the City. This increased number of referral received for females and the RR placements offered. We brought in more external services to ensure clients have access to a range of other opportunities i.e. volunteering/employment/outdoor activities. Looking to relaunch Pathway to ensure other professionals/families/clients are aware of the Pathway and the support on offer. Increased support to all.

Question 29

29a. Which, if any, of the following barriers to implementing MAT exist in your area?

Mark all that apply with an 'x'.

[multiple choice]

☒ Accommodation challenges (e.g. appropriate physical spaces, premises, etc.)

Availability of stabilisation services

Difficulty identifying all those who will benefit

☒ Further workforce training is needed

Geographical challenges (e.g. remote, rural, etc.)

☒ Insufficient funds

☒ Insufficient staff

☒ Lack of awareness among potential clients

☒ Lack of capacity

☒ Scope to further improve/refine your own pathways

Waiting times

None

Other (please specify):

29b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?

[open text – maximum 500 characters]

We conducted a needs assessment to address accommodation issues, developed joint working with 3rd sector sharing their accommodation, and by utilising community settings, including PC surgeries. Spaces reconfigured to support MAT requirements for choice. We addressed shortage of staff by working in partnership with 3rd sector. Training was delivered to all relevant staff and we developed bespoke public-facing information to share with individuals who could benefit from MAT.

Question 30

Which of the following treatment and support services are in place specifically for **children and young people using alcohol and / or drugs**? Mark all that apply with an 'x'. [multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)			X
Diversionary activities	X	X	X
Employability support			X
Family support services	X	X	X
Information services	X	X	X
Justice services			X
Mental health services (including wellbeing)	X	X	X
Opioid Substitution Therapy			X
Outreach/mobile (including school outreach)		X	X
Recovery communities		X	X
School outreach	X	X	X
Support/discussion groups (including 1:1)	X	X	X
Other (please specify)			

Question 31

Please list all recovery groups¹¹ in your ADP area that are funded or supported¹² by your ADP.

[open text – maximum 2,000 characters]

Hillcrest – Recovery focused groups. DVVA – Supporting recovery groups and running Peer2Peer courses.
--

¹¹ 'Recovery group' includes any group that supports recovery and/or wellbeing in your local area. This could be local recovery cafés; peer support groups; wellbeing groups that support people affected by substance use; or more established recovery networks, hubs or organisations. If some of these are covered by umbrella groups, please list both.

¹² Note: 'supported' here refers to where ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Maxwell Centre – Support & activities for people in recovery.
 TCA – Recovery focused groups.
 Art Angel – Focus on mental health and also supporting those with co-morbidities.
 WithYou – Recovery focused groups.
 Just Bee – Community drop ins for people in recovery.
 Access to Industry – Support specifically for people in recovery to rejoin the workforce.
 Wellbeing Works – Focus on mental health and people who are in recovery.
 The Reconnection Project – supporting people in recovery through skills based training.
 Street Soccer – people in recovery supported throughout the project.
 Crossreach – The R&R Café alongside SMART groups.
 Bethany Christian Trust – Support people in Recovery & run the bridge to freedom recovery group.
 RSPB Nature Recovery – nature-based recovery spaces alongside the Reconnection Project.
 DIAS – Substance use advocacy workers.
 Dundee Recovery Network – recovery community run by people with lived experience to support others in recovery through drop in and activities.
 Resolve & Evolve – People with lived experience of recovery running a drop in to support other people in their community.
 WRASAC/Women's Hub – support women affected by substance use and in recovery.
 Parish Nursing – Drop in to support a range of vulnerable adults, focus on people in recovery & the Recovery Road Map.
 The Corner – Support young people affected by substance use.
 Barnardos (FLIP) – Support families affected by substance use.
 Navigator – Support people in recovery who are in hospital setting.
 Dundee Full Gospel Church – Run drop ins and support for people affected by substance use.
 Eagles Wings – Run drop ins and activities.
 Haven – focus is on mental health recovery.
 Deaf Hub – supports people in recovery.
 Scrapantics – Support people in recovery.
 Dundee Community Craft – Community arts activities for people in recovery.
 Jericho House – Alcohol rehab for men.

Quality of life is improved by addressing multiple disadvantages

Question 32

Do you have specific treatment and support services in place for the following groups?
 Mark all that apply with an 'x'.

[multiple choice]

	Yes	No
--	-----	----

Non-native English speakers (English Second Language)	X	
People from minority ethnic groups		
People from religious groups		
People who are experiencing homelessness	X	
People who are LGBTQI+	X	
People who are pregnant or peri-natal	X	
People who engage in transactional sex	X	
People with hearing impairments and/or visual impairments		
People with learning disabilities and literacy difficulties		
Veterans	X	
Women	X	

Question 33

33a. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care? Mark with an 'x'. [single choice]

X Yes

No

33b. Please provide details.

[open text – maximum 500 characters]

A MHSU 'Multi-Disciplinary Consultation Hub' has been developed to allow joint decision making regarding people with concurrent need. The hub includes statutory and third sector agencies working with individuals experiencing MHSU. Adult with co-occurring MHSU requiring additional support, specialist care, treatment for their mental health and wellbeing, self-harm and/or substance use have a whole system, safe, person-centred and evidence based care plan. Progress made with information sharing.

Question 34

What arrangements are in place within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis**? Mark all that apply with an 'x'.

[multiple choice]

Dual diagnosis teams

☒ Formal joint working protocols between mental health and substance use services specifically for people with mental health concerns for which they do not have a diagnosis

☒ Pathways for referral to mental health services or other multi-disciplinary teams

☒ Professional mental health staff within services (e.g. psychiatrists, community mental health nurses, etc)

☐ None

☐ Other (please specify):

Question 35

How do you as an ADP work with support services **not directly linked to substance use** (e.g. welfare advice, housing support, etc.) to address multiple disadvantages?

Mark all that apply with an 'x'.

[multiple choice]

☒ By representation on strategic groups or topic-specific sub-groups

☒ By representation on the ADP board

☒ Through partnership working

☒ Via provision of funding

☐ Not applicable

☐ Other (please specify):

Question 36

Which of the following activities are you aware of having been undertaken in ADP funded or supported¹³ services to implement a trauma-informed approach? Mark all that apply with an 'x'.

[multiple choice]

- ☒ X Engaging with people with lived/living experience
- ☒ X Engaging with third sector/community partners
- ☒ X Provision of trauma-informed spaces/accommodation
- ☒ X Recruiting staff
- ☒ X Training existing workforce
- ☒ X Working group
- ☐ None
- ☐ Other (please specify):

Question 37

37a. Does your ADP area have specific referral pathways for people to access independent advocacy? Mark with an 'x'. [single option]

- ☒ X Yes
- ☐ No
- ☐ Don't know

37b. If yes, are these commissioned directly by the ADP? Mark with an 'x'. [single option]

- ☒ X Yes
- ☐ No
- ☐ Don't know

¹³ Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Children, families and communities affected by substance use are supported

Question 38

Which of the following treatment and support services are in place for **children and young people affected by a parent's or carer's substance use**? Mark all that apply with an 'x'.

[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Carer support	X	X	X
Diversionary activities	X	X	X
Employability support			X
Family support services	X	X	X
Information services	X	X	X
Mental health services	X	X	X
Outreach/mobile services		X	X
Recovery communities		X	X
School outreach	X	X	X
Support/discussion groups	X	X	X
Other (please specify)			

Question 39

Which of the following support services are in place **for adults** affected by **another person's substance use**? Mark all that apply with an 'x'.

[multiple choice]

- X Advocacy
- X Commissioned services
- X Counselling
- X One to one support
- X Mental health support
- X Naloxone training
- X Support groups
- Training
- None
- Other (please specify):

Question 40

40a. Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? Mark with an 'x'.

[single option]

X Yes

No

Don't know

40b. Please provide details of these activities and priorities for 2023/24.

[open text – maximum 500 characters]

The ADP is working with SFAAD to develop a whole partnership approach to implement a Whole Family Approach. As part of this project, SFAAD are supporting local agencies to develop their own individual approach to working holistically with families and taking account of their needs. Specific support is available to kinship families.

Question 41

Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

	Family member in treatment	Family member not in treatment
Advice	X	X
Advocacy	X	X
Mentoring		
Peer support		
Personal development	X	X
Social activities	X	
Support for victims of gender based violence and their families		
Youth services		
Other (please specify)		

Question 42

42a. Are any activities in your ADP area currently integrated with planned activity for the Whole Family Wellbeing Funding in your Children's Service's Planning Partnership area? Mark with an 'x'. [single option]

X Yes

No

Don't know

42b. If yes, please provide details.

[open text – maximum 500 characters]

A service supporting birth parents following removal of children to reduce the numbers of babies received into care. Supporting kinship families with the Kinship Panel and a joint referrals system. Developed and implementing a Joint Advocacy Strategy to support all age groups. The CSPP allocated WFWF funding focusing on issues of poverty, mental health, substance use. Funds allocated to vulnerable women at risk of children entering care and a co-located hub for vulnerable adolescents.

Additional question

Question 43

Please list all services / organisations commissioned by your ADP during 2023/24 and the amount of funding provided for 2023/24. If the final year-end position is not yet known, please include the projected spend amount. For part-funding, please only include the amount contributed by your ADP.

[illegible]

Confirmation of sign-off

Question 44

Has your response been signed off at the following levels? [multiple choice]

☒ ADP

☐ IJB

☒ Not signed off by IJB (please specify date of the next meeting in dd/mm/yyyy format): 21/08/2024

Thank you

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the 2023/24 ADP Annual Survey Official Statistics report, scheduled for publication in autumn 2024.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]

ITEM No ...11.....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21 AUGUST 2024

REPORT ON: DELIVERY OF PRIMARY CARE IMPROVEMENT PLAN – ANNUAL UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB43-2024

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide an update on the implementation of the Dundee Primary Care Improvement Plan for 2023/24 and seek approval for the continued implementation of the Dundee Primary Care Improvement Plan for 2024/25

2.0 RECOMMENDATIONS

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

- 2.1 Notes the progress in implementing the Dundee Primary Care Improvement Plan (PCIP) 2023/24 (attached as Appendix 1) and the key achievements as described in Section 4.
- 2.2 Approves the proposed actions for Dundee Health & Social Care Partnership for 2024/25 as described in Appendix 1 and notes the proposed allocation of funding as detailed in Section 3.
- 2.3 Notes that aspects of the Plan which have been directed by the Scottish Government to be fully implemented continue to have ongoing gaps, for a range of reasons outlined.
- 2.4 Instructs the Chief Officer to issue directions to NHS Tayside to implement the specific actions relevant to them in Appendix 1.
- 2.5 Notes the previous agreement to delegate the monitoring of the Dundee allocation of the Primary Care Improvement Fund to the Dundee Primary Care Improvement Group as noted in Section 3.7.
- 2.6 Instructs the Chief Officer to provide a further report on progress made against delivering the Dundee Primary Care Improvement Plan 2024/25 to a future IJB.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The Plan is supported by funding – Primary Care Improvement Fund (PCIF) - from the Scottish Government linked to the General Medical Services (GMS) 2018 contract. The spend has increased in 2023/24 as teams have continued to develop services and recruit staff to deliver the services.
- 3.2 A comparison of 2023/24 planned spend and actual spend is detailed in Table 1. And the year-on-year increased spend and service growth is shown in Table 2.

Table 1 2023/24 spend against allocation

	Approved PCIF Planned Spend	Actual Funding / Expenditure
	£'000	£'000
SG Allocation	5,706	5,659

Plus B/F Reserves	32	32
Forecast Expenditure -		
VTP	482	482
Pharmacotherapy	905	769
CT&CS	1,930	1,862
Urgent Care	956	800
FCP / MSK	517	527
Mental Health	273	307
Link Workers	237	291
Other	442	641
Total	5,738	5,678
Year End Carry Forward	0	13

Table 2 Summary of Year-on-Year actual spend

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	£'000	£'000	£'000	£'000	£'000	£'000
VTP	76	157	171	220	441	482
Pharmacotherapy	208	352	494	589	758	769
CT&CS	50	355	772	890	1,585	1,862
Urgent Care	43	125	241	377	690	800
FCP / MSK	0	150	255	359	407	527
Mental Health	6	81	157	126	246	307
Link Workers	0	153	192	192	220	291
Other		88	247	201	698	641
Total	383	1,461	2,528	2,955	5,046	5,678

- 3.3 The allocation letter for 2024/25 has recently been received and is in line with the previously intimated plan that national core funding would be stable at £170m i.e. there is no expected increase.
- 3.4 As anticipated, Reserves brought forward from 2023/24 (£13k) are to be used to contribute to this year's overall allocation.
- 3.5 The Planned spend for 2024/25 is noted in Table 3 below, including some further anticipated recruitment where teams are not yet at full capacity. Indicative spend for 2025/26 (and recurring) is also noted in this table, based on the assumption that all teams are fully recruited for the entire year.
- 3.6 Whilst 2024/25 pay award is not yet known, it is assumed that additional funding will be made available from Scottish Government to fund this.

Table 3 Proposed 2024/25 Financial Plan

	2024/25 Planned Spend		Indicative Full Year Cost (Recurring)
	£'000		£'000
SG Allocation *	5,933		5,933
Utilisation of b/f Reserves	13		
Forecast Expenditure -			
VTP	497		497
Pharmacotherapy	960		1,263
CT&CS	1,989		2,020
Urgent Care	925		1,094
FCP / MSK	570		570
Mental Health	260		299
Link Workers	239		240
Total	5,440		5,982

Strategic Earmark / Contingency / (Slippage)	263		-49
Additional Non-Recurring			
Other **	243		
Total	242		0
Projected Total Annual Spend	5,946		5,982

*Including receipt of locally agreed inter-IJB reallocation of funding from Angus IJB and Perth & Kinross IJB

** Expenditure levels being reviewed, and alternative sources of funding being sought

- 3.7 Recruitment challenges have been experienced across most teams but remain most significant in Pharmacotherapy. The anticipated slippage in 2024/25 provides some flexibility across the wider funding allocation to continue to fund some non-recurring costs and allow consideration of alternative short-term spend for any other current year priorities. This will continue to be overseen by the Dundee Primary Care Improvement Group. A modest funding gap is indicated for future years; however, it is anticipated this can be managed within the overall resources.
- 3.8 The expectation from Scottish Government remains that all areas of the Memorandum of Understanding (MOU) will be delivered but the greatest focus is on 3 areas as noted in previous reports: pharmacotherapy, care and treatment services and vaccination transformation, and these will become legally required.
- 3.9 The financial management of the Primary Care Improvement Plan is delegated to the Chief Officer, Chief Finance Officer and Clinical Director, as agreed previously, with the monitoring of this budget overseen by the Dundee Primary Care Improvement Group. The Local Medical Committee remains core to this process and has to agree all plans, including finance.
- 3.10 There remains a short-term commitment to support GP recruitment and retention. The anticipated number of GPs in the career start pathway for this financial year is not yet known so there is a degree of uncertainty around this cost. PCIF is not a long-term funding source for GP recruitment and retention spend so other sources of funding are being sought, although no progress has been made with this in the past year. It has been highlighted to Scottish Government as a gap and related risk.
- 3.11 Local Transitional payments - a payment to general practice for work they continue to undertake that should now be delivered by other teams within the HSCP/NHS Tayside - may be required to practices for the 3 agreed core areas which could have been implemented from April 2023. Guidance was issued by the BMA to practices with a template letter which could be given to patients where the practice were no longer responsible for the service delivery but the local HSCP is not delivering the service. This is due to the lack of any transitional payments process being agreed nationally. No additional funding is available to support this and any locally agreed arrangements would need to come from the existing PCIF envelope. The majority of work in the 3 core areas has transferred in Dundee and we are not aware of the letter being used but are aware it may be if further progress is not made. To date, no Transitional Payment arrangements have been required for Dundee Primary Care Improvement Fund services.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The current changes to the GMS contract were introduced in 2018, when a Tayside Primary Care Implementation Plan and a local delivery plan for Dundee were both introduced. There have been a number of changes agreed with the Scottish Government in relation to national expectations of implementation over that time, partly due to the impact of the pandemic. The initial 3-year timescale was extended for this with implementation for 3 core areas due to be fully in place by April 2023 (and not 2021 as originally planned).
- 4.1.2 The IJB has previously considered papers setting out the context and challenges within primary care and this has set a context for the approval by the IJB of the annual Primary Care Improvement Plan. This paper provides an update to those previous plans.
- 4.1.3 The following are the nationally agreed priorities for the primary care improvement plans:
- The Vaccination Transformation Programme (VTP)

- Pharmacotherapy Services
- Community Treatment and Care Services
- Urgent Care
- Additional professional roles - such as musculoskeletal focused physiotherapy services and mental health
- Link Workers (often referred to as social prescribers).

4.1.4 The Dundee Primary Care Improvement Group (DPCIG) was established in 2018 with a remit to develop the Dundee Plan and take responsibility for implementation going forward. The Tayside General Medical Services Contract Implementation and Advisory Group (CIAG) supports work at a regional level, ensuring sharing of good practice and coordination, particularly of the regional aspects of the contract delivery. This group feeds into the Tayside Primary Care Board. There are also a number of regional and local subgroups which lead the development of the service areas. Given the breadth of services that sits within this overall context this is broad ranging and a number of these have much wider links.

4.1.5 Reporting to the Scottish Government continues every 6 months for both financial governance and more detailed progress of delivery.

4.2 Progress in 2023-24

4.2.1 Progress is outlined in Appendix 1. Some key points to note are:

- The vaccination service has fully moved from general practice to central teams for both adults' and children's vaccines and immunisation. Travel vaccinations have also moved. The adult service has been linked closely with Covid vaccine delivery, but it is unclear going forward if this will continue. The adult vaccination team continue to deliver vaccines that are not part of the VTP programme, and there is an increasing number of vaccines in this category.
- First Contact Physiotherapy, (FCP) have continued to review their role and how it supports patient care including issuing Fit for Work certificates, directly requesting investigations and looking at how to maximise the use of both physiotherapy and GP appointments. Demand continues to be partly met by the team and partly by practice staff.
- There has been limited development with the Pharmacy Locality Team due to difficulty with recruitment and staff turnover as noted in Appendix 1. This is despite novel approaches to role development. This is the area of delivery which is the most detailed in the contract. There remains significant areas of work which have limited or no ability to move to the pharmacy team currently. This creates a gap in a key area for GP workload. This is not unique to Dundee or Tayside and there are ongoing national discussions.
- The Care and Treatment Team have continued to expand the chronic disease monitoring it delivers but some practices continue to manage some or all of this internally. There has also been an increase in clinics for those with leg ulcers which has reduced the waiting time to get into this part of the service. A test of ECGs being done in local settings is progressing but has continued to create challenges.
- The Urgent Care Team remains focussed on supporting those living in care homes and all practices and care homes are now supported by this model. Feedback from GPs on this model is very positive. Wider work on urgent care pathways continues with opportunities for early intervention across teams a key area.
- The Patient Assessment and Liaison Service (PALMS) nursing team was fully recruited but a number of issues with short- and longer-term absence have impacted on service delivery with a number of practices currently receiving a limited service.
- The social prescribing Link Workers continue to support all practices. There remains a waiting time of several weeks to access the service.
- There have been further grants/funding to a number of practices across the city to create more clinical and training space.

4.2.2 Both the PALMS team and the Link Workers are partly funded via Action 15 Mental Health funding as well as PCIF. There has been no further funding for Mental Health in Primary Care and this seems unlikely now to happen. Linked work re mental health and wellbeing in primary care is focusing how we maximise what we can deliver with current funds, identifying how pathways can be developed that support care, and identifying any key gaps, for both adults and children. The delivery plan linked to this was presented to the IJB in Dec 2023.

- 4.2.3 Space in primary care remains a challenge as outlined in the GP Premises Strategy which was previously presented to the IJB. Opportunities for co-location with practices continue to be sought but with limited progress for this due to demands on clinical space. Space in practices is reviewed when opportunities arise to reconfigure underused space to support more appropriate clinical and admin space.
- 4.2.4 The opportunity for the Care and Treatment model lends itself to a wider community approach including use by services who are based in secondary care, who may wish to use this model to support community delivery of services currently provided from acute settings, for example having blood taken to monitor a long-term condition. There is a development for diabetes care that is looking to test this model. Expansion of this may create demands the service cannot currently meet and there are issues finding suitable space, and funding transfers, to allow this to develop further.
- 4.2.5 Funding has been identified for a two-year period to support the development of nursing roles in general practice. This development increases the roles at advanced practice and nurse practitioner level within the practice team and supports an increase in overall capacity in practices particularly around urgent demand. It can also support more nurse led care for long term conditions and areas such as sexual health. There was very limited uptake of this in 2023/2024 but we anticipate this will increase in 2024/2025.
- 4.2.6 Funding was also utilised to increase awareness of the services offered by the wider teams within primary care and how they can support peoples' care, including TV screens in waiting areas. The information used for this will be shared more widely in other settings going forward. Alongside this, training for reception and admin staff in practices was delivered to support the development of their role as care navigators. They have a critical and demanding role assessing who is the best first point of contact for any issue that presents to the practice team, which may not be in the practice. Supporting this role is important as many practices are seeing a high turnover in their admin staff as this becomes an increasingly complex role, with very high public expectations.
- 4.2.7 The GP Career Start programme continued to recruit positively to posts including for Dundee. Review demonstrates that GPs who complete the programme do in the majority of cases stay in Tayside for a number of years. The funding noted in section 3.10 also supports practices who have challenges with GP capacity as specific posts can be promoted.
- 4.2.8 A number of practice-based innovations have been supported including testing a number of new digital tools in a small number of practices, as well as equipment to allow expansion of roles particularly for nurses in the practice, such as practice nurses undertaking some sexual health roles traditionally done by GPs. Some practices are also looking at how they can use their practice websites more dynamically to support their patients' care, including supporting self-care and management.

4.3 Plans for 2024-25

- 4.3.1 The Dundee Primary Care Improvement Plan for 2024-25 is detailed in Appendix 1, along with the associated finance. There continues to be ongoing challenges for teams in delivering a consistent service at all times given the limited staffing for many of these aspects of care.
- 4.3.2 The service area which remains with a significant gap between the GMS contract ambition and delivery is pharmacotherapy. Local and regional actions continue to be developed to try to support this. Creating attractive roles which use the skills of the staff involved is key to this and the current roles are being reviewed to assess how best to support this, while meeting the very detailed specification outlined in the contract.
- 4.3.3 As noted in section 3.11 further guidance or instruction on any transitional payments will impact on progress and finance if it requires to be funded locally.
- 4.3.4 The GP IT reprovisioning programme has progressed with all practices who were on the Vision system now with the update, while those on EMIS are due to move later this year. There have been a number of recent issues which have had a significant impact for practices. Dealing with these issues has led to some of the developments which would more directly support the wider primary care team not yet being progressed.

- 4.3.5 Our continued work with the citizens of Dundee indicates that understanding of the wider group of professionals in primary care remains limited, with feedback that many people are unaware of these newer services. A Tayside Communication Plan is being developed to further enhance our communication and engagement work.

4.4 Next Steps

- 4.4.1 The Primary Care Improvement Group will continue to support and monitor the development of the programme and its impact. Actions will be progressed as outlined in Appendix 1 to implement the plan.
- 4.4.2 The current gap in the GP pharmacy team gives an opportunity to look at how funding can be used on an interim basis this year and next year to support care delivery. A number of options are being reviewed in terms of feasibility, impact for patients and GP practices, and if they can be time limited as there is no funding capacity longer term. This is challenging given the issues with recruitment in some areas, the skills development required for others, or the service pressures that would be created if a new or expanded role was successful but had no long-term funding.

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

The risks noted below have all been reported in previous updates but have been updated to reflect the current position. More detailed operational risks will be identified and managed within each service in more detail and managed by the Dundee Primary Care Improvement Group.

Risk 1 Description	There is a significant risk that Dundee may not recruit, develop or retain the workforce to deliver all of the commitments in this plan given the scale and breadth of the plan. This applies across a number of professions, particularly pharmacy, and is impacting on both the delivery of services and the GP workload.
Risk Category	Workforce, operational, financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
Mitigating Actions (including timescales and resources)	All services are planning with this risk at the forefront and looking to maximise skill mix as much as possible to reduce this. Longer term national work to provide increased undergraduate training, for example for pharmacists, will support this but not within the timescales of this year's plan. Local support to develop Advanced Practitioners is underway and a range of tools to support this are in place. However, there is limited resource for further advanced practitioners within the funding for urgent care.
Residual Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16 - Extreme
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
Approval recommendation	This risk should be accepted.

Risk 2 Description	<p>There is a risk that we will have inadequate infrastructure to support the delivery of the plan, both in terms of IT infrastructure and systems, and capacity within suitable buildings/premises.</p> <p>This risk remains but the premises risk is now greater than the IT risk as a number of aspects of the IT issues have been resolved. The risk regarding lack of suitable premises remains. The lack of progress for lease assignments to NHS Tayside creates a risk for practice sustainability and delivery of PCIP.</p>
Risk Category	Technological, Environmental, Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
Mitigating Actions (including timescales and resources)	<p>The IT infrastructure is largely in place with some ongoing risk and issues but with reduced impact. A number of planned developments to the Vision Anywhere system, such as allowing a “tasks” module which would improve communication with practices, have not progressed.</p> <p>Some space has been able to be identified and a number of projects are underway that will create small amounts of additional space. This is not always in the most desirable locations in terms of patients’ access.</p> <p>Capital allocations for NHS Tayside premises or practice owned buildings have helped create capacity along with premises improvement grants for privately leased or owned buildings. This has created space for a range of things, including in some practices space for services such as the pharmacy team or care and treatment team. We will continue to provide grants in 2024/25 if there is funding and the criteria are met.</p> <p>The NHST property team have made limited progress with space utilisation assessments but are developing a lease assignment process.</p> <p>When recruited the DHSCP property manager will lead the strategic planning of space for the HSCP including practices.</p> <p>We are seeking to assess the benefits of using NHS Tayside capital funding for buildings hosting primary care services (but where there is no GP practice).</p> <p>The risk for premises is higher for the wider impact on practice sustainability than directly for delivery of the PCIP workstreams.</p>
Residual Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 – High (NB this score is for delivery of PCIP and not overall sustainability of practices)
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring 9 - High
Approval recommendation	This risk should be accepted.

Risk 3 Description	<p>There is a risk that the finance allocated via the primary care improvement fund will not adequately meet all the costs to implement the plan, and that resource will have to be identified from other sources, or services will need to be smaller than anticipated.</p>
Risk Category	Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
Mitigating Actions (including timescales and resources)	Other sources of funding will be identified as opportunities arise recognising the current challenge this creates.

	<p>Most services have recruited to the level budgeted for. Further recruitment and delivery could be developed if additional resource could be identified on a recurring basis, and opportunities to do this will be sought.</p> <p>Scottish Government have indicated that the current level of funding is now guaranteed annually (plus additional to support Agenda for Change pay uplifts for recruited staff), with a view towards baselining funding from 2026/27. This gives greater confidence for planning into future years.</p>
Residual Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16 - Extreme
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
Approval recommendation	This risk should be accepted.

Risk 4 Description	The workforce issues noted above have delayed aspects of implementation of the PCI plan locally. Transitional payments i.e. payments to practices for work they are still undertaking that should have been transferred may be required in 2024/25.
Risk Category	Operational, Political, financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring -20 -Extreme
Mitigating Actions (including timescales and resources)	<p>There are limited actions that can be taken at this time point to reduce this risk beyond the actions noted in the risks above.</p> <p>Budgets have been reviewed to focus on the 3 core areas for delivery that will trigger transitional payments, while aiming to not reduce or withdraw any of the other services which have been developed.</p> <p>We have worked closely with the GP Sub Committee and the Local Medical Committee with regards to this. There is wide acknowledgment of the challenges which create the current position nationally.</p>
Residual Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12
Planned Risk Level	Likelihood (2) x Impact (4) = Risk Scoring 8
Approval recommendation	This risk should be accepted.

Risk 5 Description	Challenges with recruitment mean there is risk of a financial underspend. This creates a political and reputational risk at a time when general practice teams are under huge pressure, and where there is an increasing demand on these teams including due to supporting care while waiting for secondary care input.
Risk Category	Operational, Political, Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring -20 -Extreme
Mitigating Actions (including timescales and resources)	<p>An ability to flex and maximise spend in-year noting the likely slippage and turnover, allows the budget to be optimised and minimise the risk of funding being reduced in forthcoming years, noting there is likely to be in-year slippage linked to recruitment and turnover of staff.</p> <p>The change to allocation in 2022/23 which effectively removed the reserves held has reduced the risk of any underspend and has led to the planned</p>

	<p>urgent care model developments being significantly reduced because of affordability.</p> <p>The change of approach by the Scottish Government to underspends means that there is increased flexibility in use of the funding and the ability to use broader criteria, reducing this risk.</p> <p>Short term projects are challenging with the current financial climate unless they are clearly time limited or can be sustained via wider service redesign. In the context of PCIP this is a limited opportunity.</p>
Residual Risk Level	Likelihood (3) x Impact (3) = Risk Scoring -9
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring -6
Approval recommendation	This risk should be accepted.

7.0 CONSULTATIONS

- 7.1 The Clinical Director, Chief Finance Officer, Heads of Service, Health and Community Care and the Clerk were consulted in the preparation of this report. The Dundee Primary Care Improvement Group, which has members from the GP Subcommittee/Local Medical Committee has developed the paper at Appendix 1.
- 7.2 As noted in section 4 there is ongoing work to engage with the public who will use these services, and gain feedback on any improvements that can be made within the 7 services outlined in the plan. This is closely linked to wider work to sustain practices longer term and other strategic plans agreed by the IJB for primary care.

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	x
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

- 9.1 None

Dave Berry
Interim Chief Officer

DATE: 23 July 2024

Shona Hyman
Senior Manager
Service Development & Primary Care
Dundee HSCP

David Shaw
Clinical Director
Dundee HSCP

Frank Weber
Lead GP
Dundee HSCP

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DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB43-2024
2	Date Direction issued by Integration Joint Board	21 August 2024
3	Date from which direction takes effect	21 August 2024
4	Direction to:	NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes – DIJB48- 2023
6	Functions covered by direction	Specific actions relevant to NHS Tayside in the Tayside Primary Care Improvement Plan and Dundee action plan.
7	Full text of direction	Dundee IJB directs NHS Tayside to implement, with immediate effect, the specific actions relevant to them in the Tayside Primary Care Improvement Plan as outlined in the Dundee Action Plan (Appendix 1).
8	Budget allocated by Integration Joint Board to carry out direction	£5,946k
9	Performance monitoring arrangements	Performance will be reviewed on a regular basis, (currently 2 monthly) by the Dundee Primary Care Improvement Group
10	Date direction will be reviewed	March 2025 (or earlier if required).

Commitment	Actions Delivered 2023-24 (or expected to complete)	Comment	2023-24 Spend (£k)	Actions to be Delivered 2024-25	Proposed Spend 2024-25 – Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
1: Vaccination Transformation Programme (regional approach) Lead Officer: Daniel Chandler, Immunisation Co-ordinator	Actions Completed Central Vaccination Service well established Group with a governance structure reporting to the Vaccination Steering Group (known formerly as Tayside Immunisations Steering Group (TISG)). Annual vaccination programme activity includes: COVID-19, Adult Flu, Shingles, Pneumococcal and unscheduled vaccinations. Travel vaccinations are now delivered solely by the Central Vaccination Service. Community pharmacies ceased with this provision in April 2024. Tayside data monitoring indicates approximately 3,011 assessments for travel including vaccinations in 2023/24	Due to being unable to secure City Centre venues under the financial budget, the Dundee Central Venue is moving to Wallacetown Health Centre by the 12 th August. The benefits include disabled access, on local bus route with on-site parking which will mitigate issues with the LEZ.	£482k	Facilitation & promotion of General Practice Nurse recruitment to NHST Bank Nurse to enable support of Winter 24 vaccination campaign Monitor vaccine uptake and citizens feedback on the Wallacetown location. A multidisciplinary children's immunisation improvement group is being established to support and remove barriers to accessing vaccination for families with low levels of uptake, which is lower in Tayside than Scotland average An Inclusivity group has been established within the Immunisations Governance structure to improve accessibility of all vaccination programmes and services and maximise uptake of adult vaccines	£497k	Current Covid/Flu funding from SG is nonrecurring currently for 2023/24 and therefore commitment remains unknown. Health care support workers (HCSWs) National protocol for vaccination has been extended to 2026. Potential risk to vaccine uptake due to change from city centre venue. Risk to securing local community venues to support accessibility.
2: Pharma-cotherapy Services (regional approach) Lead Officer: Elaine Thomson/ Jill Nowell	Actions completed All clusters now have a Hub up and running to deliver Level 1 work with a Pharmacy Support worker in place in each hub Recruitment/training of technicians is now an ongoing part of the team	Continue to look at how to diversify roles in the team and use skills in most appropriate way, but it remains difficult to both recruit and retain staff.	£769k	Recruitment to vacant posts Maximise Hub working by using technician and support worker roles, and reducing pharmacist time for roles delivered via Hub, releasing time for more locally focussed aspects of the role. i.e. "pharmacist-light"	£960k	Risk of inability to recruit to pharmacist posts still exists- Pharmacy Service Level risk being managed Staffing well below national average Expectation of what the contract defines remains unrealistic and this

Commitment	Actions Delivered 2023-24 (or expected to complete)	Comment	2023-24 Spend (£k)	Actions to be Delivered 2024-25	Proposed Spend 2024-25 – Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
	<p>Skill mix and roles continue to evolve.</p> <p>Staff engagement and training events x 3</p> <p>Equipment purchased for staff including dual screens and risers to allow improved working environment</p> <p>Actions partially completed.</p> <p>Active recruitment for all roles, including Band 7's, but with no increase in staffing overall due to those in post leaving.</p> <p>Stakeholder engagement to improve efficiency/workflow has been undertaken in some practices but not all</p> <p>Actions outstanding</p> <p>Defining the proportion of the service that is deliverable has not been progressed due to the complexity and variation across practices.</p>			<p>Develop the more clinically focussed aspects of pharmacists roles to support patient care and balance the role more effectively to support recruitment and retention</p> <p>Final pharmacist in team to commence independent prescribing qualification</p> <p>All staff to have active Job Plans to deliver an effective satisfying job role</p> <p>Service Improvement plan priorities to be delivered</p> <ul style="list-style-type: none"> • Shortage Management • Primary/Secondary care interface 		creates negativity from practice teams
<p>3. Musculoskeletal (MSK) Services First Contact Physio</p> <p>Lead Officer:</p>	<p>Actions completed.</p> <p>Monthly sharing of FCP dashboard with all practice managers highlighting current capacity and numbers of</p>	Some practice staff are shadowing FCP clinics, and FCP clinicians attending practices to discuss service to increase understanding	£527k	FCP training posts recruited to and started in July. These posts will work alongside established FCP clinicians to develop necessary skills to develop into	£570k	Appointment availability can fluctuate significantly with absence/annual leave – with additional trained FCP staff can hopefully reduce variability.

Commitment	Actions Delivered 2023-24 (or expected to complete)	Comment	2023-24 Spend (£k)	Actions to be Delivered 2024-25	Proposed Spend 2024-25 – Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
<p>Matthew Perrott, Integrated Manager (Occupational Therapy & Physiotherapy – Outpatients)</p> <p>Chris Taylor, FCP Clinical lead - Dundee</p>	<p>patients being booked per practice.</p> <p>Actions partially completed</p> <p>Ongoing training with GP practices and care navigators – involved in a quality improvement sprint to take place in coming months looking at accessibility of service</p> <p>Access to bloods investigations to allow physios to request this directly – progressing but some alterations required prior to sign off from GP subcommittee</p> <p>Patient Reported Experience Measure in process – results to be collated and analysed</p> <p>Actions outstanding</p> <p>Outcomes manager – not easily navigated as current dashboards</p>	<p>of how each component works and maximise use of appointments.</p> <p>Outcomes manager to support clinical monitoring is on hold at present – because of wider changes to GP IT systems.</p>		<p>FCP roles – predicted to take 12-18 months and will not impact on FCP capacity short term and will increase capacity longer term. Core funding utilised for these posts.</p> <p>FCP staff to continue to offer/be involved in training with primary care teams</p> <p>A short life group will be set up to discuss how can develop integration of FCP clinicians into primary care teams.</p>		<p>Reduced access to clinical space on GP public holiday/PLT dates.</p>
<p>4. Mental Health Services – PALMS: Dundee</p> <p>Lead Officers:</p> <p>Dr Helen Nicholson-Langley, Consultant</p>	<p>Actions completed</p> <p>All posts recruited to with 10 clinicians equating to 8.0wte, band 6 nursing workforce established; Agenda for Change band 6 Job description agreed.</p>	<p>From 26/03/2023 1 practice was without 0.4wte PALMS provision until successful recruitment and service reinstated November 2023.</p> <p>Scrutiny of contact data has highlighted</p>	£307k	<p>Continue to deliver PALMS to all adults over 16 years; to remove upper age criteria in last 2 GP practices.</p> <p>To finalise work with Mental Health & Wellbeing (MH&W) practitioners in primary care to establish and strengthen referral pathways to a range of low</p>	£260k	<p>PALMS development must be fully integrated with wider MH&WB strategic work in Dundee. Ongoing consistent involvement in operational and strategic planning groups is vital not just in Primary Care but wider partnership and</p>

Commitment	Actions Delivered 2023-24 (or expected to complete)	Comment	2023-24 Spend (£k)	Actions to be Delivered 2024-25	Proposed Spend 2024-25 – Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
Clinical Psychologist & Dr Lucie Jackson/Dr Katy Mitchell	<p>PALMS provision established in all 21 GP practices in Dundee</p> <p>All PALMS clinicians are trained and able to refer to Distress Brief Interventions (DBI).</p> <p>New referral pathways established to:- Psychiatry of Old Age & Older People Psychology; Change up and Building Confidence group interventions for adults (group low intensity interventions for adults offered at Dundee Adult Psychological Therapies Service DAPTS); CONNECT (Early Intervention for Psychosis Team)</p> <p>Actions partially completed. Removal of the upper age limit in all but 2 GP practices in Dundee. PALMS has been accessible to all adults aged 16 (and not in school) with no upper age limit since October 2023.</p> <p>Collaboration with the Listening Service and Sources of Support to establish a shared guide to support navigation between services (for patients and staff).</p>	consistently un-utilised appointments in some practices and resource reallocated accordingly to meet demand. This coincides with a practice closure. This has helped with redistribution of resource and reduced impact of long-term absences within the team.		<p>intensity interventions and to help navigate within practice options.</p> <p>Deliver a programme of engagement with local community to increase patient awareness and support patient direct booking with PLAMS (to reduce reliance on within practice staff to encourage PALMS rather than GP appointments); reduce DNA rates</p> <p>Effectively reduce high DNA rate and improve efficiency and utilisation of appointment booking through Hub & Spoke Model.</p> <p>Establish safe processes for IT access to support Hub & Spoke working, allowing better use of 'empty' appointments to be offered/available across practice</p>		<p>Mental Health services (e.g. MAT9 work with DDARS)</p> <p>Physical space in practices remains limited.</p> <p>The primary care environment is described by staff as 'challenging' with reduced experience of collaborative or whole team working. This contributes to staff reporting low job satisfaction, feeling isolated from colleagues and increased stress and burnout.</p> <p>We continue to work with IT to address challenges (around accessibility and communication) which exist in the current infrastructure and will need to be resolved for an effective Hub & Spoke Model to work.</p> <p>Retention of staff and management of long-term absence continues to be an issue for the service. Within the limited resource PALMS currently has, sustaining</p>

Commitment	Actions Delivered 2023-24 (or expected to complete)	Comment	2023-24 Spend (£k)	Actions to be Delivered 2024-25	Proposed Spend 2024-25 – Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
	<p>Commenced programme of service promotion including update to service leaflets and posters; pop up stalls in non-primary care and community venues to promote patient awareness and proactive approach to patient booking <i>before</i> they book GP appointments in the practice; update of informatics and screen advertising within practices</p> <p>Actions outstanding: Implement a Hub & Spoke model of PALMS</p> <p>– initially a pilot in one cluster before wider implementation. This would be a more flexible and efficient model with some capacity for cross cover reducing the impact of planned/unplanned leave.</p> <p>Work continues with IT to establish appropriate IT infrastructure to support Hub & Spoke work. Where unable to resolve IT access issues to establish protocols to safely mitigate risk. Specific communication between systems SCI-Gateway and TrakCare to facilitate/follow up patient referral.</p>	<p>PALMS is unable to develop this with long term absences and without efficiency anticipated with a Hub & Spoke model. However, referral pathways to low intensity group interventions have been established at DAPTS</p>				<p>consistent and equitable provision is at risk. Exploration of options, for example bank staff, will come with an additional cost</p>

Commitment	Actions Delivered 2023-24 (or expected to complete)	Comment	2023-24 Spend (£k)	Actions to be Delivered 2024-25	Proposed Spend 2024-25 – Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
	<p>Establish brief low intensity intervention approach, allowing up to 4 sessions for tailored low intensity support within practice to establish stepped care and reduce need for onward referral.</p> <p>Reduce inefficiency of high DNA rate</p>					
<p>5: Link Workers/Social Prescribing</p> <p>Lead Officers:</p> <p>Theresa Henry/Anne Winks</p>	<p>Actions completed:</p> <p>The quality improvement work focussing on the different roles of the Link Worker and Associate Practitioner has been completed with increased definition of the roles and responsibilities, decision making and accountability.</p> <p>The GP resource pack was completed and will be reviewed on a quarterly basis for GP practices. A one off community version was also produced.</p> <p>Ref Guide Profile on NHS Tayside website completed supporting clearer referrals from practices.</p> <p>Actions partially completed:</p>	<p>Funding secured to retain Support Worker on 2 day per week contract for next 12 months. Recruitment campaign for new Associate Practitioner will commence in the year ahead.</p> <p>Discussions have taken place re roll out of direct bookings with another identified cluster. However, this action remains outstanding and will form focus for the year ahead.</p> <p>There has been slight restructuring of Link Worker practices due to new Link Worker starting in post. Continuing to embed</p>	£291k	<p>To build on the learning from test of change at cluster two and discuss direct bookings through Vision 360 with another identified cluster.</p> <p>Continue to build healthy working relationships with practices, and to work with practices to embed the Link Worker into wider practice team.</p> <p>As an addition to previous action, roll out training for reception teams in each GP practice to build knowledge of service and triaging process following successful test of change in one GP practice.</p> <p>Recruit another FT Associate Practitioner.</p> <p>To continue to work with Public Health Scotland to finalise data collection dashboard for service.</p>	£240k	Increased referrals are anticipated if a complete move to direct booking by practices.

Commitment	Actions Delivered 2023-24 (or expected to complete)	Comment	2023-24 Spend (£k)	Actions to be Delivered 2024-25	Proposed Spend 2024-25 – Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
	<p>Continue to work with E-health to review our data collection processes. A dashboard is being tested to support monitoring.</p> <p>An additional 2 associate practitioner funding has been secured on an interim basis but there remains a wait to be seen.</p> <p>Continue to build healthy working relationships with all GP practices.</p> <p>Continue to work with practices to embed the Link Worker into wider practice team.</p> <p>Actions outstanding:</p> <p>To build on the learning from test of change at cluster two practices and discuss direct bookings through Vision 360 with another identified cluster</p>	<p>and build relationships with practice staff therefore remains an ongoing focus for the year ahead.</p> <p>All publicity information has been finalised following input from Development Team / Infographics. Ref Guide and Staff Net profiles are due to go live</p> <p>Work closely with Programme Manager in Primary Care to support current work in GP practices and other developments such as Community Wellbeing Centre, developing close links with other teams</p>		A draft dashboard has been created based on test within cluster 2 practices.		
6: Urgent Care	Actions completed.		£800k	Review of CNS role	£925k	IT systems do not support fully integrated working.
Lead Officer:	Roll out of Care Home Visiting Service to all practices/Care Homes in Dundee complete.			Further recruitment to ANP posts		Systems do not easily allow for extraction of performance information.
Allison Fannin (Integrated Manager – Urgent Care)	Lead ANP post in place on fixed term basis.			SOP re ANP assessment/care planning as part of integrated DECAHT model agreed – to be implemented April 2024		Lack of electronic prescribing routes leads

Commitment	Actions Delivered 2023-24 (or expected to complete)	Comment	2023-24 Spend (£k)	Actions to be Delivered 2024-25	Proposed Spend 2024-25 – Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
	<p>Actions partially completed.</p> <p>Skill mix review ongoing – trial of CNS role underway</p> <p>Governance Framework in development</p> <p>Lead ANP recruited on fixed term basis.</p> <p>Performance dataset to be agreed as part of urgent care/CIAG work.</p> <p>Actions outstanding</p> <p>Full recruitment to ANP vacancies</p> <p>Full integration into DECAHT</p>			<p>Full integration into DECAHT</p> <p>Referral pathways to be reviewed.</p> <p>Governance framework to be agreed.</p>		to excess travel time etc. with an impact on clinical capacity
<p>7. Care and Treatment Services</p> <p>Lead Officer: Libby Smith, Nurse Manager, DHSCP</p>	<p>Actions Completed:</p> <p>All practices in Dundee have full access to CTACS for phlebotomy and CDM. These appointments can include, bloods, BP, height, weight, urine sampling and diabetic foot checks as part of diabetic review. 111 sessions per week in 17 locations.</p> <p>All practices have access to CTACS for wound care /dressings, removal of</p>	<p>Despite all practices having access not all practices are fully utilising CTACS. There will be a requirement to increase capacity should all practices decide to move further CDM.</p> <p>There remains a lack of clinic premises in the north and east of the city meaning patients from these areas need to</p>	£1,862k	<p>ECG's rolled out to all practices as part of new hypertension diagnosis.</p> <p>Ongoing engagement with general practice staff to help with future planning for CDM and to improve communication.</p> <p>Agreement around wound care and phlebotomy for children and young people (age 2-16) and whether this work will be undertaken by CTACS in its</p>	£1,989k	

Commitment	Actions Delivered 2023-24 (or expected to complete)	Comment	2023-24 Spend (£k)	Actions to be Delivered 2024-25	Proposed Spend 2024-25 – Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
	<p>sutures/staples and for administration of injections. 61 sessions in 9 locations.</p> <p>All practices have access to CTACS for leg ulcer management. 23 sessions per week from 4 locations. We also have 4 sessions for leg ulcer assessment which allows us to fully assess 4 patients per week for compression bandaging/ hosiery suitability.</p> <p>All practices have access to CTACS for ear irrigation. 17 sessions per week from 8 locations</p> <p>Actions partially completed</p> <p>CDM - not all practices fully utilising CTACS.</p> <p>ECG's – currently test of change rolled out to 2 GP clusters. Progress has been slow due to IT issues and poor uptake from practices.</p> <p>Actions outstanding</p> <p>Phlebotomy/wound care for children/young people under 16 years of age</p>	<p>travel to clinic appointments.</p> <p>There is ongoing work with HR/staff-side (organisational change) around children/young people work-streams.</p> <p>Two new projects in Tayside – transforming diabetes and i-diabetes to start soon (no date confirmed). This will mean all type 1 and type 2 diabetic patients will now need 2 x yearly diabetic review with work up at CTACS. (type 1's previously seen in secondary care) Engagement meetings with practices and transforming diabetes project manager ongoing with mixed engagement from practices. This will have considerable impact on available capacity within CTACS if all practices decide to send all diabetic patients for twice yearly review.</p> <p>Work on going to try and secure new clinic sites. Currently working with</p>		<p>current set up or not. Preparation underway with all staff completing Level 2 child protection modules on Learnpro. Staff engagement underway with questionnaires asking for staff concerns to be documented. Following this there will be a face-to-face engagement event with HR and staff side to support.</p> <p>New project in Tayside – transforming diabetes/i-diabetes to start soon (no date confirmed). This will mean all type 1 and type 2 diabetic patients will now need 2 x yearly diabetic review with work up at CTACS. (type 1's and complex type 2's previously seen in secondary care) Engagement meetings with practices and transforming diabetes project manager ongoing with mixed engagement from practices. This will have considerable impact on available capacity within CTACS if all practices decide to send all diabetic patients for twice yearly review.</p> <p>Senior team are about to undertake a quality improvement project (PC collaborative) with HiS. Initial discussions the team would like to decrease the number of wrongly booked appointments each week. Patients frequently call asking for</p>		

Commitment	Actions Delivered 2023-24 (or expected to complete)	Comment	2023-24 Spend (£k)	Actions to be Delivered 2024-25	Proposed Spend 2024-25 – Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
		<p>vaccination team to see if we could arrange some collaborative working in city centre vaccination centre.</p> <p>Senior team are about to undertake a quality improvement project (PC collaborative) with HiS.</p>		<p>an appointment for bloods only when it should have been a LT condition appointment – this means patients need to be rebooked for part of their appointment. Improvement work to improve communication between practices and patients so the correct appointment is always requested.</p> <p>Agree further outcome measures for the service for reporting. Currently we have wound healing rates, reduction in waiting list time for leg ulcer assessment appointments, patient feedback, staff feedback through imatter</p> <p>Completion of CTACS data dashboard which will be used for monthly reporting – work currently ongoing with LIST team. This will be an improvement on current data reporting.</p> <p>Development of quarterly CTACS newsletter to share and celebrate some of our success stories across the H&SCP. SLWG with all staff grades represented from the service have met for the first time and work has commenced. First issue planned for August.</p> <p>Blood Bikes Scotland (registered charity) to commence daily</p>		

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				<p>afternoon blood/specimen pickups for the service. This will significantly increase our afternoon clinic capacity and will save significant costs on travel expenses as the service will be free of cost.</p> <p>3rd NMP (none medical prescriber) to commence course September 2024. Having 3 prescribers in the service will significantly reduce the need for requests going to practices via clinical portal (docman) for antibiotics and topical steroids. Plan for 4th the following year meaning each locality will have a prescriber.</p>		
<p>8: Premises and Infrastructure & I.T. Systems</p> <p>Lead Officer:</p> <p>Shona Hyman, Senior Manager Primary Care.</p> <p>Mark Mudie Property asset Manager, NHS Tayside</p> <p>Tracey Wyness, Senior Project</p>	<p>Actions completed</p> <p>Practices were able to submit an application for a grant and a number were awarded to allow development /improvement of space for clinical or training purposes within practices.</p> <p>Actions partially completed</p> <p>Work is underway to develop a lease process for practices but this is still in progress.</p> <p>Phase 2 of the work for Broughty Ferry Health Centre was over budget when costed so the work was split and the</p>	<p>This is being led by NHS Tayside Property Asset Management team.</p> <p>Revised works had to be tendered again and delayed start of works</p>		<p>Once it is clear if there is any remaining funding for local improvement grants a process will be progressed to manage this opportunity in line with the previous processes, recognising the original intention of the Scottish Government funding.</p> <p>Work will continue with colleagues in the asset management team on both the lease process and space utilisation.</p> <p>Progress the priority requests for lease assignments.</p>		<p>A number of requests for lease assignments have been received from Dundee practices. There is a financial risk for NHS Tayside as these progress.</p> <p>Changes to capital funding at Scottish Government level will impact on decision making for local leases as it is less likely there will be opportunities over the coming years to secure funding for buildings</p>

Commitment	Actions Delivered 2023-24 (or expected to complete)	Comment	2023-24 Spend (£k)	Actions to be Delivered 2024-25	Proposed Spend 2024-25 – Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
Manager, Digital Directorate	<p>clinical rooms progressed initially. Work had started but not completed at year end. (Although has now been completed.)</p> <p>A tool to assess a range of factors in relation to buildings which have general practices has been developed, tested and is being refined. This does not necessarily give information as to whether a building is fit for purpose going forward and the condition of the building and space utilisation are not current/detailed.</p> <p>A number of digital solutions are being reviewed and practices encouraged to use these where they are already available, or to test where these are new but may help.</p> <p>Actions outstanding</p>	<p>Work to establish space utilisation has started in Tayside but no Dundee practices yet part of this work.</p> <p>An opportunity to review digital tools which may support patient access and practice capacity are being considered by a small number of practices.</p>		<p>Develop plans and identify funding for the 3rd phase of works in Broughty Ferry Health Centre.</p> <p>Continue to develop the assessment tool for practice buildings as we increase our knowledge of this tool in practice.</p> <p>Work with colleagues across Tayside to utilise opportunities for NHS Tayside capital funding which is earmarked for general practice.</p>		<p>which would replace current practices which have an environment that does not suit modern health care. Funding to improve current premises becomes more important and there is no clear source of funding for this.</p>
9: Workforce Planning and Development	<p>Actions completed</p> <p>Funding for career start programme was secured for 23-4 but not on an ongoing basis as from underspend in PCIF.</p> <p>Funding was agreed from PCIF to support nurses in general practice move towards ANP</p>	<p>The need for secure funding for career start continues to be highlighted including to colleagues in Scottish Government.</p> <p>Only one application for funding towards ANP</p>		<p>Funding for career start should be secured on an ongoing basis.</p> <p>Continue to offer opportunities for nurses to develop towards advanced practice care within general practice. Promote the culture of this role being seen as</p>		<p>The funding for Career Start can be higher than anticipated if the GPs spend less time in practice than anticipated due to issues such as sick leave or maternity leave. Creates a financial risk.</p>

Commitment	Actions Delivered 2023-24 (or expected to complete)	Comment	2023-24 Spend (£k)	Actions to be Delivered 2024-25	Proposed Spend 2024-25 – Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
	<p>qualification with support for training and also clinical mentorship and support from the urgent care team.</p> <p>Senior Nurse Primary Care has met with some practices to support nursing workforce planning, recruitment & development. Particularly linked to changes in their role.</p> <p>Actions partially completed Some work has progressed re communication of the evolving role of the receptionist in practice but mostly still in development.</p> <p>Actions outstanding</p>	<p>was received. Unclear of the reasons for this. Senior Nurse for general Practice Nursing has also been developing a model job description and competency framework to support these roles in practice.</p>		<p>core to care with in general practice.</p> <p>Link to wider HSCP workforce planning processes, and feed into Scottish Government planning.</p> <p>Continue to encourage practices to review opportunities to recruit and retain new general practice nurses</p> <p>Review opportunities for all teams to be more part of an integrated team supporting care for people, rather than stand alone services.</p> <p>Pursue opportunities to promote a positive culture of integrated working, recognising the challenge of this but also the advantages for care, and staff wellbeing.</p> <p>Consider if any further opportunities to develop and test new roles, both within current teams and those that may sit alongside.</p>		
10: Sustainability/ scalability	<p>Actions completed</p> <p>Actions partially completed</p> <p>A regional stakeholder event, and ongoing dialogue informs</p>			<p>Continue to review how CTAC is developing, how to ensure efficiency while providing local access, and improving</p>		

Commitment	Actions Delivered 2023-24 (or expected to complete)	Comment	2023-24 Spend (£k)	Actions to be Delivered 2024-25	Proposed Spend 2024-25 – Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
	<p>the discussions re the scope and range for the pharmacy team, and how to create more rewarding jobs for the team. But this is still in development and has had little impact on recruitment and retention.</p> <p>Discussion re access to CTAC for those with diabetes who would be seen in a secondary care setting is ongoing. This is a complex change process with several aspects causing challenges.</p> <p>Actions outstanding We have not been able to secure additional funding from any other sources to recruit extra posts/expand teams where we could do so.</p>	Several aspects of diabetes care are being changed at the same time which has increased the complexity of the change noted here.		<p>communication with the team and practice.</p> <p>Assess the impact of any secondary care generated work and ensure it is appropriately agreed and funded, and assess if there is space to integrate any additional aspects.</p> <p>Consider if there is possible underspend due to slippage in some areas which would allow expansion of service delivery in other areas, supporting patient access, and helping improve overall capacity. Assess any risk associated with this in terms of expectations of the service going forward and finance risks if this is none recurring funds.</p>		
11: Practice Staff Development	<p>Actions completed</p> <p>GPN network established with regular meeting to support clinical & professional development</p> <p>As noted funding for nursing staff to work towards ANP level, with support from experienced ANPs has been agreed and offered – with limited uptake.</p> <p>Actions partially completed</p>	A model of identifying practice nurse who want to develop towards advanced practice internally has been developed to maximise		Continue to support the development of roles within practice, including for reception and nursing staff		

Commitment	Actions Delivered 2023-24 (or expected to complete)	Comment	2023-24 Spend (£k)	Actions to be Delivered 2024-25	Proposed Spend 2024-25 – Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
	<p>Care navigation training has been commissioned and has started which will enhance the skills of reception staff around communication and engagement in this key area, which is complex and demanding in an environment with very limited clinical capacity</p> <p>Actions outstanding</p>	the impact and retention after training.				
<p>12: Evaluation</p> <p>Lead Officer: Service Leads PH Intelligence Team LIST</p>	<p>Actions completed The survey for practice based staff, and employed teams, has been undertaken and Tayside level reports produced. (With local reports to follow)</p> <p>Teams continue to review their provision in a range of ways.</p> <p>Actions partially completed A plan to develop measures across the wider team have been started but not yet completed.</p> <p>Actions outstanding The patient survey was not repeated as there has been limited communication to increase awareness and understanding of the evolving teams and what that means for people accessing practices for care.</p>			<p>Work to agree across Tayside relevant measures will continue to evolve.</p> <p>The use of Care Opinion can now be considered for Dundee and this will be promoted by teams.</p> <p>Use local and national networks to review and develop locally.</p>		

Commitment	Actions Delivered 2023-24 (or expected to complete)	Comment	2023-24 Spend (£k)	Actions to be Delivered 2024-25	Proposed Spend 2024-25 – Estimated (£k)(reflects slippage so not full year costs)	Risks/ Issues
13: Communication & Engagement Lead Officer: NHST Comms Team	<p>Actions completed Work to increase awareness and understanding of support linked to mental health and wellbeing has been agreed and shared widely. This includes a test with the ambulance service.</p> <p>Additional funding was agreed to support sharing information on key services within practices with the use of digital screens.</p> <p>Actions partially completed Screens delivered to practices but not yet fully up and running.</p> <p>Slides of key information for core services linked to PCI almost final. Plans to develop next phase of information underway.</p> <p>Initial discussion with communications team re support for PCI.</p> <p>Actions outstanding A communications plan for Tayside and Dundee not yet in place</p>			<p>Scope opportunities to share information on the expanding team and what that means for the public – incorporate into Tayside and local plans. Should include practice websites as well as NHST communications and other partners.</p> <p>Finalise the installation of screens in practices and provide training to use the screens for a range of purposes. Scope opportunities to share information on other linked services who support PC access for the screens.</p>		

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Dundee Integration Joint Board Integrated Impact Assessment

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

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

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

Document Title	Primary Care Improvement Plan Update – Appendix 2				
Type of document	Policy		Plan	x	Other- describe
Date of this Pre-Integrated Impact Assessment Screening	17 July 2024				
Date of last IIA (if this is an update)	31 July 2023				
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates					
The report and Plan update on progress with Primary Care Improvement Plan and the Actions and funding for 2024/5. It will be reviewed in 12 months.					
Lead Officer/Document Author (Name, Job Title/Role, Email) Shona Hyman, Senior Manager, Service Development and Primary Care shona.hyman@nhs.scot					
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email) Shona Hyman, Senior Manager, Service Development and Primary Care shona.hyman@nhs.scot					
Job Title of colleagues or name of groups who contributed to pre-screening and IIA					
Primary Care Improvement Group					
Primary Care Clinical Management Team					
Note- some reports to IJB might not require an IIA. Completing screening will help identify when an IIA is needed. Common documents and reports that <u>may not</u> require this can include: report or progress report on an existing plan / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / Ongoing Revenue expenditure monitoring. When the purpose is the noting of information or decisions made by another body or agency (e.g. Council, NHS), including noting of strategy, policies and plans approved elsewhere, reference should be made in the IJB report to the Impact Assessment (or Screening) which accompanied the original report to the decision makers and where this can be found.					
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.	Yes	No			
A document or proposal that requires the IJB to take a decision	X				
A major Strategy/Plan, Policy or Action Plan	X				
An area or partnership-wide Plan	X				
A Plan/Programme/Strategy that sets the framework for future development consents		X			
The setting up of a body such as a Commission or Working Group		X			
An update to an existing Plan (when additional actions are described and planned)	x				

Will the recommendations in the report impact on the people/areas described below? When the answer is <u>yes</u> to any of the following an <u>IIA must</u> be completed	Y	N
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Dundee Integration Joint Board Integrated Impact Assessment

Individuals who have Equality Act Protected Characteristics I.e. Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation		x	
Human Rights. For more information visit: https://www.scottishhumanrights.com Children's Rights. Visit https://www.unicef.org/child-rights-convention#learn		x	
Individuals residing in a Community Regeneration Area (CRA)? i.e. Living in the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.		x	
People who are part of households that have individuals who are more at risk of negative impacts? Including Care Experienced children and young people; Carers (Kinship carers and unpaid carers who support a family member or friend); Lone Parent Families/ Single Female Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).		x	
Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues		x	
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services		x	
Offenders and former offenders		x	
Effects of Climate Change or Resource Use			x
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.			x
Transport, Accessible transport provision; sustainable modes of transport.			x
Natural Environment			x
Air, land or water quality; biodiversity; open and green spaces.			x
Built Environment. Built heritage; housing.			x
<p>An IIA is required when YES is indicated at any question in the screening section above.</p> <p>The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</p>			
From information provided in Step 1 (Pre-screening) Is an IIA needed?		Y	x
In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)		N	
Anticipated Date of IJB	210824	IJB Report Number	DIJBxx-24
Date IIA completed	170724		

Dundee Integration Joint Board Integrated Impact Assessment

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

STEP 2 -Impact Assessment Record

Conclusion of Equality, Fairness and Human Rights Impact Assessment

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

Overall, this Plan will have a positive impact, particularly for health, given the services developed and the way they are delivered. For some people, some of the time, the potential for increased travel may be a negative impact but more people will have reduced travel than increased overall. The direct benefits for all of the services will have a generally positive impact.

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

Date	Activity/Activities	People/groups	By whom
	Previous activities not repeated		
ongoing	Meetings which review progress for programme and workstreams, including feedback	Primary Care Improvement Group.	
ongoing	Community groups	To be added	J Martineau

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- Impact Assessment Record (continued)

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

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

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

Age		Explanation, assessment and potential mitigations
Positive	x	<p>Older people may perceive that some services are less accessible than when directly delivered by their practice. An example of this is flu vaccine which is likely to be in a small number of locations. However, this is once a year, and vaccination (and longer journey) would not be expected to be undertaken when experiencing periods of ill health.</p> <p>Other aspects will have better geographical access such as people who need blood tests taken regularly to monitor a condition. People can access this from any of the locations used across the city – currently 17 – with most people having access within 1500m of their home in this case. Previously people travelled across the city to their practice in many cases. There are also now Saturday and Sunday clinics for some things potentially increasing (working) carers and family members opportunity to support the older person.</p>
No Impact		
Negative	x	
Not Known		
Disability		Explanation, assessment and potential mitigations
Positive	x	<p>Those with a disability may perceive that some services are less accessible than when directly delivered by their practice. An example of this is flu vaccine which is likely to be in a small number of locations. However, this is once a year.</p> <p>Other aspects will have better geographical access such as people who need blood taken regularly to monitor a condition. People can access this from any of the locations used across the city – currently 17 – with most people having access within 1500m of their home in this case. Previously people travelled across the city to their practice in many cases. There are also now Saturday and Sunday clinics for some things.</p>
No Impact		
Negative	x	
Not Known		
Gender Reassignment		Explanation, assessment and potential mitigations
Positive		No specific impact for this group.
No Impact	x	
Negative		
Not Known		
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		No specific impact for this group
No Impact	x	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		No specific impact for this group
No Impact	x	
Negative		
Not Known		
Religion & Belief		Explanation, assessment and potential mitigations

Dundee Integration Joint Board Integrated Impact Assessment

Positive		No specific impact for this group
No Impact	x	
Negative		
Not Known		
Race & Ethnicity		Explanation, assessment and potential mitigations
Positive		No specific impact for this group
No Impact	x	
Negative		
Not Known		
Sexual Orientation		Explanation, assessment and potential mitigations
Positive		No specific impact for this group
No Impact	x	
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above. Describe any Children's Rights impacts not covered elsewhere in this record.		
<p>There is a potential that the changes will increase likelihood of people accessing their right to a healthy life. Health inequalities linked to socioeconomic deprivation is a key factor for the changes in the plan. Early access to those with specialist expertise, and services such as social prescribing link workers, supports these challenges. Less travel for common things like blood tests reduces costs and time which can also positively impact.</p>		

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- Impact Assessment Record (continued)

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

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

Identified Areas of Deprivation -				
	Positive	No Impact	Negative	Not Known
Strathmartine (Ardler, St. Mary's & Kirkton)	x			
North East (Whitfield, Fintry & Mill O'Mains)	x			
Lochee (Lochee Beechwood, Charleston & Menzieshill)	x			
Coldside (Hilltown, Fairmuir & Coldside)	x			
East End (Mid Craigie, Linlathen & Douglas)	x			
Maryfield (Stobswell & City Centre)	x			
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End	x			
The Ferry	x			
<p>Description of impacts on Fairness- Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.</p> <p>A number of the workstream developments give early access to specialist expertise – such as a mental health practitioner or physiotherapist. This increases access to advice for self-care and self-management, more specialist advice and referral to the right pathway if required. This has an overall positive impact on health. The majority of teams are based in practice or are spread across the city in several locations to ensure local access for people.</p> <p>When we are planning teams we looked at needs across the city and aim to deliver high volume things close to people.</p> <p>The ability for some services to be accessed in any of the locations – like having blood taken – it decreases travel, and therefore costs and time for people. A small number of people may have to travel further than if still in practice, but the majority are closer.</p>				

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- Impact Assessment Record (continued)

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

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

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

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

Explanation, assessment and any potential mitigations		
Care Experienced Children and Young People		
Positive	<input type="checkbox"/>	No specific impact for this group. The workstream developments are focussed on adults other than vaccines.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)		
Positive	<input checked="" type="checkbox"/>	Carers often have to travel to support access to care and if this is more local in some cases this will use less time. Some services also have more available time slots – such as weekends – which can help with flexibility.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Lone Parent Families/Single Female Parent Household with Children		
Positive	<input type="checkbox"/>	No specific impact for this group
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Households including Young Children and/or more than 3 children		
Positive	<input type="checkbox"/>	No specific impact for this group
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Retirement Pensioner (s)		
Positive	<input checked="" type="checkbox"/>	Travel for monitoring of long-term conditions, more common in older people, will be reduced.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Serious & Enduring Mental Health Conditions		
Positive	<input checked="" type="checkbox"/>	Mental health practitioners, as part of this work, do not directly support severe and enduring mental health but many in this group will also have stress, anxiety and depression which they do support. GPs and others in the practice also have direct access to advice which can support and improve care.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Homeless (risks of Homelessness)		
Positive	<input type="checkbox"/>	No specific impact for this group
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Drug and/or Alcohol issues		
Positive	<input checked="" type="checkbox"/>	Social prescribing link workers and the Mental Health practitioner may see people in this group in the practice and provide early support around a range of issues.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Offenders and Former Offenders		
Positive	<input type="checkbox"/>	No specific impact for this group
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- Impact Assessment Record (continued)

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

Socio-Economic Disadvantage and Inequalities of outcome – consider if the following circumstances may be impacted for individuals in the following conditions/areas.		
Explanation, assessment and any potential mitigations		
Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)		
Positive	<input checked="" type="checkbox"/>	For those who attend regularly for things like having blood taken there is less travel time for the majority of people, and more likely to be able to walk, reducing travel costs. The social prescribing link workers focus on those with a number of wider social issues, including low income and can offer a range of supports for this.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.		
Positive	<input checked="" type="checkbox"/>	The link workers also consider fuel poverty if they are aware of it and will refer and support access to other agencies re this if required.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Earnings & employment -including opportunities, education, training &skills, security of employment, under employment & unemployment		
Positive	<input checked="" type="checkbox"/>	Link workers consider employment and support towards employment as part of their service.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Connectivity / Internet Access/ Digital Skills		
Positive	<input type="checkbox"/>	
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Health (including Mental Health) Specifically consider any impacts to Child Health		
Positive	<input checked="" type="checkbox"/>	Early access to specialist services is positive for health. The changes are also aimed at releasing GPs to focus on more complex patients and that should increase health more broadly. The mental health practitioners provide assessment and advice as a first point of contact, they have expertise in how people are best supported, and clear links to other parts of the wider MH team if required.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Life expectancy		
Positive	<input checked="" type="checkbox"/>	Improving access and support to a range of services should have a positive long-term impact on life expectancy, although it is difficult to measure this.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Healthy Weight/Weight Management/Overweight / Obesity		
Positive	<input checked="" type="checkbox"/>	Supporting access to the primary care team offers opportunities to consider weight and promote a range of activities to improve this for individuals.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Neighbourhood Satisfaction -Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive	<input type="checkbox"/>	No specific impact for this
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Transport (including accessible transport provision and sustainable modes of transport)		
Positive	<input checked="" type="checkbox"/>	Where services are provided more locally than a practice may be for people it promotes active travel (i.e. people can walk or possibly cycle)
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

Dundee Integration Joint Board Integrated Impact Assessment

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

Step 2- Impact Assessment Record(continued)

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive	<input checked="" type="checkbox"/>	As noted, less travel for many people is positive but for some there is a negative impact. (e.g. concerns raised by those registered with Muirhead practice.) Teams continue to look for opportunities to deliver more services locally.
No Impact	<input type="checkbox"/>	
Negative	<input checked="" type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Resource Use		
Energy Efficiency and Consumption		
Positive	<input type="checkbox"/>	No specific impact for this
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive	<input type="checkbox"/>	No specific impact for this
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Sustainable Procurement		
Positive	<input type="checkbox"/>	No specific impact for this
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive	<input type="checkbox"/>	No specific impact for this
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Built Environment - Housing and Built Heritage		
Positive	<input type="checkbox"/>	No specific impact for this
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- Impact Assessment Record (continued)

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

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

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

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

End of Impact Assessment Record.

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

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

Additional Information and advice about impact assessment can be found at

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

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

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

This form was last updated in February 2024.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21ST AUGUST 2024

REPORT ON: DUNDEE IJB GENERAL PRACTICE STRATEGY UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB40-2024

1.0 PURPOSE OF REPORT

- 1.1 This is a progress update on the General Practice Strategy (DIJB68-2023) which was approved by the IJB on the 13th of December 2023 Article VI of the minute of meeting of 13th December 2023 refers. The Chief Officer was asked to give 6-monthly updates.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the progress to date made in implementing the General Practice (GP) Strategy.
- 2.2 Instructs the Chief Officer to continue to update the IJB on 6-monthly basis.

3.0 FINANCIAL IMPLICATIONS

- 3.1 Dundee IJB has responsibility for the provision of the full range of general practice services across the city, working with NHS Tayside Board and Primary Care Contractors.
- 3.2 The cost associated with the work is funded through a combination of mechanisms and funding sources, including Government capital funds and specific funding held by the IJB (e.g. Primary Care Improvement Funds).
- 3.3 Any additional areas requiring further development with financial investment implications will be progressed in line with HSCP processes.

4.0 BACKGROUND

- 4.1 The scope of the Dundee General Practice Strategy is general medical services and services covered by the GP 2018 Contract and Memorandum of Understanding.
- 4.2 There are major challenges within the city. Dundee has the second lowest life expectancy in Scotland. Furthermore, since 2019 life expectancy in Dundee for men has fallen from 75.6 years to 73.5, and for woman it has fallen from 80.06 to 78.5 years.

Additionally, 37% of the population are living in 20% of the most deprived areas of Scotland. There are high levels of non-prescribed drug use and, relative to Scotland, an increased prevalence of common conditions such as diabetes and heart disease.

4.3 There is a national challenge to the sustainability of general practice which is reflected in Dundee. The contributing factors include:

- Increasing practice list sizes as practices close and patients are allocated to other practices. We recently saw this with Park Avenue Medical Practice closing as the practice was unable to recruit GPs to vacancies.
- There are challenges to workforce recruitment and retention across general practitioners, practice nurses and those with the skills needed to provide the services. Around half of Dundee practices have at least 1 GP vacancy. This is compounded by the numbers of clinical colleagues due to retire within the next 5 years.

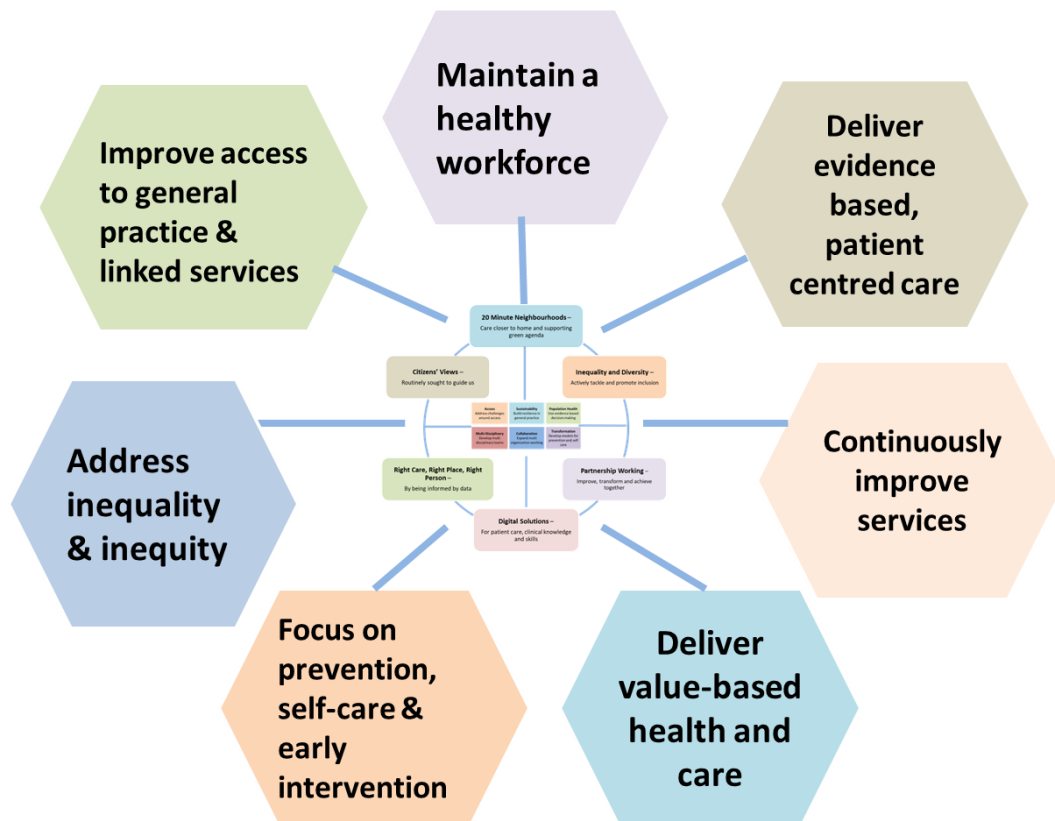
4.4 It is against that background of challenges the General Practice Strategy set out the Areas of Focus which are shown below:



4.5 The Strategy used those Areas of Focus to develop 6 Guiding Principles. These linked to other strategies and reflected views captured from public consultation:

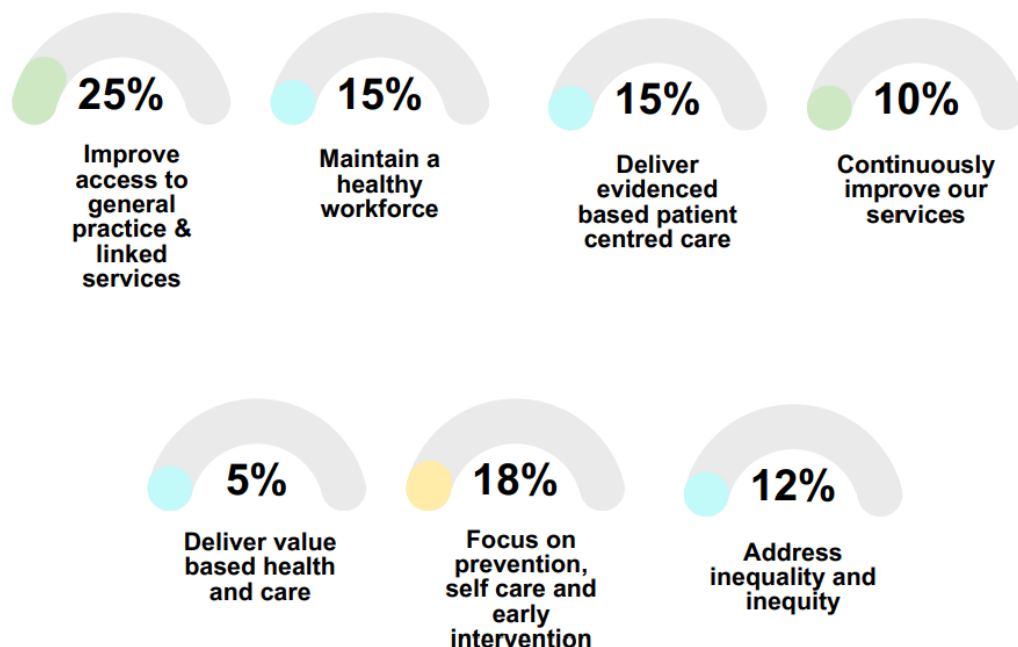


4.6 There was a keenness the GP Strategy was action focused. A 5-year work programme, covering the period 2024 to 2029, set out the key activities falling under seven areas shared below:



5.0 PROGRESS UPDATE

5.1 This document is a Progress Update on those key activities. The infographic below gives an indication of how activity has been assigned across those areas since the Strategy was approved.



As the indicators highlight, activities have been more focused on improving access because the feedback from the public consultation was that improving access is the key priority. Additionally, the sustainability of general practice depends upon steering patients to the right person, at the right time and at the right place. Below we share the detail of the activities for each indicator.

5.2 Improve Access to General Practice and Linked Services

The following activities have been undertaken to improve access:

Information and Education

i) Care Navigation Training

During May and June 2024, Reception Colleagues in general practices across Dundee had an opportunity to be trained in care navigation. The purpose of this training was to build knowledge, confidence, and resilience in this front-line staff group. This in turn, enables them to be better able to direct patients to the most appropriate services in primary care.

The training was provided by an external company, Prima Linea, who have successfully delivered to other Health Boards. There were 2 cohorts, each attending 3 sessions. 95% of Dundee practices fielded at least one candidate, with 74% of attendees attending all the 3 sessions.

ii) Service Specific Training

To increase the knowledge about the services, Reception Colleagues have opportunities to spend time with their colleagues who deliver those services. Bringing colleagues together is an opportunity to learn from one another, to discuss issues, achieve a better understanding of each other's perspective and develop relationships. For example, in June at the General Practice Learning Time event, the Sources of Support team shared with practice staff how their service supports patients.

iii) GP TVs and Media Players

Televisions with media players have been installed into practice waiting rooms. Only 1 practice was unable to take part due to space and 1 is awaiting some remedial work to enable the install. Installations are also happening in Community Health Centres (MacKinnon, Ardler, Ryehill, and Wallacetown).

Public consultations highlight patients' lack of awareness about services and the TV units is one way we are looking to inform patients about services and how to access them. The benefit of media players is to enable information about services to be presented in more engaging ways, helping to inform and educate patients. Screens can be split so several pieces of information can be displayed at once. Each location can tailor what is displayed to provide information relevant to them. Information can easily be updated.

The screens can be used for other purposes. Outside of practice opening times, the screen could support staff education, Patient and Carer Involvement meetings and sessions around prevention and self-management. The information being displayed continues to be developed, keeping at its heart its purpose to support and inform the public's understanding of wider services linked to primary care.

Access to Appointments

The public consultation, undertaken as part of the GP Strategy, found that when patients were asked to rank the 7 key activities (set out at item 4.6), 66% of responses asked for improvements in accessing appointments. This is ongoing work but to date:

i) Asynchronous Consulting

Funding has been provided to enable six GP Practices to test asynchronous consulting. This is where a health assessment is done remotely, with the patient completing an online assessment form which is then reviewed by a clinician who responds within 72 hrs.

By offering this alternative route it is anticipated it will reduce telephone traffic making it more straight forward for those that prefer to telephone and to support practices to manage incoming requests.

Asynchronous consulting complements care navigation by signposting patients to the most appropriate clinical provider. For example, directing eye related concerns to a community optician as the first point of contact.

ii) **Medlink**

All Practices in Dundee have an opportunity to test a digital solution called Medlink. It has a variety of functions, including the ability to do bulk text messaging, online medication reviews (e.g., contraception checks), to share information with patients (e.g., videos on asthma inhaler techniques) and the ability for patients to submit information (e.g., blood pressure or blood sugar readings). Patients receive a message by text or email and respond by clicking on the link. Patients do not need to download any software.

Evidence suggests using Medlink enables routine work to be done more efficiently including reducing unnecessary appointments. Apparently patients find the app helpful and easy to use with those needing regular reviews finding it convenient. We will update on the Dundee experience and outcomes.

iii) **Self Check-In at Reception**

Use of Self-Check kiosks e.g., at Broughty Ferry practice, enable patients to confirm they have arrived for their appointment at the practice. The clinician can then call the patient through to the consulting room. This frees up Reception Colleague time to answer and respond to other patient enquiries.

5.3 **Maintain a Healthy Workforce**

Staff wellbeing is vital to a well-run service. Improving working lives links to the Dundee HSCP Workforce Plan 2022-25 which includes tools and opportunities to help colleagues nurture their mental health and take care of their physical health. The aim is for colleagues to thrive and feel valued in their role and to support them to deliver the service. It is noted the DHSCP workforce are largely female (87%) with the largest staff group being nurses and across each service at least 40% is aged 50+ years, a challenge already recognised.

Examples of work under this action include:

- A training framework to improve the experience of the physiotherapists and build resilience into the system to assist with cover.
- New ways of working with a multi-organisation approach being explored including a possibility of some Multi-Disciplinary Team development.
- Providing colleagues with the opportunity to learn about quality improvement and the opportunity to work across different teams. For example, bringing together Physiotherapy colleagues, GP Practice teams and members of the Primary Care team to improve patient access to First Contact Physiotherapy.
- A Staffnet page to host educational material and links which provide a central repository of information for GPs is under development.

5.4 **Deliver evidence based, person centred care**

The Primary Care Mental Health and Wellbeing Framework is an example of person-centred care offering easy-to-access locality-based care, advice, and support and utilising a multi-disciplinary team.

The approach focuses on early intervention to prevent mental health issues from occurring or escalating, addressing the underlying causes, adversities, and inequalities where possible and seeking to promote positive mental health and wellbeing. Key activities include developing seamless referral pathways to substance use, mental health services, and social care, responding to emotional distress, and offering person-centred, trauma-informed support.

Work includes the establishment of Hope Point, in South Ward Road. Hope Point is a self-referral and free service, offering practical and emotional support. Additionally, Distress Brief Intervention training has been rolled out to GP practices to improve their response to people presenting in distress.

A Children and Young People Mental Health and Wellbeing Multi-Agency Quality Forum has been formed, and specialist services and pathways around neuro-developmental problems are in development. Also, Connect: The Early Intervention in Psychosis service is now established to support access to essential services.

5.5 Continuously Improve Services

Improvements to the physical environment of General Practice Premises

Ancrum, Broughty Ferry and Muirhead practices recently had improvements to create additional clinical or administrative space. There has also been remedial work completed at Nethergate, Hillbank and Princes Street practices. GP Premises is covered under the GP Premises Strategy and reported to IJB separately.

Improving Patient Pathway

DHSP Primary Care colleagues are working with the Health Improvement Scotland Collaborative to learn and use quality improvement tools to map and improve patient pathways. The initial project focused on First Contact Physiotherapy and working with 2 practices to improve the patient pathway to give optimal patient and staff outcomes including shorter waiting times and reduced non-attendance.

GP Clusters

The 4 GP Clusters have funding opportunities to do quality improvement projects. Current projects are pain, diabetes, cervical screening, and reception processes.

5.6 Deliver Value Based Health and Care

Value based health and care delivers better outcomes and experiences for people through equitable, sustainable, appropriate, and transparent use of resources.

The Primary Care Mental Health and Well-being Delivery Plan 2024 - 2027 is now developed with several actions relating to the priority aims.

- Raising awareness and improving the navigation of what is available for mental health and wellbeing support, ensuring people know how to access this.
- Service development to maximise resources and efficiency and identifying further areas of need and developing services.
- Further developing mechanisms for governance through the creation of an assurance framework with a range of measures.

It links with Realistic Medicine which supports shared decision making between clinician and patient. By practising Realistic Medicine, we deliver value-based health and care and where there have been opportunities, we have shared benefits of Realistic Medicine with citizen groups.

Outcome measures across service, professional and personal are a key component of all the activities being undertaken. For example, some services are collecting patient stories as part of their regular reporting.

5.7 Focus on Prevention and Self Care

The Primary Care Clinical Management Team is working up a programme of work to support Prevention and Self Care. We recognise the importance of enabling the citizens of Dundee to take care of their health and to live more quality years. There are several initiatives underway across the city:

- The Family Medical Group practice in Douglas is trialling Group Consultations where several patients with similar health needs come together. The practice is also developing lifestyle advice for patients with complex needs.
- The Health Defence team are to be based in Douglas and will be providing health checks.
- Dundee has the highest hospital admission for falls in Scotland. Work is underway to raise awareness of simple measures anyone over 45 years should consider to protect themselves from falls. Citizens' feedback on this has been very positive.

- The use of digital health technologies to support diagnosis, treatment and monitoring is on the radar. Work will align with ambitions set out in the NHS Tayside Digital Health and Social Care Strategy.
- Cluster 3 practices (Ancrum, Ancrum 1, Coldside, Downfield, Hillbank and Lochee) have undertaken works aiming to increase the uptake rate of cervical screening as rates are lower in more deprived areas. The impact of this to be assessed.
- We are looking to the work programme in Angus on Prevention and Proactive Care for how we might work in Dundee, recognising that Dundee already has elements of this in place.

5.8 Address Inequality and Inequity

In the latest data period available from 2017 - 2021 (5-year aggregate), the average life expectancy in Dundee was 74 years of age for men, and 79.1 years of age for women. In Scotland the average life expectancy was 76.5 years of age for men and 80.7 years of age for women.

The Ferry had the highest average life expectancy for men and woman, 80.4 years, and 84.3 years respectively. East End had the lowest average life expectancy for men and woman, 70.5 and 76 years respectively.

4 localities were lower than the Dundee average for male life expectancy, these were Maryfield, Lochee, Coldside and East End. Those same 4 localities were the same or lower than the Dundee average for female life expectancy.



Source: ScotPHO (2017 - 2021 aggregated years for the locality; 2020 - 2022 aggregated years for Dundee and Scotland)

As part of work to address inequality and inequity, there is ongoing work with the Health Inclusion Team. An options appraisal is underway with the Health Inclusion Service Lead. It is looking at how best to support general practice and offer health checks and advice to those citizens who are harder to reach and do not contact health services. This builds on work that has been done over several years where the Keep Well Nurses, who are part of the Health Inclusion Team, provide health and wellbeing checks to more complex, vulnerable patients across the city.

6.0 POLICY IMPLICATIONS

- 6.1 This report is an update, so an Equality Impact Assessment is not required. It is recognised that each work programme will require an Equality Impact Assessment to be undertaken.

7.0 RISK ASSESSMENT

Risk 1 Description	Sustainability of General Practice - The risk reflects the huge pressure on general practice due to increasing demand and complexity of health needs together with the increase in GP vacancies due to retirement and recruitment and retention issues.
Risk Category	Operational, Workforce
Inherent Risk Level	Likelihood 5 x Impact 4 = Risk scoring 20 (which is an Extreme risk level)
Mitigating Actions (including timescales and resources)	<p>Programme of work around Sustainability includes annual surveys to keep apace of the issues and challenges together with a work programme to address issues where possible.</p> <p>Part of the solution is to improve access to other services within primary care that support general practice thereby relieving pressure on GPs. The work includes informing patients about those services and educating Reception Teams on service availability and access.</p> <p>There is further work to be done to understand critical components of this risk including premises, funding, other services and staff groups (e.g. ANPs, nurses).</p> <p>The Regional Audit of the NHS Tayside strategic risk relating to Sustainability of Primary Care Services has a current risk exposure on the Risk Log of 20. More detailed actions are noted in this Tayside risk.</p>
Residual Risk Level	Likelihood 5 x Impact 4 = Risk Scoring 20 (which is a Extreme risk level)
Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High risk level)
Approval recommendation	Note and accept risk – this is a risk reflected nationally.

Risk 2 Description	Quality Information - The risk of not having readily available high-quality analytics to inform decision making.
Risk Category	Governance, Workforce, Operational
Inherent Risk Level	Likelihood 4 x Impact 3 = Risk scoring 12 (which is an High risk level)
Mitigating Actions (including timescales and resources)	<p>There is a Working Group bringing together and linking information teams including Dundee HSCP colleagues, Public Health Scotland, and Local Intelligence teams to provide the data and analyses to inform improvements. There may also be a technological element to ensure systems are linked and accessible. This is work in progress but the data and heatmap from the Tayside Sustainability Survey provides key insights into the risk for Dundee practices. This is used to inform the Dundee Sustainability Work plan</p>
Residual Risk Level	Likelihood 4 x Impact 3 = Risk Scoring 12 (which is a High risk level)
Planned Risk Level	Likelihood 3 x Impact 2 = Risk Scoring 6 (which is a Moderate risk level)
Approval recommendation	It is recommended to accept this risk.

Risk 3 Description	Accommodation - The ongoing risk of good quality accommodation for services to enable patients to access primary care services near to home.
Risk Category	Operational, Governance, Financial
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk scoring 16 (which is an Extreme risk)
Mitigating Actions (including timescales and resources)	<p>The Dundee GP Premises Strategy outlined the plan going forward and this work has begun.</p> <p>The Primary Care Premises Improvement Programme oversees the property portfolio used to deliver general practice and actively works to resolve issues as they arise.</p> <p>There is ongoing work compiling information on the Dundee general practice premises so that premises that require attention are flagged early and remedial action planned.</p> <p>A process to review and assign leases from General Practice to NHS Tayside is being developed to streamline this process and assess the financial risk this creates.</p>
Residual Risk Level	Likelihood 4 x Impact 3 = Risk Scoring 9 (which is a High risk level)
Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High risk level)
Approval recommendation	This risk should be accepted and monitored as actions develop

8.0 CONSULTATIONS

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

The work programme will include ongoing consultation with the citizens of Dundee.

9.0 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	

10.0 BACKGROUND PAPERS

10.1 N/A

Dave Berry
Chief Officer

DATE: 8 August 2024

Report Authors

Julia Martineau, Programme Manager, Primary Care

Dr David Shaw, Associate Medical Director, Dundee HSCP

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Dundee HSCP

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21 AUGUST 2024

REPORT ON: DUNDEE INTEGRATION JOINT BOARD EQUALITY OUTCOMES - UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB46-2024

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to inform the Integration Joint Board of progress towards achieving DIJB Equality Outcomes

2.0 RECOMMENDATIONS

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

- 2.1 Note the progress that has been made during 2023/24 to understand the health and social care needs, preferences and experiences of Transgender and Non-binary people and to learn more about the experiences of race discrimination across the health and social care workforce (sections 5.1 to 5.4 and 6.1 to 6.4).
- 2.2 Note the opportunities for action that have been identified to further progress these areas of work during 2024/25, including the need for active participation and support from leaders across the health and social care sectors, such as IJB members (sections 5.5 to 5.6 and 6.5 to 6.6).
- 2.3 Instruct the Chief Officer to submit a full update against all of the IJB's Equality Outcomes via the statutory Equality Outcomes and Mainstreaming Update and Progress Report 2023-2025, no later than the end of April 2025.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 BACKGROUND

- 4.1 The IJB's Plan for Excellence in Health and Social Care in Dundee 2023-2033 identifies the ambition that:

"People in Dundee will have the best possible health and wellbeing.

To achieve this ambition local people 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.”*

When realising this ambition, the IJB must ensure that their decisions are consistent with, and supportive of, the General Equality Duty in the Equality Act 2010. This duty means that the IJB, as a Public Body, must eliminate discrimination, advance equality of opportunity, and foster good relations.

4.2 As part of the Plan for Excellence, the IJB set four Equality Outcomes for 2023-2027:

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 in the workplace.

4.3 Whilst work continues across the IJB and the Health and Social Care Partnership to implement each and all of the IJB's Equality Outcomes, in May 2024, the IJB's Strategic Planning Advisory Group (SPAG) considered reports that directly address Equality Outcomes 2 and 4. The SPAG considered information about targeted engagement with Trans*¹ and Non-Binary Adults in Dundee about what matters to them about health and social care and how Dundee IJB and the Health and Social Care Partnership might better address their needs in the future. They also considered information about the impacts of race discrimination on the health and social care workforce, in particular within Care at Home Services, and how the IJB might support plans to address this. Sections 5 and 6 of this report provide further detail about these developments.

4.4 Through the Equality Outcomes and Mainstreaming Update Report, which must be published by the IJB every two years, a full update on progress made against all of the IJB's Equality Outcomes will be submitted to the IJB by the end of April 2025.

5.0 EQUALITY OUTCOME 2 – ENGAGEMENT WITH TRANS* PEOPLE

5.1 In early 2023, as part of discussions around the Plan for Excellence in Health and Social Care in Dundee 2023-2033, it was noted that it had not been possible to hear from local people who identified as Trans*. Although accurate data is scarce it is thought that at least 0.5% of our population in Scotland are Transgender. It was acknowledged that not enough was known about what is needed to achieve the ambition of 'excellence' in Health and Social Care in Dundee with regards to Trans* people. Through the equality outcomes the IJB has made a commitment to the LGBTQ community overall. It is known that Trans* people have some shared concerns and shared goals with people in this the overarching group, however there is a need for the IJB to consider Trans* peoples' concerns and goals separately where these are not convergent with the other parts

¹ Trans* is used as a way of including all Trans, non-binary and gender non-conforming identities.

The Equality Act 2010 protects Trans people from discrimination on the grounds of gender reassignment (proposing to undergo, undergoing or having undergone a process to reassign their sex). It is therefore the case that not all people who identify as Trans* are protected under the Equality Act 2010, however it is recognised that the views of all Trans* people about their health and social care needs, preferences and experiences (including inequalities) can help inform action taken by the IJB to ensure their compliance with the provisions of the Act.

of this group and/or because additional needs and known disadvantage are identified for Trans* people.

- 5.2 During 2023/24, the Partnership's Senior Officer Strategic Planning, supported by Councillor Tolland in her capacity as an IJB member, has planned and implemented an approach to explore views of local people from this community of interest. Initial meetings with Trans* people from Dundee were arranged via attendance at the Scottish Trans Conference in June 2023 and Trans Pride in August 2023, both held in Dundee. Following this a list of names and emails of interested people was compiled and further meetings were arranged in Dundee in November 2023. The group had a strong preference to use these sessions to discuss their concerns about health care and wellbeing supports with a view to this informing a report to the IJB's Strategic Planning Advisory Group on potential improvements to services and supports. The group met again in February and June 2024 and will continue to do so to enable ongoing discussion and feedback.
- 5.3 In addition to establishing and meeting with a group of local people with lived experience of Trans* matters, there has also been follow-on engagement with: the Scottish National Gender Identity Clinical Network; NHS Tayside Public Health; Dundee Health and Social Care Partnership Psychology Services; the local Managed Care Network for Sexual Health & BBV; some local Third Sector Agencies; and, 'Scottish Trans' (a national third sector organisation funded by Scottish Government).
- 5.4 Through engagement with Trans* people and supporting organisations and services the following key themes emerged in terms of health and social care needs, preferences and experiences:
 - There is no specialist Health and Social Care Wellbeing Support and Advice service in Dundee for over 25-year-olds- regarding Trans* matters. There is extremely limited wider LGBTQ+ support available in the city. There is a need for supported peer support, social groups, mental wellbeing support in Dundee, as well as across Tayside.
 - While some Health and Care Practitioners provide excellent non-discriminatory services, some Trans* people have had experiences that they would describe as traumatic and damaging. There are a small number of highly expert local practitioners within Primary Care. Learning activity is needed, with priority for Mental Health (Health, Social Work and Social Care Support), Drug and Alcohol recovery and support services, Suicide Prevention, Homelessness and Primary Care.
 - People find that when attending appointments/interviews addressing other health and wellbeing matters some practitioners try to utilise their time with a Trans* person to learn more about Trans* matters and their life experiences. While it is positive that they wish to learn it can be a hinderance/burden to share this information when attending an appointment about something unrelated to Trans* issues. Some local Trans* people have an interest in contributing to Learning Activities for local practitioners and would be pleased to share their time and expertise.
 - NHS Tayside usually contracts Gender Identity services at Sandyford Clinic, Glasgow. There is currently a five year wait after referral before appointments are offered. Locally there is a lack of understanding of referral processes for this. There has recently been updated information added to the General Practice Referral Pathway, however wider knowledge of referral pathways amongst both the workforce and Trans* people themselves would help to increase accessibility.
 - Many recording systems in Health and Social Care and elsewhere do not provide effective support for name changing and gender recording.
- 5.5 In response to these themes Partnership services, supported by the Strategic Planning Advisory Group, have identified a number of areas for improvement in relation to delivering the strategic shifts within the Plan for Excellence for Trans* people in Dundee:
 - Strengthening the focus on the needs and experiences of Trans* people within the Trauma Informed Practice and Leadership programme of work that is in place within Dundee.

- Identifying and implementing approaches to sharing good practice approaches and positive feedback / impacts with the health and social care workforce and with Trans* people.
- Developing local information web resources around services and supports for Trans* people and enhancing the use of social media to communicate key information.
- Working with local Trans* people to develop learning and development resources for the health and social care workforce, with an initial focus on Primary Care, Community Pharmacy, A&E and Mental Health crisis support services.
- Providing learning and development opportunities for those in leadership and governance roles, including IJB members.
- Considering further opportunities to clarify and improve pathways of care for Trans* people, including meeting both clinical and wider health and wellbeing needs. This will include understanding opportunities for enhanced local services (as an alternative to national referrals) and the financial implications of such developments.
- Exploring opportunities to work collaboratively, with the IJBs in Angus and Perth and Kinross, including potential establishment of an Interest Network that includes leadership from Trans* people alongside officers.

5.6 To support the progression of these improvements it is intended that an action focused sub-group of the Dundee Health and Social Care Partnership Equality and Human Rights Learning Network will be established. This sub-group will also work alongside the Trans* group that has been established, who will continue to be supported by the Senior Officer, Strategic Planning. In addition, relevant information will be integrated into the Partnerships Delivery Plan 2024/25. In the longer-term the information gathered about the needs, preferences and experiences of Trans* people will also inform the statutory review of the Plan for Excellence, which will be undertaken in 2025/26.

5.7 The IJB will be updated regarding progress against these actions as part of the Equality Outcomes and Mainstreaming Update Report for 2023-2025, that will be submitted for consideration prior to the end of April 2025.

6.0 **EQUALITY OUTCOME 4 – FOCUS ON RACE DISCRIMINATION IN THE WORKPLACE**

6.1 The health and social care workforce includes people from ethnic minority communities who, as well as being valuable and valued colleagues, can be a rich source of information relating to workforce matters and who have cultural and language insights to share about their wider community. It is important to acknowledge that racial inequalities and race discrimination do exist in health and social care in Scotland and will have affected colleagues across the Dundee Health and Social Care Partnership workforce. It is known that colleagues can also be subject to, and observe racism in interactions with service users, carers and the public while at work. Although there is little or no, reported racism from colleagues and managers it is also recognised that members of the workforce may also experience racism from colleagues.

6.2 Dundee Health and Social Care Partnership is responsible for a range of services provided by colleagues employed in Dundee City Council and NHS Tayside, alongside colleagues and volunteers from the private and voluntary sector. The Partnership does not yet have a mechanism to record and evaluate personal characteristics of the combined workforce. From the last Census (2021), across Dundee City a total of 82% of residents describe themselves as White Scottish and White British. In 2022 from information available for just under 1000 employees in the Dundee City Council employed part of the workforce, 86% of people were recorded as White Scottish or White British. The others were recorded as African - (Inc. Scottish/ British); Asian – Pakistani (Inc. Scottish/ British); Caribbean or Black - Black (Inc. Scottish/ British); Other Ethnic Background; Prefer Not to Answer; Unspecified White - Eastern European; White - Irish; White - Other British; White -Other White Ethnic Group. From information available for just over 1,500 employees in the

NHS Tayside employed part of the workforce, 83 % of people were recorded as White Scottish or White British.

- 6.3 There are very few formal grievance and / or disciplinary cases in either Dundee City Council or NHS Tayside for Partnership staff where race or ethnicity has been a factor. This does not mean that race discrimination has not happened in our workplace and may reflect under reporting and low confidence in reporting. In July 2021, the Scottish Association of Social Work found that nine in ten Black, Asian and Minority Ethnic Social Workers experience racism at work, and that when they report racism, organisations are often “unprepared” and “uncomfortable”. In Renfrewshire, a Survey was organised for Care at Home workers, one in five home care workers who responded to the survey were from an ethnic minority background. 55% of ethnically diverse staff working in care at home reported experiencing racism from clients that they support. During 2023/24 significant work has been progressed with a view to better understanding the experiences of the Dundee health and social care workforce, including direct engagement with workforce members and with their employers (particularly in Care at Home Services). This engagement has identified a significant increase in the number of Social Care Workers in Dundee who are of Black African origin, having moved to Scotland as economic migrants. It has also identified that members of the workforce delivering Care at Home Services are experiencing race discrimination and other equality discrimination from services users, unpaid carers and wider family members. Workforce members and their employers have shared that individuals have felt vulnerable whilst carrying out their duties, both in people’s homes and within the wider community.
- 6.4 Across Health and Social Care in Scotland there is a strong desire to eliminate discrimination and inequality both in service delivery and in the workplace overall. Race discrimination requires a specific focus as part of this process. It is expected that some of the planned work to eliminate race discrimination will support anti-discrimination work related to all equality characteristics. During 2023/24 the following progress has been made within Dundee:
- Connections have been made between local officers and relevant national networks and organisations, including attendance at learning and development events.
 - Identification of work being undertaken by the Scottish Social Services Council to develop resources to inform and upskill social workers about anti-racist practice and consideration of how these can be promoted and used within Dundee.
 - Connections have been strengthened to the NHS Tayside Employee Network (which is available to NHS and Council employed staff, but not third and independent sector), as an important site through which to gather ongoing feedback about local workforce experiences and regarding anti-discriminatory work being progressed by the corporate bodies.
 - Identification of work progressing between NHS Education for Scotland and the Coalition for Racial Equalities and Rights (CREAR) to develop learning materials for the NHS and integrated health and social care workforce.
 - Promoting the ‘Help Tackle Racism’ survey from CREAR for the health and social care workforce. Results are not yet available but will be utilised to inform future actions and planning.
 - Provision of local learning and development opportunities, including a Hate Incident, Hate Crime session for 30 colleagues across social care, housing support and employability services, and a Mental Health Foundation session on Engaging with Refugees and Asylum Seekers for 20 colleagues across the health and social care workforce.
 - Identifying Renfrewshire Health and Social Care Partnership as an example of a best practice approach to tackling race discrimination, including having developed a policy framework within which to address instances of race discrimination that applies across all employers.

6.5 ACAS assert that “*You should aim for a culture of zero tolerance of racism and race discrimination in the workplace. Race discrimination can be less likely to happen in a workplace that encourages equality, diversity and inclusion, for example when there is a range of people from different backgrounds*”. It is recognised that the Dundee Health and Social Care Partnership is at an early stage of its work to address race discrimination, however based on work undertaken during 2023/24 the following opportunities for action have been identified and are being progressed:

- Further exploration of the nature and scale of race discrimination amongst the health and social care workforce in Dundee. This includes consideration of a workforce survey as a means through which to gather further information and feedback, possibly in collaboration with Dundee City Council, and individual or small group meetings to hear directly from employees and placement students.
- Creating further opportunities for people in leadership and governance roles, including IJB members, to support and champion this area of work. Learning from colleagues in Renfrewshire has indicated that this was critical to setting expectations around organisational culture and maintaining expected standards.
- Development of a consistent policy framework for Dundee, building on the example provided by Renfrewshire and including a zero-tolerance approach. This should have a particular focus on support to individuals and services whose workplace is the home of the service user/patient including Community Nurses, Allied Health Professionals, Social Workers and Care Managers who are employed by all sectors within the Partnership.
- Provision of further learning and development opportunities for managers across services so that they are equipped with the knowledge, skills and confidence to support staff subject to racism including racism from public, with discretion and as part of day-to-day business.
- Strengthening mechanisms for members of the workforce to share their experiences and views regarding race discrimination on an ongoing basis, and mechanisms for recording and reviewing incidences.

6.6 It is intended that a collaborative working group will be established to take forward these areas of work, supported by and reporting to the IJB’s Strategic Planning Advisory Group. This will enable participation from all sections of the workforce, including the third and independent sector, and provide an opportunity to progress understanding and response beyond the initial focus on Care at Home Services. In addition, relevant information will be integrated into the Partnerships Delivery Plan 2024/25. In the longer-term the information gathered about race discrimination will also inform the statutory review of the Plan for Excellence, which will be undertaken in 2025/26.

6.7 The IJB will be update regarding progress against these actions as part of the Equality Outcomes and Mainstreaming Update Report for 2023-2025, that will be submitted for consideration prior to the end of April 2025.

7.0 POLICY IMPLICATIONS

7.1 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.

7.2 The IJB Equality Outcomes have previously been subject of an Integrated Impact Assessment, as part of the Plan for Excellence 2023-2033.

8.0 RISK ASSESSMENT

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

9.0 CONSULTATIONS

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

10.0 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	

11.0 BACKGROUND PAPERS

- 11.1 None.

Dave Berry
Acting Chief Officer

DATE: 24 July 2024

Joyce Barclay
Senior Officer, Strategic Planning

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
21 AUGUST 2024

REPORT ON: ANNUAL PERFORMANCE REPORT 2023/24

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB42-2024

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to submit the three editions of the Dundee Integration Joint Board Annual Performance Report 2023/24 for noting following their publication on 26 July 2024.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this report and of the three editions of the Annual Performance Report 2023/24, available via the hyperlinks in section 4.2.2 and with printable version contained within appendices 1 to 3.
- 2.2 Note that the Annual Performance Report 2023/24 was published on 26 July 2024 following approval by the Chair and Vice-Chair of the Integration Joint Board, the Clerk and the Partnership's Senior Management Team (section 4.2.1).
- 2.3 Instruct the Chief Officer to update the Annual Performance Report with financial year 2023/24 data for all National Health and Wellbeing indicators as soon as data is made available by Public Health Scotland (section 4.2.6).

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 states that Integration Authorities must prepare an annual performance report for each reporting year. A performance report is described as a report which sets out an assessment of performance by each Integration Authority in planning and carrying out its integration functions. The Public Bodies (Content of Performance Reports) (Scotland) Regulations 2014 sets out the prescribed content of an annual report prepared by an Integration Authority in terms of Section 42 of the Act.
- 4.1.2 There is a requirement for each Integration Authority to publish their annual performance report within four months of the end of the reporting year. The seventh annual report of the Dundee Integration Joint Board (for 2023/24) was therefore due for publication by 31 July 2024.
- 4.1.3 As the statutory timescale for publication preceded meeting of the IJB on 21 August 2024 it has been necessary to use the IJB's Scheme of Delegation process regarding urgent matters to

secure approval of the Annual Performance Report prior to publication. The Chief Officer in consultation with the Chair, Vice Chair, Chief Finance Officer and Clerk and Standards Officer approved the reports on behalf of the IJB in order to meet the statutory publication timescale (see appendix 4).

- 4.1.3 The Integration Joint Board has been evolving its approach to producing and publishing the annual performance report. In April 2022, the Integration Joint Board agreed a revised approach to producing and publishing Annual Performance Reports for 2021/22 onwards reflecting the view that the principle purpose of the annual report should be to evidence to the public in an open, transparent and accessible way the use and impact of public resources to meet the health and social care needs of the population and improve outcomes (article X of the minute of the meeting of the Dundee Integration Joint Board held on 20 April 2022 refers). For 2023/24 three editions have been produced which correspond to legislative requirements and also provide assurance regarding local strategic priorities. Each of these three editions is available in three formats in order to ensure maximum accessibility by members of the public and professional stakeholders. These formats include an interactive, web-based version in Microsoft SWAY which is designed to be compatible with smartphones, an interactive, web-based version in Microsoft SWAY which is designed to be compatible with PC, tablet and laptop and a PDF flat file version which can be printed and shared easily.

4.2 Annual Performance Report 2023/24

- 4.2.1 The three editions that make up the Annual Performance Report for 2023/24 were produced and published on the Partnership's website on 26 July 2024. The editions are available at:

Performance, Finance, Workforce and Governance Overview

<https://sway.cloud.microsoft/9moZyuDYfbfYQc3?ref=Link>
<https://sway.cloud.microsoft/gGMR6sAO3FYdUKCh?ref=Link>

Reducing Inequalities, Supporting Self-Care and Ensuring Service are Open Door

<https://sway.cloud.microsoft/PdjGbdItAEvd7Ft2?ref=Link>
<https://sway.cloud.microsoft/8gePA6BISH5u5E66?ref=Link>

Planning and Working Together

<https://sway.cloud.microsoft/IHQwuigSrB7XgVMs?ref=Link>
<https://sway.cloud.microsoft/gPEBomgzUhNtsgG9?ref=Link>

A printable version of each edition is contained within appendices 1 to 3. The publication of the editions followed feedback from stakeholders, including members of the Strategic Planning Advisory Group and Integration Joint Board, and approval of the final draft by the Chair and Vice-Chair of the IJB, the Clerk and the Partnership's Senior Management Team.

- 4.2.3 In common with many other Partnerships across Scotland it is recognised that the performance report continues to include limited content that directly evidences the impact and outcomes of service transformations and improvement on people who use services, carers and the wider public. There has been significant additional focused work this year to obtain evidence of outcomes and impacts from services and teams wherever this is available. This is reflected in the case studies, image, quotes and feedback incorporated mainly into the two editions focused on the strategic priorities. There continues to be challenges in recording, collating and reporting outcomes information at a large scale; this is addressed in the recently agreed IJB Strategic Commissioning Framework 2023-2033.
- 4.2.4 The Annual Performance Report has been produced on the Microsoft SWAY digital platform, allowing incorporation of video content and interactive sections. The final documents are suitable for viewing across a range of digital devices. Each edition is designed to be able to be read on a standalone basis, therefore some core contextual information and content is repeated in more than one edition where relevant.
- 4.2.5 Alongside the main Microsoft SWAY versions of each edition, a plain text version has also been produced and published in a PDF format. This will aid accessibility for members of the public

who would wish to print the report. The plain text versions are contained within appendices 1 to 3.

- 4.2.6 Due to the availability of data for National Health and Wellbeing Indicators 11 to 20, which are produced and published by Public Health Scotland, it has not been possible to provide financial year data (2023/24) for all indicators. The Annual Performance Report therefore contains financial year data for indicators 15, 17 and 19 (last 6 months of life, care services gradings and delayed discharge), with all other indicators in this subset being reported against the 2023 calendar year. The report will be updated as soon as financial year data is made available by Public Health Scotland for all indicators.
- 4.2.7 The Annual Performance Report will now be formally submitted to the Scottish Government, Dundee City Council and NHS Tayside, as well as being electronically distributed to organisational stakeholders under the direction of the Strategic Planning Advisory Group. Work has also been progressed with Dundee City Council Communications Service to promote the reports to the public through social media and other available channels.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	Poor performance against national indicators could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Continue to develop a reporting framework which identifies performance against national and local indicators. - Continue to report data quarterly to the PAC to highlight areas of exceptional performance (poor and excellent). - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data. - Work with operational managers to identify areas of poor performance that result in operational risk and undertake additional analysis as required.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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.

David Berry
Acting Chief Officer

DATE: 31 July 2024

Lynsey Webster
Lead Officer Quality, Data and Intelligence



Dundee Health and Social Care Partnership Annual Performance Report 2023-24

Introduction

This is the eighth statutory Annual Performance Report of the Dundee Integration Joint Board (IJB). Established in April 2016 the IJB is the group of people responsible for planning, agreeing and monitoring community-based health, social work and social care services for adults.

The Dundee Health and Social Care Partnership ('The Partnership') consists of Dundee City Council, NHS Tayside and partners from the third sector and independent providers of health and social care services. The Partnership is responsible for delivering a wide range of adult social work and social care services, and primary and community health services for adults, on behalf of the IJB. The Partnership is also responsible for some acute hospital care services.



Bob Benson, Chair
Dundee IJB



Dave Berry, Acting Chief Officer
Dundee IJB

This report is part of a suite of 3 reports which presents performance against the National Health and Wellbeing Indicators as well as providing examples of services and initiatives which have contributed to the achievement of the Strategic Priorities in our Strategic and Commissioning Framework 2023-2033. Within these reports you

can view the greatest achievements, challenges and areas for improvement, plus examples of person-centred outcomes and feedback received from people who use our services, their carers and families and our workforce. These reports can be viewed here:

Versions optimised for Smartphone

[Governance](#)

[Working and Planning Together](#)

[Reducing Inequalities, supporting Self Care and ensuring services are Open Door](#)

Versions optimised for PC / Laptop / Tablet

[Governance](#)

[Working and Planning Together](#)

[Reducing Inequalities, supporting Self Care and ensuring services are Open Door](#)

The plan for excellence in health and social care in Dundee, Strategic Commissioning Framework 2023-2033

As part of The Plan for Excellence in Health and Social Care in Dundee the IJB has set a new ambition for health and social care in Dundee and identified 6 strategic priorities that will be the focus for work over the next 10 years.



Click [here](#) to view the Plan for Excellence in Health and Social Care in Dundee

Ambition: People in Dundee will have the best possible health and wellbeing.

They will be supported by health and social care services that:

- ✓ Help to reduce inequalities in health and wellbeing that exist between different groups of people.
- ✓ Are easy to find out about and get when they need them.
- ✓ Focus on helping people in a way that they need and want.
- ✓ Support people and communities to be healthy and stay healthy throughout their life through prevention and early intervention.



Inequalities

Support where and when it is needed most.

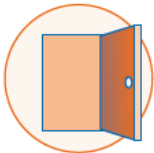
Targeting **resources** to people and communities who need it most, increase **life expectancy** and reduce differences in health and wellbeing.



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**.

During 2024/25 the Partnership will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make the ambition and priorities happen. The IJB will also publish a performance framework that will set out how the IJB will measure their progress in achieving the changes that they want to happen.

Population



- Dundee has a population of around 148 thousand people, comprising of 48% males and 52% females
- Over the next 20 year the total population is projected to decrease by 0.3%
- There are around 26 thousand people aged 65 and over and in the next 20 years, the population aged 75 and over is projected to rise by approximately 40%
- Female life expectancy at birth is 79 years which is 2 years less than the average Scottish female life expectancy
- Male life expectancy at birth is 74 years which is 3 years less than the average Scottish female life expectancy
- Dundee is the 5th most deprived Local Authority area in Scotland, 37% of the population lives in the 20% most deprived areas of Scotland
- 6 of the 8 Local Community Planning Partnerships (LCPPs) have areas which are in the 20% most deprived in Scotland
- Dundee has the 4th highest prevalence of drug use in Scotland. There is an estimated 2,300 people using drugs (ages 15-64) in Dundee. 70% are male and 30% are female.
- 7% of Dundee's population (10.5 thousand people) identified themselves as having a disability

Workforce



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.

- 942 staff are employed by Dundee City Council (DCC) to work in the Partnership and 1,725 are employed by NHS Tayside to work in the Partnership.
- 42% of the Partnership workforce is aged 50 and over
- 82% of the DCC workforce employed to work in the Partnership and 89% of the NHS Tayside workforce employed to work in the Partnership is female
- 7% of the DCC workforce employed to work in the Partnership and 2% of the NHS Tayside workforce employed to work in the Partnership reported that they have a disability, compared with 8% of all Dundee residents aged 16-74
- 1% of the DCC workforce employed to work in the Partnership and 4% of the NHS Tayside workforce employed to work in the Partnership come from a minority ethnic group compared with 11% of Dundee residents aged 16 and over

In addition, third and independent sector providers employ over 800 people in care at home services, over 1,000 people in care home services and over 1,100 people in learning disability / mental health care at home / housing support services

Ensuring 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 the IJB. 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.

- 103 DCC employees and 242 NHS Tayside employees left during 2024/25 (a large proportion of NHS Tayside leavers were nurses who moved to other parts of NHS Tayside).
- 92 DCC employees and 330 NHS Tayside employees started during 2024/25 (approximately half of the NHST Tayside new starts were nurses and many were already employed by NHS Tayside out with the Partnership).

In line with the health profile of the general population and the consequence of longer hospital waiting times due to the COVID-19 Pandemic, many people in Dundee are living with health conditions at a younger age and our staff sickness absence rate is high.

- For Dundee City Council staff employed to work in the Partnership, 12% of work days were lost to sickness absence
- For NHS Tayside staff employed to work in the Partnership 7% of working hours were lost to sickness absence

For both employers the reason contributing to the most time off work was regarding anxiety, stress, depression or other psychiatric reason.

The Independent Review of Adult Social Care in Scotland (2021) 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.

[The Independent Review of Adult Social Care in Scotland \(2021\)](#)

The DHSCP Workforce Plan 2022-25 sets out the current position in relation to workforce planning and acknowledges that there is progress to be made around several areas. One of the priorities is to address the need to achieve a sustainable social care workforce, leading to the introduction of a National Care Service for Scotland.

Workforce Wellbeing

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 is essential to the delivery of quality health and social care services.

The Partnership continues to recognise that supporting the health and wellbeing of the workforce is vital for the delivery of effective outcomes, not just for those who use

services, but importantly to ensure that we have a workforce who feel valued, respected and get the rights supports, at the right time.

Following on from the launch of the DCC Health & Wellbeing Framework in 2023, there have been additional supports and resources provided to the whole HSCP Workforce with a wellbeing focus. These have included the new Navigating Individual and Organisational Resilience workshop, launched in early 2024, ongoing Reflection and Resilience work with teams, and other forms of Team Development that have wellbeing at the core.

The DCC Employee Health & Wellbeing Service SharePoint site has provided access to a range of topical and themed information relating to wellbeing. This information covers many of the national and international health and wellbeing events such as Menopause Awareness events and Cafes, Men's Health, Employee Financial Wellbeing, etc. In addition to this, the site offers a direct link to the Scottish Government's National Wellbeing Hub – a resource providing wellbeing supports and information for the Health & Social Care Workforce across Scotland.

Wellbeing Ambassadors

DCC Wellbeing Ambassadors continue to be the wellbeing “eyes and ears” across the Partnership, supporting a broad range of colleagues to access the help they need. Dundee HSCP currently has six Wellbeing Ambassadors who undertake this role.

(Trauma Incident Management) TRiM

Our trauma informed response to potentially traumatic events in the workplace has received 3 TRiM referrals from Dundee HSCP in the last 12 months. This protocol represents a commitment to supporting individuals in the workforce who may have been impacted by a potentially traumatic event.

Health & Wellbeing Joint Work with Trades Unions

Throughout 2023 and in to 2024 and beyond, regular health and wellbeing focused dialogue and actions have taken place with Trade Union colleagues. A Health and Wellbeing Action plan is in place because of this work. As a “live” document, this plan takes forward specific actions to improve health and wellbeing, including Absence Review Learning and targeted focus group work where the data indicates that there are pockets of high absence or wellbeing related challenges across HSCP operational teams. This will continue for the remainder of 2024 and into 2025.

Partnership Working with Able Futures

Dundee Health and Social Care Partnership and NHS Tayside continue to offer employees access to Able Futures. Able Futures delivers the Access to Work Mental Health Support Service, which can give access to a mental health professional. This service provides regular time to speak with a mental health specialist about issues

that are affecting individuals at work, so that they can learn new ways to look after themselves to feel more resilient and able to cope, as well as finding the confidence to take practical steps to overcome problems and make adjustments to help their mental health at work.

How we have spent our resources

The IJB is responsible for making sure that it works in a way that follows the law and best practice standards. It must also make sure that public money is properly managed and used in a way that maximises its impact on delivering services to the public. To help them to do this the IJB has a range of different governance systems, procedures and controls in place. These arrangements help to reduce the risk that the IJB will not be able to deliver its ambitions and planned improvements. Similar systems, procedures and controls are also in place in Dundee City Council, NHS Tayside, Angus IJB and Perth & Kinross IJB and these are also used to support the IJB's work.



The Governance Framework and Internal Control System

Dundee Integration Joint Board spent £340.6 Million on integrated health and social care services during 2023-24

The actual expenditure profile for Integrated Health & Social Care Services was:

	2019-20 (M)	2020-21 (M)	2021-22 (M)	2022-23 (M)	2023-24 (M)
TOTAL SPEND	£279.3	£299.7	£282.5	£321.1	£340.6
Older People	£62.0	£63.1	£62.3	£70.1	£75.2
Mental Health	£8.5	£9.4	£9.9	£11.2	£16.0
Learning Disability	£28.9	£28.7	£31.2	£34.1	£35.3
Physical Disability	£6.8	£5.6	£6.9	£8.1	£7.6
Substance Misuse	£4.7	£5.2	£4.8	£5.8	£4.5
Community Nurse Services / AHP / Other Adult Services	£15.1	£16.8	£16.1	£12.8	£18.5
Other Community Services (Lead Partner)	£26.5	£28.8	£18.2	£33.0	£36.5
Other Services / Support / Management	£48.5	£60.8	£51.4	£60.8	£58.0
General Medical Services (FHS) & Prescribing	£78.3	£81.4	£81.7	£85.2	£89.2
BUDGET RECEIVED	£270.7	£301.8	£290.4	£328.6	£336.8
Year-End operational surplus / (shortfall)	(£8.6)	£2.1	£7.8	£7.5	(£3.7)

The IJB reported a year end underlying operational overspend of £3,744k for 2023/24, arising from an underlying overspend of £3,269k in social care budgets, an underlying underspend of £2,525k in health budgets and a planned shortfall within the integrated budget setting process for 2023/24 of £3,000k.

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

Similarly, the underspend within the NHS delegated service budget also relates to recruitment and retention issues. This issue which has been seen nationally throughout different health boards is being considered by Scottish Government in terms of a response. During 2023/24 the effects of the cost of living crisis was felt heavily by many staff. The Agenda for Change pay award reflected these challenges with a pay and non-pay deal agreed with the aim to attract and retain more staff going forward.

Complaints



In 2023/24 a total of 193 [complaints](#) were received regarding health and social care services provided by the Partnership. This year 33% of complaints were resolved at the first stage of the complaint process, frontline resolution. Around a third of complaints received are upheld or partially upheld for Stage one and Stage two, and slightly higher at over a half for Escalated Stage two complaints.

Complaints related to a number of different aspects of health and social care provision.

The highest proportion of complaints continues to be regarding Mental Health Services with more than one third of the complaints throughout the year relating to the service (40%).

Where complaints are upheld or partially upheld, we plan service improvements to help prevent similar issues arising again. Planned service improvements in the past year have included:

- prompts for names to be checked when administering medication
- communication around process for college support
- driver awareness training eLearning to be completed for meals service drivers
- awareness of charging policy to be shared and discussed at appropriate team meetings

The Partnership also received positive feedback regarding services. Some examples are included in the other two APR Editions (see link above).

Key Challenges



Deprivation - high levels of multiple deprivation and associated lifestyle factors has impacted on the demand for drug and alcohol and mental health services

Cost of Living Crisis - The higher levels of inflation and rising energy prices continued to fuel the cost-of-living crisis into 2023/24, the effects of which were felt by both service users, families and carers and staff. The crisis has resulted in increased poverty within the city and exacerbated health inequalities that already existed within the population

Primary Care - Challenges continue to present within Primary Care services, including the closures of Ryehill, Park Avenue and Invergowrie medical practices and the impact on other Dundee General Practices of supporting practices with closed patient lists. Primary Care has also experienced significant challenges in relation to recruitment and inadequate infrastructure, including IT and property

Dundee Drug and Alcohol Recovery Service - Throughout 2023/24, the challenges associated with the Dundee Drug and Alcohol Recovery Service have been monitored as a strategic risk to the IJB. This risk has been reducing throughout 2023/24 as feedback received from the people using services and progress against the national Medication Assisted Treatment Standards has evidenced significant improvement in service provision

Viability of External Providers - A range of external providers in the third and independent sector have experienced increased costs during 2023/24, including staffing cost and inflationary increases to goods. The IJB has continued to invest in collaborative and supportive relationships with external providers, that focus on improving service quality as well as supporting services to manage financial challenges. During the last year, the IJB has worked with social care providers to support a Fair Work approach, which will contribute to more sustainable service delivery in the future

Staff Resource - The increasing demand for Health and Social Care Services plus challenges in recruiting to a range of roles including nursing, medical staff, allied health professionals and social care staff. Challenges in recruitment for Consultants and Doctors in specific areas such as Mental Health and Substance Use has meant

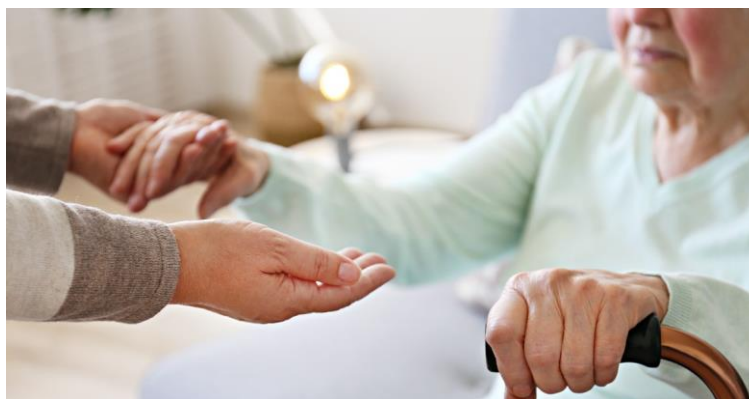
added pressure for nurses and other staff leading to an increase in overtime and agency workers which creates a financial burden for the IJB. This added pressure has resulted in higher staff turnover with more posts remaining vacant throughout the duration of the year

Digital Solutions - Staff across the Health and Social Care Partnership continue to work with a range of IT systems and digital technologies. During 2023/24 both NHS Tayside and Dundee City Council, who provide IT support to the HSCP, have continued to progress their digital strategies. Applying these strategies to the specific needs of health and social care services remains challenging, particularly in terms of ensuring that information is shared appropriately across IT systems

Continuing restrictions on public sector funding for both Local Authorities and NHS Boards has impacted on the ability to provide the funding required to support services delivered by the Health and Social Care Partnership. The Scottish Government has highlighted a significant gap in funding over the next 4 financial years. This is also impacting on capital expenditure that is required to build and maintain properties from which health and social care services are delivered

Property - The Dundee IJB and DHSCP do not own any buildings and rely on Council owned, NHS owned and rented properties. A schedule of maintenance is required in many buildings and some buildings are not optimised for the service being delivered there and some are not located in the areas of greatest demand

Quality of DHSCP services



The Care Inspectorate regulates and inspects care services to make sure they meet the right standards. It also works with providers to help them improve their service and make sure everyone gets safe, high-quality care that meets their needs. The Care Inspectorate has a critical part to play to make sure that care services in Scotland provide good experiences and outcomes for the people who use them and their carers.

The current Health and Social Care Standards for Scotland came into effect in April 2018 and apply across social care, early learning and childcare, children's services, social work, health provision and community justice. They seek to provide better outcomes for everyone, to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

The Care Standards provide a framework that is used by the Care Inspectorate to provide independent assurance about the quality of care and support. By setting out what Inspection Officers expect to see in high-quality care and support provision, it can help support improvement too. Using a framework in this way also supports openness and transparency of the inspection process.

The Care Inspectorate continues to inspect using a six-point grading scale (see below) against which the following key themes are graded:



Each theme is assessed from 1 to 6 with 1 being 'unsatisfactory' and 6 'excellent'.

In 2023/24, 47 services for adults and care homes registered with the Care Inspectorate in Dundee were inspected and 69 inspections were completed. Of the services that were inspected, 29 of the 47 received no requirements for improvement. No Enforcement Notices were served.

4 of the services provided directly by the Partnership were inspected during 2023/24

- Turriff Care Home received grade 4's (wellbeing and leadership) and no requirements
- Menzieshill House Care Home received grades 3 (wellbeing) and 3 (leadership) with requirement for improvement
- Janet Brougham House Care Home received grades 4 (wellbeing) and 3 (leadership), with requirement for improvement
- Home Care Enablement and Support Citywide and Community Mental Health Older People Team received grade 5's (wellbeing and leadership), with no requirements

30 of the 69 inspections in Dundee which were subject to a Care Inspectorate inspection last year received grades of 'good', 'very good' or 'excellent'.

13 services received 1 or more complaint.

There was no enforcement action taken against any service regulated by the Care Inspectorate.

Kingsway Care Centre was inspected by Healthcare Improvement Scotland (HIS) in January 2024.

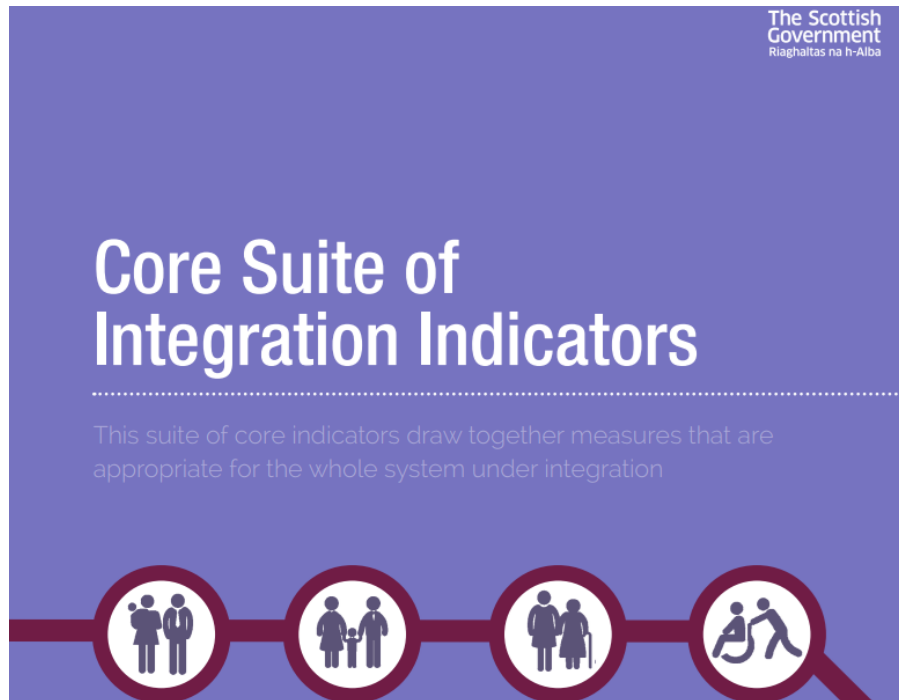
Inspectors highlighted several areas of good practice, specifically that staff showed good knowledge of infection prevention and control, and good hand hygiene practices.

Patients spoke positively to inspectors and said they were happy with their care and the cleanliness of the environment. Inspectors also observed that personal protective equipment was available and in use throughout the wards and there was good compliance with the management and storage of linen.

The inspection report highlighted the positive relationship between ward staff and the infection prevention and control team, noting the team was available for advice and support.

The report also outlined some areas for improvement, including a requirement relating to maintenance of the ward environment. The inspectors said that effective systems must be in place to ensure the care environment is maintained and is in a good state of repair to support effective cleaning. The action plan includes the use of an infection prevention and control auditing tool to continue monitoring compliance with the National Infection Prevention and Control Manual. There are also plans to implement a computer maintenance management system across NHS Tayside sites which is designed to help manage maintenance requests more efficiently.

Performance against National Health and Wellbeing Indicators



[1Click here to view this Scottish Government publication](#)

You can view our performance towards the [National Health and Wellbeing Indicators](#) [here](#).

Where the Partnership improved from the 2018/19 baseline year

- Hospital emergency bed day rate for people aged 18 and over decreased by 8.5% and for the last 4 years the Dundee rate has been less than the Scotland rate.
 - The proportion of the last 6 months of life spent at home or in a community setting increased from 89.1% in 2018/19 to 90.7% in 2023 and since 2018/19 Dundee's performance has been similar to or better than the performance for Scotland.
 - The % of adults with intensive care needs receiving care at home increased from 58.7% in 2019 to 61.8% in 2024.
-



In addition to annual reporting, performance is also monitored quarterly and compared across Local Community Planning Partnership areas and reported to the Performance and Audit Committee of the IJB. Where further analysis is required to understand the data and improve services in-depth analytical reports are also developed. These can be viewed [here](#).






















Indicators 1-9 are measured using the National Health and Care Experience Survey disseminated by the Scottish Government every two years. The latest one was completed in 2023/24.

The methodology was changed by Scottish Government for the 2019/20 survey and it is therefore not accurate to compare results from before this survey with the more recent survey results.

Note: 2023 calendar year or 2023/24 financial year data was not provided by Public Health Scotland for indicators 10,11,17 and 20-23 therefore they have not been included in the table below. Further information about these can be viewed [here](#)



National Indicator	Improvement from 2017-18?	Improvement from 2021-22 survey?	Comparison with Scotland 2023-24
1. Percentage of adults able to look after their health very well or quite well			
2. Percentage of adults supported at home who agreed that they are supported to live as independently as possible			
3. Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided			
4. Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated			
5. Percentage of adults receiving any care or support who rate it as excellent or good			
6. Percentage of people with positive experience of care at their GP practice			
7. Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life			
8. Percentage of carers who feel supported to continue in their caring role			
9. Percentage of adults supported at home who agreed they felt safe			

National Indicator	Improvement from 2018-19?	Improvement from 2022-23?	Comparison with Scotland
12. Emergency admission rate (per 100,000 people aged 18+)			
13. Emergency bed day rate (per 100,000 people aged 18+)			
14. Readmission to acute hospital within 28 days of discharge rate (per 1,000 population)			
15. Proportion of last 6 months of life spent at home or in a community setting			
16. Falls rate per 1,000 population aged 65+			
18. Percentage of adults with intensive care needs receiving care at home			
19. Number of days people spend in hospital when they are ready to be discharged, per 1,000 population			

Awards

- In the Community COPD Service 2 of the Senior Specialist Nurses received their 40-year service award.
- Balcarres Care Home won the Scottish Care, Care Home Service of the Year Award.
- Menzieshill House team, residents, young volunteers, and local children were recognised by Generations Working Together Excellence Award 2023, for their hard work towards tackling age discrimination.



Areas for Improvement or Development in 2024/25

Enhance models of care for people with very complex needs, including the support required to live independently at home and when transitioning to adult services

Develop strategies to increase recruitment and improve retention of staff working in internal and contracted services, particularly to support people with very complex needs

Continue to improve health inequalities, ensuring harder to reach groups are identified and supported

Develop quality assurance frameworks and improved reporting arrangements, including the measurement of impacts and outcomes

Contribute to the streamlining of governance arrangements and interfaces with corporate bodies

Develop a resource framework which includes market facilitation, which is a plan to shape the local social care market in response to the changing needs and aspiration of local people

Implement the requirements of the Safe Staffing Act

Increase reporting on workforce issues including the Workforce and Organisational Development Strategy and associated intelligence

Promote engagement with staff in developing and maintaining the Partnership culture as well as sharing and embedding the guiding principles

Continue to engage with and respond to National Care Service plans and transition planning

Implement a framework for public engagement and involvement

Increase resilience planning across both business continuity and learning and development activities

Promote and develop the availability of solutions to digitally enable and transform health and social care systems.

Continue to develop transformation and improvement projects in line with the IJB's Transformation Programme

If you have any questions about the information contained in this document please email: dundeehscp@dundeecity.gov.uk or phone 01382 434000



Annual Performance Report - Reducing Inequalities, supporting Self-Care and ensuring services are Open Door

To view the Microsoft SWAY interactive version of this report please use the links below

Version optimised for Smartphone:

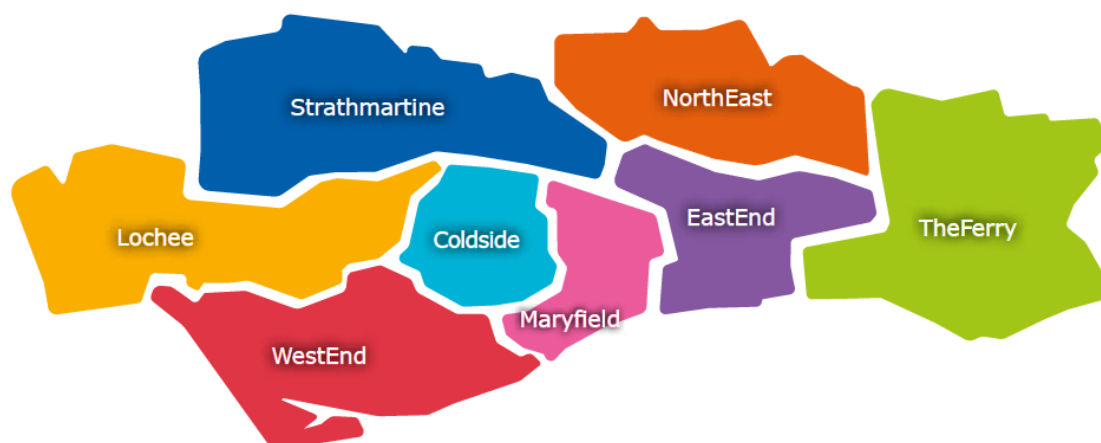
<https://sway.cloud.microsoft/PdjGbdlItAEvd7Ft2?ref=Link>

Version optimised for Laptop, PC or Tablet

<https://sway.cloud.microsoft/8gePA6BISH5u5E66?ref=Link>

Introduction

Dundee is a City with a population of approximately 150,000 people. It consists of 8 geographical areas of the city. Localities and communities can have geographical boundaries but many instead, are defined by social, cultural, environmental and health related aspects.



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 differences are often called Health Inequalities.

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 people.

Dundee has high levels of social issues that impact on health and wellbeing of vulnerable people, including people affected by poverty and the issues that are often associated with this. These include drug and alcohol use, poor mental health, domestic abuse and others types of violence against women, and harm to other vulnerable adults and children.

As part of the work to make Dundee a 'fairer' city the IJB has developed new equality outcomes as part of their work to develop a new strategic commissioning framework for health and social care in Dundee. During the period 2023-2027 the IJB will progress the following equality outcomes:

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

Covid-19 Recovery and Cost of Living Crisis

Inequality within Dundee has further been made apparent throughout 2023/24 where the population has been impacted by the cost-of-living crisis.

The Engage Dundee survey explored citizens' experiences of coping with the cost-of-living crisis over a 12-month period from November 2022. The survey collected information on personal circumstances and characteristics and included categorical responses on difficulties experienced; personal finances; services/ support used; health and wellbeing; other changes experienced and future support. Respondents were invited to provide additional comments and leave contact details should they wish to be involved in further discussions.

Results found that people were struggling with costs relating to food, energy, rent/mortgage and unpaid care.

- Almost 1 in 8 of those leaving comments reported that their health and wellbeing were worse generally as a result of coping with the cost of living and that ongoing health issues were persisting due to being cold, healthy food being too expensive and that homes were not heated adequately leading to feelings of depression.
- Respondents were asked to rate their general health on a scale of 1 to 5, with 1 being “very bad” and 5 “very good”. The most common response was 3 (38.9%) with an average score of 3.3 across the total sample.
- 65% of people responded saying they were struggling with costs of exercising/keeping physically active and 72% struggling with costs of things that are good for your mental wellbeing.
- 86% of people responded that they experienced feelings of fear, anxiety, stress or worry.
- Almost half of those with a pre-existing physical or mental health condition reported these had worsened due to the cost-of-living crisis, including from the effects of inadequately heated homes and poor diet. Around one third reported developing a physical or mental health condition over the previous 12 months.
- Many respondents commented on negative health impacts from the cost of living. Ongoing health issues persisted due to being cold, not being able to afford healthy food, skipping meals altogether or heating homes inadequately. Some respondents were unable to find time for self-help due to working longer hours and a small number commented that a lack of face-to-face care had impacted them negatively.
- Over 1 in 5 of comments referred to deterioration in physical health with some respondents feeling fatigued, in more pain, or unable to manage pre-existing conditions due to being cold or not eating well. Some were less physically active whilst others gained weight due to the cost of healthy meals. The prohibitive cost of transport meant that some could not seek medical help whilst others could not afford non-prescribed medication and treatments.
- 4 in every 10 comments reflected impacts on mental health including chronic anxiety due to financial worries, inability to socialise, or working longer hours leading to stress and in some cases depression. Some felt drained, demotivated, ashamed, miserable and overwhelmed from trying to cope. Financial worries exacerbated depression and anxiety which were previously well managed and there were concerns about the future, a lack of control and poor sleep.
- Deterioration in mental health was recognised as impacting on relationships. Respondents stated that low mood and motivation made it difficult to connect

with others and that parental stress impacted on children's mental health and wellbeing. Some felt increased working hours were affecting family life.

The crisis is having a profound effect particularly on those living in the more deprived areas who were already struggling to make ends meet.

As a response, interventions such as food vouchers, no cost family activities, and free hot meals were organised and appeared to have a positive and protective effect.

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

Partnership services have now adopted a 'new normal' approach where health and social care services will continue to build on the new ways of working which have been required to be implemented as part of the Covid-19 response, such as increased use of technology to carry out virtual consultations, a blended approach to home and office working, more outreach working and greater opportunities for mobile working.

Winter Fund for Carers



Carers are more likely to be affected by poverty and deprivation and are now recognised as a group of people likely to be subject to Health Inequalities. In the winter, costs of living can increase, especially in households where fuel costs are high and warm clothing, footwear and bedding needs replaced and where disability can make it harder to keep warm.

In 2023/24 Dundee IJB allocated the Carers Partnership money to Dundee Carers Centre for a Winter Fund to support carers most in need. The fund was set up for carers to help to alleviate some of the increasing financial pressures being experienced over the winter period. It also aimed to enable people to continue their caring roles with less anxiety regarding their health, well-being and financial security during the current cost of living crisis.

Dundee Carers Centre administered the fund and they ensured that it was publicised widely across the local support agencies to ensure that carers who did not currently receive support from the Centre were also encouraged to apply for funding.

Similarly, the funding panel who reviewed applications and made decisions comprised of representatives across the sector, including money advice services.

This year's applicants identified having to make choices between 'heating' and 'eating', and there was a subsequent increase in the percentage of awards for fuel and food. In 2023/24 the fund distributed 429 grants totalling £124,019, covering costs such as food and fuel, travel, white goods, winter clothing, and bedding and furniture.

Of carers who responded to the Engage Dundee survey:

- 56% reported that they had gone without food or energy so that they could pay a bill (46% of all respondents also reported this)
- 93% reported that they felt fear, anxiety, stress or worry (86% of all respondents also reported this)

[Click here for Dundee Carer's Centre Website](#)

Equality Mainstreaming

Successful progress towards equality requires policy makers, decision makers and the workforce to take account of the differences between people and groups of people and recognise a positive value in those differences as well as mitigating any potential negative impacts. Dundee IJB is committed to ensuring that no one has poorer life chances because of their personal characteristics such as their gender, where they come from, the colour of their skin, what they believe or if they have a disability.

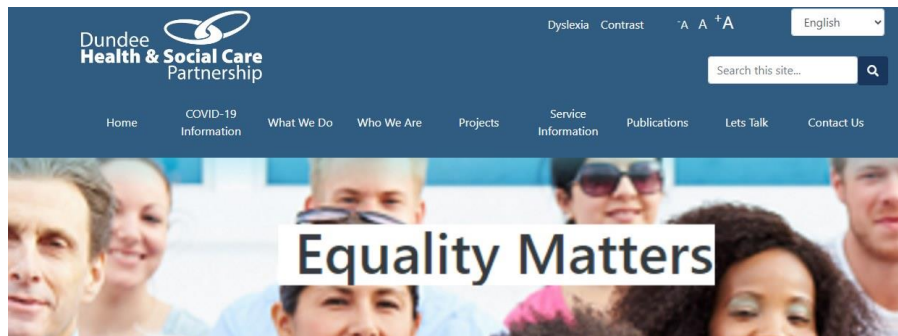


[Click here to view our Equality Mainstreaming Report and Equality Outcomes](#)

Some of our Key Achievements:

- Expanded access to learning opportunities for equality and fairness matters available to the workforce within the Dundee Health and Social Care Partnership. This has included the establishment of a Dundee Health and Social Care Partnership Equality and Human Rights Workforce Learning Network and contributions to existing workforce networks for people with a disability, who are Black, Asian or from another minority ethnic group or who are LGBTQ+.
- Focused improvement activity to ensure that the IJB is undertaking Integrated Impact Assessments (covering both equality and fairness matters) for any decisions it is taking that might impact on protected groups or have fairness impacts. This has included changes to the way in which Integrated Impact Assessments, as well as other important equality information, is published by the IJB.
- Continued efforts to engage with people from protected groups as part of the IJB's strategic planning activities. This has included taking additional steps to ensure that engagement events and opportunities are accessible to people who have additional communication needs. It has also included publishing plans and supporting information in alternative formats, for example the Strategic Plan for supporting people with a Learning Disability and Autism was accompanied by a video interview and short information leaflet.

- Commissioning of specific service improvements that have had a positive impact on people who have protected characteristics. This has included the development of the Dundee Community Wellbeing Centre (known locally as Hope Point), as well as the shared care model for support to people who use drugs through GP practices. There has also been investment in services to support women experiencing domestic abuse and sexual violence, including specific provisions for women who are British Sign Language users. Finally, through the Carers Partnership support has been provided to those most in need of financial and practical help through the Carers Winter Fund.



Please click [here](#) to view further information about Equality Matters.

The Dundee General Practice Strategy

The Dundee General Practice Strategy has been developed with GP colleagues, cluster leads, other practice staff and service leads. It is set out in 3 parts, the Areas of Focus, the Guiding Principles, and the Activities over the next 5 years that will provide the structure to achieve the ambitions.

- 20 Minute Neighbourhoods which is looking to provide care closer to home and align with the green agenda in reducing the need to travel.
- Inequality and diversity to recognise and, where possible, tackle and promote inclusion.
- Partnership Working to improve, transform and achieve what is needed by looking at other organisations that can support health and psycho-social care.
- Digital Solutions to support patient care, provide clinical knowledge, and improve workflow, together with ensuring a focus on systems which are compatible with those already being used.
- Right Care, Right Place, Right Person which takes account of the patient's story and ensures service changes are informed by data and evidence.
- Citizens' Views which are part of our collaborative working and are important in guiding the development of services and as a mechanism for quality assurance.

General practice is at the heart of our communities and is uniquely placed to deliver the care and support needed by patients who experience health inequalities. GP colleagues were keen to include activities that can deliver the ambitions set out in this Dundee General Practice Strategy. These actions contribute to the 5-year work programme.

- Maintain a healthy workforce
- Deliver evidence bases, patient centred care
- Continuously improve services
- Deliver value-based health and care
- Focus on prevention, self-care and early intervention
- Address inequality and inequity
- Approve access to general practice and linked services

A stakeholder group contributed to the development of this Dundee General Practice Strategy. This group included Dundee citizens, service leads, together with general practice and Dundee HSCP colleagues.

The citizens of Dundee gave their views in two ways. There were group discussions and an invitation to complete an online or paper version of a patient survey.

The survey results found that it is activities to improve access that respondents wish to be focused on. This was echoed in the group discussions with both staff and patients. Improvements to access include:

- Providing information to patients on the services available and how to access those services
- Improvements to appointment booking system
- Training for practice reception teams to support with navigating patients to the right care, right place and right person was the top guiding principle for survey respondents

Other notable findings were:

- 20-minute neighbourhoods were valued, and this aligns with Dundee's City Plan
- Pressures on general practice were recognised with sustainability the second Area of Focus
- Digital solutions were the lowest priority of the Guiding Principles for a mix of reasons including digital poverty and older age group concerns around usability

Below some quotes from patients:

"People can't afford all the things that make them mentally or physically healthy".

"There should be support for people who struggle to access digital options, but it should never be the only option for people".

"Need to do a lot more to keep people well".

"There needs to be an alternative way to access appointments rather than at 8 am on the phone".

"I keep seeing different doctors and I can't remember who I saw last".

"I don't have a computer. I use the library, but I wouldn't use it to talk about my problems".

"Blood tests are at different locations; I find it confusing".

Health Inclusion Nursing Team

The Health Inclusion Nursing Team consists of Registered General and Mental Health Nurses as well as Associate Practitioners working in communities across Dundee City covering all localities. The Team provides health support and advice, holistic health assessments, person centred support to access and engage with services, 1-1s, group work and health and wellbeing interventions. They work closely with individuals who are homeless or at risk of homelessness, involved in Community Justice, use drugs or alcohol, carers, refugees and asylum seekers, from minority ethnic groups, people who are hard to reach and people living in areas of deprivation and/or poverty. The service delivers nurse-led drop-in clinics and work in close partnership with statutory and voluntary services.

In 2023-24 there were:

- 1,267 referrals of which 522 were for people who were female and 745 were for people who were male
- 312 Keep Well health checks of which 120 were for people who were female and 192 were for people who were male
- 3,139 community health consultations with 1,710 people in community cafes, hostels, criminal justice, asylum accommodation and nurse led outreach health clinics

"I felt disassociated from my health before now. I feel more in control. My health has improved as a consequence"

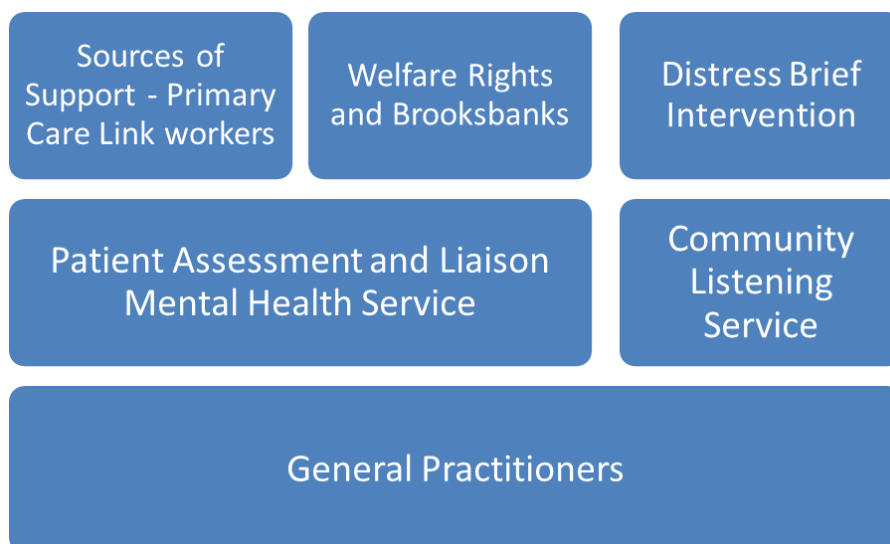
"Wouldn't have found the Health and Homeless Outreach team if I hadn't gone through other services first e.g. Just Bee, Steeple, Haven. Service is excellent. Helped me avoid homelessness with their help and signposting plus building my confidence around asking for help from mental health and GP"

"Easier to see the nurse. Harder to get appointment with my own doctor"

"The services offered by these angels is very much needed and very worthy. I see these people at numerous places - helping so much. Many thanks"

"Having used the local service, I can honestly say this is a first class professional and confidential and they signposted me to further sources of support"

Mental Health and Wellbeing Services in Primary Care, Dundee



The vision is to provide mental health and wellbeing services in Primary Care that enable people to access the right support, at the right time, in the right place, by staff who are knowledgeable and skilled to deliver this.

This is achieved through the Primary Care Mental Health and Wellbeing (MHWB) Framework that utilises a multi-disciplinary team alongside collaboration with communities, third sector, and specialist services.

General Practitioners (GPs)

Doctors working within GP Practice Teams and the GP Out-of-Hours Service continue to provide mental health assessment, support, treatment, and referral to other NHS-Services or DHSCP and Third Sector organisations for people of all ages. The in-hours GP service operates Monday to Friday 8 am to 6 pm, with the GP Out-

of-Hours Service providing cover for the remainder giving a 24/7 service. Practices operate different appointment systems but in essence provide a combination of appointments in advance, same-day appointments, and a system to respond to urgent and emergency unscheduled care inquiries. The GP Out-of-Hours Service is accessed via NHS 24/111. In combination, this provides a universal service with low barriers to access, the main limitation is caused by a mismatch of supply and demand. In-hours GP receptionists/patient advisors act as navigators for individuals seeking help for a mental health issue. They enquire and triage during the initial telephone call and decide who is most appropriate from the multi-disciplinary team to support the individual. In addition to direct patient services, GPs both in and out of hours respond to inquiries relating to the health of their registered patients from the Scottish Ambulance Service, Police Scotland, Educational Settings, Care/Nursing Homes, District Nurses, Community Pharmacies, Social Work, other NHS departments and many more.

Patient Assessment and Liaison Mental Health Service (PALMS)

PALMS is hosted by the Dundee Adult Psychological Therapies Service. The service is delivered by experienced Mental Health Nurses within GP practices across Dundee. PALMS is available to adults aged 18 and over (16/17-year-olds are eligible if not at school) who are experiencing mental health and psychological difficulties and are not already engaged with statutory mental health or psychology services. People can self-refer for an appointment to receive a one off 30-minute triage assessment of their current mental health and wellbeing difficulties. They will receive advice, signposting to self-help resources or third-sector services and where appropriate onward referral to other statutory services. PALMS actively liaise with NHS and other partnership services to facilitate timely patient access to support and treatment, including establishing clear referral pathways, and working collaboratively to contribute to wider local mental health developments. Mental Health Nurses also offer consultation to practice staff (e.g. GPs, Nurses, Health Visitors, and other) on patient care and locally available services. Between May 2023 and April 2024, PALMS provided this service to a total of 5193 individuals at GP practices.

Just go along to your local pharmacy to access this service



Patient Assessment & Liaison Mental Health Service (PALMS)

Looking for ADVICE from a Mental Health Specialist?
Ask to talk to PALMS.



Patient Assessment & Liaison Mental Health Service (PALMS)



“Who are you?”

Mental Health Specialists, offering a one-off appointment to assess your difficulties with mental health and wellbeing. We can sign-post you to self-help resources, local services that may be able to help or refer you to the most appropriate services

“How can I make an appointment?”

Speak to the receptionist at your practice. You do not need another healthcare professional to refer you.

To find out more about PALMS and learn if this is the most appropriate service for you, please see our leaflet available in the waiting area.

Feedback from people who use the service

"Great service, hope it continues"

"I felt listened to and understood"

"Was lovely and supportive, made me feel very at ease and I felt this was a safe and good place to discuss some difficulties I had"

Feedback from GPs

"The service within our medical centre has been extremely beneficial. It has enabled us to navigate patients to the service who are appropriate for the service. In turn, this has helped with GP appointment capacity. I have found the service to be valuable at Grove."

"....I feel less uncomfortable nowas when prescribing medication we are offering a more holistic care to go alongside this"

"Very useful resource to help us manage a significant clinical burden"

"Frees up my time to do other work." & "Fewer follow up mental health appointments."

"I feel more confident now that we have good psychological assessment options that are actually available to patients"

"My overall view of having a PALMS nurse within the surgery is that of a positive one. She's helped a lot of patients and they enjoy seeing her"

NHS Tayside Community Listening Service

The Listening Service is an NHS Tayside Spiritual Care service. They are available within GP practices in Dundee and offer up to six, 50-minute appointments with a trained volunteer/listener. This creates the opportunity and space for people to talk about any challenging situation (i.e., health, relationship, grief, loss) helping the person find their way forward. The service is currently available for any person aged 16 and over, however is not the preferred route for those in crisis, with suicidal thoughts or acute psychosis.

"I found the listener listened very well gave me time to talk and without prejudice and also helped to show different perspectives on things. The listener was very patient very well spoken and her voice was calming too. She helped you to become less fearful and guilt free about things too. I found her to have a great knowledge of life and the different subjects she talked about. A very nice person to talk too and also put you at ease when talking to her. So professional and caring an asset to any employer."

"The listener sometimes challenged me which was also useful and helped me reflect."

"She listened to me and did not dismiss me and my reality. I felt she let me take control of what I wanted to speak about."

"I believe meeting with the listener was a good thing for me as I was able to talk to a stranger and therefore, she had no preconceptions on my person life, unlike talking to the people around me."

Sources of Support – Primary Care Link workers



Sources of Support Service



If you are 16 years or older, a Primary Care Link Worker can help you tackle these challenges so you have more control over your health and manage your needs in a way that works for you

Ask your GP, nurse or receptionist to find out if this service is suitable for you



Sources of Support Service



THERE ARE MANY THINGS THAT CAN AFFECT YOUR HEALTH



Taking care of your health involves more than medication alone

Sources of support have link workers available in all GP Practices in Dundee. The service includes any person aged 16 and over and can be accessed via a range of Primary Care referrers or self-referral routes. Their remit is to support people whose mental health and well-being are impacted by social, economic, and environmental issues, which means that the service offers non-medical interventions and coordinated care to help improve health and well-being. In Dundee, link workers will case manage the needs of the person for up to 20 weeks to help them achieve their identified goals. Advocacy and liaison with primary and secondary care, statutory, and third-sector services is a key feature of the link worker role. Primary Care

supports tackling mental health inequalities through these staff and it is evident from the service's activity that a higher volume of people from deprived areas access link worker support. Between May 2023 and April 2024, the service supported 941 people.

"Thank you very much for your support throughout the most difficult time of my life. I honestly appreciate all that you have done for me and helped, from filling in forms and supporting me to my assessment. I definitely wouldn't have been able to do it without you. This includes listening to me and especially our chats we have had together as it makes me realise, I am not alone in this. From the first time we met until now what a massive difference I can see within myself, it is unbelievable. So once again thank you for everything"

Where we made Improvements

- We enhanced pathways between the Scottish Ambulance Service and the services offered by the Primary Care multi-disciplinary team (MDT). A survey with ambulance staff identified a need to increase knowledge about what is available and how to access. A navigation tool for ambulance staff is being co-designed and will be tested by the Ambulance Service in Dundee from December. This will be evaluated and refined then embedded.
- An improvement project within Cluster One GP practices is focusing on the prevention of developing chronic pain by the optimisation of education and information about pain and psychosocial approaches offered by the Mental Health and Wellbeing MDT.
- A Dundee community resource directory with the available Primary Care Mental Health and Wellbeing services, and wider community services including those provided by third sector and statutory services has been developed. This is with a view to digitising this and making available to the public and staff providing services. Management and governance is being established in respect to this prior to being tested.
- A scoping review of the current provision has been conducted and areas identified requiring most development. These will be used to inform the development of the Dundee Primary Care Mental Health and Wellbeing Delivery Action Plan 2024-2027.

Because you have put us in touch with all these other places that are helping, I don't feel alone anymore. There was no one I could turn to before, now I've got help.

I feel like I've come a long way from when I met you at the start. Without you we would still be sitting in limbo. You've been really helpful, honestly its been great I have enjoyed coming in thank you.

Its nice to know that I no longer have to worry about money or barely making ends meet which have put strain on my mental health, receiving this award will help me work on my mental health.

You have been amazing at figuring out my needs and helping me access the correct support. Thank you for all you have done. I know I have provided you with some challenges and the way you have supported me to overcome them is a credit to you. I now have all the correct support in place and a better relationship with my GP and I know its okay to open up and ask for help. Thank you again.

Distress Brief Intervention (DBI)

The DBI service is a national programme providing support to people aged 16 or over experiencing distress and feeling overwhelmed emotionally. In Dundee, the service is hosted by Penumbra and based in the city centre. Following the initial referral (which is immediate via email) a DBI peer practitioner will contact the person within 24 hours and support them for up to 14 days. They will work with the person to address some of the difficulties they may be experiencing that have led to their distress and work together to identify ways of preventing and managing any future distress. These could include social difficulties such as relationship problems, anxiety, low mood, thoughts of self-harm, thoughts of suicide, housing worries, money worries, and employment issues.

DBI seeks to widen the support offered to people engaging with frontline services, at a time when they need it the most. Presently, there are several potential routes to receiving DBI. These are: via the emergency department, police, ambulance service, via the GP, or PALMS practitioner. At present the opportunity for these frontline services to refer a person to DBI is being managed through a phased programme to ensure they can meet demand. Between April 2023 and March 2024, 834 individuals were referred to DBI in Dundee. 82 referrals were from Police Scotland and 752 from Primary Care



“I was contacted very soon after I was referred to the DBI service. Even at initial conversation, I was made me feel he was there to chat about anything. It made me feel reassured. When we did have a longer chat, he made me feel I was not alone. It was good to hear he had once been in a similar situation. This made me feel things will get better. I did a lot of offloading, and felt I was listened to. There was no judging. Thank you.”

“Thank you so much for your support and advice. I cannot tell you how much it has helped me over the last two weeks. I genuinely don’t know where I would have been without it”.

“You were so patient and understanding. You’re so lovely and I appreciate it all, thank you.”

“I found the support of DBI really valuable, and I am really grateful for the service, the staff member was great! Having someone non-judgemental, easy going, and encouraging to speak to has helped me during a tough time in my life. Thank you!”.

HOPE Point Dundee

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

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

2,466 contacts were made to the service up to March 2024



What to expect when you visit us...

A Warm Welcome!

A friendly member of our team will assist you at our building entrance on 4 South Ward Road.



One-to-One Support

One of our peer workers will listen, and have a chat with you to identify how we can best support you.

Connecting

Our support is short term, at the time you need it most. We will work with you to connect you with the right support to aid your recovery longer term.



We will help you to **plan your next steps** safely, and we can help you to find a way forward.

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

"It was beneficial for me to see staff here and feel valued and listened to"

"It is amazing that there's a 24 hour accessible centre for any adult or young person struggling with mental health"

"I was absolutely hopeless before finding Hope Point, now I'm full of hope"

"You guys have saved my life many times over"

Penumbra Wellbeing Workshops are community based, relaxed and informal, explore self-management, open to the general public and are delivered in conjunction with other agencies for specific groups



Penumbra Wellbeing Workshop



Penumbra Wellbeing Workshops

✉ Dundee.POWWOWs@penumbra.org.uk
☎ 07717 618 722 (Anne)
f @PenumbraDundee

What is a wellbeing workshop?

Our workshops are for people aged 16 and over in Dundee. They cover a range of wellbeing topics and take place in community venues across the city. They're a fun way to learn and share ideas and techniques that support good mental health and wellbeing.

Anxiety

Tuesday 5th July 2022
10.30 am - 12.30 pm

Explore the impact of anxiety on our bodies and minds, identify the thoughts that make us anxious and discuss techniques that we can use to help reduce anxiety.

Venue: V&A Dundee, 1 Riverside Esplanade, Dundee, DD1 4EZ

Sleep Matters

Tuesday 12th July 2022
10.30 am - 12.30 pm

Opportunity to reflect on your sleep pattern, explore how this affects your well-being and what tools we can use to help improve our sleep habits.

Venue: V&A Dundee, 1 Riverside Esplanade, Dundee, DD1 4EZ

Self-Care

Tuesday 19th July 2022
10.30 am - 12.30 pm

We explore self-care and how self-care helps our wellbeing. You get the opportunity to share examples, learn from other participants, and leave with practical tools you can use moving forward.

Venue: V&A Dundee, 1 Riverside Esplanade, Dundee, DD1 4EZ

To book

To book or find out more about these sessions contact us via the details at the top of the page.

Penumbra
Mental Health

penumbra.org.uk
f i t y in

Of the 115 people who completed feedback questionnaires:

- 100% felt able to access support when they needed it.
- 91.1% felt the environment made them feel comfortable.
- 100% felt valued & respected by our team.

Where appropriate, a distress measure is used where people self-rate the degree of their distress on a scale of 0 to 10. This takes place at the start and at the end of an intervention with Hope Point staff. 100% saw a decrease in their score. The average was 3.6 points reduced distress rating.

Creating Hope Together Through Suicide Prevention

Suicide is a complex issue for people in Dundee, and the 'whole of government and whole society approach' of Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032 is welcomed. The Protecting People and Dundee's Children at Risk and Adults at Risk Committees, which are to be established as part of local governance structures, will take responsibility for alignment of the National Strategy and local suicide prevention priorities. Locally, suicide prevention work continues to progress across several spheres ensuring this aligns with the national strategy, and other national policies including the Mental Health and Wellbeing Strategy 2023-2033. It is a priority within the Dundee Health and Social Care Partnership's Mental Health and Wellbeing Strategic Plan (2020-2024), and activities are supported by Public Health Scotland colleagues working locally and nationally.

Key achievements in the last year

- A full-time Suicide Prevention Co-ordinator has been employed to co-ordinate, lead and drive forward key work in relation to suicide prevention.
- A Suicide Prevention Stakeholder Event in Dundee was held with around 100 attendees to inform the development of Dundee's Suicide Prevention Delivery Plan which will be available in the coming months.
- Membership of and contribution to the Tayside Multi-Agency Suicide Review Group.
- Targeted work around locations of concern.
- The co-production of a service to support people bereaved by suicide is underway.
- The Tayside Suicide? Help! App and website has been refreshed and presents local information and support available for people.
- NHS Education for Scotland suicide prevention courses have been delivered and colleagues across many sectors are working to achieve an increase in training. These are promoted through widely emailing colleagues who provide services, promoting the Protecting People Learning Framework website as well as encouraging participation across DCC, NHS, Independent and Third Sector networks.
- Pilot funding was awarded from the Tayside Health Charity to build learning and capacity and develop a third sector alliance to deliver suicide prevention training across services and communities.
- Hope Point: Wellbeing Support Service continues to establish itself in the city as a safe place, open 24 hours a day, 7 days a week for people in distress and at risk of suicide. This peer support service offers a compassionate response and ongoing evaluation shows this a valuable asset for the

city. Meanwhile, Distress Brief Intervention services have been expanding to support the work of Primary Care, Police Scotland, and the Scottish Ambulance Service for people in distress.



In August 2023, the National Records of Scotland published its statistics for probable deaths by suicide in 2022. Across Scotland there was an increase in probable suicides (9 deaths) from the 2021 figures, with a total of 762 deaths in 2022. In Dundee specifically, in 2022, 29 people died by probable suicide, this is an increase of four people from 2021 (for comparison 2000=34, 2019=33, 2018=34). The rate was higher than the Scottish average in Highland, Dundee City, East Ayrshire and Perth and Kinross council areas. Suicide rates for males are still twice as high as females however it is worth recognising that female deaths across Scotland in 2022 increased by 18 and males decreased by 9 on the previous year.

Violence Against Women

Dundee Violence Against Women Partnership

[Exit site](#)

If risk is happening NOW, call 999.

[Find support contact numbers here](#)

[Find out our latest news here](#)

[Click here for the Dundee Violence Against Women Partnership Website](#)

Deaf Links

Deaf Links is a Tayside-wide charity based in Dundee. Through a wide range of services, activities and learning opportunities they support people who experience sensory loss.

In partnership with Women's Aid in Dundee, Angus and Perth, Deaf Links are committed to supporting Deaf women who are experiencing any form of abuse or coercive control.

Through advocacy workers who are fluent in British Sign Language they provide a dedicated advocacy service to Deaf women across Tayside who have or are experiencing any form of violence, abuse or coercive control. They work directly with women, their children and young people offering crisis intervention, information, advocacy services and support to enable equal access to mainstream support services.

The advocacy services provided empower, inform and enable women in a variety of settings liaising closely with statutory and other voluntary organisation.

The Violence Against Deaf Women Advocacy Worker also provides information sessions to Deaf Women and raises awareness of BSL and Deaf Culture with mainstream service providers.



[Click here for further information about Deaf Links](#)

Shakti Women's Aid

Shakti Women's Aid is a national organisation specialising in supporting Black and minority ethnic women and children experiencing domestic abuse and honour-based violence. They had provided an outreach service in Dundee for a number of years, supported by two successive allocations from National Lottery funding followed by allocations from Scottish Government and Imkaan (a UK-based organisation dedicated to addressing violence against Black and minoritised women and girls). Funding from these sources came to an end in March 2023; on a short-term basis

Shakti were utilising reserves to continue the service in Dundee. During 2022/2023 Shakti Women's Aid Dundee Outreach Service supported 60 women survivors of gender-based violence; during the year 34 women successfully exited from the service, with 31 women receiving ongoing specialist service support. An evaluation of the service carried out prior to the pandemic found that key benefits of the service included: specialist support to complement work of local service providers and additional expertise regarding immigration rights. In 2023/24, the Integration Joint Board, alongside other public sector partners, invested one-off funds to ensure that the Shakti Outreach Service continued to be able to provide support in Dundee, while the organisation worked to identify longer-term funding sources.



'Not many agencies understand the cultural issues and the bottlenecks. I was married to my second cousin and there was so much pressure on me. I thought I would lose my child. So, by understanding these sorts of pressures, they were able to help me take it a step at a time.'

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

Welfare Advice and Health Partnerships (WHAP)

Welfare Rights Officers from Council Advice Services and Brooksbank Centre and Services offer support to patients in Primary Care across 11 Dundee general practices. They assist patients with socio-economic problems such as benefit claims, appeals and debt advice. This allows clinicians more time to concentrate on clinical care whilst referring financial concerns of patients to experienced advisers who can, with patient consent, access the patient's medical record and use information to inform applications for sickness and disability benefits.

In 2023/24 officers in Council Advice Services and Brooksbank Centre and Services raised £3,447,036 for patients of the 11 practices, up by 72% on the previous year.

Council Advice Services also raised £1,718,638 through the work of their 2 staff in the Macmillan Cancer Support Welfare Rights Team who work in various wards and clinics in Ninewells Hospital.

Additionally direct referrals from midwives and health visitors, referred for income maximisation led to gains of £717,000 in 2023/24.

In total in 2023/2024 Council Advice Services successfully claimed £11,975,038 (provisional figure) in benefits and additional income for customers.

Case Study:

Patient was initially referred to service by her GP who booked an appointment with the welfare rights officer (WRO). The patient was a young woman who had recently fled an abusive relationship with her 2 young children and was having financial difficulties as a result. Her Universal Credit was adjusted by the WRO and Scottish Child Payment claimed as this was a benefit the patient was unaware of. Best start grants and best start foods were applied for the youngest child. Child Disability Payment and the follow-on Universal Credit increases were then also claimed successfully for the eldest child. The patient was struggling mentally and physically due to the abuse she had suffered and there was a concern of the children having to enter into foster care if the mother was shown to not be able to provide for them. These concerns around financial provision were addressed through the Universal Credit and Scottish Child Payment interventions and the other subsequent claims. The customer benefitted by being able to attend all ongoing appointments within the GP surgery, which was a safe space for her to be and the GP also made a referral to Sources of Support, and with permission we were able to work together on some of her most persistent issues.

Best Foot Forward

A group of 21 parents and their children attended for 10 weeks of group discussion and participation around topics such as: healthy eating habits, meal planning, sleep routines, screen time, fussy eating, healthy mouths etc.



At the time of writing, 21 adults and 26 children had signed up (47 total participants).

The school is based in the Douglas area of Dundee with 83% of children living in SIMD 1&2 (most deprived areas).

Best Foot Forward is a partnership between the NHS Healthy Weight team, Active Schools and Claypotts Castle primary school. It is hoped that the Best Foot Forward programme will encourage peer support and relationships between parents/carers, and to foster open and honest conversations around the challenges of achieving healthy eating and physical exercise day to day. The sessions are 1.5 hours long with both adults and children attending together. There will be an input each week followed by either a cooking session or a physical activity session.

Each week there are healthy snacks available for the families to try – rotating these so that participants will try new foods (various fruit and veg, oat cakes, dips etc.). In addition, the families are given a 'Take Home Your Tea' bag with a recipe card and the ingredients required for the recipe. On completion of the 10-week course, each family is gifted with a slow cooker or air fryer. The hope is that this will encourage the adults to continue cooking meals 'from scratch' by providing the means to do so. Slow cookers and air fryers were identified as being economical to run and user friendly – therefore more likely to be utilised on a regular basis.

Parents/carers were asked to sign up to the group if they felt this was an area of family life that they were interested in talking about/seeking support for. The group was originally intended for 10 families, but the interest was so great, it was capped at 21 with the view to run a further course later in the academic year.

Contributors to the Success:

- The visit by Dundee FC players (arranged by Active Schools) who inspired and motivated the children to think about lifestyle, activity levels, diet choices etc required to be a professional sportsperson.

- The Child Smile team offered helpful advice and guidance which led to a number of parents reaching out for further support with their child's oral health.
- The Active Schools Assistant and Health and Wellbeing Assistant attended each week which allowed the offering of a practical cookery session (for the entire group), a visit to the local council-run sports centre, and two yoga sessions – one for mindfulness and relaxation for adults, the other to aid restful sleep for the children.

Community Independent Living Service (CILS)

All of the CILS therapy interventions are to people with health conditions or disabilities to provide care and support they need in their own homes. This service supports people in their own homes ensuring that this is the best possible environment to support their care and their overall health and wellbeing. This service:

- **Prevents** – deterioration of an individual regarding their activities of daily living including mobility, and prevents unnecessary Packages of Care being provided & unnecessary hospital admissions
- **Maintains** – independence in *own homes* through rehab/ therapy interventions for better quality of life;
- **Supports** – individuals to self-manage and be independent within own homes and realise their own potential;
- **Facilitates** – Urgent hospital discharges for earlier and smoother transition to home from hospital.

Key Achievements

- Self-Management

Introduced and developed supported self-management through use of the bookable appointments with an occupational therapist to provide advice, information and guidance to families as well as other staff in different services so that people understand the choices available to them and are supported to make informed decisions about their own care and support.

- Access to services and promoting self-care

This year falls advice was shared, with key links to third sector support. Road shows across Dundee were held, linked to open days at Dundee football club/ Ninewells hospital entrance for all visitors/ and at a supermarket to promote supported self-care and activity and prevent falls.

Information was shared at the Independent Living Centre in the form of leaflets and opportunities to try out items of equipment.

- Sharing of information to improve support

Move to integrated and shared client records with community colleagues to support and facilitate earlier support and avoid unnecessary duplication.

Equipment ordering and accessing has improved to a faster and efficient service delivery which includes telephone personal texts regarding the delivery drop off time which is both supportive of the client and family in knowing when an item is being delivered and being at home to receive it.

- People experiencing integrated care and support that is smooth and seamless

This has included competency training of all CILS staff – physiotherapists and occupational therapists and support worker staff in assessing and issuing basic equipment and minor adaptations, for example double stair banisters in the home as a wrap-around service providing prompt and immediate support and without a delay in waiting.



[Click here to view Community Health Case Studies](#) including

- Resolve and Involve
- Menzieshill Cooking Group
- Eat Well, Play Well

- Stepping Stones
- Community Health Advisory Forum

Drug and Alcohol Services

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

94% of people referred to services begin their treatment within 21 days of referral

Dundee Alcohol and Drug Partnership (ADP) has launched new resource providing a range of information for the public and workforce about local services.

The ADP website has been developed by partners with input from people with lived experience of substance use as well as local communities.

The website provides wide ranging information on drugs and alcohol, including help for people who are looking for appropriate services and support to assist them, their family, and friends on their recovery journey.

It provides updates on what is happening in Dundee's communities and how to get involved, as well as giving advice on appropriate language to avoid stigma.

It will also bring together resources for the workforce, highlighting the values of the Partnership and signposting to helpful information, key documents and learning resources.

ADP interim chair Dr Emma Fletcher said:

"A huge amount of hard work has gone into developing this comprehensive website and I'm delighted to see it formally launched today.

"I know that people working in the recovery community will find it beneficial in terms of bringing together so many useful resources in one easy-to-access place.

“And it is another way that people looking for help can find out where to access it.

“We want this to be a website that members of the public visit regularly too. It’s a great way to learn more about the range of work that’s going on to address Dundee’s deep-rooted challenges.

“It will help citizens understand the context and complexities of the journey we are on, as well as the part we can all play in making Dundee a supportive city for all.”

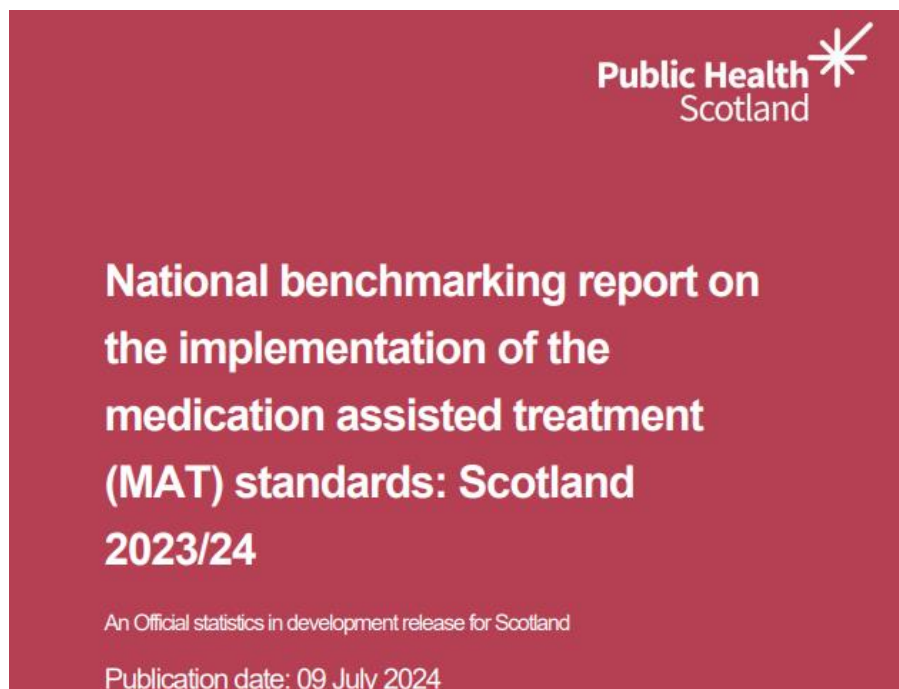
The Dundee ADP is also responsible for developing a local multi-agency Strategic Framework. Both the website and the framework aim to reduce harm from alcohol and drug use, support wellbeing and the recovery of people who experience longer-term challenges.

Find out more by visiting the new Dundee Alcohol and Drug Partnership [website](#)



1 - Click [here](#) to view the website

The MAT (Medication Assisted Treatment) Standards Implementation 2023-24 scoring showed substantial progress had been made in Dundee between 2022-2024, especially in relation of the availability of treatment for those who use drugs. All ten of the MAT Standards scored 'Green' or 'Provisional Green' in 2024, having all previously scored 'Red' or 'Amber' in 2022.



[Click here to view the National benchmarking report on implementation of the medication assisted treatment \(MAT\) standards](#)

Primary Care Drug Use Redesign Project

Using funding from the Scottish Government, a project was set up in early 2022 to deliver a vision where individuals in Dundee experiencing problems with drug use were supported within primary care (general practice and community pharmacy) together with third sector organisations to support them to achieve the best health outcomes possible.

One of the major benefits of patients being supported with their substance use in their general practice is that the care is holistic, and not limited to their drug use. This is important as the statistics show that this group of patients experience co-morbidities and early death due to untreated conditions.

The project began with patients who were stable on their opioid substitution therapy (e.g. methadone) and registered to either Maryfield or Erskine. This year Newfield have come onboard with an enhanced service to support their patients who use drugs.

"I had the most amazing support worker to help me get through the darkest time in my life... I felt as though I had structure and I had someone who really cared about my wellbeing ... I wouldn't know about half of the services I've now used if it wasn't for my key worker who made me realise I shouldn't be ashamed of my struggle but proud that I did seek help and have come out the other side of this... She taught me how to rationalise my thoughts and to monitor my actions using a cost/benefit analysis... I feel like I can start afresh now and actually move forward in life instead of feeling stuck on the spot and like I'm going nowhere".

There are also 6 practices offering their patients a holistic health check. The uptake of this increased this year by 35% on the previous year. Additionally, patients are attending follow up appointments with their practice or a specialist service.

The project ambition is to have a dedicated drug use team for the city. At present the team includes two part time GPs, two nurses and 3 third sector key workers.

To date, there are patients reducing their methadone doses and there has also been a patient discharged from the service having achieved abstinence.

An important element of the service is the support to patients from Third Sector Key Workers.

***If you have any questions about the information contained in this document
please email: dundeehscp@dundeecity.gov.uk or phone
01382 434000***



Annual Performance Report: Working and Planning Together

To view the Microsoft SWAY interactive version of this report please use the links below

Version optimised for Smartphone:

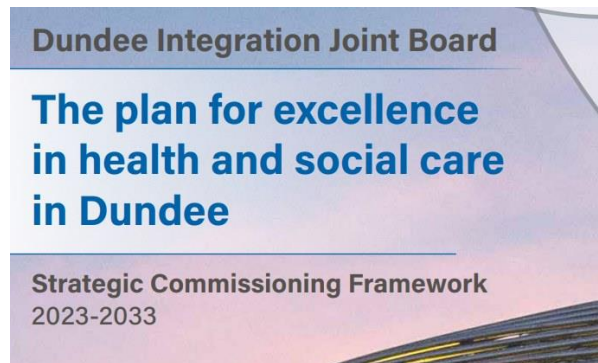
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Strategic Commissioning Framework

The Dundee Integration Joint Board (IJB) is the group of people responsible for planning, agreeing and monitoring community-based health, social work and social care services for adults. They must agree a plan that sets out the IJB's ambition and priorities for health, social work and social care services in Dundee and how they plan to use the resources they have to make this ambition a reality. The plan also describes how health and social care services will be delivered and improved; these are the services delivered by Dundee Health and Social Care Partnership. The Health and Social Care Partnership is 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 full copy of the plan can be found [here](#)

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

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

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

- Help to reduce inequalities in health and wellbeing that exist between different groups of people
- Are easy to find out about and get when they need them
- Focus on helping people in the way that they need and want
- Support people and communities to be healthy and stay healthy throughout their life through prevention and early intervention

There are six strategic priorities in the framework as follows:

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

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

Engagement



In the production of the Strategic Commissioning Plan 2023-33: The Plan for Excellence in Health and Social Care in Dundee, there was a significant focus on stakeholder engagement, with priority given to engagement with people who use health and social care services and supports, unpaid carers and the health and social care workforce. Building on learning from previous engagement work this has taken a flexible and tailored approach with a range of different tools and opportunities being developed. This has facilitated Partnership staff to engage people in places and ways that best suit them as individuals and groups, creating spaces for the Partnership to listen to what is most important to them. Opportunities have also been taken to reflect back to stakeholders' contributions made in early engagement activities and to further refine thinking, particularly in relation to the IJB's vision and wording of strategic priorities.

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 including face-to-face meetings and going to where people were already meeting, phone calls and one-to-one meetings, online survey and focus groups. From January, due to the low number of responses, it was agreed to combine (where appropriate) this engagement activity with engagement about GP premises.

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.

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.

As part of the Engagement Strategy, contributions made during the development of the Carers Strategy and the Learning Disability and Autism Strategy plus engagement relating to GP Premises Strategy was also used. This approach has helped to ensure that we make best use of the valuable time and effort people have given in contributing their views, as well as ensuring consistency as we develop the overarching strategic commissioning plan.

People told the Dundee Partnership they want to have more say in improving things in their communities.

They 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.

They also said that 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.

Learning Disability Services have hosted several events aimed at sharing information and hearing from people in their local communities. In 2023, information events were held in the North East, Broughty Ferry, Maryfield and the West End, and 4 more events will be held during 2024 and 2025. These are part of an ongoing dialogue between the Partnership and people with a Learning Disability as well as the workforce and family members/carers and help the Multi-Agency Strategic Planning Group shape plans for the future. Partner agencies and community groups also have an opportunity to listen to their potential customers and develop services that meet their needs. Unpaid carers and family members of this group of people expressed an interest in having a formal mechanism to learn about developments

and share their views. An initial discussion meeting took place with carers in December 2023 to explore and make plans for how this might best be achieved.

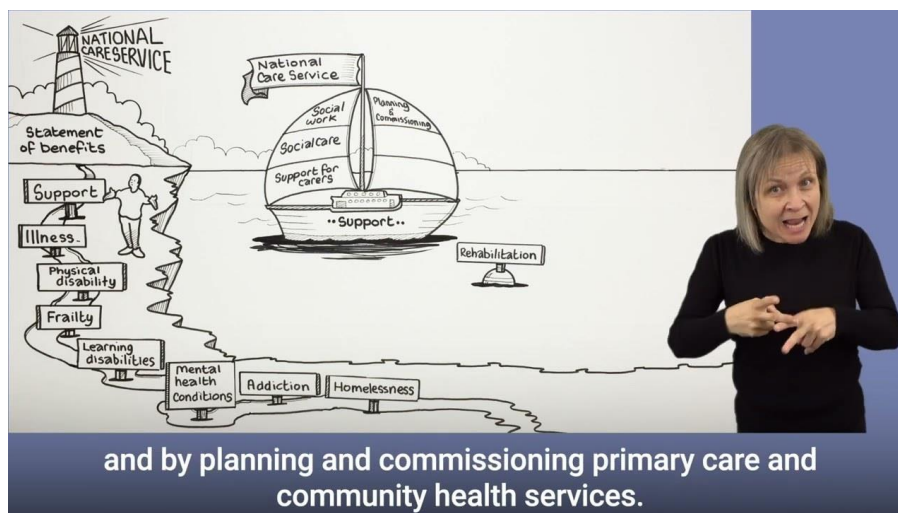
The Independent Review of Adult Social Care in Scotland

The Independent Review of Adult Social Care in Scotland (2021) 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.

The Value of Co-Production within Health and Social Care

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.

Click [here](#) to learn more about the National Care Service in Scotland



Click the image to view the Scottish's Government's vision for the National Care Service in Scotland

Care Homes

The Dundee Activity Network and the Benefits of Being Involved

The aim is to improve the quality of life and physical and mental health and wellbeing of care home residents through offering person-centred meaningful activity which is focused on the needs, interests and hobbies of residents.

Activity Networks in other areas have been the catalyst for new innovative initiatives, including national pilots and can help facilitate inter-care home interaction, community involvement and intergenerational working.

Benefits of being involved in an activity network:

- Sharing of good practice, activity ideas and how to adapt, materials and resources
- Networking and support
- Training opportunities for care home staff
- Bring information from network back to the care home
- Facilitates collaborative working and inter-care home activities such as Go4Gold
- Opportunities to be involved in national initiatives

Since September 2023, there have been get togethers, events and some friendly competitions. More events, competitions and a Going4Gold event are planned for September 2024

"I just want to say a big thankyou to the residents and staff who put lots of effort into what they all made for the competitions and the judges who had the difficult task of choosing the winners. It was lovely to see everyone enjoying themselves and getting involved in a singsong. A big thankyou to Janet Brougham, Menzieshill House and Mackinnon Centre for being the hosts who put on lovely spreads of food and drink on the day. This was the first of many events, competitions, and a chance for residents to come together and socialise."

Carole Brunton, Independent Sector Lead, DHSCP, Scottish Care

Photos from the Janet Brougham Easter Card Making Competition held March 2024





Photos from the Menzieshill House East Bonnet Competition held March 2024



Photos from the Picture Making Competition at Mackinnon Centre







For a short time, the residents in Harestane enjoyed their very own Easter 'extravaganza' where they nurtured, named and documented the birth of chicks and ducks, from hatching to holding and feeding to farewell.

The residents named all the ducks and chicks and went in every day to handle and feed them. Doreen welcomed "John" (named after her beloved late husband), born 1400hrs on 21st March and thereafter, Edith welcomed "Chick" at 14.30. The following day kept everyone busy with the birth of Matilda, Michael, and Ralph. Meanwhile, the ducks started hatching that same morning with Franco named by their very own Franco, followed by Summer, Donald, and Georgie Porgie.

Shirley, Tweet, and Lucas (chicks) all arrived on the 23rd and finally, duckling number 5, Tarka.



Maggie, Manager stated

"This lifted everyone's spirits, the residents loved them and really took part in the activity. The ducks and chicks were in Harestane for 10 days and it was magical seeing the ducks take to the paddling pool 24 hours after hatching".

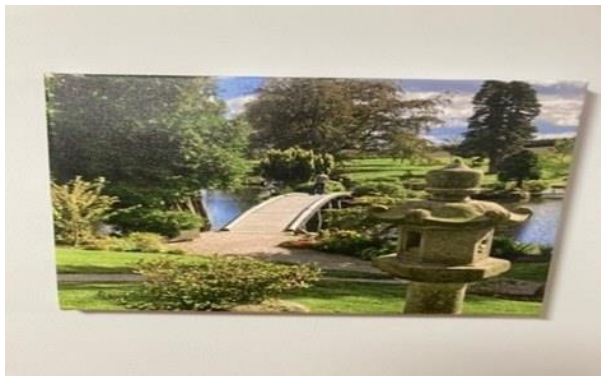
Staff at Janet Brougham House and one of their resident's family have been participating in the AIR project which is run by St Andrews University. This focusses on different ways of communicating with residents who have limited verbal communication. This is proving to be very effective in their interactions with the residents and in support of a resident who was experiencing severe agitation. Stacy, Manager stated *"It has also been rewarding in the sense that we have supported a family member to 'find his wife again' by offering him the opportunity to attend the training. His wife who is one of our residents has advanced dementia, and this has helped with their communication."*

Turriff House were looking to have their main corridor redecorated and the staff wanted to get the service users involved to give it a more personal touch. They

collectively came up with the idea of a photography project with the service users taking the pictures and getting them put on canvas to hang on the walls. Stuart Laverick (Activities Co-ordinator) said

“We have had the perfect opportunity to get some beautiful pictures as we go out on a bus tour every Wednesday to places like the Botanical Gardens, Forfar Loch, and the Japanese Gardens to name a few, as well as places that have got significant individual memories for the service users. As this was so successful, we are continuing with the project over the summer months this year.”

There are so many great pictures, which meant the service users and staff had a hard choice of picking the ones that are now proudly on show in Turriff House.



Benvie Care Home - Project Smile

At Benvie Care Home, they have made it their mission for 2023 to investigate new ways of stimulating their residents' minds, providing reminiscence therapy, and keeping a smile on their faces.

In April, they had a friendly visit from Annie the Alpaca. Annie naturally had a gentle and affectionate manner due to her upbringing on a farm. Many of the residents adored Annie and it brought smiles to the residents, staff and relatives faces.

The latest project which includes the resident, relative and staff members all getting involved, is to find out the hopes, wishes and dreams of our residents. The job of Benvie is to then make those hopes wishes and dreams come true.

Their resident Ron has been a keen golfer his whole life and was a regular at Rosemount Golf Club where he was a member for 70 years. (There is even a bench in his father's name). His dream was to take a trip down memory lane and see the course one more time. Staff were thrilled to hear all about Ron's stories and the many memories he had created over the years. Ron's family also joined on the trip and were over the moon to see he could still putt a few balls. Ron still speaks about the golf club today, and we are in the process of arranging another visit for him.



Another project recently completed was the Welcome to Benvie Care Home Board. They wanted to make something which was bright, welcoming, and personalised. There were sixty-five residents and staff members who participated. Having classic music on in the background, residents, and staff both dancing, and getting involved in the activity, created a lovely experience and great atmosphere in our Home.

They have been looking into new technologies to help stimulate our resident's memories. They have incorporated sensory boards, blankets and cushions which offer a variety of sensory functions created to stimulate cognition. Phyllis, one of their residents, uses one of the cushions daily and enjoys playing with all the different elements on the cushion.



Menzieshill House team, residents, young volunteers, and children were recognised by Generations Working Together Excellence Award 2023, for their hard work towards tackling age discrimination.

Promoting intergenerational practice in care homes in turn tackles age discrimination and stereotypes, thus creating inclusive communities for people of all ages. The award recognised Menzieshill's activity programme for promoting quality outcomes for all involved. The activities are organised carefully with the focus of making a difference in breaking down barriers and building understanding between generations. The work has been seen as progress towards enabling inclusive communities and is particularly notable because of progress made to re-establish links to the local community after the Covid-19 pandemic. Intergenerational activities involved pupils from Tayview Primary School, Menzieshill Nursery, as well as the local high school and Helms college.



The activity programme is run throughout the year, which focusses on boosting resident's wellbeing and reducing social isolation. Menzieshill's intergeneration approach plays a crucial role in achieving outcomes for residents whilst also benefitting younger people involved. Activities included most recently: 'The journey of the duck egg hatch,' storytelling, singing, sports days, gardening, arts, and crafts. Primary school and nursery children get to know the residents individually and learn how games, toys and technology have changed over the years. Young volunteers provide 1-1 social sessions with the residents and form social bonds.

One of the care home residents said of the young people; 'They are lovely. They all have their own idiosyncrasies and personalities- I love getting to know them. They take me right back to when I was that age.'



Balcarres Care Come won the Scottish Care, Care Home Service of the Year Award

Lynn McLean, Manager stated

"It was an amazing achievement for everyone at Balcarres when we won the Scottish Care, Care Home Service of The Year Award then a regional and a national award from HC-One all in the space of a few months, I am one proud home manager."

One of the judges quoted

"Balcarres is a very person-centred organisation and what really stood out was the mutual respect between Lynn and her team and residents alike. It is no surprise that word of mouth is so positive. We were particularly impressed with Lynn's unique approach to managing funerals and making residents dreams a reality."

Examples of why Balcarres won their awards:

Funerals - When a resident dies, they may have a reduced amount of family, so the care home holds the wake with a buffet and beverages to celebrate their loved one's life and experiences with the staff and residents at Balcarres.

Wishes - A couple had a wish to have lunch in Forgan's, St Andrews as this had been one of their favourite places to go – Balcarres booked a table for them and arranged the whole day - they both had an amazing afternoon.

On another occasion, a resident wanted a surprise for when his wife visited the home to see him on Valentine's night. Balcarres purchased chocolates and roses and set a table for them both where they were served an a la carte menu. The wife was absolutely delighted and was a huge success that Balcarres continue to offer.

Supporting Tayside Excellence Programme (STEP) for Tayside Care Homes

The STEP was designed to improve and enhance care to residents collaboratively within Tayside; created as a supportive tool that provides the ability to self-assess against the healthcare framework for adults living in care homes, making reference to the health and social care standards.

The STEP is collaborative and looks at a whole system approach to the delivery of care to residents and allows us to identify where there is a need for improvement, where support and resources can be provided to enable this to happen.

Following an initial pilot phase, the full programme was rolled out to all care homes across Tayside from July 2023.

Urgent Care Home Visiting Team

The Urgent Care Home Visiting Team of Advanced Nurse Practitioners provides a same day response, on behalf of the GP to care home residents who are deteriorating or are acutely unwell.

The Team supports care home staff to identify people approaching end of life, supporting symptom management and end of life care.

The Team works closely with multidisciplinary colleagues to support residents, their relatives and care staff to prepare for, and deal effectively with the transition to end of life.

The use of evidence-based assessment tools including Supportive and Palliative Care Indicators Tool (SPICT) and the Gold Standards Framework Proactive Identification Guidance were used to identify care home residents who would benefit from a palliative approach based on their individual need.

GP appointments data from January 2022 to December 2023 was reviewed and 18 people were identified as living with potential palliative end of life situations and therefore the working relationship between GPs and Care home staff was developed. Through training and support from the palliative care team, care home residents were able to be assessed to ensure they were receiving the best approach of care to meet their needs.

"ANPs work extremely hard.....this is an excellent service.....enhanced my home through support and care...GPs pass a lot to them" GP

"I was struck this year by how many patients identified as having cancer or long-term health conditions had been care for at the end of their lives by your colleagues. Thank you" Care Home Manager

"This team is now and integral part of the MDT for staff in care homes to feel supported and valued. Really good therapeutic relationships have been established"
Senior Carer

"We appreciate the single point of contact and the consistency of having support from one team rather than a large number of GPs" Care Home Staff

Feedback regarding Kingsway Care Centre

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

My Dad loves his food and I know that he eats a well-balanced diet every day and that he enjoys plenty of varied treats !!

He engages with staff and residents as they play Dominoes and Bingo. He is accompanied on walks or in a wheelchair regularly to the local restaurant/pub where he enjoys a half pint and a new environment. The staff play his favourite music for him, and he still has a wee dance with them when he is able.

His bedroom is always clean and tidy and personalised with photos and I know the staff relate to these photos with him daily and encourage him to listen to their understanding of the photos and the good memories they recall for him.

Sadly, my Dad is unable to communicate with appropriate words now but staff sensitively guide him and remind him of the stories behind the photos. That is a truly precious act in itself and one that my Dad and I hugely appreciate.

My Dad cycled all his life and the staff have had him on the Ward exercise bike as often as he would engage and tolerate. They read his books with him and point out

the window to the Birdlife in the Garden and encourage him to participate with any other ward activities he may enjoy.

Every phone-call I have made has been answered quickly, professionally and with minute detail of care given which gives me great peace of mind especially as I cannot visit as often as I want to.

Each member of Staff are remarkable and utterly dedicated people. They are a tribute to each and every person in the caring profession”.

Step Down Care

There are 3 Step Down properties in Dundee which support discharge from hospital.

- A total of 614 bed days were saved during 2023-24. In addition to better outcomes for people than if they were in a hospital setting, there was a financial saving of £196,490.

Services for People Affected by Cancer

Tayside Cancer Support Service



Tayside Cancer Support Service is a Dundee based charity that cover the whole of Tayside and North East Fife and offer vital support to those affected by cancer;

- 121 counselling +/- complimentary therapies (short waiting list)
- befriending
- monthly drop-in cafe at St Aidan's Centre Broughty Ferry

MacMillan Cancer Support



The Cancer Strategy for Scotland 2023-33 person-centred care for all objective requires all cancer care pathways to include a TMICJ service providing key workers, holistic needs assessment, triage and help with navigating complex cancer care systems. Tayside has TMICJ services with local link workers in Angus, Perth & Kinross and Dundee City hosted by multiple organisations. Macmillan and Scottish Government fund 5wte link workers and one administrator.

The Tayside MacMillan Improving the Cancer Journey Service supports the national cancer strategy by enabling access to person -centred care for all:

- ✓ TMICJ is an essential listen, assess, plan, triage and coordination service for people who need/want non -clinical community -based support and care during their cancer experience.

- ✓ TMICJ takes up referrals at every phase of a person's cancer journey and facilitates access to prehabilitation, rehabilitation, reablement and palliative interventions.

1,419 care plans were provided across Tayside, of which link workers performed an average of 3.7 actions to support individuals reduce their concerns and access supportive care.

There was 100% increase in activity between March 2023 and March 2024, evidencing investment in additional 2.5 link workers plus promotion and engagement has improved access and use of this service.

People mostly want supportive care during treatment (34% 2023-2024, slightly up on 30% 2019-2024). More people are using the service at the point of diagnosis (increase 9% to 13%) and started to use ICJ to access prehabilitation (1%), with work planned to increase this access point. 16% of people in palliative care used ICJ, up from previous periods (12%), again due to targeted professional engagement.

Practical concerns – just under a half (47%) of all people wanted to talk about and explore help with practical concerns, dominated by money worries, social support, transport and housing.

Physical concerns – Just over a third of people wanted help with physical concerns with moving about the top issue, followed by eating and fatigue. Leads facilitated learning about moving more interventions and link workers participated in move more sessions to help shape effective conversations and enable take up of local interventions.

Emotional and family concerns – accounted for 15% of concerns raised with link workers. 6% of people wanted to discuss family concerns.

Referral to partner agencies – along with the increase in referral activity, service offer improvements and partner agency engagement has led to a significant increase in referral and signposting activity during 2023, up from 2022 by 68% and 830%, respectively.

The intended outcome is to connect people to tangible interventions that impact positively on their health and wellbeing AND specifically to help people take up the intervention at a time when they cannot or may not feel like doing something to help themselves.

This has been achieved by enabling access via referral to over 69 referral partners and signposting/ sharing information to over 100 available supportive care services.

Post Diagnostic Support

The Post Diagnostic Service in Dundee has grown within the last 5 years, developing from a team of 5 to 11 this introduced an additional Mental Health Nurse, Occupational Therapist and a further 3 link support workers. The expansion in the team ensured staff were undertaking educational opportunities - taking part in group facilitation training, confident conversations, playlist for life, POA and Capacity training and so many more which now enables staff to deliver groups such as CST, supporting people living with young onset dementia, carers groups, post diagnostic groups that enriched the lives of people living with dementia and their carers.

As the team grew the service needed to ensure they continued to develop effectively as a service. We needed to create a more cohesive strategy for a continued gold standard service and were delighted to be selected as an improvement site for a Care Co-ordination project with Healthcare Improvement Scotland.

Four main areas we focused on were:

- 1) Closer working relations with primary care
- 2) Closer working relations with AHP, Particularly Speech and Language Therapy
- 3) Improving our care co-ordination, planning and delivery
- 4) More confidence in promoting our service

The team now have a better understanding of our role in the wider context of improving outcomes for the people of Dundee and more confident to put ourselves forward and take on challenges for the improvement of the service. PDS staff feel more confident about going into communities and raising awareness of dementia and also now looking to adopt tools like the RESPECT document that is being promoted throughout Tayside as a tool that we can use to continue to push the boundaries of our service to incorporate a more holistic approach ensuring we can discuss Advanced Care Planning in a more confident and self-assured manner.

The service also made an appearance on BBC Scotland highlighting the high-quality service they provide.



| How gadgets are helping a couple live with dementia

Community COPD Service

Our service continues to provide care and support, including palliative care to all housebound patients via a designated practice link nurse. They are also available to provide remote clinical advice and support for GPN/GP, as requested, for patients with severe and complex health needs.

From 1st July to 29th February 375 referrals were received from 21 of the 23 GP practices.

The COPD team has developed a community-based patient assessment (NPA) clinic for patients with suspected COPD for all Dundee practices. This service provides holistic assessment including spirometry, diagnosis, initial treatment planning and any onward referral/referral advice for those with suspected COPD. This provides continuity of care in the diagnosis of COPD in the City.

4 additional pathways have been added to the COPD discharge service to help to identify patients with worsening of their COPD and offering Specialist Nurse assessment including medication concordance, patient/carer education and referral onto other support services if required. These help to reduce unnecessary admission through the earlier identification of vulnerable people and working with them to assist them to manage their disease with specialist education and support. These pathways are with Scottish Ambulance Service, Out of Hours via a 3-month trial, A&E and Community Advanced Nurse Practitioners (ANPs).

Patients who historically would have been conveyed to hospital by ambulance when they become breathless can now be referred from Scottish Ambulance Service. This pathway facilitates direct communication between ambulance clinicians and the COPD team. The COPD Clinicians then follow up patients at home and undertake appropriate interventions including non-pharmaceutical evidence-based interventions to help manage breathlessness in the home.

We continue to review the service and look for new ways of identifying and engaging with COPD patients. We have formalised a pathway between DECAT and Community Nursing ANPs that will ensure patients have access to COPD Specialist Nurse follow up at home following an acute exacerbation of their COPD which was treated at home by these services.

Pulmonary Rehabilitation classes, led by Physiotherapy colleagues, at Kings Cross Health and Community Care Centre are supported by the COPD team.

COPD Practice Link Nurses support practice facilitation discussions with the Respiratory GPN +/- GP in each Practice.

In September 2023 we reintroduced the COPD annual educational event to which Practice-based staff with an interest in COPD were invited. This year's event has also been opened to Community ANPs and Secondary Care Respiratory Liaison Nurses.

District Nursing

The introduction of the Clinical team Leader (Advanced Practice) in Dundee District Nursing Service has resulted in many positive outcomes for patients and reduced workload for GPs.

This service was designed by engaging in collaboration with other services, such as DECAHT, engaging with District Nursing teams and GPs to promote the role and build professional relationships.

Case Study: Supporting Advanced Decision Making

Referral from District Nursing team to an age 60+ female due to a suspected chest infection and urinary retention.

Past medical history of COPD suspected upper GI cancer which patient does not wish to investigate, low mood with previous self-neglect and very poor mobility and requirement for a stand aid to mobilise from bed to wheelchair.

A package of care was also being provided.

Consultation and clinical examination was undertaken which determined an infective exacerbation of COPD (IECOPD). Clinical supervision was provided during this assessment to develop competence around clinical and prescribing decision making.

CTLAP were able to prescribe treatment for this. During the assessment, it was also discovered that this person had excoriated, irritated skin to her arms and legs. An appropriate emollient was prescribed to treat this and relieve discomfort. Bloods were also obtained for differential diagnosis as well as bladder scanned to avoid unnecessary catheterisation. This person was added to the caseload for a review following treatment of IECOPD.

Case Study: Autonomous Advanced Decision Making

District Nursing Team were attending daily to an age 90+ female with a leg wound.

District Nurse requested a visit by CTLAP as they felt that this person needed more antibiotics as they thought her leg was still infected.

Past medical history of atrial fibrillation, dementia and heart failure.

After conducting a full assessment and consultation, it was determined that she had a prevalent cellulites and bilateral oedema in her legs and sacral oedema indicating fluid overload secondary to her diagnosis of heart failure. This was in turn affecting her mobility resulting in an increase in falls. She also didn't have the most appropriate dressing choices on her leg wound.

Prevention of leg wound healing due to oedema and infection. A wound swab was sent, antibiotics were prescribed for cellulites whilst awaiting swab results. Her diuretic was also increased. Her wound care plan was also updated to a more appropriate choice according to the wound formulary, including the addition of Prontosan soaks to reduce microbe / bio film of wound. Bloods were requested in 7-10 days for review following increase in diuretic. A physio referral was also submitted as a request for the District Nursing Team to continue wound care with the updated wound care plan, obtained repeat blood pressure on next visit following an increase in diuretics and to complete falls assessment on next visit.

Feedback:

"I've found you approachable and relatively easy to access, you call back promptly if you're not able to answer your phone. You've been great for discussing patients and ideas with. You are decisive if you think it's an appropriate request that we're making, if not point us in the right direction of who can help" Community Charge Nurse

"I can speak on behalf of all the Drs here at the practice when we say that we really appreciate your help and support to our DNs with regards to patients. You have been very helpful and logical in your approach to patient care" GP

Dundee Community Treatment and Care Services (CTACS)



CTACS offers treatment room care to non-housebound patients across Dundee. We offer phlebotomy, biometrics including BP measuring, chronic disease monitoring, wound care including removal of clips or staples, assessment and management of leg ulcers and Warfarin monitoring for non-housebound and housebound patients. We also have a catheter clinic 1 session per week for routine catheter changes for non-housebound patients.



Key achievements:

- Leg Ulcer Clinic waiting list reduced to 4 - 6 weeks
- Additional Phlebotomy clinics reduced waiting lists for routine blood appointments same week availability for some locations
- No waiting lists for ear irrigation
- Additional non-medical prescriber for service will improve patient care and reduce GP workload
- Leg Ulcer Clinic commenced new bandaging system benefits to patients less bulky and lighter easier to tolerate, quicker to apply

- Reducing phlebotomy appointment slots to 10 mins has increased capacity which offers more availability to patients
- Wound healing rates increasing patients satisfied wounds cared for and healing well

Care at Home

The Care at Home Team has been involved in many projects where they worked and planned with others to improve pathways and services for the people they support

- Thematic Fire Review which included Risk Recognition and Hoarding and Clutter Risk Training and also changes to paperwork and assessments to incorporate fire safety discussions and evacuation plans
- Technology Enabled Care 'Try Before you Buy' scheme
- Falls Prevention and Education Training which includes co-working with SAS, Falls Team and Social Care Response Service

Reduction of 428 falls through this joint project so far

Case Study

Mrs A is an age 90+ female who is a frequent faller (3+ occasions), has osteoarthritis, angina and reduced mobility. After falling at home, she was initially supported by the Social Care Response 'Community Alarm' Team. An assessment was undertaken, focussing on the key areas and was supported with pieces of equipment from Occupational Therapy, provided with advice and referred to a 6-week strength and balance programme and she has had no falls since.

Case Study

Mrs B has advanced dementia and she has been receiving support from the Social Care Response service for approximately 1 year. In that time Mrs B's health and wellbeing has deteriorated and she has been prone to wandering and falling, resulting in admissions to hospital as she was injured. Once home this pattern continued and the social care response team referred Mrs B to the falls screening and assessment team for support. Mrs B was also assessed for a care package to help her in the morning and evening. The Resource Matching Unit sourced this package of care for Mrs B to allow her to be supported at home. The Social Care Response service also deployed a Technology Assessor to meet with Mrs B and her daughter and they took a person-centred review and along with Mrs B's daughter decided to install a bed sensor and door sensor linked to Community Alarm to safeguard Mrs B if she left the property. Mrs B and her daughter were also provided with a GPS tracker on loan, for if in the event she did leave the property Mrs B's daughter could locate her. As Mrs B's dementia was advancing, the Technology

Assessor also installed a Community Alarm and a heat sensor, in the event of a fire a rapid response could be given as the Community Alarm team would alert the Fire Service. With the support of SCRS Mrs B and her daughter were kept safe and informed, regular reviews were held to confirm the technology was still meeting the needs of Mrs B. Mrs B's daughter fed back that this was a 'lifeline' for her and her mother.

Discharge Planning

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

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

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

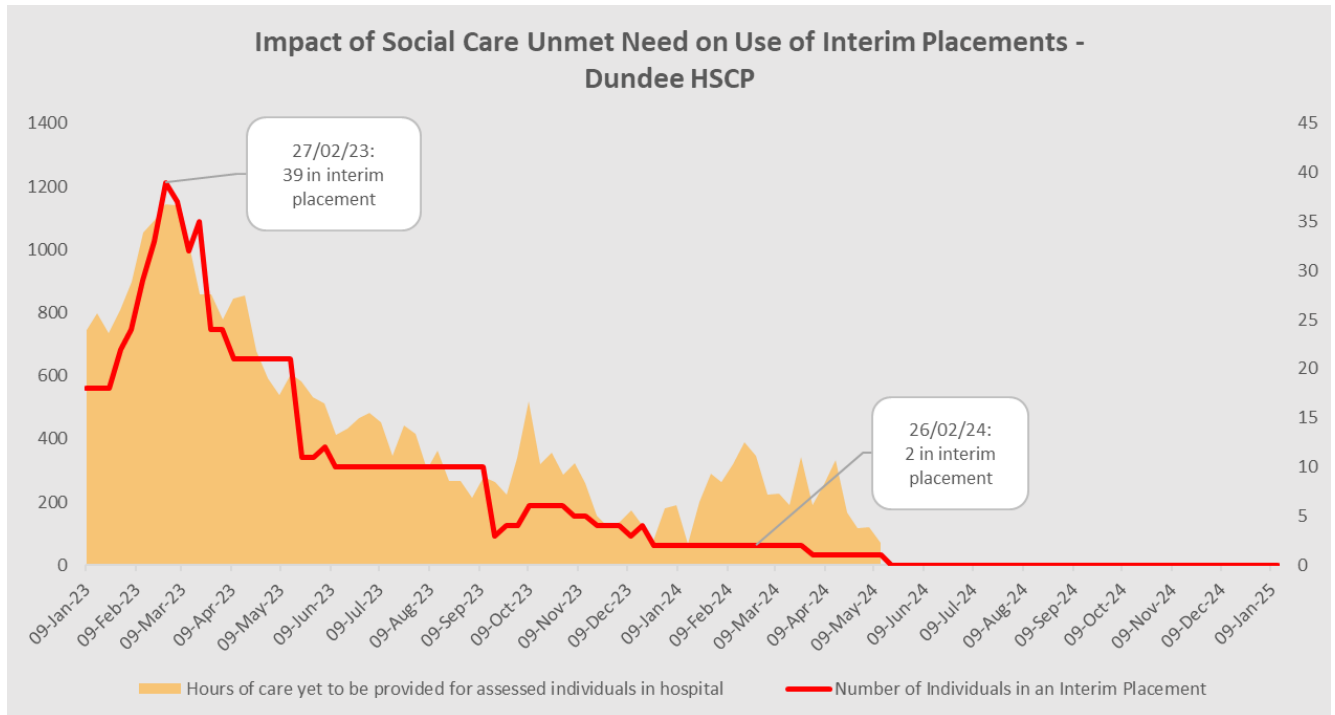
98.5% of all discharges were without delay

96.7% of all 65+ emergency discharges were without delay

91.5% of all Medicine for the Elderly discharges were without delay

To view more data about discharge management please click [here](#)

As a result of the improvements relating to social care, the bed days lost has gradually dropped over the year. In April 2023, 604 bed days were lost as a result of reportable delays in acute, compared to 94 in April 2024.



Use of interim placement as an alternative to being delayed in hospital awaiting services has gradually reduced in line with the reduction of social care unmet need. Social care is now more readily available, meaning patients can go home with services rather than an interim move to 24-hour care to await.

The cost of an interim placement during 2023-2024 was circa £800-£900 per week – in line with Care Home Weekly Rates for residential and nursing care. The cost of a standard 4 x daily care package (15.75 hours per week) is around £328pp/pw based on the 2023/24 hourly rate of £20.82.

In February 2024, there were a total of 39 patients in interim awaiting services. If we assume all patients are placed in a residential setting, the cost to the HSCP per week would be around £31,200. If we assume all those in interim were awaiting a 4 times daily package of care, the cost to the HSCP would have been £11,700 – a difference of £19,500 per week.

First Contact Physiotherapy and Musculoskeletal Service Dundee



Musculoskeletal problems frequently cause repeat appointments and are a significant cause of sickness absence in Scotland. The majority of a GP's musculoskeletal caseload can be seen safely and effectively by a physiotherapist without a GP referral. However, the existing patient pathway often includes an unnecessary delay while initial non-physiotherapeutic solutions are attempted prior to access to a musculoskeletal physiotherapy service. There are variable waiting times across the country for access to face-to-face physiotherapy. Physiotherapists are already well situated to work collaboratively with primary care multi-disciplinary teams and support the GP role as a senior clinical leader. Physiotherapists are an expert professional group. They have a high safety record and are trained to spot serious pathologies and act on them. Physiotherapists utilise their wider knowledge and skills as part of their assessment. A first point of contact service could also be seen in the context of the wider musculoskeletal pathway. Under the new contract, HSCPs will develop models to embed a musculoskeletal service within practice teams to support practice workload. In order to provide a realistic alternative for patients, access times must be comparable to those of general practice.

First Contact Physiotherapy

The Physiotherapist can:

- **Assess You** – and diagnose what's happening
- **Give expert advice** – on how best to manage your condition
- **Refer you on** – for further treatment, investigations or to specialist services if required

How can I refer?

Ask at your GP reception for further information.

The FCP service operates a hub-based model with four locations spread across Dundee City - MacKinnon in Broughty Ferry, Maryfield, Ryehill and Lochee Medical Practices. The FCP service aims to deliver efficient, high-quality management of MSK patients evidenced through achievement of clinical outcomes and feedback from patients and clinicians. It is accessible to all Dundee GP practices and although delivered primarily via in-person appointments, can be accessed via telephone or video consultations (NearMe) when required.

The main deliverables of the service include

- Release of GP appointment capacity
- Timely access to specialist assessment and advice
- Early promotion of self-management strategies
- Coordinated pathways of care
- Reduction in onward referrals e.g. imaging, secondary care
- Right person, right time, right place

Last 12 months

FCP appointments are currently released daily (one week in advance) to ensure those appointed are seen in a timely manner. Individuals are offered an appointment within one of the four Hub locations on a day and time that is suitable to them.

Over the last year, FCP capacity has improved following successful recruitment. Development roles have also been recruited with a view to increasing capacity further following a period of training.

In order to truly ease the burden on GP practices, up-skilling physiotherapy staff to be able to function independently of the GP where safe and appropriate to do so is essential for both streamlined patient care and to reduce the number of patients being re-referred to the GP for further review. Previous research has highlighted that up to 2% of patients attending physiotherapy services will require blood investigations as part of their assessment or ongoing management and the Chartered Society of Physiotherapy (CSP) also recommends access to these investigations is organised as part of implementing an effective FCP service. The FCP Clinical Lead has worked in partnership with the GP Sub Committee to ensure blood investigations can be requested and acted upon safely within Dundee. The aim is to roll this out in July/August 2024.

Following a legislative change in July 2022, Physiotherapists are now legally permitted to certify FIT notes. The FCP staff group have therefore also completed the necessary training (agreed nationally) to offer this to appropriate patients and reduce the need for signposting back to their GP.

During Covid, the MATS service, accessed via NHS24, was stepped down. Patients no longer had the option of completing a self-referral for MSK Physiotherapy services. Whilst the national direction to replace MATS is discussed and designed, the Dundee MSK service has introduced (April 2024) a guided self-referral option that can be completed and returned to the MSK service electronically or via the post. Early indications suggest this has been received well by GP practices and patients and has created capacity across the pathway of care.

" The difference in my physical and mental health is immense and I am very grateful."

"....my symptoms were complex and the physiotherapist helped me understand that even though not curable that there were certain exercises that I could do to help my situation. I am still in pain but the physiotherapist helped me cope with this pain and helped me enormously, I thank her greatly"

".... I got a prompt appointment with an excellent physiotherapist. I was reassured and my confidence was boosted"

"I go to physiotherapy at Kings Cross and I feel more confident after it. Really makes a difference and the staff I've seen have been great"

".... very professional service. Thank you..."

"The physiotherapist has been so helpful, with appropriate exercises and has given me confidence"

"I talked about something related to my physiotherapy which was very personal and sensitive during the consultation and the physiotherapist was genuine, kind, empathetic and positive about it. This helped me feel comfortable and confident..."

Violence Against Women

Women's Hub Dundee Violence Against Women Partnership have worked alongside a wide range of partners to develop Dundee Women's Hub, which opened in 2023. Practitioners working and engaging with local women recognised the need and desire for a women's only space for 1:1 support appointments, drop-in support, groups and activities. The Hub is a multi-agency support hub for women impacted by substance use and other disadvantage such as gender-based violence, homelessness, poor mental health, isolation and trauma. It provides gender-specific, trauma-informed support for women to make informed decisions regarding their support options, reduces barriers to accessing support and helps to improve their overall health and wellbeing. The Hub will continue to evolve and adapt their support based on listening to the voices of women.

The Corner

The Corner is a service which aims to enable and empower young people to look after and improve their health and wellbeing. The service continues to offer a wide range of initiatives in response to feedback from users, for example:

- Young People's Involvement Group - service users and interested young people get involved in supporting the work of the Corner and contribute to service improvement.
- The substance use support service STRIVE, in partnership with Hillcrest Futures, has expanded to support people aged 12-21 who are affected directly or indirectly by substance use and are homeless or at risk of homelessness, or struggling with school, family or friends. The service offers holistic health and well-being checks and provides 1:1 emotional support alongside harm reduction education. The service provides a whole family approach and has a dedicated family project worker. The Housing Education for Youth (HEY) project continues to deliver awareness and housing support information to all S4 pupils, in partnership with stakeholders from housing, homeless and young people's services (Action for Children, Angus Housing, HELM).
- The Corner continues to support the Early Years & Young People Team within NHS Tayside with their annual drama tour addressing young people's emotional wellbeing. All S3 pupils across Dundee watch a live performance of the Drama tour identifying health issues facing young people, such as substances, mental wellbeing, and sexual health. The Corner and other services are involved in a Q&A panel afterwards to answer any questions regarding health and wellbeing.
- The Corner delivers targeted outreach services to improve awareness of Corner services and offer tailored sessions on a range of issues faced by young people. Joint programmes with DCC Community Learning and Development teams are being developed to co-deliver certain aspects of health interventions to identified groups.

Detached Outreach continues to be delivered in partnership with Hot Chocolate and DCC Community Learning and Development team.

- The counselling service continues to provide one-to-one counselling to young people with mild to moderate emotional wellbeing issues. The counselling service offers up to eight sessions in a flexible and accessible way. Options include receiving support in-person, online, telephone and walk and talk.
- The Corner continues to work in partnership with Dundee Carers Centre, secondary schools and wider partners across the city to offer and deliver Health and Wellbeing checks to identified Young Carers aged 12-25. The checks also identify and address any unmet need by offering one to one support for identified Young Carers or linking them in with the Carers centre or identified services.
- Monthly attendance at local LGBT Young People's group with agreed session plans based on young people's feedback.
- The Corner drop in continues to provide health and wellbeing support to young people across the city. Open Monday to Friday 1-6pm, the drop in offers a range of service to young people. Every young person is offered a holistic health and wellbeing assessment, which identifies and addresses any unmet needs. Sexual health provision offers contraception (pill, patch, injection, implant insertion and removal), emergency contraception, pregnancy testing, sexually transmitted infection screening, free condoms, condom demonstrations, free sanitary products and support for termination of pregnancy.



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[Contact Us](#)

tay.office.corner@nhs.scot

01382 20 60 60

Young People's Services ▾

Parents/Carers

Professionals

New Dundonians

Appointments

**Health and wellbeing
services for young people**

[Click here to view The Corner's website](#)

Positive Steps

Positive Steps has been funded to provide a Crisis Response Outreach Service (CROS) to individuals who are in high level of crisis. CROS will provide a responsive, proactive, and personalised approach to supporting individuals. Dundee has a wide variety of specialised support agencies both statutory and third sector and often the barrier to engagement with these services is attendance and proactive engagement. Many of the most vulnerable within our communities find it difficult to coordinate and attend their support needs. CROS will contact individuals within 72 hours of the referral. Contact will be made by a variety of means and this will be dependent on the individual. CROS will call, text, visit homes, properties, know addresses, pharmacies, begging spots etc to make contact and will continue to try various methods until these are exhausted to engage the individual.

CROS will provide the catalyst to engagement with specialised services and support individuals to engage with the right support at the right time for them. CROS will coordinate support appointments and services, support individuals to attend, signpost to expert services, support individuals to understand their options, provide a “sticky” approach to support and complete welfare checks for those most at risk of harm.

CROS will follow the “Lead Professional Model” and can be the main point of contact in the early stages of the support journey. A needs assessment will be completed, and support needs identified will be prioritised with the individual. An action plan will be compiled with the individual and with consent, can be shared with support partners. CROS will discuss support options, source, and attend the chosen support with the individual to ensure engagement. This could take many sessions dependent on the needs of the individual and the issues they are facing. Time spent with individuals will be used to gain trust, cultivate relationships, and identify their needs.

[Click here to find out more about Positive Steps](#)



Tayside Adult Autism Consultancy Team (TAACT)

Tayside Adult Autism Consultancy Team (TAACT) works across the whole of Tayside and has its main base in Dundee. The Team includes a range of different professionals who have skills and experience in working with people with Autism Spectrum Conditions (ASC). This includes psychologists, occupational therapists, psychiatrists and speech and language therapists. The number of people coming forward asking to be assessed for ASC has increased markedly and the level of demand has resulted in significant waiting times. To make sure that we can better meet demand, a new Consultant Clinical Psychologist is leading the team and building up increased numbers of staff. A Partner organisation has also been commissioned to see people who have been waiting to be seen. This will result in waiting times decreasing and mean that TAACT staff can offer more direct work to people with complex needs and more consultancy to staff in other services already helping people with ASCs.

CONNECT

CONNECT is a new service for people experiencing psychosis for the first time. Around 43 new people experience psychosis for the first time every year and well-established research from around the world demonstrates that a particular approach - Early Intervention in Psychosis (EIP) - results in fewer people needing to go into hospital, shorter hospital stays for those who do and better longer-term wellbeing (including fewer relapses in the future). A key element of EIP services is early assessment and engagement with people and their families/supporters to build strong therapeutic relationships. CONNECT provides people with a compassionate safe haven when they can be at their most distressed and people can remain with the team for up to 2 years. It provides an encouraging, secure base to help people understand their experiences, develop and test out new skills as they recover. Importantly CONNECT enables people to access evidence-based care and treatment with a particular focus given to psychological and occupational recovery in addition to the use of medication if a person wants to take this.

The CONNECT team are now well established and work closely with other mental health services to ensure that everyone who may be suitable is found and seen quickly. Around 8 people a month are identified as possibly having a first episode of psychosis and around half-of these are confirmed as this being the case. Most people wait only 4 days from point of referral to being seen and everyone who has been engaged in treatment has stayed in treatment. CONNECT are already demonstrating that people they work with are going into hospital less than people who don't receive an EIP approach and a high number of people are returning to education/employment as they recover. Whilst at the moment CONNECT is only funded for three years and available only in Dundee, it is hoped that the model will be used across Tayside (keeping Dundee as the main hub) and will be continued in the longer term.



Image of some of the CONNECT team during a Ministerial Visit

Adult Support and Protection

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

The inspection team identified six key strengths within the Dundee Partnership:

The way in which the Partnership responded to concerns about an adult at risk, including how quickly initial inquiries were carried out and the role of Council Officers in supporting investigations.

Attendance at case conferences by multi-agency partners and good collaborative working to support and protect adults at risk of harm.

How partners worked together through review case conferences and care groups to continuing to address risks to adults through protection plans.

Dedicated support from NHS Tayside Adult Support and Protection Team to members of the workforce involved in adult support and protection work.

The commitment of senior staff to including the voice and experience of adults at risk to influence strategic planning, including the voice of lived experience at the Adult Support and Protection Committee.

"There has been a good measure of success, built on strong engagement strategies inclusive of staff and people with lived experience"

The shared vision on senior staff, including innovative and ambitious plans to meet complex needs of adults at risk of harm in Dundee.

The inspection team also found six areas for partners to continue to work together to improve services and supports. This included: improving the quality of investigations, chronologies and risk assessments; completing ongoing work to update guidance and procedures; improving systems for quality assurance; improving the pace of improvement; and, making sure that improvement work is resourced and supported. Through the Adult Support and Protection Committee the Health and Social Care Partnership has agreed improvement plans to address these areas for improvement.



JOINT INSPECTION
OF **ADULT SUPPORT**
AND **PROTECTION**
Dundee Partnership December 2023

Click [here](#) to read the full inspection report

***If you have any questions about the information contained in this document
please email: dundeehscp@dundeecity.gov.uk or phone***

01382 434000

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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.

Dave Berry

Acting Chief Officer

19/07/2024

Date

Christine Jones

Acting Chief Finance Officer

25/07/2024

Date

Roger Mennie

Clerk and Standards Officer

25/07/24

Date

Bob Benson

Chairperson

23/07/2024

Date

Councillor Ken Lynn

Vice Chairperson

24/07/2024

Date

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

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

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

*Special Meeting