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

City Chambers
DUNDEE
DD1 3BY

21st August, 2020

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 above meeting to be held on Tuesday, 25th August, 2020 and now enclose the undernoted report which should be read as a replacement for the one issued.

Yours faithfully

VICKY IRONS

Chief Officer

A G E N D A

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(Report No DIJB29-2020 by the Chief Officer, copy attached).

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD DISTRIBUTION LIST

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

Role	Recipient
VOTING MEMBERS	
Non Executive Member (Chairperson)	Trudy McLeay
Elected Member (Vice Chairperson)	Councillor Ken Lynn
Elected Member	Councillor Roisin Smith
Elected Member	Bailie Helen Wright
Non Executive Member	Jenny Alexander
Non Executive Member	Donald McPherson
NON VOTING MEMBERS	
Chief Social Work Officer	Diane McCulloch
Chief Officer	Vicky Irons
Chief Finance Officer (Proper Officer)	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	VACANT
Registered nurse	Kathryn Brechin
Registered medical practitioner (not providing primary medical services)	Dr James Cotton
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Eric Knox
Service User residing in the area of the local authority	Linda Gray
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Dr Drew Walker

(b) DISTRIBUTION – FOR INFORMATION ONLY

Organisation	Recipient
NHS Tayside (Chief Executive)	Chief Executive
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Chief Executive)	David R Martin
Dundee City Council (Executive Director of Corporate Services)	Greg Colgan
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Legal Manager)	Kenny McKaig
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Pauline Harris
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Linda Rodger
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Senior Audit Manager)	Bruce Crosbie
NHS Tayside (PA to Dr James Cotton)	Jodi Lyon
Dundee University (PA to Professor Rory McCrimmon)	Lisa Thompson
Proxy Member (NHS Appointment for Voting Members)	Dr Norman Pratt

ITEM No …16………..

REPORT TO:	**HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 AUGUST 2020**
REPORT ON:	**COVID-19 RECOVERY PLAN**
REPORT BY:	**CHIEF OFFICER**
REPORT NO:	**DIJB29-2020**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to present the Partnership's COVID-19 recovery plan to the Integration Joint Board for approval.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report.

2.2 Approve the recovery plan attached as Appendix 1 to this report, noting that it will remain a working document and will continue to evolve and develop overtime (section 4.3.2).

2.3 Instruct the Chief Officer to complete a substantive review of the recovery plan in October 2020, prior to the onset of the Winter Period and to submit the revised plan and update on progress with recovery to the IJB meeting on 15 December 2020.

2.4 Remit to the Chief Officer to issue directions as set out in section 8 of this report.

3.0 FINANCIAL IMPLICATIONS

3.1 The Scottish Government announced an initial funding allocation of £50m across Scotland to support Health and Social Care Partnerships in May 2020 of which Dundee has received £1.429m. A further announcement of an additional £50m of funding to be made available nationally was made in early August 2020, with £25m to be distributed immediately based on the same basis as the first tranche (Dundee receiving £715k) and the release of the remaining £25m to be made following receipt and assessment of a financial return submitted to the Scottish Government on the 14th August. Further funding is anticipated throughout the financial year to meet additional expenditure under the mobilisation and recovery plan.

3.2 Funding commitments set out as part of the recovery plan will only be made should this additional funding be forthcoming.

4.0 MAIN TEXT

4.1 The membership of the Integration Joint Board, acting under the essential business procedure, has recently considered reports in relation to the Partnerships response to the COVID-19 pandemic (DIJB22-2020) and the impact of the pandemic on strategic planning arrangements (DIJB19-2020). Both reports referenced the central role of recovery planning in supporting the Partnership, as part of the wider health and social care system, to transition from pandemic response to a new business as usual state over the next 18 to 24 months. The reports recognised that the recovery period presents a significant opportunity for learning and change

to support the delivery of the priorities in the Partnership's Strategic and Commissioning Plan. They also contained a commitment to provide a fuller report on recovery planning to the meeting of the IJB on 25 August 2020.

4.2 **Recovery Planning Approach**

4.2.1 The scale and nature of the pandemic means that the response period will last for a significant period of time and affect everyone across society, it will be much longer and more wide ranging than anything we have experienced in recent times. During the recovery period the Partnership, along with other local resilience partners, will be required to deal with response and recovery concurrently:

- **Response** –concentrating on essential service areas, protecting and keeping safe people who are most at risk and vulnerable, and working to respond to emergencies created by this crisis.

- **Recovery** - Resilience planning, overcoming difficulties created by the pandemic and making the most of any new or emerging opportunities. Getting back to a sense of normality, recognising that this is likely to be different from what went before.

- **Renewal** – the scale of the recovery phase and the way in which we have fundamentally changed our health and social care system to respond provides an unprecedented opportunity to change how we work with communities across Dundee. Co-production with our citizens and being bold and innovative in our approaches will help us to improve outcomes for people and transform our integrated health and social care system.

4.2.2 Consequently, our recovery plan must address three critical elements:

- scalable and sustainable plans for further potential surges in COVID-19 cases and peaks of demand;

- the ability to maintain COVID and non-COVID capacity and pathways across services and supports for a significant period of time; and,

- medium to long-term recovery planning over an estimated 18 to 24 month period.

4.2.3 Effective and robust recovery planning should be informed by reliable modelling data both in relation to the predicted future progression of the pandemic itself and of its impact on individuals and communities. Much of the initial modelling of impact, demand and capacity on health and social care has focused on the acute sector. Public Health Scotland are planning for and progressing some elements of community focused modelling but the timescale for delivery of these is, as yet, unclear. Modelling of the wider impact of the pandemic on the economy, employment, poverty and a range of other social factors is begin to emerge at a national level from a range of sources, including the Scottish Government, Westminster Government, Public Health Scotland, the Improvement Service and academic institutions. Further work is required to identify, review and analysis this information and it is hoped that some of this work can be progressed at a national by Public Health Scotland or through collaboration within Health and Social Care Scotland. It is apparent that a full update of the Partnership's Strategic Needs Assessment will be required to take account of the impact of the pandemic and to fully inform the next review of the Partnership's Strategic and Commissioning Plan (due to be completed by March 2022).

4.2.3 Recovery planning has also required the Partnership to review its learning from the early phases of the pandemic and changes made to services and supports. As well as presenting many challenges, the COVID-19 pandemic has created a context for rapid change and innovation and has further enhanced collaboration and integration. As part of the recovery planning process our workforce has had the opportunity to consider what aspects of our initial response have worked well and should be consolidated / further developed as part of the recovery stage in partnership with key stakeholders, including staff-side representatives. Report DIJB28-2020 describes the work that has taken place in their regard, the initial learning

themes emerging from the response period and planned next steps to gather further learning during the recovery period.

4.2.4 Our recovery planning work has been, and will continue to be, informed by the following principles:

- People should only attend building-based services if there is no other alternative; wherever possible and appropriate we will optimise our capacity for remote delivery of care and support.
- Plans will reflect the 6 principles of Realistic Medicine, Health and Social Care Five Essential Elements and principles for safe and effective mobilisation within Re-mobilise, Recover and Re-design.
- Plans will maximise the use of available resources to deliver prioritised care, services and supports to as much of the population as possible; where necessary we will continue to separate care / service pathways into COVID and non-COVID and we will maintain a focus on pathway development, re-design and innovation where this contributes to long-term transformational goals.
- Plans will support us to embed and mainstream innovation and learning, including digital approaches.
- Plans will act to mitigate and reduce health and social inequalities.
- Plans will be developed in partnership with our primary care and acute care partners, as well with wider community planning partners. Plans will reflect relevant regional and national strategic plans.
- Plans will be developed in partnership with our workforce and will take account of the views, priorities and preferences of the people who use our services and of carers.
- Plans will have a focus on workforce, service user and carer wellbeing and safety.

4.2.5 Recovery planning activity sits within the wider context of the Partnership's current strategic and commissioning plan. As our recovery plan emerges it will be necessary to consider its impact on our ability to deliver the commitments set out in the strategic and commissioning plan at the pace and scale original envisioned. Our recovery plan has also been developed, and will be continuously reviewed, to interface and integrate with other national and local recovery plans including the Scottish Government COVID-19 – Framework for Decision Making. Scotland's route map through and out of the crisis (https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-scotlands-route-map-through-out-crisis/) and COVID-19 – Framework for Decision Making. Re-mobilise, Recover, Re-design: The Framework for NHS Scotland (https://www.gov.scot/publications/re-mobilise-recover-re-design-framework-nhs-scotland/pages/2/); Tayside Local resilience Partnership Supporting our Communities to recover from COVID-19 (Recovery and Renewal Plan); NHS Tayside Operational Unit Mobilisation Plan and Timeline; and Dundee City Council Recovery Plan.

4.3 **Our Recovery Plan**

4.3.1 The Partnership's draft recovery plan (attached as appendix 1) has been set against the four phases within 'Scotland's route map through and out of the crisis'. As described in the national route map, the movement between phases will take place when the Scottish Government is satisfied that certain criteria have been met (R number, WHO criteria and transmission/ resurgence); there is therefore not set timescale for each phase and the recovery plan must accommodate uncertainty in this regard. The possibility of further surges means that the recovery plan must provide flexibility to respond as / when required; recovery is unlikely to be a linear process and may involve movement both forward and backwards through planned recovery phases and actions. It must allow the incorporation of further learning as we continue

to better understand the virus, its impact of individuals, carers and communities and the learning from our response so far.

4.3.2 The need for the recovery plan to be flexible, responsive and to continue to develop in an iterative way to new information, learning and wider contextual circumstances mean that the recovery plan must be a working, rather than static document. The Integration Joint Board are asked to approve the document at a point in time but to recognise that it will continue to evolve and develop overtime. The Partnership wide recovery plan is supported by detailed recovery plans in each service area / team that set out in further detail planned actions and developments to support recovery. It is also supported by the Partnership's mobilisation plan (attached as appendix 2) that sets out contingency plans for response to any future surges.

4.3.3 Following the earlier than anticipated move from phase 2 to phase 3 of the national routemap on 10 July a substantive review of the recovery plan has been completed. This review had a focus on developing detail in phases 3 and 4. A summary version of the recovery plan was also produced to form part of a submission to the Scottish Government from NHS Tayside in response to a request to NHS Chief Executives, IJB Chief Officers and Local Authority Chief Executives to submit the next iteration of health and social care re-mobilisation plans for their area for the period August 2020 to March 2021. This is attached at Appendix 2 for information.

4.3.4 Our ability to successfully implement our recovery plan relies on high levels of collaboration with NHS Tayside and Dundee City Council, particularly in relation to IT, property and workforce infrastructure. Recovery has a significant focus on consolidating and further developing remote models of working and service delivery which will require extensive and robust IT (equipment, systems and training / development) and workforce (deployment, terms and conditions and wellbeing) supports. Physical distancing requirements, the establishment of new teams and relocation of others to accommodate COVID specific responses and decisions by the corporate bodies to accelerate planned building closures have placed exceptional pressures on the availability and use of property (office, clinical and community use). Collaborative planning that recognises the needs of the Partnership to access the remaining property estate will be essential during the recovery period. These infrastructure matters are not delegated functions and therefore the Partnership will be dependent on NHS Tayside and Dundee City Council corporate services providing a high level of support and response during the recovery period, particularly in the early stages of recovery.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Integrated Impact Assessment. An Integrated Impact Assessment is attached.

6.0 RISK ASSESSMENT

Risk 1 Description	Insufficient resources made available to the IJB through Scottish Government and corporate bodies (financial, workforce, property and IT) to support full implementation of the recovery plan.
Risk Category	Financial, Workforce, Political, Technological
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions	• Scottish Government has provided additional monies to support implementation of mobilisation plans. • Workforce capacity continuously monitored and remedial actions taken as required. • Redeployment hubs operated by both corporate bodies and commitment to scale up if any further surges are experienced. • Workforce winter flu vaccination programme planning being progressed. • Measure to limit impact of contact tracing on workforce availability being incorporated into building re-opening / return to work plans.

	• Recommendation to IJB to issue direction to corporate bodies in relation to corporate support services, including IT, property and HR functions. • Ongoing work to align Partnership recovery plan with those of corporate bodies and wider Local Resilience Partnership / Dundee Community Planning Partnership.
Residual Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

Risk 2 Description	Planned recovery activities are not sufficient to fully address impacts of the pandemic on health and social care needs due to lack of available / accessible impact and community modelling data.
Risk Category	Political, Social, Operational
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions	• Public Health Scotland and Health and Social Care Scotland currently progressing community / whole systems modelling activities. • Partnership linking through Chief Officer, national Strategic Commissioning and Improvement Network and locally deployed Public Health Scotland staff to influence priorities for community modelling. • Partnership staff are linking to the corporate bodies to access any relevant data available to them. • Work is to be commenced to revise the Partnership's strategic needs assessment. • Recovery plan is a working document and will be continuously reviewed to take account of new impact and community modelling data as this becomes available.
Residual Risk Level	Likelihood 2 x Impact 5 = Risk Scoring 10 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 5 = Risk Scoring 10 (High Risk)
Approval recommendation	While the inherent risk level is extreme, the impact of planned actions reduces the risk and therefore the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

Directions Required to Dundee City Council, NHS Tayside or Both	**Direction to:**	
	1. No Direction Required	
	2. Dundee City Council	

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 15 July 2020

Kathryn Sharp
Senior Manager, Strategy and Performance

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB29-2020
2	Date Direction issued by Integration Joint Board	25 August 2020
3	Date from which direction takes effect	25 August 2020
4	Direction to:	Dundee City Council and NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	All delegated services
7	Full text of direction	Dundee IJB directs Dundee City Council and the NHS Tayside Board to develop and align their services to support the full implementation of the COVID-19 Recovery Plan.
8	Budget allocated by Integration Joint Board to carry out direction	To be confirmed once the budget has been agreed.
9	Performance monitoring arrangements	The implementation of the DHSCP COVID-19 Recovery Plan will be monitored by the Integrated Strategic Planning Group with regular submission of information to the IJB (including its Performance and Audit Committee) and respective Scrutiny Committees of Dundee City Council and NHS Tayside. Performance indicators that will support monitoring of implementation are currently being identified.
10	Date direction will be reviewed	31 March 2021

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Context

On the 12 January 2020 the World Health Organisation (WHO) confirmed that a novel coronavirus (later to become known as COVID-19) was the cause of respiratory illness in a cluster of people in Wuhan City, Hubei Province, China. The first confirmed case in Scotland was identified on 1 March 2020 in the Tayside region and 10 days later, on 11 March 2020, the WHO declared a global pandemic.

The COVID-19 pandemic has been the biggest public health challenge facing society, including our health and social care system, in our lifetimes. Daily life has been significantly restricted, particularly following the imposition of lockdown arrangements by the UK Government on 26 March 2020. On 17 March the Cabinet Secretary for Health placed NHS Scotland on emergency footing for a three-month period as a direct consequence of substantial and sustained transmission of COVID-19, with non-urgent elective operations and routine hospital care suspended.

Whilst recent data across Scotland demonstrates a sustained decline in new COVID-19 cases, hospital admissions, Intensive Care Unit admissions and deaths, the impact on the population's health and wellbeing has been significant. As at 26 May 2020 there had been 15,185 confirmed cases of COVID-19 in Scotland; 1,659 of which were in Tayside and 901 of which were in Dundee. As of 24 May 2020, there had been 149 deaths of Dundee residents recorded by the National Records of Scotland from a total of 924 deaths across Tayside (based on deaths where COVID-19 was mentioned on the death certificate).

The impact of the COVID-19 pandemic on the health and social care needs of the population, how we deliver supports and services, on health inequalities and on the health and wellbeing of our workforce and of unpaid carers has been substantial and wide ranging. At the present time data and modeling information about the impact of the pandemic beyond acute hospital settings is limited and it will be a number of months before we more fully understand the medium to long-term impact of the pandemic. This will include understanding the direct impact of the pandemic, such as the exacerbation of underlying long-term conditions in COVID-19 positive people, but also the indirect impacts, such as the consequences of delayed help –seeking / treatment for other health condition and impact of reduced household incomes on health and wellbeing. The Scottish Government recognises that COVID-19 will be "…*endemic to society to varying levels for a significant period of time. It is anticipated that normal society will not return and levels of social distancing and lockdown measures will be in place for 12 months or more.*" It is also clear that the medium to long-term impacts of the pandemic will persist for many years following this.

As the Dundee Health and Social Care Partnership (the Partnership) moves forward with recovery planning there is much to learn and build on from the initial response period. Rapid change and innovation provides a foundation for consolidation and further development and improvement. There are also opportunities for reflection and learning in relation to the Partnership's approach to strategic planning, leadership and governance. So, whilst the pandemic period has been the biggest challenging that we have faced since health and social care integration in 2016 it also present our biggest opportunity for learning and change as we move into the recovery period.

Recovery Planning

The scale and nature of the pandemic means that the response period will last for a significant period of time and affect everyone across society, it will be much longer and wider ranging than anything we have experienced in recent times. During the recovery period the partnership, along with other local resilience partners, will be required to deal with response and recovery concurrently:

- **Response** –concentrating on essential service areas, protecting and keeping people safe who are most at risk and vulnerable, and working to respond to emergencies created by this crisis.
- **Recovery** - Resilience planning, overcoming difficulties created by the pandemic and making the most of any new or emerging opportunities. Getting back to a sense of normality, recognising that this is likely to be different from what went before.
- **Renewal** – the scale of the recovery phase and the way in which we have fundamentally changed our health and social care system to respond provides an unprecedented opportunity to change how we work with communities across Dundee. Co-production with our citizens and being bold and innovative in our approaches will help us to improve outcomes for people and their carers and transform our integrated health and social care system.

Our recovery plan must address three critical elements:

- scalable and sustainable plans for further potential surges in COVID-19 cases and peaks of demand;
- the ability to maintain COVID and non-COVID capacity and pathways across services and supports for a significant period of time; and,
- medium to long-term recovery planning over an estimated 18 to 24-month period.

Effective and robust recovery planning should be informed by reliable modelling data both in relation to the predicted future progression of the pandemic itself and of its impact on individuals and communities. This includes the immediate health impacts and subsequent demand for health and social care services, including from carers and families, as well as wider impacts on a range of aspects of people's lives, health and wellbeing (for example, the impact of the pandemic on the economy, employment and poverty). A range of work is ongoing at a local and national level in relation to modelling, with Public Health Scotland now taking a national lead in collating an overview of work and leading developmental workstreams in partnership with stakeholders. Much of the initial impact modelling work has focused on the acute sector, however over recent weeks there has been recognition that modelling is required across the whole integrated pathway and a number of developments are planned at a national level in response to this. There is a restricted capacity within the Partnership's own Strategy and Performance Service meaning there is an increased imperative that we establish effective links to national workstreams and work being undertaken by NHS Tayside and Dundee City Council. At a local level the Partnership has initially prioritised modelling of demand for care at home services and is linking closely to NHS Tayside to access the most-up-to-date pandemic modelling for Tayside.

Recovery planning has also required the Partnership to review its learning from the early phases of the pandemic and changes made to services and supports. As well as presenting many challenges, the COVID-19 pandemic has created a context for rapid change and innovation and has further enhanced collaboration and integration. As part of the recovery planning process members of the delegated workforce have had the opportunity to consider what aspects of our initial response have worked well and should be consolidated / further developed as part of the recovery stage in partnership with key stakeholders, including staff-side representatives.

The following principles underpin our recovery planning approach:

- People should only attend building-based services if there is no other alternative; wherever possible and appropriate we will optimise our capacity for remote delivery of care and support.
- Plans will reflect the 6 principles of Realistic Medicine, Health and Social Care Five Essential Elements and principles for safe and effective mobilisation within Re-mobilise, Recover and Re-design.
- Plans will maximise the use of available resources to deliver prioritised care, services and supports to as much of the population as possible; where necessary we will continue to separate care / service pathways into COVID and non-COVID and we will maintain a focus on pathway development, re-design and innovation where this contributes to long-term transformational goals.
- Plans will support us to embed and mainstream innovation and learning, including digital approaches.
- Plans will act to mitigate and reduce health and social inequalities, including considering impacts on carers.
- We will develop plans in partnership with our primary care and acute care partners, as well with wider community planning partners. Plans will reflect relevant regional and national strategic plans.
- Plans will be developed in partnership with our workforce and will take account of the views, priorities and preferences of the people who use our services and of carers.
- Plans will have a focus on workforce, service user and carer wellbeing and safety.
- Implementation of plans will be monitored for adverse impacts on people with protected characteristics, people affected by health inequalities and socio-economic depreciation and their carers and mitigating arrangements made where appropriate.

Recovery planning activity sits within the wider context of the Partnership's current strategic and commissioning plan. As our recovery plan is implemented and develops further it will be necessary to consider its impact on our ability to deliver the commitments set out in the strategic and commissioning plan at the pace and scale original envisioned. Our recovery plan must also interface and be integrated with other national and local recovery plans:

- COVID-19 – Framework for Decision Making. Scotland's route map through and out of the crisis – sets out the Scottish Government's framework for considering and deciding changes to restrictions and provides a route map indicating the order in which restrictions will be gradually lifted.

- COVID-19 – Framework for Decision Making. Re-mobilise, Recover, Re-design: The Framework for NHS Scotland – sets out Health Boards will safely and incrementally prioritise the resumption of some paused services, while maintain COVID-19 capacity and resilience.
- Tayside Local resilience Partnership Supporting our Communities to recover from COVID-19 (Recovery and Renewal Plan) – provides strategic and tactical managers from Category 1 and 2 Responder agencies with a framework within which to manage operational resources to support recovery from COVID-19 in our communities. The plan will support the co-ordinated and effective management of a series of individual and multi-agency recovery plans across the region.
- Dundee Community Planning Partnership – will manage the multi-agency recovery response through the community planning process with overall leadership resting with the Dundee Partnership and Executive Boards; this will include consideration of the need for a fundamental mid-term review and revision of the City Plan to ensure that the strategic focus, detailed outcomes and underpinning high level priority actions reflect the imperative of supporting recovery.
- NHS Tayside Operational Unit Mobilisation Plan and Timeline – describes how NHS Tayside intends to deliver emergency, urgent and cancer care whilst maintaining COVID-19 capacity, and safely and incrementally restoring routine and elective services that have been paused due to COVID-19. The plan sets out NHS Tayside's approach and mobilisation plan for firstly, the immediate period to the end of July and secondly the next phase of sustaining semi-routine activity in the community and re-introducing routine elective activity. It sets out a phased and structured approach that will deliver safe, clinically prioritised and risk-assessed patient pathways of care within the constraints of 'Living with COVID'. It provides an initial timeline/roadmap aligned to a planning methodology and framework that will support sustainable change and innovation.
- Dundee City Council – given that the Council's main purpose is to deliver high quality services that support the delivery of the City Plan outcomes it is their intention to consider the scope for further integration of the City and Council plans into one overarching strategic plan for Dundee, providing a simpler policy framework for the city. In the meantime, each Council Service has developed initial detailed plans to support recovery in the short and medium terms.

Impact, demand and capacity modelling

As indicated much of the initial modelling of impact, demand and capacity on health and social care has focused on the acute sector. Public Health Scotland are planning for and progressing some elements of community focused modelling but the timescale for delivery of these is, as yet, unclear. At the present time the Partnership is able to access:

- Scotland and Tayside level SEIR charts setting out short-term forecasts (two week) for the R number, new cases, cumulative positive tests, total number of inpatients (per day) and total number of patients in critical care (per day).
- Tayside level SEIR recovery modelling charts based on different scenarios for the R number following easing of lockdown restrictions.
- Initial outcomes from local project modelling the potential impact of rising COVID-19 related workforce absence on the provision of Care at Home services in Dundee (please note the initial outcomes are still being quality assured so are not yet reliable for planning purposes).
- Pathway and patient characteristics analysis for people who made first contact via GP out-of-hours, NHS 24, Scottish Ambulance Service, A&E and hospital (please note that pathway flow information is limited to

Modelling of the wider impact of the pandemic on the economy, employment, poverty and a range of other social factors is beginning to emerge at a national level from a range of sources, including the Scottish Government, Westminster Government, Public Health Scotland, the Improvement Service and academic institutions. Further work is required to identify, review and analysis this information and it is hoped that some of this work can be progressed at a national by Public Health Scotland or through collaboration within Health and Social Care Scotland.

It is apparent that a full update of the Partnership's Strategic Needs Assessment will be required to take account of the impact of the pandemic and to fully inform the next review of the Partnership's Strategic and Commissioning Plan (due to have been completed by March 2022).

What we have learned

As part of our recovery planning process we have reviewed learning from the first three months of the pandemic response. Our workforce has had the opportunity to consider within their service areas the key aspects of our initial response (what we have started to do / done more of and what we have stopped doing / done less of). They have also reflected of what has worked well and should be consolidated / further developed as part of the recovery stage in partnership with key stakeholders, including staff-side representatives, as well as what has been less effective. Finally, the workforce has considered what their vision for the post-COVID period is and the legacy that they hope the learning from the pandemic response will have in the long-term. A full summary of our initial learning will be made available as soon as possible. The following tables summarise some of the key changes we have made and learning we have identified from the initial pandemic response period:

Changes that have had identifiable positive impacts
Provided day-to-day essentials and upheld right to healthy life
Delivered essential supports and services in a compassionate, caring way.
Directly contacted shielded people to offer additional supports.
Undertook regular welfare checks with the most vulnerable people.
Improvisation, creativity and realignment of budgets to enable this.
Contributed across the city to arrangements for food distribution, medication and equipment deliveries.
Applying technology for communication and organisations
Increased use of technology for communication within and across the workforce that enabled effective communication and planning.
Remote working/working from home increased with introduction of new IT workflows to enable this.
Used a range of digital platforms to support service users and carers.
Facilitated access to peer support through online forums.
Used online and printed media to communicate with and inform the public.
Increased use of technology for communication within and across the workforce that enabled effective communication and planning.
Developing, changing and adapting structures and systems
New and revised processes developed and agreed.
Redeployed and re-tasked support services to prioritise operational developments, including redeploying staff.
New systems and services to enable workforce and patient testing.
Upscaling of our processes to ensure effective use of Personal Protective Equipment.

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Practical service delivery changed locations and introduced physical distancing.
Increased overall capacity in range of services and supports.
Introduced new pathways, teams and wards.
Re-designed existing services, including expanded hours of operation and enhanced out-of-hours provision.
New systems introduced for triage of service users and to enable self-referral.
Defining and refreshing existing priorities
Prioritised our service delivery and resources.
Maintained essential services including face-to-face contact with service users / patients.
Creatively introduced new types of outreach services and supports across the city.
Enabled collaboration across the whole system.
Facilitated safe discharge from hospital.
Provided support to external health and social care providers.
Worked to tackle social isolation and meet basic needs.
Reduced some of the administrative requirements on front-line services.
Optimised deployment of human resources
Welcomed a new workforce, including students, volunteers and returning staff members.
Released colleagues to support the Acute Sector and Community Testing arrangements.
Upskilled and intensively trained staff to support redeployment and service developments.
Considering our own and colleagues wellbeing. Promoted workforce wellbeing and provided a range of wellbeing supports.
Took time to acknowledge the efforts and achievements of team members, co-workers.
Welcomed a new workforce, including students, volunteers and returning staff members.
Released colleagues to support the Acute Sector and Community Testing arrangements.
Upskilled and intensively trained staff to support redeployment and service developments.
Considering our own and colleagues wellbeing. Promoted workforce wellbeing and provided a range of wellbeing supports.

Learning identified
Provided day-to-day essentials and upheld right to healthy life
Excellent leadership qualities are essential across all levels of the organisation.
Major contribution of strong networks with co-workers and colleagues.
Clear lines of communication strengthen our responses.

Importance of having and sharing service criteria and clear referral pathways.
Applying technology for communication and organisation
Communication hindered by no “All Staff” email facility for the deployed health and social care workforce.
Varying access to IT hardware/remote working across services / teams.
Increased screen time can cause fatigue for workforce members.
Operating separate IT systems for health and social services remains a challenge.
Face-to-face contacts are still needed for some work.
Developing, changing and adapting structures and systems
There are generally solutions to most logistical problems.
New developments require to be monitored and reviewed to inform further evolution.
We are open to hearing and learning from feedback about what could have been better.
Learn from process changes can quickly inform further redesign services.
Defining and refreshing existing priorities
Learning to be gained from the management processes and pace at which change was able to be implemented.
A common goal to maintain essential services helped us to optimise the use of resources.
Co-operation and collaboration is essential to secure the best possible outcomes.
Providers benefited from enhanced opportunity be responsive and to work / communicate flexibly with us.
Optimised deployment of human resources
Volunteers and temporary deployed members have valuable insights to share from their experience of working in our services.
We need further opportunities to learn from workforce lived experience.
We have the capacity to quickly provide a crisis response and working through change in action.
Volunteers and temporary deployed members have valuable insights to share from their experience of working in our services.
We need further opportunities to learn from workforce lived experience.

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In addition, we have collated some themes that the workforce have identified they would want to be embedded into our long-term approach and form a positive legacy from the COVID-19 pandemic:

- Increased awareness and priority to infection control.
- Recognition of the importance of workforce wellbeing.
- Increased public awareness of / engagement in health promotion and self-care
- Whole system collaboration and approach to achieving outcomes and reducing inequality, including integrated working and big thinking.
- Greater appropriate use of digital technologies and cultural acceptance of shift to digital working.
- Recognition of the importance of community-based services and end of life care and need to resource them.
- Better business continuity / resilience arrangements and experience / skills to implement them, including alignment of regional and local arrangements.
- Greater acceptance and support of flexible working.
- Innovation and rapid change / improvement – positive, can do approach.

Surge Response

At an early stage of the pandemic the Partnership produced and submitted a mobilisation plan to the Scottish Government detailing a range of measures across individual service areas that were planned to maintain essential services and adapt pathways and practices to take account of factors such as enhanced infection control practices and social distancing restrictions. This plan also included the temporary suspension of some services, particularly non-urgent face-to-face services and congregate services; in most cases this was supported by alternative, remote models of service provision being put in place. In addition to the partnership wide mobilisation plan, a specific plan for support to care homes was developed and submitted to the Scottish Government. Each of these plans was underpinned by more detailed plans at service and team level that supported the workforce to implement our pandemic response on a day-to-day basis.

The Partnership's mobilisation plan, and supporting documents, will continue to guide our response to any further surges in the pandemic, especially where the scale of the surge results in reversion to full lockdown restrictions. The mobilisation plan is attached in appendix 1.

This recovery plan also recognises that recovery may not be a linear process and that there may be a requirement, in response to any changes in infection rates / moderate surges, to rollback our recovery timeline and actions. For example, if infection rates increase and the Scottish Government responds by reinstating elements of lockdown restrictions we will also consider reverting local arrangements to previous phases of our recovery plan.

Our Plan

Our recovery plan has been set against the four phases within 'Scotland's route map through and out of the crisis'. As described in the national route map, the movement between phases will take place when the Scottish Government is satisfied that certain criteria have been met (R number, WHO criteria and transmission / resurgence); there is therefore not set timescale for each phase and recovery plan must accommodate uncertainty in this regard. The possibility of further surges means that recovery plans must provide flexibility to respond as / when required; recovery is unlikely to be a linear process and may involve movement both forward and backwards through planned recovery phases and actions as well as longer or accelerated phases from those originally anticipated. It must allow the incorporation of further learning as we continue to better understand the virus, its impact of individuals, carers and communities and the learning from our response so far.

At this time, we have focused our detailed recovery planning on phases 1 and 2, which we estimate on the basis of information contained with the national route map will extend to the end of July / beginning of August 2020. We have also included some high-level plans for phases 3 and 4 but recognises that these plans may change as we move forward, receive new information and elicit new learning over the coming months. The links below will take your directly to the plan for each phase:

- Phase 1
- Phase 2
- Phase 3
- Phase 4

This Partnership wide recovery plan is supported by detailed recovery plans in each service area / team that sets out in further detail planned actions and developments to support recovery.

Our ability to successfully implement our recovery plan relies on high levels of collaboration with NHS Tayside and Dundee City Council, particularly in relation to IT, property and workforce infrastructure and continued communication with service users and carers. Recovery has a significant focus on consolidating and further developing remote models of working and service delivery which will require extensive and robust IT (equipment, systems and training / development) and workforce (deployment, terms and conditions and wellbeing) supports. Physical distancing requirements, the establishment of new teams and relocation of others to accommodate COVID specific responses and decisions by the corporate bodies to accelerate planned building closures have placed exceptional pressures on the availability and use of property (office, clinical and community use); collaborative planning that recognises the needs of the Partnership to access the remaining property estate will be essential during the recovery period. These infrastructure matters are not delegated functions and therefore the Partnership will be dependent on NHS Tayside and Dundee City Council corporate services providing a high level of support and response during the recovery period, particularly in the early stages of recovery.

HIGH LEVEL VISUAL SUMMARY TO BE DEVELOPED (COMMS SUPPORTED REQUIRED)

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PHASE 1

National Route Map Phases	Key constraints / risks	Service area	Key milestones / actions
Phase 1: (from 28th May)	Continued implementation of PPE requirements across all services in line with national guidance and local agreements, including maintenance of supply chains. Ensuring accurate understanding and awareness of frequently updated national and local guidance and policies relating to key issues such as PPE, testing, adult screening programmes and shielding. A range of factors are expected to have a significant impact on workforce availability / capacity: • Retraction of redeployed and volunteer workforce. • Limited availability of and capacity within public transport. • Requirement to manage travel demand through flexible working patterns. • Ongoing impact of school / childcare closures. • Impact of availability of carers support services. • Impact of Test and Protect system. • Impact of guidance to shielded and high-risk populations. These factors will impact on the delegated (employed) workforce and also on the workforce within external providers. Impact on workforce wellbeing, including impact of trauma over the long-term. Impact of reduction in overall workforce capacity on requirement to maintain COVID responses, embed learning / change and re-establish 'business as usual' activity may mean overall capacity within the health and social care system is exceeded. Lack of data and modelling specifically focused on community health and social care needs and systems. Maintaining public confidence and trust, including: • Demand for reduced limitations on care home and hospital visiting. • Potential negative impacts on health and wellbeing outcomes generated through late presentation to services and reduced levels of service provision. • Waiting time management (including where service users have a preference to wait longer for face-to-face service provision rather than utilise remote / digital services).	Primary Care	Maintain Dundee Community Assessment Hub with gradually reducing workforce and footprint (Primary Care) and ability to flex capacity to respond to any further surge. Fully establish and implement Primary and Secondary Care Interface Group, including HSCP input. Work with GP clusters and GP sub to review aspects of care and treatment that can be resumed in practices as staffing base stabilises recognising the model for delivery may vary from in the past, linking with national guidance where it is available. Agree and begin implementation of NHS Tayside safe attendance within community facilities and general practice guidance. Continue work with NHS Tayside Digital team to expand use of NearMe within practices and the roll out of other digital projects that will support improved working and delivery of care. Continue work through the Primary Care Improvement Plan to develop care and treatment services and move work from GP practices. Continue to respond to practices where there are temporary challenges in relation to workforce capacity where feasible. Increase First Contact Physiotherapy Service (FCP) sessions to support all practices on an ongoing basis using alternative methods of contact where possible / clinically appropriate, to the level funded. Further develop First Contact Physiotherapy model, including developing flexibility to include telephone / NearMe appointments. Practices, in conjunction with cluster leads to plan for re-starting long-term conditions reviews, including arrangements for monitoring and to ensure anticipatory care plans and self-management plans and care are core. Continue to support practices to review patient pathways of care, including the use of digital resources as well as face-to-face consultations, including the role of signposting and referral at initial point of contact. Work with clusters / practices to assess how they can safely support people with COVID symptoms and those who are shielding, including associated premises work, to be able to safely see potential COVID patients in practice / cluster base longer-term. Consider pathways for referral from practices to secondary care and other parts of primary care, recognising the pressures across the system. Continue to develop and update anticipatory care plans. Explore options for future provision of care and treatment to the shielded population including exploring a move to a 'clean' and protected area in a cluster/locality model. Build on success of reception workforce assessing and signposting to other services and complete planning for development of signposting materials that support appropriate use of clinicians and teams, including information of Pharmacy First. Plan for reinstatement of development of urgent care home visiting arrangements and home visits with care home team and Scottish Ambulance Service in anticipation of Scottish Ambulance Service employees being released from full-time deployment in their substantive roles as part of the pandemic response. Explore options for long-term maintenance of patient transport arrangements that have the potential to support reduced demand for home visiting.
		District Nursing	Work to support additional workforce capacity within Community Nursing Adult Services (15 whole time equivalent registered nurses and 4 whole time equivalent Health Care Support Workers) to sustain three COVID-19 positive / suspected pathways, alongside maintenance of essential nursing care for patients unaffected by COVID-19. This includes community based palliative care for both COVID and non-COVID patients. Recommence departmental meetings including educational meetings – face to face with social distancing or remotely.

• Management of unscheduled 'presenting in person'. Maintaining sufficient flexibility to respond to any further COVID-19 surge. Significant reduction in availability of office accommodation and linked requirement to maintain high levels of remote working. A range of factors will require to be considered: • IT infrastructure – including access to adequate equipment, systems and technical support. • Understanding and implementation of physical distancing requirements within office accommodation. • Prioritisation of available space to enable critical service provision (COVID and non-COVID). • Remote management and support of the workforce. • Maintaining clinical support / supervision requirements. • Maintaining access to learning and development opportunities. • Maintaining integrated working. • Impact of remote working on interpersonal communication. Community access buildings remain closed / significant restrictions on their capacity. Availability of financial resources to support delivery of COVID responses and to sustain implementation of learning / improvement / service re-design. Practical constraints on service users accessing building based services, including: • Limited availability of and capacity within public transport. • Physical distancing requirements, including aspects such as adequate space for waiting areas. Affordability / accessibility of digital based services across the population, particularly for people experience poverty and socioeconomic disadvantage. Remote service delivery not suitable for all circumstances.		Recommence development of locality working in District Nursing Teams. Recommence COPD home visits for vulnerable patients. Maintain remote approaches to patient contact and reviews and to Multi-disciplinary Teams. Maintain all Priority Band 1 and 2 visits. Maintain collaborative working arrangements COPD/DECS-A/Enhanced Community Support/District Nursing/Community Care and Treatment Services, social work / Red Cross, Podiatry. Utilise workforce who are shielding / non- patient facing to support the SPR. Implement triage arrangements for patients prior to attending/their attendance at clinic for symptoms of COVID-19. Maintain increased capacity at Community Care and Treatment Service (CCTS) to cope with additional workload from GP Practices/Practice Nurses. Maintain increased Phlebotomy service to reach patients who are unable to attend clinics due to shielding. Maintain arrangements for senior nurse cover at weekends to support workforce. Maintain centralisation of T34 syringe drivers for ease of distribution to areas of need. Maintain cohort nursing of COVID +/non COVID patients. Maintain COVID-19 Community Response Team in COVID 19 Dundee Community Assessment Support at Home Service Pathway.
	Care at Home	Review of all services and recommencement of services where carers and family members are returning to work. Continued implementation of Independent Living Review Team to review the number of packages of care in the community, to work with community care workforce and contribute positively to support and enable earlier discharge for individuals from hospital, and to enable their independence in the home environment. Consider outcomes of modelling of impact of COVID related workforce absence on service capacity.
	Physical Disabilities	Monitor emerging pressure areas as lockdown eases; review and respond as necessary. Review packages of support for high risks groups based on up-to-date assessment. Monitor external provider ability to increase provision is response to emerging demand.
	Psychiatry of Old Age – Community Services	Maintain delivery of home-based outreach provision.
	Drug and Alcohol	Maintain clinical activity. Maintain home delivery of OST and clinical interventions to those who are shielding / self-isolating and review assertive outreach model. Undertake Multi-disciplinary Team review of all people who currently require supervised dispensing arrangements to reduce the impact on community pharmacies. Maintain direct contact for those who are at high risk. Review access pathways, taking account of social distancing requirements. Maintain alternative assessment arrangements, including same-day prescribing.

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		Enhance capacity to provide outreach services and respond to increasing demand from those people whose drug use has started / escalated during lockdown. Maintain pathways for non-fatal overdose. Review the provision of alcohol detox within the home environment. Implement robust risk management approaches to support prioritised contact with service users whilst lockdown / social distancing restrictions remain in place. Maintain alternatives to direct contact, including telephone support and NearMe. Contribute to Alcohol and Drug Partnership work to access additional national funding allocations for drug and alcohol services. Review service capacity required to maintain all service provision and establish routine bank and / or identify redeployed staff.
	Protecting People	Plan for recommencement of the Early Screening Group. Explore options for the use of video conferencing facilities to support enhanced participation of service users and carers within adult support and protection meetings / processes. Further develop our understanding of and response to hidden harm whilst lockdown restrictions and social distancing remain in place across a range of vulnerable groups (including adults at risk, women experiencing domestic abuse and carers). Implement revised Adult Support and Protection multi-agency procedures. Contribute to the development of multi-agency strategic Protecting People Recovery Plan. Plan for re-instatement of work associated with Dundee Drug Commission action plan for change, particularly whole system redesign. Contribute to maintenance of Protecting People COVID-19 Risk Register. Monitor SOLACE public protection dataset, including national benchmarking.
	Mental Health / Learning Disabilities	Complete initial needs assessment of IT requirements to support enhanced use of digital technologies, including NearMe and MS Teams, by operational teams (including Community Mental Health Team and Mental Health Officers). Undertake strategic planning and commissioning activities to support increased population demands for mild-moderate anxiety and disorders and mood disorders. Undertake work to address increase in waiting times as those currently in treatment are likely to require longer-than-expected treatment episodes causing reduced throughput. Support the development of responses to mental health treatment needs of workforce across acute, community and care home settings who have been adversely affected by COVID-19 pandemic in workplace context. Assess resource requirements to increase capacity to provide tailored support to people who face barriers to employment for next 18-24 month period. Review existing caseloads and categorise on the basis of clinical need to transition back to face-to-face care (against 4 defined categories). Begin gradual transition to increased face-to-face contact across clinical settings. Maintain service delivery through digital approaches where clinically appropriate and acceptable to service users. Maintain respite provision supported by revised operating procedures and contingency arrangements (ref detailed plan). Maintain use of available housing stock / void properties to reduce unnecessary delays in hospital and support vulnerable people in the community.

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	MAPS and V1P Tayside	Maintain electronic / telephone referral pathways and provision of assessment, interventions and psychotherapy treatment via telephone and NearMe within MAPS and V1P Tayside.
	Community Mental Health / Mental Health Officers	Plan for response to backlog of Adults with Incapacity activity arising from current restrictions.
	Community Health Inequalities	Continue to provide telephone/ remote support to clients. Different platforms such as NearMe will be explored. Review telephone support within service and wider system to ensure that people access the right level of support at the right time. Develop contingency for Associate Practitioner/ Support Worker roles to fit better with new ways of accessing services. Review referral routes, targeted outreach and engagement methods and develop new pathways into the different teams. Continue to work towards a more integrated nursing team. Consider approaches to support the continued provision of services to those who are self-isolating or shielded in communities. Work with partners to develop mechanisms to ensure an inequalities perspective and local/ service user voice in recovery planning and implementation.
	Assessment and Care Management	Plan for response to increased demand from people recovering from COVID and their carers who have experienced significant broader impacts on their physical and mental health, for example exacerbation of pre-existing long-term conditions. Move towards reinstatement of full assessment for all service users by care management teams. Gradual increase in number of face-to-face contacts, working towards reinstatement of all non-urgent visits across all teams / services by phase 4.
	Discharge Management	Develop models to support re-introduction of elective surgery. Review discharge pathways to support new inpatient COVID / non-COVID model in Acute and Community sites (unscheduled, scheduled, COVID, discharge hubs, stepdown, palliative and community assessment). Embed extended remit of discharge hub as business as usual activity.
	Intermediate Care	Consider and agree future model of service delivery taking into account learning and changes in demand / use from COVID response period.
	Community Independent Living Services	Develop and implement post-COVID rehabilitation model. Continue development of Community Rehabilitation model to enhance preventative approaches, reduce falls and POCS. Develop models to support re-introduction of elective surgery.
	Inpatient OT / PT	Revert inpatient AHP service to unscheduled care to business as usual.
	Outpatient OT / PT	Continue remote consultations first approach (telephone / NearMe), supported by limited face-to-face consultations where there is clinical need and appropriate safeguards are in place. Begin gradually reintroduction of routine waiting list and others services.

	Care Homes	Maintain intensive support to all care homes as per care home plan submitted to Scottish Government. Maintain care home testing pathways (including enhanced outbreak testing) and support care homes to participate in weekly testing arrangements. Complete enhanced oversight visits within all care homes in Dundee. Follow up visits will be undertaken as required in line with national guidance and in particular if there are further outbreaks. Maintain a single point of contact for support and advice as required, including a process to ensure PPE supplies are maintained and staffing support to individual care homes as required. Support care homes to undertake the necessary preparation work and risk assessment to support visiting in-line with national guidance.
	Psychiatry of Old Age - Inpatient	Develop and implement COVID business as usual model.
	Medicine for the Elderly - Inpatient	Recommence patient case conferences using video conferencing. Recommence departmental meetings including educational meetings Further development of NearMe for outpatient work and referrals. Develop COVID business as usual model, including post-COVID ward plans.
	CBIR / Stroke Liaison	Recommence patient case conferences using video conferencing. Recommence departmental meetings including educational meetings. Further development of NearMe for outpatient work and referrals.
	Palliative Care	Develop models of care that continue to link into COVID pathways across community and acute care settings. Recommence model for in-patient end of life care and management of condition support for those with non-COVID conditions. Maintain a number of COVID+ beds for those with COVID-19 and for those who have non-COVID end of life conditions, but showing symptoms of positive for COVID-19. Identify process to establish future provision of ongoing day care models. Respond to potential surge of cancer related presentations due to delayed diagnosis and advancing disease. ACPU re-opened in new ward (W23a).
	Sexual and Reproductive Health	Prioritise interventions with largest public health impact: LARC and HIV PrEP for patients who do not have symptoms and are not self-isolating at risk of COVID. Continue to see very urgent care and vulnerable individuals. Develop model to support response to patients with increased risk of COVID if they have emergency needs and care cannot be delivered without seeing patient or delayed. Continue phone consultations for all history and minimise face-to-face clinic time. Whenever possible the same clinician who speaks to patient on phone should see patient in clinic. Explore ways to reduce time for consultations (eg. minimum dataset for consultations) to maximise the number of patients who can be seen while appointments are taken in 2 phases.

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		Explore options for grab bags/postal testing kits/other no- or low-contact solutions as interim measure for lower risk patients who wish STI testing. Explore and make use of technological solutions to facilitate virtual/telephone clinics where appropriate (eg. WABA for photos of skin lesions). Work with virology and microbiology labs to ensure that planned increases in testing are within their capacity. Explore alternative options for delivering services (eg. postal testing kits, self-taken samples). Continue to work with national group towards national solution for STI screening including HIV and syphilis testing without face-to-face contact with services. Explore options for e-prescriptions or delivery of medications to patients with pharmacy and alternative providers.
	The Corner	Continue to deliver daily virtual Drop In's and 1:1 support using NearMe. Continue to support delivery of medication and contraceptive supplies using Royal Mail recorded delivery or collection at drop-in / Community Support Centres. This includes amendment of Practice Group Directive to enable remote larger supply of contraception Develop virtual outreach approaches with partner agencies to engage with vulnerable groups, including Health and Wellbeing Workers support to young people via Community Support Centres. Self service area created in drop in for BP/BMI readings where necessary. Work collaboratively with Tayside Sexual and Reproductive Health Service to meet needs of symptomatic or complex young people. Increased presence on social media to disseminate health information with young people and partner agencies. Implement self-referral for termination of pregnancy.
	Carers	Recommence meetings of Dundee Carers Partnership. Work with carer's organisation to better understand the impacts of lockdown on carers needs / priorities and develop enhanced responses, including to carer stress. Consider options for acknowledgement / celebration of contributions of unpaid carers during the COVID response period. Sustain and further develop supports for people in the workforce who are also carers.
	Service user / family communication	Develop information for families/carers in relation to new ways of working.
	Clinical, Care and Professional Governance	Across all services maintain clinical and service governance, including line management, and clinical supervision, utilising technology to support this. Recommence Clinical, Care and Professional Governance Group for critical reports and exceptions via remote working solutions. Maintain remote support and monitoring of adverse events on a weekly basis by Governance Huddle. Trial new format of quality and performance review document across services to support key governance functions. Continue to provide reports to and attendance at Clinical quality Forum.
	Infection Control Infrastructure (including PPE)	Continue to work with PPE hubs at Royal Victoria Hospital, West District Housing Office and the procurement teams in DCC and NHS Tayside to ensure PPE supplied across Dundee. Plan for reversion of NHS service PPR provision to transfer to corporate procurement services as business as usual' function.

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		All services to develop safe systems of work / risk assessments for the environment and transport and identify possible additional PPE stock requirements based on latest guidance. All services to review limitation on visitors to the building and implement agreed safe systems of working for visitors and contractors attending the service. Consider approaches to support the continued provision of social care services to those who are COVID positive and are shielding, including provision of PPE. Develop an early identification system for possible symptomatic individuals and identify how this will be managed once building based resources start to resume.
	Community Testing (workforce and public)	Maintain workforce testing referral infrastructure across all HSCP and external providers. Maintain pre-admission testing for patients in acute hospital and unscheduled care. Maintain care home testing protocol in-line with national guidance, including testing to support outbreak management. Contribute to the development and implementation of Test and Protect approach, including planning for the potential impact on the health and social care workforce. Identify long-term base for the Community Testing Team and facilitate re-location of service.
	IT Infrastructure	Increase number of available remote working connections to NHS Tayside systems. Complete technical implementation of Microsoft Teams within NHS Tayside. Expand scope of NearMe (Video Consultation) Project to support wide scale adoption of remote consultations (telephone and video), including for Primary Care, Mental Health and AHPs. Distribute DCC workforce guidance on use of digital platforms. Increase availability of IT hardware in order to fully utilise NearMe Tayside, Micorsoft Teams and other digital platforms to sustain core business for those home working. e.g. provision of NHS and DCC IT equipment for all who require these. Develop Mobile WiFi hubs in identified locations to support laptop access to NearMe Tayside, Microsoft Teams and other digital platforms to provide essential links for clinical recording.
	Workforce Infrastructure (deployment, wellbeing, communication)	All services to consider and start to develop plans in regard to the allocation of any workforce resources in a way that mitigates risk but provides a level of continuity for those using our services. All services to start to develop induction plan for workforce returning to services/workplaces to ensure they are clear about guidance, protocols and changes to work arrangements. Maintain Workforce Deployment Centre (NHST) and Deployment Team (DCC). Expand delivery of resilience training by Psychological Therapies Services from acute settings across mental health settings. Develop refreshed workforce guidance for shielded / at risk workforce (DCC). All services to identify shielders/ those living with shielders and establish work tasks can be delegated to these categories. Develop refreshed workforce guidance to support flexible / remote working (DCC). Assess workforce status in relation to longer-term remote working. Continue to develop and promote workforce Wellbeing Service (DCC). All services to further consider the implementation of Rest, Recovery and Relaxation areas/time in order to support the wellbeing of workforce.

		Maintain co-ordination of workforce communications with NHS and DCC. Consider options for acknowledgement / celebration of contributions of the workforce during the COVID response period.
	Property	Assess available building capacity. Assess and prioritise demand for utilisation of available office capacity, including relocation of services created for / displaced by COVID-19 response. Support all services to actively review best use of their premises and prioritise service delivery, including identifying pressures and gaps, recognising the needs of linked teams to be co-located and the paramount importance of workforce and public safety.
	Governance and business support	Maintain incident response structure, including weekly briefing of voting members of the IJB. Agree appropriate arrangements for re-commencement of full IJB meetings and PAC using digital approaches. Re-convene the Integrated Strategic Planning Group using digital approaches. Re-convene Unscheduled Care Board. Progress completion of statutory information returns, annual accounts and annual performance report. Recommence priority governance and strategic planning meetings using digital approaches. Establish Winter Planning Working Group to develop Winter Plan 2020/21. Plan for response to potential increase in complaints activity. Continue to support operational data reporting requirements (local and national).
	Provider support / sustainability	Revise Provider Support Policy to take account of national guidance / agreements regarding sick pay and issue to providers. Maintain provider communication infrastructure, including regular provider updates. Implement internal process to support timely response to provider requests for financial support. Consider options for acknowledgement / celebration of contributions of external providers during the COVID response period.

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PHASE 2

National Route Map Phases	**Key constraints / risks**	**Service area**	**Key milestones / actions**
Phase 2: (From 19th June)	Continued implementation of PPE requirements across all services in line with national guidance and local agreements, including maintenance of supply chains Ensuring accurate understanding and awareness of frequently updated national and local guidance and policies relating to key issues such as PPE, testing and shielding.	Primary Care	Maintain Dundee Community Assessment Hub with gradually reducing workforce and footprint (Primary Care), with ability to flex capacity to respond to any further surge, while progressing plans for movement of work to a cluster practice model, if agreed. Continue work with NHS Tayside Digital team to expand use of NearMe within practices and the roll out of other digital projects that will support improved working and delivery of care. Increase First Contact Physiotherapy Service (FCP) sessions to support all practices on an ongoing basis using alternative methods of contact where possible / clinically appropriate, to the level funded. Further develop FCP model, including developing flexibility to include telephone / NearMe appointments.

A range of factors are expected to have a significant impact on workforce availability / capacity: • Retraction of redeployed and volunteer workforce • Limited availability of and capacity within public transport • Requirement to manage travel demand through flexible working patterns • Ongoing impact of school / childcare closures • Impact of Test and Protect system • Impact of guidance to shielded and high risk populations • Annual leave, including management of backlogs These factors will impact on the delegated (employed) workforce and also on the workforce within external providers. Impact on workforce wellbeing, including impact of trauma over the long-term. Impact of reduction in overall workforce capacity on requirement to maintain COVID responses, embed learning / change and re-establish 'business as usual' activity may mean overall capacity within the health and social care system is exceeded. Maintaining public confidence and trust, including: • Demand for reduced limitations on visiting • Potential negative impacts on health and wellbeing outcomes generated through late presentation to services and reduced levels of service provision • Waiting time management (including where service users have a preference to wat longer for face-to-face service provision rather than utilise remote / digital services) • Management of unscheduled 'presenting in person' Maintaining sufficient flexibility to respond to any further COVID-19 surge. Significant reduction in availability of office accommodation and linked requirement to maintain high levels of remote working. A range of factors will require to be considered: • IT infrastructure – including access to adequate equipment and technical support • Understanding and implementation of physical distancing requirements within office accommodation • Prioritisation of available space to enable critical service provision (COVID and non-COVID) • remote management and support of the workforce		Continue to support practices to review patient pathways of care, including the use of digital resources as well as face-to-face consultations, including the role of signposting and referral at initial point of contact. Work with clusters / practices to assess how they can safely support people with COVID symptoms and those who are shielding, including associated premises work, to be able to safely see potential COVID patients in practice / cluster base longer-term. Consider pathways for referral from practices to secondary care and other parts of primary care, recognising the pressures across the system. Continue to develop and update anticipatory care plans. Explore options for future provision of care and treatment to the shielded population including exploring a move to a 'clean' and protected area in a cluster/locality model. Pharmacy Team to support practices and patients to continue to implement more efficient and effective systems for prescription management, including increasing the number of people who have a registered/preferred pharmacy and an increase in serial prescriptions. Plan for reinstatement of development of urgent care home visiting arrangements and home visits with care home team and Scottish Ambulance Service in anticipation of Scottish Ambulance Service employees being released from full-time deployment in their substantive roles as part of the pandemic response. Explore options for long-term maintenance of patient transport arrangements that have the potential to support reduced demand for home visiting. Progress review of premises requirements to assess key pressures and priorities for any new investment required to support key delivery. Plan for increased level of long-term conditions reviews for those people in lower priority groups. Review frequency of non-urgent interventions and plan for an increase to nearer normal levels if workforce capacity allows. Ensure flu vaccination planning is progressing, recognising the demands that COVID will place and that normal models of flu delivery are not achievable with social distancing.
	District Nursing	Support return of additional deployed workforce out of community nursing back to substantive posts and continue to utilise bank workforce to support workload levels. Complete stand-down of COVID-19 Community Response Team in COVID 19 Dundee Community Assessment Support at Home Service Pathway and transfer remaining workload to core District Nursing Teams. Transfer cohort nursing of COVID +/non COVID patients to individual District Nursing Teams. Continue to develop locality working in District Nursing Teams. Maintain remote approaches to patient contact and reviews and to Multi-disciplinary Teams. Maintain all Priority Band 1 and 2 visits. Continue to utilise workforce who are shielding / non- patient facing to support the single point of referral and patient triage. Maintain triage arrangements for patients prior to attending/their attendance at clinic for symptoms of COVID-19. Support phased return of deployed workforce in Community Care and Treatment Service (CCTS) as they return to substantive posts Transition care at home for mobile shielded patients from Community Care and Treatment Service to dedicated clinic provision. Maintain centralisation of T34 syringe drivers for ease of distribution to areas of need.

• maintaining clinical support / supervision requirements • maintaining access to learning and development opportunities • maintaining integrated working • impact of remote working on interpersonal communication Community access buildings remain closed / significant restrictions on their capacity. Availability of financial resources to support delivery of COVID responses and to sustain implementation of learning / improvement / service re-design Lack of data and modelling specifically focused on community health and social care needs and systems. Practical constraints on service users accessing building-based services, including: • Limited availability of and capacity within public transport • Physical distancing requirements, including aspects such as adequate space for waiting areas Affordability / accessibility of digital based services cross the population, particularly to people experience poverty and socioeconomic disadvantage Remote service delivery not suitable for all circumstances.		Recommence COPD home visits for vulnerable patients; mainly palliative and discharge service patients. Recommence departmental meetings including educational meetings; face-to-face with social distancing or remotely.
	Care at Home	Continued implementation of Independent Living Review Team to review the number of packages of care in the community, to work with community care workforce and contribute positively to support and enable earlier discharge for individuals from hospital, and to enable their independence in the home environment. Consider outcomes of modelling of impact of COVID related workforce absence on service capacity. .
	Physical Disabilities	Continue to review RAG rating to identify high risk service users and risk of carer breakdown and manage support in response to assessed need. Monitor impact of increase of assessment/review due to COVID-19 related needs. Move towards reinstatement of full assessment for all service users and adult carer support plans by care management teams. Maintain support in place while preparing for increase in demand for reviews; plan in place to ensure all reviews are up to date with aim to focus on potential increase in reviews/package size. Progress communication with provider and care home sector to develop re-introduction of packages of care. Gradual increase in number of face-to-face contacts, working towards re-instatement of all non-urgent visits by phase 4 Review of technology available to support practitioners. Review of duty worker system to inform future model of provision with potential fr combined duty system with older people care management teams. Develop closer liaison with other care management teams to support a service wide response.
	Psychiatry of Old Age – Community Services	Maintain delivery of home-based outreach provision.
	Drug and Alcohol Services	Maintain home delivery of OST and clinical interventions to those who are shielding / self-isolating and review assertive outreach model. Undertake Multi-disciplinary Team review of all people who currently require supervised dispensing arrangements to reduce the impact on community pharmacies. Maintain direct contact for those who are at high risk. Review access pathways, taking account of social distancing requirements. Maintain alternative assessment arrangements, including same-day prescribing. Enhance capacity to provide outreach services and respond to increasing demand from those people whose drug use has started / escalated during lockdown. Maintain pathways for non-fatal overdose. Review the provision of alcohol detox within the home environment. Implement robust risk management approaches to support prioritised contact with service users whilst lockdown / social distancing restrictions remain in place. Maintain alternatives to direct contact, including telephone support and NearMe. Review service capacity required to maintain all service provision and establish routine bank and / or identify redeployed staff.

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	Protecting People	Recommence the Early Screening Group. Explore and test options for the use of video conferencing facilities to support enhanced participation of service users and carers within adult support and protection meetings / processes. Contribute to the implementation of multi-agency strategic Protecting People Recovery Plan. Plan for re-instatement of work associated with Dundee Drug Commission action plan for change, particularly whole system redesign. Monitor SOLACE public protection dataset, including national benchmarking. Recommence strategic review of multi-agency screening arrangements for people of all ages.
	Mental Health / Learning Disabilities	Maintain and develop the Mental Health Discharge Hub to ensure robust communication between in-patient specialist areas and community mental health supports. This will be essential during restrictions to admission in Carseview e.g. Ward 2 and any further reduction in beds. Develop and agree a structured Discharge Planning Process with pictorial information to assist adherence and awareness. Maintain and further develop essential clinics such as Clozapine, Lithium and Depot for all patients. Maintain the delivery of essential medication to all patients. Engage experienced MH Nurses with Prescribing certification on short term contracts to support the developing model of Mental Health and Learning Disability Consultant Psychiatry workforce. Consider the Introduction of a second Duty Worker in Community Mental Health Team East and West to cope with demand. Maintain and develop the Saturday Clinic facility to support urgent clinical assessments across both Community Mental Health Teams and ART. As indicated by clinical assessment of need, continue the gradual reintroduction of face to face appointments and home visits. Continue to provide a range of online education, information and support for patients, carers and their families to maintain connectivity and engagement in a range of physically and cognitively stimulating activities. Establish an enhanced Employment pathway in Community Mental Health Team East as a test of change, which may be rolled out to Community Mental Health Team West if successful outcomes are achieved. Maintain use of available housing stock / void properties to reduce unnecessary delays in hospital and support vulnerable people in the community. Start to review the allocation of day and overnight respite and identify priorities based on risk in preparation for mobilising of service further ahead in the route map. Continuation and development of outreach support and virtual programmes of activities where this is deemed necessary and has a positive impact. Review the role of Nurse and AHP's in service to identify future ways of working/ provision of therapeutic activities. Maintain respite provision supported by revised operating procedures and contingency arrangements.
	MAPS and V1P Tayside	Plan for recommencement of face-to-face contact within MAPS and V1P Tayside, including determining approach to prioritisation of patients (clinical criteria and patient's wishes). Develop guidance to support safe and supportive discharge from MAPS and V1P Tayside during COVID-19 recovery phases.

	Community Mental Health / Mental Health Officers	Identify all Mental Health Officer's capacity to undertake some AW reports, balancing the responsibilities of their substantive posts (excludes MHO team) to address the backlog once Court's agree to receive this work. Maintain current practice of providing assessments and supports to clients directed by their level of risk and need, encompassing home visits when necessary. Continue to allocate new referrals and provide as full an assessment as the client's circumstances and guidelines will allow. This includes the introduction of care packages in collaboration with care providers' capacity.
	Psychological Therapies	Expand scope of NearMe and telephone consultation to support wide scale adoption of remote working. Investigate the use of digital platforms to support group work. Introduce internet enabled Cognitive Behavioural Therapy for Adult Psychological Therapies across Tayside. Facilitate roll out of Silvercloud computerised Cognitive Behavioural Therapy packages for long-term conditions to GP practices and other referrers. Reinstate services that were temporarily suspended e.g. Neuropsychological cognitive assessment.
	Community Health Inequalities	All teams will reintroduce face to face work with vulnerable individuals where necessary and possible. Articulation of amended service provision to reflect learning from and limitations to new practice. Continue to work towards a more integrated nursing team. Promotion of service to wide range of partners in effort to engage with vulnerable/ at risk Individuals. Opening out of new referral pathways. Review expectations in relation to the Keep Well Health Checks and other pre-COVID commitments. Involvement of clients and communities, particularly those who are disadvantaged, in shaping recovery plans. Negotiate space for link workers in GPs/ practices. Continue to review availability of non-clinical outward referral pathways so that workforce in different teams can refer clients effectively. Consider approaches to support the continued provision of services to those who are self-isolating or shielded in communities. Work with partners to develop mechanisms to ensure an inequalities perspective and local/ service user voice in recovery planning and implementation.
	Assessment and Care Management	Plan for response to increased demand from people recovering from COVID and their carers who have experienced significant broader impacts on their physical and mental health, for example exacerbation of pre-existing long-term conditions. Move towards reinstatement of full assessment for all service users and adult carer support plans by care management teams. Maintain outreach provision as temporary replacement for day care services whilst planning for gradual reintroduction of day care provision Develop models to support reintroduction of day support taking into account social distancing requirements. Gradual increase in number of face-to-face contacts, working towards reinstatement of all non-urgent visits by phase 4
	Discharge Management	Develop models to support re-introduction of elective surgery. Embed extended remit of discharge hub as business as usual' activity.

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	Intermediate Care	Consider and agree future model of service delivery taking into account learning and changes in demand / use from COVID response period.
	Community Independent Living Services	Develop and implement post-COVID rehabilitation model. Continue development of Community Rehabilitation model to enhance preventative approaches, reduce falls and POCS. Develop models to support re-introduction of elective surgery. Develop model of preventing unnecessary admission to acute hospitals with acute Allied Health Professional services.
	Outpatient OT / PT	Develop models to support re-introduction of elective surgery. Continue remote consultations first approach (telephone / NearMe), supported by limited face-to-face consultations where there is clinical need and appropriate safeguards are in place. Continue gradually reintroduction of routine waiting list and others services. Recommence group sessions via remote means e.g. fatigue class and pulmonary rehab.
	Care Homes	Maintain intensive support to all care homes as per care home plan submitted to Scottish Government. Maintain care home testing pathways (including enhanced outbreak testing) and support care homes to participate in weekly testing arrangements. Maintain enhanced governance and support arrangements, including Tayside Oversight Group, daily huddle and daily assurance returns from care homes. Complete programme of support visits to individual care homes. Maintain process for additional PPE and staffing support to individual care homes as required, including single point of access to supports. Ease visitor restrictions in-line with national guidance and assessed risk.
	Psychiatry of Old Age - Inpatient	Implement COVID business as usual model.
	Medicine for the Elderly - Inpatient	Further development / maintenance of all phase 1 activities. Implement COVID business as usual model, including post-COVID ward plans.
	CBIR / Stroke Liaison	Further development / maintenance of all phase 1 activities.
	Palliative Care	Ensure surge capacity and capability is maintained within in-patient and community services for both COVID and non-COVID palliative and end of life care. Complete Tayside Specialist Palliative Care Services leadership and development structure review: whole system specialist group to plan, lead and develop service models and contingencies response to learning phase 1 in phase II and future planning. Continue to test NearMe for community/ out-patient reviews. Progress initial priority areas from Tayside Whole System Approach: Supporting End of Life Care & Conserving Critical Medicines during the COVID-19 Pandemic. Lead and contribute to pan-Tayside workforce capability through education utilising technology

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	Sexual and Reproductive Health Services	Continue to see patients by virtual or telephone appointment where possible. Urgent care and care to priority groups should continue as above. Recommence face-to-face services for symptomatic individuals with chronic care needs (eg. chronic genital symptoms, menopausal symptoms, sexual problem clinic) who cannot be managed solely by phone or virtual appointment. Consider restarting training for procedures to specific in-house workforce to better provide LARC to patients given that workforce may intermittently need to self-isolate. Explore options for seeing shielding patients with urgent care needs. Maintain clinic appointments in 2 phases – telephone consultation for history followed by attendance in clinic after this. Discuss with other HIV team members from ID team when they may be able to restart providing care to HIV service users. Enable GPs and other non-specialist workforce to access support and advice from TSRHS instead of making referrals where appropriate. Work with the Corner and other LARC inserters (e.g. GPs in community) to increase LARC appointments across Tayside area rather than only opening specialist services. Continue to work with labs on alternative solutions for testing.
	The Corner	Maintenance of all phase 1 activities. Continue remote consultations via telephone/near me supported by limited face to face consultations where clinical need identified and appropriate safeguards are in place. Continue to support ISMS service delivery and Safe Zone Bus where required. Develop models of service delivery to support the reintroduction of routine services.
	Carers	Work with carer's organisation to better understand the impacts of lockdown on carers needs / priorities and develop enhanced responses, including to carer stress: • Identify information gathered during phase 1 and 2 response about carers' views and record and note engagement with carers over the pandemic period. • Recommence engagement and co-production processes with carers. • Consider potential for mitigating the impact of pandemic response on carers and take appropriate actions. Sustain and further develop supports for workforce members who are also carers. Report to IJB regarding review of 'A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee' and short breaks services statement and update and present Carers Performance Report 2017-2019.
	Service user / family communication	Further develop information for families/carers in relation to new ways of working, including provision of accessible formats. Identify opportunities to gather feedback from service users and families.
	Clinical, Care and Professional Governance	Recommence primary governance groups using remote working solutions. Recommence Clinical, Care and Professional Governance Forum via remote working solutions. Develop Clinical, Care and Professional Governance Group to undertake full scope of remit of group (building on critical and exception reporting). Continue to support Clinical Quality Forum via remote working solutions.

	Infection Control Infrastructure (including PPE)	Review requirement for all PPE hubs to remain operational and amend arrangements as system required. Continue to link DHSCP with NHS Tayside Bronze PPE Group to ensure timely escalation of risks. Plan for reversion of NHS service PPR provision to transfer to corporate procurement services as 'business as usual' function. Develop an early identification system for possible symptomatic individuals and identify how this will be managed once building based resources start to resume. All services to continue to develop safe systems of work / risk assessments for the environment and transport and identify possible additional PPE stock requirements based on latest guidance. All services to review limitation on visitors to the building and implement agreed safe systems of working for visitors and contractors attending the service. Consider approaches to support the continued provision of social care services to those who are COVID positive and are shielding, including provision of PPE.
	Community Testing (workforce and public)	Maintain workforce testing referral infrastructure across all Health and Social Care Partnership and external providers. Maintain pre-admission testing for patients in acute hospital and unscheduled care. Maintain care home testing protocol in-line with national guidance, including testing to support outbreak management.
	IT Infrastructure	Increase number of available remote working connections to NHS Tayside systems. Build local capacity to fully utilise Microsoft Teams functions across NHS Tayside and Dundee City Council. Expand scope of NearMe (Video Consultation) Project to support wide scale adoption of remote consultations (telephone and video), including for Primary Care, Mental Health and AHPs. Increase availability of IT hardware in order to fully utilise NearMe Tayside, Microsoft Teams and other digital platforms to sustain core business for those home working. e.g. provision of NHS and DCC IT equipment for all who require these. Develop Mobile WiFi hubs in identified locations to support laptop access to NearMe Tayside, Microsoft Teams and other digital platforms to provide essential links for clinical recording.
	Workforce Infrastructure	Maintain Workforce Deployment Centre (NHST) and Deployment Team (DCC). Continue to develop and promote workforce Wellbeing Service (DCC). All services to give further consideration to the implementation of Rest, Recovery and Relaxation areas/time in order to support the wellbeing of workforce. Maintain co-ordination of workforce communications with NHS and DCC. All services to continue to develop plans in regard to the allocation of any workforce resources in a way that mitigates risk but provides a level of continuity for those using our services. All services to continue to identify colleagues who have been advised to shield / live with people who have been advised to shield and establish work tasks can be delegated to these people. All services to continue to develop induction plan for workforce returning to services/workplaces to ensure they are clear about guidance, protocols and changes to work arrangements.
	Property	Each team to review office space and implement measures to reduce the number of people working at any one time. Review all workplaces to ensure that all adaptations and adjustments in order to maintain COVID-19 guidelines are put in place, including sourcing and application of appropriate signage and screening.

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		Identify training and communication needs to accommodate for social distancing measures, for both workforce and service users.
	Governance and business support	Maintain incident response structure, including reviewing and potentially reducing frequency of weekly briefing of voting members of the IJB. Implement arrangements for re-commencement of full IJB meetings and PAC using digital approaches. Progress completion of statutory information returns and annual accounts. Recommence priority governance and strategic planning meetings using digital approaches. Progress development of Winter Plan 2020/21. Continue to support operational data reporting requirements (local and national).
	Provider support / sustainability	Work in partnership to identify additional resources required by external organisations to meet current and future demand.

PHASE 3

National Route Map Phases	**Key constraints / risks**	**Service area**	**Key milestones / actions**
Phase 3: (From 10th July)	Continued implementation of PPE requirements across all services in line with national guidance and local agreements, including maintenance of supply chains Ensuring accurate understanding and awareness of frequently updated national and local guidance and policies relating to key issues such as PPE, testing and shielding. A range of factors are expected to have a significant impact on workforce availability / capacity: • Retraction of redeployed and volunteer workforce. • Limited availability of and capacity within public transport. • Requirement to manage travel demand through flexible working patterns. • Limited availability of childcare and school opening. • Impact of existing and new caring responsibilities. • Impact of Test and Protect system. • Impact of guidance to shielded and high-risk populations. • Annual leave, including management of backlogs. These factors will impact on the delegated (employed) workforce and also on the workforce within external providers. Impact on workforce wellbeing, including impact of trauma over the long-term.	Primary Care	Work with Tayside partners to re-configure Community Assessment Centre retaining flexibility to rapidly upscale provision in the event of further escalation of the pandemic. Support transition of COVID type presentation assessment work to clusters / practices, including associated premises work. Support practices to undertake phased remodelling, piloting and safe recommencement of GMS and enhanced services in-line with national phased schedule. Embed and further expand quality improvement project support provided to Primary Care sector during pandemic period. Link to national developments regarding long-term condition monitoring. Participate in planning for integrated seasonal influenza vaccination programme. Review arrangements for OOH attendances to ensure all areas are fit for purpose in-line with current guidance. Continue to embed and expand use of digitally enabled care in OOH, including implementing a unified approach to safe submission of photographs. Continue arrangements for direct access to OOH by care homes for provision of senior clinical decision making. Continue to support practices to review patient pathways of care, including the use of digital resources as well as face-to-face consultations. Review pathways for referral from practices to secondary and other parts of primary care. Continue to develop and update anticipatory care plans. Pharmacy Team to support practices and patients to continue to implement more efficient and effective systems for prescription management, including increasing the number of people who have a registered/preferred pharmacy and an increase in serial prescriptions. Explore options for long-term maintenance of patient transport arrangements that have the potential to support reduced demand for home visiting.

Impact of reduction in overall workforce capacity on requirement to maintain COVID responses, embed learning / change and re-establish ‘business as usual’ activity may mean overall capacity within the health and social care system is exceeded. Maintaining public confidence and trust, including: • Demand for reduced limitations visiting got care homes and in other settings. • Potential negative impacts on health and wellbeing outcomes generated through late presentation to services and reduced levels of service provision. • Waiting time management (including where service users and carers have a preference to wait longer for face-to-face service provision rather than utilise remote / digital services). • Management of unscheduled ‘presenting in person’ (i.e. spontaneous attendance at appointment only provision). Maintaining sufficient flexibility to respond to any further COVID-19 surge. Significant reduction in availability of office accommodation and linked requirement to maintain high levels of remote working. A range of factors will require to be considered: • IT infrastructure – including access to adequate equipment and technical support. • Understanding and implementation of physical distancing requirements within office accommodation. • Prioritisation of available space to enable critical service provision (COVID and non-COVID). • Remote management and support of the workforce. • Maintaining clinical support / supervision requirements. • Maintaining access to learning and development opportunities. • Maintaining integrated working. • Impact of remote working on interpersonal communication. Community access buildings remain closed / significant restrictions on their capacity. Lack of data and modelling specifically focused on community health and social care needs and systems; including at Partnership and locality level. Availability of financial resources to support delivery of COVID responses and to sustain implementation of learning / improvement / service re-design.	Community Optometry	Continue to embed use of telephone / vide (NearMe) triage prior to consultation. Expand range of emergency and essential eyecare services available within Tayside Opticians (including those awaiting examination and with spectacles / contact lenses which are broken / need replaced).
	General and Public dental Services	Support return of deployed dental staff to general dental practices. Support reopening of practices (late July), maintaining restricted activity (no Aerosol Generating Procedures). Continue to plan for provision of Public Dental Services whilst no AGPs can be undertaken.
	Pharmacy (Community and Locality)	Continue work to analyse longer-term impact of COVID-19 on GP prescribing and agree appropriate actions. Review arrangements for delivery of medications for those people who are shielded and move to a more targeted support model. Work with the drug and alcohol services to support changes in approaches to provision of medically assisted treatment (MAT).
	District Nursing	Continue to utilise nurse bank workforce to support additional COVID-19 workload as needed. Continue to provide a COVID-19 Community Response via core District Nursing Teams. Continue to with cohort nursing of COVID +/non-COVID patients within core District Nursing Teams. Continue to develop locality working in District Nursing Teams and begin to test the implementation of a locality working model. Maintain remote approaches to patient contact and reviews and to Multi-disciplinary Teams. Maintain all Priority Band 1 and 2 visits. Scope capacity to commence Priority Band 3 and 4 visits. Reassess utilisation of workforce who are shielding / non- patient facing to support the SPR and patient triage to take account of current Scottish Government guidance. Maintain triage arrangements for patients prior to attending/their attendance at clinic for symptoms of COVID-19. Community Care and Treatment Service (CCTS) to work with GP practice to return to previous clinic space as soon as safely possible to further the return to core services. Community Care and Treatment Service to restart development of nurse-led Ear Clinic. Maintain centralisation of T34 syringe drivers for ease of distribution to areas of need. Expand on COPD home visits for vulnerable patients to include clinic-based services for diagnosing new COPD patients.
	Care at Home	Continued implementation of Independent Living Review Team to review the number of packages of care in the community, to work with community care workforce and contribute positively to support and enable earlier discharge for individuals from hospital, and to enable their independence in the home environment. Enhance focus on implementation of eligibility criteria to support streamlined referral processes. Implement COSLA guidance in relation to deployed staff. Increase emphasis on use of technology enabled care across the service. Develop improved approaches to communication with front line staff around email systems.

Practical constraints on service users accessing building-based services, including: • Limited availability of and capacity within public transport. • Physical distancing requirements, including aspects such as adequate space for waiting areas. Remote service delivery not suitable for all circumstances. Including need to consider affordability / accessibility of digital based services across the population, particularly to people experience poverty and socioeconomic disadvantage.	Housing Support / Care at Home	Consider the impact of the delay in availability of new tenancies due to pause in construction works. Monitor the impact on services of changing support needs within the population and subsequent demand for services.
	Physical Disabilities	Review all phase 1 and 2 actions and update in-line with Scottish government guidance. Plan for implementation of locality working model including integration of care management teams (phase 1 physical disabilities and older people services). Continue to support of packages of care, including communication with service users and their carers regarding care packages that were adjusted due to COVID. Continue communication with provider and care home sector to develop re-introduction of packages of care. Review of technology available to support practitioners. Re-commence elements of long-term improvement / development workstreams. Gradual increase in number of face-to-face contacts, working towards reinstatement of all non-urgent visits by phase 4. Continue to review RAG rating to identify high risk service users and risk of carer breakdown and manage support in response to assessed need. Continue to review duty worker system to inform future model of provision with potential for combined duty system with older people care management teams. Continue to develop closer liaison with other care management teams to support a service wide response.
	Psychiatry of Old Age – Community Services	Ongoing prioritisation of work in-line with operational procedures. Maintain weekly Multi-disciplinary Teams and duty work system. Recommence ward links with social workers attending Multi-disciplinary Teams at Kingsway Care Centre. Lower RAG visiting status to ‘amber’ level: • Initial assessment visits recommenced where supported by risk assessment; and, • Introduce use of NearMe. Recommence face-to-face outpatient clinics as appropriate based on individual patient risk assessment. Maintain remote access for nursing staff. Explore further ‘step-up / step-down’ models of care for Psychiatry of Old Age. Plan for recommencement of remote cognitive testing to support dementia diagnosis through remote means. Contribute to the development and implementation of NHS Tayside Mental Health Mobilisation Plan (July 2020-March 2021).
	Drug and Alcohol Services	Maintain clinical activity. Maintain home delivery of OST and clinical interventions to those who are shielding / self-isolating and review assertive outreach model. Review plan for return to community pharmacy dispensing following changes to Scottish Government guidance for people who are shielding. Maintain direct contact for those who are at high risk. Plan for re-commencement of direct contact for routine contacts.

		Review access pathways, including options for re-opening of direct access, taking account of social distancing requirements, physical environment and staffing capacity. Maintain alternative assessment arrangements, including same-day prescribing. Enhance capacity to provide outreach services and respond to increasing demand from those people whose drug and alcohol use has started / escalated during lockdown. Maintain pathways for non-fatal overdose. Evaluate the provision of alcohol detox within the home environment. Review delivery model for community alcohol detox considering whole system of care approach. Implement robust risk management approaches to support prioritised contact with service users whilst lockdown / social distancing restrictions remain in place. Maintain alternatives to direct contact, including telephone support and NearMe. Review service capacity required to maintain all service provision and establish routine bank and / or identify redeployed staff. Contribute to work across the Alcohol and Drugs Partnership to progress the implementation and monitoring of the Drug Deaths Action Plan for Change. Specific focus on progressing with the work on the Whole System of Care – learning from the review process led by Healthcare Improvement Scotland should be available and form the base of a plan to progress the whole system change. Contribute to work across the Alcohol and Drugs Partnership to review options for resuming peer support work, including SMART meetings and the work of the peer volunteers. Contribute to the review of the Alcohol and Drug Partnership strategic plan.
	Protecting People	Implement the use of video conferencing facilities to support enhanced participation of service users and carers within adult support and protection meetings / processes. Plan for recommencement of face-to-face service user participation in multi-agency adult support and protection case conferences. Contribute to the review of multi-agency adult support and protection procedures. Contribute to the review of the Adult Support and Protection Committee delivery plan to take account of learning from COVID response. Participate in test of change focused on single agency / operational assurance reporting to ASPC based on best practice materials from Safeguarding Adult Boards. Develop virtual outreach team to support response to any post-COVID spike in demand for specialist violence against women services. Maintain virtual operation of MARAC (case conferencing for highest risk victims of domestic abuse). Pilot virtual violence against women learning and development sessions. Contribute to the implementation of multi-agency strategic Protecting People Recovery Plan. Contribute to transition of Protecting People Strategic Risk Register from COVID to business as usual focus. Participate in multi-agency work, supported by the Care Inspectorate, to capture further learning from the pandemic period through a staff survey, case file audits and committee / COG survey. Contribute to work through the Lived Experience Group to capture feedback from service users, carers and communities regarding their experience of the pandemic response / impact on them. Identify any key strategic themes arising from these activities. Monitor SOLACE public protection dataset, including national benchmarking.

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		Contribute to work to review the viability of actions in previous delivery plans around case file audit / quality assurance activity and plan for shift to virtual methodologies. Contribute to the scoping of a strategic needs assessment for protecting people, linking to ongoing health needs assessment for drugs and alcohol.
	Mental Health / Learning Disabilities	Assess and address the impact of reduced day service provision on individuals, family carers and organisations. Continue to develop bespoke person-centred support for those who require it. Consider increasing operational capacity at external respite provision from 1 person per night to 2 persons per night supported by revised operating procedures and contingency arrangements. Increase short break provision to provide respite to families, including recommencing short-breaks application process for breaks that can be authorised in accordance with easing of lockdown restrictions (e.g. caravan parks, hotels and spa treatments). Maintain use of available housing stock / void properties to reduce unnecessary delays in hospital and support vulnerable people in the community. Work proactively with landlords to enable quicker response times for use of housing stock. Continuation and development of virtual programme of activities were deemed necessary. Continue to support all areas of service to review their working practices and determine which technologically supported clinical consultations should be retained as core clinical practice. Especially relevant for smaller AHP services with pan Tayside community remits. Consider the re-introduction of safe group work e.g. within TAACT team where group Autism education sessions are planned. Further develop plans between the Community Mental Health Teams and Psychology to enhance and develop the STEPPs and Survive and Thrive groups. Implement risk enablement approach to enable supported persons to access facilities in-line with the rest of population. Implement visits to internal services from families and others in-line with Scottish Government guidance (or where specific guidance not available informed by robust risk management processes). Monitor demand for advocacy services and increase capacity for provision as required. Consider anticipated post-lockdown increased demand for social care services and potential responses. Implement detailed Mental Health/Learning Disability/Psychological Therapy Services phased return from COVID guidance, including clinical risk framework to support the gradual increase of face to face support, care and treatment, across all teams within the service. Contribute to the development and implementation of NHS Tayside Mental Health Mobilisation Plan (July 2020-March 2021).
	Psychological Therapies Service	Maintain NearMe and telephone consultation systems. Continue to have regular contact with patients who wish to wait for face-to-face consultation. Expand the use of digital platforms for group work. Expand internet enable Cognitive Behavioural Therapy for Adult Psychological Therapies. Reinstate services that have temporarily ceased (e.g. psychological assessment for Bariatric Surgery and Exceptional Aesthetic Surgery). Review models of treatment provision.

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		Contribute to the development and implementation of NHS Tayside Mental Health Mobilisation Plan (July 2020-March 2021).
	MAPS and V1P Tayside	All staff to review caseloads and identify patients to continue to receive services via remote means (telephone / NearMe), through home visit or who are suitable to be prioritised in gradual recommencement of face-to-face clinical attendance.
	Community Mental Health / Mental Health Officers	Review of assessments undertaken in phase 1 and earlier to ensure full up-to-date assessment is in place to inform service provision, alongside assessment of impact of reducing restrictions on ability to deliver services to meet needs. Continue to monitor Mental Health Officer service capacity to undertake Mental Health Act statutory duties as court processes are reintroduced e.g. to address the backlog of Adults with Incapacity work.
	Community Health Inequalities	Fuller programme of face to face/ group work in place within community centres and local buildings. Blended approach to service delivery in place including use of platforms such as NearMe. Continue to review availability of non-clinical outward referral pathways so that workforce in different teams can refer clients effectively. Link clients with opportunities for social interaction relevant to easing of restrictions. Manage potential surge in link worker referrals from GPs/ Practices as more patients return and present with socio-economic issues related to the pandemic. Support approaches for the continued provision of services to those who are self-isolating or shielded in communities. Work with partners to ensure an inequalities perspective and local/ service user voice in recovery planning and implementation.
	Assessment and Care Management	Maintain outreach provision as temporary replacement for day care services whilst planning for gradual reintroduction of day care provision. Develop models to support reintroduction of day support taking into account social distancing requirements. Gradual increase in number of face-to-face contacts, working towards reinstatement of all non-urgent visits by phase 4.
	Unscheduled Care (including discharge management)	Through the Unscheduled Care Board consider how learning from the pandemic can inform future models in primary and secondary including, for example inclusion of respiratory and paediatric support in Community Assessment Centres over the winter period. Through the Inpatient and Community Modelling Group progress workstreams: • Community – focus on consistent shared understanding of Home First Model of Care, co-ordinated whole systems delivery of resources and person-centred and accessible care. • Inpatient - focus on consistent shared understanding of Home First Model of Care and delivery of the right care at the right time, including receiving care at home / in a homely setting at the earliest possible point in the care journey. • Transitions / Front Door Services - focus on consistent shared understanding of Home First Model of Care and improving the way that frailty is co-ordinated at the front door of acute care through better alignment, co-ordination and targeting of health and social care systems. Continue work through Unscheduled Care Board for progression of integrated hubs to support scheduling of unscheduled care.
	Intermediate Care	Review models of care with focus on shifting balance of care to community-based models.
	Community Independent Living Service	Continue development of Community Rehabilitation model to enhance preventative approaches, reduce falls and POCS and reflect long-term and intensive nature of COVID rehabilitation. Develop models to support re-introduction of elective surgery.
	Outpatient OT / PT	Continue reintroduction of routine waiting list and face-to-face services.

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	Nutrition and Dietetics	Continued phased recommencement of all essential community services, including Care Homes, and non-urgent care
	Care Homes	Maintain intensive support to all care homes as per care home plan submitted to Scottish Government. Maintain care home testing pathways in line with national guidance. Review enhanced governance and support arrangements in line with national guidance. Ease visitor restrictions in-line with national guidance and assessed risk. Release capacity of Care Home Team from quality assurance activity and recommence planned work.
	Psychiatry of Old Age - Inpatient	Recommence visiting at Kingsway in-line with Scottish Government guidance. Recommence Social Work visits to wards. Phased recommencement of discharge services, for example Turriff. Enhance availability of IT facilities for workforce and in-patients, for example increased numbers of tablets and expanded access to systems such as NearMe. Implement staff testing protocols form 17th July 2020. Maintain patient COVID-19 testing prior to admission and during in-patient stay in-line with Scottish Government guidance. Contribute to the development and implementation of NHS Tayside Mental Health Mobilisation Plan (July 2020-March 2021).
	Medicine for the Elderly - Inpatient	Possible reintroduction of patient home visits, and weekend passes. Possible reintroduction of some face to face outpatient clinics. Possible reintroduction of internal volunteer activities.
	CBIR / Stroke Liaison	Reintroduction of patient home visits, and weekend passes, subject to individual risk assessment. Reintroduction of some face to face outpatient clinics. Reintroduction of internal volunteer activities.
	Palliative Care	Further enablement of face-to-face service provision, including progressing the use and evaluation of NearMe technology. Engage with NHST Digital Remobilisation Plan and draft Digital strategy regarding digital options as basis for Specialist Palliative Care Services remobilisation plan. Explore options for digital systems/ platforms for safe clinical spaces (particularly for groups) and options for remote patient monitoring in line with and contributing to NHST Digital Mobilisation and Response Strategy. Prioritise, develop and implement virtual and digital options for Day Services to meet individual and group user needs safely and within service capacity. Commencement of complex lymphodeama services through outpatient appointments. Implement virtual education programme. Retain inpatient COVID competent unit. Progress initial priority areas from Tayside Whole System Approach: Supporting End of Life Care & Conserving Critical Medicines during the COVID-19 Pandemic.

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	Sexual and Reproductive Health Services	Services to reopen but should continue clinical appointments with telephone phase followed by face-to-face phase. All patients to be triaged. Prioritise patients who have been shielding for some time with ongoing symptoms to be seen in clinics safely.
	The Corner	Maintain all phase 1 and 2 activities. Implement plans to offer STI tests to young people via collect/drop off STI kits and tests.
	Carers	Continue to work with carer's organisation to better understand the impacts of lockdown on their needs / priorities and develop enhanced responses, including to carer stress. Collate research and data reflecting carer's circumstances and changed circumstances during pandemic in order to analyse what is needed for future strategy. Sustain and further develop supports for workforce members who are also carers. Schedule regular meetings of Dundee Carers Partnership in 2020 (initially remote). Recommence development work to fully implement and embed Adult Carer Support Plan and Young Carer Statement work by summarising progress so far and co-ordinating with Personalisation Board to ensure whole family/caring situation is considered and supported. Carers Performance Report 2017-2019 to be published and shared and Performance Report April 2019-2021 to be developed. Revise timeline for refresh of 'A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee' and short breaks services statement to take account of IJB agreed postponement of deadline until October 2021 at the latest. Prepare short summary of IJB report to share with carers and stakeholders; share when main report shared publicly or as soon after as possible. Consider current framework for commissioning and finances related to Carers held by HSCP. Consider how and when face-to-face provision can safely resume and how best to mitigate risks for workforce and carers.
	Winter Planning	Revise DHSCP mobilisation plan to ensure that it remains fit for purpose in event of any further surge. Review and prepare for a robust social care response to winter pressures. Revise EU exit plans across all DHSCP functions.
	Service user / family communication	All services / teams to continue to communicate with service users and carers to keep them updated regarding service provision (general developments and individual specific matters). Review and utilise national communication plans and resources for remobilisation for local implementation / messaging. Review Healthcare Improvement Scotland 'engaging differently' resources and consider opportunities for local implementation. Contribute to targeted campaign to promote to EU Resettlement Scheme, including through care homes, long-stay hospitals, prisons and supported housing providers.
	Clinical, Care and Professional Governance	Recommence full remit of clinical, care and professional governance activities across all services utilising remote working solutions and / or face-to-face sessions as appropriate. Ensure implemented changes through COVID response period are reflected through exception reports at primary governance groups and clinical, care and professional group / forums. Establish internal process for approval of individual service visiting plans.

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	Infection Control Infrastructure (including PPE)	Review requirement for all PPE hubs to remain operational and amend arrangements as system requires. Continue to link DHSCP with NHS Tayside Bronze PPE Group to ensure timely escalation of risks. Revert NHS service PPR provision to transfer to corporate procurement services as 'business as usual' function Consider reverting deployed workforce supporting hubs back to substantive roles and confirm sustainable staffing arrangements for continued provision. Across all services consider revised guidance for people who are shielding / at high risk and required response / adaptations to service provision arrangements. Clarify, and subsequently implement, workforce face covering guidance with NHS Tayside and Dundee City Council.
	Community Testing (workforce and public)	Maintain pre-admission testing for patients in acute hospital and unscheduled care. Maintain care home testing protocol in-line with national guidance, including testing to support outbreak management. Review Partnership processes for processing of staff testing referrals to identify sustainable long-term arrangements. Transition to sustainable workforce and management arrangements for Community Testing Team.
	IT Infrastructure	Engage with NHST Digital Remobilisation plan and draft Digital strategy. Continue to expand scope of NearMe (Video Consultation) Project to support wide scale adoption of remote consultations (telephone and video), including for Primary Care, Mental Health and AHPs Continue to build local capacity to fully utilise Microsoft Teams functions across NHS Tayside and Dundee City Council. Continue to increase availability of IT hardware in order to fully utilise NearMe Tayside, Microsoft Teams and other digital platforms to sustain core business for those home working. e.g. provision of NHS and DCC IT equipment for all who require these. Continue to develop Mobile WiFi hubs in identified locations to support laptop access to NearMe Tayside, Microsoft Teams and other digital platforms to provide essential links for clinical recording. Scope workforce training and development needs to support increased emphasis on blended service delivery and identify appropriate responses. Work within NHS Tayside to implement their Digital Infrastructure and Innovation Mobilisation Plan, including elements supporting safe remote access to patient records and recording and safe remote patient monitoring and consultation.
	Workforce Infrastructure	Maintain Workforce Deployment Centre (NHST) and Deployment Team (DCC). Continue to develop and promote workforce Wellbeing Service (DCC). Maintain co-ordination of workforce communications with NHS and DCC. Implement NHS Scotland / Scottish Government interim guidance for staff on risk assessment for people from Black, Asian and Minority Ethnic backgrounds. Across all services provide support to members of the workforce who are shielded or at high-risk (or are living with people who are shielded or at high-risk) who are returning to work in-line with changes in Scottish Government guidance. Support all services / teams to plan for long-term blended approach to service delivery (mix of building base and home-working). Plan for impact of deferred annual leave and potential increased scheduling of leave over second half of financial year.
	Property	Agree phased property utilisation plan and begin implementation.

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		Each team to continue review office space and implement measures to reduce the number of people working at any one time. Review all workplaces to ensure that all adaptations and adjustments in order to maintain COVID-19 guidelines are put in place, including sourcing and application of appropriate signage and screening. Utilise 'phased return from COVID guidance'. Continue to identify training and communication needs to accommodate for social distancing measures, for both workforce and service users.
	Governance and business support	Review incident response structure, including frequency of briefing of voting members of the IJB. Explore options for re-commencement of face-to-face priority governance meetings, including the IJB and PAC (with continued option for remote participation for people who are shielding or in high risk groups). Publish summary statutory annual performance report. Reconvene Integrated Strategic Planning Group and commence initial review of impact of COVID-19 pandemic and recovery plan on implementation of Partnership's Strategic and Commissioning Plan 2019-2022. Progress development of Winter Plan 2020/21. Amend quarterly performance reporting template to reflect impact of COVID-19 on reportable national health and wellbeing indicators. Test with Performance and Audit Committee and further revise / amend as required. Continue to support operational data reporting requirements (local and national). Plan and implement further activities focused on identifying feedback and learning from the response and early recovery phases from the workforce, service users and carers, providers and other relevant stakeholders. Support services / teams to plan for incorporation of learning into improvement / service plans and maintain focus on consolidating and further expanding new ways of working. Revise operational and strategic risk registers for the recovery phase.
	Provider support / sustainability	Consider models to support reinstatement of full contract monitoring reporting and financial reconciliation and develop associated processes / approaches. Issue 2020/21 funding letters and accompanying contractual documentation. Work with providers to support timely submission and processing of financial sustainability claims. Review frequency of provider communication updates. Review functions of and staffing support for single point of contact e-mail address (hscproviders@dundeecity.gov.uk) As necessary, provide health and safety support and guidance in relation to COVID 19 to organisations with less than 50 employees who are commissioned to provide support.

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PHASE 4

National Route Map Phases	Key constraints / risks	Service area	Key milestones / actions
Phase 4:	Continued implementation of PPE requirements across all services in line with national guidance and local agreements	Primary Care	Work with Tayside partners to re-configure Community Assessment Centre retaining flexibility to rapidly upscale provision in the event of further escalation of the pandemic.

(Anticipated after 31st July)	Ensuring accurate understanding and awareness of updated national and local guidance and policies relating to key issues such as PPE, testing and shielding. A range of factors are expected to have an impact on workforce availability / capacity: • Limited availability of childcare and school opening. • Impact of Test and Protect system. • Impact of guidance to shielded and high-risk populations. • Annual leave, including management of backlogs. These factors will impact on the delegated (employed) workforce and also on the workforce within external providers. Impact on workforce wellbeing, including impact of trauma over the long-term Impact of reduction in overall workforce capacity on requirement to maintain COVID responses, embed learning / change and re-establish 'business as usual' activity may mean overall capacity within the health and social care system is exceeded. Maintaining public confidence and trust, including: • Potential negative impacts on health and wellbeing outcomes generated through late presentation to services and reduced levels of service provision. • Waiting time management. Reduction in availability of office accommodation and linked requirement to maintain remote working. A range of factors will require to be considered: • IT infrastructure – including access to adequate equipment and technical support. • Understanding and implementation of physical distancing requirements within office accommodation. • Prioritisation of available space. • Remote management and support of the workforce. • Maintaining clinical support / supervision requirements. • Maintaining access to learning and development opportunities. • Maintaining integrated working. • Impact of remote working on interpersonal communication. Community access buildings have significant restrictions on their capacity.		Support transition of COVID type presentation assessment work to clusters / practices, including associated premises work. Support practices to undertake phased remodelling, piloting and safe recommencement of GMS and enhanced services in-line with national phased schedule. Embed and further expand quality improvement project support provided to Primary Care sector during pandemic period. Review consultation models for long-term condition care, including considering self-management, integrated management, shared management, remote management and face-to-face management options. Participate in planning/delivery for integrated seasonal influenza vaccination programme. Continue to embed and expand use of digitally enabled care in OOH, including implementing a unified approach to safe submission of photographs. Continue to support practices to review patient pathways of care, including the use of digital resources as well as face-to-face consultations. Review pathways for referral from practices to secondary and other parts of primary care.
		Community Optometry	Continue to embed use of telephone / vide (NearMe) triage prior to consultation. Continue to expand range of emergency and essential eyecare services available within Tayside Opticians.
		General and Public dental Services	Plan for recommencement of Aerosol Generating Procedures in general dental practices and Public Dental Services in-line with Scottish Government guidance.
		Community Pharmacy	
		District Nursing	Further development / maintenance of all phase 1, 2 and 3 activities. Recommence educational activities in department form external educators. Recommence all Priority Band 4 District Nurse visits, COPD clinics and routine home visits. Recommence student nurse placements. Recommence non-essential meetings, non-mandatory training and HR meetings. Recommence Leg Ulcer Assessment Clinic.
		Care at Home	Continued implementation of Independent Living Review Team to review the number of packages of care in the community, to work with community care workforce and contribute positively to support and enable earlier discharge for individuals from hospital, and to enable their independence in the home environment. Enhance focus on implementation of eligibility criteria to support streamlined referral processes. Implement COSLA guidance in relation to deployed staff. Increase emphasis on use of technology enabled care across the service. Develop improved approaches to communication with front line staff around email systems.
		Housing Support / Care at Home	Consider the impact of the delay in availability of new tenancies due to pause in construction works. Monitor the impact on services of changing support needs within the population and subsequent demand for services.

Lack of data and modelling specifically focused on community health and social care needs and systems; including at Partnership and locality level. Availability of financial resources to support delivery of COVID responses and to sustain implementation of learning / improvement / service re-design. Additional pressures associated with Winter planning and EU Exit.		
	Physical Disabilities	Review all phase 1, 2 and 3 actions and update in-line with Scottish government guidance. Implement locality working model. Complete robust review of care packages that were adjusted due to COVID-19 issues. Monitor impact of increased assessment and subsequent allocation priority to those impacted by COVID-19 this includes considering short and long-term health and care and support needs and subsequent implications for practice (for example, possible requirements for enhanced level of multi-disciplinary assessments required). Work with provider and care home sector to monitor re-introduction of packages of care, assess impact on provider recovery plans and agree any relevant actions / supports. Continue to re-commence elements of long-term improvement / development workstreams. Reinstatement of all non-urgent visits. Continue to review RAG rating to identify high risk service users and risk of carer breakdown and manage support in response to assessed need. Complete and implement actions from review of duty worker system. Continue to develop closer liaison with other care management teams to support a service wide response.
	Psychiatry of Old Age – Community Services	Recommence face-to-face outpatient clinics as appropriate based on individual patient risk assessment. Contribute to the further development and implementation of NHS Tayside Mental Health Mobilisation Plan (July 2020-March 2021).
	Drug and Alcohol Services	Review service re-designs based on learning from COVID response period. Implement model for community alcohol detox considering whole systems approach, and review impact / effectiveness. Implement direct access model. Complete full return to locality base and clinical areas.
	Protecting People	Recommence face-to-face multi-agency adult support and protection case conferences, and associated meetings, including service user participation. Continue to monitor data for post-lockdown spike in demand for protection interventions and services and identify appropriate reponses where required. Review virtual operation of MARAC and agree longer-term model of operation based on learning from the pandemic period. Roll-out virtual violence against women learning and development sessions. Contribute to further multi-agency work, supported by the Care Inspectorate, to capture learning from the pandemic period through workforce survey, case file audits and COG / Committee survey. Consider retraction of COVID specific amendments to multi-agency adult protection procedures. Contribute to the implementation of multi-agency strategic Protecting People Recovery Plan. Contribute to work to address underlying financial sustainability of specialist violence against women services. Contribute to development of integrated Protecting People strategic plan.

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		Monitor SOLACE public protection dataset, including national benchmarking.
	Mental Health / Learning Disabilities	Maintain use of available housing stock / void properties to reduce unnecessary delays in hospital and support vulnerable people in the community. Opening of the hydrotherapy pool at White Top would be determined by both national and local guidance, risk assessments being in place and agreed systems and working arrangements. Explore outings to access community facilitates where guidelines/ route map support this and risk assessments, safe working practices are met. Engage Newly Graduated Practitioners (NGPs) into community Mental Health and Learning Disability nursing placements. Continue to engage Registered Mental Health Nurses, who have returned to practice following a period of retirement and have registered with the Nurse Bank. Continue to use NearMe Tayside and telephone consultations for those who prefer this method of engagement. Consider options for the provision of IT resources in the local community e.g. libraries / GP surgeries in areas of highest deprivation where patients can safely and with privacy, access IT equipment for NearMe consultations. As a means of reintroducing face to face support, develop socially distanced 1:1 walking consultations with Nursing and Allied Health Professional staff utilising the abundant local green spaces. Continue to provide extended Psychiatric Clinics on Saturdays to support urgent face to face and telephone appointments. Continue with the extended essential Nurse and Medic led clinics e.g. Clozapine, Lithium and Depot and explore the potential for a non-medical prescriber to support these clinics to release Medical time. Further develop the Mental Health Discharge Hub and strengthen the communication between in-patient specialist areas and community mental health supports via nominated Senior Community Nursing representatives attending the Capacity and Flow In-Patient meetings. This will continue to be essential during reduced availability of In-Patient beds and the increased complexity of those being discharged. Recommence nursing and Allied Health Professional students. Gradual re-introduction of some elements of care and treatment in congregate settings if all environmental adjustments, training and workforce arrangements are in place. Priority will be given to supported people who live at home with family / carers. Contribute to the further development and implementation of NHS Tayside Mental Health Mobilisation Plan (July 2020-March 2021).
	Psychological Therapies Service	Continue to use NearMe / telephone consultation. Continue the use of digital platform for group work. Expand internet enabled Cognitive Behavioural Therapy beyond Adult Psychological Therapies. Review the appropriateness of face-to-face contact for relevant treatment groups. Review use of all waiting room areas for gradual return of face to face service delivery and in keeping with social distancing requirements. Review use of potential office space and clinic space for gradual introduction of face to face reinstated appointments. All staff to review caseloads and match whether patients remain on telephone contact, NearMe, home visit or suitable for gradual uptake of face to face clinic attendance. Contribute to the further development and implementation of NHS Tayside Mental Health Mobilisation Plan (July 2020-March 2021).

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	MAPS and V1P Tayside	All staff to continue to review caseloads and identify patients to continue to receive services via remote means (telephone / NearMe), through home visit or who are suitable to be prioritised in gradual recommencement of face-to-face clinical attendance.
	Community Mental Health / Mental Health Officers	Continue review of assessments undertaken in phase 1 and earlier to ensure full up-to-date assessment is in place to inform service provision, alongside assessment of impact of reducing restrictions on ability to deliver services to meet needs.
	Community Health Inequalities	Reinstate anticipatory care interventions of nursing team. Reinstate link worker presence in GP practices. Manage potential surge in link worker referrals from GPs/ Practices as more patients return and present with socio-economic issues related to the pandemic. Continue to review availability of non-clinical outward referral pathways so that workforce in various teams can refer clients effectively. New blended programme is in place based on learning. Support approaches for the continued provision of services to those who are self-isolating or shielded in communities. Work with partners to ensure an inequalities perspective and local/ service user voice in recovery planning and implementation.
	Assessment and Care Management	Recommence day care services. Recommence all face-to-face contacts.
	Unscheduled Care (including discharge management)	Through the Unscheduled Care Board consider how learning from the pandemic can inform future models in primary and secondary including, for example inclusion of respiratory and paediatric support in Community Assessment Centres over the winter period. Through the Inpatient and Community Modelling Group progress workstreams: • Community – focus on consistent shared understanding of Home First Model of Care, co-ordinated whole systems delivery of resources and person-centred and accessible care. • Inpatient - focus on consistent shared understanding of Home First Model of Care and delivery of the right care at the right time, including receiving care at home / in a homely setting at the earliest possible point in the care journey. • Transitions / Front Door Services - focus on consistent shared understanding of Home First Model of Care and improving the way that frailty is co-ordinated at the front door of acute care through better alignment, co-ordination and targeting of health and social care systems. Continue work through Unscheduled Care Board for progression if integrated hubs to support scheduling of unscheduled care.
	Intermediate Care	Complete review of models of care and progress implementation.
	Community Independent Living Service	Continue development of Community Rehabilitation model to enhance preventative approaches, reduce falls and POCS and reflect long-term and intensive nature of COVID rehabilitation.
	Outpatient OT / PT	Continue reintroduction of routine waiting list and face-to-face services. Recommence face-to-face group sessions.
	Nutrition and Dietetics	Re-instatement of all essential community services, including Care Homes, and non-urgent care. Development and delivery of digital training, including to care homes. Focus on management of Weight Management Service waiting list. Continue RAG prioritisation of referrals and remote working in Diabetes Team.

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		Prepare for anticipate increased in post-COVID/lockdown diabetes referrals, including education of newly diagnosed people. Support the embedding of centralised assessment of community referrals and RAG status tool as standardised approach across the service, monitoring and evaluation their impact.
	Care Homes	Review models of care home-based services, including respite care and intermediate care. Release capacity of Care Home Team from quality assurance activity and recommence planned work.
	Psychiatry of Old Age - Inpatient	Contribute to the further development and implementation of NHS Tayside Mental Health Mobilisation Plan (July 2020-March 2021).
	Medicine for the Elderly - Inpatient	Recommence families joining case conferences. Recommence medical, nursing and AHP students. Recommence educational activities in department form external educators.
	CBIR / Stroke Liaison	Recommence families joining case conferences. Recommence medical, nursing and AHP students. Recommence educational activities in department form external educators.
	Palliative Care	Recommence day care services utilising a blended approach to provision. Re-establishment of risk assessed volunteer workforce contribution. Further expansion of visiting, supported by appropriate policies and risk assessment. Explore options for virtual community engagement supported by Design Team, V&A Continuously review pan-Tayside educational provision and test new virtual programme format. Review and expand ECHO. Progress setting specific pathways support models including Community Nursing and Care Homes. Review Tayside MCN structure and sub-groups: plan for remobilisation to support generalist services. Continue operationalisation of initial priority areas from Tayside Whole System Approach: Supporting End of Life Care and Conserving Critical Medicines during the COVID-19 Pandemic and consider timescales for actions not initially identified as a priority.
	Sexual and Reproductive Health Services	Reopen all services to patients with unrestricted face-to-face appointments where necessary. Review changes that have been made and continue newly adopted approaches that have been successful (eg. NearMe and telephone appointments where these have been acceptable to patients). Ideally by this time there will be national front-end to attach to NaSH for postal testing for STIs.
	The Corner	Further development / maintenance of phase 1, 2 and 3 activities. Phased approach to reintroduction of face to face services. Recommence non-essential meetings and training.
	Winter Planning	Prioritise and support vaccination of health and social care workforce as part of integrated seasonal influenza vaccination programme. Support and deliver the seasonal influenza vaccination programme for vulnerable groups, including care homes Support the ongoing monitoring and escalation of the Winter Plan.

		Revise EU exit plans across all DHSCP functions.
	Carers	Sustain and further develop supports for workforce members who are also carers. Report to IJB regarding progress made toward refreshing carers strategy, with proposed timeline for refresh of 'A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee' and short breaks services statement. Produce and disseminate short summary to share with carers and stakeholders. Progress development work to fully implement and embed Adult Carer Support Plan and Young Carer Statement work by summarising progress so far and co-ordinating with Personalisation Board to ensure whole Family/Caring Situation is considered and supported. Finalise, publish and disseminate Performance Report with information from April 2019-2020, including short accessible version. Continue to collate research and data reflecting carer's circumstances and changed circumstances during Pandemic and analyse what may be needed for future strategy. Review progress with recommencement of face-to-face provision of carers support.
	Service user / family communication	All services / teams to continue to communicate with service users and carers to keep them updated regarding service provision (general developments and individual specific matters). Review and utilise national communication plans and resources for remobilisation for local implementation / messaging. Contribute to targeted campaign to promote to EU Resettlement Scheme, including through care homes, long-stay hospitals, prisons and supported housing providers.
	Clinical, Care and Professional Governance	Continue to embed all aspects of clinical, care and professional governance activities across all services. Ensure that short, medium and long term impacts of COVID response period are built into governance reports alongside existing report parameters.
	Infection Control Infrastructure (including PPE)	Support return to business as usual procurement for PPE across all systems. Consider continuation of local hubs for distribution as required and confirm long-term sustainable staffing arrangements. Across all services consider revised guidance for people who are shielding / at high risk and required response / adaptations to service provision arrangements.
	Community Testing (workforce and public)	
	IT Infrastructure	Engage with NHST Digital Remobilisation plan and draft Digital strategy. Implement Microsoft Teams within DCC. Continue to expand scope of NearMe (Video Consultation) Project to support wide scale adoption of remote consultations (telephone and video), including for Primary Care, Mental Health and AHPs Continue to build local capacity to fully utilise Microsoft Teams functions across NHS Tayside and Dundee City Council. Continue to increase availability of IT hardware in order to fully utilise NearMe Tayside, Microsoft Teams and other digital platforms to sustain core business for those home working. e.g. provision of NHS and DCC IT equipment for all who require these. Continue to develop Mobile WiFi hubs in identified locations to support laptop access to NearMe Tayside, Microsoft Teams and other digital platforms to provide essential links for clinical recording. Scope workforce training and development needs to support increased emphasis on blended service delivery and identify appropriate responses.

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		Work within NHS Tayside to implement their Digital Infrastructure and Innovation Mobilisation Plan, including elements supporting safe remote access to patient records and recording and safe remote patient monitoring and consultation.
	Workforce Infrastructure	Continue to develop and promote workforce Wellbeing Service (DCC) Maintain co-ordination of workforce communications with NHS and DCC. Across all services / teams review long term working patterns and address the IT requirements for staff in order to sustain social distanced practice in the workplace. Support all services / teams to plan for long-term blended approach to service delivery (mix of building base and home-working).
	Property	Continue implementation of phased property utilisation plan. Further consultation and consideration should be given to future use and capacity of the building to determine longer term planning and future service delivery. Continue to utilise 'phased return from COVID guidance'. Continue to identify training and communication needs to accommodate for social distancing measures, for both workforce and service users.
	Governance and business support	Consider withdrawal of separate incident management structure and revert to progression through business as usual structures. Recommence face-to-face priority governance meetings, including the IJB and PAC (with continued option for remote participation for people who are shielding or in high risk groups). Complete statutory information returns and complete and publish annual accounts. Begin review of Partnership's Strategic Needs Assessment to incorporate data regarding impact of COVID-19 pandemic. Progress full revision of Partnership's Strategic and Commissioning Plan (for completion March 2022 at the latest). Complete development of Winter Plan 2020/21. Continue to support operational data reporting requirements (local and national). Plan and implement further activities focused on identifying feedback and learning from the response and recovery phases from the workforce, service users and carers, providers and other relevant stakeholders. Support services / teams to plan for incorporation of learning into improvement / service plans and maintain focus on consolidating and further expanding new ways of working. Revise operational and strategic risk registers for the recovery phase.
	Provider support / sustainability	Implement models to support reinstatement of full contract monitoring reporting and financial reconciliation. Cease issuing COVID-19 provider communication updates. Work with health and social care providers to identify learning from the pandemic response period and incorporate this into operational and strategic improvement plans and activities. As necessary, provide health and safety support and guidance in relation to COVID 19 to organisations with less than 50 employees who are commissioned to provide support.

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead

Work towards zero delayed discharge position through Community First approach.
 	
At point of any future surge the following information will be reassessed:
• Current number and reasons for delays.
• Number of community hospital beds required to be made available for covid-19 patients from total number of 99 beds across 6 wards.
• Estimated increase in demand to support a zero delay position for:
  ○ Care at Home services
  ○ Intermediate care supported living at home
  ○ Additional care home beds from internal provision
  ○ Additional care home beds from commissioned services
 	
Planning assumptions and estimates from wave 1 of covid-19 (March 2020 onwards) are available as baseline for re-assessment)				

Reducing the level of delayed discharges of patients in acute and community hospital.	Daily monitoring of admission / discharge to hospital, including reporting to the Scottish Government.	-	-	Integrated Manager (Discharge Management)
	Re-modelling of in-patient sites to support discharge from acute pathway and end of life care through 4 phase approach: • Phase 1 – maximise existing bed base (43 additional beds). • Phase 2 – open Ward 3 (further 28 beds). • Phase 3 – Mackinnon Centre (further 10 beds). • Phase 4 - Ward 5 and Ward RVH and Ward. Kingsway (est further 35 beds). •	Phase 1 £146k (£438k) Phase 2 -4 £1,162k (£3,487k)	Phase 1 CBIR 13 Roxburgh 24 RVH (cover for gaps) Phase 2 33 staff Phase 3 33 staff Phase 4 33 staff	Locality Managers
	Remodelling of Kingsway Care Site to re-open Ward 2 .	£413k (£1,240k)	33	Locality Manager
	Remodelling of Integrated discharge team to support pathways across the system. *Overtime to allow 7 days working* *(enhancement for all social work staff in the hub - 9 qualified social workers plus 6 support workers.)*	£38k (£115k)	2 Social Workers	Integrated Manager (Discharge Management)

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Identify all voids in Learning Disability and Mental Health services that could be utilised to support as an alternative to hospital or care home placement.		-	Integrated Manager
	Link with registered social landlords via Neighbourhood Services to determine any existing capacity from current housing stock.		-	Integrated Manager (Discharge Management)
	Specialist AHPs within Mental Health and Learning Disability services will assist discharge processes and utilise enhanced skills where appropriate.		-	Integrated Manager
	Enhanced discharge support for all learning disabled adults will be provided from a condensed Community Learning Disability Nursing Team.		-	Nurse Manager
	Creation of a Dundee Mental Health discharge hub for all Dundee Mental Health inpatient discharges from Carseview and Murray Royal offering daily contact up to 6 days a week.	tbc	Locum Psychiatrists currently procured via P&K MH In-Patient manager. 5 Days of this service comes from existing resources	Nurse Manager / Integrated Managers
	Support pharmacy response through approach to creation of a Dundee mental health discharge hub, enhanced community learning disability nurse discharge supports and new models of psychiatry input.			Nurse Manager / Integration Managers
Enhanced use of intermediate care provision (either in a care home or at	Implement phased approach to expansion of intermediate care capacity: • Phase 1 – Mackinnon Centre • Phase 2 – Craigie House	Phase 1 £106k (£318k) Phase 2 £74k	Additional Social Care Staff	Locality Manager

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
home) to enable discharge for those at high risk.	• Phase 3 – Turiff House	(£222k) Phase 3 £106k (£318k)		
	Commission additional supported intermediate care supported living packages.	Included under Note 2	-	Locality Manager
Enhance Housing Support and Care at Home provision to meet additional demands.	Enhance capacity to support more people at home with palliative care needs.	Nursing - £259k (£777k) Commissioned sevrices (after 3 weeks – 45 staff) £417k (£1,250k)	SPCS Dundee & Angus 20 nursing staff Week 1- Commissioned services 15 staff Week 2 – Commissioned services 30 staff Week 3 – Commissioned services 45 staff	Locality Manager
	Utilise DECSA Enhanced Community Support Service.		None additional	Locality Manager
	Develop expanded Community Rehab Team model, including 7 day working across all AHP Services.	£820k (£2,460k)	Physio: 22 Qualified staff, 12 support worker staff OT: 19 Qualified staff, 17 support staff Royal Victoria Hospital – 1 Qualified OT	Lead AHP

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Managed deployment of existing remaining workforce to deliver and oversee safe intimate personal care provision, supplemented by deployment of additional qualified staff.			
	Non-intimate personal care (meal prep and medication prompts) and non-personal care tasks in existing caseloads to be maintained by further deployment of other staff groups, including non-front line social work staff Co-ordination of input to be achieved by existing homecare organisers, supplemented by deployment of other council personnel.			
	Creation and utilisation of capacity within commissioned services beyond current contractual commitments (including through deployment of existing staff, recruitment of temporary additional staff and utilisation of property).	See Note 1	Yes, from third and independent sector	Social Care Contracts Teams / Integrated Managers
	Discussion with family members and carers regarding their enhanced support for non-personal care tasks.	-	-	DCC Communications
	Maintain internal and external respite facilities to accommodate any need / demand for building based respite.			Integrated Manager
	All clinical facing Mental Health and Learning Disability staff will provide enhanced supports for those living at home. This will include prioritised tasks such as depot injections, medication assistance, telephone contact and enteral nutrition provision.	-	-	Nurse Manager / Integrated Managers

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	A co-ordinated approach with specialist providers in Mental Health and Learning Disability to ensure that essential support is provided by appropriately trained and skilled staff. This would include the essential use of transport to mitigate any behaviours of distress.	-	-	Nurse Manager / Integrated Managers
Manage expected increase in demand for Care Home places	Utilise additional capacity in commissioned services – additional 28 beds.	£269k (£1,077k)	N/A	Integrated Manager
Maintain essential services Expected 30% reduction in existing workforce across all providers resulting in us requiring to stratify need and amend subsequent input.				
Sustain current levels of housing support and care at home provision	Daily monitoring of workforce capacity through RAG system. Assumed increase in additional hours/supplementary staffing.	£344k (£782k)		Integrated Managers
	Continuation of intimate personal care by remaining registered workforce, supplemented where required by deployment of additional qualified staff.	£233k (£700k)	Community nursing – 18 nursing staff	Integrated Managers
	Continuation of non-intimate personal care and non-personal care tasks in existing caseloads to be maintained deployment of other staff groups, including non-front line social work staff.			Integrated Managers

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Creation and utilisation of capacity within commissioned services beyond current contractual commitments (including through deployment of existing staff and recruitment of temporary additional staff).	See Note 1&2	Yes from third and independent sector	Social Care Contracts Team / Integrated Managers
	Discussion with family members and carers regarding their enhanced support for non-personal care tasks.	-	-	DCC Communications
	Weekly monitoring and analysis of workforce in commissioned services through RAG system.	-	-	Social Care Contracts Team / Integrated Managers
	RAG system to inform services requiring support from agency, sessional and casual workforce.	-	Redeployment of resources	Integrated Managers
	Revised methods of support from Mental Health and Learning Disability staff implemented eg home contact, use of “Near Me” is in progress. All clinical tasks are prioritised.	-	-	Nurse Manager / Integrated Managers
Care Homes	Daily monitoring of occupancy, admissions and suspected / confirmed cases, including reporting to Scottish Government (weekly basis).	-	-	Integrated Managers / Social Care Contracts
	Daily monitoring of workforce capacity through RAG system.			Integrated Managers
	Facilitate access to testing for suspected cases amongst residents to support continued admissions.		-	Integrated Managers

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Deployment of staff, including non-frontline social work staff, to support registered staff (for example, catering, cleaning and social support for residents).		Yes	DCC Deployment Team
	Creation and utilisation of capacity within commissioned services beyond current contractual commitments (including through deployment of existing staff, recruitment of temporary additional staff and utilisation of property).	See note 1&2	Yes	Social Care Contracts / Integrated Managers
	Enhance capacity for physio support within Learning Disability housing support and care at home workforce.	Tbc	3 physios	Integrated Managers
Sustain Protecting People responses (adult support and protection and contribution to MAPPA, violence against women and child protection)	Multi-agency protection processes to continue remotely via tele / video conferencing, including case conferences.	-	-	Integrated Manager (Locality Team 4) / MAPPA Co-ordinator / MARAC Co-ordinator
	Implement triage arrangements to support First Contact Team functions, including response to Adult Concern Reports.	-	Deployment of 3 FTE staff from HSCP support services	Integrated Manager (Locality Team 4)
	RAG rating of all protection cases to inform: • prioritised maintenance of face-to-face contact with highest risk cases. • provision of alternative remote supports and services to medium and low risk cases.	-	-	MAPPA Co-ordinator / Service Manager, DCC Children and Families / Integrated Manager (Locality Team 4)
	Implement agreed operational contingency plan for violence against women services.	Increased support for third sector services Tbc	Support requested from DCC	Lead Officer, Protecting People
	Revise and implement risk register for all PP areas and utilise to support strategic oversight through COG and Committees.	-	-	Senior Manager, Strategy and Performance

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Weekly liaison through Dundee Violence Against Women Partnership regarding needs related to domestic abuse and women involved in prostitution.	Increased support for third sector services - Tbc	Support requested from DCC	Lead Officer, Protecting People
Sustain support for people who are homeless / rough sleeping (including young people) and also Gypsy Travellers	Implement Neighbourhood Services contingency planning, including: • creation of additional temporary accommodation (internal, third sector and private sector). • weekly provider conference call addressing risk and sustainability. • deployment of third sector workforce to support essential services. • co-ordination with DVVA and Health and Homeless Outreach Team weekly to target resources to rough sleepers / street beggars. • Partnership with Positive Steps to continue outreach support and placement for people being released from prison.	Tbc		Service Manager, Neighbourhood Services
	Continue to deliver full housing options service to both temporary accommodation and homeless applicants.		-	Service Manager, Neighbourhood Services
	Continuation of outreach element of Housing First Service.		-	Service Manager, Neighbourhood Services
	Suspension of evictions from temporary accommodation.	Tbc	-	Service Manager, Neighbourhood Services
	Application of legislative changes in relation to people with no recourse to public funds (particularly within hostels).	Tbc	-	Service Manager, Neighbourhood Services

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Implement protocol to support Opiate Substitute Therapy (OST) for people self-isolating in hostel accommodation.	-	-	Service Manager, Neighbourhood Services
	Implementation of additional supports for Gypsy Travellers in relation to site provisions and welfare support.	Tbc	-	Service Manager, Neighbourhood Services
Sustain support for people who use drugs and alcohol	Deployment of existing nursing and social work resource and partner agencies to support the delivering of Opiate Substitute Therapy (including for people who are self-isolating) through locality based approach.	£65k (£195k)	Integrated Substance Misuse Service – 5 nursing staff	Integrated Manager (Locality Team 4) / Service Manager (East)
	Prioritised contact with existing services users based on clinical risk through duty telephone line utilising capacity within contracted third sector services, recognising that there may be a requirement to see an individual where significant risks are present.	tbc	Third sector redeployment	Integrated Manager (Locality Team 4) / Service Manager (East)
	Suspend new assessments to allow deployment of staff to manage risk within existing caseloads. Consider high risk individuals who require telephone assessment.	-	-	Integrated Manager (Locality Team 4) / Service Manager (East)
	Maintain daily virtual Non-Fatal Overdose meetings supported by virtual assertive outreach supports (including assessment for OST, access to Naloxone and harm reductions services).	-	-	Lead Pharmacist, Sergeant Police Scotland Lochee Hub
	Agree and implement contingency plan for OST provision, including alternative sites for daily supervision to reduce pressures on Community Pharmacy.	-	Yes – to be confirmed	Lead Pharmacist / Service Manager (East)
	Maintain work of the non-fatal overdose pathway.	£30k (£120k)	2 nurses, 2 Support workers, admin support	Integrated Manager

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Strengthen 3rd sector to support more people in the community who use drugs and alcohol.	£30k (£100k)	Third sector	Integrated Manager
	Strengthen assertive outreach model to support people self- isolating.	£40k (£75k)		Integrated Manager
	Liaision with Children and Families to maintain targeted support to high risk families (in line with RAG rating). Child and family nurses to continue to review cases where there are high risks identified.		-	Integrated Manager (Locality Team 4) / Service Manager, DCC Children and Families
	Develop and implement pathways for safe liberation of people leaving prison.		-	Integrated Manager (Locality Team 4) / Service Manager (East), Scottish Prison Service
Sustain Provision of Sexual Health Services (adults and young people)	Utilise technology enabled care within The Corner to maintain core services to young people.			Team Leader, The Corner
	Maintain remote prescribing for young people through Community Support Centres.			Team Leader, The Corner
	Triage Service established within Sexual Health Service.			Integrated Manager
Sustain the capacity of Primary Care	Maintain core and urgent services within GP practices through deployment of staff across GP clusters.		Yes	Clinical Director, Cluster Leads
	Develop and implement nursing model (building on care and treatment service plans), including managing workloads through deployment of staff across GP clusters.		Yes, but no specific numbers	Team Leader Community Care and Treatment Services, Senior Manager Service Development and Primary Care
	Utilise nursing model to provide support to shielded patients who cannot attend practices.		-	Team Leader Community Care and Treatment Services,

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
				Senior Manager Service Development and Primary Care
	Utilise Community Assessment Centre to provide contingency cover where a GP practice is unable to safely deliver medical services.		-	Telephone triage – GP Lead Home Visiting Service - Cluster Leads, GP Lead
	Identify staff from across health and social care systems that can work additional hours in primary and community care to support sustainability of GP practices.		-	Senior Manager Service Development and Primary Care / Service Manager Urgent and Unscheduled Care
	Deploy staff to support prescription delivery from GP Practices to Community Pharmacy.		Yes – redeployment of existing resources	Lead Pharmacist
	Maintain support for GP prescribing of mental health medications and medication review for people with severe and enduring mental health conditions.			Nurse Manager / Integrated Manager
	Creation of palliative care pathways into end of life care, creation of 24/7 advisory specialist palliative support team and community palliative service.	Already included previously	Already included previously	Locality Manager

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
Sustain Community Pharmacy provision	Establish process to support the delivery of prescriptions and medications for people who are self-isolating or shielded or who contact Community Support Centres.	- -	Yes – voluntary sector	Lead Pharmacist
	Maintain core Sexual and Reproductive Health and GUM services and prescribing via postal services.			Locality Manager
Provide a responsive Palliative Care pathway	Implement 4 pathway model of provision: • admission to allow symptom control and supportive treatment, patients would then follow the recognised MFE pathways already in existence. • Return or remain at home with palliative care support and symptom control medication in place. • Transfer to community facility for appropriate supportive care with end of life support available. • where immediate palliative care needs are identified this should be supported on site with dedicated space to support symptom control and dignity.	1) Realignment of existing Community Hospital capacity - this would be supported via redeployed resource with little net financial impact. 2) Additional Community Hospital capacity (e.g. opening up beds/wards previously closed) - this would have an additional resource/financial implication. The full cost of "additional" capacity might be c£1400 per week per bed, but if we assume an element of redeployment into	Some of this resource may be redeployed (e.g. Community Nurse, GPs, Palliative Care medical/nursing staff) but, depending on capacity in this pathway, additional resources may be required. Other resources (including potentially AHPs could be trained up to assist families in advance of this additional support being required. All capacity in this option would require to be support with relevant equipment/supplies	Locality Manager

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
		the additional capacity (noting that element of redeployment is unknown), we could assume the cost of "additional" capacity of this type would be c£1000 per bed per week. There may be start up costs associated with developing this type of capacity. 3) Realignment of existing Care Home capacity (e.g. most likely whole wings of Nursing Homes, or possibly whole smaller homes) - this would be redeployment of existing capacity but with premium costs to providers (e.g. due to staffing issues, turnover of patients, etc.)and so it would be reasonable to assume a premium	(e.g. syringe drivers).	

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
		commissioning cost on top of existing nursing home contract costs. This would require to be agreed locally, regionally or nationally and could be c£200 per bed per week on top of cost of cost of existing capacity (c£700 per week per bed). It is assumed Nursing Home beds would be more suitable than residential home beds due to staffing levels and that any additional peripatetic support provided by NHS staff would be from deployed resources. 4) Additional Care Home capacity. The opportunities for this will be limited and staffing up any additional capacity would be challenging.		

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
		However capacity could come from opening up previously closed wings of homes or running a care home in an alternative setting. Assuming staff are supplied by the provider, then costs might bec£900 per bed per week. There may be start up costs associated with developing this type of capacity.		
Allied Health Professionals	Implementation of full contingency plan, including: • deployment of staff to support critical care and rehabilitation supported by appropriate training and orientation. • COVID+ and COVID- pathways.		30/40 additional physios required – through redeployment - NHS workforce deployment group	AHP Lead
Reduction in non-essential services				
Closure or substitution of non-essential services in response to absence levels and to support staff	Agree list of essential services.	-	-	Head of Health and Community Care
	Current closures / retractions: • Wellgate Day Centre • White Top Day Centre and Respite	Loss of Income: £480k (£1,080k)	-	Head of Health and Community Care

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
deployment to essential services.	• MacKinnon Centre • Oaklands • Practical support services • Meals service (to once per day) • The Corner (2 days per week) • Outpatient clinics across range of functions • Dundonald Day function – has closed for face to face activities. Staff and environment will be utilised for discharge hub creation.			
	AHPs - Retraction of all non-essential services and move to technology enabled care as alternative mode of service provision.			AHP Lead
	Implement arrangements for replacement of direct / face-to-face service provision with remote forms of low level support where appropriate.			Locality Managers / Integrated Managers
	Collation and analysis of information from commissioned and wider partnership services regarding service closures and retractions.	-	-	Social Care Contracts / Integrated Managers

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
Reduction in administrative activities.	Suspend all face-to-face and non-essential meetings and utilise tele/video conferencing.	-	-	All managers
	Implement provisions for approval of urgent decisions by the Integration Joint Board.	-	-	Chief Finance Officer
	Implement process for continued scrutiny of performance and audit issues.	-		Chief Finance Officer
	Implement contingency plans within support services to allow release of staff for deployment.	-	-	Chief Finance Officer
Staff are safe, supported and protected				
Support workforce health, wellbeing and absence reporting.	Implement DCC and NHST guidance for self-isolation and absence reporting.			
	Monitor impact on internal workforce across teams and service areas through daily RAG report.		-	Integrated Managers
	Maintain arrangements in place for Community Assessment Centre.	tbc	tbc	Clinical Director
	Review current workforce and identify staff with health complications and/or personal circumstances who are high risk from and identify alternative working arrangements.		-	All managers
	Establish and utilise local process for staff testing to allow staff to return to work (across internal and external workforce).	Costs being collated by NHST	Testing team staffed by existing staff through redeployment and additional hours	Integrated Manager

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Support home working where possible in line with DCC and NHST guidance.	£111k (£111k)	-	All managers
	Ensure appropriate access to childcare arrangements for key workers as per national guidance.			DCC, Children and Families Service
	Ensure appropriate access to childcare arrangements for key workers as per national guidance.	-	-	DCC, Children and Families Service All managers
	Utilise nationally procured online staff support packages: health anxiety; stress; and, sleep.			Locality Manager linking to all managers
	Develop accessible workforce supports to address health and wellbeing impacts during and post COVID-19 incident.	tbc		DCC Learning and Organisational Development Service
	Review current status in relation to infection control training Implement training for work force in line with risk and to include: • Ward staff impacted by opening of surge beds. • Community staff. • Deployed staff from non-HSCP services.			All managers
Ensure adherence to infection control procedures and availability of PPE.	Promotion of basic hygiene, including hand washing, including through easy read guidance.	-	-	All managers

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Establish and implement systems for ongoing monitoring of Personal Protective Equipment stock and escalate shortages (internal and external providers).	-	-	AHP Lead
	Establish systems to co-ordinate delivery, storage, security and distribution of PPE based on a prioritised approach (against current national guidance): • From national sources (NSS). • From local supply chains (NHS and Council procurement).	£28k (£28k)	Staff being deployed from DCC to support	AHP Lead / DCC Procurement
	Regularly issue national infection control guidance and local Public Health advice to workforce (internal and external), including via staff intranet.	-	-	AHP Lead / Senior Manager, Strategy and Performance
Work with NHS Tayside and Dundee City Council to deploy staff to sustain essential services and support enhanced service provision.	Implement contingency plans within support services to allow release of staff for deployment.	-	-	Chief Finance Officer
	Monitor impact on internal workforce across teams and service areas through daily RAG report and escalate deployment requests into DCC and NHST processes.	-	-	Integrated Managers / Locality Managers
	Establish links to DCC and NHST deployment processes, which will cover • Training issues. • Volunteers, returning staff, retired employees.	-	-	Senior Manager, DCC LOD / NHST HR

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Work with Trade Unions/Staff Partnership to develop local arrangements for: • Staff training (including specific training for MH and LD AHPs). • Workforce deployment and redeployment. • Accurate and timely communication.		-	Head of Health and Community Care
Implement regular workforce communications.	Staff side membership on DHSCP Silver Group.	-	-	Area Partnership Forum Staffside Secretary
	Regular DHSCP updates from Chief Officer and IJB Chair.	-	-	Chief Officer
	Co-ordinate with DCC and NHST regarding corporate workforce communications.	-	-	Head of Health and Community Care
	Clinical guidance and information for staff is established, updated and distributed regularly.	-	-	Locality Managers
	Refresh vulnerable service user information.	-	-	Protecting People, Lead Officers / DCC Communications
Service User / Carer Communications	Co-ordinate with DCC Communications regarding service closures / retractions.	-	-	Head of Health and Community Care
	Implement early contact with service users, families and carers regarding utilisation of community and family support networks.	-	-	Integrated Managers
	Integrate specific response to carers within Triage arrangements for First Contact Team.	-	Yes – staff member deployed internally	Integrated Manager (Locality Team 4)
	Provide easy read COVID information and guidance to service users and carers.	-	-	Integrated Managers

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
Work in partnership with commissioned services to maintain business continuity				
Work in partnership with commissioned services to maintain business continuity.	Third sector representation within LRP Care for People Group.			
	Implement systems for regular communications with external providers, including • Regular e-briefings. • Maintenance of function specific provider networks.	-	-	Senior Manager, Strategy and Performance / Social Care Contracts
	Implement systems for submission of requests from external providers in relation to: • Care Inspectorate notification requirements • PPE • Staff testing • Financial / contractual matters or concerns • Business Continuity Plans	-	-	Social Care Contracts
	Develop COVID-19 Business Support Policy.	See Note 1	-	Social Care Contracts
	Implement Coronavirus Business Support Fund arrangements.	Costs included under DCC	-	DCC Corporate Finance
	Publicise UK and Scottish Government grants and supports available to impacted businesses via DCC website.	-	-	DCC Corporate Finance
	Support to Direct Payment Recipients (SDS Option 1)	tbc	-	Integrated Manager
Mitigation of isolation and provision of other low level community based support to	Contribute to Shielding arrangements led by DCC, including through: • building on existing Community support Centre arrangements.	-	Yes	Community Health Inequalities Manager

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
vulnerable households in local communities	• developing processes for safe delivery of medication.			
	Contribute to Community Support Centre arrangements led by DCC, including though: • deployment of staff. • co-ordinating with support available through Social Prescribing services. • developing guidance for staff dealing with people in distress. • developing support pathways and resource directories to support deployed staff providing advice.	Costs included under DCC	Yes	Community Health Inequalities Manager
	Support DVVA to establish safe systems for volunteering and community based supports, including through: • co-ordinating third sector involvement in Community Support Centres and Shielding arrangements. • supporting arrangements for food deliveries.	-		Community Health Inequalities Manager
	Produce COVID-19 Equality Impact Assessment to identify additional supports / actions required in relation to protected groups.	Might be costs associated with provision of identified safeguards - tbc	-	Senior Manager, Strategy and Performance
	TOTAL ANTICIPATED EXPENDITURE 4 MONTHS (fye where appropriate)	**£5,171k (£14,893)**		
Additional Identified Expenditure as Submitted to Scottish Government through weekly financial				

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
returns not included in the above: Note 1	Additional 3rd Sector Expenditure to support additional staffing, additional hours and overtime, business continuity and support and living wage – based on 25% additional cost to current commissioned services	£5,338k (£14,805k)		
Note 2	Additional expenditure to support reduction in delayed discharge patients	£224k (£663k)		
	Potential Purchase of Various Equipment	£20k (£25k)		
	Additional Prescribing Costs (bulk of spend in 19/20)	£642k (£168k)		
	Expected Underachievement of Savings	£293k (£1,172k)		
	TOTAL ANTICIPATED ADDITIONAL EXPENDITURE	**£11,688 (£31,726k)**		

Appendix 2

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP

COVID-19 Recovery: Next Phase of Health and Social Care Response

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1. Introduction

This document is a summary of Dundee Health and Social Care Partnership (HSCP) COVID-19 Recovery Plan intended to form part of the overall response to the request from the Scottish Government Health and Social Care Directorates to NHS Tayside to prepare and submit a re-mobilisation plan for July 2020 to March 2021. It aims to represent the work being undertaken by the Dundee Health and Social Care Partnership, as part of the wider system integrated system of care, maximise the delivery of prioritised care, services and supports to the greatest number of Dundee citizens possible within available resources with a view to protecting and enhancing their safety, health and wellbeing. It is based on a series of principles and key objectives detailed in the NHS Scotland document COVID-19 – Framework for Decision Making. Re-mobilise, Recover, Re-design: The Framework for NHS Scotland, which was published in May 2020 and builds on previous plans submitted. It includes summaries of our activities in our primary care and community, social care and third sector partners.

The plans outlined are key to progressing recovery in a safe manner. It should be acknowledged that there is still a level of uncertainty around how the pandemic will develop and how responding to this will intersect with "traditional" winter planning over the coming months. There is also significant uncertainty about the impact of the pandemic on the health and social care needs of Dundee's population and its wider impact on social factors such as employment and poverty. Modelling of impact, demand and capacity on health and social care to date has focused on the acute sector and has been provided at Board (rather than Partnership and / or locality level), and once data does become available time will be required to review and analyse this information.

Our recovery plan aims address three critical elements:

- scalable and sustainable plans for further potential surges in COVID-19 cases and peaks of demand;
- the ability to maintain COVID and non-COVID capacity and pathways across services and supports for a significant period of time; and,
- medium to long-term recovery planning over an estimated 18 to 24-month period.

What is included in this remobilisation plan is the latest iteration of our approach; detailing what we will do over the next 8 to 12 months, across a range of delegated services, to continue to provide safe and effective care in line with our agreed strategic objectives.

The Partnership's mobilisation plan, and supporting documents, will continue to guide our response to any further surges in the pandemic, especially where the scale of the surge results in reversion to full lockdown restrictions. This plan has previously been submitted to the Scottish Government.

It should be noted that this summary is underpinned by a detailed recovery plan for all delegated services which will continue to be adapted and modified as we move forward, receive new information and elicit new learning. Our detailed Partnership recovery plan can be provided on request.

2. Approach taken

The partnership has adopted a clinical and social care focus to the plan with involvement of services from across the health and social care and third and independent sectors. It has been developed in partnership with our workforce, staff side representatives, GP Sub-Committee and commissioned services in the third and independent sector.

Recovery planning activity sits within the wider context of the Partnership's current strategic and commissioning plan. As our recovery plan is implemented and develops further it will be necessary to consider its impact on our ability to deliver the commitments set out in the strategic and

commissioning plan at the pace and scale original envisioned. Our recovery plan has also been developed to interface with and support the delivery of recovery / mobilisation plans for NHS Tayside, Dundee City Council, Dundee Community Planning Partnership and Tayside Local Resilience Partnership.

Our ability to successfully implement our recovery plan relies on high levels of collaboration with NHS Tayside and Dundee City Council, particularly in relation to IT, property and workforce infrastructure and continued communication with service users and carers. Recovery has a significant focus on consolidating and further developing remote models of working and service delivery which will require extensive and robust IT (equipment, systems and training / development) and workforce (deployment, terms and conditions and wellbeing) supports. Physical distancing requirements, the establishment of new teams and relocation of others to accommodate COVID specific responses and decisions by the corporate bodies to accelerate planned building closures have placed exceptional pressures on the availability and use of property (office, clinical and community use); collaborative planning that recognises the needs of the Partnership to access the remaining property estate will be essential during the recovery period. These infrastructure matters are not delegated functions and therefore the Partnership will be dependent on NHS Tayside and Dundee City Council corporate services providing a high level of support and response during the recovery period, particularly in the early stages of recovery.

2.1 Principles and Assumptions

The following principles underpin our recovery planning approach:

- People should only attend building-based services if there is no other alternative; wherever possible and appropriate we will optimise our capacity for remote delivery of care and support.
- Plans will reflect the 6 principles of Realistic Medicine, Health and Social Care Five Essential Elements and principles for safe and effective mobilisation within Re-mobilise, Recover and Re-design.
- Plans will maximise the use of available resources to deliver prioritised care, services and supports to as much of the population as possible; where necessary we will continue to separate care / service pathways into COVID and non-COVID and we will maintain a focus on pathway development, re-design and innovation where this contributes to long-term transformational goals.
- Plans will support us to embed and mainstream innovation and learning, including digital approaches.
- Plans will act to mitigate and reduce health and social inequalities, including considering impacts on carers.
- We will develop plans in partnership with our primary care and acute care partners, as well with wider community planning partners. Plans will reflect relevant regional and national strategic plans.
- Plans will be developed in partnership with our workforce and will take account of the views, priorities and preferences of the people who use our services and of carers.

- Plans will have a focus on workforce, service user and carer wellbeing and safety.

- Implementation of plans will be monitored for adverse impacts on people with protected characteristics, people affected by health inequalities and socio-economic depreciation and their carers and mitigating arrangements made where appropriate.

3. Assessment of Risk and Plans for Mitigation

As Dundee HSCP progresses with recovery planning, we have considered the circumstances which may adversely affect our ability to implement prioritised recovery. Operational and strategic risk registers are currently being reviewed to reflect identified risks and planned mitigating actions. The key risks and constraints currently identified and a high-level summary of mitigation is set out below (further detailed is contained within our full recovery plan):

Risk/Constraint Description	Mitigation Summary
Continued implementation of PPE requirements across all services in line with national guidance and local agreements, including maintenance of supply chains	We will respond to national and local guidance timeously and monitor use of PPE from hubs for health and social care. We will respond to any issues in relation to demand/supply through local and national routes. We are currently reviewing the local infrastructure and staffing arrangements for our local hub to ensure they remain fit-for-purpose and sustainable for the duration of the recovery period.
Ensuring accurate understanding and awareness of frequently updated national and local guidance and policies relating to key issues such as PPE, testing and shielding.	Our incident management structure supports the consideration and dissemination of guidance and policies. Processes are in place to support dissemination of materials to external providers in third and independent sectors. Operational managers pro-actively consider guidance / policies within the context of their services and provide direct support for implementation. Direct support has been provided to external services to assist understanding and implementation of guidance / policies where this has been required.
A range of factors are expected to have a significant impact on workforce availability / capacity: • Retraction of redeployed and volunteer workforce. • Limited availability of and capacity within public transport. • Requirement to manage travel demand through flexible working patterns. • Limited availability of childcare and school opening. • Impact of existing and new caring responsibilities. • Impact of Test and Protect system. • Impact of guidance to shielded and high-risk populations. • Annual leave, including management of backlogs. These factors will impact on the delegated (employed) workforce and also on the workforce within external providers.	Regular monitoring of staff absence within internal services and with external providers. Redeployment of staff internally and across organisational boundaries, supported by appropriate training and guidance. Continued operation of staff testing arrangements for all health and social care staff. Continued work with NHS Tayside and Dundee City Council in relation to deployment hub/team and management of retraction of deployed employees. Continued bespoke support to external providers to address staff shortages as required. Continued support for remote / home working for members of the workforce where this is required and / or possible within their job role. Development, revision and implementation of workforce guidance relating to matters such as remote working, flexible working and use of annual leave during pandemic period. Joint work with Children and families Services to promote access to childcare for key workers.

Impact on workforce wellbeing, including impact of trauma over the long-term.	Establishment of Employee Wellbeing Service by Dundee City Council with resources available to the whole health and social care workforce. Range of practical measures established within services, including Rest, Recovery and Relaxation spaces. Promotion of on-learning regarding trauma for line managers. Development, revision and implementation of workforce guidance relating to matters such as remote working, flexible working and use of annual leave during pandemic period. Specific guidance and supports developed for staff who are shielding or who are in high-risk categories. Prioritisation of capacity within mental health services to address workforce trauma.
Impact of reduction in overall workforce capacity on requirement to maintain COVID responses, embed learning / change and re-establish 'business as usual' activity may mean overall capacity within the health and social care system is exceeded.	See above for workforce capacity mitigation. Release of capacity in services through flexible working and consolidation of learning / improvement from the initial pandemic period. Continued blended approach to service provision utilising remote approaches to service delivery. Gradual phased recommencement of services across delegated functions to support transition and re-introduction of some business as usual activities whilst maintaining COVID response. As we move through the recovery period work will be undertaking to understanding the impact of the pandemic on our ability to deliver the strategic priorities at the scale and pace original envisaged and to re-align plans accordingly. Similar work will be undertaking in relating to Dundee Community Planning Partnership's City Plan.
Maintaining public confidence and trust, including: • Demand for reduced limitations visiting got care homes and in other settings. • Potential negative impacts on health and wellbeing outcomes generated through late presentation to services and reduced levels of service provision. • Waiting time management (including where service users and carers have a preference to wait longer for face-to-face service provision rather than utilise remote / digital services). • Management of unscheduled 'presenting in person' (i.e. spontaneous	Implementation of revised guidance regarding visiting, including agreed approach to sign-off of individual visiting plans for services. Planning for the short, medium and long-term societal impacts and developing evidence-based responses to increased poverty and health inequalities. Collaboration with the third sector to reach the most vulnerable groups, building on the learning gained from Community Support Centres. Assessing of the pandemic impact in the population and in population sub-groups. Review and possible realignment of strategic and commissioning plan. Increased access to and promotion of digital and on-line mental health and wellbeing support options

attendance at appointment only provision).	e.g. beating the blues and pain association support. Regular monitoring of waiting times data / assessment timescales within delegated services. Guidance provided to services to support re-opening of public access areas (see below).
Maintaining sufficient flexibility to respond to any further COVID-19 surge.	Release of capacity in services through flexible working and consolidation of learning / improvement from the initial pandemic period. Continued blended approach to service provision utilising remote approaches to service delivery. Partnership mobilisation plan has been revised and will provide basis of any further surge response. Range of COVID specific responses that have now been stepped down are available for step-up in even of further surge. Continued work with NHS Tayside to maintain / further reduce numbers of delayed discharges. Ensure that carers are supported in advance of any second wave and are supported to respond. Prioritise unscheduled care development sensitive to community delivery focus. Further actions are planned to capture learning from the initial pandemic period from the workforce, external providers and people using services / their carers. This learning will inform our response to any future surges.
Significant reduction in availability of office accommodation and linked requirement to maintain high levels of remote working. A range of factors will require to be considered: • IT infrastructure – including access to adequate equipment and technical support. • Understanding and implementation of physical distancing requirements within office accommodation. • Prioritisation of available space to enable critical service provision (COVID and non-COVID). • Remote management and support of the workforce. • Maintaining clinical support / supervision requirements. • Maintaining access to learning and development opportunities.	All services are considering NHS Tayside's and Dundee City Council Guidance on Applying Physical Distancing for Staff within the Workforce. Risk assessments are currently being completed across individual services / teams / buildings. Phased property utilisation plan is currently being developed taking account of this information. Training and support to be provided to the workforce to support implementation where required. Teams have utilised IT packages to enable remote communication, supervision and integrated working. Recovery plan identifies further detailed actions to enhance available of hardware and also access to appropriate IT packages to further enhance access and effectiveness of remote working across all workforce groups. Continued roll out of

• Maintaining integrated working. • Impact of remote working on interpersonal communication.	Microsoft Teams by NHS Tayside and Dundee City Council. Range of learning and development opportunities now being delivered via on-line platforms and further expansion of approaches planned, for example palliative care e-learning programme.
Community access buildings remain closed / significant restrictions on their capacity.	All services are considering NHS Tayside's and Dundee City Council Guidance on Applying Physical Distancing for Staff within the Workforce. Risk assessments are currently being completed across individual services / teams / buildings. Phased property utilisation plan is currently being developed taking account of this information. Training and support to be provided to the workforce to support implementation where required. Continued use and further expansion of remote means of service delivery across delegated services.
Lack of data and modelling specifically focused on community health and social care needs and systems; including at Partnership and locality level.	Utilisation of data that is available at a local level through interface with NHS Tayside Business Support Unit and Dundee City Council Corporate Services. Joint working with locally deployed LIST analysts to access available data from Public Health Scotland. We are continuing to advocate for a significantly enhanced focus on community modelling / data, at a Partnership / locality level and which is hosted on accessible platforms through national networks.
Availability of financial resources to support delivery of COVID responses and to sustain implementation of learning / improvement / service re-design.	Continue to collate and project costs and ensure consistency with mobilisation plans. Regular submission of financial information to Scottish Government and sharing with local management forums. Building-in reasonable cost containment measures to plans and revisiting HSCP's overall financial plan in due course. Active participation in national groups relevant to financial matters. Agreement and implementation of policy to support external providers in-line with national guidance.
Remote service delivery not suitable for all circumstances. Including need to consider affordability / accessibility of digital based services across the population, particularly to	Re-instatement of face-to-face services on a phased / prioritised basis is ongoing across delegated services. Reviews of caseloads to

people experience poverty and socioeconomic disadvantage.	identify service users and carers who should be prioritised for face-to-face provision. Further actions are planned to capture learning from the initial pandemic period from the workforce, external providers and people using services / their carers. This will inform prioritisation of re-instatement of face-to-face services.

4. Health Inequalities

There is clear evidence that the burden of COVID-19 illness and death has been greatest on people from more deprived communities and people from black and minority ethnic backgrounds. The impact on other groups of people with protected characteristics is not yet well understood.

Within partnerships across Scotland, there is emerging evidence of significant social and economic impact from lockdown: financial concerns; unemployment; housing debt; poverty; digital exclusion; domestic abuse and sexual violence / exploitation; drug and alcohol use; social isolation; mental health problems. These determinants of health need to be addressed as part of wider partnership activities that focus on prevention and inequality. In line with national public health priorities, tackling these health determinants needs to be done in a place-based way through whole systems approaches co-ordinated through the Dundee Community Planning Partnership.

The Dundee Health and Social Care Partnership Is committed to monitoring the implementation of recovery plans for adverse impacts on people with protected characteristics, people affected by health inequalities and socio-economic depreciation and their carers and taking mitigating actions where appropriate. We will also continue wider work to tackle health inequalities as one of our four strategic priorities within our current strategic and commissioning plan.

4.1 Community Health Inequalities

The Partnership's Health Inequalities Team has a specific focus on delivering services that identify and directly contribute to reducing health inequalities through approaches such as health and homeless outreach, Keep Well and the Sources of Support social prescribing initiative. During the pandemic response period a significant proportion of this work has moved to delivery through remote means and the workforce within the service has provided significant support to wider Community Planning responses, such as the establishment and operation of Community Support Centres that have provided food and other basic needs for Dundee's most vulnerable communities.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Continuing a blended approach to service delivery using platforms such as NearMe, including recommencing a fuller programme of face-to-face / group work within community centres and local buildings where this is supported by relevant guidance and risk assessments.
- Continuing to review availability of non-clinical outward referral pathways so that workforce in different teams can refer clients effectively.
- Linking clients with opportunities for social interaction relevant to easing of restrictions.
- Managing potential surge in link worker referrals from GPs/ Practices as more patients return and present with socio-economic issues related to the pandemic.
- Re-commencing anticipatory care interventions within the nursing team.
- Re-commencing social prescribing link worker presence in GP practices.

5. Clinical and Care Priorities

5.1 Primary Care & Community Care

Whilst continuing to deliver core services throughout the COVID-19 pandemic, primary care concurrently reconfigured their operating models for their ongoing services and supported entirely novel approaches for COVID-19 care. Overall 93% of all COVID-19 acute contacts and assessments in Tayside were managed completely by primary care.

At its core, good general practice care is recognised to be holistic, person-centred and relationship based – these fundamentals have not changed.

Throughout the COVID-19 pandemic, primary care continued to deliver 90%+ of all health contacts as is the norm. This is important and helps affirm why Primary Care should continue to shape the care models for the wider healthcare system.

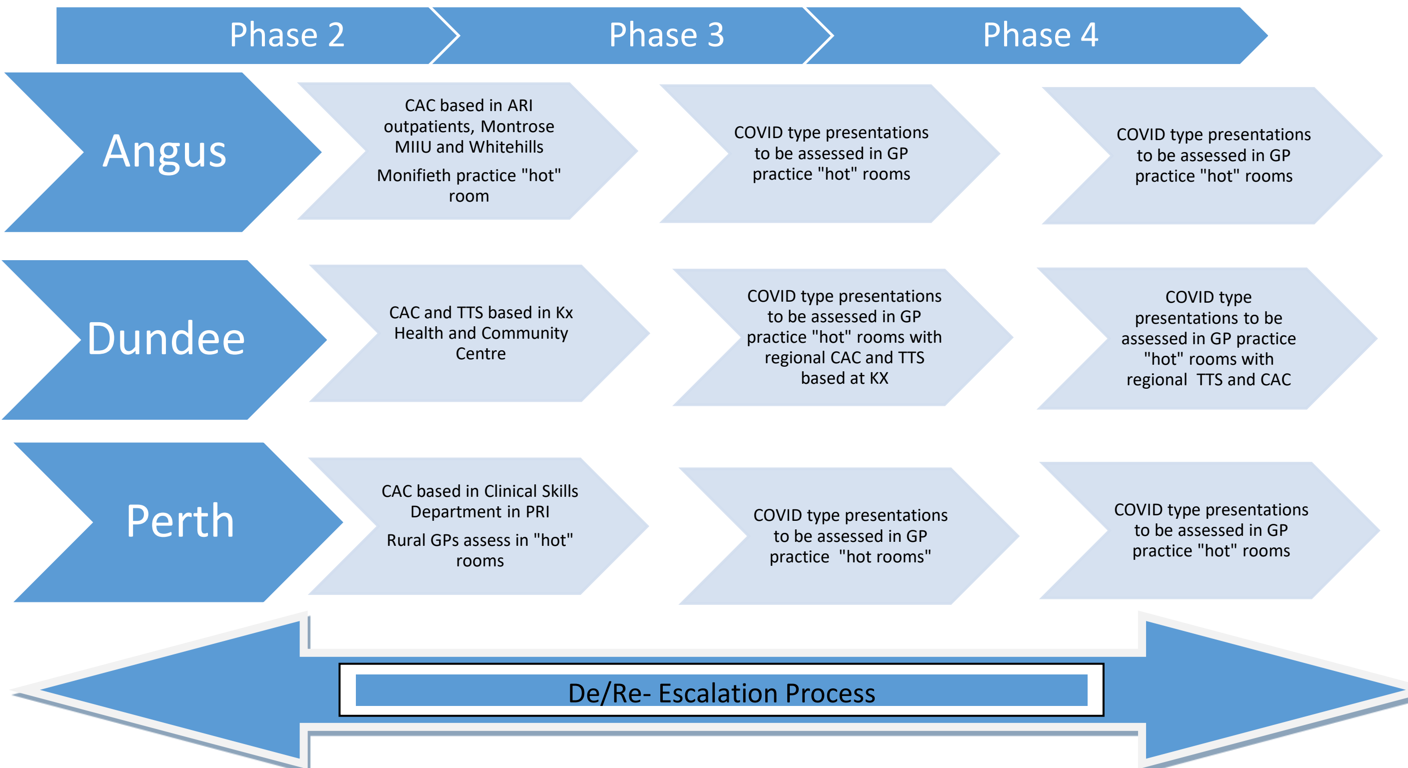
While the GMS 2018 contract presents significant opportunities moving forward post COVID, we are moving from a single service delivery model to a multi-modal format. Whilst this is welcome with broader resource availability, as we move forward it will be critical to ensure primary and community care remains strongly aligned to a unified strategy and is not divided up; we have seen the value and opportunities across primary care throughout COVID-19 in such an approach.

5.1.1 Community Hubs and Assessment Centre

A pan-Tayside data modelling for primary care COVID-19 was created to work across all primary care settings. This continues to give us a confidence on the workload burden of COVID-19 and in line with our dynamic model we now seek to re-configure the CACs working alongside Primary Care Services and GP Practices for the short and then medium term. Alongside this we will maintain the ability to rapidly upscale provision should there be further escalation of disease activity in the population. This position is supported by the Scottish Government and is the reasonable approach to both appropriately utilise resources, whilst leaving a 'placeholder' from which to rapidly escalate if required, thus maintaining the protections for general practices as COVID-19 free.

Scottish Government advise that NHS Boards continue to provide a Telephone Triage Service and CACs for the next 3-6 months or as long as the "Call the coronavirus helpline if you have Coronavirus symptoms" message continues. GP practices have concurrently organised themselves and their localities to adapt premises and ways of working to facilitate seeing non COVID-19 patients in their localities but also those with COVID-like symptoms which would be better seen by their own GP (e.g. hoarseness and weight loss for 3-4 weeks). This enables the service to monitor the impact as restrictions are lifted and we proceed along the Scottish Government route map to recovery. The proposed model below describes how the regional CAC would also support GP Practices who do not have the ability to provide "hot" rooms and will be available to support all areas.

Proposed models of care are described below based on the phases of the Scottish Government route map:



Whilst there is a desire to maintain COVID-19 free General Practice, now the background rate of COVID-19 is much lower, there is a need to ensure the provision of safe locations where patients with COVID-like symptoms can be seen and assessed. At the same time, GPs are eager to maintain continuity of care for their patients, which are known to improve overall outcomes, with access to the normal investigation and referral pathways.

5.1.2. General Practice

General practice has continued to operate throughout the COVID-19 pandemic. Whilst it was safe and prudent to pause some elements, many other responsibilities took their place including support to shielding patients and managing the increase in work in those affected by bereavement, care home support, adverse circumstances impacting on health such as jobs losses, de-conditioning and loneliness. At the same time, the responsibilities of general practice which did need to continue required significant and rapid re-design to ensure safe system delivery. GPs also provided significant support to the delivery of community COVID-19 care within CACs, triage service and OOH.

General practice - similar to community nursing and many community allied health services, was never stood down. In some cases, ways of current working have been, and continue to be, redesigned by the entire primary care team in order to be dynamic to need. This is not only set by COVID restrictions, but also reflects many changes which were needed before the pandemic.

The Scottish Government's Remobilising General Practice - Resource Pack outlines the requirements to support practices in both remodelling, piloting and safely re-starting of GMS and enhanced services, which were on hold. This includes long-term condition monitoring, minor surgery, family planning device fitting/removals and cervical smears as well as planning for the forthcoming influenza vaccination programme. We are supporting innovation of approaches and have local practices participating and leading national quality improvement work in several aspects of this. Learning is being shared proactively and across all areas in all the above areas to allow safe restarting of care which was on hold.

To restart such a large scope of work involving significant numbers of patients is complex and will be phased and aligned to the national phased schedule. There continues to be a commitment to support General Practice as part of the re-mobilisation plans, recognising that capacity will be a significant issue for the majority of practices, in terms of both physical premises and workforce availability. There may be additional costs of ensuring local General Practices can re-mobilise to deliver services in context of COVID-19 and costs such as additional staff costs, premises costs, clinical waste costs may require additional financial support over and above already identified GMS funding (as per PCA(M)(2020)06).

In the delivery of the new GMS 2018 contract we are moving responsibilities, historically delivered under a single GP service, to multiple lines of operation and strategic responsibility but linked through a multi-disciplinary team structure. In re-mobilisation, we will continue to grow the strength of a more unified approach to ensure that as new services are moved away from direct GP responsibility, they still remain under a unified primary care strategic vision to maximise quality of care and efficiency.

Although clinically led and managerially supported structures remain at the heart of NHS Tayside ethos, we need to prioritise and value the support we cultured during the COVID-19 pandemic in primary care-based quality improvement project support. Within pathways, premises, quality improvement clinical activity or governance, addressing the lack of bespoke primary care project support across Tayside would significantly help us to support better care. This would go beyond the cluster-based model for quality improvement we currently utilise. Although this model has value, it looks intrinsically at quality improvement at the practice and cluster level and does not focus extrinsically across primary care and its wider linkages.

Long-term condition monitoring is rapidly attaining more interest at a national level with is also being prioritised at local level with input from local clinicians to help ensure what is required is evidence based. Beyond this we will need to examine not only, what is done at long-term condition review, but also how it is done. In a similar manner to how consultation models have changed for routine care, this will be mirrored with long-term condition care. This needs a considered, whole-system quality improvement approach including secondary care. New ways of working will be enabled by digital technology to support both triage, clinical signposting, case management and also long-term condition care. This might support self-management, integrated management, shared management, remote management and management which occurs face-to-face. There will be an increased focus on appropriate self-management and prevention and which is increasingly important in times of COVID to support social distancing, reduce demand on premises and support healthcare sustainability.

One significant area of challenge will be the consideration for capacity to deliver seasonal influenza vaccination which will require significant resource from across the whole primary and community care services. The programme will be expanding on previous years e.g. include close contacts of immunocompromised individuals and potential wider age groups. Planning, training and operational support to the Vaccination Transformation Programme remains critical to effective delivery.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Continuing to support practices to review patient pathways of care, including the use of digital resources as well as face-to-face consultations.
- Reviewing pathways for referral from practices to secondary and other parts of primary care.
- Continuing to develop and update anticipatory care plans.

- Exploring options for long-term maintenance of patient transport arrangements that have the potential to support reduced demand for home visiting.

5.1.3 Community Optometry

The 9 community Emergency Eye Care Treatment Centres (EETCs) across Tayside are now closed and all Tayside Opticians (Optometry Practices) are from 29 June 2020 available for face to face consultations for emergency and essential NHS Eye Care services.

All practices have been provided with personal protective equipment and have put in place physical distancing arrangements and enhanced infection control processes.
Patients who have noticed sudden changes in their vision or eyes or who are having significant difficulties with their vision should phone their usual optometrist (where they last had an eye examination).

Telephone or video (NHS NearMe) triage is now standard before a consultation and patients should not attend without an appointment. The optometrist will use their professional judgement who requires review based on patient needs, symptoms and the practice's ability to support face-to-face appointments safely.

From 13th July 2020 opticians can provide more emergency and essential Eye Care services which include those who are awaiting an examination and those with optometry requirements for spectacles/contact lenses which are broken/need replaced.

5.1.4 General & Public Dental Services

Staff from general dental practices have in the main been deployed to support a number of services across the system however plans are in place for staff to return to practices where required.

It is anticipated that practices will be opening in late July however there will be little change to the activity of the GDPs as there will be no delivery of routine Aerosol Generating Procedures and PPE remains restricted.

For Public Dental Services plans are progressing to agree what can be achieved with no AGPs over the coming weeks. Patient numbers will increase and can be accommodated because GDPs will be seeing their own emergencies, however space will be constrained by the need to offer a site for GDPs to carry out any emergency AGPs for their patients. AGPs for routine patients and in practices are deferred until Phase 4 and will await further information from the Chief Dental Officer.

5.1.5 Community Pharmacy

While patterns of prescribing were very dynamic in March-May period, the Health and Social Care Partnerships are now working towards developing a better understanding of the longer-term impact of COVID-19 on GP Prescribing. This may include some changes in therapeutic switches, responses reflecting the way patient activity changes and around serial prescribing, but may also still require responses to changes in drug pricing or availability.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Utilising the Pharmacy Team to support practices and patients to continue to implement more efficient and effective systems for prescription management, including increasing the number of people who have a registered/preferred pharmacy and an increase in serial prescriptions.
- Supporting a shift from delivery of medications for those people who are shielded to a more targeted support model.

- Working with the drug and alcohol services to support changes in approaches to provision of medically assisted treatment (AT).

5.1.6 Community Nursing

The service has continued to provide care at home or a homely setting to a range of patients. For those who have been receiving direct care there has been ongoing contact and support from the service through phone contact with both patients and their carers. Moving forward there is a need to continue to work differently. Interventions that had been delayed such as long-term condition reviews etc have now recommenced.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Maintaining cohort nursing of COVID +/non-COVID patients within core District Nursing Teams.
- Continuing to develop locality working in District Nursing Teams, including beginning to test the implementation of a locality working model.
- Maintaining all Priority Band 1 and 2 visits and phased recommencement Priority Band 3 and 4 visits, COPD clinics, routine home visits and Leg Ulcer Assessment Clinic.
- Expanding on COPD home visits for vulnerable patients to include clinic-based services for diagnosing new COPD patients.
- Work with GP practices to enable Community Care and Treatment Service (CCTS) to return to previous clinic space as soon as safely possible to further the return to core services.
- Recommencing the development of nurse-led Ear Clinic within the Community Care and Treatment Service.
- Recommencing student nurse placements and educational activities from external educators.

5.2 Emergency and Urgent Care

Taking the learning and experience from the establishment and operation of CACs, alongside wider learning from acute and community settings across the Tayside Partnerships, discussions have already commenced via the Unscheduled Care and Planned Care Boards regarding how primary and secondary care could work differently in the future. This includes, for example, opportunities around having respiratory and paediatric support in the CACs in particular over the winter period to support both primary and secondary care. Planning for progressing integrated hubs is also being developed which will support scheduling of unscheduled care as well as supporting the front doors across NHS Tayside. This will be progressed in partnership with both primary and secondary care team and GP Sub.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Through the Inpatient and Community Modelling Group progress work streams:
  - Community – focus on consistent shared understanding of Home First Model of Care, co-ordinated whole systems delivery of resources and person-centred and accessible care.
  - Inpatient - focus on consistent shared understanding of Home First Model of Care and delivery of the right care at the right time, including receiving care at home / in a homely setting at the earliest possible point in the care journey.
  - Transitions / Front Door Services - focus on consistent shared understanding of Home First Model of Care and improving the way that frailty is co-ordinated at the front door of acute care through better alignment, co-ordination and targeting of health and social care systems.

5.2.1 Out of Hours

OOH will continue work in the way that has been established to support COVID-19 activity throughout the past few months and which formed a strong natural base for the CAC structure to rest upon longer term.

All patients receive an initial telephone consultation from a clinician, this enables us to ensure that only those that really do need a face-to-face assessment receive one, thus limiting potential exposure to both the patient, their family, careers and wider public. Although a necessary step during the pandemic, it has been positively welcomed by staff and patients. The service will continue to work in this way which is seen as a positive move to support patient-centred care whilst minimising risk to clinicians.

Contacts with OOH in Tayside remain at a reduced level, which likely reflects ongoing accessible care from daytime practice and a model which has access supported by senior clinical decision makers. This model is favoured and supported by patients who interact with the service and the clinicians and will therefore be further enhanced.

Despite this reduction, for every patient needing seen the time taken is almost double normal with PPE and physical distancing requirements as well as more rigorous infection control cleaning routines after each patient. Whilst this remains a requirement likely into 2021, we must continue to minimise footfall with the PCECs. A review of where OOH attendances can be seen will be undertaken to ensure all areas are fit for purpose in line with current recommendations.

OOH will continue to make better use of digitally enabled care. The ability to safely submit photographs will be brought into a unified system. The output from a national quality improvement programme which being supported by a local clinician on the use of NearMe in OOH will be used to inform the future service delivery options for OOH.

Direct access of care homes to the OOH service started during Covid will continue so that professional advice to a senior clinical decision maker will be directly available.

5.3 Planned Care

5.3.1 Community AHP services

Community AHP services will continue to run similar to out-patient services with screening and triage in place to determine whether a telephone, Near Me or face to face contact is required. There is a greater requirement to see these patients face to face with appropriate PPE as near me and telephone consultations can prove more challenging with this older patient group, although some have responded well to this method of intervention.

At present all classes are suspended (e.g. Better Balance for Falls Prevention) with this activity being undertaken on a one to one basis rather group session. IT solutions are being explored to deliver at least the educational part of class programmes to groups remotely when possible.

Working with patient's family, carers and third sector services to support remote working, particularly in using new methods of technology has been very beneficial.

Referrals in relation to the provision of equipment and adaptations have continued to be addressed throughout the pandemic by the Community Occupational Therapy Service. Staff have tested and implemented NearMe to support assessment. Where face to face assessment has been required staff have had access to appropriate PPE. The Equipment Store has continued to respond promptly

to equipment requests and has continued to undertake deliveries direct to people's homes. Contractors who undertake adaptations had to stand down and this has led to a backlog of work.

In preparation for the move to phase 4 in the Scottish Governments route map, OT's have been working with contractors to undertake risk assessments and develop methods of working so that adaptation work can be restarted as soon as possible. Information for service users has been developed to ensure that they can support contractors appropriately with physical distancing while adaptations are undertaken. The backlog of adaptations has been prioritised by need and circumstances.

Caledonia Care and Repair have also now been contracted to support adaptation arrangements in the owner occupier sector.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Continuing the development of Community Rehabilitation models to enhance preventative approaches, reduce falls and POCS and reflect long-term and intensive nature of COVID rehabilitation.
- Further embedding assessment through the Independent Living Review Team.

5.3.2 Referral Pathways

Plans are in place for the appointment of a General Practitioner (s) to undertake a 2-year fixed term post as a clinical referral advisor is currently being recruited to. This is an exciting opportunity for a practicing General Practitioner who is looking for a new opportunity, in addition to clinical practice, to act as a clinical interface between community and secondary care teams. The GP will be working as part of a multi professional team across NHS Tayside, linking with the Planned Care Board, to develop clinical pathways. Further work to progress the development of referral pathways within primary care will be commenced.

In addition, the GP will provide clinical leadership to the implementation and development of the Tayside Referral Guidance System. The referral guidance system is an innovative unified IT system for clinical pathways and referral advice. The GP will be influential in providing clinical advice into the development and deployment of this new system.

5.3.3 Outpatients

The focus for community out-patient services (i.e. Parkinsons, AHP, and continence) has been on managing urgent referrals and reviews, as per Scottish Government guidance. Referrals are triaged and telephone or near me consultations are undertaken where clinically appropriate and face to face consultations only occur when it is absolutely necessary.

Routine out-patient referrals continue to be received and these undergo triage and are assigned to appropriate pathways such as advice only, direct to test, telephone, Near Me or face-to-face consultation.

Within the Physiotherapy MSK service, there is currently reduced capacity to triage routine referrals as capacity has been transferred from MSK to fast track the full implementation of the First Contact Physiotherapy (FCP) service to support General Practice during the COVID 19 response. FCP posts have now been recruited to and when the additional staff are in place this imbalance will be redressed and the mainstream MSK service will become integrated with the FCP service, with FCP becoming the main source of referral to mainstream MSK services.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Developing models to support re-introduction of elective surgery.
- Continuing the recommencement of routine waiting list and face-to-face services.
- Recommencing face-to-face group sessions.

5.3.4 In-Patients

Dundee Health and Social Care Partnership will continue to focus on maintaining and further improving good performance in relation to delayed discharge and appropriate prevention of admission. We have consolidated the changes to the integrated discharge hub to reduce the footfall within Ninewells Hospital wards by supporting assessment across Tayside.

In-patient services have continued to function well during COVID-19 across all areas within Dundee, with attention to infection prevention and control, patient placement, pathways for admission and discharge and person-centred care. We have suspended or reduced our COVID specific ward areas and are realigning ward configuration to support the current cohort of patients. We will retain and review our mobilisation plans in readiness to support any shifts in pathways.

In-patient units are now implementing a phased return to visiting. Psychiatry of Old Age wards have implemented weekly testing of asymptomatic staff.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Psychiatry of Old Age
    - Recommencing visiting at Kingsway Care Centre in-line with Scottish Government guidance.
    - Recommencing Social Work visits to wards.
    - Phased recommencement of discharge services.
    - Implementation of staff testing protocols and maintenance of patient COVID-19 testing prior to admission and during in-patient stay in-line with Scottish Government guidance.

- Medicine for the Elderly
    - Planning for re-commencement of patient home visits and weekend passes.
    - Planning for rec-commencement of some face-to-face outpatient clinics.
    - Planning for re-commencement of internal volunteer contributions to service delivery.
    - Re-commencing arrangements for families to join and participate in case conferences.
    - Re-commencing medical, nursing and AHP student placements within the service and educational activities from external educators.

5.3.5 Palliative Care

Palliative care services re-designed their approach during the peak of COVID -19 to enable education, advice and support to be available for all areas working with end of life palliative care in all environments 24 hours a day and 7 days a week, supporting our acute and community colleagues. It was also important to ensure those with COVID could continue to receive specialist palliative care and support, both as in-patients and in the community where that requirement was identified. Following a review of the use of these services we have reduced our COVID specific

ward areas and are realigning ward configuration to support the current cohort of patients. We will retain and review our mobilisation plans in readiness to support any shifts in pathways.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Further enablement of face-to-face service provision, including progressing the use and evaluation of NearMe technology.
- Exploring options for digital systems/ platforms for safe clinical spaces (particularly for groups) and options for remote patient monitoring in line with and contributing to NHST Digital Mobilisation and Response Strategy.
- Prioritising, developing and implementing virtual and digital options for Day Services to meet individual and group user needs safely and within service capacity.
- Re-commencing complex lymphedema services through outpatient appointments.
- Implementing virtual education programme.
- Progressing initial priority areas from Tayside Whole System Approach: Supporting End of Life Care & Conserving Critical Medicines during the COVID-19 Pandemic.
- Re-establishing risk assessed volunteer workforce contribution.
- Further expansion of visiting, supported by appropriate policies and risk assessment.
- Progressing setting specific pathways support models including Community Nursing and Care Homes.

5.3.6 Sexual and Reproductive Health Services

Staff from Sexual Health Services have been instrumental in supporting the setting up and analysis of the testing of Covid patients and key worker staff. Staff from the service were dispensed to support other essential pathways with only critical interventions undertaken. During the next phase we will be moving to re-establish the service and re commence clinical assessments and interventions.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Re-commencement of paused services within clinical appointments supported by telephone phase followed by face-to-face phase. All patients to be triaged. Working towards unrestricted face-to-face appointments across all services where these are required.
- Prioritising patients who have been shielding for some time with ongoing symptoms to be seen in clinics safely.
- Through The Corner young persons' service, implementing plans to offer STI tests to young people via collect/drop off STI kits and tests.
- Reviewing changes that have been made during the pandemic period and continuing newly adopted approaches that have been successful (e.g. NearMe and telephone appointments where these have been acceptable to patients).

5.4 Social Care

As we progress towards recovery, social care services will continue to work with and support those affected, both directly and indirectly, by the COVID pandemic whilst also modelling our responses to manage and support the re-introduction of planned and unplanned care pathways.

The re-introduction of community social care services will be dictated by the Scottish Government's route map and we will take opportunities to review and embed new models of working, build-on and explore options for further digital, tele-health and tele-care solutions and prioritise our resources. Our focus on supporting those most in need has supported the development of much stronger relationships and partnership working with the third and independent sectors and we will maintain this engagement throughout our periods of redesign.

5.4.1 Social Work / Care Management

Social workers and care managers have continued to assess, support and review those people using our services. We have continued to respond to referrals, ensuring that service responses were implemented. This has ensured that we have continued to allocate resources to address need. While day services, respite and community activities were suspended in-line with government advice, we have worked with carers to offer advice, guidance and support for those who were under pressure during this period. Emergency respite was provided where risk indicated this was required.

While staff have undertaken their duties remotely, with this workforce predominately working from home, risk management procedures have continued to be implemented, including direct contact with families and service users where this was required. We are experiencing an increase in the number of adult support and protection referrals as normal procedures continue to emerge, and we have ensured that case conferences, risk management planning meeting and large scale investigations are continuing while adhering to the appropriate social distancing and use of PPE. We have introduced a new Independent Living Review Team and will be working to ensure we review individuals as they re-commence services to ensure we have taken into account any changes in circumstances. We will continue to build on our Home First model of assessment.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- All social care and social work services
  - Maintaining practices that promote and provide bespoke, person-centred services and supports for individuals and their carers.
  - Maintaining outreach provision as temporary replacement for day care services whilst planning for gradual reintroduction of day care provision.
  - Developing and implementing models to support reintroduction of day support taking into account relevant Scottish Government guidance and in consultation with Public Health Scotland and the Care Inspectorate.
  - Gradually increasing the number of face-to-face contacts, working towards reinstatement of all non-urgent visit.

5.4.2 Protecting People

During the pandemic statutory protecting people functions have been maintained, although actions have been taken to ensure safe delivery of interventions and supports in-line with national guidance. This has included holding multi-agency activities such as adult protection initial referral discussions and case conferences on digital platforms and utilising PPE for essential home visits. There has been an enhanced focus across all agencies on identifying and responding to hidden harm; including significant additional public awareness campaigns for child protection, adults at risk, domestic abuse and alcohol consumption and enhanced assertive outreach services, such as the Safe Zone Bus. Protection services have utilised a RAG approach to prioritise levels of contact with individuals and families and there has been enhanced joint working between adult and children's services in areas such as community drug and alcohol services.

Multi-agency oversight of protecting people arrangements has continued through the Chief Officers Group (COG), supported by the Protecting People Committees / Partnerships. A strategic risk register has been developed to support an enhanced focus on prioritised areas of risk, with the COG and Committees / Partnerships meeting more frequently to monitor and address risk levels, and to provide leadership support to operational services. In-line with national arrangements weekly data monitoring has been implemented across core areas of public protection activity. A integrated strategic protecting people recovery plan has been developed.

As we move out of lockdown and data indicates referral levels are returning to pre-COVID levels we anticipate a possible spike in demand, both internally and in commissioned third sector services. Work is underway to plan appropriate multi-agency responses, including learning from experience in other countries who are at a later stage of progression of the pandemic.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

Adult support and protection responses

- Implementing the use of video conferencing facilities to support enhanced participation of service users and carers within adult support and protection meetings / processes.
- Planning for recommencement of face-to-face service user participation in multi-agency adult support and protection case conferences.
- Better understanding patterns of referral of adults at risk during the pandemic and subsequent actions taken to ensure a robust response where people do not meet the three-point test for statutory intervention.
- Contributing to the review of multi-agency adult support and protection procedures, including temporary provisions introduced in response to national COVID-19 guidance for adult protection.

Violence against women responses

- Developing contingency arrangements, through the establishment of a virtual outreach team, to respond to any post-lockdown spike in demand for services.
- Maintaining virtual operation of MARAC (case conferencing for highest risk victims of domestic abuse) and reviewing virtual approach to inform long-term model of operation.
- Testing and subsequent roll-out of virtual approaches to workforce learning and development.
- Addressing underlying financial sustainability of specialist violence against women support services.

Other public protection responses

- Supporting the implementation of the integrated strategic protecting people recovery plan.
- Supporting the revision of the strategic risk register to shift from a focus on COVID specific risks to ‘business as usual’ content.
- Contributing to further multi-agency work, supported by the Care Inspectorate, to capture learning from the pandemic period through workforce survey, case file audits and COG / Committee survey.

5.4.3 Care Homes

There are 27 care homes in Dundee, comprising 4 operated by DHSCP (all residential), 2 by voluntary providers and 21 by private providers (5 residential and 18 nursing combined across voluntary and private sector). In total there are currently 1069 places available across all sectors

(981 private and voluntary and 88 DHSCP). We are in the process of finalising the closure of one of our care homes; this work commenced prior to the onset of the pandemic.

Prior to the onset of the pandemic there were well established links between the care home sector and DHSCP; with particularly strong relationships having been built overtime as the DHSCP Care Home Team has grown and worked closely with care homes. This has provided a firm foundation from which to provide clinical care and social care support to care homes, while drawing on the wider clinical and professional supports for specific issues.

Collaborative working was also supported by regular formal contract meetings and three-monthly provider forums that are well attended by providers. The Partnership has two Integrated Managers who have a specific remit for care homes (one focused on supporting external care home and one on internal care homes), who are also supported by the dedicated Social Care Contracts Team in relation to commissioned services. Since the COVID-19 pandemic Integrated Managers have maintained regular communication with managers across care home sector; providers forums increased in frequency and were held via digital platforms. This ensured that providers were kept up to date with local changes and that there were opportunities for providers to ask direct questions of those officers responding to national directives and implementing local changes. This support, alongside that offered by public health services, has been crucial in ensuring those care homes affected by outbreaks were provided with a high level of support tailored to their particular circumstances. This was crucial given both the level of media scrutiny around the service and the increasing demands made of care home staff to manage the introduction and maintenance of a range of additional procedures including data reporting, testing of residents and symptomatic and asymptomatic staff and the engagement with COPFS investigations into care home deaths.

The Partnership has participated in the supportive visits, daily review of care homes and the Tayside Care Home Oversight Group. Over the next phase of the lockdown we will be working with care homes to assess and commence visiting, continuing to support any outbreaks and working with care homes to manage a move towards re-commencement of care admissions and the provision of respite care. We anticipate that this will be a slow process and that the stability will be influenced by the ongoing financial supports for the sector and the potential future demands for residential and nursing care.

We will continue to test residents prior to admission and to progress and support the use of anticipatory care plans.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Maintaining intensive support to all care homes as per care home plan submitted to Scottish Government.
- Maintaining care home testing pathways in-line with national guidance.
- Reviewing enhanced governance and support arrangements in line with national guidance.
- Easing visitor restrictions in-line with national guidance and assessed risk.
- Releasing capacity of Care Home Team from quality assurance activity and recommencing planned improvement activities.
- Reviewing models of care home-based services, including respite care and intermediate care.

5.4.4 Care at Home

We prioritised our social care services to support those who most required them, reducing our lower level supports (practical support) to focus on personal care. We are aware that a number of service users whose families were working from home chose not to utilise services during the pandemic

period and that as lockdown eases there will requests for services to re-commence. We have recently introduced an Independent Living Review Team and will work with families and service users to assess any changes during the pandemic. As a result of these approaches, social care services have continued to receive and provide for new referrals and maintaining support for those being discharged from hospital. We were also able to increase support to those who required this or where carers required additional support. Overall the level of service provision has remained steady during the last three months.

As with the care home sector, we have maintained regular contact with our commissioned services supporting access to testing, financial support and relaxation of the payment process from actual to planned service delivery payments. This included support for the provision of PPE during the early days of the crisis and ongoing support through the development of the PPE distribution hub. Strategically we will continue to review our models of social care through our commissioning arrangements. We have not seen a rise in people accessing SDS options but will continue to explore this as we move towards recovery.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Continued implementation of Independent Living Review Team to review the number of packages of care in the community, to work with community care workforce and contribute positively to support and enable earlier discharge for individuals from hospital, and to enable their independence in the home environment.
- Enhancing our focus on implementation of eligibility criteria to support streamlined referral processes.
- Increasing the emphasis on use of technology enabled care across the service.

5.4.5 Housing Support / Care at Home

Housing Support and Care at Home services have continued throughout COVID 19 to support individuals with a Learning Disability and/or Mental Health challenges in their own homes. Internal provision has continued across 10 sites, and external provision in region of 16500 hours per week have been delivered.

We are aware that a number of services have increased provision to mitigate the impact of reduced day service and enabling provision. As lockdown eases and we progress through the route map all service users will be supported to have the same rights as the rest of the population there will requests for services to re-commence. To do this safely there is likely to a requirement to increase the workforce require an increased workforce. It will also be necessary to ensure that the support provided incorporates changing needs which have occurred as a direct result of COVID 19, this applies to physical and emotional wellbeing.

We have maintained regular contact with our commissioned services, formal and informal reporting processes are in place to provide support in relation to staff testing, PPE, financial support and capacity issues. We have also provided an overview and regular updates regarding recovery planning.

Strategically we will continue to work in partnership with providers to ensure resources are deployed appropriately to meet any changing needs.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Monitor the impact on services as a result of changing needs and increased demand
- Consider the impact of the delay in new tenancies due to the pause in construction
- Monitor the wellbeing of the workforce in internal and external provision

5.4.6 Physical Disability

Physical Disability services are also consumers of residential care and care at home. Probably more than other services, they have a significant usage of higher-level supported housing (tenancies with either on-site support or support "brought in" under SDS).

Services have generally been sustained during the pandemic, with the exception of planned respite, and Day Centres, which have been closed since early March, providing outreach support instead. Preparations are ongoing for the reopening, in a phased way, of these services, complete with risk assessments, PPE and social distancing; we await the Scottish Government's permission to proceed. The impact of the loss of these services should not be underestimated; feedback from carers and care managers is that families are really struggling with the absence of provision and are under considerable strain. In some instances, Recovery will involve a temporary increase in service provision simply to get back to the pre-COVID position.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Continuing to review RAG rating to identify high risk service users and risk of carer breakdown and manage support in response to assessed need.
- Reviewing care packages that were adjusted due to COVID-19 impacts.
- Working with provider and care home sector to monitor re-introduction of packages of care, assess impact on provider recovery plans and agree any relevant actions / supports.
- Monitoring the impact of increased assessment and subsequent allocation priority to those impacted by COVID-19, including considering short and long-term health, care and support needs and subsequent implications for practice (for example, possible requirements for enhanced level of multi-disciplinary assessments required).
- Gradually increasing number of face-to-face contacts, working towards reinstatement of all non-urgent visits by phase 4.
- Planning for and implementing locality working model, including integration of care management teams (phase 1 physical disabilities and older people services).
- Re-commencing elements of long-term improvement / development work streams.
- Continuing to review duty worker system to inform future model of provision with potential for combined duty system with older people care management teams and beginning implementation of agreed model.
- Continuing to develop closer liaison with other care management teams to support a service wide response.

5.4.7 Carers

Carers make a very significant contribution to the wellbeing of people in our communities. During the pandemic they have increased levels of support for those that they care for; some have cancelled services to minimise the levels of contact with others in order to protect cared for people from COVID-19. The stepping down of planned respite and day care services have meant that many carers have not had a break from caring over the last 4 months. Dundee HSCP has increased the flexibility in the use of SDS option 1 resources by carers and has continued to support emergency respite. Recovery plans include the re-establishment of day care and planned respite as soon as possible.

Alternative models of support have been implemented within carers support services, for example the provision of 1:1 support via telephone and video call (using Attend Anywhere) and weekly Facebook Live virtual hubs by Dundee Carers Centre. Carer e-cards were developed for both young and adult carers to support them to continue to travel to carry out their caring role and to undertake activities such as shopping or collecting medication. Specific local arrangements were implemented

to support unpaid carers to access PPE. A range of creative and pro-active approaches were utilised to continue support for young carers, including continuation of short breaks and the provision of IT equipment and support to access the internet in order to maintain social connection to friends, family and professionals. In addition, Dundee City Council and NHS Tayside implemented specific supports for members of their workforces who are carers, including specific human resources responses and signposting to relevant support services.

We have recognised the critical need to work with carers and their representatives to understand the impact of the pandemic of their needs and priorities. We will be progressing this work through our Carers Partnership who are also leading the revision of our local Carers strategy.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Considering how and when face-to-face provision can safely resume and how best to mitigate risks for workforce and carers.
- Continuing to work with carer's organisation to better understand the impacts of lockdown on their needs / priorities and develop enhanced responses, including to carer stress.
- Collating research and data reflecting carer's circumstances and changed circumstances during pandemic in order to analyse what is needed for future strategy.
- Sustaining and further developing supports for workforce members who are also carers.
- Recommencing development work to fully implement and embed Adult Carer Support Plan and Young Carer Statement work by summarising progress so far and co-ordinating with Personalisation Board to ensure whole family/caring situation is considered and supported.
- Progressing refresh of 'A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee' and short breaks services statement

5.5 Community Mental Health (including Drug and Alcohol Services)

Dundee will work as part of Tayside Mental Health Services to meet the mental health and wellbeing needs of its population while managing changing demand, need, priorities, and challenges due to COVID-19. Recovery and renewal plans have been co-ordinated, developed and shared through the Health and Social Care Partnership and Mental Health Command Structure, and this has informed a Tayside wide Whole System Recovery and Renewal Plan. We recognise the importance of delivering a high quality, responsive mental health service due to the direct relation with both physical health and also the potential to widen health inequalities when this is not in place.

As a whole health and social care system we anticipate an increase in demand for people with increased distress as well as mental health issues. National figures tell us:

- A higher proportion of people with long-term health conditions (59%), single parents (63%), those aged 25-34 (65%), and women (63%) reported having been anxious/worried compared to the overall adult population (54%). Higher proportions of young people age 18-24 (41%) and single parents (33%) report having been lonely in the previous two weeks than the adult population overall (26%).
- Higher proportions of young people age 18-24 (26%), age 25-34 (27%), and single parents (24%) report feeling hopeless in the previous two weeks than the overall adult population (17%)
- A higher proportion of people with a mental health diagnosis (27%), a long-term health condition (25%) and unemployed people (23%) are not coping well compared to the population overall (13%):

NHS Tayside Remobilise, Recover, Redesign Tayside Mental Health Plan (July 2020-March 2021) provides a full overview of the pandemic response within community mental health services

(including community drug and alcohol services) and planned recovery actions. This has been supplemented below with further information about specific priorities within services delegated to and managed by DHSCP.

5.5.1 Community Mental Health and Learning Disability

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Assessing and addressing the impact of reduced day service provision on individuals, family carers and organisations.
- Considering increasing operational capacity at external respite provision from 1 person per night to 2 persons per night supported by revised operating procedures and contingency arrangements.
- Increasing short break provision to provide respite to families. Mental Health and Learning Disability Teams have re-commenced their own short-break applications processes for breaks that are now able to be authorised in accordance with the easing of lockdown restrictions, for example caravan parks, hotels and spa treatments.
- Maintaining use of available housing stock / void properties to reduce unnecessary delays in hospital and support vulnerable people in the community. Including working proactively with landlords to enable quicker response times for use of housing stock.
- Continuation and development of virtual programme of activities were deemed necessary.
- Exploring outings to access community facilitates where guidelines/ route map support this and risk assessments, safe working practices are met.
- Continuing to support all areas of service to review their working practices and determine which technologically supported clinical consultations should be retained as core clinical practice. Especially relevant for smaller AHP services with pan-Tayside community remits.
- Continue to use NearMe Tayside and telephone consultations for those who prefer this method of engagement. Consider options for the provision of IT resources in the local community e.g. libraries / GP surgeries in areas of highest deprivation where patients can safely and with privacy, access IT equipment for NearMe consultations.
- Opening of the hydrotherapy pool at White Top would be determined by both national and local guidance, risk assessments being in place and agreed systems and working arrangements.
- As a means of reintroducing face to face support, develop socially distanced 1:1 walking consultations with Nursing and Allied Health Professional staff utilising the abundant local green spaces.
- Gradually re-introducing of some elements of care and treatment in congregate settings if all environmental adjustments, training and workforce arrangements are in place. Priority will be given to supported people who live at home with family / carers.
- Further developing plans between the Community Mental Health Teams and Psychology to enhance and develop the STEPPs and Survive and Thrive groups.
- Further developing the Mental Health Discharge Hub and strengthening the communication between in-patient specialist areas and community mental health supports via nominated Senior Community Nursing representatives attending the Capacity and Flow In-Patient meetings. This will continue to be essential during reduced availability of In-Patient beds and the increased complexity of those being discharged.
- Continuing to monitor Mental Health Officer service capacity to undertake Mental Health Act statutory duties as court processes are reintroduced e.g. to address the backlog of Adults with Incapacity work.
- Implementing risk enablement approach to enable supported persons to access facilities in-line with the rest of population.
- Implementing visits to internal services from families and others in-line with Scottish Government guidance (or where specific guidance not available informed by robust risk management processes).

- Monitoring demand for advocacy services and increasing capacity for provision as required.
- Considering anticipated post-lockdown increased demand for social care services and potential responses.
- Engaging Newly Graduated Practitioners (NGPs) into community Mental Health and Learning Disability nursing placements and recommencing other nursing and AHP student placements.[1]

5.5.2 Community Older People's Mental Health

COPMH services developed a risk matrix to manage assessment, support, contact and engagement with people who use the service, their families and their carers. While the service suspended out-patient clinics it has continued to respond to referrals. As with other areas, this service provides a high level of support to individuals and carers, through both direct contact and access to community supports, and through the post diagnostic support. Where these can be managed remotely the service has continued to provide, with face-to-face support continuing where this can be delivered safely. The service contributes to the Care Home Team and we have recognised that for those service users in care home who have cognitive impairment that this has been a particularly difficult time for them, their families and for staff. Supporting people to remain at home safely will be a key focus for the service as we move through recovery. It is also anticipated that there will be an increase in referrals as other services recommence engagement and assessment of individual health needs.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Recommencing ward links with social workers attending Multi-disciplinary Teams at Kingsway Care Centre.
- Lowering RAG visiting status to 'amber' level:
    - Initial assessment visits recommenced where supported by risk assessment; and,
    - Introducing use of NearMe.
- Recommencing face-to-face outpatient clinics as appropriate based on individual patient risk assessment.
- Exploring further 'step-up / step-down' models of care for Psychiatry of Old Age.
- Manging increase in demand for assessment, treatment and support.

5.5.3 Psychological Therapies

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are

- Maintaining NearMe and telephone consultation systems whilst also expanding the use of digital platforms for group work.
- Expanding internet enable Cognitive Behavioural Therapy for Adult Psychological Therapies.
- Reinstating services that have temporarily ceased (e.g. psychological assessment for Bariatric Surgery and Exceptional Aesthetic Surgery).
- Reviewing models of treatment provision, including the appropriateness of face-to-face contact for relevant treatment groups.
- Reviewing use of all waiting room areas, clinical areas and office space for gradual return of face to face service delivery and in keeping with social distancing requirements.

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[1] NGPs within the Community Mental Health and Community Learning Disability Nursing Teams would be considered to be employed at Band 3 of 4 for the period of finishing their training to their registration being complete. This will allows them to complete a period of comprehensive induction and a fully supported transition from being a student nurse to becoming qualified.

- Reviewing caseloads and matching whether patients remain on telephone contact, NearMe, home visit or suitable for gradual uptake of face to face clinic attendance.

5.5.4 Community Alcohol and Drug Services

The delivery of alcohol and drug services was seen as critical and as such all activity continued, albeit with the requirement to consider delivering this in different ways. During the emergency response to COVID-19 detailed action plans with priorities for community alcohol and drug services were implemented to ensure ongoing capacity for delivery of service pertaining to:

- Injecting equipment provision (IEP).
- Opioid substitution therapy (OST).
- Take home naloxone (THN).
- Maintenance of Non-fatal overdose follow-up pathways (NFOD).
- Maintenance of the specialist harm reduction nursing service.

The majority of ongoing contact with service users was made by telephone to ensure that people continued to receive ongoing support. NearMe was implemented but has had limited uptake by service users. Face-to-face consultation was provided according to service user needs and referrals continued to be accepted and acted on.

The initial step down of in-patient detoxification services at Kinclaven Murray Royal between March and June, had a knock-on effect for community-based services and a home detoxification alcohol service was provided for those at lower risk. The learning from this will be considered as community and inpatient alcohol and drug services remobilise. In the initial phase of COVID-19 reflective of other services performance against the 21-day access standard fell.

Alcohol and drug services are building on their plans to recommence pre-COVID level service, with continued use of remote technology where appropriate. In Dundee we have recommenced the programme to progress the implementation and monitoring of the Drug Deaths Action Plan for Change.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Reviewing plan for return to community pharmacy dispensing following changes to Scottish Government guidance for people who are shielding.
- Planning for re-commencement of direct contact for routine contacts.
- Reviewing and implementing access pathways, including options for re-opening of direct access, taking account of social distancing requirements, physical environment and staffing capacity.
- Enhancing capacity to provide outreach services and respond to increasing demand from those people whose drug and alcohol use has started / escalated during lockdown.
- Reviewing and implementing the delivery model for community alcohol detox considering whole system of care approach.
- Supporting teams to complete a full return to locality office bases and clinical areas.
- Contributing to work across the Alcohol and Drugs Partnership to progress the implementation and monitoring of the Drug Deaths Action Plan for Change. Specific focus on progressing with the work on the Whole System of Care – learning from the review process led by Healthcare Improvement Scotland should be available and form the base of a plan to progress the whole system change.

- Contributing to work across the Dundee Alcohol and Drugs Partnership to review options for resuming peer support work, including SMART meetings and the work of the peer volunteers.
- Contributing to the review of the Dundee Alcohol and Drug Partnership strategic plan.

6. Winter Planning

Over the past four months, NHS Tayside has seen a 49% reduction in delayed discharges in comparison to previous levels. A focus on maintaining the improved performance in relation to delayed discharge will continue. Alongside our partners, our aim is it to retain the current improvement with no more than 50 delayed discharges at each census point. For DHSCP this equates to no more than 5 acute delays and 20 in total.

DHSCP is currently engaged in the development of the NHS Tayside Winter Plan. The NHS Tayside Winter Plan will focus on front door assessment and alternatives to admission, wherever possible. Additional staffing resources in Hospital to Home (H2H) and Discharge to Assess (D2A) and other services are already costed in the NHS Tayside mobilisation plan. The plan will build on the learning from the previous year's winter planning and initiatives developed through the response to COVID-19. The NHS Tayside Winter Plan will focus on front door assessment and alternatives to admission, wherever possible.

The plan will prioritise and develop services which support the front door response to presenting patients, capacity and flow through the hospital, a home first model of assessment and care, and prevention of influenza models. It will build on digital solutions tested during the pandemic.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Progressing the in-patient and community modelling work-streams (as described in the Emergency and Unplanned Care section).
- Reviewing and preparing for a robust social care response to winter pressures.
- Supporting the development of Integrated Community Care Hub Models.
- Reviewing and maintaining the Community Assessment Centre in Dundee.
- Prioritising and supporting vaccination of health and social care workforce as part of integrated seasonal influenza vaccination programme.
- Supporting and delivering the seasonal influenza vaccination programme for vulnerable groups, including care homes
- Supporting the ongoing monitoring and escalation of the Winter Plan and participating in operational 'huddles' to ensure same day actions.
- Identifying and supporting measures and pathways to support alternatives to acute hospital admission where appropriate.
- Reviewing and implementing resilience and business continuity plans to take into account:
  - Adverse Weather.
  - Out-of-Hours.
  - Mental Health.
  - Workforce Planning including festive rotas across primary and secondary care, in and out-of-hours.
- Exploring and further developing digital solutions to support quicker access and continuation of key services.

7. Third and Independent Sector

7.1 Humanitarian Response

During the pandemic DHSCP has contribute to a range of activity co-ordinated across the wider Community Planning Partnership to address the basic needs of the most isolated, vulnerable and disadvantaged individuals and communities within Dundee. The contribution of third sector services to these activities has been significant, with Dundee Volunteer and Voluntary Action (DVVA) supporting and co-ordinating contributions from across a range of voluntary and community organisations. DVVA also co-ordinated volunteering efforts across the city, including matching offers of volunteering from individuals to organisations seek additional capacity.

Dundee City Council established a number of Community Support Centres across the city as well as helplines for those people who are shielding and for general public enquiries. Community Support Centres acted as a hub for the provision of childcare to key workers as well as for the co-ordination of food and medication deliveries and other humanitarian activities. A range of Council staff were deployed to support the Community Support Centres and they were joined by a range of paid third sector employees as well as volunteers.

A significant programme of activity was undertaken to pro-actively contact and offer support to people who were shielding. DHSCP contacted all people who are known to social care and / or social work services to offer support, advice and referral for additional services, including delivery of food parcels and medication. This was in addition to ongoing contact many people who are shielding would have had with the health and social care workforce.

7.2 Provider Support and Sustainability

DHSCP has strong and positive relationships with commissioned providers which provided a foundation for enhanced partnership working during the pandemic. The Social Care Contracts Team, in partnership with operational services, have had a strong focus on provider support and sustainability throughout the pandemic.

A provider communications system was established in the early phases of response ensuring that all providers across health and social care (children and adults, commissioned or not) received collated up-to-date information about key developments in legislation and guidance as well as links to useful resources. Systems were also established to support all external health and social care providers to refer symptomatic staff and their household contacts for testing, playing a vital role in protecting capacity within the third and independent sector workforce.

Local guidance on financial sustainability matters has been developed in-line with national guidance and agreements. Commissioned providers are being supported to submit financial claims and systems have been established to process these in a timeous manner.

Contracts Leads form operational services have worked alongside Contracts Officers to maintain regular contact with commissioned providers by teleconference. A range of weekly provider reporting processes have been established across key service areas, with an overview of information received informing subsequent planning and decision making. Provider forums have continued to operate in service areas such as care homes and social care facilitated via virtual means. Where it has been required bespoke support has been provided to specific providers, for example the provision of health and safety in relation to COVID-19 for providers with smaller numbers of employees. This is

in addition to the advice and guidance available to third and independent sector providers through bodies such as DVVA and Scottish Care.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Considering models to support reinstatement of full contract monitoring reporting and financial reconciliation and develop and implementing associated processes / approaches.
- Working with providers to support timely submission and processing of financial sustainability claims.
- Reviewing the frequency of provider communication updates.
- Working with health and social care providers to identify learning from the pandemic response period and incorporate this into operational and strategic improvement plans and activities.

8. Workforce

The contribution of the health and social care workforce, including those employed by independent and third sector providers, has been a critical and invaluable enabler during the COVID-19 pandemic. Their commitment to maintaining services and to protecting the health and wellbeing of the people they care for has been demonstrated through their flexible approach in rapidly changing and very challenging circumstances.

Developments that recognise and respond to the impact of the experience of working through a pandemic on our workforce have been an important element of the Partnership's overall response. Dundee City Councils Workforce Wellbeing Service has been opened up to all of the health and social care workforce (regardless of employer), workforce wellbeing surveys have been undertaken, capacity has been protected within mental health services to provide support to the workforce, learning and workforce development activities on trauma have been provided and trauma-informed responses developed and, Recovery Rest and Relaxation spaces have been identified across a range of services. In addition, individual managers have introduced a variety of creative ways to provide virtual and in-person support to their workforce and including the use of outdoor spaces with appropriate physical distancing. The priority placed on workforce health and wellbeing will continue to be high during the recovery period.

We need to plan services and a workforce to work within this pandemic over many months and years. Our systems are reconfiguring to establish robust services in a safe manner across all of health and social care services and supports. We are beginning a period of workforce recovery and dealing with the impact of COVID-19 on workforce health and wellbeing. We continue to support staff to transition to blended models of working, including both office / community-based work and home working. In the short-term we also anticipate supporting a number of colleagues who have been shielding or are in high-risk groups (or who live with people who are) back into the workplace. This work will be particularly challenging given the need to co-ordinate across two-sets of organisational policies, procedures and guidance as they relate to staff employed by NHS Tayside and Dundee City Council.

In the short term we expect an unusually low proportion of annual leave to have been taken by the end of July 2020 with proportionately more annual leave scheduled for the last 8 months of the financial year. This deferred annual leave may create a constraining workflow issues later in the year.
We will continue to work with Dundee City Council and NHS Tayside to manage the workforce deployment through their corporate centre/hub. We will also continue to co-ordinate with their corporate workforce communications, supplementing this with direct messaging from the DHSCO Chief Officer and IJB Chair where appropriate.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are

- Continuing to develop and promote workforce Wellbeing Service (DCC).
- Implementing NHS Scotland / Scottish Government interim guidance for staff on risk assessment for people from Black, Asian and Minority Ethnic backgrounds.
- Continuing to provide support to members of the workforce who are shielded or at high-risk (or are living with people who are shielded or at high-risk) who are returning to work in-line with changes in Scottish Government guidance.
- Supporting all services / teams to plan for long-term blended approach to service delivery (mix of building base and home-working). This will include reviewing long term working patterns and addressing the IT requirements for staff in order to sustain social distanced practice in the workplace.
- Planning for impact of deferred annual leave and potential increased scheduling of leave over second half of financial year.

9. Physical Distancing

Requirements for physical distancing have been in place throughout the pandemic. This has necessitated a range of partnership work with property and health and safety colleagues within Dundee City Council and NHS Tayside to ensure full implementation of national guidance to support the safe delivery of services for both the workforce and people receiving services.

As we begin to re-opening office, clinical and community access buildings detailed planning is being undertaking to ensure that physical distancing is maintained by the workforce, people receiving services and visitors. Our Community Mental Health Service has developed a 'phased return from COVID' guidance document that guides teams and services through a step-by-step process for re-commencement of services, including face-to-face service provision and building-based provision

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are:

- Finalising and implementing a DHSCP phased property utilisation plan.
- Continuously reviewing all workplaces to ensure that all adaptations and adjustments in order to maintain COVID-19 guidelines are put in place, including sourcing and application of appropriate signage and screening.
- Continuing to identify training and communication needs to accommodate for social distancing measures, for both workforce and service users.
- Undertaking further consultation regarding future use and capacity of office buildings to determine longer term planning and future service delivery.

10. Clinical Care and Professional Governance

The formal Clinical, Care and Professional Governance Forums were suspended at the beginning of the COVID period with all governance issues managed through the Gold and Silver Command processes. This ensured that we managed the changes to clinical and care policies and procedures in real time. Over the last month we have re-introduced our more formal processes and reporting arrangements.

During this period we have received a range of governance reports including Trust and Respect, review of mental health services and the HIS Inspection of Community Mental Health Services. We will work to implement the agreed action plan and will recommence the work to implement the action plan in response to the Drugs Commission. We have recently had a recent inspection by HIS of our Medicine for the Elderly wards highlighted good practice in the care of our older patients.

As previously described we have supported Care Homes to manage the clinical and care needs of residents. Daily huddles were established and we are members of the Tayside Care Home Clinical and Care Oversight Group chaired by the Director of Nursing. We have undertaken supportive visits, supported the testing of symptomatic residents and staff and the introduction of weekly testing for asymptomatic staff. We will maintain the monitoring of care homes as ease of lock down progresses.

Protecting people committees increased the frequency of their meeting to weekly/two weekly to address the issues arising during the pandemic and comprehensive risk assessment were introduced and reviewed frequently.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are

- Re-commencing full remit of clinical, care and professional governance activities across all services utilising remote working solutions and / or face-to-face sessions as appropriate.
- Establishing internal process for approval of individual service visiting plans.
- Ensuring changes implemented through COVID response period are reflected through exception reports at primary governance groups and clinical, care and professional group / forums.
- Ensure that short, medium and long-term impacts of COVID response period are built into governance reports alongside existing report parameters.
- Maintain an overview and monitoring of care homes.

10.1 Infection Prevention and Control

Infection prevention and control has been a critical aspect of maintain safe service delivery, both within our internal services and for commissioned providers. Whilst all services and providers had infection prevention and control procedures and practices in place prior to the pandemic there was necessarily an enhanced focus on all aspects of this work and a requirement to significantly scale-up provision of PPE.

A key focus for the DHSCP has been work with Dundee City Council, NHS Tayside and NSS to source and distributed PPE across the health and social care workforce. Through a co-ordinated approach three hubs were set-up across the city; one council, one health and one DHSCP. Partnership working across these hubs has enabled supply chains to be maintained and PPE to be distributed to services where it was needed, with each one supporting the others where supplies were compromised. Where risks to the supply chain were identified these were escalated through NHS Tayside Bronze Group, DCC Incident Management Team and national routes.

At the DHSCP hub the focus has been on distribution of nationally supplied PPE to the social care sector, including unpaid carers and personal assistants. Local processes have been developed, reviewed and are now embedded in practice. It is anticipated that hubs will remain operational for at least the next 6 months and future planning to identify a sustainable supporting workforce is being progressed.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are

- Reviewing requirement for PPE hubs to remain operational and amend arrangements as system requires.
- Supporting return of deployed workforce supporting social care hub back to substantive roles and confirming sustainable staffing arrangements for continued provision.
- Considering revised guidance for people who are shielding / at high risk and required response / adaptations to service provision arrangements.
- Clarifying, and subsequently implement, workforce face covering guidance with NHS Tayside and Dundee City Council.

11. Digital Working and Infrastructure

Digital interventions are now seen as of critical importance as part of the emergency COVID-19 response and to support our recovery. The rapid expansion of the use of platforms such as NearMe and Attend Anywhere to support continued delivery of services, as well as platforms such as Microsoft Teams to support workforce communication and remote working must now be consolidated. The further expansion of such approaches will be critical to supporting ongoing blended models of service delivery and working for a significant period of time. In some areas, feedback also suggests that these platforms have been positively received by people using services and have the potential to become a substantive model of service delivery beyond the end of the pandemic and complete removal of physical distancing measures. To support this approach, and to help inform the development of the next phase mobilisation plans, the Scottish Government is making new and flexible digital remote monitoring services available to all territorial Health Boards and Health and Social Care Partnerships. DHSCP will work with NHS Tayside to further expand and develop this approach through NHS Tayside's Digital Remobilisation Plan and Digital Strategy.

All GP practices in Dundee have been enabled to use and tested NearMe video consultation with almost 800 NearMe consultations between March and June, as well as GP OOH service is actively using this technology. In addition, a number of community services are exploring the use of NearMe. Initial feedback from staff and service users has been very positive and we intend to build on this.

The pandemic has highlighted significant inequality across our own workforce in relation to digital accessibility, with some sections of the workforce having very limited access to basic IT equipment and systems, such as smartphones, that would enable them to work more effectively and to remain connected to their team and manager.

While not yet developed we expect there to be additional local one-off costs of developing digital working further. There will also be significant challenges to overcome in managing the interface between the separate IT infrastructure and systems maintained by Dundee City Council and NHS Tayside.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are

- Continuing to expand scope of NearMe (Video Consultation) Project to support wide scale adoption of remote consultations (telephone and video), including for Primary Care, Mental Health and AHPs
- Continuing to build local capacity to fully utilise Microsoft Teams functions across NHS Tayside and Dundee City Council.
- Continuing to increase availability of IT hardware in order to fully utilise NearMe Tayside, Microsoft Teams and other digital platforms to sustain core business for those home working. e.g. provision of NHS and DCC IT equipment for all who require these.
- Continuing to develop Mobile WiFi hubs in identified locations to support laptop access to NearMe Tayside, Microsoft Teams and other digital platforms to provide essential links for clinical recording.
- Scoping workforce training and development needs to support increased emphasis on blended service delivery and identify appropriate responses.
- Working within NHS Tayside to implement their Digital Infrastructure and Innovation Mobilisation Plan, including elements supporting safe remote access to patient records and recording and safe remote patient monitoring and consultation.

12. Communications and Engagement

Dundee HSCP has worked closely with NHS Tayside and Dundee City Council Communications Teams to ensure information has been cascaded in a consistent, accurate and timely manner to the public and the workforce. Social media, websites, intranets and local media have all been utilised during the pandemic to share key information, including service closures and restrictions. Dedicated communication channels have been developed for Primary Care including zoom meetings and briefings. A series of radio adverts focusing on supports available across protecting people services was commissioned and complimentary information leaflets produced and distributed widely.

Voting members of the Dundee Integration Joint Board (IJB) have been briefed regularly by the Chief Officer (initially weekly, reducing to fortnightly). Written briefing information has subsequently been shared with all IJB members and with elected members of Dundee City Council and NHS Tayside Board.

The Chief Officer and a range of other staff have actively participated in and contributed to national groups, including through Health and Care Scotland. Links have been maintained with national strategic and scrutiny bodies such as Healthcare Improvement Scotland, the Care Inspectorate and SSSC. Direct links to the Tayside Local Resilience Partnership have been maintained through their Care for People Sub-Group which is chaired by the Head of Service for Health and Community Care.

Initial feedback has been collected from staff which provides a range of emerging themes, examples of innovative developments to be taken forward as well as some of the challenges our workforce are facing. It is recognised that there is a requirement to engage differently with the public and stakeholders about the changes that the COVID recovery plans will bring. We will continue to develop our digital and online engagement recognising that we must be cognisant of those unable to access information in this way. National communication plans and resources for remobilisation are being developed and our local messages, strap lines and actions will require to reviewed and updated to take account of these to ensure a consistent approach.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are

- Continuing to communicate with service users and carers to keep them updated regarding service provision (general developments and individual specific matters).
- Reviewing and utilising national communication plans and resources for remobilisation for local implementation / messaging.
- Reviewing Healthcare Improvement Scotland ‘engaging differently’ resources and consider opportunities for local implementation.
- Contributing to targeted campaign to promote to EU Resettlement Scheme, including through care homes, long-stay hospitals, prisons and supported housing providers.

13. Governance and Strategic Planning

Changes to operational arrangements have been overseen and supported by a rapidly established incident control structure. The Partnership's Silver Command has led internal response planning and implementation, supported by a range of subject / issues specific Bronze Groups. This has been supplemented by arrangements for senior management cover across weekends. The internal Partnership structure has been co-ordinated with those in place in NHS Tayside and Dundee City Council.

During the pandemic essential business procedures, supported by an IJB discussion session, have been utilised to deal with urgent governance matters. This has included the IJB considering an initial overview of the pandemic response from the Partnership and high-level analysis of the impact on the delivery of the current strategic and commissioning plan.

Recovery planning activity sits within the wider context on the Partnership's current strategic and commissioning plan. It will be necessary to consider the impact of our recovery plan on our ability to deliver the commitments set out in the strategic and commissioning plan at the pace and scale original envisioned. Throughout the remaining duration of the plan (that is until March 2022) it is likely that the Partnership will have to sustain a COVID-19 response alongside 'business as usual' activity and developments. The Partnership's Integrated Strategic Planning Group, chaired by the Chief Finance Officer, will have an integral role in analysing the impact of the pandemic plan, as well as commencing work on a full revision of the Partnership's strategic needs assessment as the first step in the production of the next strategic and commissioning plan (for April 2022 onwards). This work will enable a focus on renewal including public engagement regarding the future vision for health and social care, embedding innovation, digital and enhanced integration develop during the pandemic period and further focusing on reducing health inequalities.

Specific priorities for Dundee Health and Social Care Partnership in the next phase of recovery are

- Reviewing incident response structure, including frequency of briefing of voting members of the IJB, and supporting phased return to business as usual management structures.
- Re-commencing face-to-face priority governance meetings, including the IJB and PAC (with continued option for remote participation for people who are shielding or in high risk groups).
- Reconvening the Integrated Strategic Planning Group and commencing initial review of impact of COVID-19 pandemic and recovery plan on implementation of Partnership's Strategic and Commissioning Plan 2019-2022.
- Progressing review of Partnership's Strategic Needs Assessment to incorporate data regarding impact of COVID-19 pandemic and full revision of Partnership's Strategic and Commissioning Plan (for completion March 2022 at the latest).
- Amending quarterly performance reporting template to reflect impact of COVID-19 on reportable national health and wellbeing indicators. Test with Performance and Audit Committee and further revise / amend as required.
- Planning and implementing further activities focused on identifying feedback and learning from the response and early recovery phases from the workforce, service users and carers, providers and other relevant stakeholders.
- Revising operational and strategic risk registers for the recovery phase.

14. Finance

To date the HSCP COVID-19 financial plans have reflected a range of financial implications which have been submitted regularly to the Scottish Government. New costs have been incurred in areas such as PPE, supporting independent sector providers and funding General Practices to be open on public holidays. Additional costs have been incurred in covering higher levels of staff absence and in continuing to keep delayed discharges to a minimum. Some projected costs such as additional staff overtime have been partially contained by the redeployment of overall staff resources while some cost pressures will emerge in the later stages of the COVID-19 response. It is anticipated that the allocation of £1.429 million made to DHSCP by the Scottish Government from their additional £50m national interim funding will be fully spent by the end of August 2020.

Beyond headline costs incurred there are other immediate financial impacts including the deferral of the delivery of planned transformation activity and an impact on assumed levels of service user charging income.

The Partnership will continue to work towards containing costs where possible through, staff redeployment opportunities, reviewing service capacity and re-starting services only when safe to do so. It is also possible in the medium-term that other costs fall slightly (e.g. travel costs) which can be off-set against additional costs in other areas.

The most recent financial summary of the mobilisation plan (to be submitted to Scottish Government on 14 August 2020) identified a projected mobilisation cost of £16.029 million (£3.69 million in NHS budgets and £12.339 million in Council budgets). Funding for additional NHS expenditure is to be provided by the Scottish Government through NHS Boards to HSCPs, however at this stage there is no confirmation that the anticipated commitments will be fully funded through this mechanism. Funding for additional Council expenditure will be through the separate health and social care funding announcement by the Scottish Government; as yet there has been no confirmation that the full additional social care costs will be met by funding releases subsequent to the initial £50 million national allocation.

In terms of our recovery plan we expect additional costs to emerge in the following areas:

- Increasing capacity of community-based mental health services.
- Provision of additional bed / community-based services capacity for potential further outbreaks / winter planning.
- Supporting the National Services Scotland PPE “hub”.
- Increased cost / reduced capacity of the provision of day care.
- Influenza (staff and public) vaccination campaign.
- Digital working and infrastructure including moves to mobile working.
- Review of accommodation requirements.
- COVID-19 protection measures will effect available capacities across all community–based services.
- Deferred annual leave.
- Remobilising General Practice.
- Continued support to social care providers (e.g. additional costs of PPE).

There are potentially significant financial risks to the Partnership’s financial plan for 2020/21 should additional funding support received from the Scottish Government be insufficient. While additional funding has been provided to date to cover additional Covid-19 related expenditure, the projected cost of the full mobilisation plan including provider sustainability payments will be considerably in excess of the confirmed initial tranche of funding. Should further funding be inadequate there would be implications for the level of service delivery in year through the implementation of a financial recovery plan. Dundee Integration Joint Board has no uncommitted reserves to support funding shortfalls and currently sits with a balance of committed reserves of £492k. DHSCP is already

operating within a challenging financial position with a net overspend incurred in 2019/20 of £4m and a range of interventions already being taken to balance the underlying budget position for 2020/21. While additional COVID-19 expenditure is controlled and monitored by DHSCP, the potential cost of decisions made nationally to support care providers will result in a commitment which can only be partly controlled by DHSCP and will be difficult to reduce. However, should additional funding not be sufficient, DHSCP will only have a limited opportunity to implement an effective financial recovery plan and will not be able to commit further mobilisation plan expenditure. This exposes both Dundee City Council and NHS Tayside to financial risk given, under the terms of the Integration Scheme any financial shortfall at the year-end is shared proportionately by the two partner organisations.

Integrated Impact Assessment Report.

Committee Report No: DIJB29-2020

Document Title: Dundee Health and Social Care Partnership COVID-19 Recovery Plan

Document Type: Strategy

New/Existing: New

Period Covered: 01/06/2020 - 31/03/2021

Document Description:
The COVID-19 pandemic has been the biggest public health challenge facing society, including our health and social care system, in our lifetimes. The impact of the COVID-19 pandemic on the health and social care needs of the population, how we deliver supports and services, on health inequalities and on the health and wellbeing of our workforce and of unpaid carers has been substantial and wide ranging. The scale and nature of the pandemic means that the response period will last for a significant period of time and affect everyone across society, it will be much longer and more wide ranging than anything we have experienced in recent times. During the recovery period the partnership, along with other local resilience partners, will be required to deal with response and recovery concurrently.

Our recovery plan addresses three critical elements:

- scalable and sustainable plans for further potential surges in COVID-19 cases and peaks of demand;
- the ability to maintain COVID and non-COVID capacity and pathways across services and supports for a significant period of time; and,
- medium to long-term recovery planning over an estimated 18 to 24 month period.

The recovery plan has been set against the four phases within 'Scotland's route map through and out of the crisis'. Supported by more detailed recovery plans within each delegated service area / team, the recovery plan will guide the progression of our recovery from the pandemic period over the short and long-term. This will include recovery of suspended services, as well as the integration of learning and innovation from the pandemic period. The recovery plan provides a description of our own routemap to recovery set within the framework of the national routemap, ensuring our approach is shared with people who use our services, carers and families, providers of health and social care supports and services and wider organisational stakeholders.

Intended Outcome:
The overall intended outcome of the recovery plan is to support a safe and effective recovery from the COVID-19 pandemic across the whole health and social care system within the resources available to the Partnership.

In-line with they key principles outlined within the recovery plan it is intended that implementation of the recovery plan will also support the following outcomes:

- Enhanced capacity for remote delivery of care and support, within building based service provision being used only where this is essential.

- Delivery of prioritised care, services and supports to as much of the population as possible; where necessary we will continue to separate care / service pathways into COVID and non-COVID and we will maintain a focus on pathway development, re-design and innovation where this contributes to long-term transformational goals.
- Embedding and mainstreaming innovation and learning, including digital approaches.
- Mitigation and reduction of health and social inequalities, including considering impacts on carers.
- Good co-ordination with primary care and acute care partners, as well with wider community planning partners. Plans will reflect relevant regional and national strategic plans.
- Partnership working with our workforce and with people who use our services and with carers.
- A high level of workforce, service user and carer wellbeing and safety.

How will the proposal be monitored?:
Implementation of the recovery plan will be monitored by the Partnership's Integrated Strategic Planning Group, with regular reports being provided to the Integration Joint Board. Work is ongoing to identify specific, reportable indicators that may contribute to effective monitoring of recovery.

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A. Equality and Diversity Impacts:

Age:	Positive
Disability:	Positive
Gender Reassignment:	No Impact
Marriage and Civil Partnership:	No Impact
Pregnancy and Maternity:	No Impact
Race/Ethnicity:	Positive
Religion or Belief:	No Impact
Sex:	Positive
Sexual Orientation:	No Impact

Equality and diversity Implications:
As the plan relates to a range of health and social care services and supports it has implications for a range of people with protected characteristics. This is also the case as emerging evidence suggests that the pandemic has had a disproportionately negative impact (both directly and indirectly) on people with protected characteristics of age, disability, race/ethnicity and sex. Additionally, the plan impacts on both members of the public (receiving services, carers and wider family members) as well as the Partnership's workforce; both groups will include people with protected characteristics.

It is assessed that the actions contained within the recovery plan will have a positive impact of people with protected characteristics. The focus of the recovery plan is on the full reinstatement of services and supports, including to those that are accessed by people with protected characteristics. A continued approach to prioritisation of services through the recovery plan will direct available resources to the most vulnerable services users, including those with protected characteristics. Similarly workforce focused developments reflect a commitment to enhanced supports to people working within the Partnership, including specific supports to workforce members who have protected characteristics (such as risk assessment of people from minority ethnic communities and flexible working arrangements that will benefit female employees who carry the majority of family / community caring responsibilities).

Proposed Mitigating Actions:
The underpinning principles of the plan include:

- Plan will act to mitigate and reduce health and social inequalities, including considering impacts on carers; and,

- Implementation of plans will be monitored for adverse impacts on people with protected characteristics, people affected by health inequalities and socio-economic depreciation and their carers and mitigating arrangements made where appropriate.

As implementation of the plan progress where there are actions that require changes to policy or practice these will be subject to a separate Integrated Impact Assessment that will further consider the specific impacts on people with protected characteristics.

Is the proposal subject to a full EQIA? : No

As the plan relates to a range of health and social care services and supports it has implications for a range of people with protected characteristics. This is also the case as emerging evidence suggests that the pandemic has had a disproportionately negative impact (both directly and indirectly) on people with protected characteristics of age, disability, race/ethnicity and sex. Additionally, the plan impacts on both members of the public (receiving services, carers and wider family members) as well as the Partnership's workforce; both groups will include people with protected characteristics.

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B. Fairness and Poverty Impacts:

Geography

Strathmartine (Ardler, St Mary's and Kirkton):	Positive
Lochee(Lochee/Beechwood, Charleston and Menzieshill):	Positive
Coldside(Hilltown, Fairmuir and Coldside):	Positive
Maryfield(Stobswell and City Centre):	Positive
North East(Whitfield, Fintry and Mill O' Mains):	Positive
East End(Mid Craigie, Linlathen and Douglas):	Positive
The Ferry:	Positive
West End:	Positive

Household Group

Lone Parent Families:	Positive
Greater Number of children and/or Young Children:	Positive
Pensioners - Single/Couple:	Positive
Single female households with children:	Positive
Unskilled workers or unemployed:	Positive
Serious and enduring mental health problems:	Positive
Homeless:	Positive
Drug and/or alcohol problems:	Positive
Offenders and Ex-offenders:	Positive
Looked after children and care leavers:	Positive
Carers:	Positive

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Significant Impact

Employment:	Positive
Education and Skills:	Positive
Benefit Advice/Income Maximisation:	Positive
Childcare:	Positive
Affordability and Accessibility of services:	Positive

Fairness and Poverty Implications:
The recovery plan describes a range of measures that will begin to enhance the accessibility and range of services available as the pandemic progresses and lockdown restrictions ease. This is of potential benefit to all people living in Dundee and to all people deployed to work within the Health and Social Care Partnership. The plan reflects a continued approach to prioritisation of services to the most vulnerable services users, including those people who live in poverty and / or are impacted by other fairness matters.

There are specific elements of the plan focused on addressing the needs of carers, older people, people with poor mental health challenges, homeless people and people who us drugs and alcohol and to enhancing services provision to these groups as we move out of the lockdown period. The workforce focused aspects of the plan will enhance responses to the health and social care workforce with important positive benefits in relation to flexible working, childcare and other caring responsibilities.

Proposed Mitigating Actions:
The underpinning principles of the plan include:

- Plan will act to mitigate and reduce health and social inequalities, including considering impacts on carers; and,

- Implementation of plans will be monitored for adverse impacts on people with protected characteristics, people affected by health inequalities and socio-economic depreciation and their carers and mitigating arrangements made where appropriate.

As implementation of the plan progress where there are actions that require changes to policy or practice these will be subject to a separate Integrated Impact Assessment that will further consider the specific impacts on people with protected characteristics.

C. Environmental Impacts

Climate Change

Mitigating greenhouse gases:	Positive
Adapting to the effects of climate change:	Positive

Resource Use

Energy efficiency and consumption:	Positive
Prevention, reduction, re-use, recovery or recycling waste:	Positive
Sustainable Procurement:	Not Known

Transport

Accessible transport provision:	No Impact
Sustainable modes of transport:	Positive

Natural Environment

Air, land and water quality:	Positive
Biodiversity:	Positive
Open and green spaces:	Positive

Built Environment

Built Heritage:	No Impact
Housing:	No Impact

Is the proposal subject to Strategic Environmental Assessment

No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environment Assessment (Scotland) Act 2005.

Proposed Mitigating Actions:

None required.

Environmental Implications:

The recovery plan reflects a continued reduction in the use of centralised office spaces and enhanced home working (for an unknown period of time), as well as an intention to continue to utilise remote models of digital service provision (where appropriate). This shift has a range of positive environmental impacts as the health and social care workforce reduces travel and use of large office buildings.

D. Corporate Risk Impacts

Corporate Risk Implications:
There are significant risks associated with the subject matter of this report which incorporate a significant departure from the previous norm of Council activity. The report incorporates the potential for losses in excess of �250,000 should the downside risk materialise and there exists the potential for the Council's decision to be challenged and for significant public and press censure.

Corporate Risk Mitigating Actions:
The COVID-19 pandemic has been the biggest public health emergency of our lifetimes and as such represents a significant departure from 'business as usual' activity and risk. All public sector bodies are responding to an unprecedented set of circumstances which are subject of significant public and media scrutiny. Whilst the Scottish Government has made significant financial support available to public sector bodies to support the pandemic response and recovery, the full financial impact of the pandemic is as yet unknown and there are therefore significant financial risks associated with recovery planning. The Partnership continues to work with the Council, NHS Tayside, Scottish Government and other national bodies (such as COSLA and Health and Social Care Scotland) to understand the financial impact of the pandemic and associated risks.

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

(See Distribution List attached)

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

City Chambers
DUNDEE
DD1 3BY

18th August, 2020

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I would like to invite you to attend a meeting of the above Integration Joint Board which is to be held remotely on Tuesday 25th August, 2020 at 2.00pm.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434211 or by email at committee.services@dundeecity.gov.uk by no later than 12 noon on Friday, 21st August, 2020.

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

Yours faithfully

VICKY IRONS

Chief Officer

A G E N D A

1 APOLOGIES/SUBSTITUTIONS

2 DECLARATIONS 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

The minute of previous meeting of the Integration Joint Board held on 25th February, 2020 is attached for approval.

4 MEMBERSHIP

(a) NHS IJB VOTING MEMBER APPOINTMENT AND NHS PAC VOTING MEMBER APPOINTMENT

Reference is made to Article IV(a) of the minute of meeting of this Integration Joint Board held on 25th February, 2020, wherein it was noted that NHS Tayside had nominated Professor Rory McCrimmon as replacement for Professor Nic Beech on Dundee Integration Joint Board in the capacity as voting member.

It is reported that due to work responsibilities Professor McCrimmon would not be able to continue with this appointment at this time and that NHS Tayside Board have agreed to now nominate Donald McPherson to serve on Dundee Integration Joint Board in the capacity of voting member and that this appointment be as replacement for Professor McCrimmon.

The Integration Joint Board is asked to note the position.

(b) PERFORMANCE AND AUDIT COMMITTEE- MEMBERSHIP - NHS TAYSIDE - VOTING MEMBER

Reference is made to Article V(a) of the minute of meeting of the Integration Joint Board held on 30th October, 2018 wherein the membership of the Performance and Audit Committee was agreed. Reference is also made to Article V(a) of the minute of this Integration Joint Board held on 25th February, 2020, wherein it agreed that Professor Rory McCrimmon be appointed as a voting member on the Performance and Audit Committee to the vacant position left following the resignation of Professor Nic Beech from NHS Tayside Board.

It was reported in terms of the Essential Business procedure for dealing with matters during the current health emergency that NHS Tayside Board had now nominated Donald McPherson as replacement for Professor Rory McCrimmon on Dundee Integration Joint Board.

It was proposed that the Integration Joint Board agreed to the appointment of Donald McPherson as a voting member on the Performance and Audit Committee as replacement for Professor McCrimmon.

The Integration Joint Board is asked to note that NHS Tayside Board had nominated Donald McPherson to serve on the IJB in the capacity as voting member and agreed to the appointment of Donald McPherson to serve on the Performance and Audit Committee in the capacity as voting member.

(c) DCC VOTING MEMBER – REAPPOINTMENT

Reference is made to Article II of the minute of meeting of this Integration Joint Board held on 27th June, 2017 where it was noted that Dundee City Council had nominated Councillor Lynn, Councillor Smith and Bailie Wright to serve as voting members on the Integration Joint Board.

It is expected that as these positions were to lapse in May 2020, Dundee City Council under its Essential Business procedure in operation over the current health emergency agreed that Councillor Lynn, Councillor Smith and Bailie Wright be nominated to serve as voting members on the Integration Joint Board for the duration of the current Council.

(d) DCC VICE CHAIR – APPOINTMENT

Reference is made to Article IV(a) of the minute of meeting of this Integration Joint Board held on 30th October, 2018 where Councillor Lynn was appointed as Vice-Chairperson of the Integration Joint Board following nominations by Dundee City Council.

It is reported that following the lapse of the current term of appointment held by Councillor Lynn as a voting member on the Integration Joint Board in May 2020 that his appointment as Vice-Chairperson would also lapse and that under the Essential Business Procedure in operation over the current health emergency, Dundee City Council had agreed to the nomination of Councillor Lynn to serve as Vice-Chairperson.

(e) DCC PROXY MEMBER APPOINTMENTS

It is reported that Dundee City Council whilst its Essential Business Procedure is in operation and the current health emergency agreed that Depute Lord Provost Campbell and Councillor Short be appointed as Proxy Members for either Councillor Lynn or Councillor Smith and Councillor Richardson as Proxy Member for Bailie Wright.

The Integration Joint Board is asked to note the position as outlined.

(f) NHS REGISTERED NURSE APPOINTMENT - CHANGE OF MEMBER

Reference is made to Article V of the minute of meeting of this Integration Joint Board held on 25th January, 2019, wherein it was noted that NHS Tayside had nominated Kathryn Brechin to be a member of the Integration Joint Board in the capacity of Registered Nurse.

It is reported that NHS Tayside have now nominated Wendy Reid to the position of Registered Nurse on Dundee Integration Joint Board in place of Kathryn Brechin effective from 29th June, 2020.

The Integration Joint Board is asked to note the appointment.

5 DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2020/2020 - Page 7

(Report No DIJB15-2020 by the Chief Finance Officer, copy attached).

6 IMPACT OF COVID 19 - Page 39

(Report No DIJB19-2020 by the Chief Officer, copy attached).

7 REVIEW OF “A CARING DUNDEE: A STRATEGIC PLAN FOR SUPPORTING CARERS IN DUNDEE” AND SHORT BREAKS SERVICES STATEMENT - Page 45

(Report No DIJB20-2020 by the Chief Officer, copy attached).

8 ANNUAL PERFORMANCE REPORT 2019/20 – UPDATE - Page 85

(Report No DIJB21-2020 by the Chief Officer, copy attached).

9 OVERVIEW OF DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP - RESPONSE TO COVID 19 PANDEMIC - Page 91

(Report No DIJB22-2020 by the Chief Officer, copy attached).

10 MENTAL HEALTH AND WELLBEING STRATEGIC UPDATE - Page 105

(Report No DIJB23-2020 by the Chief Officer, copy attached).

11 RESHAPING CARE FOR OLDER PEOPLE – RECONFIGURATION OF CARE HOMES - Page 179

(Report No DIJB24-2020 by the Chief Officer, copy attached).

12 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT ACTIVITY - Page 191

(Report No PAC15-2020 by the Chief Finance Officer, copy attached).

13 OPERATIONAL GUIDANCE ON THE PROVISION OF OCCUPATIONAL THERAPY EQUIPMENT - Page 197

(Report No DIJB26-2020 by the Chief Officer, copy attached).

14 DHSCP SUMMARY PERFORMANCE REPORT - 2019/2020 QUARTER 4 - Page 249

(Report No DIJB27-2020 by the Chief Finance Officer, copy attached).

15 INITIAL LEARNING FROM DHSCP COVID-19 PHASE 1 RESPONSE - Page 257

(Report No DIJB28-2020 by the Chief Officer, copy attached).

16 COVID-19 RECOVERY PLAN - Page 297

(Report No DIJB29-2020 by the Chief Officer, copy attached).

17 DRAFT ANNUAL ACCOUNTS 2019/2020 - Page 363

(Report No DIJB30-2020 by the Chief Finance Officer, copy attached).

18 DIJB ANNUAL INTERNAL AUDIT REPORT 2019/20 - Page 423

(Report No DIJB31-2020 by the Chief Finance Officer, copy attached).

19 HEALTH AND WORK SUPPORT - Page 447

(Report No DIJB32-2020 by the Chief Officer, copy attached).

20 COMMUNITY AND INPATIENT REMODELLING - Page 497

(Report No DIJB33-2020 by the Chief Officer, copy attached).

21 FINANCIAL MONITORING POSITION AS AT JUNE 2020 - Page 503

(Report No DIJB34-2020 by the Chief Finance Officer, copy attached).

22 FINANCIAL MONITORING YEAR END POSITION - Page 519

(Report No DIJB35-2020 by the Chief Finance Officer, copy attached).

23 DUNDEE PRIMARY CARE IMPROVEMENT PLAN UPDATE Page 533

(Report No DIJB36-2020 by the Chief Officer, copy attached).

24 DHSCP STRATEGIC RISK REGISTER AND RISK MANAGEMENT - Page 571

(Report No DIJB37-2020 by the Chief Officer, copy attached).

25 INTEGRATION SCHEME REVIEW - Page 581

(Report No DIJB38-2020 by the Chief Officer, copy attached).

26 TAYSIDE MENTAL HEALTH AND WELLBEING STRATEGY - Page 585

(Report No DIJB39-2020 by the Chief Officer, copy attached).

27 MEETINGS OF THE INTEGRATION JOINT BOARD 2020 – ATTENDANCES - Page 711

(A copy of the Attendance Return for meetings of the Integration Joint Board held over 2020 is attached for information and record purposes).

28 DATE OF NEXT MEETING

The next meeting of the Integration Joint Board will be held on Tuesday 27th October 2020 at 2.00pm, venue to be confirmed.

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD DISTRIBUTION LIST

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

Role	Recipient
VOTING MEMBERS	
Non Executive Member (Chairperson)	Trudy McLeay
Elected Member (Vice Chairperson)	Councillor Ken Lynn
Elected Member	Councillor Roisin Smith
Elected Member	Bailie Helen Wright
Non Executive Member	Jenny Alexander
Non Executive Member	Donald McPherson
NON VOTING MEMBERS	
Chief Social Work Officer	Diane McCulloch
Chief Officer	Vicky Irons
Chief Finance Officer (Proper Officer)	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	VACANT
Registered nurse	Kathryn Brechin
Registered medical practitioner (not providing primary medical services)	Dr James Cotton
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Eric Knox
Service User residing in the area of the local authority	Linda Gray
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Dr Drew Walker

(b) DISTRIBUTION – FOR INFORMATION ONLY

Organisation	Recipient
NHS Tayside (Chief Executive)	Chief Executive
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Chief Executive)	David R Martin
Dundee City Council (Executive Director of Corporate Services)	Greg Colgan
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Legal Manager)	Kenny McKaig
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Pauline Harris
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Linda Rodger
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Senior Audit Manager)	Bruce Crosbie
NHS Tayside (PA to Dr James Cotton)	Jodi Lyon
Dundee University (PA to Professor Rory McCrimmon)	Lisa Thompson
Proxy Member (NHS Appointment for Voting Members)	Dr Norman Pratt

ITEM No …3………..

At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 25th February, 2020.

Present:-

Members	**Role**
Trudy McLEAY *(Chairperson)*	Nominated by Health Board (Non-Executive Member)
Roisin SMITH	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Jenny ALEXANDER	Nominated by Health Board (Non-Executive Member)
Vicky IRONS	Chief Officer
Dave BERRY	Chief Finance Officer
Kathryn BRECHIN	Registered Nurse
Diane McCULLOCH	Chief Social Work Officer
Drew WALKER	Director of Public Health
Jim McFARLANE	Trade Union Representative
Eric KNOX	Third Sector Representative
Linda GRAY	Service User Representative
Martyn SLOAN	Carer Representative

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

David SHAW	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership
Arlene MITCHELL	Dundee Health and Social Care Partnership

Trudy McLEAY, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Members	**Role**
Ken LYNN *(Vice-Chairperson)*	Nominated by Dundee City Council (Elected Member)
Rory McCRIMMON	Nominated by Health Board (Non-Executive Member)
James COTTON	Registered Medical Practitioner (not providing primary medical services)
Raymond MARSHALL	Staff Partnership Representative

II DECLARATION OF INTEREST

No declarations of interest were made.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of the Integration Joint Board held on 17th December, 2019 was submitted and approved.

IV MEMBERSHIP OF DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

(a) MEMBERSHIP – NHS TAYSIDE NOMINATION - POSITION OF VOTING MEMBER

Reference was made to Article V(a) of the minute of meeting of this Integration Joint Board held on 17th December, 2019, wherein it was noted that Professor Nic Beech had resigned from NHS Tayside Board and that NHS Tayside would advise of their nomination as his replacement on the Integration Joint Board in the capacity of voting member in due course.

It was reported that, at the meeting of the NHS Tayside Board held on 19th December, 2019 it was agreed that Professor Rory McCrimmon be nominated to be a member of the Integration Joint Board as replacement for Professor Nic Beech in the capacity of voting member.

The Integration Joint Board agreed to note the position.

(b) MEMBERSHIP – NHS TAYSIDE APPOINTMENT - PROXY MEMBER

It was reported that, at the meeting of NHS Tayside Board held on 19th December, 2019 it was agreed that Dr Norman Pratt be appointed as a Proxy Member for the NHS Voting Members on the Integration Joint Board.

The Integration Joint Board agreed to note the position and that Dr Pratt may attend as a Proxy Member for the NHS Tayside Voting Members on the Integration Joint Board.

V MEMBERSHIP OF PERFORMANCE AND AUDIT COMMITTEE

(a) MEMBERSHIP – NHS TAYSIDE – VOTING MEMBER

Reference was made to Article V(a) of the minute of meeting of this Integration Joint Board held on 30th October, 2018, wherein the membership of the Performance and Audit Committee was agreed. Reference was also made to Article V(a) of the minute of this Integration Joint Board held on 17th December, 2019, wherein it was noted that Professor Nic Beech had resigned from NHS Tayside Board.

It was reported that Professor Nic Beech had also served as a voting member from NHS Tayside Board on the Performance and Audit Committee. The instructions of the Integration Joint Board were sought with regard to the filling of the vacancy on the Committee as a result of the resignation of Professor Beech from NHS Tayside Board.

The Integration Joint Board agreed that Professor Rory McCrimmon be appointed to serve as a voting member on the Performance and Audit Committee.

VI PUBLIC HEALTH STRATEGY FOR NHS TAYSIDE 2020/2030

(a) PRESENTATION BY DR DREW WALKER, DIRECTOR OF PUBLIC HEALTH, NHS TAYSIDE

Dr Drew Walker, Director of Public Health, NHS Tayside gave a verbal presentation on the current consultation in relation to the draft Public Health Strategy for NHS Tayside 2020/2030.

Dr Walker explained that the strategy had emerged from ongoing engagement with Community Planning Partnerships and Health and Social Care Partnerships within Tayside and that the strategy aimed to enhance these ambitions as well as offer a realistic solution to the challenges that would continue to face the NHS and its partners in Tayside.

The Integration Joint Board agreed to note the content of the verbal presentation and that comments would be welcomed on the draft strategy by the closing date for consultation on 28th February, 2020.

(b) PUBLIC HEALTH STRATEGY FOR NHS TAYSIDE 2020/2030

There was submitted Report No DIJB9-2020 by the Chief Officer informing of NHS Tayside's ongoing consultation on the draft Public Health Strategy for Tayside 2020/2030 and arrangements for responding to this consultation.

The Integration Joint Board agreed:-

(i) to note the publication of the draft Public Health Strategy for Tayside 2020/2030 and the associated consultation arrangements as outlined in section 4.1 of the report;

(ii) to note the arrangements that had been progressed to gather feedback on the draft strategy from across stakeholders within the Health and Social Care Partnership as outlined in section 4.2 of the report; and

(iii) to instruct the Chief Officer to submit a consultation response on behalf of the Integration Joint Board by the deadline date of 28th February, 2020.

VII HOUSING CONTRIBUTION STATEMENT 2019/2022

There was submitted Report No DIJB1-2020 by the Chief Officer seeking approval of the Partnership's Housing Contribution Statement 2019/2022.

The Integration Joint Board agreed:-

(i) to note the work undertaken to revise the Housing Contribution Statement, including the contributions made by a range of stakeholders as outlined in sections 4.1 to 4.5 of the report;

(ii) to approve the Housing Contribution Statement 2019/2022 which was attached to the report as Appendix 1; and

(iii) to note that the Housing Contribution Statement 2019/2022 would be formatted and published on the Partnership's website as outlined in section 4.6 of the report.

VIII DUNDEE CHILD PROTECTION COMMITTEE ANNUAL REPORT 2018/2019

There was submitted Report No DIJB2-2020 by the Chief Social Work Officer bringing forward for information the Dundee Child Protection Committee Annual Report 2018/2019, which was attached to the report as Appendix 1.

The Integration Joint Board agreed:-

(i) to note the content of the report and the Child Protection Committee Annual Report 2018/2019, including key achievements and challenges over the reporting year; which was attached to the report as Appendix 1;

(ii) to note the progress that had been made in developing an effective partnership response to child protection issues in the city as outlined in section 4.4 of the report; and

(iii) to note the development of the Child Protection Delivery Plan for the current year 2019/2020, which was contained within Appendix 1 of the report, including the alignment of priorities to long-term outcomes for the Child Protection Committee as outlined in section 4.5 of the report.

IX ADULT SUPPORT AND PROTECTION COMMITTEE – INDEPENDENT CONVENOR'S MID-TERM REPORT 2018/19

There was submitted Report No DIJB3-2020 by the Chief Social Work Officer submitting for information the Adult Support and Protection Committee Independent Convenor's Mid-Term Report 2018/2019, which was attached to the report as Appendix 1.

The Integration Joint Board agreed:-

(i) to note the content of the report and of the Independent Convenor's Mid-Term Report 2018/2019, including key achievements and challenges over the reporting year which was attached to the report as Appendix 1;

(ii) to note the progress that had been made in developing an effective partnership response to adult support and protection issues in the city, including progress against recommendations made by the Independent Convenor in the Biennial Report 2016/2018 as outlined in section 4.6 of the report; and

(iii) to note the development of the Adult Support and Protection Delivery Plan for the current year 2019/2020 as outlined in section 4.7 of the report and Appendix 1 of the report.

X ARRANGEMENTS FOR MANAGING HIGH RISK OFFENDERS – ANNUAL REPORT 2018/19

There was submitted Report No DIJB4-2020 by the Chief Social Work Officer submitting for information the Annual Report of the Tayside Multi-Agency Public Protection Arrangements Annual Report 2018/2019.

The Integration Joint Board agreed:-

(i) to note the content of the report and of the Multi-Agency Public Protection Arrangements Annual Report 2018/2019, including developments in relation to the risk assessment and risk management of high risk of harm offenders as outlined in section 4.2 of the report and Appendix 1 of the report; and

(ii) to note the areas for further improvement during 2019/20 identified within the Annual Report as outlined in section 4.4 of the report and Appendix 1 of the report.

XI HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019

There was submitted Report No DIJB5-2020 by the Chief Officer providing information relating to the implementation of the Health and Care (Staffing) (Scotland) Act 2019. The legislation created a new statutory duty on Health Boards and registered providers to provide safe staffing through the use of evidence based decision-making in relation to staff requirements.

The Integration Joint Board agreed:-

(i) to note the duties arising from the introduction of the Health and Care (Staffing) (Scotland) Act 2019 as detailed in sections 4.1.3 and 4.1.4 of the report;

(ii) to note the implementation of the Health and Care (Staffing) (Scotland) Act 2019 from 1st April 2020; and

(iii) to instruct the Chief Officer to bring forward a Workforce Plan for the Dundee Health and Social Care Partnership by June 2020 and review this in light of any formal guidance received from the Scottish Government.

XII FINAL REPORT OF THE INDEPENDENT INQUIRY INTO MENTAL HEALTH SERVICES IN TAYSIDE - 'TRUST AND RESPECT'

There was submitted Report No DIJB10-2020 by the Chief Officer providing information about the publication of the final report of the Independent Inquiry into Mental Health Services in Tayside and about the collaborative approach that was being taken in response to the Inquiry's findings.

The Integration Joint Board agreed:-

(i) to note the content of the report, the publication of the final report of the Independent Inquiry into Mental Health Services in Tayside, 'Trust and Respect' and the contents of the inquiry report, which was attached to the report as Appendix 1;

(ii) to note the intention to develop a comprehensive action plan in response to the 51 recommendations contained within the final report as noted within section 4.8 of the report;

(iii) to instruct the Chief Officer to provide the Integration Joint Board with a further report, at its meeting to be held on 28th April 2020 detailing the action plan and progress being made in relation to the findings of the report; and

(iv) to note the Tayside Executive Partners' Statement of Intent' which was attached to the report as Appendix 2.

XIII FINANCIAL MONITORING POSITION AS AT DECEMBER 2019

There was submitted Report No DIJB6-2020 by the Chief Finance Officer providing an update of the projected financial monitoring position for delegated health and social care services for 2019/20.

The Integration Joint Board agreed:-

(i) to note the content of the report including the overall projected financial position for delegated services to the 2019/20 financial year end as at 31 December, 2019 as outlined in Appendices 1, 2 and 3 of the report;

(ii) to note the progress with implementation of savings initiatives as outlined in Appendix 4 of the report; and

(iii) to note that officers within the Health and Social Care Partnership were progressing with a number of actions required to effect a recovery plan as outlined in section 4.7.1 of the report.

XIV DUNDEE INTEGRATION JOINT BOARD 2020/2021 BUDGET DEVELOMENT UPDATE

There was submitted Report No DIJB7-2020 by the Chief Finance Officer providing an overview of the potential implications of the Scottish Government's Draft Budget 2020/2021 and updated anticipated cost pressures on the Integration Joint Board's Delegated Budget 2020/2021.

The Integration Joint Board agreed:-

(i) to note the content of the report including the potential implications to the delegated budget of the impact of the Scottish Government's Draft Budget on Dundee City Council and NHS Tayside's financial settlements as set out in sections 4.2 and 4.3 of the report;

(ii) to note the potential implications of these in relation to funding settlements to Dundee Integration Joint Board's delegated budget against the range of increased costs and

cost pressures anticipated in 2020/2021 as set out in section 4.3 and Appendix 1 of the report; and

(iii) to remit to the Chief Finance Officer to present a proposed budget for 2020/2021 for consideration by the Integration Joint Board at its meeting on 27th March 2020.

XV MEETINGS OF THE INTEGRATION JOINT BOARD 2019 – ATTENDANCES

There was submitted a copy of the Attendance Return DIJB8-2020 for meetings of the Integration Joint Board held over 2019.

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

XVI DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Integration Joint Board would be held in Committee Room 1, 14 City Square, Dundee on Friday, 27th March, 2020 at 2.00 pm.

Trudy McLEAY, Chairperson.

ITEM No …5……….

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

REPORT ON: DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2020/21

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB15-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to advise Dundee Integration Joint Board of the implications of the proposed delegated budget for 2020/21 from Dundee City Council and indicative budget from Tayside NHS Board and to seek approval for the range of savings required to set a balanced budget for Dundee Health and Social Care Partnership for 2020/21.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of the report.

2.2 Notes the implications of the proposed delegated budget to Dundee Health and Social Care Partnership from Dundee City Council and Tayside NHS Board for 2020/21 as outlined in sections 4.2 to 4.5 of this report.

2.3 Notes this budget represents the underlying mainstream delegated budget for 2020/21 and does not reflect the impact of the Covid-19 crisis on the IJB’s expenditure for this financial year.

2.4 Approves the delegated budget proposed by Dundee City Council and NHS Tayside as set out in Table 4 of this report.

2.5 Notes the implications of the Scottish Government’s direction to ensure Fair Work Practice is applied throughout the delivery of adult social care services as part of its Covid19 response by increasing eligible private and voluntary sector contracts by 3.3% subject to sufficient Scottish Government funding being provided as set out in section 4.7.3 of this report.

2.6 Approves an uplift of 1.25% for 2020/21 to all contractual arrangements with the third sector for the provision of health and social care services which are not covered by the Scottish Government’s Living Wage uplift as detailed in para 4.7.4.

2.7 Approves the range of savings set out in the attached Savings Proposals Report (Appendix 2) in order to bring the projected budget position to balance.

2.8 Remits to the Chief Officer to issue directions as set out within Section 8 of this report.

3.0 FINANCIAL IMPLICATIONS

3.1 The proposals outlined in this report set out an overall budget for 2020/21 for Dundee Health and Social Care Partnership of £248.8m as noted in section 4.10 of this report.

4.0 MAIN TEXT

4.1 Background

4.1.1 Report DIJB49-2019 (Delegated Budget 2020/21 – Initial Outlook) presented to the IJB meeting held on the 29th October 2019 (Article VI of the minute refers) set out an initial overview of the projected financial pressures likely to be faced within the delegated budget during 2020/21. This report focussed on the totality of the potential pressures but did not at that stage identify the funding solutions which would offset these given the relative stages of the budget process within NHS Tayside and Dundee City Council and the overall Scottish Government's Budget. Subsequent to that, due to the UK election in December, announcements on both the UK and Scottish Government budgets were delayed with a resultant impact on the budget setting timetables of the IJB's partner bodies.

4.1.2 The IJB was provided with an update at its meeting on 25th February 2020 (Report DIJB7-2020 –Dundee Integration Joint Board 2020/21 Budget Development Update) (Article XIV of the minute refers) which further refined the estimated financial pressures and noted the potential impact of the likely budget offers to be made to the IJB from Dundee City Council and NHS Tayside following the announcement of the Scottish Government's Draft Budget. This included details of additional funding of £96m nationally from the Scottish Government to invest in social care and to contribute to delivering national policies such as the living wage for adult's social care, free personal care uplifts and the implementation of the Carers Act. The combined effect of these and specific Scottish Government funding for Primary Care Improvement and Mental Health Action 15 Funding resulted in a projected deficit of around £3.5m.

4.1.3 Since then, further work has been undertaken to refine the financial assumptions included in the delegated budget which now projects a deficit in funding of £2.342m in 2020/21. The detail of this is set out in Appendix 1. In addition, officers have been working through the range of interventions required to deliver a balanced budget for the IJB in 2020/21.

4.1.4 The factors noted above and subsequent negotiations have shaped the development of Dundee Health and Social Care Partnership's proposed 2020/21 budget and includes the range of savings with associated risks which is set out within the following sections.

4.1.5 The budget proposals set out within this paper relate to the underlying mainstream IJB delegated budget and do not take into account the impact of the Health and Social Care Partnership's response to the Covid-19 crisis. While the HSCP's operations have been and will continue to be severely disrupted over the 2020/21 financial year, there is a need to establish the recurring financial framework for the partnership for this and future financial years. Additional funding is being provided by the Scottish Government to support HSCP's responses to the Covid-19 crisis and financial monitoring reports to the IJB throughout the financial year will provide information on this additional spend.

4.2 NHS Tayside Delegated Budget

4.2.1 NHS Tayside's Financial Plan 2020/21 was approved by Tayside NHS Board on the 30th April 2020. In relation to the delegated budget to the IJB, NHS Tayside has uplifted the recurring budget by 3% in line with the uplift received by NHS Tayside from the Scottish Government. These uplifts will fully fund inflationary increases such as the pay settlement and inflationary and growth increases in prescribing in 2020/21. The budget has been developed in accordance with the Scottish Government's expectations around the funding of IJB delegated budgets from NHS Boards for 2020/21 and the Chief Finance Officer deems this to be consistent with the parameters set out by the Scottish Government.

4.2.2 The expectation from Tayside NHS Board is that each of the IJB's bring their delegated budgets in to balance in 2020/21, thereby removing financial risk to NHS Tayside in 2020/21. Under the terms of the Integration Scheme, NHS Tayside is currently exposed to financial risk of around 2/3rds of any overspend in Dundee IJB's delegated budget.

4.3 Large Hospital Set Aside

4.3.1 A key component of the overall funding of health and social care is in relation to progressing the arrangements to release resources through the Large Hospital Set Aside mechanism. The system reform assumptions in the Scottish Government's Health and Social Care Medium Term Financial Framework include material savings to be achieved from reducing variation in hospital utilisation across partnerships. Planning across the whole unplanned care pathway is key to delivering this objective. Provision has been made within NHS Tayside's financial plan 2020/21 to transfer £1m of resources to Dundee IJB on a recurring basis to reflect a sustained reduction in the number of occupied bed days by Dundee residents since the baseline year 2015/16 (the year prior to the IJB formally taking responsibility for delegated functions.) as noted in Table 1 below:

Table 1

IJB	2015/16 OBDs	2016/17 OBDs	2017/18 OBDs	2018/19 OBDs	Increase (Decrease) Bed Days (v 15/16)	% Increase (Decrease)
Dundee IJB Total	40,498	39,602	36,158	32,595	-7,903	-19.5%

OBD – Occupied Bed Days

This shift of resources will assist the IJB in maintaining community based health and social care activity levels and contribute to meeting anticipated demographic demand while continuing to reduce unplanned hospital admissions.

4.4 Primary Care and Mental Health Additional Funding

4.4.1 The Scottish Government's Budget sets out the continued additional planned funding for Primary Care Transformation and Mental Health Action 15 Funding. Primary Care funding will increase from £155m to £205m in 2020/21 while Mental Health and CAMHS funding will increase from £61m to £89m. This funding is directed through NHS Boards to IJB delegated budgets.

4.4.2 Dundee's core share of the Primary Care Funding for 2019/20 is £3,259k which will be enhanced through a transfer from Angus and Perth and Kinross to recognise GP practice boundaries and patient flow. The share of Mental Health funding is £711k. Both of these funding streams are subject to strong governance arrangements through the Scottish Government and come with high expectations of delivering increased capacity and improvement within the respective areas. This additional funding will support the continued development of community based health and social care services in line with the IJB's strategic priorities.

4.5 Dundee City Council Budget Implications

4.5.1 Dundee City Council approved its budget on the 5th March 2020 which set out the net budget offer to the IJB. The changes to the delegated budget as part of this offer are set out in table 2 below and consists of provision for inflationary pressures and reflects Scottish Government investment to be directed to Integration Authorities. This consists of an additional £96m nationally included in the core local government settlement to support the continued implementation of the Carers (Scotland) Act 2016, delivery of the living wage for adult social care staff, uprating of free personal care allowances and investment in social care. This funding is to be additional to each council's recurrent 2019/20 budget levels for social care.

4.5.2 As part of the final local government settlement, the Scottish Government has provided local authorities the flexibility to offset their adult social care allocations by up to 2% compared to 2019/20 i.e. up to £50m across all local authorities to help them manage their own budgets. Dundee City Council has not chosen to adopt this approach however the consequence of the requirement that the share of the additional £96m needs to be additional to 2019/20 budget levels as set out in paragraph 4.7.1 mean that local authorities are under no obligation to also pass on inflationary uplifts to the delegated budget. As part of Dundee City Council's financial savings programme it has agreed to remove inflationary provision to the IJB resulting in a financial saving to the council of £1,640k. The Chief Finance Officer considers the budget offer to be within the parameters set out by the Scottish Government. The net increase to the delegated budget is £3,031k.

4.5.3 It is Dundee City Council's expectation that the IJB's budget is in balance at the end of the financial year 2020/21.

Table 2 – Dundee City Council Budget Uplift Details

	£000
Miscellaneous Net Budget Increases to Delegated Budget*	232
Additional Scottish Government Funding:	
Free Personal Care Uprating	33
Carers Act Implementation	295
Additional Investment in Social Care	2,443
Appropriate Adults Scheme	28
Total Net Uplift	3,031

*such as apprenticeship levy, transfer of Women's Aid Budget. Excludes funding for free personal care (£834k) and additional carers allocation (£15k) confirmed during 2019/20 and now in IJB base budget.

4.6 Delegated Budget Current and Anticipated Financial Pressures

4.6.1 The range of cost pressures to be funded within the IJB's delegated budget for 2020/21 includes provision to respond to financial overspends incurred within 2019/20 which are expected to be recurring in 2020/21 and beyond. This includes a higher level of investment required than planned to meet demand for services and the resultant impact on care pathways driven by increasing demographic growth and the need to continue to reduce unplanned hospital admissions and delayed discharges.

4.6.2 The cost pressures also include provision for anticipated demographic growth and other planned expenditure commitments anticipated to be incurred in 2020/21. This includes provision for increased social care and accommodation with support packages for people with a learning or physical disability and mental health issues, connected to the completion of a number of adapted housing units likely to be available during 2020/21.

4.7 Provision for 3rd Sector Rolling Contract Uplifts

4.7.1 The delegated budget funds a range of health and social care services provided by the third and voluntary sector on behalf of the Health and Social Care Partnership. These arrangements are governed by contractual frameworks with baseline funding agreed at the commencement of the service through the tendering process. Subsequent increases in the level of contractual funding for these (other than to reflect changing needs of individual service users) are a matter for the commissioning body to decide.

4.7.2 As part of Dundee IJB's original financial modelling work for 2020/21 and taking into account the range of budget pressures the IJB was expected to be faced with prior to the Covid-19 outbreak, and potential level of savings the IJB would have to be made, the initial proposition for increases to care providers was a 1.25% uplift (1.9% for care at home providers) based on affordability. This applied all the additional living wage funding the Scottish Government provided.

4.7.3 As a response to the challenges faced by care providers as a result of the Covid-19 crisis, the Scottish Government announced that all care providers would receive an uplift to their hourly rate of 3.3% to ensure the payment of the Scottish living wage across the sector. This arrangement overrides local arrangements which had been put in place. This approach will result in an additional cost of £627k for Dundee IJB for which additional funding is to be provided by the Scottish Government. This additional expenditure is not reflected in the budget proposals set out within this report and confirmation of the overall funding position is still awaited from the Scottish Government. It is recommended that this uplift is applied should sufficient funding be provided however should this be inadequate the Chief Finance Officer will seek further instruction from the IJB.

4.7.4 For all other care service providers not covered by the Scottish Government's living wage arrangements it is recommended that the original proposition of an uplift of 1.25% is applied.

4.8 Dundee IJB Proposed Savings Programme

4.8.1 The impact of all the elements in the previous sections on the proposed delegated budget is noted in Appendix 1 attached. This highlights that the IJB needs to identify savings to the value of approximately £2.3m in 2020/21 to provide a balanced budget. Over the last few months, officers from the IJB have developed a proposed savings programme, reflecting a thorough review of service budgets, development of service redesign and transformation programme initiatives and an assessment of corporate savings in order to meet the financial challenge.

4.8.2 The savings proposals are set out in detail within the attached Proposed Savings Programme 2020/21 (Appendix 2). The Chief Finance Officer will continue to work with the Chief Officer and Head of Health and Community Based Services to identify ways of ensuring expenditure remains within budget during 2020/21.

4.9 Reserves Position

4.9.1 At the financial year end 2018/19 the IJB's reserves stood at £2,766k however this mainly consisted of reserves earmarked and ring fenced for a specific purpose such as Primary Care Improvement Funding, Alcohol and Drug Partnerships and Action 15 Mental Health funding and in relation to IJB decisions such as transition funding for reshaping non acute care. The balance of non-earmarked reserves was £561k.

4.9.2 The Integration Scheme risk sharing agreement notes that should there be any residual overspend in operational services at the end of the financial year, reserves should be drawn on prior to overspends being picked up by the partner bodies. As projected throughout the financial year, the IJB's financial position at the end of the 2019/20 financial year was a net overspend of around £4m. This resulted in the risk share agreement being triggered with available reserves of £561k applied to offset this overspend prior to Dundee City Council and NHS Tayside contributing to the balance of overspend. This means that there is no uncommitted reserve available to the IJB in 2020/21.

4.9.3 The IJB has a reserves policy which states that reserves should be at a level of around 2% of budgeted resources therefore an appropriate level of reserves would equate to around £5m for Dundee IJB. Audit Scotland noted a risk around financial sustainability of the IJB in the 2018/19 Annual Audit Report which included the projected level of reserves. Given the scale of financial challenges anticipated to be faced in 2020/21 it is unlikely that the IJB will be in a position to increase its reserves position in the short term.

Table 3 – IJB Reserves Position (as at 31 March 2020)

	£000
Opening Value of Reserves 2019/20	2,766
Add: Transfer In (SG funding for ADP, Primary Care)	434
Less: Expenditure Commitments - Earmarked Reserves	(2,147)
Less: Residual Non-Earmarked Reserves Required to Offset Overspend at 31st March 2020	(561)
Reserves Balance (all Earmarked Reserves)	492

4.10 Proposed Dundee IJB Delegated Budget 2020/21

4.10.1 Factoring all of the above against the delegated budget results in a proposed position for 2020/21 as noted in Table 4 below.

Table 4 – Dundee Health & Social Care Partnership Proposed Delegated Budget 2020/21

	Dundee City Council	NHS Tayside	Total Proposed Budget 2020/21
	£m	£m	£m
2020/21 Baseline Budget			
Hospital & Community Based Services		82.7	82.7
Family Health Services Prescribing*		34.1	34.1
General Medical Services*		45.6	45.6
Large Hospital Set Aside (value tbc)			
Adult Social Care	77.0		77.0
Total Baseline Budget	**77.0**	**162.4**	**239.4**
Add:			
Inflationary Uplifts		3.5	3.5
Investment in New Scottish Got Legislation/National Policy	2.8		2.8
Primary Care/ Action 15 Mental Health Funding		1.8	1.8
Miscellaneous Budget Adjustments	0.3		0.3
Funding Transfer Under Large Hospital Set Aside Resource Release		1.0	1.0
Total Proposed Budget 2020/21	**80.1**	**168.7**	**248.8**

*Previous years figure – 2020/21 figure to be confirmed

4.10.2 The scale and pace of the delivery of the IJB's revised Strategic and Commissioning Plan is dependent on the level of resources delegated to the IJB. While the 2020/21 financial position is challenging, the partnership is receiving a net growth in its resources for 2020/21 through additional investment in areas such as Primary Care, Mental Health, Carers and social care, all of which will support the delivery of the priorities set out within the Strategic and Commissioning Plan.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. An impact assessment is attached.

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)	Developing a robust and deliverable Transformation Programme. Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget.
Residual Risk Level	Likelihood 3 x Impact 4 = 12 (High)

Planned Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Approval recommendation	Although the risk levels remain high, the range of interventions identified generally have a medium to low risk of delivery in 2020/21 therefore it is recommended that the risks be accepted. Risks around the Prescribing budget will be continually monitored and reported to the IJB throughout the year.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

DATE: 12th June 2020

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, Vice Chairperson and all other voting members on the Integration Joint Board.

Signature	Date
Vicky Irons	22nd July 2020
Chief Officer	Date
Dave Berry	22nd July 2020
Chief Finance Officer	Date
Roger Mennie	22nd July 2020
Clerk and Standards Officer	Date
Trudy McLeay	4th August 2020
Trudy McLeay, Chairperson	Date
Ken Lynn	4th August 2020
Councillor Ken Lynn, Vice Chairperson	Date
Helen Wright	4th August 2020
Bailie Helen Wright	Date
Roisin Smith	11th August 2020
Councillor Roisin Smith	Date
Jenny Alexander	11th August 2020
Jenny Alexander	Date
Donald McPherson	4th August 2020
Donald McPherson	Date

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	
2	Date Direction issued by Integration Joint Board	June 2020
3	Date from which direction takes effect	1 April 2020
4	Direction to:	NHS Tayside & Dundee City Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes
6	Functions covered by direction	All delegated services.
7	Full text of direction	Dundee Integration Joint Board directs Dundee City Council and NHS Tayside to provide health and social care services as commissioned by Dundee Integration Joint Board within the resources allocated as set out in this report, subject to formal notification from NHS Tayside as to the level of budget offer. Further Directions will be issued by Dundee Integration Joint Board during 2020/21 as to the future provision of these services.
8	Budget allocated by Integration Joint Board to carry out direction	Dundee City Council - £80.1m NHS Tayside - £168.7m
9	Performance monitoring arrangements	Through regular financial monitoring reports to Dundee Integration Joint Board.
10	Date direction will be reviewed	31st March 2021

Appendix 1

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP		
REVENUE BUDGET 2020/21		
Anticipated Cost Pressures:		**Total Delegated Budget Cost Pressures**
		£000
Current Year Non-Recurring Savings / Budget Pressures		
Non-Recurring Savings 2019/20		**200**
Current Year Budget Pressures		**1,974**
Total Current Years Funding Requirements		**2,174**
New Pressures 2020/21 - Inflationary Pressures/Demographic Growth		
Staff Pay Increases		**2,733**
Increased Costs of Externally Provided Services (including living wage)		**1,453**
Anticipated Demographic Demand Growth		**2,147**
Prescribing Growth		**814**
Total Inflationary / Demographic Pressures		**7,147**
National Policy / Legislative Costs:		
Carers Act Implementation - Year 3		**295**
Appropriate Adults Scheme		**28**
Free Personal & Nursing Care Rate Increases		**33**
Primary Care Improvement Plan		**1,629**
Mental Health Action 15		**207**
Total National Policy / Legislative Costs		**2,192**
Total Anticipated Cost Pressures 2020/21		**11,513**

Anticipated Net Funding Increase:		
Dundee City Council (passing on of additional SG Funding)		**2,799**
NHS Tayside		**4,537**
Scottish Government Funding - Primary Care / Mental Health		**1,836**
Total Anticipated Additional Funding		**9.172**
Net Anticipated Residual Funding Shortfall		**2,341**

Appendix 2

	Dundee Health and Social Care Partnership			
	Revenue Budget 2020/21 - Proposed Budget Savings Programme			
		Estimated Saving 2020/21	Estimated Saving 2021/22	Comments
		£000	£000	
(A)	Base Budget Adjustments			
1)	Reduction in GP Prescribing Budget	306	306	Reflects projected expenditure position after accounting for growth in volume and price of items during 2020/21 against budgeted resources.
2)	Full Year Effect of 2019/20 Saving - Review of Learning Disability Day Care	58	58	Given the low number of service users at Jean Drummond Centre, the centre closed in January 2020. A £40k reduction in the budget was approved in the 2019/20 budget savings programme. Total Savings of £98k are achieved in a full financial year.
3)	Reduction in NHS Operational Discretionary Spend	400	400	Reflects actual expenditure pattern throughout 2019/20
	Total Base Budget Adjustments	764	764	
(B)	*New Savings for 2020/21*			
1)	New Meals Contract Price from Tayside Contracts under new CPU arrangements	114	167	Reflects projected price reduction based on Tayside Contracts Business Case for development of Central Processing Unit. Assumes new arrangements in place from August 2020.
2)	Reshaping Non-Acute Care Programme:			
	Net Reduction in Withdrawing Intermediate Care Contract	496	496	Contract to provide Intermediate Care at Riverside Care Home ended April 2020. Total funding released £1.1m. Reinvestment proposals utilising £600k of this funding

				being developed as part of the Reshaping Non Acute Care Programme to reflect new models of care.
3)	**Review of Voluntary Sector funding for Older People**	**96**	**96**	**SBAR attached – Review of Third Sector Commissioned Services**
4)	**Impact of DCC Review of Charges**	**152**	**152**	**As per DCC Review of Charges Exercise**
5)	**Review Investment of Additional Carers Funding (short term)**	**148**	**0**	**Additional Carers Act funding provided to meet anticipated increase in demand for access to Carers support - delay commitment of 50% of additional funding on a non-recurring basis in 2020/21. Full funding to be re-instated for 2021/22.**
6)	**Increasing Eligibility Criteria for Homecare**	**271**	**tbc**	**SBAR attached – Eligibility Criteria for Homecare**
7)	**Learning Disability Benchmarking Review**	**100**	**tbc**	**A full review of the cost of providing Learning Disability Services is underway which includes consideration of higher prevalence levels in Dundee, a categorisation of services into different levels of need to support comparison of in-house services against similar services across Scotland as well as externally commissioned services. Potential cost savings in the longer term have not as yet been established.**
8)	**Review of Strategic Housing Investment Planning**	**200**	**tbc**	**All future commitments for new build adapted housing units as part of the Strategic Housing Investment Plan currently being reviewed to determine affordability of providing accommodation with support including consideration of ceasing to provide similar services in "older" properties. Aim is to reduce future cost pressures.**
	Total New Savings Identified	**1,577**	**912**	
	Total Base Budget Adjustments and New Savings	**2,341**	**1,676**	
	Savings Target	**2,341**		

SBAR

REVIEW OF THIRD SECTOR COMMISSIONED SERVICES

SITUATION

Dundee Health and Social Care Partnership (DHSCP) currently commissions a number of services from the Third Sector. Some of these are funded from the mainstream revenue budget having first been established through short-term funding sources such as the Reshaping Care of Older People Change Fund or the subsequent Integrated Care Fund. This short-term funding was used to test a range of innovative and preventative approaches and provide a catalyst for change.

As commissioners of the service, who wish to make the most effective use of the available resources to meet outcomes for the people of Dundee in line with our strategic priorities, a review has been undertaken of services provided by the Third Sector with recommendations being made on the funding of these services for 2020-21. This includes the services that should end, those that should continue to be funded at the same level, and the ones that should receive additional funding to increase the capacity to support more people.

BACKGROUND

The services that are being considered in this review are as follows:

Organisation (Provider)	Service	Funding £ (2019-20)
Caledonia Housing Association and Hillcrest Homes (partnership)	HOPE (Helping Older People Engage)	75,381.36
Dundee Community Transport	Community Cars	42,680.00
DVVA (Dundee Voluntary Action and Volunteer Dundee merged organisation)	Community Companions (2 posts)	79,665.20
DVVA	Community Companion Café Support Worker	7,313.00
DVVA	Dial-OP/Morning Call/Blether Buddies	28,000.00
DVVA	Good Governance Award	25,246.00
DVVA	Older People Services Development Officer	45,524.45
DVVA	Preventing of Under Nutrition Development Worker	35,000.00
DVVA	Respite Care Development Worker	37,934.82
DVVA	Third Sector Capacity Building	100,811.13
DVVA	Third Sector Capacity Building Team	128,585.63
Mid-Lin Day Care	Help at Home	45,832.40
Royal Voluntary Service	Supporting Your Recovery (Home from Hospital)	50,000.00
	Total	**701,973.99**

The aims of the above services can be broadly summarised as:

- reducing the social isolation of people
- promoting the independence of individuals by offering information, signposting to other services and low level support
- engaging and supporting the development of groups in Dundee to raise community resilience
- supporting the Third Sector to build its capacity to meet strategic priorities
- promoting volunteering opportunities

ASSESSMENT

A summary of each service and any factors that require to be considered is provided below, along with recommendations for each service:

Caledonia Housing Association and Hillcrest Homes - HOPE (2019-20 Funding = £75,381.36)

The main aim of the service is to help older people feel less lonely and isolated by encouraging participation in local groups and activities and providing advice on a number of issues. The service can make referrals or signpost people to services that help people keep safe, well, active and independent.

In addition to this, the service can also support people with housing options advice and support and assistance to complete welfare benefits claims.

Recommendation - consideration should be given to additional funding for 2020-21 of £37,691 to allow an additional HOPE worker to be recruited, which would take the number of staff up to three. HOPE is now established as an integral service that links people into other Third Sector services that we commission. The success of the service can be demonstrated by the outcomes that it has achieved and it has been required to introduce a waiting list due to increasing referral numbers.

Dundee Community Transport - Community Cars (2019-20 Funding = £42,680.00)

The purpose of the service is to provide transport solutions to older people in Dundee who do not have access to their own car or are unable to access public transport.

The co-ordinator of the service accepts referrals and matches an appropriate volunteer driver. Each service user is able to undertake a maximum of eight journeys per month, with the reasons for the journeys generally being social, medical or shopping.

As added value, DHSCP’s funding for this service also helps Dundee Community Transport to operate the Out & About Bus. This service provides opportunities for groups of people to go on trips that they would have otherwise struggled to attend, meet other people and take part in social outings. The destinations are chosen by service users and include trips within Dundee and further afield.

As Community Cars is the only social transport solution for individuals that escorts them from their front door and supports them to their destination, funding should be retained at the same level for 2020-21. Other transport options in Dundee rely on the person making their own way to a pick up point which is often not possible for the people we support.

Recommendation - funding should remain at the same level for 2020-21 subject to any inflationary uplifts agreed by Dundee Integration Joint Board.

DVVA - Community Companions (2019-20 Funding = £79,665.20)

Community Companions is aimed at adults in Dundee who are either experiencing or have the potential to experience social isolation. Each person is matched up to a volunteer Community Companion based on personality, hobbies, interests and general living experiences. Community Companions befriend people in many ways, for example, visiting them in their own home, accompanying them to social activities or shopping trips, or even a visit to a local café.

The person receiving the companionship can choose how often they require support and what types of support they require.

Community Companions is currently funded for two posts. The first post having been mainstream funded from 1 April 2018 and the second post subsequently been mainstreamed from 1 April 2019. DVVA planned to use the addition of a second post to review and develop the service in order that it can support more people whilst still having an appropriate level of management support in place for its volunteers.

Recommendation - funding should remain at the same level for 2020-21 subject to any inflationary uplifts agreed by Dundee Integration Joint Board, however, a six monthly review should take place. The service has not demonstrated the increase in service activity that would be expected from the addition of a second post and needs to increase the number of volunteers and service users as there is currently unmet need in relation to befriending. If there is no further development then the service could operate with one staff member leading it.

DVVA - Community Companion Café Support Worker (2019-20 Funding = £7,313.00)

The cafés provide opportunities for groups of people to get together when they would otherwise be socially isolated. This enables people to feel connected, access information and form natural friendships and is an effective way of providing a service to a lot of people through a small amount of funding.

The service is currently funded by an underspend in previous years' funding and as such would require to be funded from the revenue budget if it is to continue in future years.

Recommendation - funding should continue for 2020-21 subject to any inflationary uplifts agreed by Dundee Integration Joint Board.

DVVA - Dial-OP/Morning Call/Blether Buddies (2019-20 Funding = £28,000.00)

The service comprises three components:-

Dial-OP - a telephone helpline that acts as a one stop shop for any information needs. Information is provided to members of the community, workers and professionals on a range of topics, including local social and physical activities, practical support, learning and volunteering opportunities. Morning Call - a telephone service that aims to provide reassurance and connectivity to people who are vulnerable and/or isolated. A short, scheduled, morning call is provided to check on an individual's health and wellbeing. The service can also be used as reminder for medical appointments or repeat prescriptions.

Blether Buddies - weekly calls are provided by trained volunteers to people who are looking for a few minutes of friendship. Blether Buddies helps to address issues of social isolation as the calls that are made can last for around 30 minutes.

Recommendation - funding should continue for 2020-21 subject to any inflationary uplifts agreed by Dundee Integration Joint Board. All three parts of the service contribute towards the strategic aims of early intervention/prevention and reducing social isolation.

DVVA - Good Governance Award (2019-20 Funding = £25,246.00)

The funding is provided by DHSCP to part fund the post of an officer to take forward the Good Governance Award.

Through a fully supported evaluation process, the Good Governance Award helps organisations develop and enhance their governance and management arrangements, including help to develop robust policies, procedures and processes.

It is recognised by DVVA that the Good Governance Award has so far been achieved by a limited number of organisations. As a consequence of this an Introduction to the Good Governance Award has recently been introduced.

Prior to the establishment of the Good Governance Award, organisations could access similar support by other means such as the Volunteer Friendly Award which is still available. Also, some organisations have already invested in management and quality assurance systems that scrutinise their internal processes and identify areas for improvement.

DVVA receive additional funding from the Scottish Government which has established a full-time post and they plan to roll out the Good Governance Award across Scotland as the quality standard for Scottish charities. The aim was to make the Good Governance Award self-sustainable by charging organisations who undertake it.

Recommendation - the recommendation is that funding should end on 31 March 2020. It will be the decision of DVVA if it wants to continue with the Good Governance Award by means of part funding from the Scottish Government and income from organisations undertaking it.

DVVA - Older People Services Development Officer (2019-20 Funding = £45,524.45)

The funding is provided by DHSCP for the post of Older People Services Development Officer, with the key duties of the post holder being to support the active involvement of older people in the planning, development and delivery of services across public/statutory sectors, and to communicate these views at a strategic level. This includes helping older people groups to build their capacity and sustainability so they can continue to have an active involvement in the development of services.

We are committed to the principle of active engagement with the people who may use services and this post is used as a vehicle to identify the views of a variety of older people from different socio-economic backgrounds.

Recommendation - funding should remain at the same level for 2020-21 subject to any inflationary uplifts agreed by Dundee Integration Joint Board.

<u>DVVA - Preventing of Under Nutrition Development Worker (2019-20 Funding = £35,000.00)</u>

The funding is provided by DHSCP for the post of Development Worker Preventing of Under Nutrition.

The key duties of the post holder will be to support the delivery of the Prevention of Under Nutrition Project for Older People Living in Dundee and raise awareness to ensure a wide range of health and social care partners understand the risks of under nutrition and are able to recognise the signs and provide appropriate advice.

Recommendation - the recommendation is that funding should end on 31 March 2020. The Development Worker should focus on the dissemination of information across health and social care partners until this date.

<u>DVVA - Respite Care Development Officer (2019-20 Funding = £37,934.82)</u>

The funding is provided by DHSCP for the post of Respite Care Development Worker, with the key duties of the post holder being to research and develop a range of respite opportunities for older people in Dundee. Part of this role involves engagement with social care providers, care management teams and service users to identify the gaps in current provision and to develop solutions to meet a range of respite needs.

There have been a number of post holders since the role was created with limited success in terms of delivering alternative respite options. **The post is currently vacant.**

Recommendation - funding for this post came from the H&SCP's 'respite at home' budget. The recommendation is that funding for this post should end and the monies should be returned to support the overall HSCP respite budget which is currently in an overspend position.

<u>DVVA - Third Sector Capacity Building (2019-20 Funding = £100,811.13 per year)</u>

The funding is provided by DHSCP for the post of Team Manager, Health & Wellbeing and the post of Monitoring & Communications Officer. The funding for both posts came from the Reshaping Care for Older People Change Fund before both posts were then allocated mainstream funding.

The Team Manager, Health & Wellbeing is responsible for building and strengthening a strong Third Sector to respond to the objectives laid out in DHSCP's Strategic and Commissioning Plan.

The post holder is responsible for social care services delivered by DVVA and takes a lead role within DHSCP's Strategic Planning Groups from the Third Sector viewpoint.

Recommendation - Team Manager, Health & Wellbeing - for this post the recommendation is that funding should remain at the same level for 2020-21 subject to any inflationary uplifts agreed by Dundee Integration Joint Board.

The original purpose of the post of Monitoring & Communications Officer was to be responsible for project monitoring and reporting in relation to the projects funded by Reshaping Care for Older People/Change Fund/Integrated Care Fund.

Latterly the job description has been updated and now includes co-ordinating external and internal communications and working collaboratively to provide information for staff, management and Board members.

As the role of the post holder now involves servicing the needs of DVVA and not its original purpose, the recommendation is that funding for the post should be met by DVVA through the management charge that is attributed through each contract and helps support infrastructure costs within the organisation.

Recommendation – Monitoring and Communications Officer - for this post the recommendation is that funding should end on 31 March 2020.

DVVA - Third Sector Capacity Building Team (2019-20 Funding = £128,585.63)

The service consists of four workers who together cover the whole of the city.

The service aims to build capacity in localities across Dundee by engaging and working with people to help establish groups where this a common interest. The service can help groups access funding opportunities with the goal being that the group becomes self-sustainable.

The service also promotes volunteering opportunities as the establishment of the groups may mean there is the potential for people, families and carers to volunteer where they would have in the past perhaps visited group members who were previously socially isolated. **There is currently a vacant post.**

Recommendation - the recommendation is that funding for 2020-21 should be adjusted based on a 'three worker service'. The service should also have a focus on increasing volunteer numbers to facilitate Third Sector services that are dependent on volunteers.

Mid-Lin Day Care - Help at Home (2019-20 Funding = £45,832.40)

The service provides flexible, person-centred, low-level support so people can remain at home within their communities whilst they are assisted by others, such as Enhanced Community Support and Dundee Enhanced Community Support Acute, rather than requiring an admission to hospital.

The service complements other regulated and non-regulated services that may be arranged to meet the person's assessed care and support needs. The range of support can include practical assistance, household tasks, collecting prescriptions, providing information/signposting and helping the person to access services. The service can help address social isolation and build up an individual's confidence by supporting them for a short period to attend activities and appointments.

Recommendation - funding should remain at the same level for 2020-21 subject to any inflationary uplifts agreed by Dundee Integration Joint Board, however, a six monthly review should take place which will consider activity levels.

Royal Voluntary Service - Home from Hospital (2019-20 Funding = £50,000.00)

The purpose of the service is to provide low level interventions for individuals who are being discharged from hospital.

The co-ordinator can meet the patient in the ward or at home to have a discussion around the short-term support that they need to meet their outcomes. The co-ordinator then matches a volunteer to work alongside the individual for a short period of time. If the person then requires longer-term support then a referral is made to an appropriate agency or the person is given advice on how to arrange this themselves.

Home from Hospital will work alongside other services to help the service user regain their confidence and skills following a stay in hospital.

In light of the refocusing on Social Care Eligibility criteria this service is a fundamental part of the strategy as it helps people be at home without deploying social care services when they are not necessary.

Recommendation - funding should remain at the same level for 2020-21 subject to any inflationary uplifts agreed by Dundee Integration Joint Board.

RECOMMENDATIONS

As detailed in the assessment of each service the recommendations regarding funding are as follows:

Service	2019-20 Funding £	Recommended funding 2020-21 £	Additional comments
HOPE (Helping Older People Engage)	75,381.36	113,072	
Community Cars	42,680.00	42,680.00	
Community Companions (2 posts)	79,665.20	79,665.20	Six month review of current funding
Community Companion Café Support Worker	7,313.00	7,313.00	
Dial-OP/Morning Call/Blether Buddies	28,000.00	28,000.00	
Good Governance Award	25,246.00	0	Cease funding at 31/3/20
Older People Services Development Officer	45,524.45	45,524.45	
Preventing of Under Nutrition Development Worker	35,000.00	0	Cease funding at 31/3/20
Respite Care Development Worker	37,934.82	0 (37,934.82)	Funding to remain in respite budget
Third Sector Capacity Building	100,811.13	60,000	Monitoring and Comms Officer to end 31/3/20
Third Sector Capacity Building Team	128,585.63	96,439	Reduce by one post at 31/3/20
Help at Home	45,832.40	45,832.40	Six month review of current funding
Supporting Your Recovery (Home from Hospital)	50,000.00	50,000.00	
Total	**701,973.99**	**606,460.90**	
Total Proposed Reduction		**£95,513.09**	

SBAR

Eligibility Criteria for Homecare Services

Situation and Background

Demographic pressures and remodelling of services over the past few years has resulted in significantly more homecare being delivered in the community. The HSCP currently provides over 17,000 hours of homecare a week. While it is a good thing as it means more people are able to stay at home for longer, the service cannot continue to expand at the rate is has been. Even at the current level of provision it is very difficult to ensure access to services and people often have to wait for services to become available, often resulting in delayed hospital stays (delayed discharges.)

Not only is this not financially sustainable but we would not be able to sustain the level of recruitment required to keep providing this. As part of the research work undertaken as part of the Reshaping Care for Older People programme, the prediction is that if services continue to expand in the way we anticipate even if everyone who left school locally went into a caring role there would still be insufficient people to fill the required roles.

There is therefore a need to ensure the HSCP resources manages are allocated fairly to ensure people are supported to stay at home as long as possible. Currently as we have insufficient capacity to meet increasing demand, there is a risk that people experience adverse consequences such as staying in hospital longer, losing their independence skills while waiting or having to go into a care home for respite as care is not available quickly enough.

Assessment

In order to ensure as many people are able to stay at home as long as possible we need a model of care that supports this. The life curve is one such model. This model of care provision tries to ensure longer healthier years and allows people to keep as much independence as possible. People who can be supported to achieve their previous level of functioning receive support to do that. Those who can no longer achieve that but who can use aids or adaptations to support them will be provided with equipment. Once that is not possible then higher level direct care will be provided. This model ensures care is available for those who most need it and that people are prevented from unnecessary deterioration or loss of independence.

The key to achieving this model is early intervention and prevention. If services are responsive and can be provided quickly enough then further deterioration is prevented and a better outcome is achieved. Currently delays in social care provision mean that often the end result is more costly than it might otherwise have been and poorer outcomes for the person.

In order to ensure sufficient provision is available, and to ensure early intervention is possible it is proposed that a number of measures are taken. These are to ensure systematic application of eligibility criteria, further development of the model of care and associated workforce, improved coordination of assessment and development of multidisciplinary teams. When resources are scarce it is also important to ensure fair access to available resources. Currently a small number of people are able to access very high levels of care but the impact is a large number cannot access services quickly and experience poorer outcomes. Eligible individuals under the current eligibility criteria can receive a home care package up to the value of the national care home rate plus 15% (£851 per week.) It is proposed that this is brought into line with other areas in Scotland whereby each eligible individual will be provided with care based up to the level of a nursing home placement only (£740 per week). It is anticipated that this will result in reducing the cost of meeting demographic pressures by around £271k per annum.

Recommendations

1. **Work continues to implement eligibility criteria across the system including assessing the financial impact of slowing the rate of access to services**
2. **Further work is undertaken to develop the model of care as set out in the report**
3. **Further work is undertaken to develop coordination of assessment and multi-disciplinary teams**
4. **People will be given care at home up to a maximum of the nursing care home rate (currently £740 per week)**

Integrated Impact Assessment Report

Committee Report No: DIJB15-2020

Document Title: Dundee Integration Joint Board 2020/21 Revenue Budget

Document Type: Other

New/Existing: New

Period Covered: 01/04/2020 - 31/03/2021

Document Description:
The report sets out the proposed revenue budget for the Dundee Integration Joint Board for 2020/21, including the proposed savings programme for 2020/21.

Intended Outcome:
The report is intended to support the Integration Joint Board to set a budget for 2020/21 that enables the delivery of supports and services in-line with the Strategic Priorities set out in the Partnership's Strategic and Commissioning Plan 2019-2022.

How will the proposal be monitored?:
The Integration Joint Board receives regular Revenue Monitoring Reports throughout the year which support monitoring of financial aspects of the budget proposal. The progress and impact of savings proposals will be monitored through further, more detailed papers being presented to the Integration Joint Board on each of the individual savings proposals made. The impact of the budget and savings proposals will also be monitored through regular performance reports submitted to the Performance and Audit Committee.

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Department: Health and Social Care Partnership
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Director Responsible:
Name: Vicky Irons
Title: Chief Officer
Department: Health and Social Care Partnership
E-Mail: Vicky.irons@dundeecity.gov.uk
Telephone: 01382 433610
Address: c/o Claverhouse Office, Jack Martin Way, Dundee

A. Equality and Diversity Impacts:

Age: Positive
Disability: Positive
Gender Reassignment: No Impact
Marriage and Civil Partnership: No Impact
Pregnancy and Maternity: No Impact
Race/Ethnicity: Positive
Religion or Belief: No Impact
Sex: Positive
Sexual Orientation: No Impact

Equality and diversity Implications:
Overall the proposed budget sets out financial arrangements that will support the implementation of the Partnership's Strategic and Commissioning Plan 2019-2022 and Equality Outcomes and Mainstreaming Framework 2019-22. Both of these documents have a clear focus on addressing health inequalities and protected characteristics (as defined in the Equality Act 2010) and people affected by socio-economic disadvantage. The agreement and implementation of the revenue budget will therefore support the delivery of a range of health and social care supports and services that will positively impact on equality and diversity matters.

The effect of implementation of the Living Wage in social care services will have a positive impact on socio-economic equality and is expected to have a positive impact on women who form the majority of the social care workforce.

In addition to this the monies for implementation of the Carers (Scotland) Act allow developments to be supported for carers. Carers are identified as a group of citizens who are often adversely directly and indirectly affected by protected characteristics, socio –economic disadvantage and health inequalities.

In relation to savings proposals:

- a number of the savings proposals reflected within the proposed revenue budget relate to reductions in current patterns of expenditure to reflect demand, such as reductions to the prescribing budget
- through reviewing eligibility criteria, scarce resources will be more equally distributed across those in need
- a number of the savings proposals reflected within the proposed revenue budget reflect efficiencies achieved by the redesign of services that will deliver more personalised and accessible services to the citizens of Dundee and consequently support improved health and social care outcomes.

Proposed Mitigating Actions:

As savings proposals are progressed reports will be presented to the Integration Joint Board for consideration and approval. These individual reports will include a more comprehensive assessment of equality and diversity implications, and will be accompanied by specific Integrated Impact Assessments where appropriate. This will allow the specific implications of individual policy implications to be understood in detail by the Integration Joint Board.

The Integration Joint Board previously approved the Partnership's Equality Outcomes and Mainstreaming Framework 2019-2022; this sets out the Partnerships priorities and commitments in relation to promoting equality, diversity and fairness, including in relation to how the Partnership develops policy and makes decisions. The implementation of the commitments made within the document will also act as mitigation to any potential negative

impacts of the proposed revenue budget and savings on equality, diversity and fairness matters.

Is the proposal subject to a full EQIA? : No

B. Fairness and Poverty Impacts:

Geography

Strathmartine (Ardler, St Mary's and Kirkton):	Positive
Lochee(Lochee/Beechwood, Charleston and Menzieshill):	Positive
Coldside(Hilltown, Fairmuir and Coldside):	Positive
Maryfield(Stobswell and City Centre):	Positive
North East(Whitfield, Fintry and Mill O' Mains):	Positive
East End(Mid Craigie, Linlathen and Douglas):	Positive . .
. **The Ferry:**	Positive . .
. . **West End:**	Positive

Household Group

Lone Parent Families:	No impact
Greater Number of children and/or Young Children:	No impact
Pensioners - Single/Couple:	Positive
Single female households with children:	Positive
Unskilled workers or unemployed:	Positive
Serious and enduring mental health problems:	Positive
Homeless:	Positive
Drug and/or alcohol problems:	Positive
Offenders and Ex-offenders:	Positive
Looked after children and care leavers:	No Impact
Carers:	Positive

Significant Impact

Employment:	Positive
Education and Skills:	Positive
Benefit Advice/Income Maximisation:	Positive
Childcare:	No impact
Affordability and Accessibility of services:	Positive

Fairness and Poverty Implications:

Overall the proposed budget sets out financial arrangements that will support the implementation of the Partnership's Strategic and Commissioning Plan 2019-2022 and Equality Outcomes and Mainstreaming Framework 2019-22. Both of these documents have a clear focus on addressing health inequalities, particularly in relation to protected characteristics (as defined in the Equality Act 2010) and people affected by socio-economic disadvantage. The agreement and implementation of the revenue budget will therefore support the delivery of a range of health and social care supports and services that will positively impact on fairness and poverty.

The revenue budget proposals reflect an underlying strategic commitment to invest resources and target services on populations (both geographical and of interest / characteristic) with most significant health and social care needs, whilst also maintain investment in whole population early intervention and prevention approaches. This approach balances the need to invest in reducing the unequal impact of poverty on health and social care outcomes amongst those living in the most deprived communities in Dundee and maintaining good health and social care provision across the general population.

A range of savings proposals include elements of service redesign that will enhance capacity for locality based working and service delivery. This will support the Partnership to better understand and meet the needs of geographical communities, including addressing the unique health and social care needs and inequalities that arise in the most deprived areas of the city.

Proposed Mitigating Actions:
As savings proposals are progressed reports will be presented to the Integration Joint Board for consideration and approval. These individual reports will include a more comprehensive assessment of fairness and poverty implications, and will be accompanied by specific Integrated Impact Assessments where appropriate. This will allow the specific implications of individual policy implications to be understood in detail by the Integration Joint Board.
The Integration Joint Board previously approved the Partnership's Equality Outcomes and Mainstreaming Framework 2019-2022; this sets out the Partnerships priorities and commitments in relation to promoting equality, diversity and fairness, including in relation to how the Partnership develops policy and makes decisions. The implementation of the commitments made within the document will also act as mitigation to any potential negative impacts of the proposed revenue budget and savings on poverty and fairness matters.

C. Environmental Impacts

Climate Change
Mitigating greenhouse gases: Not Known
Adapting to the effects of climate change: Not Known
Resource Use
Energy efficiency and consumption: Positive
Prevention, reduction, re-use, recovery or recycling waste: Positive
Sustainable Procurement: Not Known
Transport
Accessible transport provision: Not Known
Sustainable modes of transport: Not Known
Natural Environment
Air, land and water quality: Not Known
Biodiversity: Not Known
Open and green spaces: Not Known
Built Environment
Built Heritage: Not Known
Housing: Not Known

Is the proposal subject to Strategic Environmental Assessment
No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environment Assessment (Scotland) Act 2005.

Proposed Mitigating Actions: As stated previously all proposals will be subject to further Integrated Impact Assessment screening as they are progressed.

Environmental Implications:
The proposed revenue budget and savings include a number of actions which have the potential to positively impact of environmental matters through the reduction in consumption of resources. The changes to the provision of meals through Tayside Contracts move to a Central Processing Unit will provide a more effective method of providing meals from an environmental perspective.

D. Corporate Risk Impacts

Corporate Risk Implications:
The risk implications associated with the subject matter of this report are 'business as normal' risks. The subject matter is routine and has happened many times before without significant loss. There is comfort that the risks inherent within the activity are either transferred to another party, shared equally and fairly between the Council and another party or are negligible.

Corporate Risk Mitigating Actions:
Revenue Monitoring Reports are submitted to the Integration Joint Board on a regular basis. This allows the IJB to actively monitor the revenue budget and impact of savings proposals and to identify areas of emerging risk and mitigating actions as required.

ITEM No …6………..

REPORT TO:	**HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD**
REPORT ON:	**IMPACT OF COVID-19 PANDEMIC ON STRATEGIC PLANNING ARRANGEMENTS**
REPORT BY:	**CHIEF OFFICER**
REPORT NO:	**DIJB19-2020**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to outline the anticipated impact of the COVID-19 pandemic on strategic planning arrangements, including recovery planning its impact on delivery of the Partnership's Strategic and Commissioning Plan 2019-2022.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the report.

2.2 Instruct the Chief Finance Officer to reconvene the Partnership's Integrated Strategic Planning Group as a matter of urgency to progress recovery planning and assess the impact of the COVID-19 pandemic on the Partnership's ability to deliver the Strategic and Commissioning Plan 2019-22 (section 4.8).

2.3 Instruct the Chief Officer to provide a further report to the Integration Joint Board on the progress of recovery planning at its meeting of the 25th August 2020.

3.0 FINANCIAL IMPLICATIONS

3.1 The financial impact of the Covid-19 pandemic on the Integration Joint Board's budget is significant due to the disruption of existing service provision and additional costs incurred in responding to the challenges Covid-19 presents. The Scottish Government announced an initial funding allocation of £50m across Scotland to support Health and Social Care Partnerships in May 2020 of which Dundee will receive £1.429m. Further funding is anticipated based on the cost of mobilisation plans and the IJB will be regularly updated as to the financial position as part of its financial monitoring reporting process.

4.0 MAIN TEXT

4.1 In March 2019 the Integration Joint Board approved the Partnership's Strategic and Commissioning Plan 2019-2022 (Article VII of the minute of the meeting of the Integration Joint Board held on 29 March 2019 refers). The plan sets out an ambitious change programme, building on the achievements made since the establishment of the Integration Joint Board in 2016, with a focus on 4 key priorities: health inequalities; early intervention and prevention; localities and engaging with communities; and, models of support / pathways of care. In addition, the plan committed to ensuring that the role of carers remains integral to all that we do and to maintaining a focus on shifting the balance of care from hospitals to community-based care.

4.2 The Partnership's Annual Performance Report 2019-20 is currently being prepared. This will provide an overview of the progress made against the national health and wellbeing indicators and the priorities within the strategic and commissioning plan during its first year. The annual performance report will also reflect on the impact of two significant reports published during 2019-20; the final reports of the Dundee Drugs Commission (https://www.dundeecity.gov.uk/sites/default/files/publications/part1reportfinal.pdf) and the Independent Inquiry into Mental Health Services in Tayside (https://independentinquiry.org/wp-content/uploads/2020/02/Final-Report-of-the-Independent-Inquiry-into-Mental-Health-Services-in-Tayside.pdf). The recommendations made within these reports and subsequent response from Community Planning Partners, including the Partnership, have led to significant programmes of service redesign and associated changes to leadership and governance arrangements being initiated. Whilst the Strategic and Commissioning Plan 2019-22 anticipated the publication of these reports it could not, at the time of agreement, integrate our planned actions in response to them.

4.3 As the Partnership approaches the mid-point of the current strategic and commissioning plan we are also experiencing an unprecedented set of circumstances. The on-set of the COVID-19 pandemic during 2020 represents a significant material change in circumstances from those that were known or could reasonably have been predicted at the time that the strategic and commissioning plan was agreed. The Partnership's initial response to the pandemic has been directed through a range of response plans, most significantly the Partnership's mobilisation plan and plan for the provision of support to care homes. These plans were produced rapidly to support immediate changes to models of service provision, workforce planning and wellbeing and to secure additional resources required to mobilise the immediate response to the pandemic from the Scottish Government.

4.4 As we enter our third month since the World Health Organisation declared COVID-19 a pandemic, and with data (both local and national) beginning to indicate that we have passed the first peak of infection, attention must now turn to future planning. This has two critical elements; firstly, medium to long-term recovery planning over an estimated 18 to 24 month period; and, secondly, contingency planning in the event of any further surges in infection rates/ numbers.

4.5 Effective and robust recovery planning will require to be informed by reliable modelling data both in relation to the predicted future progression of the pandemic itself and of its impact on individuals and communities. This includes the immediate health impacts and subsequent demand for health and social care services as well as wider impacts on a range of aspects of people's lives, health and wellbeing (for example, the impact of the pandemic on the economy, employment and poverty). A range of work is ongoing at a local and national level in relation to modelling, with Public Health Scotland now taking a national lead in collating an overview of work and leading developmental workstreams in partnership with stakeholders. Much of the initial impact modelling work has focused on the acute sector, however over recent weeks there has been recognition that modelling is required across the whole integrated pathway and a number of developments are planned at a national level in response to this. Due to the restricted capacity within the Partnership's own Strategy and Performance Service it is imperative that we establish effective links to national workstreams and work being undertaken by NHS Tayside. At a local level the Partnership has initially prioritised modeling of demand for care at home services and is linking closely to NHS Tayside to access the most-up-to-date pandemic modelling for Tayside.

4.6 Recovery planning will also require the Partnership to review its learning from the early phases of the pandemic and changes made to services and supports. As well as presenting many challenges, the COVID-19 pandemic has also created a context for rapid change and innovation and has further enhanced collaboration and integration. It is important that as part of the recovery planning process that our workforce has the opportunity to consider what aspects of our initial response have worked well and could be further consolidated or developed as part of the recovery stage in partnership with key stakeholders, including staff-side representatives.

4.7 Recovery planning activity sits within the wider context on the Partnership's current strategic and commissioning plan. As our recovery plans emerge it will be necessary to consider their

impact on our ability to deliver the commitments set out in the strategic and commissioning plan at the pace and scale original envisioned. Throughout the remaining duration of the plan (that is until March 2022) it is likely that the Partnership will have to sustain a COVID-19 response alongside 'business as usual' activity and developments. Based on the information available to us at the present time and the style and content of the strategic and commissioning plan we do not believe that there will be a need to undertake an early full review of the plan. Indeed, this in itself would be extremely difficult until such times as a revised strategic needs assessment that accounts for the impact of the pandemic is available and this is unlikely to be the case before at least the end of the current financial year (2020/21). Our ability to undertake meaningful engagement and co-production with individuals and communities is also likely to be significantly restricted, including by social distancing regulations, for the foreseeable future. Whilst a full review of the plan is unlikely to be required it may be desirable for the Integration Joint Board to agree and publish a formal statement describing the impact of the pandemic on the delivery of the strategic and commissioning plan at an appropriate point in the future. Detailed recommendations will be made to the Integration Joint Board on this matter as recovery planning progresses.

4.8 The Partnership's Integrated Strategic Planning Group, chaired by the Chief Finance Officer, has an integral role in overseeing the delivery of the strategic and commissioning plan. The Integrated Strategic Planning Group draws its membership from across a range of stakeholders, as required by section 32 of the Public Bodies (Joint Working) (Scotland) Act 2014, including users and providers of health care services and social care services, carers, health care and social care professional, social housing providers and third sector bodies. The group is also well placed to provide leadership and oversight of recovery planning work, including assessing the impact of recovery plans on the strategic and commissioning plan. Prior to the pandemic actions were being progressed to reconvene and refocus the Integrated Strategic Planning Group and these will now be reinstated as a matter of urgency.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Integrated Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 The Integrated Strategic Planning Group, Chief Finance Officer, Head of Service, Health and Community Care and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 12 June 2020

Kathryn Sharp
Senior Manager, Strategy and Performance

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, Vice Chairperson and all other voting members on the Integration Joint Board.

Vicky Irons — 22nd July 2020
Chief Officer — Date

Dave Berry — 22nd July 2020
Chief Finance Officer — Date

Roger Mennie — 22nd July 2020
Clerk and Standards Officer — Date

Trudy McLeay — 4th August 2020
Trudy McLeay, Chairperson — Date

Ken Lynn — 4th August 2020
Councillor Ken Lynn, Vice Chairperson — Date

Helen Wright — 4th August 2020
Bailie Helen Wright — Date

Roisin Smith — 11th August 2020
Councillor Roisin Smith — Date

Jenny Alexander — 11th August 2020
Jenny Alexander — Date

Donald McPherson — 4th August 2020
Donald McPherson — Date

ITEM No …7……….

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

REPORT ON: REVIEW OF 'A CARING DUNDEE: A STRATEGIC PLAN FOR SUPPORTING CARERS IN DUNDEE' AND SHORT BREAKS SERVICES STATEMENT

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB20-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to seek approval of recommendations to delay the revision of 'A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee' and Dundee's Short Breaks Services Statement.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the report.

2.2 Note the statutory duties under Part 5 of the Carers (Scotland) Act 2016 (the Act) in relation to the preparation of a local carer strategy, including the requirement under section 33 (3) to review the strategy at least every 3 years (section 4.2).

2.3 Note the statutory duty under the Carers (Scotland) Act 2016 (Short Breaks Services Statements) Regulations 2018 to review the Partnership's Short Break Services Statement as and when required (section 4.2.3).

2.4 Note the content of the Dundee Carers Partnership Performance Report 2017-19 (attached as appendix 1).

2.5 Note the significant negative impact of the COVID-19 pandemic on the ability of the Carers Partnership to revise 'A Caring Dundee' and Short Breaks Services Statement in-line with requirements set out in the Act and accompanying statutory guidance (as outlined in sections 4.3.2, 4.3.3 and 4.5.2) and with their strong commitment to co-production.

2.6 Note that a review, as required under section 33 (3) of the Act, has been completed and subsequent to the findings of the review it is recommended that a fully revised carers strategy is now prepared in compliance with section 33 (6) (a) of the Act (section 4.3.1).

2.7 Approve the recommendation that, due to the current circumstances (as described in sections 4.3.2 and 4.3.3), work to incorporate the findings of the review into the fully revised strategy is completed by 31 October 2021 and instruct the Chief Officer to make the appropriate arrangements for this (section 4.3.4).

2.8 Approve the recommendation to delay the revision of Dundee's Short Breaks Services Statement, with the aim of completing this work by 31 October 2021 (section 4.5.3).

2.9 Note the range of supports and developments that have been put in place within Dundee to respond to the immediate needs of carers during the COVID-19 pandemic (section 4.6).

3.0 FINANCIAL IMPLICATIONS

3.1 None. The Scottish Government has provided additional funding to Integration Joint Boards for the implementation of the Carers Act from 2018/19 onwards. Further additional funding of £295k has been received in 2020/21 to support the next stage of implementation taking the total investment for Dundee to £946k.

3.2 This funding has been used to invest in a range of services and supports as outlined in the Dundee Carers Partnership Performance Report 2017-2019 as outlined in appendix 1 of this report and further investment proposals will be presented to the IJB for consideration in due course.

4.0 MAIN TEXT

4.1 Dundee Health and Social Care Partnership's Strategic and Commissioning Plan 2019-2022 recognises the "…*immeasurable positive contribution carers provide and our commitment to ensuring that the role of carers remains integral to all that we do*" (Article VII of the minute of the meeting of the Dundee Integration Joint Board held on 29 March 2019 refers). Supporting carers to have a positive caring experience and to influence our decisions are recognised as an important aspect of our collective vision for health and social care.

4.2 **Strategic Planning Duties**

4.2.1 The Carers (Scotland) Act 2016 (the Act) introduced a duty, under section 31 (1), for each local authority and health board to jointly prepare a local carer strategy. This duty and other associated duties under Part 5 of the Act were subsequently delegated to integration joint boards under the Public Bodies (Joint Working) (Prescribed Local Authority Functions Etc.) (Scotland) Amendment (No.2) Regulations 2017 and the Public Bodies (Joint working) (Prescribed Health Board Functions) (Scotland) Amendment Regulations 2017. The Partnership's current Carers Strategy 'A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee' was approved by the Integration Joint Board in October 2017 (Article X of the minute of the meeting of the Dundee Integration Joint Board held on 31 October 2017 refers).

4.2.2 The Act, and subsequent regulations, also places a duty on integration joint boards to review their statutory carers strategy at least once every three-years (sections 33 (3) and (4)) and to subsequently either prepare a revised strategy or to publish a statement that the strategy is not to be revised (sections 33 (6) and (7)). There is therefore a statutory requirement that 'A Caring Dundee' is reviewed prior to 31 October 2020 and that following this appropriate actions are taken under sections 33 (6) and (7) of the Act.

4.2.3 In addition, section 35 of the Act requires each local authority to prepare, publish and review a short breaks services statement (SBSS) (also subsequently delegated to integration joint boards, see 4.2.1). The Carers (Scotland) Act 2016 (Short Breaks Services Statements) Regulations 2018 require that the SBSS be reviewed as and when required, whilst giving regard to changes such as the availability of short breaks services locally or nationally.

4.3 Review of 'A Caring Dundee'

4.3.1 The Dundee Carers Partnership is co-chaired by DHSCP and Dundee Carers Centre and draws membership from a range of statutory and third sector organisations, as well as including representatives of carers. It leads partnership work in relation to carers of all ages, including young carers. During late 2019 and early 2020 the Carers Partnership completed a review of 'A Caring Dundee' and concluded that a fully revised strategy should be prepared. This work included the production of a Carers Partnership Performance Report 2017-2019 (attache*d as appendix 1).* This was intended to be presented to the February 2020 Performance and Audit Committee which was subsequently cancelled. *The Carers* Partnership

began the preparation of the revised strategy with the intention of presenting this to the Integration Joint Board for approval and publication prior to 31 October 2020. This work has been unable to progress since the onset of the COVID-19 pandemic in March 2020.

4.3.2 The programme of work being progressed by the Carers Partnership had at its heart a commitment to co-production of the revised strategy with carers and carers representatives. This reflects the requirement under section 33 (5) of the Act to consult bodies representative of carers and to involve carers in the review and any subsequent revision of the local carer strategy. The statutory guidance accompanying the Act (https://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance/pages/1/) strongly recommends close and collaborative work with carers and the third sector in preparing strategies. Under the current circumstances and for the foreseeable future, including lockdown regulations and social distancing guidance, it is clear that the Carers Partnership's ability to meaningfully consult with and co-produce the revised strategy with carers and their representatives will be significantly restricted. Whilst some remote consultation activity may be possible this will take some time to plan and implement. It must also be recognised that whilst the pandemic persists carers may understandably not be in a position to prioritise active engagement with Carers Partnership consultation and co-production activities.

4.3.3 The statutory guidance accompanying the Act also sets out the required content of a local carer strategy, including:

- An assessment of current and future demand for support; and,
- An assessment of the extent of unmet need.

Whilst the Carers Partnership has worked on a continuous basis to understand the needs, views and priorities of carers it is clear that the COVID-19 pandemic represents a significant and unprecedented change in circumstances impacting all aspects of the life of carers and the people that they care for. Recent research conducted by Carers UK 'Caring behind closed doors. Forgotten families in the coronavirus outbreak.' (April 2020) (https://www.carersuk.org/images/News_and_campaigns/Behind_Closed_Doors_2020/Caring_behind_closed_doors_April20_pages_web_final.pdf) reports that 70% of unpaid carers in the UK are having to provide more care for the people they support during the COVID-19 pandemic, including personal care, practical tasks and emotional support. In addition, 55% of the 5000 unpaid carers surveyed said that they felt overwhelmed managing their caring responsibilities during the pandemic and that 81% were spending more money on items such as food, household bills and equipment for the person that they care for. It is apparent that our pre-pandemic assessment of demand for support and unmet need can no longer be assumed to be accurate. It will take a number of months to more fully understand the medium and long-term impacts of the pandemic on carers and to reflect these in a strategic needs assessment that can inform a revised carer strategy.

4.3.4 Given the significant negative impact of the COVID-19 pandemic on the ability of the Carers Partnership to prepare a fully revised strategy in-line with requirements set out in the Act and accompanying statutory guidance (as outlined in sections 4.3.2 and 4.3.3) and with their strong commitment to co-production it is recommended that the Integration Joint Board:

- Note that the requirement under section 33 (3) of the Act to complete a review has been fulfilled; and,
- Approve the recommendation that, due to the current circumstances (as described in sections 4.3.2 and 4.3.3), work to complete the fully revised strategy is completed by 31 October 2021.

4.3.5 In the meantime the Carers Partnership will continue to progress remote engagement work to the fullest extent possible in the present circumstances. Work will also begin to compile a revised carers strategic needs assessment as relevant information becomes available from local, regional and national sources. Whilst this work is ongoing the current carers strategy will remain in place.

4.4 Review of Short Breaks Services Statement

4.4.1 Dundee's first Short Breaks Services Statement was approved by the Integration Joint Board in December 2018 (Article XV of the minute of the meeting of the Dundee Integration Joint Board held on 18 December 2018 refers). The statement was developed through collaboration with carers, the people that they care for, practitioners and relevant organisations. It provides information about the short breaks services available in Scotland for carers and cared-for persons. It has been the Partnership's practice to review the statement on an annual basis, the statement was reviewed in December 2019 and there was a commitment to co-produce more accessible versions of this information. The next review of the SBSS is therefore due to take place in December 2020. The Carers Partnership had planned to combine this with their work to review 'A Caring Dundee', in particular by utilising the same engagement and co-production process. This has not been able to be progressed as planned.

4.4.2 The Carers (Scotland) Act 2016 (Short Breaks Services Statements) Regulations 2018 requires the local authority to consider the views of relevant carers and carers representatives in the review of the statement. As described in section 4.3.2 the ability of the Carers Partnership to meaningfully consult and co-produce with carers and their representatives will be significantly restricted for the forseeable future.

4.4.3 Given the significant restrictions on engagement and co-production activities and the recommendation to delay the revision of 'A Caring Dundee' it is also recommended that the Integration Joint Board agree delay the revision of the SBSS, with the aim of completing this work by 31 October 2021.

4.4.4 In the meantime the Carers Partnership will continue to progress remote engagement work to the fullest extent possible in the current circumstances to inform the development of alternative formats for the SBSS; this was identified as a priority for carers during the last formal review of the SBSS. Engagement with carers will also focus on understanding how the pandemic is impacting on people's ability to access short breaks.

4.5 Support for Carers

4.5.1 The recommendation to delay the revision of 'A Caring Dundee' and Short Breaks Services Statement (SBSS) does not detract from the Partnership's ongoing commitment to support carers and involve them in the work of the Partnership. In the short-term the priority for the Carers Partnership is to support the Health and Social Care Partnership and workforce to respond to the immediate impact of the COVID-19 pandemic on carers. This includes work to listen to the emerging needs of carers, to maintain and expand support services in response to carers needs and to support the local implementation of national support provisions for carers. The work of the Carers Partnership to date and the previous investment by the Integration Joint Board in carers support has enabled services to adapt and respond quickly to the pandemic.

4.5.2 Some examples of key developments to respond to carers needs during the pandemic include:

- Implementing alternative models of support within existing services. For example, the Carers Centre and other local carer support services have continued to provide 1:1 support by telephone and via video call (using Attend Anywhere) and have created weekly Facebook Live Virtual Hubs;
- Developing young carer and adult carer e-cards for carers who have to travel to carry out their caring role or have responsibility for shopping or collecting medication;
- Implementing local arrangements to ensure that unpaid carers who need to access PPE are supported to do so;
- Dundee City Council has implemented specific supports for employees who are carers, including specific human resources responses and signposting to relevant support services; and,
- The continuation of support for young carers, including creative and pro-active approaches to the continuation of short breaks during lockdown. A small number

of young carers have also received IT equipment and support to access the internet so that they can stay in touch with friends, family and professionals.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Integrated Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that delaying the revision of the Carers Strategy may undermine carers confidence in the prioritisation of their needs by the Integration Joint Board.
Risk Category	Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is High risk level)
Mitigating Actions (including timescales and resources)	• The content of any statement published under recommendation 2.6 of this report will set out the rationale for delaying the review of the Carers Strategy and provide reassurance that this does not reflected a lesser priority regarding carers moving forward, but is intended to ensure a revised strategy fully reflects carers current needs / views. • Supporting carers will remain as a key priority with the Strategic and Commissioning Plan 2019-2022. • Work will continue to engage carers in work to understand their needs and priorities within the context of the COVID-19 pandemic, and to respond to these needs. • The Carers Partnership will continue to take a lead role in strategic planning and developments relating to carers support, including providing assurance to carers that carers support is a key priority.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is Moderate risk level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is Moderate risk level)
Approval recommendation	Given the risk mitigation actions in place the risk is deemed to be manageable and should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 12 June 2020

Kathryn Sharp
Senior Manager, Strategy and Performance

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, Vice Chairperson and all other voting members on the Integration Joint Board.

Vicky Irons .... 22nd July 2020
Chief Officer — Date

Dave Berry .... 22nd July 2020
Chief Finance Officer — Date

Roger Mennie .... 22nd July 2020
Clerk and Standards Officer — Date

Trudy McLeay .... 4th August 2020
Trudy McLeay, Chairperson — Date

Ken Lynn .... 4th August 2020
Councillor Ken Lynn, Vice Chairperson — Date

Helen Wright .... 4th August 2020
Bailie Helen Wright — Date

Roisin Smith .... 11th August 2020
Councillor Roisin Smith — Date

Jenny Alexander .... 11th August 2020
Jenny Alexander — Date

Donald McPherson .... 4th August 2020
Donald McPherson — Date

REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 11 FEBRUARY 2020

REPORT ON: DUNDEE CARERS PARTNERSHIP PERFORMANCE REPORT 2017-2019

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC4-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to inform the Performance and Audit Committee of the progress towards realising the ambitions of the local carers strategy, 'A Caring Dundee 2017-2020', achieved through the Dundee Carers Partnership over the period 2017-2019.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

2.1 Note the content of this report and of the Dundee Carers Partnership Performance Report 2017-2019 (section 5 and appendix 1).

2.2 Note the intention of the Carers Partnership to review and refresh the local Carers Strategy by July 2020 (section 6.2).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

4.1 The Health and Social Care Strategic and Commissioning Plan 2019-22 highlights the 'immeasurable positive contribution carers provide' and reinforces the continuing 'commitment to ensuring that the role of carers remains integral to all that we do'. To ensure we maintain a focus on supporting carers, A Caring Dundee (A strategic plan for supporting carers in Dundee) was accepted by the Integration Joint Board in October 2017 (https://www.dundeehscp.com/sites/default/files/publications/caring_dundee_oct31.pdf) (Article X of the minute of the meeting of the Integration Joint Board on 31 October 2017 refers).

4.2 The Strategic Plan was developed through listening to the views and experiences of carers. It sets out the approach, model and actions by which the Dundee Carers Partnership (The Partnership) will deliver on our vision and outcomes for carers caring for people in Dundee. The Plan is acting as a driver for a range of actions being taken forward by the Partnership to improve the lives of carers under four strategic outcomes:

- Strategic Outcome 1: Carers will say that they are identified, respected and involved
- Strategic Outcome 2: Carers will say that they have had a positive caring experience
- Strategic Outcome 3: Carers will say that they have opportunities to lead a fulfilled and healthy life.
- Strategic Outcome 4: Carers will say that they have a good balance between caring and other things in their life and have choices about caring.

4.3 The Carers Partnership leads on innovation and improvement through strategic planning, development and provision of services and supports for carers of all ages. The group considers barriers to achieving these and any strategic matters arising which affect carers personal outcomes. Our performance and progress against the actions in the plan are reviewed at each meeting.

5.0 PERFORMANCE AND ACHIEVEMENTS

5.1 The Dundee Carers Partnership Performance Report 2017-2019 (appendix 1) highlights the work of the Dundee Carers Partnership as well as a much wider network of agencies who have worked alongside carers, young carers and communities to realise the ambitions of the strategy. Overall the report demonstrates a shift to locality working, accessible short breaks and stronger involvement with people in the design and delivery of services. Significant progress has also been made in the implementation of the Carers (Scotland) Act 2016 through the development of new services and supports, as well as improving the information available to communities and professionals.

5.2 Some key achievements under each strategic outcome are:

5.2.1 Strategic Outcome 1: Carers will say that they are identified, respected and involved

- A workforce development programme was implemented in 2017 to equip the Health and Social Care workforce and assessors of Adult Carer Support Plans with the necessary knowledge for implementation of the Carers (Scotland) Act 2016. 237 members of HSCP workforce attended the training (September 2017 until March 2018) and 10 briefing sessions were delivered to cascade Carers Act information and to highlight the Carers Strategic Plan and Local Carers Charter (total attendance 68).
- A 'Carers of Dundee' marketing campaign ran for 4 weeks in May 2019 as a way of generating awareness and collaboration in supporting carers in Dundee. During the campaign all traffic increased through the Carers of Dundee website and Carers of Dundee social media with a 59% increase in direct traffic to the Carers of Dundee website and we recorded a 17% increase in followers across social media platforms.
- During the 2017 - 2019 period, Carers Voice, Young Carers Voice and the Lifeline Group has increased carer involvement opportunities in service design. In 2017-2018 20 carers had opportunities to be involved in service design, with this number increasing to 65 the following year.

5.2.2 Strategic Outcome 2: Carers will say that they have had a positive caring experience

- A Dundee Carers Charter has been developed that sets out what carers can expect from services, the type of support they can access and the opportunities for involvement in decisions affecting the people they care for. The Carers Charter was re-branded for the 2019 period and now ties in with the Carers of Dundee brand.
- Carer Support Groups have continued to expand their activity delivering peer support so that carers can learn from each other's experiences and skills as well as offering support and advice to each other working though their concerns.

5.2.3 Strategic Outcome 3: Carers will say that they have opportunities to lead a fulfilled and healthy life

- The 'Carers of Dundee' brand and website was re-freshed and launched in 2018. A total of 2,363 users have accessed the site in 2017-2019.
- Dundee Carers Centre have developed a locality approach to supporting carers in Coldside and Strathmartine. This approach focusses on early identification of carers and developing informal, locality supports in partnership with carers and local community organisations. The approach has been successful in increasing the number of carers of all ages identified and supported within the local community for 142 carers of all ages in 2017-2017 to 290 carers in 2018-2019.
- Information and advice has been provided by Dundee Carers Centre to 1,259 adult and young carers in 2017-2018 and 1,366 carers in 2018-2019.

5.2.4 Strategic Outcome 4: Carers will say that they have a good balance between caring and other things in their life and have choices about caring

- As part of the "What's Best for Dundee Carers Project" in 2017 local carers were involved in finalising the Adult Care Support Plan (ACSP) and associated practice guidance so that the ACSP meets the legislative requirements in a way that carers want.
- The Dundee Adult Carers Eligibility Framework has been developed through Dundee Carers Partnership. This involved Carers and stakeholders in a number of ways including the work undertaken through the "What's Best for Dundee Carers Project".
- The Dundee Short Breaks Service Statement was produced in 2018 through an extensive process of co-production with local carers and other stakeholders, co-ordinated by the Short Breaks Workstream. In 2017-2018 the Dundee Short Breaks Services supported 350 carers to have a break, increasing to 372 carers in 2018-2019.

6.0 FUTURE PLANS AND PRIORITIES

6.1 Through the development of the Carers Partnership Investment Plan the following priorities for future investment and development have been identified:

- Advocacy and involvement support which enables carers to be involved in design and development of services for people cared for.
- Support to carers and cared for persons to improve their health, wellbeing and independence, reduce inequalities and cope with loss and bereavement.
- Support to carers to access personalised formal support following an adult carer's support plan.
- Support which enables update of the Carers Strategic Plan and update of the Carers Eligibility Criteria in line with legal requirements.
- Digital and technology developments which promote accessibility and sustainability of service provision.

6.2 Over the coming months, the Dundee Carers Partnership will begin to take forward the development of the next local strategy. The development of the next Dundee Carers Strategy, in partnership with carers and key stakeholders, will enable the Partnership to capture further areas of focus ensuring that we continue to support the significant contribution that carers make in our communities across the City.

6.3 Further work is required to ensure we have robust data on the numbers of Adult Carer Support Plans and Young Carer Statements. We can identify a significant increase in the numbers of young carers identified, specifically as a result of the development work being undertaken by the Dundee Carers Centre within local schools.

6.4 In the next strategy, there will be a focus on development work to ensure the workforce has appropriate tools and knowledge to complete assessments appropriately in line with the identified Eligibility Criteria.

6.5 The Carers Partnership will continue to work with community partners to develop locality based support services as part of the 'Early Intervention and Prevention' approach.

7.0 POLICY IMPLICATIONS

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

8.0 RISK ASSESSMENT

Risk 1 Description	Incomplete data creates a risk that Dundee City Council and its partners will be unable to evidence that legislative duties within the Carers Act are being met, specifically in relation to Adult Carer Support Plans and Young Carers Statements.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	• Improved data collection processes • Increased workforce awareness of legislative duties • Development of operational procedures • Review of electronic recording tool for assessment and support planning
Residual Risk	Likelihood 2 x Impact 5 = Risk Scoring 10 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 5 = Risk Scoring 10 (High Risk)
Approval Recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

Risk 2 Description	A number of achievements to date have been supported by Scottish Government Carers (Scotland) Act implementation funding. This funding is not guaranteed in future years which potentially jeopardises existing activity and development.
Risk Category	Financial, Political
Inherent Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Mitigating Actions (including timescales and resources)	• Refreshed Carers Strategy will identify priorities and resource requirements for the period of the strategy.
Residual Risk	Likelihood 3 x Impact 2 = Risk Scoring 6 (Moderate)
Planned Risk Level	Likelihood 3 x Impact 2 = Risk Scoring 6 (Moderate)
Approval Recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

9.0 CONSULTATIONS

9.1 The Head of Health and Community Care, the Dundee Carers Partnership and the Clerk were consulted in the preparation of this report.

10.0 BACKGROUND PAPERS

10.1 None.

Dave Berry
Chief Finance Officer

DATE: 11 February 2020

Lynne Morman
Integration Manager / Joint Chair, Dundee Carers Partnership

Lucinda Godfrey
Joint Chair, Dundee Carers Partnership

Dundee Carers Partnership

Performance Report 2017-2019

DRAFT

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Foreword

This report sets out the achievement and progress towards realising the ambitions of the local carers strategy, 'A Caring Dundee, 2017-2020.' Over the coming months, as we take time for reflection and progress the development of the next local strategy it is important the we recognise and value the work that has been done, as well as identifying what we are still required to do. The Health and Social Care Strategic and Commissioning Plan 2019-22 highlights the 'immeasurable positive contribution carers provide' and reinforces the continuing 'commitment to ensuring that the role of carers remains integral to all that we do'.

The vision of the current carers strategy, identified that we should attain 'A Caring Dundee in which all carers feel listened to, valued and supported so that they feel well and are able to have a life alongside caring.' The strategy is ambitious and transformative based on a set of guiding principles. The work delivered as identified in this report has been collaborative, creative and inclusive realising improved outcomes for carers and their families.

This report highlights the work of the Dundee Carers Partnership as well as a much wider network of agencies who have worked alongside carers, young carers and communities to realise the ambitions of the strategy. There is no doubt that a significant amount has been achieved for and along with carers over that time as demonstrated in the report including a shift to locality working, accessible short breaks and stronger involvement with people in the design and delivery of services.

The Carers Partnership has also worked to progress the implementation of the Carers (Scotland) Act 2016 which introduced new rights for carers and young carers from 2018 onwards. The Carers Act also meant record investment in supporting carers locally enabling the development of new services and supports as well as improving the information available to communities and professionals.

We recognise and value the significant progress that has been made locally and the positive impact that has had on carers and their families. The development of the next Dundee Carers Strategy will enable us to capture further areas of focus ensuring that we continue to support the significant contribution that carers make in our communities across the City.

1. Introduction

In Dundee, we recognise the significant and vital contribution that carers make in supporting people they care for. To ensure we maintain this focus, A Caring Dundee (A strategic plan for supporting carers in Dundee) was accepted by the Integration Joint Board in October 2017 and launched on 24th November 2017 - https://www.dundeehscp.com/sites/default/files/publications/caring_dundee_oct31.pdf

The Strategic Plan, which covers the 3 year period until 2020, was developed through listening to the views and experiences of carers. It sets out the approach, model and actions by which the Dundee Carers Partnership (The Partnership) will deliver on our vision and outcomes for carers caring for people in Dundee.

The Plan sets out how we will achieve our vision for:

A Caring Dundee in which all carers feel listened to, valued and supported so that they feel well and are able to live a life alongside caring

The Plan is acting as a driver for a range of actions being taken forward by the Partnership to improve the lives of Dundee carers. The Plan outlines how the Carers (Scotland) Act 2016 will be implemented in Dundee. The aim of this Act is for adult and young carers to be better supported on a more consistent basis so that they can continue to care, if they so wish, in good health and to have a life alongside caring. For young carers, the additional intention is that they should have a childhood similar to their non-carer peers.

Dundee Carers Partnership

The Carers Partnership leads on innovation and improvement through strategic planning, development and provision of services and supports for carers of all ages. The group has a vision and outcomes plan and considers barriers to achieving these and any strategic matters arising which affect carers personal outcomes. Our performance; progress against the actions in the plan; and use of resources is reviewed at each meeting.

The Carers Partnership reports to Dundee Health and Social Care Partnership Integrated Strategic Planning Group, which reports to the Integration Joint Board. Working in partnership with carers is seen as central to ensuring that there is a consistent focus on outcomes and all developments are co-produced and co-designed with carers and stakeholders.

Membership

The Partnership is multi-agency group including carers and representatives of carers; Dundee Health and Social Care Partnership (HSCP), NHS Tayside; Dundee Carers Centre; Dundee Community Planning Partnership; Public Protection; Dundee City Council Children and Families and Neighbourhood Services (Adult Learning and Housing); Penumbra; Cairn Fowk; Dundee Voluntary Action.

2. Strategic Plan for Supporting Carers in Dundee

The approach taken to supporting the health and wellbeing of carers in Dundee is outlined in 'A Caring Dundee: The plan builds upon the previous Dundee Carers Strategy and is for all carers in Dundee, including young, adult and parent carers. It was developed through listening to the views and experiences of carers.

This performance report provides a summary of the work undertaken and describes the key areas of progress and performance of Dundee Carers Partnership over 2017-19 period. The report is structured around our four strategic outcomes.

What are our Strategic Outcomes?

We have developed four strategic outcomes based on what carers and stakeholders told us. The four Strategic Outcomes are:

Strategic Outcome 1: Carers will say that they are identified, respected and involved
Strategic Outcome 2: Carers will say that they have had a positive caring experience
Strategic Outcome 3: Carers will say that they have opportunities to lead a fulfilled and healthy life.
Strategic Outcome 4: Carers will say that they have a good balance between caring and other things in their life and have choices about caring.

Implementation and Delivery

In order to achieve the vision set out in the strategic plan, implement the Carers (Scotland) Act, and embed new ways of working in Dundee, the Carers Partnership (the Partnership) undertook a programme of work through establishing workstreams. The workstream leads and members were drawn from across the HSCP, Dundee City Council Children & Families, Third Sector and services to deliver actions identified in the plan and facilitate the Carers Act implementation.

There are a number of workstreams and groups which currently report to and support the Partnership in achieving its outcomes.

Including:
Adult Carers
Young Carers
Short Breaks
Quality Assurance
Communications and Involvement
Carers Interest Network
Carers Voice and Young Carers Voice

3. Overview of Progress

Significant progress has been made in implementing the Strategic Plan during the period 2017-2019.

Carers Strategic Outcome 1: Carers will say that they are identified, respected and involved

The Carers Partnership have implemented a range of activity to increase identification and involvement of carers, this includes:

Workforce Training

A workforce development programme was implemented in 2017 to equip the Health and Social Care workforce and assessors of Adult Carer Support Plans with the necessary knowledge for implementation of the Carers (Scotland) Act 2016. The training focussed on general awareness raising and identification of carers, as well as outlining statutory procedures in relation to adult carers.

- **237** members of HSCP workforce attended the training **(Sept 2017 until March 2018)**

Additional briefing sessions were also delivered to cascade Carers Act information and to highlight the Dundee HSCP Carers Strategic Plan and Local Carers Charter to relevant colleagues across Health and Social Care Partnership and wider third sector agencies, promoting discussion about support available to carers in Dundee and overall awareness raising.

- **10** briefing sessions were delivered to cascade Carers Act information and to highlight the Carers Strategic Plan and Local Carers Charter (total attendance **68**)

Carers Act Briefing Sessions Feedback

"the information that was shared was really helpful for us as an organisation. Our work doesn't focus specifically on carers and their needs but we do come into contact with service users who may have a caring role from time to time so it's important for us to have some background knowledge of the legislation and policy that supports this group. My colleague is due to share the information at our next team meeting - approx. 6 of us in attendance" (Local Engagement Worker)

- The EPIC Carer Aware e-learning is national framework supporting the health and social care workforce learning and development relating to unpaid carers. The workforce have received information about how to access the e-learning which has recently been refreshed to take account of the Carers (Scotland) Act duties.

Carers (Scotland) Act Multi Agency Information Toolkit

A Carers (Scotland) Act Multi Agency Information Toolkit has been developed and launched by the Carers Partnership (www.carersofdundee.org/cms/uploads/dundee-carers-act-multi-agency-toolkit.pdf)

The toolkit provides information on how agencies communicate and work together to best support carers in Dundee and supports the workforce to be aware of Carers Act statutory requirements and in developing the resource:

- Feedback sessions were facilitated with members of the Carers Interest Network in 2017-2018 to inform the planning, content and design of the multi-agency guidance.

- A consultation period on the toolkit took place in early 2019 which resulted in improvements to the document.

Carers of Dundee

Information and advice services are commissioned from Dundee Carers Centre and a pivotal part of this is the 'Carers of Dundee' website www.carersofdundee.org. The 'Carers of Dundee' brand is intended to bring together information and supports available in the city, into a central source for carers and professionals to be able to access directly. Professionals in the city can also access the information to print off or share with carers.

The site was re-freshed and launched in 2018 and is building up the wealth of information that local carers were seeking. The Communication and Involvement Workstream were keen that the website would also allow carers to find out about relevant support, events, courses and activities to support them in their caring role, without having to search through individual local and national support organisations' websites. The site also lets carers know their rights and how they can get further information and advice. The site has pages for professionals making sure those who provide support to carers also have access to the information they need and can share this to the advantage of local carers. Everyone using the site can access both carers and professionals pages which has the advantage of promoting transparency and equal partnership.

A 'Carers of Dundee' marketing campaign was launched the week beginning 20th May 2019 and ran for 4 weeks leading up to an open-air event in Slessor Gardens on 15th June 2019 as a way of generating awareness and collaboration in supporting carers in Dundee.

The campaign successfully generated publicity about carers. The activity consisted of utilising a mixture of traditional and online media, sharing digital stories from carers and a promotional video which was produced for the event. During the campaign all traffic increased through the Carers of Dundee website and Carers of Dundee social media with a **59%** increase in direct traffic to the Carers of Dundee website and we recorded a **17%** increase in followers across social media platforms.

At the Slessor Gardens event, **14** agencies/organisations exhibited on the day, offering information and advice to the public about the services they offer. There were also family

activities and performances from community groups. Approx. **600** people visited the marquee throughout the event and feedback from those exhibiting was extremely positive. In addition to this passers-by from the busy V&A and Railway station area enjoyed the outdoor performances, music and DJ presentations.

Feedback from organisations exhibiting included:

Carers of Dundee Event Feedback
"We found the event well worth-while and we chatted with many carers on the day, making them aware of the support we provide alongside other community resources that can support both themselves and those they care for. It's a privilege hearing people's journeys and experiences and the event did feel like a real celebration of the vital contribution carers make to our society. "

Carer Interest Network

The Carer Interest Network acts as a practioners forum to enhance learning and development in providing support to carers. The Development Officer organises quarterly network meetings liaising with third sector, community and public health and social care partners to organise session programmes including guest presenters and co-ordinates the wider promotion of the network within the sector.

The network sessions provided opportunities to update on local Carers Act developments, share information and learning to develop supports and resources for carers and professionals (Carers of Dundee brand/website and Multi-Agency Guidance), as well as agency input presentations to raise awareness of the variety of universal services and commissioned supports available to carers in Dundee.

A session was held in April 2019 to share learning and receive practioners feedback to input into the design of a resource being developed by Scottish Social Services Council (SSSC) that builds individuals and organisational capacity for outcomes focussed support planning, meeting specific requirements within the Carers (Scotland) Act 2016 to develop the *Understanding Personal Outcomes SSSC Booklet.*

- During 2017-2018, the Carer Interest Network attracted a total of **55** attendees.
- During 2018 -2019, the Carer Interest Network attracted a total of **58** attendees

Carer Involvement:

Carers Voice and **Carers Blethers** provides opportunities for carers to come together to get involved in decisions and matters that affect their own lives or the people they care for. Members of Carers Voice and Carers Blethers are supported by the Dundee Carers Centre Involvement Worker to participate in strategic groups including the Young Carer Subgroup, Adult Carer Workstream, IJB and regional and national opportunities.

Young Carers Voice is a group of 14-18-year-old young carers who work alongside the Carers Partnership to raise awareness of young carers and the supports available to them.

Carers Blethers is a group of 30 carers to inform the priorities for Carers Voice. Topics covered include community transport, Short Breaks and a carers surgery with Joe Fitzpatrick MSP.

The **Lifeline Group** is for carers of people who require support with their substance or alcohol dependency. They offer each other peer support and work with other services in the city to influence change by sharing experiences of what has worked well and what could be better. They agree together their areas of interest and invite professionals along to share information and experiences and identify how they can work together. The group shared their experiences to the Dundee Drugs Commission ahead of the 'Responding to Drug Use with Kindness, Compassion and Hope' Report which was published in August 2019.

During the 2017 - 2019 period, Carers Voice, Young Carers Voice and the Lifeline Group has increased carer involvement opportunities in service design:

- 2017-18: **20** carers had opportunities to be involved in service design
- 2018—19: **65** carers had opportunities to be involved in service design

Voices Workshop

One of the activities members of Carers Voice and Young Carers Voice took part in during 2018/19 was a 'Voices Workshop', to increase their confidence, knowledge and skills when representing themselves to services.

20 members of carers voice and young carers voice participated in the workshop facilitated by the Scottish Health Council alongside members of the Dundee Carers Centre Carers Support Team. Training for staff and Carers Voice members together was positive to develop relationships and trust and is an approach the Carers Centre will continue to apply to future involvement training opportunities with our involvement groups.

During 2017 – 2019, **Young Carers Voice** have been involved in the following activities:

Supporting Young Carers in School Policy

Young Carers Voice influenced the content of the policy supporting young carers in schools which was published in 2017 and are now contributing to the refreshed policy supporting young carers in Integrated Children & Families Service. Members of Young Carers Voice also highlighted the work of the group at Dundee Headteacher Conferences, World Community Development Conference and the Scottish Parliament

Young Carers Statements

Young Carers Voice were also involved with delivering consultation activities engaging with young carers to implement Carers Act developments in Dundee and inform the Dundee Carers Partnership regarding the implementation of Young Carer Statements, and the development of supports for young carers in Dundee.

"I absolutely loved this experience and am very grateful for it. I love the fact that everyone made us feel welcome and not to mention the fact I felt we were all listened to and for once someone who actually has the power to help us has shown interest and appreciation for us." (**Young Carers Voice member on Scottish Parliament Visit – June 2018**)

Young Carers Ambassadors

Members of Young Carers Voice worked with the Carers Centre to recruit Young Carer Ambassadors in every secondary school in Dundee to be a local point of contact for the group. Young Carer Ambassadors are young carers who volunteer within their school to support staff to raise awareness of young carers and become involved in planning and delivering information, training and support groups – being a peer point of contact for other young carers. This area of work has grown significantly and as of August 2019, there were 15 Young Carer Ambassadors in 5 of the 8 secondary schools in Dundee.

Mental Health Carer Involvement

Alliance Independent Inquiry into mental health services in Tayside

As part of the Alliance's Independent Inquiry into mental health services in Tayside, Penumbra held a focus group at their premises specifically for 'mental health carers'.

A group met with a Co-ordinator from the Alliance in September 2018 to share their experiences of local mental health services. A couple of the main themes that came out of this was the issue of the lack of continuity in relation to psychiatry provision in Dundee and people struggling to access mental health services when they need to. Both of these themes were highlighted in the Inquiry's interim report published in May 2019.

Carers Group at Carseview Centre

Dundee Mental Health Cairn Fowk has delivered a Carers Support group at the Carseview Centre for seven years and support carers with input into the delivery of services and supports for mental health provision at the Carseview Centre. The group has led on many involvement opportunities for carers to raise awareness of mental health, wellbeing and recovery. Some of this work has included the development of information leaflets, organising talks for carers to gain information about the facilities at the Carseview Centre and input into the delivery of policies on the wards. Over the years the input of the carers group has been wide and varied and through building relationships with staff at the Carseview Centre this has also included organising social events and activities for patients and carers, such as bingo nights.

The Carseview Centre have also recently set up a multi-agency partnership of Statutory Service staff, Voluntary Sector and carer representatives from across Tayside to look at supports delivered to carers in the Centre. The group consulted with carers in developing the Triangle of Care pack and ensuring carers are included, where appropriate, in the care and discharge planning of the individual they're supporting.

The Carers Information Pack has been revised accordingly and is being made available to all carers in contact with the Carseview Centre when the person they care for is admitted. The

group are planning an event for carers to be held in November 2019 – a drop in session so people are aware of the services and supports available to assist them in their caring role.

Carer Identification

In Dundee, our approach to supporting carers is based on a strong commitment to prevention and early intervention. All agencies and services across Health and Social Care, Children & Families, NHS Tayside and the Third and Independent sectors will work jointly with Carers to identify and support them to achieve their outcomes. Practioners within the remit of Dundee Health & Social Care Partnership and commissioned services are expected to identify carers and offer/signpost to support as part of their duties included in clauses within HSCP contracts.

The focus for the Adult Carer Workstream will be to recruit carer champions from Health & Social Care Teams to develop and improve ways to identify and support carers. The carer champions will work alongside members of Carers Voice and Carer Ambassadors to co-design ways of identifying carers early in their journey and securing the most suitable supports for each individual carer as well as ensuring they have opportunities to build connections and contribute to activities in their local community. The Young Carer Workstream will continue to make progress towards identification in schools and local communities.

The Communications and Involvement Workstream will continue to work with carers, support agencies and decision makers to identify and develop effective means of communications between them; and will continue to increase carer awareness and identification through marketing of the 'Carers of Dundee' brand.

Carers Strategic Outcome 2: Carers will say that they have had a positive caring experience

The Partnership have undertaken a range of activities to enable carers to have positive experiences of supports and services designed to support them and the person they care for.

Model for Supporting Carers in Dundee

A major focus for the Partnership to further enhance experiences for carers has been the local implementation of the Carers (Scotland) Act 2016, which came into effect in April 2018. The focus during the first year of Carers Act Implementation was to build capacity to implement each duty within the Act and further develop personalised and locality-based support to carers in communities.

As a Partnership, we have developed the following approach to supporting carers within Dundee:

- Embedding person centred and carer positive practice through developing our workforce, organisation, strategic planning and guidance.
- Enabling a decisive shift towards prevention, early intervention and health equality through developing a range of informal supports which can be directly accessed by carers in their local communities
- Carers Health Checks are easily accessible to all carers and through these checks carers health and wellbeing is promoted.
- Further developing short breaks as a model of early intervention and support which enables carers to continue in their caring role.
- Developing integrated models of locality based and personalised support which enables carers to achieve their personal outcomes.

Dundee HSCP currently provide a range of services to provide information and advice relating to care and support for adults and supports for carers. This is either delivered directly or via partner organisations including the Dundee City Council, NHS and Third and Independent sector.

Local Carers Charter

To accompany the Strategic Plan, a Dundee Carers Charter has been developed through the Dundee Carers Partnership working with carers in Dundee. The charter sets out what carers can expect from services, the type of support they can access and the opportunities for involvement in decisions affecting the people they care for.

The Charter sets out three pledges to carers in Dundee:

- Identify, acknowledge and value carers;
- Support carers;
- Involve carers;

Public bodies and agencies were invited to sign up to the Dundee Carers Charter on 24th November 2017. The Carers Charter was re-branded for the 2019 period and now ties in with the Carers of Dundee brand. Refreshed work is anticipated in 2019/20 to encourage more agencies to sign up and increase awareness of local carers

Carer Support Groups

Carer Support Groups are facilitated to deliver peer support so that carers can learn from each other's experiences and skills as well as offering support and advice to each other working though their concerns. This experience supports carers to discover that being a carer in Dundee can be a positive experience.

There are lots of groups available in Dundee providing support to carers and the following are a few examples:

Dundee Mental Health Cairn Fowk Peer Support

Dundee Mental Health Cairn Fowk offer groups and drop ins for people caring for/supporting someone with a mental health challenge. The groups and drop ins provide emotional support and outreach to people who are just starting the caring journey. The groups provide informal opportunities for identification and informal support amongst group members. Cairn Fowk also run 'Hope and Recovery' courses, supporting mental health carers with their own well-being and recovery. Cairn Fowk also organise social activities and day trips and respite breaks for carers. The social activities are done on a voluntary basis through funds they raise or source themselves.

Carers Respite Break Lowport Centre Linlithgow

On 24 - 26th May 2019, Cairn Fowk organised a carers respite break to Lowport Centre in Linlithgow with funds received through the Youth Philanthropy Initiative (YPI). School pupils from Baldragon Academy and Morgan Academy chose Dundee Mental Health Cairn Fowk as their local charity to raise funds for and delivered project presentations as part of the scheme, winning £3000 from Baldragon Academy and £500 from Morgan Academy for their efforts and presentations. The weekend trip was taken up by **14** carers, all looking forward to a break from their daily lives.

"Cairn Fowk allows me to meet other people who are in the same situation, you don't have to explain and you don't feel judged" **(Carer, Dundee Mental Health Cairn Fowk)**

Dundee Carers Centre Peer Support

During 2018, work was carried out by Dundee Carers Centre to provide peer support to carers and give carers and former carers progression opportunities, including education and employment training and accreditation opportunities. This approach ensures that carers receive additional opportunities and support to maintain their life balance.

- Developed and implemented a new peer mentor programme
- Developed training and access to accreditation opportunities for carers and former carers including Adult Achievement Awards, Dynamic Youth Awards and Saltire Award
- A Civic Reception was held in March 2019 to celebrate the Adult Achievements and **12** carers of all ages attended. A number gave interviews and are featured in a National Adult Learning Video available from Education Scotland & Newbattle Abbey College

All groups, including drop ins, are supported by volunteers, the majority of whom are carers or former carers. These volunteers carry out a variety of roles including:

- Walk Leaders
- Volunteer Drivers
- Peer Support within Groups such as St Mary's D-Cafe, Care & Share & Arts & Crafts
- Our regular former carers lunch club is organised and led by two former carers
- Peer Mentors providing 1:1 support to adult and young carers
- Young Carer Ambassadors in Schools and Carer Ambassadors within local communities

"Being part of Dundee Carers Centre has allowed me the opportunity to help other young carers in Dundee, it has helped me understand my own role as a young carer and has helped me build up my confidence and mental health." **(Young Adult Carer Volunteer)**

Penumbra Carers Support Service

Penumbra's Carers Support Service offers practical and emotional support to those who care for a family member or friend experiencing mental health challenges. Support focuses on areas important to the individual and can be offered on a face to face or telephone basis to suit the carer. Wellbeing workshops and social groups also run providing an element of peer support. The service accepts self-referrals so carers can access support directly.

Support often includes working with carers to explore ways they can improve their own health and wellbeing. This may include exploring self-management tools, alongside accessing community resources whether this be a hobby or interest, short break funding, educational opportunity, volunteering or working towards paid employment.

"Coming to Carers Support for me has been a great help. Having friendly people to talk to takes away an awful lot of pressure. Also meeting other people in the same situation has been helpful for me too" **(Penumbra Carer)**

Carers Strategic Outcome 3: Carers will say that they have opportunities to lead a fulfilled and healthy life.

Access to Information and Advice

As a Partnership, we said that we would continue to develop a range of access points in localities across Dundee so that all carers can easily access advice, information about community supports and information. All carers in Dundee can directly access universally available services and support. Carers can access these local support services themselves without the need for an Adult Carer Support Plan/Young Carer Statement.

Some key activities undertaken to fulfil our information & advice duties included:

- the provision of learning and development activities for our workforce and partners to enhance their understanding of carers and the Act;
- further developing, with the Dundee Carers Centre, locality models for supporting carers within the service delivery area in which they live;
- creating and delivering a 'Carers of Dundee' website and carers factsheets to provide information and advice for local carers and professionals; and,
- introducing a Carers Interest Network to involve practitioners across health, social care, third and independent sector in developing coordinated approaches to supporting carers
- the provision of information and advice to adult and young carers delivered by Dundee Carers Centre

Below are some examples of good practice work undertaken within Dundee:

Penumbra's Wellbeing Point Pilot

Penumbra were awarded funding through the Dundee Carers Partnership to support implementation of the Carers Scotland Act 2016. The pilot will run until May 2020. The ethos of the Project is that by providing an easily accessible point of information, carers will feel they can access support when they need it in a locality venue suitable for them. A range of information is provided so carers are aware of what's available to support them in their caring role and with their own wellbeing. This approach is also in line with a number of other local and national strategic priorities including early intervention and prevention alongside reducing health inequalities.

Wellbeing Point activities started in January 2019 after some initial consultation and making connections in various community venues including: community cafes based in Whitfield, Lochee and Coldside areas; The Maxwell Centre; Brooksbank Centre; Broughty Ferry Library; Community Centres based in Kirkton, Menzieshill, Fintry and Charleston.

Penumbra's Carer Wellbeing Point pilot

Penumbra's Carer Wellbeing Point is a pilot project running from January 2019 until May 2020. Since January 2019, Penumbra have been present in a range of community venues across Dundee providing drop in sessions that carers can access directly. The pilot aims to provide an easily accessible point of information so carers can be aware of what's available to support them in their caring role. This includes information on services and supports in Dundee, alongside resources that promote positive wellbeing.

This has been a good approach to supporting people in their local area and increasing identification of carers as it is generating conversation about caring and what being a carer means.

At the Wellbeing Points, Support Workers have provided a range of personalised responses and follow up support where required. This has included information and sign-posting in relation to areas such as: mental health and wellbeing; carers health checks; crisis contact numbers and safe planning for those experiencing distress and suicidal thoughts; finances and welfare reform; drug and alcohol dependence; counselling services; informal community-based group; short breaks and volunteering opportunities. Some bereavement support has also been provided including supporting those bereaved by suicide.

At present, Penumbra have increased presence in areas that have been affected by recent completed suicides to ensure people in local communities feel supported and are aware of what is available to them in these circumstances.

"*It was really useful getting to know about all this stuff…I didn't know half of these supports were available in Dundee*" (Wellbeing Point Carer)

Dundee Carers Centre Information & Advice

Dundee Carers Centre are commissioned to provide an information and advice service to carers in Dundee, including the provision of online information via the Carers of Dundee website.

The below figures show the total numbers of all adult and young carers supported at the Centre:

During 17/18 **– 1259** carers received support from the Centre
(1st April 17- 31st March 18)

During 18/19 **– 1366** carers received support from the Centre
(1st April 18 - 31st March 19)

The below figures show the total number of users accessing the Carers of Dundee website:

Total users – **2,363**
(1st April 17- 31st March 19)

Dundee Carers Centre Caring Places

Dundee Carers Centre have developed a locality approach to supporting carers in Coldside and Strathmartine. This approach focusses on early identification of carers and developing informal, locality supports in partnership with carers and local community organisations. The approach has been successful in increasing the number of carers of all ages identified and supported within the local community.

In Year 1 we reached **– 142 carers of all ages**
(Nov 2016/Dec 2017)

In Year 2 we reached **– 290 carers of all ages**
(Jan 2018/ Jan 2019)

The team have local bases in Strathmartine and Coldside where they can meet carers informally in the local community and have a good knowledge of informal supports available. Groups and drop in opportunities have also been developed, in partnership with local agencies, schools and community groups, enabling carers and their families to access information, advice and support in their local community. These include young carers groups in schools, a family cinema group for carers and drop-in cafes in Ardler and St Marys. Staff have worked with carers and their families to develop and design responses which they feel best meet their needs.

Carers have embraced this model of support, and local organisations working in these communities also report a greater confidence in identifying and supporting carers who access their facilities and services. The Carers Centre is currently developing similar support across all localities in Dundee and this is being rolled out as of the 1st September 2019.

Dundee Carers Centre - Locality Based Service Development

Dundee Carers Centre has had a Localities Team based in Coldside since November 2016. The aim of this team has been to work in partnership with carers and local groups, organisations and workers to identify carers within the community and develop informal, locality supports for carers and their families.

Through the course of this process we have identified that some carers and their families are not accessing informal locality supports, either provided by the Carers Centre or other groups or services.

The Localities Team set the aim of bringing organisations, carers and their families together to identify test projects in the Coldside area. The team set up four initial meet-up sessions called Bite and Blether. These were opportunities for people in the area to have lunch and discuss their experiences of how carers access resources in Coldside. In total, these sessions were attended by 17 organisations and 3 carers.

The sessions used visioning exercises to set out how the group wanted Coldside to be like, identified two test projects: Coldside Community Cupboard, and Co-ordinated Support Hub,

and brought people living and working in Coldside together to plan, resource and take the test projects forward.

Carers Health and Wellbeing

Within Dundee there is a range of services and activities that contribute towards supporting carers health and wellbeing. The following are some examples of this:

Carers Keep Well Activity

The Keep Well service uses anticipatory care health checks to engage with populations who are at higher risk of health inequalities. The Keep Well nursing team offer comprehensive Health and Wellbeing checks to carers over one or more appointments, depending on the need of the individual. Relevant person-centred information and advice is shared, as well as referral and signposting to other statutory and non-statutory services.

For those who lack confidence to engage independently with other services or positive community-based activities, support to engage is offered by a Keep Well Associate Practitioner.

During 17/18 – **119** Carer Keep Well health checks were delivered

During 18/19 – **131** Carer Keep Well health checks were delivered

Carers Keep Well activity

What the Carer said....
'I've suffered with depression for about 4 years and I look after my parents. I got referred to the Carers Centre. I got a leaflet for a free health check - it took me 3 weeks to phone and ask for help. Now just over a year on I am doing exercise everyday and now my doctor is cutting down my tablets. I still have my ups and downs but the help and support from the team I can't fault them....there's always help out there for you.'

What the nurse said...
Ms M a 45 year old carer attended for a Keep Well health check at Dundee Carers Centre. The Keep Well Health Check was competed over 2 appointments. Ms M had a long-term condition, as well as back and neck pain. Ms M needed a walking aid to assist her when walking. Whilst Ms M's blood pressure, pulse, blood glucose and blood cholesterol were within normal parameters, it was identified that she was at moderate risk of developing diabetes (1 in 7 chance of developing this within the next 10 years). This was strongly influenced by her Waist measurement and Body Mass Index.

Ms M was experiencing high levels of anxiety and low mood. She was engaging with her GP and she was awaiting a psychology appointment. Whilst she had a strong desire to increase her level of activity, as this had been helpful in the past, her confidence in her ability to achieve this and her motivation were reduced.

The nurse introduced Ms M to the Associate Practitioner who explored different options with her. Ms M was supported to enrol and engage with the Active for Life Programme. She is now engaging with this programme independently. She has also been supported to achieve her goal of being able to walk the Tay Road Bridge and explore improvements with her dietary intake.

Active Women (Developing new short breaks for minority ethnic women and carers)

Being able to access leisure opportunities is important for carers to be able to maintain their own health and wellbeing. Dundee Carers Centre, Dundee International Women's Centre (DIWC) and Volunteer Dundee are working in partnership with Leisure and Culture Dundee to enable access to female only leisure facilities and sessions. Through consultation and feedback from minority ethnic women, a request for ladies only swimming had been a priority for many women as well as ladies only access for fitness. We also know that some women from the majority population would prefer this type of facility.

An 8-week pilot took place in Lochee Leisure Centre with ladies only access to the gym, sauna and swimming pool and males were unable to use spectators areas. This partnership with Leisure and Culture enables women to access female only facilities where staff are trained in cultural competence. The group sessions have only been possible through organisations working within their existing resources but targeting them to meet particular needs of minority ethnic women and carers. The sessions are open to all women and not only women from minority ethnic communities.

The support from the Carers Centre and DIWC staff and volunteers also means that women accessing the Lochee facilities have found out about and accessed support from other agencies in Dundee.

The sessions are now continuing on an ongoing basis and continue to have support from the Carers Centre and others. The sessions are open to all women and not only women from minority ethnic communities. There is a mix of ladies from all cultures and backgrounds using the facilities in the Lochee Centre and also making new friends in the process.

The group sessions have only been possible through organisations working within their existing resources but targeting them to meet particular needs of minority ethnic women and carers.

Active Women (August 2016 to present)
Key Activity

32% of referrals to the Minority Ethnic service in the Carers Centre (from the period Aug 2016 to March 2018) came from women who had accessed Active Women and had either been informed by staff regarding the services or by other women using the facilities.

During the period 2017 to 2019, **29** carers have accessed multiple Active Woman sessions.

Quote from a carer ''I love coming to the weekly swim and sauna sessions. It is actually the only time I get to myself and get a break from my caring role. It is also good to catch up

*with my friends in the pool and because it is ladies only I feel comfortable and can wear what I want'' **(Carer, October 2018)***

*Quote from a carer ''I only found out about the Carers Centre by coming to Lochee swimming. Another lady in the pool told me what kind of support the carers centre provide for minority ethnic carers and I quickly phoned the Centre to speak to the worker. I look after my son and was able to get lots of information on what kind of support is available for both my son and I'' **(Carer, November 2018)***

Carer Strategic Outcome 4: Carers will say that they have a good balance between caring and other things in their life and have choices about caring.

As a Partnership, we said that we would develop our workforce, pathways and supports so that:

- Young Carers are supported
- Adult Carers are supported to continue caring
- Carers have access to short breaks and respite

Young Carers are Supported

The Young Carer Workstream was established by the Carers Partnership in September 2017 to assist in preparation and implementation of the Carers (Scotland) Act and is co-chaired by Dundee City Council Children & Families and Dundee Carers Centre. Current membership includes: *Dundee Carers Centre, Children & Families Social Work, Young Carers Voice, Children & Families Education, Strategy & Performance, Learning & Organisational Development, School Nursing Service, Discover Work, Dundee & Angus College, Skills Development Scotland,*

Through the Young Carer Workstream (strategic planning) and the Caring Places (localities/school based) work we have identified, with young carers, what works in terms of young carer identification and there are already a range of resources available to assist with this.

Progress to date:

- **Operational Guidance** on Young Carers and Young Carers Statements co-produced with young carers and approved by the Children and Families Committee in September 2018.

- **Young Carers Statement** test undertaken between January and June 2019 with **8** young carers and relevant statutory and third sector staff. An SBAR Report with recommendations which have been reported to the GIRFEC Development Group.

- **Education Policy**, launched in 2017, provides a practical framework for schools to better identify and support young carers within existing school resources. A copy of the policy can policy can be found here:http://youngcarers.co.uk/wp-content/uploads/sites/2/2014/04/Carers-policy_March22.pdf and it is currently being updated to encompass the whole Children & Families Service

Young Carers Statement

Dundee Carers Centre have been working in partnership with young people and Dundee City Council to increase awareness of young carers rights and the supports available. To ensure that young carers have the best experience of and benefit from a Young Carers Statement,

the Carers Partnership Young Carer Workstream agreed to undertake a test of the process with a small group of young carers between January and May 2019.
The following actions were undertaken:

- **8** young carers participated in a test of Young Carer Statements alongside Dundee Carers Centre staff, guidance teachers, primary headteachers and School & Family Development Workers.
- Named persons/Young Carer Co-ordinators from each school were involved in the process, along with any other relevant family members/friends/agencies identified by the young carer, along with two Senior Officers, East & West, from Children & Families provided advice and guidance to the process.
- Young Carers Voice are planning follow up roadshows in the Autumn of 2019 to coincide with the introduction of this guidance, to continue to increase awareness of young carers and their rights and ensure that professionals and peers are aware of young carers needs and priorities.

Young Carers Workforce Training

Members of the Young Carer Workstream delivered multi-agency training to **45** practitioners across Children & families, School Nursing Service, Skills Development Scotland and third sector partners between September & December 2018.

- Participants included Guidance Teachers, Headteachers, School & Family development workers, CLD Youth Workers, Skills Development Scotland, School Nurses and Social Workers

- Feedback from the sessions was largely positive with participants reporting they booked on the course based on recommendations from their colleagues.

Young Carers Workforce Training Feedback

“This was a helpful workshop, lots of good sharing of information and practice.”

“Very useful presentation and learnt more in-depth information on young carers.”

“Interested. Good to have a knowledge of young people’s rights to a Young Carers Statement.”

Young Carers Transition Support

In 2018, Dundee Carers Centre ran a one-day enhanced transition day at Dundee & Angus College for Young Carers leaving school and going to college delivered through partnership work between the Carers Centre support team and the Student Support Service at D&A College as part the S4+ transition programme. This day had positive feedback from carers and the college, that the relationships built helped those participants sustain their college

place. The carers were more aware of the support available including a carers group jointly supported by the College and the Carers Centre.

Following on from the transition day a carers support group at the college was established through partnerships established with Dundee Carers Centre and D&A College.

Adult Carers are supported to continue caring

Carers (Scotland) Act Implementation - 'What's Best for Dundee Carers' Pilot 2017

Representatives of the Health and Social Care Partnership and Dundee Carers Centre and other third sector agencies worked with carers to develop, Dundee Adult Carer Support Plan ACSP which reflects carers views, outcomes and wishes and requirements set out by the Act.

Dundee was selected as a pilot area by Scottish Government, to test and provide information about how a number of provisions in the Carers Act might be implemented. As part of the "What's Best for Dundee Carers Project" in 2017 local carers were involved in finalising the ACSP and associated practice guidance so that the ACSP meets the legislative requirements in a way that carers want.

Carers told us that although they welcome the introduction of the new right to have an Adult Carer Support Plan they valued the existing way of delivering carer's supports through sign posting, advice, help and guidance to manage their own support. The report can be found here:
https://www.dundeehscp.com/sites/default/files/publications/whats_best_for_dundee_carers_report_18_dec.pdf

The pilot gathered both qualitative and quantitative information to ensure good breadth and depth of quality information, this included:

- A *survey* which focused on identifying stakeholders' awareness of the Act and their information requirements. (The survey was mailed to approximately 2500 people/carers on Carers Centre Mailing List, it was also posted on Dundee Health and Social Care Partnership Website and emailed to the Carers centre Professional Mailing list.
- **261** survey responses were received the majority of which came from Carers (or former carers),
- **6** community *consultation events*, reaching **29** people
- **11** HSCP practitioners were *interviewed (*individual and small group)
- **30** 1-1 questionnaires completed with carers on Dundee Adult Carer Outcomes documentation
- **47** people/carers received a draft of the Adult Carer Support Plan documentation to review

Dundee Adult Carers Eligibility Framework

The Dundee Adult Carers Eligibility Framework has been developed through Dundee Carers Partnership. This involved Carers and stakeholders in a number of ways including the work undertaken through the "What's Best for Dundee Carers Project". The pilot project included the development of Eligibility Criteria and gathered views about the threshold for adult carers in Dundee.

The Dundee Adult Carers Eligibility Framework covers four aspects:

- The outcome headings (or domains) agreed by Dundee Carers
- The definition of risk levels and how carers Outcomes will be met at each level
- The asset based, preventative approach to meeting the needs of carers in Dundee
- The threshold that must be met for carers to be eligible for funded support

The approach in the Framework is consistent with, and strengthens, the approach of The Strategic Plan for supporting carers in Dundee.

We will continue to offer a wide range of support to carers ranging from universally available services in their community to specialist carer support available with or without an Adult Carer Support Plan (ACSP).

Short Breaks Services Statement

The Dundee Short Breaks Service Statement was produced in 2018 through an extensive process of co-production with local carers and other stakeholders, co-ordinated by the Short Breaks Workstream. This was accepted by the IJB and published in December 2018 as required by the Carers (Scotland) Act 2016 and can be found at: https://www.dundeehscp.com/sites/default/files/publications/short_breaks_services_statement_dundee.pdf. The statement gives advice and information about short breaks for carers of all ages and for the adults and children they support.

Dundee Carers Centre Short Breaks Service

The Dundee Carers Centre Short Breaks Service is available for carers of all ages in Dundee. The service takes an outcome focussed approach to carers short breaks before working out how this break will be achieved.

In **2017/18** the Dundee Short Breaks Services supported **350** carers to have a break,

In **2018/19**, the Dundee Short Breaks services supported **372** carers to have a break.

Good Practice Example

The Health and Social Carer Partnership co-hosted a Shared Care (Scotland) Lead Officer Event in late March 2018 where Dundee's work, in particular Short Breaks Service was highlighted as a good practice model to Short Breaks Lead Officers across Scotland. The leads were joined by local professionals in the learning event.

4. Priorities going forward

Carers Investment Plan

To maximise use of resources to support carers, an integrated budget and investment plan was developed to evidence how all funding allocated towards Carers enables the Partnership to support carers to achieve their outcomes and achieve priorities set out in the Carers Strategic Plan, Carers (Scotland) Act 2016 and the Dundee Health and Social Care Partnership Strategic Commissioning Plan

The Carers Partnership Investment Plan highlights:

- The Carers (Scotland) Act duties relating to information and advice, support to carers including short breaks are met but further investment is required to ensure duties relating to involving carers, implementing adult carer support plans and updating of the carers strategic plan are met.
- Our commitment towards promoting improved outcomes and reducing inequalities for carers through investing in initiatives which enable a shift towards early intervention and preventative support is met but further investment is needed towards supporting carers to improve their wellbeing and access personalised formal support where this is needed.

Due to this the priorities for additional investment through the Carers (Scotland) Act 2019 – 2020 were identified as a Partnership:

- Advocacy and involvement support which enables carers to be involved in design and development of services for people cared for.
- Support to carers and cared for persons to improve their health, wellbeing and independence, reduce inequalities and cope with loss and bereavement.
- Support to carers to access personalised formal support following an adult carer's support plan.
- Support which enables update of the Carers Strategic Plan and update of the Carers Eligibility Criteria in line with legal requirements.
- Digital and technology developments which promote accessibility and sustainability of service provision

5. Conclusion

Throughout 2017 – 2019, the Carers Partnership have continued to work collaboratively to deliver on actions identified in the Strategic Plan. The performance report has highlighted the key areas of work and provided examples of progress made.

As a Partnership, our next steps will focus on progressing a review of the local Short Breaks Services Statement in line with requirements set out in the Carers (Scotland) Act 2016. The Partnership will also begin planning the development of the Local Carer Strategy in 2020 in consultation with carers and key stakeholders.

Outstanding Service and Commitment Award

The Carers Partnership won an Outstanding Service and Commitment Award from Dundee City Council. The Carers Partnership demonstrated the work led by the multi-agency strategic planning group over the past few years. The Carers Partnership was awarded the Chief Executive OSCA 2018 from David Martin, Chief Executive of Dundee City Council.

The Carers Partnership was recognised as *“Ensuring that carers are identified, respected and involved; have a positive caring experience; and can live a fulfilled and healthy life balanced with their caring role”*

ITEM No …8……….

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

REPORT ON: ANNUAL PERFORMANCE REPORT 2019/20 UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB21-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Integration Joint Board on progress towards producing the 2019/20 Health and Social Care Partnership Annual Performance Report.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the report.

2.2 Approve the proposal to publish a summary version of the Annual Performance Report by the statutory deadline of 31 July 2020 (section 4.2.4).

2.3 Instruct the Chief Officer to secure approval of the content of the summary version of the Annual Performance report from Chairperson, Vice-Chairperson, other voting members and Clerk of the IJB, Chief Finance Officer and the Head of Service - Health and Community Care prior to publication (section 4.2.2).

2.4 Instruct the Chief Officer to make arrangements for the publication of the summary version on the Partnership's website no later than 31 July 2020 (section 4.2.5).

2.5 Instruct the Chief Officer to prepare a full version of the Annual Performance Report and submit this to the Integration Joint Board for approval not later than 31s October 2020 (section 4.2.5).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Background Information

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 fourth annual report of the Dundee Health and Social Care Partnership (for 2018/19) is therefore due for publication by 31 July 2020.

4.2 Annual Performance Report 2019/2020

4.2.1 Work has been undertaken to prepare the Partnerships Annual Performance Report for 2019/2020, however this has been significantly impacted by the COVID-19 pandemic. The production of the report has always been a collaboration with a range of officers and stakeholders. An inclusive and collaborative approach has ensured that, as well as meeting regulations, the annual performance report has provided a true representation of the diversity and breadth of activity and performance. In the current context collaboration with stakeholders has been limited, particularly with operational colleagues who are experiencing significant additional pressures associated with the COVID-19 response.

4.2.2 In previous years the Partnership has published a summary version of the annual performance report by 31 July following approval of the content and format by the Chairperson, Vice-Chairperson and Clerk of the IJB, Chief Officer, Chief Finance Officer and the Head of Service - Health and Community Care. The summary version has been developed to meet the requirements of the regulations, including information regarding progress against the National Health and Wellbeing Outcomes and information at Partnership and locality level in relation to financial planning and performance, best value and scrutiny / inspection. The Scottish Government has previously indicated that this approach is acceptable, as has the Clerk.

4.2.3 The summary version has been developed to ensure that performance information is accessible to, and available for scrutiny by, the widest possible audience including members of the public, stakeholders of the Partnership and scrutiny bodies. The summary versions, first produced in 2017, have been the subject of significant levels of positive feedback. A number of Partnerships from across Scotland have adopted this approach and format for their own Annual Performance Reports.

4.2.4 The Coronavirus (Scotland) Act 2020 Part 3 includes provisions that would enable the Integration Joint Board to consider delaying publication of the annual performance report until a date after 31 July 2020. However, despite the challenges in producing the report this year (as described in section 4.2.1) it is thought to be preferable in terms of transparency and public scrutiny to utilise the approach taken in previous years and publish a summary version on or before the statutory deadline (as described in section 4.2.2), with a full version to be compiled and published as soon as possible thereafter.

4.2.5 If the Integration Joint Board approves the recommendation to publish a summary version this will be published on the Partnership website. Work to complete the full version would continue with the aim of submitting this to the Board for approval and publication no later than 31 October 2020. The full version will expand on the headline information in the summary version, providing broader context and further detail regarding performance, improvements and outcomes as required by the regulations. The full version will also take account of individual feedback received by the Partnership from the Scottish Government regarding the 2018/19 Annual performance report.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 12 June 2020

Kathryn Sharp
Senior Manager, Strategy and Performance

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, Vice Chairperson and all other voting members on the Integration Joint Board.

Vicky Irons	22nd July 2020
Chief Officer	Date
Dave Berry	22nd July 2020
Chief Finance Officer	Date
Roger Mennie	22nd July 2020
Clerk and Standards Officer	Date
Trudy McLeay	4th August 2020
Trudy McLeay, Chairperson	Date
Ken Lynn	4th August 2020
Councillor Ken Lynn, Vice Chairperson	Date
Helen Wright	4th August 2020
Bailie Helen Wright	Date
Roisin Smith	11th August 2020
Councillor Roisin Smith	Date
Jenny Alexander	11th August 2020
Jenny Alexander	Date
Donald McPherson	4th August 2020
Donald McPherson	Date

ITEM No …9………..

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

REPORT ON: OVERVIEW OF DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP REPONSE TO COVID-19 PANDEMIC

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB22-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Integration Joint Board with an overview of the Partnership's strategic and operational response to the COVID-19 pandemic.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the report including the steps taken by Dundee Health and Social Care Partnership to respond to the challenges at each stage of the COVID-19 pandemic (as outlined in sections 4.5 to 4.8 and appendix 1).

3.0 FINANCIAL IMPLICATIONS

3.1 The Scottish Government has made a commitment to provide additional funding for mobilisation plans developed by Health and Social Care Partnership's in response to the COVID-19 crisis. Funding of £200k was provided to Dundee Health and Social Care Partnership through NHS Tayside in 2019/20 to meet additional expenditure incurred responding to the initial stages of the pandemic. Estimated and actual funding requirements for 2020/1 are submitted to the Scottish Government on a two-weekly basis and at this stage include a number of assumptions around the scale of increasing costs. This includes estimated additonal costs which care providers are anticipated to incur alongside in-house services in relation to issues such as increased staff absence levels, increased use and cost of PPE and loss of income. Providers can request reimbursement of these additional costs from HSCP's.

3.2 The Scottish Government announced an initial funding allocation of £50m across Scotland to support Health and Social Care Partnerships in May 2020 of which Dundee will receive £1.429m. Further funding is anticipated based on the cost of mobilisation plans.

4.0 MAIN TEXT

4.1 On the 12 January 2020 the World Health Organisation (WHO) confirmed that a novel coronavirus (later to become known as COVID-19) was the cause of respiratory illness in a cluster of people in Wuhan City, Hubei Province, China. The first confirmed case in Scotland was identified on 1 March 2020 in the Tayside region and 10 days later, on 11 March 2020, the WHO declared a global pandemic.

4.2 The COVID-19 pandemic has been the biggest public health challenge facing society, including our health and social care system, in our lifetimes. Daily life has been significantly restricted, particularly following the imposition of lockdown arrangements by the UK Government on 26 March 2020, which, at the time of writing, continue to remain in place in Scotland. On 17 March the Cabinet Secretary for Health placed NHS Scotland on emergency footing for a three-month period as a direct consequence of substantial and sustained transmission of COVID-19, with non-urgent elective operations and routine care suspended.

4.3 Whilst recent data across Scotland demonstrates a sustained decline in new COVID-19 cases, hospital admissions, Intensive Care Unit admissions and deaths, the impact on the population's health and wellbeing has been significant. As at 26 May 2020 there had been 15,185 confirmed cases of COVID-19 in Scotland; 1,659 of which were in Tayside and 901 of which were in Dundee. As of 24 May 2020 there had been 149 deaths of Dundee residents recorded by the National Records of Scotland from a total of 924 deaths across Tayside (based on deaths where COVID-19 was mentioned on the death certificate).

4.4 The impact of the COVID-19 pandemic on the health and social care needs of the population, how we deliver supports and services, on health inequalities and on the health and wellbeing of our workforce and of unpaid carers has been substantial and wide ranging. At the present time data and modeling information about the impact of the pandemic beyond acute hospital settings is limited and it will be a number of months before we more fully understand the medium to long-term impact of the pandemic. This will include understanding the direct impact of the pandemic, such as the exacerbation of underlying long-term conditions in COVID-19 positive people, but also the indirect impacts, such as the consequences of delayed help –seeking / treatment for other health condition and impact of reduced household incomes on health and wellbeing. The Scottish Government recognises that COVID-19 will be "*…endemic to society to varying levels for a significant period of time. It is anticipated that normal society will not return and levels of social distancing and lockdown measures will be in place for 12 months or more.*" It is also clear that the medium to long-term impacts of the pandemic will persist for many years following this.

4.5 Services delegated to the Partnership form a critical part of our overall health and social care system, particularly the wide range of community-based health, social care and social work supports and services. Partnership services have not only supported efforts to rapidly increase the availability of beds in the acute sector to respond to COVID-19 positive patients requiring hospital admission, but have also been integral to providing responses to COVID-19 positive people in the community, both within their own homes and within residential settings such as care homes. As well as working to establish new COVID-19 pathways and responses, a range of services and supports have been the subject of rapid redesign to enable continued operation in the context of social distancing regulations and public health advice. A range of essential, non-Covid services have also continued to be delivered, including face-to-face contact on a risk assessed basis. In addition, the Partnership has made a significant contribution to wider Dundee Community Planning Partnership efforts to respond to community support needs, such as responses to shielded people, food distribution and a range of public protection responses.

4.6 Changes to operational arrangements have been overseen and supported by a rapidly established incident control structure, which is set-out in appendix 1. The Partnership's Silver Command has led internal response planning and implementation, supported by a range of subject / issues specific Bronze Groups. This has been supplemented by arrangements for senior management cover across weekends. The internal Partnership structure is co-ordinated with those in place in NHS Tayside and Dundee City Council. There are also direct links to the Tayside Local Resilience Partnership through their Care for People Sub-Group which is chaired by the Head of Service for Health and Community Care. The Chief Officer, Chief Finance Officer and Head of Service for Health and Community Care are active participants in a number of national groups / meetings, both within Health and Social Care Scotland and with the Scottish Government.

4.7 An overview timeline of the Partnership's strategic and operational response to the COVID-19 pandemic, from the onset of the pandemic to the end of May 2020 is provided in appendix 2. The timeline includes national milestones / developments, local governance and infrastructure milestones / developments, and local service developments and changes. It is not intended to be a comprehensive account of all developments and changes during the period but to summarise some of the most significant developments during the pandemic period.

4.8 The contribution of the health and social care workforce, including those employed by independent and third sector providers, has been a critical and invaluable enabler during the COVID-19 pandemic. Their commitment to maintaining services and to protecting the health and wellbeing of the people they care for has been demonstrated through their flexible approach in rapidly changing and very challenging circumstances. Developments that recognise and respond to the impact of the experience of working through a pandemic on our workforce have been an important element of the Partnership's overall response. This will continue to be a key priority during the recovery period.

4.9 As the Partnership moves forward to the recovery planning stage there is much to learn and build on from the initial response period. Rapid change and innovation provides a foundation for consolidation and further development and improvement. There are also opportunities for reflection and learning in relation to the Partnership's approach to strategic planning, leadership and governance. So, whilst the pandemic period has been the biggest challenge that we have faced since health and social care integration in 2016 it also presents our biggest opportunity for learning and change as we move into the recovery period.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Integrated Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 12 June 2020

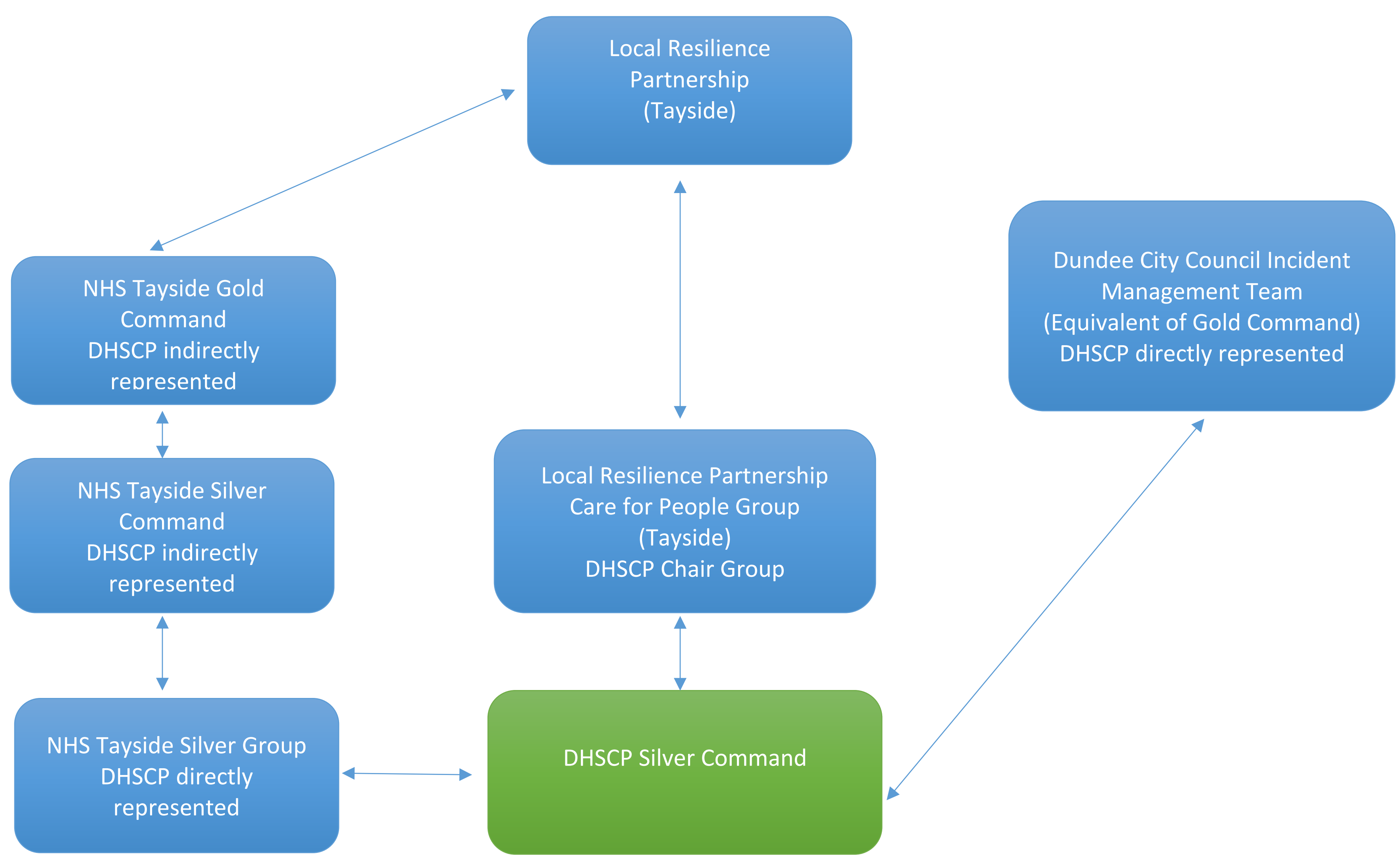
Kathryn Sharp
Senior Manager, Strategy and Performance

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, Vice Chairperson and all other voting members on the Integration Joint Board.

Signature	Date
Vicky Irons Chief Officer	22nd July 2020 Date
Dave Berry Chief Finance Officer	22nd July 2020 Date
Roger Mennie Clerk and Standards Officer	22nd July 2020 Date
Trudy McLeay Trudy McLeay, Chairperson	4th August 2020 Date
Ken Lynn Councillor Ken Lynn, Vice Chairperson	4th August 2020 Date
Helen Wright Bailie Helen Wright	4th August 2020 Date
Roisin Smith Councillor Roisin Smith	11th August 2020 Date
Jenny Alexander Jenny Alexander	11th August 2020 Date
Donald McPherson Donald McPherson	4th August 2020 Date

APPENDIX 1
COVID-19 PANDEMIC RESPONSE STRUCTURE



APPENDIX 2
TIMELINE OF PARTNERSHIP PANDEMIC RESPONSE

The table below provides a high level timeline of the Partnership's strategic and operational response to the COVID-19 pandemic, from the onset of the pandemic to the end of May 2020. It includes national milestones / developments (shaded green), local governance and infrastructure milestones / developments (shaded blue), and local service developments and changes (shaded purple).

Week	Date	Development
Week 1 (1 March)	1 March	First patient tests positive for COVID-19 in Scotland; they are resident in Tayside.
Week 2 (8 March	11 March	World Health Organisation declare global pandemic.
	13 March	First reported COVID-19 death in Scotland.
Week 3 (15 March)	15 March	Scottish Government advises against all non-essential travel and contact with others, including non-essential travel to work.
	16 March	Partnership Silver Command established including twice daily calls.
		First DHSCP provider communication issued and dedicated e-mail address set-up. Regular updates have been issued to third and independent sector providers covering key national and local developments throughout the pandemic. A dedicated e-mail address has also been established a single point of contact with providers for communications related to COVID-19.
	17 March	NHS Tayside introduced SARS-CoV-2 testing for health and social care (HSC) staff and their symptomatic household members (SHM) early in the pandemic with the first tests arriving in the local laboratory on 17 March 2020. Testing is later expanded to include other key workers including local authority, police, prison and fire and rescue staff. The testing programme has also accommodated investigation of asymptomatic staff in the context of a ward outbreak (week 7) and enhanced testing within care homes following guidance published by Health Protection Scotland (weeks 9 and 10).
		NHS Scotland placed on emergency footing for 3 month period as consequence of substantial and sustained transmission of COVID-19.
	19 March	NHS National Services for Scotland emergency PPE Triage service opens and provides emergency supplies to social care providers where local supplies are not available.
	20 March	Scottish schools close, along with other public facilities. Scottish Government advise citizens to work at home where possible.
		All Dundee Community Centres Close and all Dundee City Council meetings are suspended.
		Partnership submits costed mobilisation plan to the Scottish Government.

		During this week the Partnership takes steps across all delegated services to: • Cease all non-essential building based service provision and replace with remote service provision wherever possible; • Significantly enhance the provision of services through remote and outreach models, utilizing digital technology wherever possible and informed by risk assessment; • Communicate directly with service users and their families about these changes and seek their feedback; and, • Continue to accept new referrals on a risk assessed basis.
Week 4 (22 March)	23 March	All Partnership staff employed by DCC move to home working for all staff where this is possible. All non-essential business stood down (including Integration Joint Board and Performance and Audit Committee meetings).
		Community Assessment Centre opens at Kings Cross Hospital to provide members of the public with a dedicated route to clinical advice and support. This development allows GP Practices to focus on the treatment and care of non-COVID health conditions. Patients are referred to the Community Assessment Hub if they are COVID + or suspected COVID+. The Hub is staffed by teams of GPs deployed on a rota basis from GP practices. The Hub also provides contingency arrangements for GP Practices who are unable to operate for a period of time due to staff absences, with work transferring from the affected practice to the Hub.
	26 March	UK Government lockdown restrictions take effect from midnight and to be reviewed every 3 weeks.
	27 March	Provision of childcare for key workers and vulnerable children begins at Community Support Centres.
	28 March	Process agreed for management of Integration Joint Board and Performance and Audit Committee business during lockdown (Essential Business Procedure)
Week 5 (29 Match)	30 March	Community Support Centres start operating to provide a range of co-ordinated support to assist people during the crisis. The centres serve as focal points for food distribution and outreach services for people who face challenges due to the continuing pandemic, and also allow the council to identify where intervention is needed.
	31 March	Staff testing begins to be actively promoted to external social care providers in the independent and third sector and infrastructure for management of referrals is put in place.
		Integration Joint Board weekly briefing calls commence (initially for the Chair and vice-Chair and later expanded

		to all voting members), including written update provided to all Board members.
		In Integrated Substance Misuse Service arrangements for supervised Medically Assisted Treatment (including methadone prescribing) are changed to support service users who are self-isolating. This includes deployment of additional staff to support implementation of changes.
	1 April	First deliver received from national PPE stock to local distribution centres at West District Housing Office. Responsibility for stock allocation remains with NHS National Services for Scotland with local staff supporting administration of distribution to providers.
		Re-modelling of in-patient sites at Royal Victoria, Kingsway, Roxburgh and Centre for Brain Injury Rehabilitation to support discharge from the acute sector and to provide end of life care begins.
		A multi-agency rapid response team led by third sector organisations begins providing support to community pharmacies across the cities to help them continue providing services and support to individuals using drugs. The team helps to manage queues, maintain social distancing, engage with individuals and offer advice on IEP and naloxone.
		NHS Tayside Staff Deployment Centre begins operating
Week 6 (5 April)	6 April	Coronavirus (Scotland) Act introduces a range of emergency measures to support the pandemic response in Scotland, including changes to mental health and social work assessment arrangements.
	6 April	Partnership Silver Command moves to single daily call 5 days per week.
		Dundee City Council receives Shielding list from Scottish Government and process of identifying and contacting those people know to social work and social care services begin. To date just under 500 people who are shielded have been contacted by the Partnership. In addition, medication delivery pathways are reviewed in line with national guidance. This work is co-ordinated with wider arrangements for supporting shielded people., including the establishment of a dedicated helpline for shielded people by Dundee City Council
		Patients flow pathways between Ninewells, Royal Victoria Hospital and community settings finalised. Further changes to the use of wards and facilities at Royal Victoria Hospital are explored to support the movement of COVID + patients through the system (including care and treatment for older people who do not requiring acute or palliative care).
		Incidence of confirmed COVID-19 cases peak in Tayside.
Week 7 (12 April)	17 April	Initial intensive work to reduce delayed discharge is completed moving from position of a total of 15 delays to

		8 delays within a 2 week period. This includes a reduction from 7 standard delays to 0 standard delays.
		COVID Palliative Care Response Team service commences, including both nursing and social care support for those who have palliative care needs and who are being cared for in the community.
		Testing made available to people living in homeless hostels and increased levels of temporary homeless accommodation are identified.
		Integrated Substance Misuse Service and associated services begin to implement revised arrangements for management of assisted medications on a risk assessed basis.
		Stroke Liaison Team implement remote working approaches including telephone and Near Me consultations. Patients are contacted on the same day as the referral which has reduced time from referral to contact considerably from the previous one week or more timescale. The service has had some positive feedback following the changes.
		Scottish Government appoint Director of PPE.
Week 8 (19 April	20 April	Proposal agreed to establish a Dundee Mental Health Discharge Hub to provide additional support for people around the transition from in-patient and Intensive Home Treatment to 'ordinary' levels of community care.
	22 April	Partnership's Care Home Support Plan submitted to the Scottish Government detailing range of available supports across internal and external provision during the pandemic. The plan also identified further areas for development that were being taken forward or we planned at the point of submission.
	24 April	Care home assessment process begins following request from Scottish Government to Directors of Public Health to assess all care homes against 5 main areas (Knowledge and Observance of Social Distancing, Knowledge and Implementation of Infection Prevention, Education and Training, COVID 19/infection, Effective Use of Testing and Staffing levels and Support).
Week 9 (26 April)	27 April	Responsibility for allocation and distribution of PPE from national supply chains to social care providers, personal assistants and unpaid carers moves to Partnerships. The West District Housing Office begins operating as Dundee's local distribution hub and information issued through range of communication channels to support this.
		Harm reduction services begin to utilise postal service for distribution of IEP and naloxone. Additional provision of IEP and naloxone is also available at homeless hostels. These enhancements complement ongoing service provision from core harm reduction services, for example at the Cairn Centre.

		Palliative District Nursing Team, supported by social care staff, establish joint working arrangements with the Care Home Teams and in home settings to enhance community based palliative care. This is supported by COVID+ and non-COVID pathways for end of life care by specialist palliative care services and by the creation of a responsive support service via a single point of contact through a consultant connect app. The new arrangements provide seamless access to specialist advice.
		Prisoner early release planning is implemented through a weekly "virtual team" conference call. This includes Scottish Prison Service, prison healthcare, police, community justice, housing, Integrated Substance Misuse Service, the third sector, Department of Work and Pensions and emergency food provision. Enhanced information sharing has been achieved and co-ordination of support progressed.
		Following a short test of change the Safe Zone bus begins regularly operating on Saturday nights. Provision includes treatment of minor injuries, provision of hot food, support and advice and bereavement counselling. Plans are being developed to enable the bus to continue to run every Saturday with the aim of increasing the frequency.
Week 10 (3 May)		Work continues to enhance supports to care home (internal and external provision), including: • Risk assessment of all homes to determine extent of further support required, including possibility of physical visits being undertaken under certain conditions or whether the provision of support and advice remotely will be sufficient; and, • Implementing national guidance from Scottish Government in relation to testing priorities for care homes: enhanced outbreak investigation, comprehensive surveillance testing, and testing across care homes groups
		The palliative care service at Roxburghe House stands down its dedicated COVID capacity and returns to focus on providing more general palliative care for non-COVID patients.
		Planning begins with Alcohol and Drug Partnership for reinstatement of workstreams temporarily delayed under the Drug Deaths Action Plan for Change.
		A peer support telephone group line is established through third sector partners to provide support for those struggling with their mental health during the pandemic, including the impact of isolation under lockdown.
		Scottish Government issues an initial allocation of funding to health and social care partnerships to support the immediate challenges the sector faces. Dundee will receive £1.429m of the national total of £50m.

Week	Date	Event
Week 11 (10 May)	12 May	Partnership agrees and issues 'Financial Support for Commissioned Providers of Social Care Services and Supports Impacted by the COVID-19 Pandemic Guidance' providing assurance to providers regarding local implementation of national agreements regarding additional financial supports to meet excess costs associated with the pandemic impact and response.
Week 12 (17 May)	18 May	National testing arrangements expanded to anyone age 5 years or over, presenting with symptoms.
	21 May	Scottish Government publish 'Scotland's route map through and out of the crisis' setting out a four phased approach to exit from lockdown.
	11 May	Partnership Silver Command moves to 3 days per week.
	13 May	Dundee City Council launch employee wellbeing survey to gather feedback about the impact of the pandemic on the workforce and inform the development of their wellbeing service. The survey is repeated every week.
	18 May	Recovery planning for the Partnership formally commences.
	20 May	Dundee City Council launch their staff wellbeing service.
Week 13 (24 May)	25 May	NHS Tayside submits remobilisation plan to Scottish Government, this includes a contribution from the Partnership in relation to primary care and mental health services.
	26 May	Coronavirus (Scotland) (No.2) Act introduces enhanced financial supports for unpaid carers and new powers for the Care Inspectorate, health boards and local authorities to intervene to support care home provision in specific circumstances.

ITEM No …10……..….

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

REPORT ON: MENTAL HEALTH AND WELLBEING STRATEGIC UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB23-2020

1.0 PURPOSE OF REPORT

1.1 To brief the Integration Joint Board on progress to date in relation to the implementation of Dundee Mental Health and Wellbeing Strategic Plan 2019-2024.

2.0 RECOMMENDATIONS

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

2.1 Notes the current position in relation to the draft response to the Independent Inquiry report “Trust and Respect” and recommendations as outlined at 4.4.1- 4.4.3 of this report.

2.2 Notes that Tayside Mental Health Alliance is no longer in operation and that Tayside Mental Health and Wellbeing Strategic Board is now in place as outlined at 4.5.1- 4.5.4 of this report.

2.3 Notes the efforts of teams across a range of services and functions who have continued to support people facing mental health challenges and colleagues during the Covid-19 pandemic and the examples provided at 4.6.1- 4.6.11 of this report.

2.4 Notes the progress being made in relation to the implementation of the Dundee Mental Health and Wellbeing Strategic Plan as outlined within 4.7 of this report.

2.5 Notes the good practice and service development examples provided at 4.8.2- 4.8.7 of this report.

3.0 FINANCIAL IMPLICATIONS

3.1 Dundee Mental Health and Wellbeing Strategic Plan continues to be implemented within the available financial resources of Dundee Health and Social Care Partnership.

4.0 MAIN TEXT

4.1 Dundee Mental Health and Wellbeing Strategic Plan 2019-2024 (the Strategic Plan) was approved by the IJB at its meeting of the 27 August 2019 (Article VI of the minute refers)

4.2 This report provides an update as to progress to date against the priorities set out within the Strategic Plan and accompanying Commissioning Framework.

4.3 Since the Strategic Plan was approved there have been a number of important contextual developments to note; the final report of the Independent Inquiry into Mental Health Services ‘Trust and Respect’ has been published, Tayside Mental Health Alliance has been superseded by the introduction of a Mental Health and Wellbeing Strategic Board and the Covid-19 pandemic has had an impact on service delivery and strategic developments.

4.4 TRUST AND RESPECT

4.4.1 The final report of the Independent Inquiry into Mental Health Services in Tayside “Trust and Respect”, David Strang, was published on 6 February 2020. A report was submitted to the IJB on 25 February 2020 to advise members of the contents and of the requirement for there to be a comprehensive action plan produced in response to the 51 recommendations.

4.4.2 A draft response to the recommendations within the Inquiry Report has been produced by NHS Tayside and was submitted to Scottish Government on 1 June 2020. The draft response “Listen. Learn. Change” accompanies this report (Appendix 1).

4.4.3 A period of consultation is being undertaken with key stakeholders in order that a more detailed, whole system action plan can be produced by the end of June. The timescale for this is tight ie comments require to be submitted by 23 June, however this activity has been prioritised by members of Dundee Mental Health and Wellbeing Strategic and Commissioning Group (MHWSCG) and a broader range of cross sector partners within Dundee.

4.5 GOVERNANCE ARRANGEMENTS

4.5.1 The Strategic Plan and accompanying Commissioning Plan outlines governance arrangements for each priority action. A number of actions require a Tayside wide response, and members will recall that the governance of these actions were to sit with Tayside Mental Health Alliance.

4.5.2 A decision was taken earlier in 2020 to cease Tayside Mental Health Alliance and establish Tayside Mental Health and Wellbeing Strategic Board. As priority workstreams are established within the Strategic Board, it will be important to ensure that the areas which have been agreed as priorities locally are integral to any programme of work.

4.5.3 The membership of the Strategic Board includes the Chair of MHWSCG, Dundee Clinical Lead for Mental Health, voluntary sector, health inequalities and mental health improvement representatives. Discussions continue as to how best to ensure that the voice of people with lived experience influences how priority actions are determined and therefore how better outcomes can be achieved.

4.5.4 The Strategic Board will be responsible for the development of a Tayside Mental Health and Wellbeing Strategy during 2020.

4.6 COVID-19 RESPONSE

4.6.1 There has been an effective whole-system response to the COVID-19 pandemic.

4.6.2 Mental Health services have continued to accept referrals and the care and treatment of those people who had already commenced treatment has largely not been interrupted.

4.6.3 Where services and functions have had to discontinue (group treatments and services where people congregate together eg day services), people who have been affected and their families have been offered individual, home based or virtual support through use of technology.

4.6.4 Due to the level of disadvantage/deprivation experienced by some people in receipt of services, a small number have been unable to receive technology based supports eg. Near Me. The scaling up of available equipment has been slower than potential demand.

4.6.5 A clinical risk-based approach has been taken to define which people and services needed to continue to receive face-to-face contact, although the presumption has been towards the use of telephone appointments and the use of Near Me video system. This appears to have resulted in an improvement in attendance rates.

4.6.6 The same risk-based approach will be adopted within re-mobilisation planning. Guidelines have been issued and reviewed regularly to help ensure that staff are working safely and to the latest iteration of Government advice. Overall, services have experienced a decrease in referrals (around 40%).

4.6.7 Social Care providers both internally and across the voluntary sector have worked flexibly to ensure that the availability of support to people within their own homes could be maintained.

4.6.8 The usual programme of health-related activities provided by the Community Health team within Community Learning and Development stopped on lockdown and the team shifted to providing support to participants via phone, social media and other digital platforms. The team was responsible for developing an on-line directory reflecting a range of services during the pandemic including support available for emotional and mental health issues. More recently the team was instrumental in developing a web based system for provision of telephone support from CLD staff related to practical and emotional concerns being experienced by local people during lockdown, which linked to local Community Support Centres and the central Dundee City Council Helpline. Community workers are currently helping staff these phone lines as well as supporting the distribution of food and medication for people without adequate resources or support networks.

4.6.9 Psychological Therapies staff have been heavily involved in supporting the well-being of colleagues in the acute sector, providing both resilience training to staff and through the establishment of direct clinical pathways to psychological treatment for people who require it. It is expected that similar supports will be made available to Council and Care Home staff where mental health issues relate directly to the provision of care during the COVID pandemic.

4.6.10 Rest, Recharge and Recuperate rooms which have been encouraged in acute settings are currently being established for community based teams across a variety of functions.

4.6.11 The Making Recovery Real Network and Dundee Healthy Minds Network have maintained excellent contact with people through the pandemic, creating positive means of contact and ongoing engagement.

4.7 COMMISSIONING PLAN

4.7.1 The Commissioning Plan that accompanies the Strategic Plan outlines 10 priority areas for action. This section of the report provides an update as to progress in each area.

4.7.2 **Primary Care Model Supporting Mental Health and Wellbeing**
Primary care supports for mental health and wellbeing are provided through three co-ordinated strands: Do You Need to Talk?, Sources of Support (SoS); and the Patient Assessment, Liaison and Management Service (PALMS). Whilst these services have moved almost exclusively to telephone support durig the pandemic, the planned spread of support has continued with SoS now covering all GP practices and PALMS moving into a second GP cluster. The evaluation of the 6 month pilot study of PALMS is provided in Appendix 2. There are a number of factors affecting the SoS link worker service in GP practices including a reduction in referrals from Primary Care staff due to the focus on COVID- 19, the changing nature of service provision more broadly because of the pandemic and the lack of opportunities in communities for social support. The service is exploring alternative short terms referral routes. A surge in referrals is expected over the longer term as the social and economic impacts of the pandemic become more apparent.

4.7.3 **Locality based Early Intervention / Preventative Mental Health and Wellbeing Support**
Public Health colleagues have taken a lead in establishing a partnership working group pulling together a range of data at a neighbourhood level to inform priority areas of work for the MHWSCG. The plan is to test new approaches in one disadvantaged neighbourhood (Strathmartine) through a process of engagement and asset mapping to inform local developments to improve mental health and wellbeing.

4.7.4 **Clinical Care Pathways**
The early focus has been on beginning to operationalise the Clinical Pathway for Emotionally Unstable Personality Disorder. Whilst COVID-19 has led to a hiatus on this work people with EUPD continue to receive appropriate care and treatment. There will be significant training requirements for community based staff as the pathway becomes established. Engagement with Healthcare Improvement Scotland with regard to developing Early Interventions in Psychosis pathways has been positive, however progress has been delayed due to COVID-19. It currently remains unclear which further cross-Tayside clinical pathways will be considered priority going forward and, as stated earlier in this report, these will require to be agreed through collaboration with colleagues across Tayside.

4.7.5 **Unscheduled Care Pathways**

This work is ongoing, with Tayside staff having examined provision in other areas. Within Dundee, two service user engagement events were hosted by Dundee Volunteer and Voluntary Action (DVVA) with regard to the developments around Crisis Resolution and Intensive Home Treatment Pathways. In addition, a collaborative forum has convened whereby in patient and community senior mental health nurses meet regularly to scope out improvements for those experiencing mental health crises. This aims to improve communication, pathways and most importantly outcomes for people.

4.7.6 **Accommodation with Support**

It had been anticipated during the course of early 2020 that we would have 18 units (houses) of accommodation completed in order to support people who experience mental health challenges in the community. Whilst it is not unusual to experience some slippage in projected handover dates, the completion of these developments has been greatly impacted by the current COVID-19 pandemic. Any return on site by the developers will be informed by the Scottish Construction Six Stage Plan and the Scottish Government's four phased Route Map. If all goes well, i.e. no resurgence of cases tantamount to a second wave, then a completion of 11 units by late 2020 is anticipated, with the further 7 units possibly slipping into early 2021. At this stage it is not known how the COVID-19 pandemic will impact on the development of the further 7 units identified for completion during 2021 but it is reasonable to expect that this is likely to be significantly delayed.

4.7.7 **Child to Adult Transition Pathways**

This is an area where less progress has been made than anticipated. There have been some early discussions with Child and Adolescent Mental Health Service colleagues (CAMHS) to ensure smooth transitions as CAMHS move to extend support to young people up to age 18.

4.7.8 **Integrated Pathway – Mental Health / Substance Misuse**

4.7.8.1 There has been a delay due to COVID-19 in the planned Whole System of Care work which is to be supported by Healthcare Improvement Scotland. This is one of the actions being taken forward following the findings of Dundee Drugs Commission in 2019. Colleagues have recently re-established contact with Healthcare Improvement Scotland and it has been decided that remote approaches are to be used to avoid any further delays.

4.7.8.2 There is a consensus across mental health and integrated substance misuse services that when people are actively in treatment with both services, this appears to work well. The main issue appears to occur at the point of request for mental health input, particularly where people continue to use substances. The Clinical Leads for each service have met to begin to work on a protocol for joint working, which includes a clear escalation process. This will ensure that decisions about accessing mental health services are governed by clinical need and that people who use substances have appropriate access to assessment, care and treatment based on their current presentation.

4.7.9 **Support for People Experiencing Distress**

4.7.9.1 During 2020 a representative from the Scottish Ambulance Service has joined the Mental Health and Wellbeing Strategic Commissioning Group and has become involved in development work aimed at strengthening triage arrangements. The Clinical Lead, Nurse Manager and representative from the Scottish Ambulance Service are looking at various potential models of distress framework. An educational session has been devised for paramedics regarding working with people in distress.

4.7.9.2 There has been a delay in the completion of properties due to COVID-19, therefore there will be slippage in terms of having 2 houses with support in place for people requiring short term support.

4.7.9.3 Voluntary and statutory sector partners continue to consider a broad range of potential whole system support for people experiencing distress. This includes drop in approaches, a distress brief intervention model being introduced and approaches which acknowledge key times/places where support may be more likely to be required.

4.7.10 **Workforce Planning**

4.7.10.1 A shortage of permanent Consultant Psychiatrists continues to prove challenging although some stability has now been achieved with more permanent Locums. The operational management of Locums has moved across to the Clinical Lead & Locality Manager which allows better engagement with staff. This is also reflected in the Job Descriptions for posts advancing to advert for Dundee based Psychiatrists.

4.7.10.2 Specialist final module placement for Advanced Nurse Practitioners in training has been agreed and offer has been made of funding (Band 7) to support the training of a small number of ANPs.

4.7.10.3 Remobilisation plans are being developed across the social care sector. A consistent theme is the level of support that will be required as s direct result of COVID-19 and there are concerns about the longer term impact of this.

4.7.10.4 Three voluntary sector organisations have employed Peer Workers, funded through Action 15 monies. A co-ordinated approach has taken place which included a recruitment event which was hugely successful. A framework is being developed to provide an overview of Peer Support Work in Dundee, and this will be led by DVVA and co-produced. More recently, the Peer Workers have introduced a 'helpline' to facilitate support during COVID-19.

4.7.11 **Suicide Prevention**

4.7.11.1 The risk of suicide is higher in the period following discharge from in-patient care than at any other point in a person's life. The Dundee Mental Health Discharge Hub has been established to provide additional wrap-around care for a two week period for all people leaving an episode of in-patient or Crisis Resolution and Intensive Home Treatment Team care. The Discharge Hub seeks to ensure that people are fully engaged in their community based care and treatment and/or fully engaged with third sector supports. The Discharge Hub is currently operational 6 days each week and is running for a pilot period of 12 weeks before review. If successful, the model will be subject to management of change processes, including an examination of the need for 7 day working.

4.7.11.2 Strategic planning for suicide prevention has been aligned with the Locality Manager and Clinical Lead for mental health services. The Clinical Lead is a member of both the Tayside Suicide Review Group and Drug Death Review Group with timely information sharing now established between the three groups.

4.8 ADDITIONAL DEVELOPMENTS

4.8.1 A range of additional developments and good practice examples are provided in this section of the report.

4.8.2 The Community Health Team is working alongside the Community Learning and Development service, engaging with communities to identify needs as the pandemic continues. Social action research groups are being formed which will build on the relationships and connections between local people and the MHWSCG in terms of expressed mental health and wellbeing issues.

4.8.3 Work is underway to move mental health, suicide prevention and inequalities sensitive practice training to online platforms to ensure that availability is maintained.

4.8.4 Improvement work with regard to models of care, referral management and the establishment of clinical pathways within community mental health services will be subject to co-production in the coming months. A mental health discharge hub has already been established during the pandemic and its longer term future will be determined as part of this co-production.

4.8.5 Two Navigators joined the team within the Emergency Department at Ninewells Hospital, an official launch was held in January 2020. Navigators are able to establish a supportive role with people who present at the Emergency Department with a range of challenges eg addiction, mental health problems and all forms of violence, including domestic abuse. The Navigators can enable a connection with a range of community supports that can help to

address the impact of disadvantage, whether through health inequalities, poverty, unemployment, homelessness.

4.8.6 The ASPEN Project (Assessing and Supporting the Psychological and Emotional Needs) with Dundee Women's Aid has now been operational for over a year. A Consultant Clinical Psychologist (established through Scottish Government Women's Fund for Scotland monies) works with women who have experienced trauma and have a complex range of needs as a result, including homelessness, mental health difficulties, maladaptive or risky coping strategies (such as substance misuse, deliberate self-harm and offending behaviour) and risk of exploitation. During the first year, over thirty women were referred for individual assessment and treatment and 27 women commenced the group treatment "Survive and Thrive," a trauma specific intervention. There were also 50 formal case consultations provided to Women's Aid and Violence Against Women partner organisations and training provided to a broad range of staff with regard to trauma and understanding domestic violence.

4.8.7 Local Adverse Event Reviews (LAERs) are now subject to Standard Operating Procedures and undertaken by individuals who have received suitable training and support. Recommendations from LAERs are shaping service change, an example being the development of Dundee Mental Health Discharge Hub. Across Tayside, Shared Learning Events have been established to ensure that outcomes from LAERs are shared across Tayside and across specialities. Events have included Dundee based cases and presentations from the Suicide Review Group and the Drug Death review Group.

4.8.8 In summary, progress is being made in the implementation of Dundee's Mental Health and Wellbeing Strategic Plan. The COVID-19 pandemic has undoubtedly had an impact in terms of causing some delays in progress, however there have been many examples of good practice/ new and creative approaches that will likely remain post COVID. The priorities within the Strategic Plan that would have come under the governance arrangements of the Tayside Mental Health Alliance will require to be discussed as part of a review of workstreams that will now be led by the recently established Tayside Mental Health and Wellbeing Strategic Board. The voice of people with lived experience will continue to drive local developments and all efforts will be made to ensure that the same voices have the opportunity to influence both the response to "Trust and Respect" and the development of a Tayside Mental Health and Wellbeing Strategy.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

Risk 1 Description	That the Strategic Plan is not fully implemented and therefore does not achieve the desired outcomes.
Risk Category	Operational
Inherent Risk Level	Likelihood (3) x Impact (4) = Risk Scoring (12) – High Risk
Mitigating Actions (including timescales and resources)	Progress continues to be made in respect of the priority areas set out within this Strategic Plan. Dundee MHWSCG and the Tayside Mental Health and Wellbeing Strategic Board own the local and pan Tayside improvement, commissioning and governance arrangements associated with this Strategic Plan respectively.
Residual Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6) - Moderate
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6) - Moderate
Approval recommendation	That the risk should be accepted due to the mitigating actions introduced..

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 15 JUNE 2020

Arlene Mitchell
Locality Manager

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, Vice Chairperson and all other voting members on the Integration Joint Board.

Vicky Irons	22nd July 2020
Chief Officer	Date
Dave Berry	22nd July 2020
Chief Finance Officer	Date
Roger Mennie	22nd July 2020
Clerk and Standards Officer	Date
Trudy McLeay	4th August 2020
Trudy McLeay, Chairperson	Date
Ken Lynn	4th August 2020
Councillor Ken Lynn, Vice Chairperson	Date
Helen Wright	4th August 2020
Bailie Helen Wright	Date
Roisin Smith	11th August 2020
Councillor Roisin Smith	Date
Jenny Alexander	11th August 2020
Jenny Alexander	Date
Donald McPherson	4th August 2020
Donald McPherson	Date

Listen.
Learn.
Change.

A draft action plan for mental health in Tayside 2020 in response to 'Trust and Respect' Independent Inquiry Report

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The views of people with lived experience and staff as acceptance criteria

The Health and Social Care Alliance Scotland (The ALLIANCE) alongside the Stakeholder Participation Group reviewed the report written in December 2018 **Hearing the voices of people with lived experience** and identified the following 11 key points as key areas to measure improvement by.

Building a long term recovery approach to services that focuses on holistic care as opposed to a medical model by facilitating the breaking down of barriers, not just across health and social care services but across all services that support people – including housing, education and social security.

Provide carers with support to best carry out their role effectively for those with mental ill health by sharing information on support groups and local resources and how to talk to someone in crisis and mitigate extreme experiences of mental ill health.

Ensuring learning from adverse incidents to inform future practice and staff training.

Creating a system of services that work together in an integrated way – in particular mental health, substance abuse and suicide prevention.

Formally evaluate the Third Sector's contribution to mental health services in Tayside and the role they can play in sustainable delivery of joined up services to ensure these services are maximising impact.

Better access to early intervention services focused on achieving improved personal outcomes.

Stronger investment in preventative, community assets which build and support a person's wellbeing as well as avoiding mental ill health escalating into a crisis.

Mental health awareness training should be required for those employed by statutory agencies, schools and training as teachers in order to best support young people with their mental wellbeing.

Promoting a therapeutic environment within and around services to assist people in thriving with the support of mental health services.

Person-centred assessments driven by personal situation and needs rather than process and service capacity. While respecting confidentiality, the role of family carers should be seen as a valued part of the assessment process with the promotion of advance statements and other tools to assist with anticipatory care planning.

Enabling culture change and empowering staff to support a therapeutic environment through the provision of staff training. Services should provide staff training on person-centred care and compassionate leadership principles and enable participation in values-based reflective practice and the Scottish Government 'What Matters to You' initiative.

Employee Participation Group themes

Mental Health Employee Participation Group feedback

62% of respondents stated that there were insufficient staffing levels on wards or in departments.

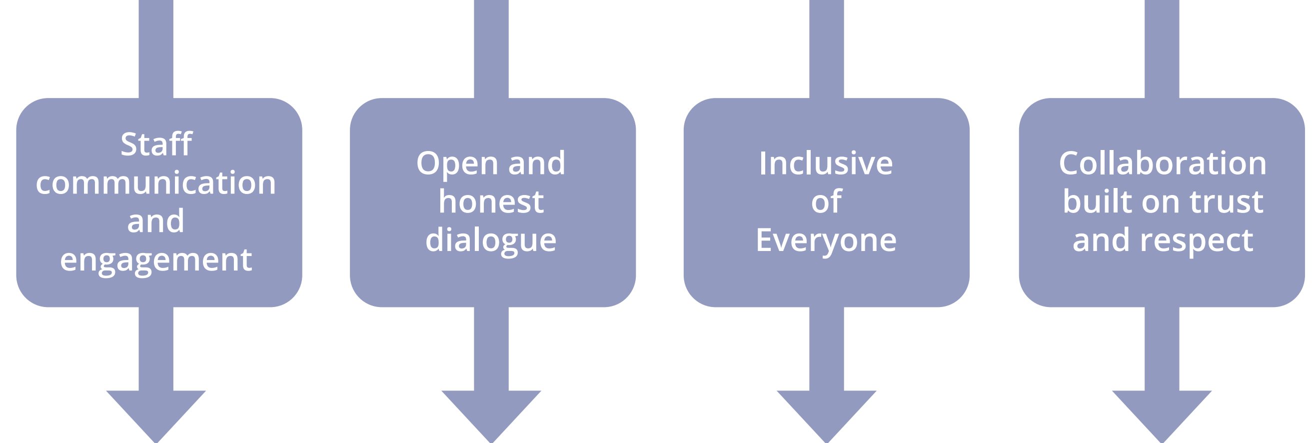
"Bank staff not appropriately trained or at appropriate grade"

"Due to savings targets vacancies are not filled but we are expected to deliver same levels of service, despite growing demands of service"

35% of respondents had either witnessed or experienced bullying. Respondents described a range of consistent concerns for colleagues, or from their own experiences, as a result of bullying.

"Bullied staff ignored by management and the people who are bullying seem to be allowed to continue"

"You don't feel you have a voice"



The action we will take

Staff will work in a mentally healthy environment and feel their wellbeing is a priority for their employers

Staff engagement in the co-creation and development the service strategy

All staff offered exit interview

Develop 'Leadership, Accountability, Culture, Engagement and Communications' project

Embed a value-based culture change

Clear line management organisational charts and personal development reviews (PDRs) for all staff

1. Introduction

This draft Action Plan sets out the Tayside approach to delivering the 51 Recommendations of the Independent Inquiry into Mental Health services in Tayside: Trust and Respect published on 5 February 2020.

The Board of NHS Tayside fully accepted the recommendations of Trust and Respect at its meeting on 27 February, 2020. Despite the limitations presented by COVID-19 since early March 2020, mental health has remained a priority for NHS Tayside and the Tayside Executive Partners, and engagement with all key stakeholders has continued in virtual and digital ways.

The mental health strategic programme continues with engagement of all partners and support from Scottish Government. The action plan is the first key milestone in the journey to improve mental health services in Tayside and is also the first pillar of the co-creation of the Tayside Mental Health and Wellbeing Strategy which will be published in early 2021.

2. Context and background

In May 2018, the Board of NHS Tayside commissioned the Independent Inquiry into Mental Health Services in Tayside, recognising that an in-depth examination of mental health services would offer anyone who wanted to contribute the opportunity to provide their views and experiences of receiving or delivering care and treatment across Tayside.

This Listen. Learn. Change. draft Action Plan is a partnership response to Trust and Respect.

It is an ambitious programme of work to achieve the co-creation of modern, evidence-based mental health services establishing Tayside as a centre of excellence.

3. Partnership working and leadership

In order to address the recommendations in the Independent Inquiry, a statement of intent was released by the Tayside Executive Partners, who are:

Chief Executive, NHS Tayside

Chief Executive, Angus Council

Chief Executive, Dundee City Council

Chief Executive, Perth & Kinross Council

Chief Superintendent, Police Scotland, Tayside Division

The Statement of Intent sets out a strategic commitment to making all necessary improvements so that people from all communities across Tayside receive the best possible mental health and wellbeing care and treatment.

This includes a joint aim to ensure that those people with mental ill health are supported to recover without fear of discrimination or stigma. The Scottish Government announced a support package for mental health services in Tayside in January 2020 including:

- *Multi-disciplinary clinical and practice support, bringing specialists from across a range of mental health specialities and backgrounds to provide peer support and challenge*
- *Communications and engagement expertise*
- *Organisational development expertise to support culture change*
- *Royal College of Psychiatrists' UK College Centre for Quality Improvement (CCQI) to assess the quality of clinical services and areas for improvement*
- *Engagement with the Royal College of Psychiatrists to provide peer support, senior mentorship support and guidance in conjunction with other key clinicians in Scotland*
- *Programme management support to enable delivery of NHS Tayside's improvement plans*
- *Healthcare Improvement Scotland support to address the quality of adult community health services*

To establish a true, system-wide collaborative, the Tayside Executive Partners, in the form of their governance group the Strategic Leadership Group (SLG), will invite national organisations to contribute to the programme. This will include Healthcare Improvement Scotland, Scottish Ambulance Service, NHS24 and See ME Scotland, with the aim of establishing a common understanding and strategic support for the scope of work to achieve the shared vision of sustainable, safe, effective and person-centred improvements.

The commitment to joint working by all partners has resulted in the draft Action Plan setting out a programme which puts people at the heart of services. This joint working will place people receiving mental health supports and services, their families, friends and carers at the centre of all future clinical and service models and any future changes to service re-configuration.

The co-creation and co-production approach, led by the collective leadership principles, is an inclusive and system-wide approach to the mental health needs of our population with strong and honest two way engagement and feedback with all stakeholders that will treat all previous experiences as opportunities for system learning.

The Tayside Executive Partners will ensure the programme of work detailed in the Action Plan will deliver a Tayside Mental Health and Wellbeing Strategy.

The mental health and wellbeing of the population is key to success and therefore mentally healthy staff and the mental health and wellbeing of staff will also feature in our work alongside the need to consider culture, leadership, kindness and compassion to develop and deliver the local strategy.

The national Mental Health Strategy (2017-2027) also commits to working with employers on how they can act to protect and improve mental health and support employees experiencing poor mental health, and we will involve large local employers in our projects to ensure this work is embedded locally.

4. Our planned and collaborative response to the Independent Inquiry

NHS Tayside's Chief Executive has stated that "no matter how many actions we put into a plan, we must focus on those with lived experience first and foremost". To do this our efforts will go towards engaging with and listening to the people of Tayside and taking on board what they have shared with us already.

The first major milestone in Trust and Respect is the delivery of a detailed programme plan by 1 June 2020 which will set out immediate actions, investments in staff training and development and a comprehensive programme of work to be undertaken to ensure all 51 recommendations are addressed in full.

The 51 recommendations cover five cross-cutting themes:

1. *Strategic service design*
2. *Clarity of governance and leadership responsibility*
3. *Engaging with people*
4. *Learning culture*
5. *Communication*

A key and critical element of this work will be to work together with people living with mental health conditions and ill health, their families and carers, and health and social care staff. We will immediately work on addressing the issues raised in the Independent Inquiry report to build good quality mental health services that meet people's needs and build a working environment that supports our staff.

In 2019 we commenced our approach to build on quality improvement work to develop the organisational culture, leadership and clinical governance along with our staff. Our leaders will create and maintain positive, inclusive and compassionate working cultures.

The ambitions for the Tayside population (world class, person centred, effective, and safe services) are only possible if staff at all levels are working in environments where they are supported to perform at their best.

The new future and ways of working will be inclusive, structured, and disciplined, with frequent two-way communication and feedback mechanisms in place allowing all stakeholders to understand and get involved in the processes to design and develop the Tayside Mental Health and Wellbeing Strategy. We will engage widely, providing a range of ways people can get involved and influence the future mental health supports and services in Tayside. Choices will be accessible for people with mental illness, their families and carers.

Our person-centred approach will focus on actively listening to people to enable recovery and better outcomes, challenging and lifting the stigma and discrimination often surrounding mental health, and putting mental health on an equal par with physical health, whilst developing services that are robust and appropriate for our times, incorporating the best of supportive digital technology throughout.

5. Our plans

Mental health and wellbeing of the population is a top priority for Tayside. This includes a drive to involve all organisations who provide support and services to and with the people who live here. In Tayside, we are commencing an important journey, after listening to those who have lived experience of mental illness, the experiences of their carers and families.

In response to 'Trust and Respect', we are beginning a fundamental redesign of mental health services and our aim is to listen, learn and change, ensuring the promotion of mental health and wellbeing underpins all aspects of our services. We want to be proud of our service and the support we give, we want to make a difference but most importantly we are willing to listen, to learn from the past and change the future.

The main emphasis of our strategic change programme is to develop the detail, gain agreement on the response and merge the draft action plan with the Tayside Mental Health and Wellbeing Strategy 2020-2030.

The 10-year strategy for all age groups will be informed by a range of work including the Scottish Government's Mental Health Strategy 2017-2027.

The local plan will reflect the needs of people living in Tayside and importantly the

experience of people using our services. The contents of the strategy will be consistent with the Integration Joint Boards' vision for improvements in mental health provision.

We have taken on board the recommendations in Trust and Respect and embraced the opportunity to deliver mental health in a way that no other area in Scotland does – ensuring all those accountable hear the voices of the public and, in particular, people with lived experience, their families and carers.

Going forward the key stakeholders measuring the success of this work will be the people of Tayside who will be equal partners in the process to:

- *Influence the scope of our work and participate in the design, development and final production of the Tayside Mental Health and Wellbeing Strategy*
- *Co-create, design, develop and generate as well as comment on any papers related to the strategy development*
- *Be an equal stakeholder in engagement activity that is digitally generated by Tayside in the interim period*

6. Conclusion

In conclusion, 'Listen. Learn. Change.' sets the framework for an ambitious programme of change over the coming years as a means for ensuring delivery of the actions, commitments and a shared accountability for implementation.

In developing the programme of work in response to the Independent Inquiry, all partners in our local authorities and health and social care organisations across Tayside have come together to present this draft action plan for improvement.

The lead for ensuring delivery of this draft action plan will be Kate Bell, NHS Tayside's Interim Director of Mental Health. It is therefore proposed that oversight, leadership, co-ordination and management of the actions noted here will be merged with the programme of work to develop the single Mental Health and Wellbeing Strategy as one strategic planning initiative under the auspices of Tayside Mental Health and Wellbeing Strategy Board, chaired by Kate Bell, with membership from across a wide range of stakeholders. The Independent Inquiry response, Mental Health and Wellbeing programme (strategy and change programme) work will have a dedicated and specialist programme management team.

We agreed on five strategic themes linking each recommendation to tasks and activities required to achieve change that will result in sustainable improvement in mental health service provision.

1. *Single Tayside Mental Health and Wellbeing Strategy*
2. *Whole-system Change Redesign Programme*
3. *Quality Improvement, Learning and Care Governance*
4. *Governance, Leadership and Accountability*
5. *Culture, Engagement and Communications*

7. Draft Action Plan template

<table>
<tr><td colspan="6">1. Single Tayside Mental Health and Wellbeing Strategy (Recommendations 3, 13, 27, 33, 39)</td></tr>
<tr><td>Recommendation 3</td><td colspan="3">Engage with all relevant stakeholders in planning services, including strong clinical leadership, patients, staff, community and third sector organisations and the voice of those with lived experience of Mental Health</td><td>Outcome: System wide Tayside Mental Health and Wellbeing Strategy</td><td>RAG – Green
Date – Oct 2020</td></tr>
<tr><td>Named Lead</td><td>Lead Organisation</td><td>Milestones</td><td>Date</td><td colspan="2">Implementation Plan</td></tr>
<tr><td>Kate Bell
Interim Director of Mental Health, NHS Tayside</td><td>NHS Tayside will lead and be accountable for the co-creation and production of the Strategy</td><td>NHS Tayside and key partners to approve and endorse draft strategy</td><td>Oct 20</td><td colspan="2">1. Establish the Strategic Leadership Group (This group will consist of the members of the Executive Partners Group and be the Governance Board for the Strategy and Change Programme 2020)
2. Set out the decision making committees/ dates for supporting /endorsing /approving the Programme Definition and Governance paper and Draft Action to be submitted to SG 01 June 2020.
3. Establish and set up the Mental Health and Wellbeing Strategy Board (This group is the strategic lead group, directing the stakeholder management and engagement at all levels within Tayside – building on the work of the Tayside Mental Health Alliance.)
4. Undertake review of current services "As is"
5. Develop Programme Definition Document (PDD)
6. Develop Programme Plan
7. Develop Comms and engagement strategy detailing how we will virtually connect with all stakeholders
8. Develop our infrastructure for programme development (Strategy and Change Programme)
9. Establish Strategy writing process and timeline
10. Assemble a draft Tayside Mental Health and Wellbeing Strategy
11. Develop an action plan to engage and invest with medical staff</td></tr>
<tr><td colspan="6">Team Involved (more team members will be added as we develop these plans) – All members of the SLG supported by Kate Bell, Lesley Roberts</td></tr>
<tr><td>Recommendation 13</td><td colspan="3">Ensure that there is urgent priority given to strategic and operational planning of community mental health services in Tayside. All service development must be in conjunction with partner organisations and set in the context of the community they are serving. <u>Interdependent with Recommendation 5</u></td><td>Outcome: Strategic Governance in place to oversee Independent Inquiry and Mental Health and Wellbeing Strategy</td><td>RAG – Amber
Date – Mar 2020</td></tr>
<tr><td>Named Lead</td><td>Lead Organisation</td><td>Milestones</td><td>Date</td><td colspan="2">Implementation Plan</td></tr>
</table>

	(SLG)			
Team Involved *(more team members will be added as we develop these plans)* – Grant Archibald				
Recommendation 27	**Provide adequate staffing levels to allow time for one-to-one engagement with patients.**	**Outcome:** Develop model of Multi-Disciplinary Team based working as an enabler for Shifting the Balance of Care (SBC) to deliver a model of Right person, right place, right time, aligning the resources in line with demand and capacity	**RAG – Amber Date – Oct 2020**	
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
Kate Bell Interim Director of Mental Health, NHS Tayside	Tayside Integrated Leadership Group (ILG) will lead and be accountable for the delivery of this action.	Short term Review of Caseloads New model that balances out the need for generalist and specialist - shifting the balance of care.	July 2020 Sept 2020	Our in-patient areas are working towards accreditation with the RCPsych: There has been a review of the staff members and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the ward/unit. **WORKFORCE PROJECT** **1. Review existing working practices** **2. Implement Health and Care (Staffing) (Scotland) 2019 and the Nursing Workforce Tools that are mandated for use.** **3. Develop tool** **4. Repeat workforce tool to clarify resources available and needed.** **5. Develop model within strategy to balance out the need of general and specialist support.** **6. CAMHS, Children and Young People project factored into the scope of the strategy (which will be a person-centred MDT approach of Right Person, Right Place, Right Time, aligning the resources re demand and capacity.)** **7. Implement job planning for Medical staff to deliver sustainable care** **8. Develop a medical workforce strategy**
Team Involved *(more team members will be added as we develop these plans)* – Mike Winter, Karen Anderson, Director of AHPs, Charlie Sinclair, Exec for HR/Workforce, Keith Russell, Social Work Leads, Lesley Roberts				
Recommendation 33	**Focus on developing strategies for prevention, social support and early intervention for young people experiencing mental ill-health in the community, co-produced with third sector agencies.**	**Outcome: Chapter of strategy will include mental health and wellbeing of CYP, universal services through to specialist interventions required and include transition model.**	**RAG – Green Date - Oct 2020**	
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
Chair of the Children's Collaborative	All 3 Local Authorities	Reporting to the Mental Health	June 20	The strategy will include in its scope work with children and young people and plan from mental health and wellbeing of CYP, universal services through to specialist interventions required and include work on transition to ensure the new CAMHS specification is scoped into the work also.

		and Wellbeing Strategy Board.	Aug 20 Oct 20	**1. Develop project focusing on Children and young people's mental health.** **2. From this develop writing team for this chapter** **3. Agree transition model** **4. Develop and agree strategy chapter.** **5. Develop stronger links between physical and mental health services**
Team Involved *(more team members will be added as we develop these plans)* - Chair of the Children's Collaborative				

Recommendation 39	**Consider the formation of a service for young people aged 18 – 24, in recognition of the difficulties transitioning to adult services and also recognising the common mental health difficulties associated with life events experienced during this age range. This may reduce the necessity for these patients to be admitted to the adult in-patient services.**			**Outcome: Service for young people aged 18 – 24**	**RAG – Green** **Date - Oct 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Lorna Wiggin Director of Acute Services, NHS Tayside	NHS Tayside will lead and be accountable for the delivery of this action supported by Integrated Children and Young People's Service Planning group.	Draft model of service for young people aged 18 – 24	Aug 20	The MHWS will include in its scope work with children and young people and plan from mental health and wellbeing of CYP, a staged model of universal services through to specialist interventions is required and will include work on transitions to ensure the new CAMHS specification is scoped into the work. **1. Consider the overlap and pathways for Children and Adult** **2. To ensure strategy has a Children and Young People chapter** **3. Co-create and design a Transitions project to ensure a robust and seamless transition process is developed and in place through to age 24.** **NOTE -** Already rolled out transition of children and Adolescents in Angus (16-18 year olds) for those who were already in CAMHS (existing and new referrals)? Now keeping all adolescents and at 17 years and 4 months, an individual transition plan is triggered. This has been occurring for 10 months and has not been interrupted by COVID. A staged approach for transition for Dundee and Perth/Kinross is in its early stages, but COVID had impacted on bringing together adult and CAMHS teams with the client, so this needs to be re-focused when recovery occurs.	
Team Involved *(more team members will be added as we develop these plans)* - Dr Peter Fowlie AMD Women and Children's Services, Lorna Wiggin, Dr Joy Oliver, Dr Chris Pell, Arlene Wood (Transition)					

<table>
<tr><td colspan="6">2. Whole System Mental Health Change Programme Recommendations 2, 14, 16, 20, 24, 26, 35, 41</td></tr>
<tr><td>Recommendation 2</td><td colspan="2">Conduct an urgent whole-system review of mental health and well-being provision across Tayside to enable a fundamental redesign of mental health and wellbeing services for Tayside.</td><td colspan="2">Outcome: New Clinical and service models with proportionate service configuration – a completed whole system review with recommendations for new model of care</td><td>RAG – Amber
Date – Nov 2020</td></tr>
<tr><td>Named Lead</td><td>Lead Organisation</td><td>Milestones</td><td>Date</td><td colspan="2">Implementation Plan</td></tr>
<tr><td>Kate Bell
Interim Director of Mental Health, NHS Tayside</td><td>NHS Tayside</td><td>Develop programme of work for delivery of future models of care</td><td>May 20
Sept 20</td><td colspan="2">Design and develop the 2021-2030 Tayside Mental Health and Wellbeing Strategy and Service Change delivery Programme 2020-2023.
1. To review work completed to date.
2. Full review of mental health supports and services
3. Co-create, design and develop Strategy as in strategic theme 1, recommendation 3 with accompanying detailed plans.
4. Recognised that Clinical engagement of all staff key to delivery
Programme Director, Lesley Roberts will lead and be responsible for the delivery of this action.</td></tr>
<tr><td colspan="6">Team Involved (more team members will be added as we develop these plans) – Lesley Roberts, Programme Director MHWS, Programme Team and all relevant Stakeholders</td></tr>
<tr><td>Recommendation 14</td><td colspan="2">Consider developing a model of integrated substance use and mental health services.</td><td colspan="2">Outcome: New model of integrated substance use and mental health services</td><td>RAG – Amber
Date – Sept 2020</td></tr>
<tr><td>Named Lead</td><td>Lead Organisation</td><td>Milestones</td><td>Date</td><td colspan="2">Implementation Plan</td></tr>
<tr><td>Dr Drew Walker, Director of Public Health</td><td>TBC by SLG</td><td>Develop draft model</td><td>Sept 20</td><td colspan="2">Set up and develop a model of integrated substance use and mental health services
1. Consider workforce requirements
2. Consider models of integrated care
3. Develop model and service configuration
4. Incorporate this integrated substance use model into the strategy
Alcohol and Drug Partnerships (ADPs) within localities will lead and be accountable for the delivery of this action (reporting to ILG)</td></tr>
<tr><td colspan="6">Team Involved (more team members will be added as we develop these plans) - Dr Jane Bray, Dr Emma Fletcher, Substance misuse Leads - Dr Fiona Cowden and Dr Tim Elworthy</td></tr>
<tr><td>Recommendation 16</td><td colspan="2">Prioritise the re-instatement of a 7 day crisis resolution home treatment team service across Angus.</td><td colspan="2">Outcome - 7 day crisis resolution home treatment team service across Angus.</td><td>RAG – Green
Date – Aug 2020</td></tr>
<tr><td>Named Lead</td><td>Lead Organisation</td><td>Milestones</td><td>Date</td><td colspan="2">Implementation Plan</td></tr>
<tr><td>Gail Smith
Chief Officer,</td><td>HSCP Angus on behalf of Tayside</td><td>7 day crisis resolution home treatment team</td><td>Aug 20</td><td colspan="2">Assumption for the requirement is that 24/7 translates as 7 days a week. This is currently a service priority for Angus there are already pre-existing plans to deliver a 7-day home treatment model that</td></tr>
</table>

Angus Health and Social Care Partnership		service across Angus.		have been approved and funded. 1. **Reinstate Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface project** 2. **Develop specification** 3. **Propose 7 day service model and set out in the Strategy and Programme Delivery Plans** 4. **Explore the views of clinicians and other stakeholders: How was previous service viewed** Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface project **Note:** Angus has very strong third sector involvement. (We will assess level of need for this within Angus as we may look to 2 or 3 site delivery to aid sustainability.
Team Involved *(more team members will be added as we develop these plans)* – Bill Troup				

Recommendation 20	**Consider the development of a comprehensive Distress Brief Intervention training programme for all mental health staff and other key partners to improve pathways of care for individuals in acute distress.**			**Outcome -** Distress Brief Intervention training programme developed and implemented	**RAG – Green** **Date – Aug 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Bill Troup Head of Mental Health Services, Angus HSCP	HSCP Angus on behalf of Tayside	Distress Brief Intervention training programme proposed and approved by MHWS Board	Aug 20	1. **Set out the business case for DBI in Tayside** 2. **Reinstate Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface project** 3. **Develop training and process for implementation.** 4. **To ensure DBI is within the strategy** Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface project	
Team Involved *(more team members will be added as we develop these plans)* – Bill Troup					

Recommendation 22	**Develop clear pathways of referral to and from university (Dundee, Dundee College, St Andrews, Abertay, University Of Highlands and Islands) mental health services and the crisis resolution home treatment team.**			**Outcome – Student referral pathway**	**RAG – Amber** **Date – Aug 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Keith Russell, Associate Nurse Director, Mental Health and Learning Disabilities	NHS Tayside	Pathway drafted Pathway complete	July 20 Aug 20	1. **Collaborate with Universities** (Update - There has been 2 meetings with the University of Dundee and University of Aberdeen regarding this action and the existing pathway is being reviewed.) 2. **Establish what they currently provide and see what is required to achieve recommendation.**	

Team Involved *(more team members will be added as we develop these plans)* - Keith Russell, Sara Vaughn				
Recommendation 24	**Involve families and carers in end-to-end care planning when possible.**		**Outcome – Clear policy for family and carer engagement**	**RAG – Green** **Date – Aug 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
Claire Pearce NHS Tayside Nurse Director	Care Planning Collaborative HIS, NHS Tayside	Build into NHS Tayside Care Planning Processes Learn from Adverse Events	July 20 Sept 20	1. **Establishment of a care planning collaborative to include families and carers** 2. **Review of Triangle of Care Implementation** 3. **Review of the Mental Health Person Centred Care Planning Standards** 4. **Review of Standing Operating Procedures for Anticipatory Care Planning** 5. **Carry out training with staff on person centred care and the benefits to patient outcomes when family and carers can be involved in Care Planning** 6. **The audit tool will be used monthly and compliance reported to the relevant quality improvement or Governance groups. Themes for learning have been identified from the audit cycles and have been incorporated into the learning sessions within the Continuous Professional Development Programme.** 7. **Next steps include developing an Assessment and Documentation Pathway Collaborative to support the development of clear documentation pathways to ensure consistency.** 8. **Develop and undertake training to learn from adverse events** 9. **Focus has been on in-patients – we plan to extend to integrated CMHT**

PLEASE NOTE: A Care Planning Collaborative was set up in September 2018 across General Adult Mental Health In patient wards to support the development and implementation of the Standards. The Standards are comprised of 11 standard statements with associated guidance and an audit tool that collects qualitative data. The scope of these Standards is to include the care plans of all Mental Health and Learning Disability Nurses across the range of Mental Health and Learning Disability services in Tayside.

In January 2019 the Standards underwent a consultation process across NHS Tayside Mental Health Services and were endorsed by the Nurse Director in May 2019. Following the launch of the Standards these have been presented to all clinical teams and referenced by the MWC in their recently published Person Centred Care Plans, A Good Practice Guide.

The NHS Tayside Mental Health Nursing Standards for Person Centred Care Planning have been recognised nationally by receiving a Highly Commended award in the Inpatient Category at the Mental Health Nursing Forum, Scotland, and Awards Ceremony in November 2019.

See Tayside Mental Health Nursing - Standards for Person-Centred Care Planning[1]

Team Involved *(more team members will be added as we develop these plans)* - Donna Robertson Johnathan MacLennan, Tracey Williams - Improvement Fellows, Tom Imms, Design approach Rodney Mountain Systems Thinking, Stakeholder Participation Group members (recent lived experience), Bill Troup, Arlene Mitchell, Evelyn Devine				
Recommendation 26	**Make appropriate independent carer and advocacy services available to all patients and carers.**		**Outcome - single referral point for advocacy**	**RAG – Amber** **Date – Sept 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**

Arlene Wood Associate Director of Mental Health	All HSCPs	Independent advocacy services exist in each of the 3 areas (HSCP's).	Sept 20	1. **To ensure achievement of a single referral point for advocacy in the strategy**
Team Involved *(more team members will be added as we develop these plans)* – Arlene Wood, HSCP Advocacy Services Leads, Third Sector Organisations				

Recommendation 35	**Ensure the creation of the Neurodevelopmental Hub includes a clear care pathway for treatment, with the co-working of staff from across the various disciplines not obfuscating the patient journey. The interdisciplinary of the hub may give rise to confused reporting lines or line management structures/ governance issues. A whole system approach must be clarified from the outset.**	**Outcome - Clear care pathway for treatment within Neurodevelopmental Hub**	**RAG – Amber** **Date – Sept 2020**	
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
Lorna Wiggin Director of Acute Services, NHS Tayside	NHS Tayside Acute Services	Creation of the Neurodevelopmental Hub, Clear pathway	Sept 20	1. **Identify the Clinical Leadership (Post advertised)** NOTE - Clinical Leadership post not filled but interim measures in place to progress leadership for Neurodevelopment HUB. Two senior psychologists lead this and have dedicated hours for improvement and the progression of the pathway 2. **Creation of the Neurodevelopmental Hub** NOTE - Continued shared pathway work is being undertaken with paediatrics to continue the development of the Neurodevelopment HUB 3. **Clear pathway** NOTE - Neurodevelopment pathway being developed and test of changes occurring within this; 4. **Move this into paediatrics in recognition of prescribing needs and specialist clinics** Capacity still being built into support a move to paediatrics, in recognition of prescribing needs and specialist clinics; 5. **External contractor (Healios) Trial agreed to commence in 3 weeks (Mid June), to test neurodevelopment pathways for 3 streams of clinical need.** 6. **System improvements for internal Neurodevelopment pathway to be created from Healios trial.**
Team Involved *(more team members will be added as we develop these plans)* - Dr Pete Fowlie, Lorna Wiggin				

Recommendation 41	**Consider offering a robust supportive independent advocacy service for parents and carers of young people who are engaged with Child and Adolescent Mental Health Services. This may include carer support groups.**	**Outcome - Independent advocacy service for parents and carers of young people who are engaged with Child and Adolescent Mental Health Services.**	**RAG – Amber** **Date – Sept 2020**	
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**

Lorna Wiggin Director of Acute Services, NHS Tayside	NHS Tayside	Independent advocacy service	Oct 20	**There is a recognition of the need for the child's views to be held paramount, work is well progressed to achieve this.** 1. **Establish a single referral point for advocacy (to include parent and carers of young people advocacy) in the strategy** NOTE – CAMHS website being redesigned and developed to create uniformly of advocacy information that matches information included in standard referral letters, which include signposting for local support services / tools. 1st June 2020 locality sign posting being included in all letters to clients / families until website can be finalised. **Advocacy Services - we plan to work with these partners to achieve this**[2]
Team Involved *(more team members will be added as we develop these plans)* - Lorna Wiggin, Diane Caldwell				

3. Quality Improvement, Learning and Care Governance Recommendations 4, 8, 11, 15, 18, 19, 23, 25, 28, 31, 34, 36, 37, 38, 40, 51					
Recommendation 4	**Establish local stakeholder groups as a mechanism for scrutiny and improvement design to engage third sector, patients' representatives and staff representation.**			**Outcome - Establish local stakeholder groups**	**RAG – Green** **Date – Sept 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Jane Duncan Director of Communication and Engagement	NHS Tayside	Mental Health and Wellbeing Strategy Board – Inclusive Membership, Communication and Engagement Group	June 20	1. **Establish Organisational Lead for Public and Patient Involvement (Mental Health)** 2. **Mental Health and Wellbeing Strategy Board - to ensure achievement of strategy.** 3. **Develop a sustainability model for participation and scrutiny.** 4. **Stakeholder Participation and Engagement sub-group to have accountability for quality assurance and ongoing scrutiny and review.** 5. **Communication and Engagement sub-group to develop plan. (Work to include sample groups and sharing information through web platforms, develop Community Engagement plans Scotland/HIS.)** 6. **Review should be done on what is currently in place and decide if there is any strengthening to be done.**	
Team Involved *(more team members will be added as we develop these plans)* - Lesley Roberts, Arlene Mitchell, Bill Troup, Chris Wright, Margaret Dunning					
Recommendation 8	**Deliver timely, accurate and transparent public reporting of performance, to rebuild public trust in the delivery of mental health and wellbeing**			**Outcome - External reporting plan**	**RAG – Amber**

	services.					**Date – Sept 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**		
Hazel Scott Director of Planning & Performance/Assist Chief Executive	NHS Tayside	NHS Tayside Annual Operating Plan Care Governance Committee (public forum)	July 20	**NHS Tayside website, provides updates and Tayside Annual Operating Plan will fulfil this function.** **1. Requires a piece of work to review what is currently being provided** **2. Determine future reporting.** **3. Implement a reporting process.** **4. SLG will agree this.** **5. Ensure that existing clinical governance and risk structures are consistent in mental health services**		
Team Involved *(more team members will be added as we develop these plans)* – Bill Nicol, Arlene Wood, Sarah Lowry, Diane Campbell AD Clinical gov. And risk Elaine Henry AMD Clin. Governance						
Recommendation 11	**Ensure that the policy for conducting reviews of adverse events is understood and adhered to. Provide training for those involved where necessary. Ensure that learning is incorporated back into the organisation and leads to improved practice.**				**Outcome - Clarity on policy and supporting training programme with process to incorporate learning back into organisations**	**RAG – Green** **Date – Sept 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**		
Claire Pearce NHS Tayside Nurse Director	NHS Tayside and HSCP Clinical Quality Leads	Policy Compliance Training System Wide Learning's from Adverse Events	Sept 2020	**1. Agreed that actions should be addressed individually into** **a.** (Policy Compliance) Ensure that Quality Performance reviews in mental health provide timely scrutiny of adverse events. Strengthen the reporting framework to board level **b.** (Training) Use learning from adverse events to prevent future occurrence **c.** (System Wide Learning's from Adverse Events) **2. Work already underway needs collated and reported to ensure consistent approach to policy compliance** **Update - System Wide Adverse Event Learning Forum in place - first 2 meetings had approximately 100 professionals from across Tayside in attendance. Third session interrupted by Covid19 but plans for reinstatement being discussed**		
Team Involved *(more team members will be added as we develop these plans)* - Care Governance - Clare Pearce, Diane Campbell, Elaine Henry						
Recommendation 15	**Develop comprehensive and pertinent data-capture and analysis programmes, to enable better understanding of community need and service requirement in the community mental health teams.**				**Outcome - Report on metrics of the need and service requirement in the community mental health teams.**	**RAG – Amber** **Date – Oct 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**		
	Business unit	Develop data and data-	July	**1. Agree data –** Dr Christmas will lead this – he is very experienced/knowledgeable in data use and systems		

Dr Drew Walker Director of Public Health	All agencies to work collaboratively	capture process Develop analysis Collate into Strategic Needs Assessment of MH	20 Aug 20 Oct 20	*NOTE - Previously we have found that there is a lot of data presented at QPR but often not accepted. Therefore we plan that the data will be cross-checked by clinicians and that the clinicians understand this and it feels relevant and accurate to them. A process will be set up to do this.* **2. Review data capture process** **3. Review metrics and outcome measure across the scope of the programme** **4. Ensure Strategic Needs Assessment feeds into metrics and outcomes (clinical and patient reported outcomes) are clear** Clinical leads supported by Business Intelligence Unit/ISD/LIST analysts/Public Health/Programme Team/ and HSCP information teams
Team Involved *(more team members will be added as we develop these plans)* - Dr David Christmas, (Dr Jane Bray, Dr Emma Fletcher Public Health Consultants, Sarah Lowry				
Recommendation 17	**Review all complex cases on the community mental health teams' caseloads.** **Ensure that all care plans are updated regularly and there are anticipatory care plans in place for individuals with complex/ challenging presentations.**		**Outcome - Establish process and frequency for updating care plans**	**RAG – Amber** **Date – Oct 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
Keith Russell NHS Tayside Associate Nurse Director	NHS Tayside/ Health and Social Care Partnerships (particularly social work leadership)	Robust audit tool. Process for review Schedule for reviews Report on lessons learned	July 20 Aug 20 Sept 20 Oct 20	**1. Ensure that there are robust audit tools in place to review complex cases** **2. Process for review** **3. Schedule for regular audit of this cohort** **4. Report on lessons learned.**
Team Involved *(more team members will be added as we develop these plans)* - Keith Russell, Bill Troup, Chris Lamont, Arlene Mitchell				
Recommendation	**Plan the workforce in community mental health teams in the context of**		**Outcome -** To develop new model for General Adult	**RAG – Green**

	continuous care provision across all community services.					
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**		
Elaine Henry Associate Medical Director for Medical Workforce	NHS Tayside	Workforce plan (draft)	Sept 20	**1. Develop a workforce Plan for Mental Health. (Draft in development)** **2. First Priority - Reconfiguration of General Adult Psychiatry *(Workforce project to ensure that we cover all areas of service.)*** **3. Reduce locum dependency by 50% to next summer**		
Team Involved *(more team members will be added as we develop these plans)* - Arlene Wood, Elaine Hendry, Mike Winters, Keith Russell						
Recommendation 19	**Prioritise the development of safe and effective workflow management systems to reduce referral-to-assessment and treatment waiting times. This should also include maximum waiting times for referrals.**			**Outcome - To develop Workflow Management System with Mental Health Services.**		**RAG – Green** **Date – Oct 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**		
Jane Bruce AMD Primary care Arlene Wood Associate Director of Mental Health and Learning Disabilities	Tayside Mental Health Integrated Leadership Group	Draft workflow management system	Oct 20	**1. Undertake root cause analysis of why they are viewed to be blocks and review current model** **2. Within the Workforce Plan for Mental Health, develop Current Workflow Management System with Mental Health Services.** **3. Medical staff engagement across primary and secondary care interface** *Note - Currently working at inpatient level with leadership colleagues /CRHTT to develop capacity and flow model based on Readiness for Discharge tool already developed.*		
Team Involved *(more team members will be added as we develop these plans)* - Mike Winter, Keith Russell, Johnathan MacLennan and Leads of Community Mental Health Teams						
Recommendation 23	**Develop a cultural shift within inpatient services to focus on de-escalation, ensuring all staff are trained for their roles and responsibilities**.			**Outcome - New observation protocol**		**RAG – Green** **Date – Oct 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**		
Keith Russell Associate Nurse Director of Mental Health and Learning Disabilities	Least Restrictive Care Collaborative	Revised and rewritten Observation Protocol for all inpatient mental health and learning disability inpatient services in NHS	Oct 20	**1. Observation Protocol Implementation** 2. **This falls under the current remit of the IOP (Improving Observation Practice) group, as well as LRC (Least Restrictive Caring) group (meeting since 2018).** *[The early recognition and response of a deteriorating patient sits within both groups; the practical side in LRC for training and development, and the preventative side (a stage earlier in the process) within IOP.]* **Proposal to develop a revised restrictive intervention reduction team for all NHS Tayside with a specific lead for mental health has been developed and discussed at Exec level – attached. *See Restrictive Intervention reduction plan* [3] and *Draft Mental Health and Learning Disabilities Observation Protocol*[4]**		

		Tayside		**NHS Tayside are the first board in Scotland to do this - and as a result we have other boards wanting to do it with us.**
Team Involved *(more team members will be added as we develop these plans)* - Johnathan MacLennan, Donna Robertson, Diane Campbell (Role in nursing education and clinical risk)				
Recommendation 25	**Provide clear information to patients, families and carers on admission to the ward, in ways which can be understood and remembered.**	**Outcome** - Clear comms plan for patients, families and carers on admission to the ward		**RAG – Green** **Date – Oct 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
Arlene Wood Associate Director of Mental Health and Learning Disabilities	NHS Tayside	Easy read comms for patients, families and carers on admission to the ward	Oct 20	1. **Review all patient information leaflets (PiLs)** 2. **Engage service users and representatives to consider what could be done to improve the type and format of PiLs** 3. **Update leaflets, consider web based information, apps and other digital forms of information** *(This work also links to recommendation 24)*
Team Involved *(more team members will be added as we develop these plans)* - Johnathan MacLennan, Danielle Gorrie, Advocacy Lead (Name TBC), Arlene Wood				
Recommendation 28	**Ensure appropriate psychological and other therapies are available for inpatients.**	**Outcome - Appropriate psychological and other therapies are available for inpatients**		**RAG – Green** **Date – Oct 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
Kevin Power Director of Psychology	Perth & Kinross on behalf of Tayside Exec Partners	95% of inpatient staff who will have trauma-informed training commensurate to their role	Dec 20	1. **IOP Steering group to develop an implementation plan for the protocol.** 2. **Position statement for inpatient psychology for the next three years.** 3. **Development of a programme that starts with a reflective practice session around the NES 'Opening Doors' animation followed by LearnPro, then Survive and Thrive and Safety and Stabilisation, through to expert/train-the-trainer level appropriate to role. QI and Practice development leads have taken part in the Scottish Trauma Informed Leaders raining and link closely with NES around developments in Tayside to ensure a contemporary approach.** 4. **Appoint an 8b 0.4 WTE Clinical Psychologist to support the development and roll out of training and they will also play in instrumental role in ensuring revised restrictive intervention reduction programme is both trauma informed and psychologically safe.**
Team Involved *(more team members will be added as we develop these plans)* - Professor Kevin Power, Psychology Services				
Recommendation 29	**Reduce the levels of ward locking in line with Mental Welfare Commission for Scotland guidelines.**	**Outcome – The guidance on ward locking is updated, approved and shared with all staff.**		**RAG – Green** **Date – Aug 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**

Kate Bell NHS Tayside Interim Director of Mental Health	NHS Tayside	Establish and implement revised guidance on ward locking	Aug 20	1. **Embed MWC Right in Mind Pathway across all In Patient Services** 2. **Work with the MWC - We are working with Ian Cairns at the MWC regarding this action and the MWC have plans to review Rights, Risks and Limits to Freedom which is the MWC publication that primarily sets out their position on door locking)** 3. **Review design and technology innovations to management of ward door locking.**
Team Involved *(more team members will be added as we develop these plans)* – Keith Russell				
Recommendation 30	**Ensure all inpatient facilities meet best practice guidelines for patient safety.**		**Outcome - Ensure all inpatient facilities meet best practice guidelines for patient safety**	**RAG – Green Date – Aug 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
Keith Russell NHS Lanarkshire Associate Nurse Director	NHS Tayside	Approved Standards reached	Aug 20	1. **Build on work achieved to date around health & safety, Royal College of Psychiatry accreditation.** 2. **Establish the best practice for all Mental Health Inpatient facilities and set out a plan to deliver** 3. **Engage and involve patients and local mental health representatives in this process and ensure a person centred approach is taken where possible.** 4. **Roll out structured patient safety programme reflecting of National SPSP safety principles** i. **Least Restrictive Practice** ii. **Physical Health** iii. **Leadership and Culture** iv. **Communication** 5. **Devise a programme for the roll out of Royal College Psychiatrists Quality Network Accreditation to include:** i. **Standards for inpatient mental health service (1 ward started)** ii. **Standards for inpatient learning disability service** iii. **Standards for rehabilitation** iv. **Standards for crisis response** v. **Standards for Intensive Psychiatric Care Units (started)**
Team Involved *(more team members will be added as we develop these plans)* - Johnathan McLennan, Dr Chris Pell, Arlene Wood, Clinical risk and governance teams				
Recommendation 31	**Ensure swift (timeous) and comprehensive learning from reviews following adverse events on wards.**		**Outcome - Adverse Events training provided by Healthcare Improvement Scotland**	**RAG – Amber Date – Oct 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
Dr Stuart Doig Consultant	NHS Tayside Quality Improvement Team	Training package	July 20	1. **Review of all outstanding adverse events and ensure learning is shared**

Forensic Psychiatrist		Implementation Plan	Aug 20	*Note: Dr Doig has very good experience and has attended team based quality review workshops, he will provide this training – supported by others.*
Team Involved *(more team members will be added as we develop these plans)* - Dr Stuart Doig, Keith Russell, Tracey Passway				

Recommendation 34	**Ensure that rejected referrals to Child and Adolescent Mental Health Services are communicated to the referrer with a clear indication as to why the referral has been rejected, and what options the referrer now has in supporting the patient.**			**Outcome - To ensure strong referral plan to CAMHS is within the strategy, including communication process**	**RAG – Green Date – Oct 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Lorna Wiggin Director of Acute Services, NHS Tayside	NHS Tayside Quality	Discrete Referral Codes	Oct 20	1. **Audit rejected referrals.** NOTE - Audit completed and identified duplication of referrals and coding issues, which has impacted on accuracy of information and data 2. **Review referral management to CAMHS** NOTE - Successful small test of change completed with GPs to improve referral 3. **Review communication process and content** NOTE - New acknowledgements letters for all referrals being sent out which also includes information on support services / tools available in their local area.	
Team Involved *(more team members will be added as we develop these plans)* - Lorna Wiggin, Diane Caldwell, Peter Fowlie/ Mike Winter, Dr Pascal Scanlan					

Recommendation 36	**Clarify clinical governance accountability for Child and Adolescent Mental Health Services.**			**Outcome - Ensure clear clinical governance structure for CAMHS is within the strategy**	**RAG – Green Date – Oct 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Lorna Wiggin Director of Acute Services, NHS Tayside	NHS Tayside with Local Authorities for CYP known to SW	Clinical Governance Forums	Oct 20	1. **Ensure clear clinical governance structure for CAMHS is within the strategy** NOTE - Women, Children and Families Clinical Governance Structure been in place for 2 months; Accountability to CAMHS oversight group & local Clinical Governance Committee framework continues to operate.	
Team Involved *(more team members will be added as we develop these plans)* - Lorna Wiggin, Diane Caldwell					

Recommendation 37	**Support junior doctors who are working on-call and dealing with young people's mental health issues.**			**Outcome - Develop strong support process for junior doctors within workforce plan**	**RAG – Amber Date – Oct 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Mike Winter NHS Tayside Associate Medial Director	NHS Tayside	Develop programme of work for future model as part of	Aug 20	1. **Workforce planning to agree a mechanism, process and develop the system for sharing and applying.** 2. **Consider the role of out of hours social work, Mental Health Officers, Mental Health liaison**	

		future rotation		**roles** 3. **Ensure that there is a Consultant on call and available to support decision making. (This is part of workforce strategy to retain and support trainees)**
Team Involved *(more team members will be added as we develop these plans)* - Mike Winter, Peter Fowlie, George Doherty				
Recommendation 38	**Ensure statutory confidentiality protocols for children and young people are clearly communicated to all staff. The protocols should also be shared with patients and families at the outset of their treatment programme, so that parents and carers know what to expect during the course of their child's treatment.**	**Outcome - To develop confidentiality protocols and share with parents and carers**		**RAG – Amber** **Date – Oct 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
Lorna Wiggin Director of Acute Services, NHS Tayside	NHS Tayside	CAMHS updated website	TBC	1. **Exploration of the exact protocols referred to.** NOTE- Staff undertake annual education around confidentiality (LearnPro) 2. **Develop if they do not exist and share as required to ensure an inclusive and best practice approach is applied when working with children, young people and their families.** 3. **Review process and make materials available to staff and families.** NOTE - CAMHS Referrer acknowledgement letters are sent out to patients and families to explain service programming and information signposting that may be useful. The CAMHS website is under development to better support and help communicate the journey of the child through the service, inclusive of signposting to other helpful resources.
Team Involved *(more team members will be added as we develop these plans)* - Lorna Wiggin, Diane Caldwell				
Recommendation 40	**Ensure comprehensive data capture and analysis systems are developed to appropriately manage waiting lists and service users' expectations.** Work should be undertaken to look at what data is available and what could be useful to inform decision making on service development/monitoring of services. This should be aligned to national reporting requirements.	**Outcome - To develop metrics and outcomes around waiting times (including service users expectations) ensuring these take account of national reporting requirements**		**RAG – Amber** **Date – Oct 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
Lorna Wiggin Director of Acute Services, NHS Tayside	NHS Tayside and HSCP for community based all waiting time targets	CAMHS Data Dash Board	June 20	1. **Ensure comprehensive data capture and analysis systems are developed to appropriately manage waiting lists and service users' expectations.** NOTE - Data Dash Board completed and in use. 2. **Work should be undertaken to look at what data is available and what could be useful to inform decision making on service development/monitoring of services.** 3. **This should be aligned to national reporting requirements.** NOTE- Aligned Data Dash Board.
Team Involved *(more team members will be added as we develop these plans)* - Lorna Wiggin, Diane Caldwell, Sarah Lowry, Hazel Scott				

Recommendation 51	Ensure that all external review processes are embraced wholeheartedly and viewed as an opportunity to learn and develop. Managers should ensure that all staff receive details of the recommendations from reviews and are included in the analysis and implementation.	Outcome - Culture of embracing external review to be embedded.	RAG – Green Date – Aug 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Scott Dunn NHS Tayside Head of Organisational Development	NHS Tayside	TBC	TBC	**1. Ensure that all external review processes are embraced wholeheartedly and viewed as an opportunity to learn and develop, e.g. SLG to review the Independent Inquiry Report and share back as a Leadership Team on 'what this report means to me'.** **2. Staff review of the Independent Inquiry Report on reflection of the report to understand if there were any aspects that weren't picked up.** **3. Ensure that all reviews and action plans being created in response to the Independent Inquiry are fully engaged and visible to staff throughout the process** **4. Managers to ensure that all staff receive details of the recommendations from reviews and are included in the analysis and implementation.** **5. Clinical governance and risk management team to ensure that all reviews sit within existing reporting and scrutiny framework**

Team Involved *(more team members will be added as we develop these plans)* - Keith Russell, Scott Dunn, Organisational Development

4. Governance, Leadership and Accountability Recommendations 5, 6, 7, 9, 10

Recommendation 5	Review the delegated responsibilities for the delivery of mental health and wellbeing services across Tayside, to ensure clarity of understanding and commitment between NHS Tayside and the three Integration Joint Boards. This should include the decision to host General Adult Psychiatry inpatient services in Perth & Kinross Integration Joint Board.	Outcome - Detail of assignation of delegated responsibility for Mental Health Functions. See interdependency recommendation 13 above	RAG – Amber Date – Sept 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Kate Bell Interim Director of Mental Health	NHS Tayside	Draft Integration Schemes	Aug 20	This requires a Tayside wide approach to developing the review process detailing a common service specification with common metrics and outcomes to ensure all services are adequately described, quantified and resourced accordingly. The Mental Health and Wellbeing Strategy Board will deliver on this. **1. Establish the process and set up a group with representative of relevant stakeholders i.e. Integration Joint Boards (IJBs), Chief Officers (Scottish Government and Integration Unit as required)** **2. Work up all relevant intelligence required – Strategic Needs Assessment**

				Plans 4. **Review current Dundee, Angus, Perth & Kinross Integration Schemes with a view to reassigning Mental Health Functions across Health and Social Care Partnerships based on population need**
Team Involved *(more team members will be added as we develop these plans)* - Bill Nicoll, Chief Officers				

Recommendation 6	**Ensure that Board members *(NHS and Integration Joint Boards)* are clear about their responsibilities, confident and empowered to challenge and make sound decisions. Review their selection, induction and training processes in preparation for their important role.**			**Outcome - Established roles and responsibilities of NHS Tayside Board.**	**RAG – Green** **Date – June 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Grant Archibald NHS Tayside Chief Executive	NHS Tayside	Roles and responsibilities of Tayside MHWB SLG Board Selection, induction and training processes	July 20 Aug 20	1. **Detail of roles and responsibilities of Tayside MHWB SLG Board** 2. **Ensure that Board members (NHS and Integration Joint Boards) are clear about their responsibilities, confident and empowered to challenge and make sound decisions.** 3. **Review their selection, induction and training processes in preparation for their important role.** 4. **Use Clinical governance team to provide scrutiny and challenge to data**	
Team Involved *(more team members will be added as we develop these plans)* - Margaret Dunning (Board Secretary)					

Recommendation 7	**Provide sufficient information to enable NHS board members to monitor the implementation of board decisions.**			**Outcome - Provide sufficient information to enable board members to monitor the implementation of board decisions.**	**RAG – Green** **Date – June 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Margaret Dunning NHS Tayside Board Secretary	NHS Tayside	Programme Governance developed with regular reporting plan	June 20	1. **Develop regular reporting which will identify current standards/new standards to inform those within the NHS Board Governance Committees and Mental Health Strategic Leadership Group (SLG) (Develop Highlight reports)** 2. **Link with Business unit and governance team to provide information and context.**	
Team Involved *(more team members will be added as we develop these plans)* - Margaret Dunning (Board Secretary), Sarah Lowry, Diane Campbell					

Recommendation 9	Clarify responsibility for the management of risks within NHS Tayside and the Integration Joint Boards, at both a strategic and operational level.		Outcome - Risk Strategy (including risk register)	RAG – Green Date – June 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
Grant Archibald Chief Executive, NHS Tayside	NHS Tayside	NHS Tayside Risk Management Strategy Corporate and IJB Risk Registers	TBC	**1. Establish a Risk Management Strategy on behalf of the Executive Partners to oversee the programme - including Risk Register for Mental Health** **2. Discussion on the full breadth of Mental Health Services in Tayside and how that works under the four organisations, including clear responsibility for decisions.** **3. Regular review of Risk Management at Mental Health Integrated Leadership Group** *NOTE - Work underway with the NHS Tayside Resilience Unit- Hilary Walker, this is linked to the QPR outputs. We plan to link Clinical Governance and resilience: Not sure of overlap at present. We are working on workforce risk currently.*
Team Involved *(more team members will be added as we develop these plans)* – Grant Archibald				

Recommendation 10	Ensure that there is clarity of line management for all staff and that all appraisals are conducted effectively. (Medical, Nursing, Management Leads)		Outcome - clear line management organisational charts and Personal development reviews (PDR's) for all clinical staff	RAG – Amber Date – Aug 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
George Doherty NHS Tayside Director of Workforce	NHS Tayside	Clear line management schematic for all clinical staff & social care staff employed by councils but working with an integrated model of care.	Aug 20	**1. Review organisational charts, line management arrangements** **2. Detail in the Level 2 Action Plan - outlines the steps with TURAS and the progress made against it** **3. Job planning for all Doctors in Mental health: Support from AMDs in other directorates to deliver this**
Team Involved *(more team members will be added as we develop these plans)* – Dr Stephen Cole AMD for Appraisal, Mike Winter , Arlene Wood, Mike Winter, Keith Russell, HSP Lead officers/Diane Caldwell				

5. Culture , Engagement and Communications Recommendations 1, 21, 42, 44, 45, 47, 48, 49, 50

Recommendation	Develop a new culture of working in Tayside built on collaboration, trust	Outcome – Staff are working in a Mentally Healthy	RAG – Amber

					for their employers. Incorporate communication plans and workforce plan for continuous improvement approach to becoming a learning organisation (including development and learning opportunities)	
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**		
Grant Archibald NHS Tayside Chief Executive	NHS Tayside Corporate Wellbeing Group	Communication plans Organisational Development Plan	July 20 Aug 20	1. **The programme will develop communication plans that include processes of how we ensure key messages are communicated to all staff describing the response to the inquiry and the steps we will be taking to ensure a continuous improvement approach to becoming a learning organisation.** 2. **This will include development and learning opportunities for all mental health staff at all levels to ensure a consistent application of values and behaviours is practiced by all.**		
Team Involved *(more team members will be added as we develop these plans)* – Peter Stonebridge, Medical Director, Claire Pearce, Nurse Director Kate Bell, Director of Mental Health, George Doherty, Director of Workforce						
Recommendation 21	**Foster closer and more collegiate working relationships between the crisis resolution home treatment team and community mental health teams and other partner services, based on an ethos of trust and respect.**				**Outcome - To develop and embed multi-disciplinary and team based approach to joint working.**	**RAG – Green** **Date – Aug 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**		
Kate Bell Interim Director of Mental Health	NHS Tayside	Workforce plan Mental Health and Wellbeing Strategy	Sept 20 Oct 20	1. **Develop into the Organisational Development Plan** 2. **Ensure regular professional supervision is planned for all staff with a line manager/or professional lead** 3. **This work will include Management and Leadership development with all areas including Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface Work Stream** 4. **Priority area for Consultant recruitment.** Mike Winter, Keith Russell, HSP Lead officers		
Team Involved *(more team members will be added as we develop these plans)* - Johnathan MacLennan, Bill Troup – on behalf of HSCP, Scott Dunn, Arlene Wood						
Recommendation 42	**Ensure all staff working across mental health services are given opportunity to contribute to service development and decision making about future service direction.** **Managers of service should facilitate this engagement.**				**Outcome – Demonstration of Staff engagement co-creation and development the service strategy.**	**RAG – Green** **Date – June 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**		
Kate Bell Interim	NHS Tayside Organisational	Tayside Mental Health and	June - Oct	**To be rolled up into the actions that are being created against Recommendation 3. This will include further developing and embedding Partnership working with trade unions as the standard**		

Director of Mental Health Christopher Smith	Development, HR	Wellbeing Strategy	20	**employee relations model at all levels of decision making.** **Within this the next step would be to actively agree what and where staff would be best to contribute and how getting their input would work**
Team Involved *(more team members will be added as we develop these plans)* – Christopher Smith can lead – Kate Bell, Jackie Bayne, Arlene Woods, Organisational Development, Business as usual functions, Scott Dunn, Mike Winter, Keith Russell, Arlene Wood, HSP Lead officers, Diane Caldwell				
Recommendation 43	**Prioritise concerns raised by staff by arranging face-to-face meetings where staff feel listened to and valued.**	**Outcome - Staff to be actively listened to and valued - engage in co-producing the strategy**		**RAG – Green** **Date - Immediate and Ongoing**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
George Doherty Director of Workforce	NHS Tayside, all 3 HSCPs	Process developed and agreed	June 20	1. **Establish process and implement, spread and sustain** 2. **Communicate process to staff and ensure staff feel valued and engaged and explore the issues with trust and identify areas for development.** *It was noted that this would initially be discussed at the Mental Health Strategy Board and then progressed forward by the local Partnership Forums*
Team Involved (more team members will be added as we develop these plans) - Scott Dunn, Diane Campbell, Mike Winter, Elaine Henry, John Davidson DME for trainees				
Recommendation 44	**Arrange that all staff are offered the opportunity to have a meaningful exit interview as they leave the service. This applies to staff moving elsewhere as well as those retiring.**	**Outcome - All staff offered exit interview**		**RAG – Amber** **Date – June 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
George Doherty Director of Workforce	NHS Tayside	Exit interview policy updated	June 20	**1. Change current policy to ensure all staff leaving/exiting/retiring from Mental Health Services are offered an exit interview** **2. Exit interviews themes to be reported back to ILG and SLG for follow-up action**
Team Involved *(more team members will be added as we develop these plans)* - George Doherty, HR Director				
Recommendation 45	**Prioritise recruitment to ensure the Associate Medical Director post is a permanent whole-time equivalent, for at least the next 2 years whilst significant strategic changes are made to services.**	**Outcome - Appointment of the right medical staff and combination of medical staff to deliver the role of Associate Medical Director**		**RAG – Amber** **Date – June 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
Peter Stonebridge, Medical Director, NHS Tayside	NHS Tayside	Full time compliment of Associate	June 20	**1. Develop job description and advertise and appoint to this post.** **2. Promote local interest and recruit retain current medical staff to take up this opportunity** 3. **Contribute to Mental Health Recruitment and Retention Plan (Drafting at present)**

<table>
<tr><td></td><td></td><td>Medical Director in post</td><td></td><td colspan="2"></td></tr>
<tr><td colspan="6">Team Involved (more team members will be added as we develop these plans) – Peter Stonebridge</td></tr>
<tr><td>Recommendation 46</td><td colspan="2">Encourage, nurture and support junior doctors and other newly qualified practitioners, who are vulnerable groups of staff on whom the service currently depends.</td><td colspan="2">Outcome - To set up Current Issues RCA focus group</td><td>RAG – Green
Oct 2020</td></tr>
<tr><td>Named Lead</td><td>Lead Organisation</td><td>Milestones</td><td>Date</td><td colspan="2">Implementation Plan</td></tr>
<tr><td>Mike Winter
Associate Medical Director</td><td>NHS Tayside</td><td>Current Issues RCA focus group</td><td>Oct 20</td><td colspan="2">All NQPs in MH and LD join action learning sets for their first 12 months in post - this work has been nationally recognised and won the Innovations in Education Award at the 2019 Scottish Mental Health Nurse Forum Awards. This work is highly evaluated by participants each year.

1. A very detailed action plan is submitted quarterly as part of the JDC remit
2. Nursing - Practice Development Team will set-up and review focus groups to determine root cause analysis to identify the scale of all current issues for newly qualified practitioners.
3. To set up Current issues RCA focus group - regular report to ILG with report of themes to SLG
4. Use Workforce board (early progress PS and CP) to develop a culture of shared learning and support and respect across all of NHS T
5. Work with Directorate of Medical education to embed the recommendation from GMC visits and deliver a supportive training environment that makes Tayside a positive lifelong career choice</td></tr>
<tr><td colspan="6">Team Involved (more team members will be added as we develop these plans) - Donna Robertson, Mike Winter, Keith Russell, Peter Fowley</td></tr>
<tr><td>Recommendation 47</td><td colspan="2">Develop robust communication systems both informally and formally for staff working in mental health services. Uses of technology are critical to the immediacy and currency of communications.</td><td colspan="2">Outcome - Visible Interactive, inclusive and accessible, web based Mental Health Communications and Engagement Plan</td><td>RAG – Green
Sept 2020</td></tr>
<tr><td>Named Lead</td><td>Lead Organisation</td><td>Milestones</td><td>Date</td><td colspan="2">Implementation Plan</td></tr>
<tr><td>Jane Duncan, Director of Communications and Engagement, NHS Tayside</td><td>NHS Tayside</td><td>Implement dedicated web based technological approaches to communication with staff</td><td>April 20</td><td colspan="2">1. Build on the excellent work achieved during COVID19 to communicate with the public and people with Lived Experience
2. Continue to develop relevant materials to ensure people are informed across all Mental Health Services in Tayside in order to continuously improve the effectiveness of the communication platforms we currently use are.
3. Create a micro-site for Mental Health and create Recruitment and Retention materials for all job families in Mental Health</td></tr>
</table>

		groups		
Team Involved *(more team members will be added as we develop these plans)* – Jane Duncan				
Recommendation 48	**Ensure that bullying and harassment is not tolerated anywhere in mental health services in Tayside. Ensure that staff have confidence that any issues or concerns they raise, will be taken seriously and addressed appropriately.**			**Outcome - Training Development Plan agreed, Value Based Cultural changes embedded** **RAG – Amber** **Date – Aug 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
George Doherty Director of Workforce	Tayside Mental Health Integrated Leadership Group	Employee Participation Group engagement validation and sign off the Action Plan	May 20	**1. Mental Health Integrated Leadership Group to review the themes within the Employee Participation Group survey commissioned by David Strang for the independent Inquiry Report as a measure of success.** **2. Understand and review what discussion around bullying and harassment within all Tayside Mental Health Services are occurring at both Local Partnership Forums and within the wider context of the service.** Note - George Docherty – Employee Director.
Team Involved *(more team members will be added as we develop these plans)* – Arlene Wood				
Recommendation 49	**Ensure there are systems analysis of staff absences due to work related stress. These should trigger concerns at management level with supportive conversations, taking place with the staff member concerned.**			**Outcome - Cultural change embedded** **RAG – Amber** **Date – Oct 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
George Doherty Director of Workforce	NHS Tayside	Promoting, Staff MH and Wellbeing Plan agreed and approved by NHS Board and all 3 councils	Oct 20	**1. Promote Attendance and Managing absence systems embedded.** **2. Creation of workforce plan to raise the profile to promote recruitment and retention.** **3. Develop 'Leadership, Accountability, Culture, Engagement and Communications' project.** **4. Reduce work related stress- Ensure job roles and expectations are clear and detailed in the service specification supported by strategy, and local objective setting and job plans.** **5. To implement more robust Promotion of Attendance and Managing absence systems.** **6. Communication aspects within workforce plan to include recruitment and retention chapter - raising the profile of Tayside.** Note - that although current SSTS system is good from reporting standpoint, it can be hard to utilise in regards to stress as it doesn't differentiate the reason behind stress and therefore makes it harder to understand and manage work related stress.
Team Involved *(more team members will be added as we develop these plans)* – Christopher Smith, Arlene Wood, Employee Director *(Staff Mental Health & Wellbeing work will be co led by Director of Workforce & Employee Director)*				
Recommendation	**Ensure there are mediation or conflict resolution services available within**			**Outcome - Develop 'Leadership, Accountability,** **RAG – Amber**

50	**mental health services in Tayside.** These services should exist to support and empower staff in the rebuilding of relationships between colleagues, between managers and their staff, and between the services and the patients, during or after a period of disharmony or adverse event. This includes NHS Tayside's mental health services' relationship with the local press.			**Culture, Engagement and Communications' project.**	**Date – Oct 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Jane Duncan, Director of Communications and Engagement, NHS Tayside	NHS Tayside	Proposed \Mental Health OD Plan to be quantified and approved by the Director of Mental Health	TBC	**1. Develop 'Governance - Leadership and Culture' Workstream of MHWS.** **2. Set what will be achieved by when relating to the Mental Health Organisational Development Plan** **3. Human Resources and the Local Partnership Forums to understand how mediation and conflict resolution services are accessed locally, what improvements can we make with the services, how do we more effectively promote the services with management and staff and how to make them more accessible to management and staff** **4. Work with medical staff to build a culture of respect and trust.** **5. Ensure staff are confident that they can challenge harmful behaviours.**	
Team Involved *(more team members will be added as we develop these plans)* - George Docherty/Whistle blowing champion Non-exec, Employee Director, Diane Campbell / Mike Winter / Elaine Henry for medical staff engagement					

<table>
<tr><td colspan="6">National Recommendations 12, 32</td></tr>
<tr><td>Recommendation 12</td><td colspan="2">Conduct a national review of the assurance and scrutiny of mental health services across Scotland, including the powers of Healthcare Improvement Scotland and the Mental Welfare Commission for Scotland.</td><td colspan="2">Outcome - Liaise with Scottish Government to support Tayside input to the national plans</td><td>Date - TBC</td></tr>
<tr><td>Named Lead</td><td>Lead Organisation</td><td>Milestones</td><td>Date</td><td colspan="2">Implementation Plan</td></tr>
<tr><td>Donna Bell Director of Mental Health</td><td>SG Mental Health Directorate</td><td>TBC</td><td>TBC</td><td colspan="2">1. The Quality and Safety Board to consider the lessons learned from National and local Mental Health Strategies on the need for dedicated Strategic Change capability to spread improvements
2. To consider the need for a Director of Mental Health at Board level to deliver change that results in sustainable improvement in outcomes
3. Agreement that any actions against this recommendation should be addressed by the Scottish Government. (Health and Safety Quality Review from the Scottish Government)</td></tr>
<tr><td colspan="6">Team Involved (more team members will be added as we develop these plans) – Donna Bell</td></tr>
<tr><td>Recommendation 32</td><td colspan="2">A national review of the guidelines for responding to substance misuse on inpatient wards is required</td><td colspan="2">Outcome - Liaise with Scottish Government to support Tayside input to the national plans</td><td>Date - TBC</td></tr>
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<tr><td>Donna Bell
Director of Mental Health</td><td>SG Mental Health Directorate</td><td>Draft Framework to be established</td><td>Aug 20</td><td colspan="2">1. Scottish Government to consider the relationship between Mental Health, Alcohol and Substance misuse in relation to combined approaches and services</td></tr>
<tr><td colspan="6">Team Involved (more team members will be added as we develop these plans) – Donna Bell</td></tr>
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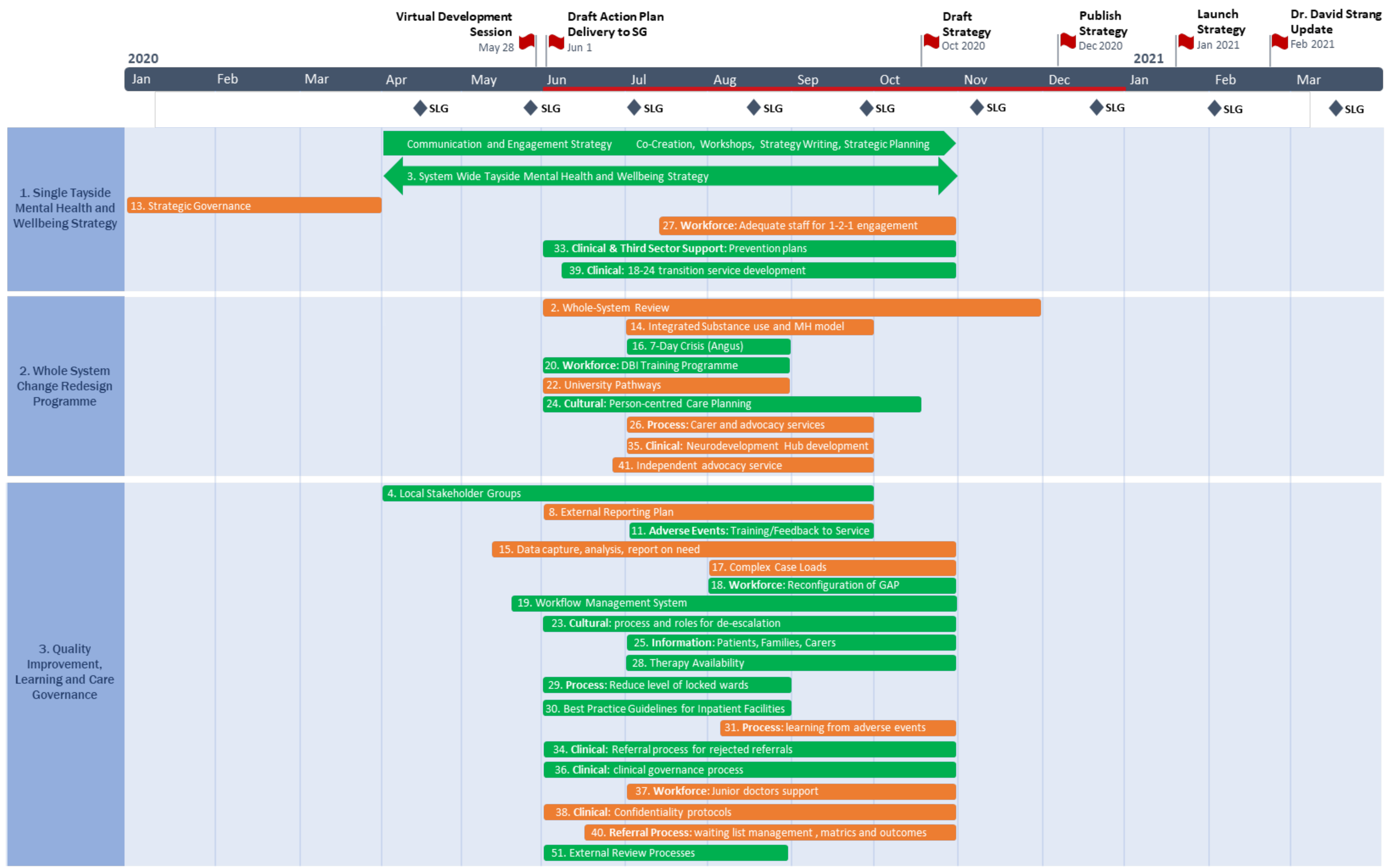
Virtual Development Session
May 28
Draft Action Plan Delivery to SG
Jun 1
Draft Strategy
Oct 2020
Publish Strategy
Dec 2020
Launch Strategy
Jan 2021
Dr. David Strang Update
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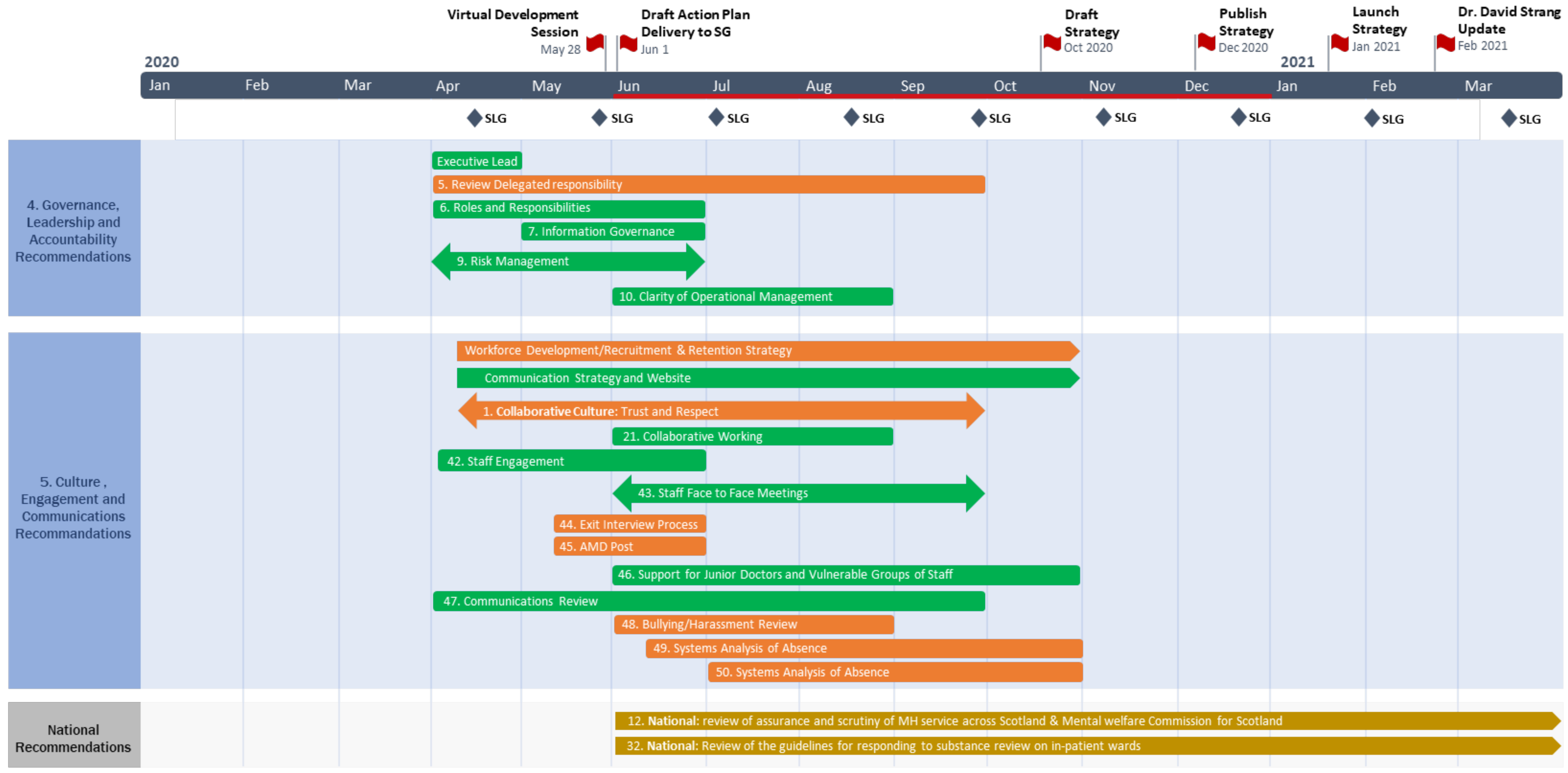
SLG
1. Single Tayside Mental Health and Wellbeing Strategy
Communication and Engagement Strategy
Co-Creation, Workshops, Strategy Writing, Strategic Planning
3. System Wide Tayside Mental Health and Wellbeing Strategy
13. Strategic Governance
27. Workforce: Adequate staff for 1-2-1 engagement
33. Clinical & Third Sector Support: Prevention plans
39. Clinical: 18-24 transition service development
2. Whole System Change Redesign Programme
2. Whole-System Review
14. Integrated Substance use and MH model
16. 7-Day Crisis (Angus)
20. Workforce: DBI Training Programme
22. University Pathways
24. Cultural: Person-centred Care Planning
26. Process: Carer and advocacy services
35. Clinical: Neurodevelopment Hub development
41. Independent advocacy service
3. Quality Improvement, Learning and Care Governance
4. Local Stakeholder Groups
8. External Reporting Plan
11. Adverse Events: Training/Feedback to Service
15. Data capture, analysis, report on need
17. Complex Case Loads
18. Workforce: Reconfiguration of GAP
19. Workflow Management System
23. Cultural: process and roles for de-escalation
25. Information: Patients, Families, Carers
28. Therapy Availability
29. Process: Reduce level of locked wards
30. Best Practice Guidelines for Inpatient Facilities
31. Process: learning from adverse events
34. Clinical: Referral process for rejected referrals
36. Clinical: clinical governance process
37. Workforce: Junior doctors support
38. Clinical: Confidentiality protocols
40. Referral Process: waiting list management, matrics and outcomes
51. External Review Processes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Nov
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SLG
4. Governance, Leadership and Accountability Recommendations
Executive Lead
5. Review Delegated responsibility
6. Roles and Responsibilities
7. Information Governance
9. Risk Management
10. Clarity of Operational Management
5. Culture , Engagement and Communications Recommandations
Workforce Development/Recruitment & Retention Strategy
Communication Strategy and Website
1. Collaborative Culture: Trust and Respect
21. Collaborative Working
42. Staff Engagement
43. Staff Face to Face Meetings
44. Exit Interview Process
45. AMD Post
46. Support for Junior Doctors and Vulnerable Groups of Staff
47. Communications Review
48. Bullying/Harassment Review
49. Systems Analysis of Absence
50. Systems Analysis of Absence
National Recommendations
12. National: review of assurance and scrutiny of MH service across Scotland & Mental welfare Commission for Scotland
32. National: Review of the guidelines for responding to substance review on in-patient wards

[1]Tayside Mental Health Nursing - Standards for Person-Centred Care Planning

[2]Advocacy services

Partners in Advocacy in Dundee has a specific remit relating to Advocacy and Mental Health for children and young people 21 and under

Angus Independent Advocacy Project supports children under 16 who have been impacted by the Mental Health (Care and Treatment) (Scotland) Act 2003.

Independent Adovocacy Perth & Kinross offers support similar to the Angus Independent Advocacy Project as above.

Who Cares Scotland for LAC (Care experienced) Children also work with Kinship care and LAC at home kids.

The Clan Law Society has an excellent reputation for Child Rights and offer legal support, in some areas offering a legal representative.

The Children and Young People's Commissioner Scotland, particularly Bruce Adamson, who has an incredible reputation. They can be approached by individuals in respect of learning their rights and can get support from the Commissioner to challenge.

[3]NHS Tayside Prevention and Management of Violence and Aggression – Restrictive Intervention Reduction Core Function Establishment Proposal

[4]Draft Mental Health and Learning Disabilities Observation Protocol

For further information contact Kate Bell on kate.bell6@nhs.net

1 June, 2020 (date submitted)

APPENDIX 2

Patient Assessment and Liaison Mental Health Service (PALMS)

Mental Health Specialist (MHS) role

(Abridged) Report on the 6 month pilot project

conducted at Hawkhill Medical Centre & Muirhead Medical Centre

Lucie Bartoskova / Hannah Watkins / Linda Graham

30th January 2020 (Abridged version June 2020

Purpose of the report

This report captures the progress made during a 6 month pilot of the Patient Assessment & Liaison Mental Health Service (PALMS) which launched in February 2019 in Dundee. The pilot was initially funded by Primary Care Improvement Fund money (with Action 15 money allocated for the wider implementation of the service). The purpose of the project was to enable 'without barriers' access to a within-GP practice Mental Health Specialist (MHS) with the hypothesised outcome being that assessments carried out by MHSs should allow patients to access to the most appropriate mental health support through referral/more tailored signposting, whilst also helping to reduce GP workload. The report captures data collected between 27th February 2019 and 29th August 2019 from two GP practices – Hawkhill Medical Centre and Muirhead Medical Centre.

Rationale behind the project

There is an increasing demand on primary care services providing support for people experiencing mental health difficulties. Research indicates that approximately one third of consultations with GPs include a mental health component (Mental Health Strategy: 2017-2027) and that these take more time, which GPs still view as being insufficient to deal with the difficulties that present (Verhaak, Kerssens & Bensing, 2005). A recent Week of Care audit, conducted November-December 2018 in Cluster 4 GP Practices across Dundee, indicated that between 12% and 28% of patient presentations to GPs were for mental health reasons which, for the larger/more urban-based practices, more closely reflects findings in the available literature.

Research supports the importance of strategic planning along with the benefits of early intervention and prevention to improve patients' care through rapid accessible, appropriate and timely mental health and welling input from a range of possible providers (e.g. Leahy at al., 2015; NHS Clinical Commissioners, 2016).

This has further been supported by the role out of the new GP contracts across NHS Scotland. The Primary Care in Scotland report (Burgess, 2019) highlights that for most people primary care is their first point of contact with the National Health Service. In May 2017, a number of professional organisations drew up an agreement capturing the future of primary care in Scotland aiming to move towards multidisciplinary working (MDT work):

> "Primary care is provided by generalist health professionals, working together in multidisciplinary and multiagency networks across sectors, with access to the expertise of specialist colleagues. All primary care professionals work flexibly using local knowledge, clinical expertise and a continuously supportive and enabling relationship with the person to make shared decisions about their care and help them to manage their own health and wellbeing."

Thus, the vision for primary care in Scotland consists of 21 principles that all GPs will now be signing up to as part of the new contracts. This highlights the move towards establishing multidisciplinary teams within medical/health centres to allow for patients easy access to specialist advice/services. Under the 2018 GP contract, GPs are expected to become "less involved in more routine tasks, with

these tasks being delivered by other health professions in the wider primary care multi-disciplinary team" (MDT) (Scottish Government, 2017).
In line with the changes that are being made to the medical/health centres and GP contracts, along with support of the current literature around early interventions for mental health, this project was designed in agreement with the Dundee Primary Care Improvement Group as part of the wider development of the Dundee Health & Social Care Partnership.

Aim of the project

Funding of the project allowed embedding of two Band 8a 0.5wte clinical/counselling psychologists into two Dundee-based GP practices, Hawkhill Medical Centre and Muirhead Medical Centre. Hawkhill is a large, urban practice with a practice population of 12,062 (as of 1st January 2019). The medical centre is close to both universities in Dundee, which may have some impact on age distribution within the practice (15-24 year olds: 31.5%, 25-44: 31.7%, as of 1st January 2019). Muirhead Medical Centre, is a smaller, more rural practice on the outskirts of Dundee with a practice population of 7562 (as of 1st January 2019). Their population distribution indicates they have an older patient group when compared to Hawkhill (e.g. patients 65 years old and above constitute 21.4% of total practice population, versus 10.8% at Hawkhill). Muirhead also reported a lower percentage of mental health presentations than Hawkhill, during a Week of Care audit conducted between November-December 2018 (12% versus 28% respectively).

Each of the clinicians held regular 5 sessions a week within the respective practices to deliver on the two main aims of the project.

Primary outcomes:

- Have patients been seen within 5 working days (target) of making an appointment? How this was assessed: Mental Health Specialist (MHS) will compare date appointment was made with date they were actually seen by MHS.
- Are numbers of patients being seen by GPs for mental health difficulties reducing with the introduction of the MHS role? MHSs to conduct statistical analyses to assess whether MH presentations 4 months after PALMS assessment had reduced significantly reduced compared to number of presentation in the 4 months pre-assessment. Have number of referrals to mental health services (DAPTS and CMHT) by GPs/MHSs in the 2 GP practices piloting the role reduced/increased compared to same time year before (control for year-on-year increase)? Comparisons would be made by MHSs to assess differences year to year.
- What kind of signposting has been conducted by MHSs (e.g. NHS Services, Listening Service, Penumbra)? MHS to keep data on where they signpost patients to.
- How many times do patients re-present to GPs with mental health difficulties that were previously assessed by PALMS? MHS to access Vision system to gain this information.
    - Agreed to assess number of presentations to the GP for mental health (no medication), or mental health (for medication) four months prior to appointment with a MHS and four months after.
- How have patients found the PALMS assessment process? MHS will hand out Patient Satisfaction Surveys.

- Have GPs found the assessment service helpful? Surveys were handed out and 3 and 6 month point of the pilot.

Secondary Outcome:
To assess level of psychology qualification/mental health qualification and experience needed to undertake Mental Health Specialist role. After 6 months of pilot, examine data to assess types of presentation predominantly seen by Mental Health Specialists in GP Practices to consider whether role needs to be undertaken by a qualified Clinical/Counselling Psychologist or whether another mental health professional could take on this role (e.g. Clinical Associate in Applied Psychology, Mental Health Nurse).

Appointment booking process

The pilot has been designed to encourage self-referral to the Service. As part of this advertisement material has been designed, such as a poster for the waiting area, leaflets and business cards both of which are available in the waiting area, reception and have been handed out by medical practice staff during consultations. Additionally, the two practices advertised the service on their website and on their pre-recorded message on the telephone. Initially appointments were available for booking up to 4 weeks in advance. With increasing demand for the service, particularly at Hawkhill Medical Centre, this has been increased to 12 weeks in advance to avoid patients being asked to call back once further appointments were released.

Reception staff, GPs and other clinical staff (e.g. practice nurses, midwifes) were provided with flowcharts to guide them on identifying suitable patients for the PALMS service.

Inclusion Criteria

- Patients 16-64 years old who are registered with the GP practice (if 16/17 years old patients will only be included if they are not currently enrolled in school).

Exclusion Criteria

- Patients under 16 years old.
- Patients 16/17 years old who are currently enrolled in school.
- Patients aged 65 and older.
- Patients with a diagnosis of dementia or a diagnosis of dementia has been queried
- Patients who are **currently** engaged with an NHS Mental health services unless they are currently a waiting list, in which case they could still be assessed.

Appointments and clinics schedule

The pilot began at both Hawkhill Medical Centre and Muirhead Medical Centre on 27th February 2019. Each MHS Specialist provided 5 sessions (one session is 0.5 of a working day) a week over 2.5 days. There was no cover for annual leave, sick leave or other work related commitments.

Table 1. Data captured between 27th February and 29th August 2019 (inclusive of dates)

Practice	Appts offered	Novel People Seen	Missed appts	Sessions worked
Muirhead	306	215	51	110.5
Hawkhill	357	250	75	109.5
TOTALS	**663**	**465**	**126**	**220**

**Please note the numbers in the table include all bookings and novel patients. Statistics below exclude inappropriate bookings(e.g. patients over the age of 64 years, follow up appointments booked by MHS and also patients where data collection was not possible due to missing information).*

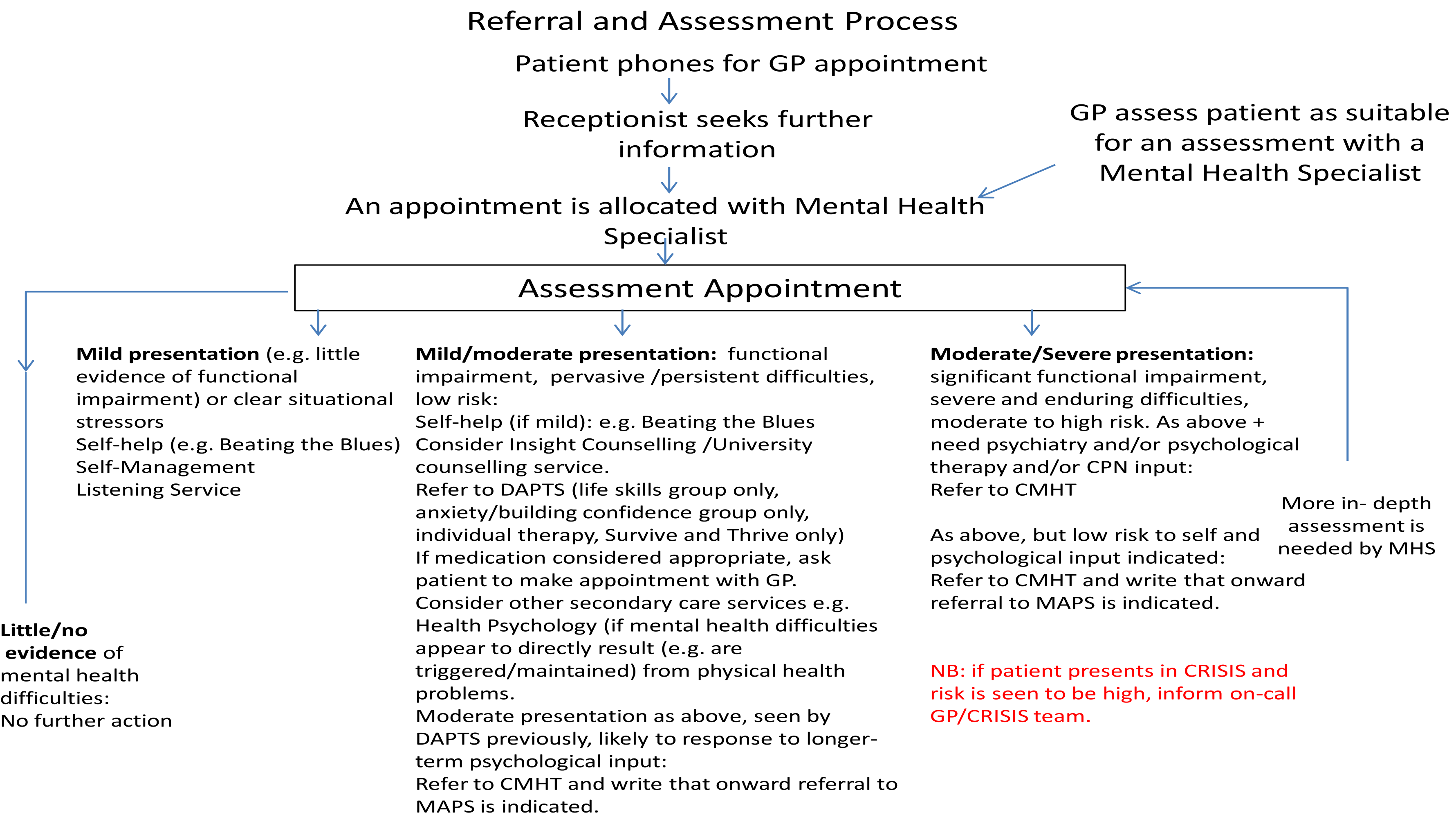
Each assessment appointment was to last for 30-60 minutes, depending on severity of presentation, and took place in one of the medical centre consultation rooms. Through assessment the MHS would be able to better understand these difficulties, to consider whether accessing MH/support services would be appropriate and by what method this would be best achieved. Direction of referral/signposting was made in collaboration with the patient and is based on factors such as nature of difficulties, severity, and level of impairment.

The MHS role also extends to providing information on mental health coping strategies and self-help material, signposting to local community support services and, if appropriate, as well as making referrals to specialist NHS services for further treatment.

The mental health assessments were documented on GP Vision system with a read code denoting ‘Mental Health Assessment’. Onward referrals to mental health statutory services were made with use of SCI-Gateway, or via letter. For other third sector services respective referrals forms were used. Where appropriate, patients are actively encouraged to self refer to services.

Referral pathways have been established with a number of NHS Services, such as Dundee Adult Psychological Therapies Service (Primary Care Psychology), Community Mental Health Team West (Secondary Care), Clinical Health Psychology, Neuropsychology, Tayside Substance Misuse Service (TSMS) and Tayside Adult Autism Consultancy Team (TAACT). Additional links were made with statutory and voluntary services, such as University Counselling Services (Dundee & Abertay University), Penumbra, Wellbeing Works, Social Prescribing and the Listening Service aka Do we need to talk?.In addition to the Mental Health Assessment Appointments, the role of MHS has also consisted of providing consultation to the medical staff within the practice, taking part in regular staff meetings, and providing support to the practice staff. A steering group was established, made up of 3 Clinical/Counselling Psychologists (Linda Graham – Chair, Hannah Watkins, & Lucie Bartoskova), Sources of Support (Sheila Allan & Theresa Henry) and the Listening Service (Lorraine Dawson) to organise, monitor and manage the roll-out of PALMS alongside other services within Dundee Health & Social Care Partnership.

Fig. 1 Signposting Post Ass



Source of referrals to PALMS

The project had been designed to encourage patients to self-refer to (one aim of pilot was to move initial assessment away from GPs to MHSs). The pilot highlighted that despite advertisement, it may take time to change patients' view of accessing other services without seeking advice from their GP first. This was reflected in the largest number of referrals having come from GPs, with patients having attended an initial appointment with them first.

Table 2. Muirhead sources of referral to PALMS

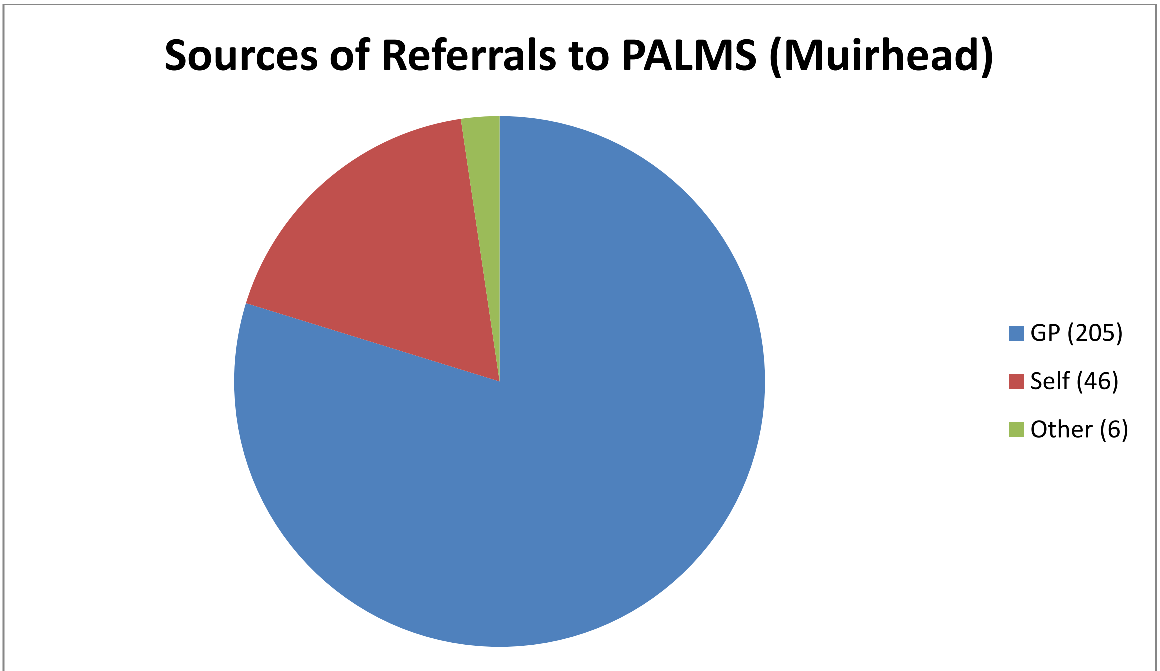
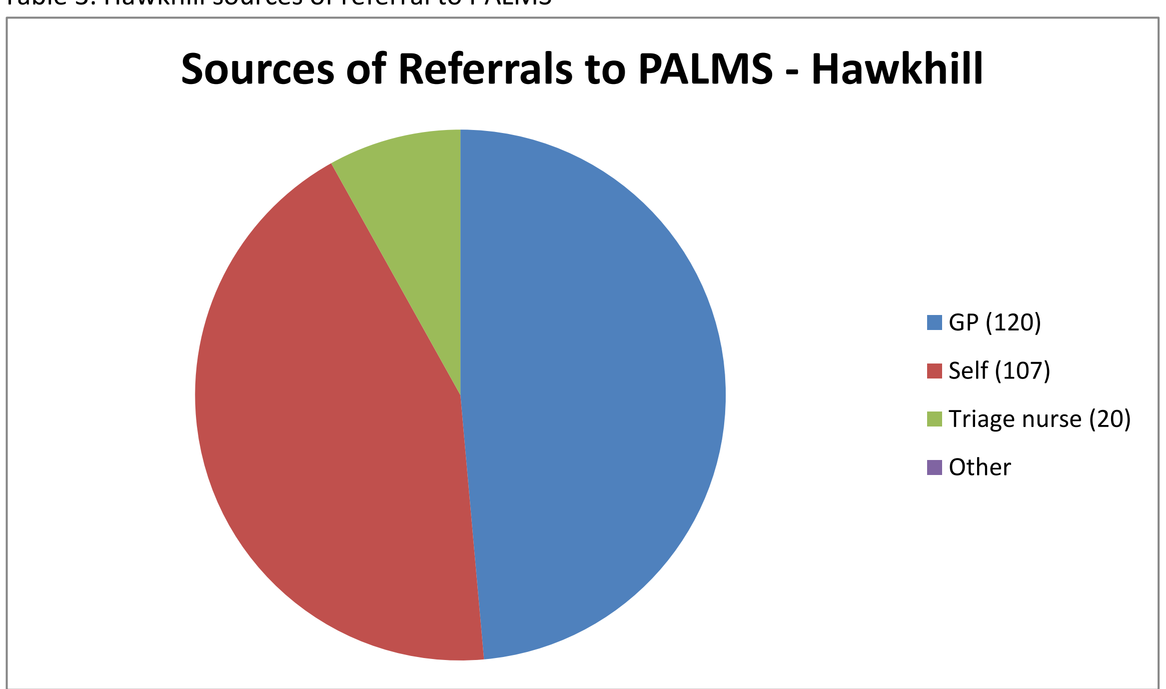


Table 3. Hawkhill sources of referral to PALMS



Range of presentations to the service

To capture the variety of patients accessing the Service across the both practices see tables below.

Table 4. Gender of patients seen for assessment at PALMS (Muirhead and Hawkhill combined).

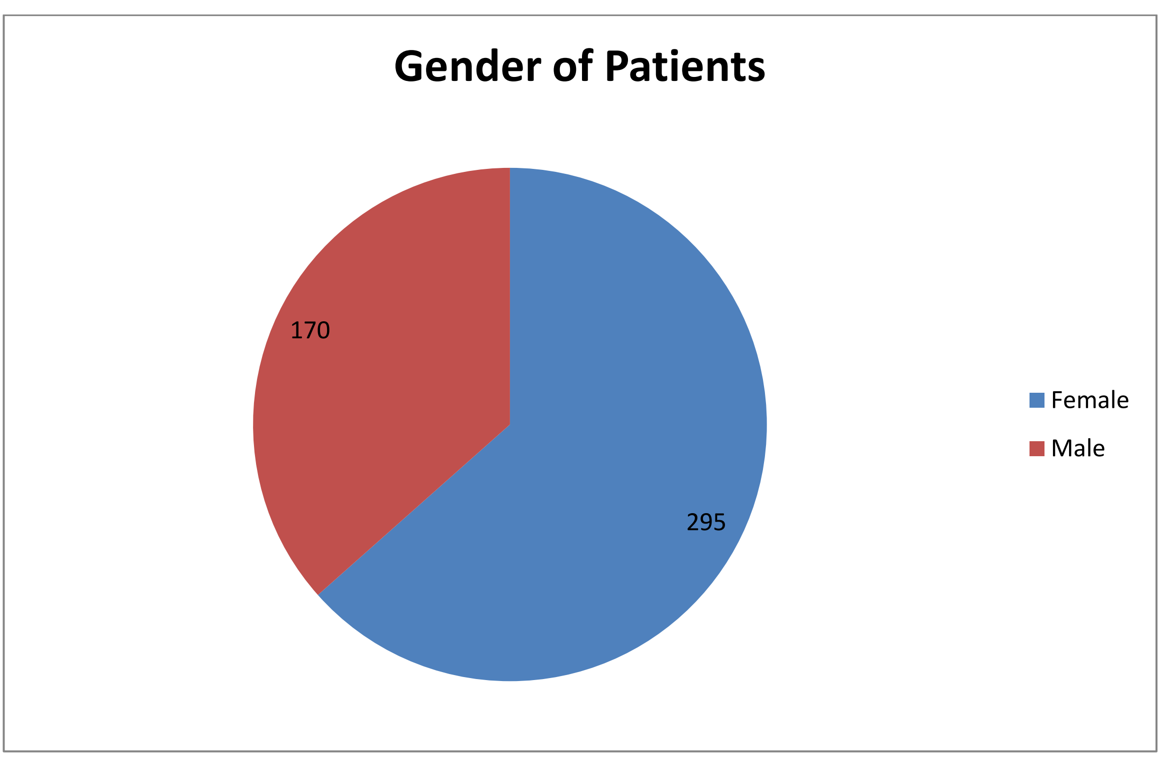


Table 5. Age range of patients seen for assessment at PALMS (Muirhead and Hawkhill combined totals).

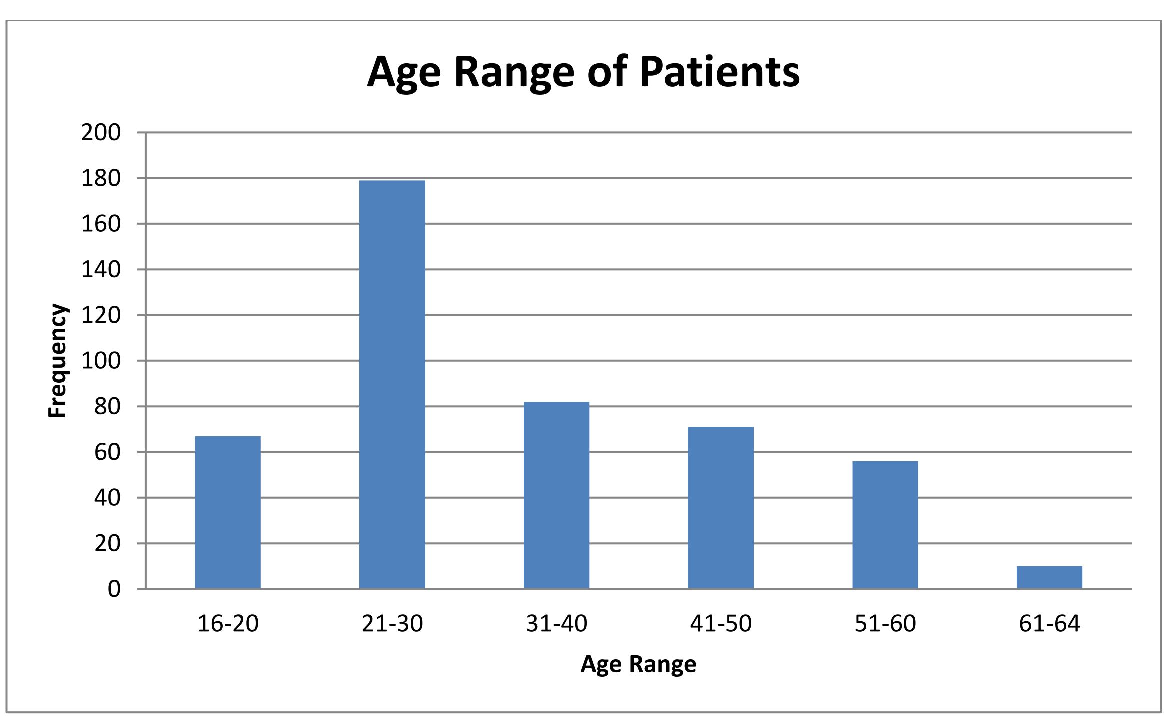


Table 6. Ethnicity of patients assessed at PALMS (Muirhead and Hawkhill combined).

Ethnicity	Number of people
Asian	13
Other/mixed ethnicity	10
White Other	92
White Scottish	147
Unknown / prefer not to say	201

Table7. Muirhead availability of appointments within 5 days of requesting one.

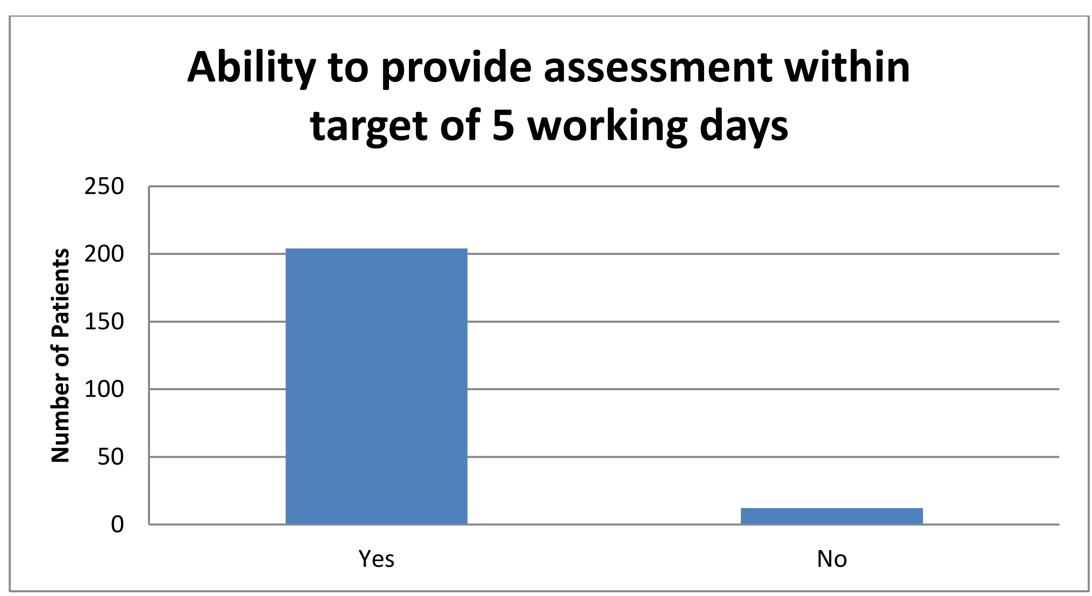


Table 8. Hawkhill availability of appointments within 5 days of requesting one.

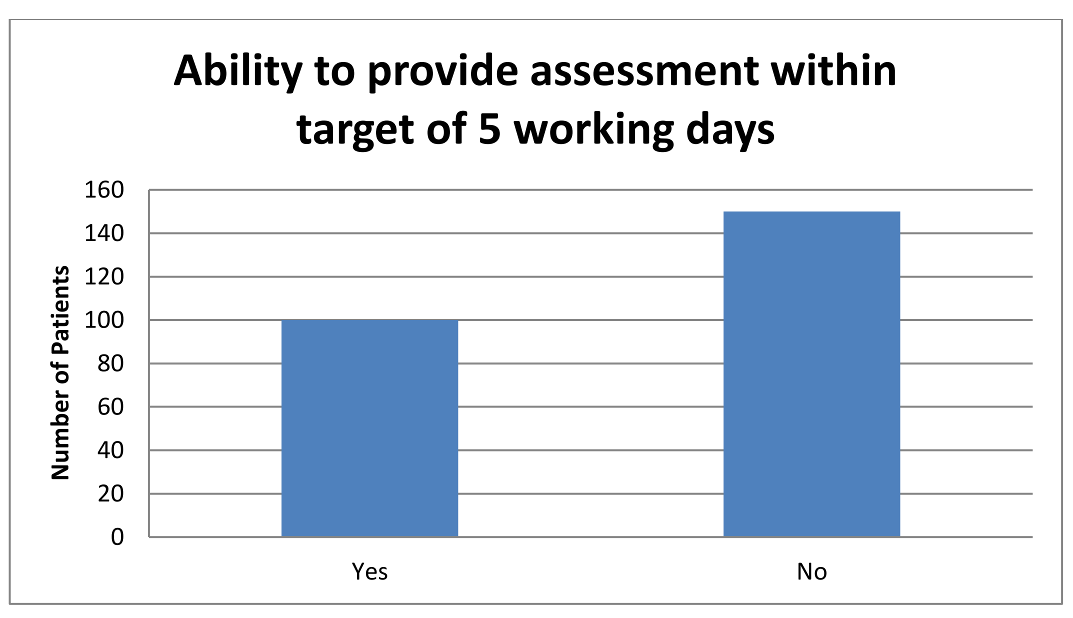


Table 9. Attendance for PALMS assessment (Muirhead and Hawkhill combined).

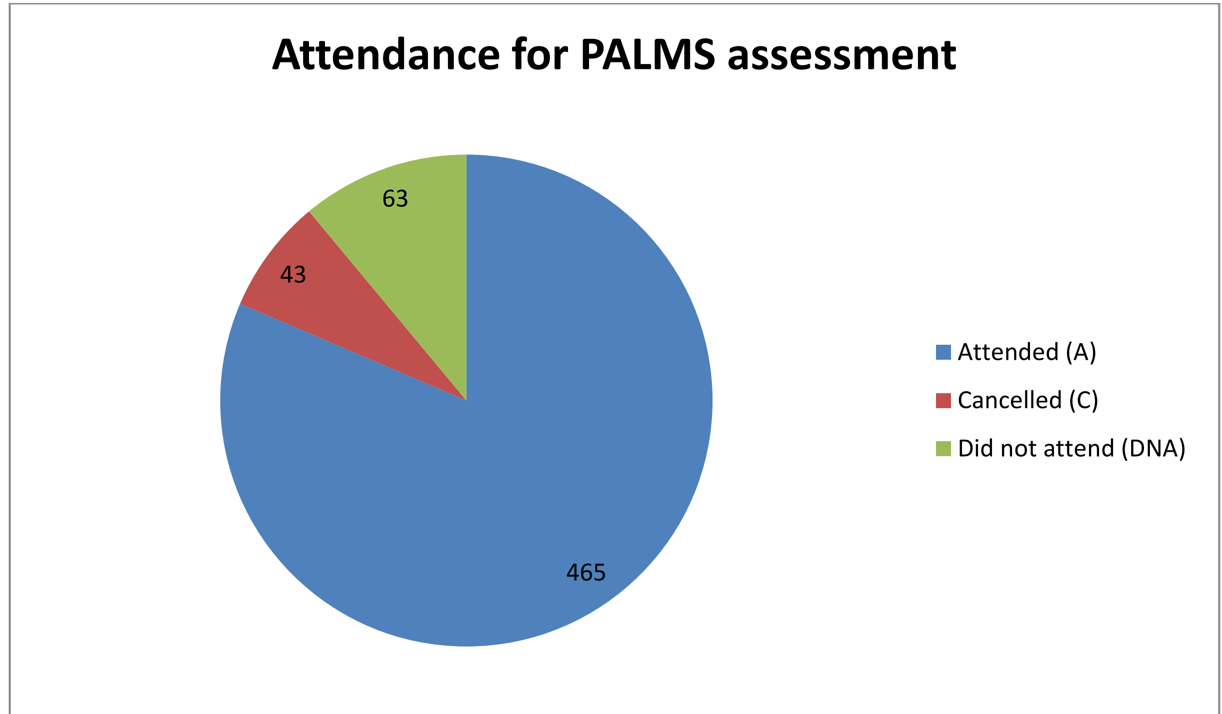


Table 10. Range of presenting problems seen at PALMS assessment (Muirhead and Hawkhill combined) where the number of total presentations was over 10 people

Presenting Issue		**Presenting Issue**	
Low mood	81	Neurodevelopmental issue	13
Stress	55	Trauma / PTSD	30
Mixed anxiety/low mood	31	Bereavement	19
Relationship difficulties	19	Emotional unstable personality traits	11
Generalised anxiety disorder	18		
Obsessive compulsive symptoms	13	Other (where low volume reported)	52

Table 11. Muirhead severity range of presenting problems to PALMS (numbers <5 kept in as this is a clinician rating and person would be unaware that this rating had been given).

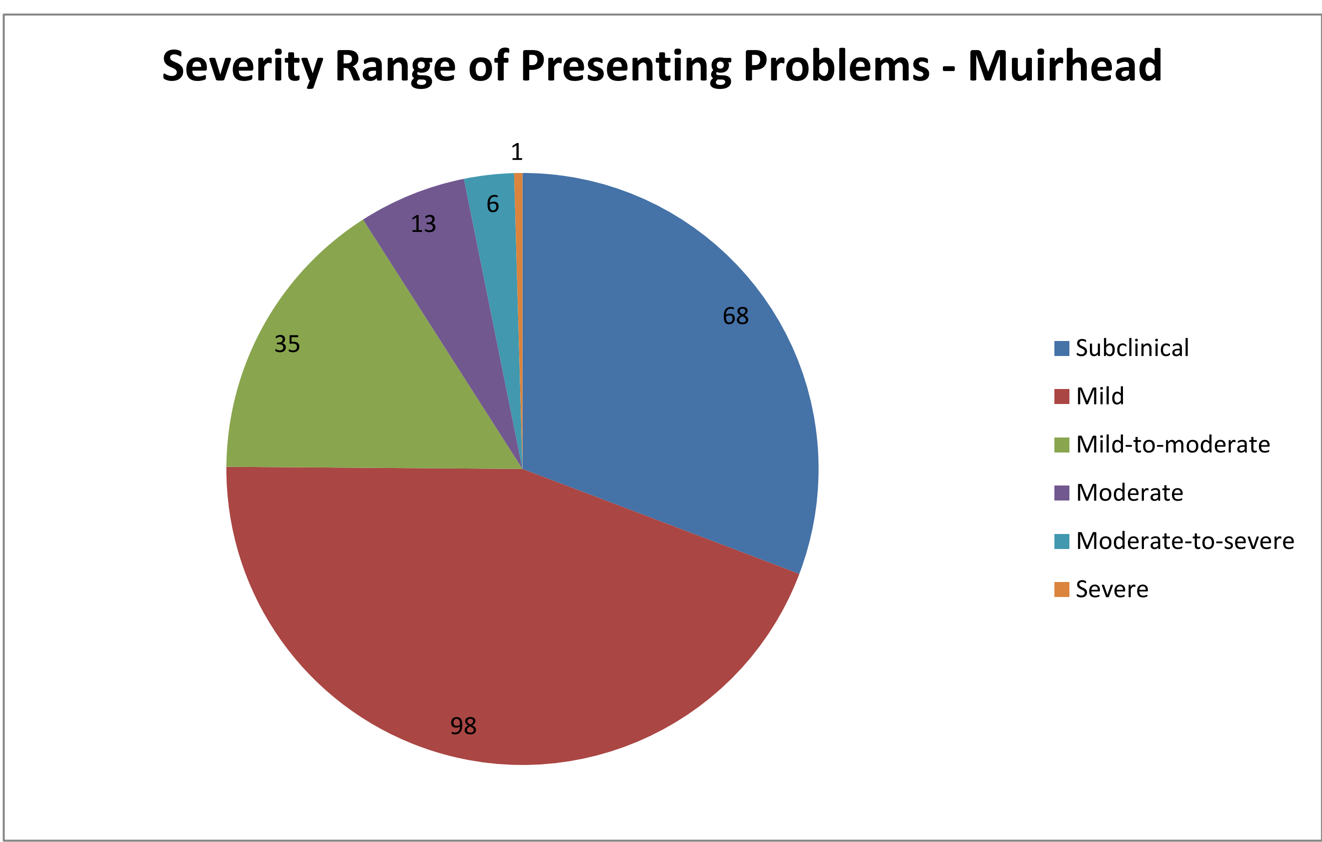
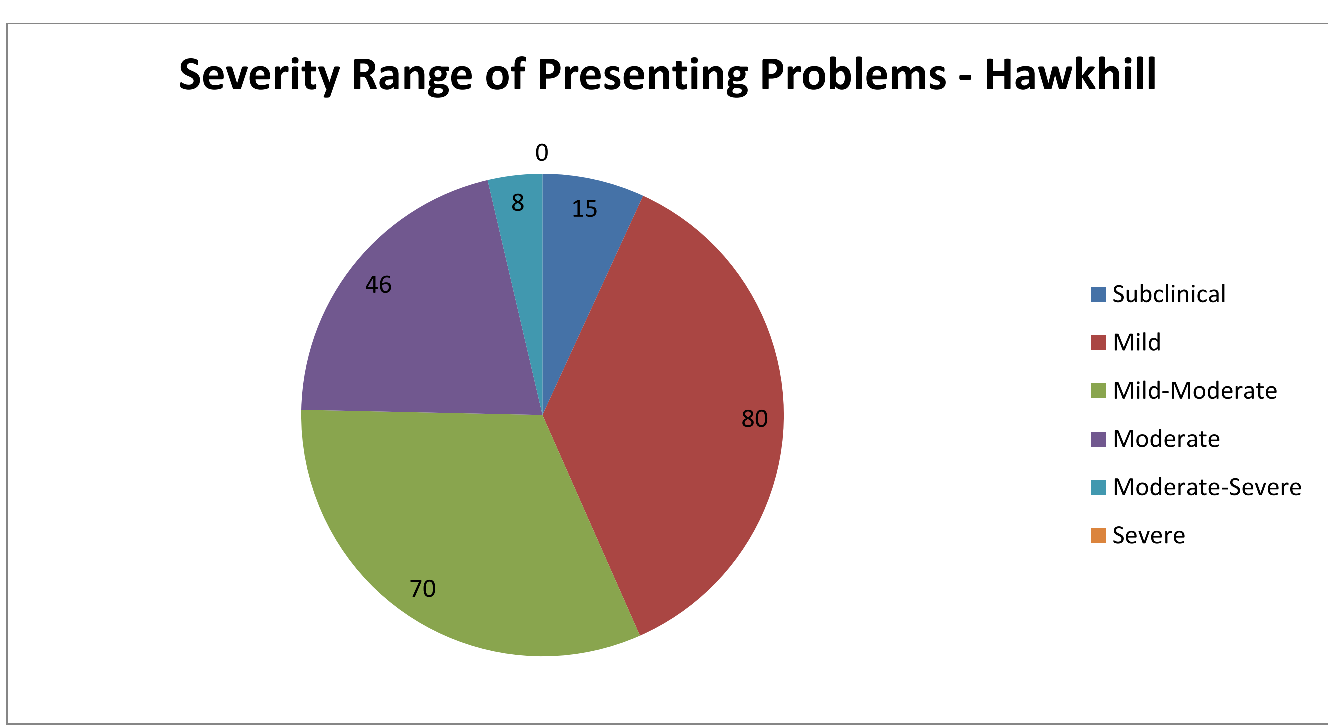


Table 12. Hawkhill severity range of presenting problems to PALMS.



Appointment outcomes

The tables below provide an insight to the range of PALMS appointment outcomes.

Table 13. Outcomes post assessment (Muirhead and Hawkhill combined).

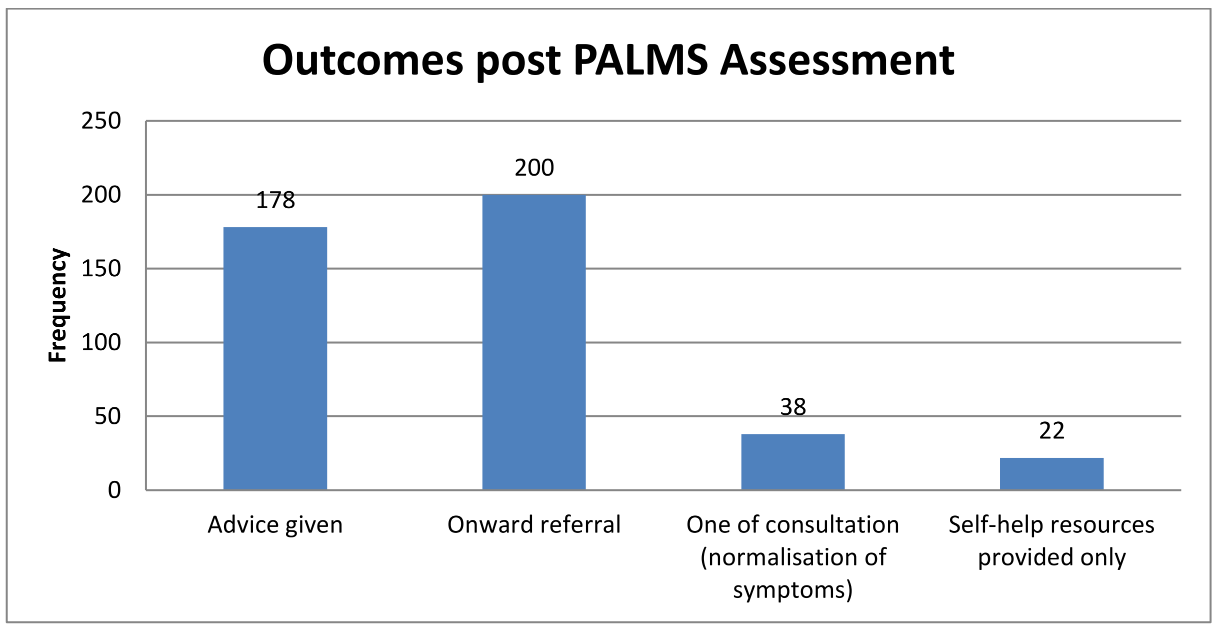


Table 14. Range of services referrals were made to by MHS post PALMS assessment (Muirhead and Hawkhill combined).

Service referred to	Number of people referred
Adult Psychological Therapies Service	66
Beating the Blues (Computerised CBT)	23
CMHT	16
Building confidence Group at Adult Psychological Therapies Service	17
Insight Counselling	34
Listening Service	8
Others (where referral numbers less than 10)	38

Table 15. Range of services patients were most frequently signposted to (Muirhead and Hawkhill combined.

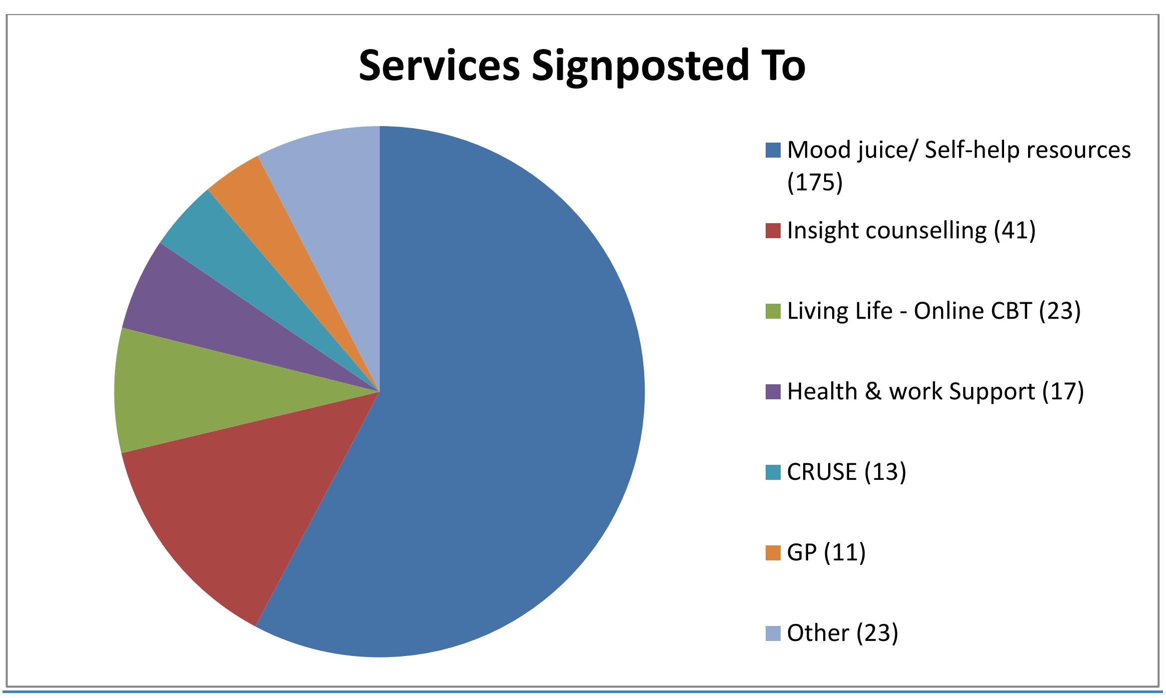


Table 16. List of all Services/Resources that were Signposted to during pilot (Muirhead and Hawkhill combined).

Addaction/ISMS	Counselling Opportunities through Employment
GP	MacMillan Cancer
Citizens Advice & Welfare Office	Maggies
Insight Counselling	Home start
MoodJuice/self-help resources	Relationship Scotland
Living Life - Telephone CBT	Autism Scotland
Health & Work Support Dundee	Scottish Women's Autism Network (SWAN)
Listening Service	Andy's Man Club
CRUSE Bereavement Counselling	Penumbra
The Corner	Remploy
Parent to Parent	Pain Association
Victim support	Glasgow University Counselling Service
Private Psychology/Counselling	Steps for Stress

PALMS vs. GP referrals to NHS Services during the pilot stage

The pilot also captured that MHSs were responsible for more primary care psychology referrals, indicating a shift in workload from GP to PALMS clinicians. Referrals to secondary care (Community Mental Health team) were still predominantly made by GPs in both practices.

The detailed information from this section of the report has been removed because of the low numbers in certain categories.

Table 17. Hawkhill and Muirhead combined referrals to NHS Services before pilot (referrals sent by GPs 27th February-29th August 2018) versus total referrals sent to NHS mental health services (MHS and GPs) during pilot based on TrakCare information.

	27/02/18-29/08/18	27/02/19-29/08/19
Primary Care Psychology	87	125
Secondary Care Community Mental Health Team	53	57
Beating the Blues	50	40
Adult Weight Management	15	<5
Clinical Health Psychology	0	<5
Tayside Eating Disorders Service	<5	<5
Neuropsychology	0	<5

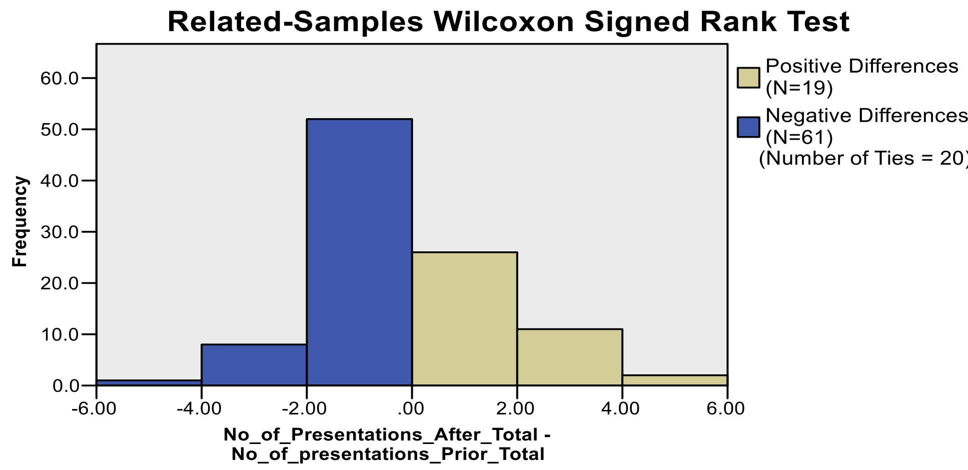
Patient contact with GPs pre- and post- PALMS appointment

One of the pilot's outcomes was to assess whether there was a reduction in re-presentation to GPs post-PALMS assessment compared to pre-assessment presentations for MH difficulties. A randomised sample of 100 patients (50 from each practice) was selected from the 465 patients seen and patient records were accessed to calculate how many times patients were seen, and for what reason, 4 months prior to assessment and 4 months post.

Results showed that:

The total number of occasions patient presented to GPs post-assessment were significantly reduced compared to pre- PALMS assessment ($z=-3.54$, $p<0.001$). When this was explored further, it was found that there was no significant difference identified for medication consultations ($z=1.85$, $p=0.064$) but for MH consultations (where medication was not discussed), there was a significant reduction in number of re-presentations post-assessment ($z=-5.35$, $p<0.001$).

Fig 5. Wilcoxon Signed-Rank Test Comparing Presentations/Representations to GP 4 months pre and post PALMS assessment.

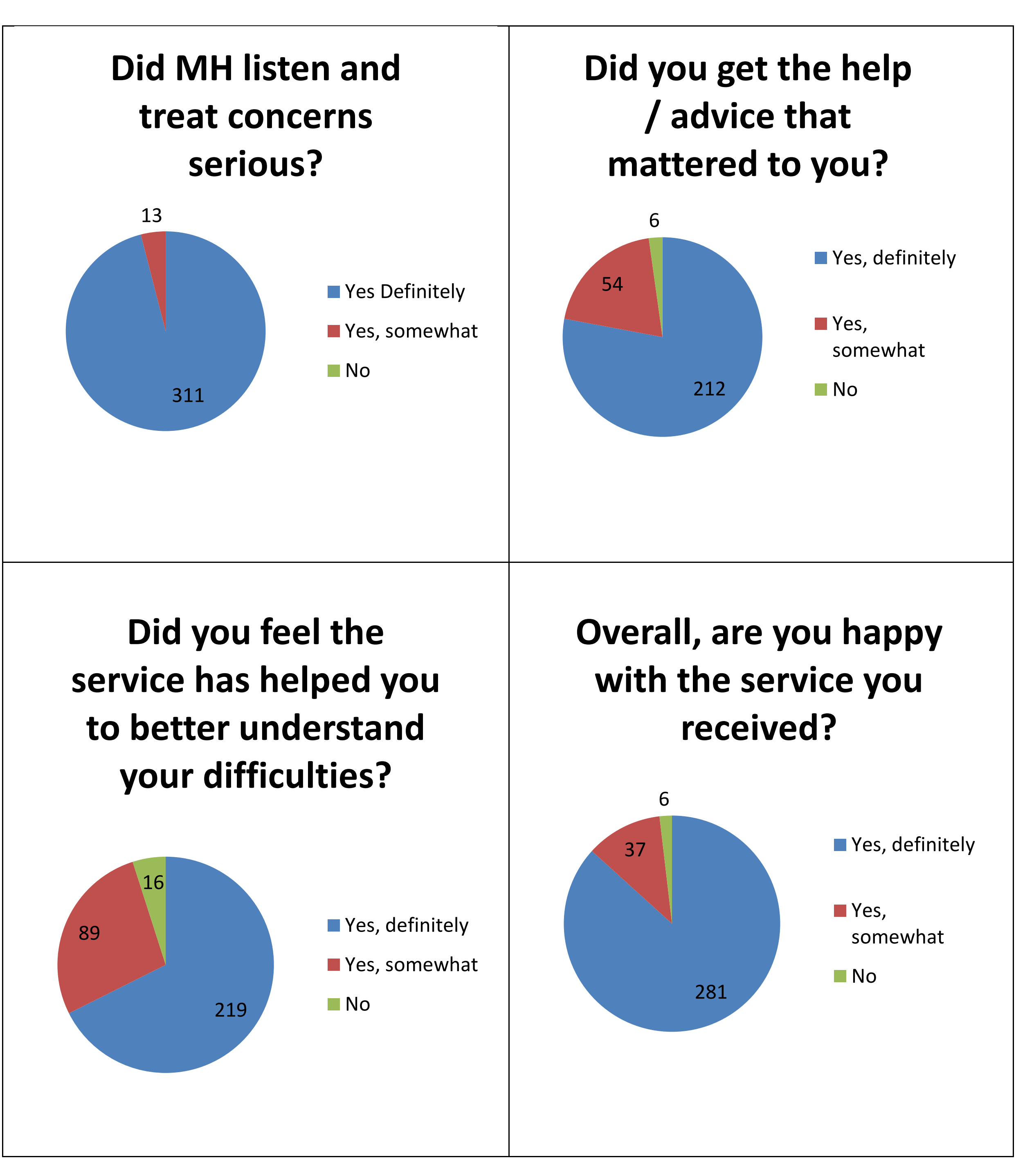


Total N	100
Test Statistic	895.500
Standard Error	204.691
Standardized Test Statistic	-3.539
Asymptotic Sig. (2-sided test)	.000

Patient Feedback

At the end of PALMS consultations each patient was asked to complete a brief one page satisfaction survey consisting of five questions and space to offer any additional qualitative feedback. Out of the 465 novel patients seen across both practices, 324 provided feedback. See tables below for additional information.

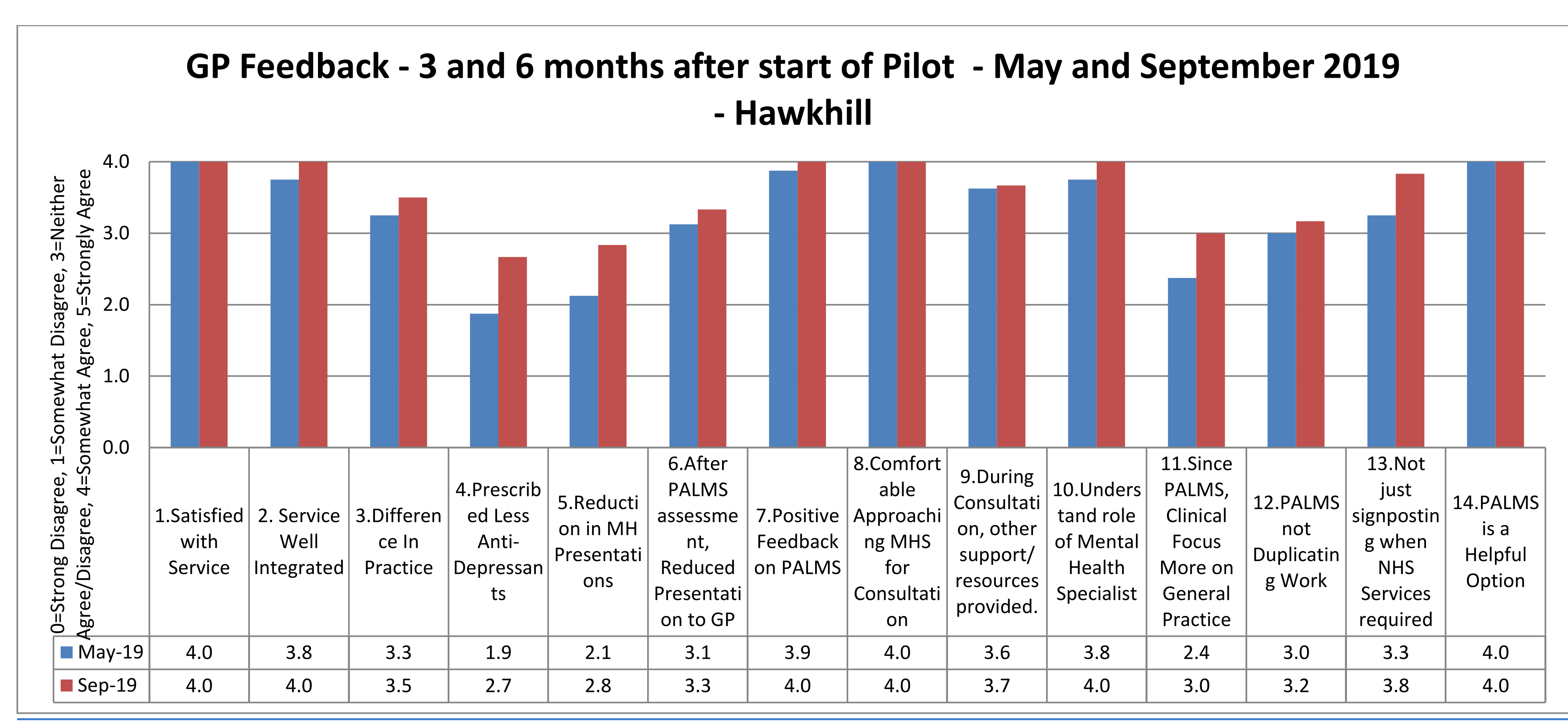
Table 22. Hawkhill and Muirhead Medical Centre overall satisfaction of PALMS.



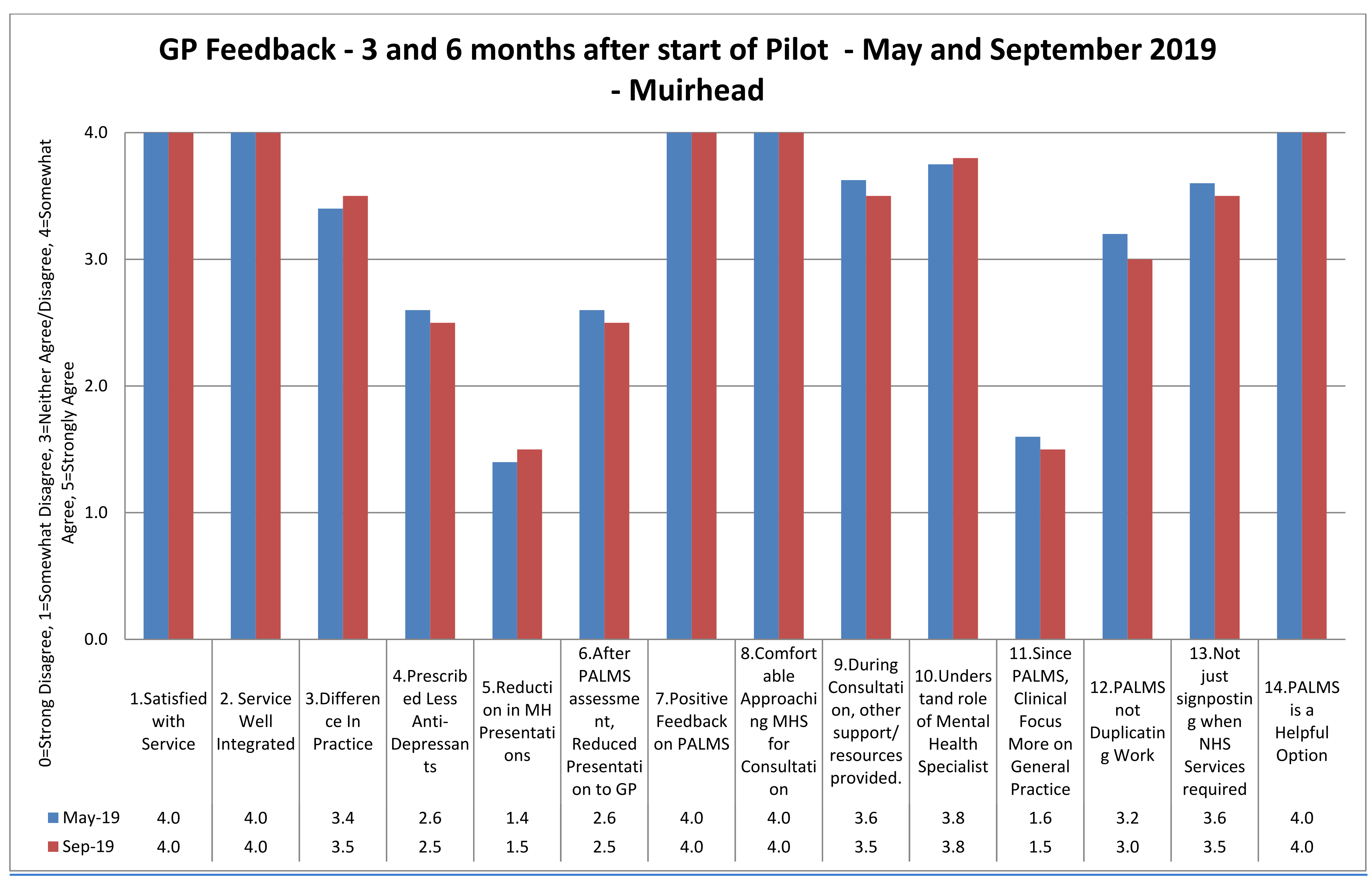
Some quotes from Patient Satisfaction Survey from 27th February up to 29th August 2019:

- ''I think this is a valuable service and was reassuring to talk to a specialist and within a short time frame. I was reassured I was managing my anxiety and was given further help and suggestions. Thank you.''
- ''This is a great service – gave me the 'push' to take control & seek help / support & give me a plan of what I'm going to do to help me. Thank you.''
- ''The mental health specialist was very supportive and I really felt like she took time to try and understand what I felt, and appreciate how that impairs me. The GP I saw was helpful but it was nice to have more time to explain how I was feeling.''
- ''Just one session but I felt it was very useful and recovering. Steered in the right direction to the help and assistance which would ultimately help me the best and realistic timescales set for that.''
- ''I am leaving the surgery feeling a lot lighter than when I arrived. I feel like I have been listened to and that my thoughts about my illness are valid and accurate. I have been given information about various services which will assist me with current issues I'm facing. Thank you kindly.''
- ''Valuable input and advice from appointment. Non-judgemental and reassuring sign posted to easily accessible self-help. Very worthwhile appointment with very professional and empathic health professional."
- "The mental health specialist is great. I feel like she really listens and takes my concerns seriously. She also remembers what I've said before and about my life which is really comforting – feel like a real person and not just another patient. I also like that this is held here at the GP, it's less intimidating."
- "It felt like a great and very helpful appointment for me as I was concerned about leaving the surgery without any real solutions – however I have been given many solutions & feeling like I have someone I can come back and speak to if I continue to struggle."
- "I feel there is hope now. Thank you!"
- "Delighted that somebody was able to guide me in the right direction and also the time spent during the appointment. No rushed conversations was a great help."
- "I have google at home…….no advice was helpful (sic) – print out to try for 3 month – this is why I came for help – I'v(sic) been doing this already for month".
- "I felt I was just diverted to a website to find a councillor (sic) myself, I was under the impression this is who I was seeing today so didn't come away feeling any better or with any real feeling of help".
- Think it needs to be clearer this is just a signposting service and not a mental health service. Think the advertisement of "mental health specialist is misleading……..I do think this service should stay and has the potential to be very helpful. Maybe needs to be better explained prior to appointment".
- "I don't feel any options I was not fully aware of was offered and my concern over this was not understood".

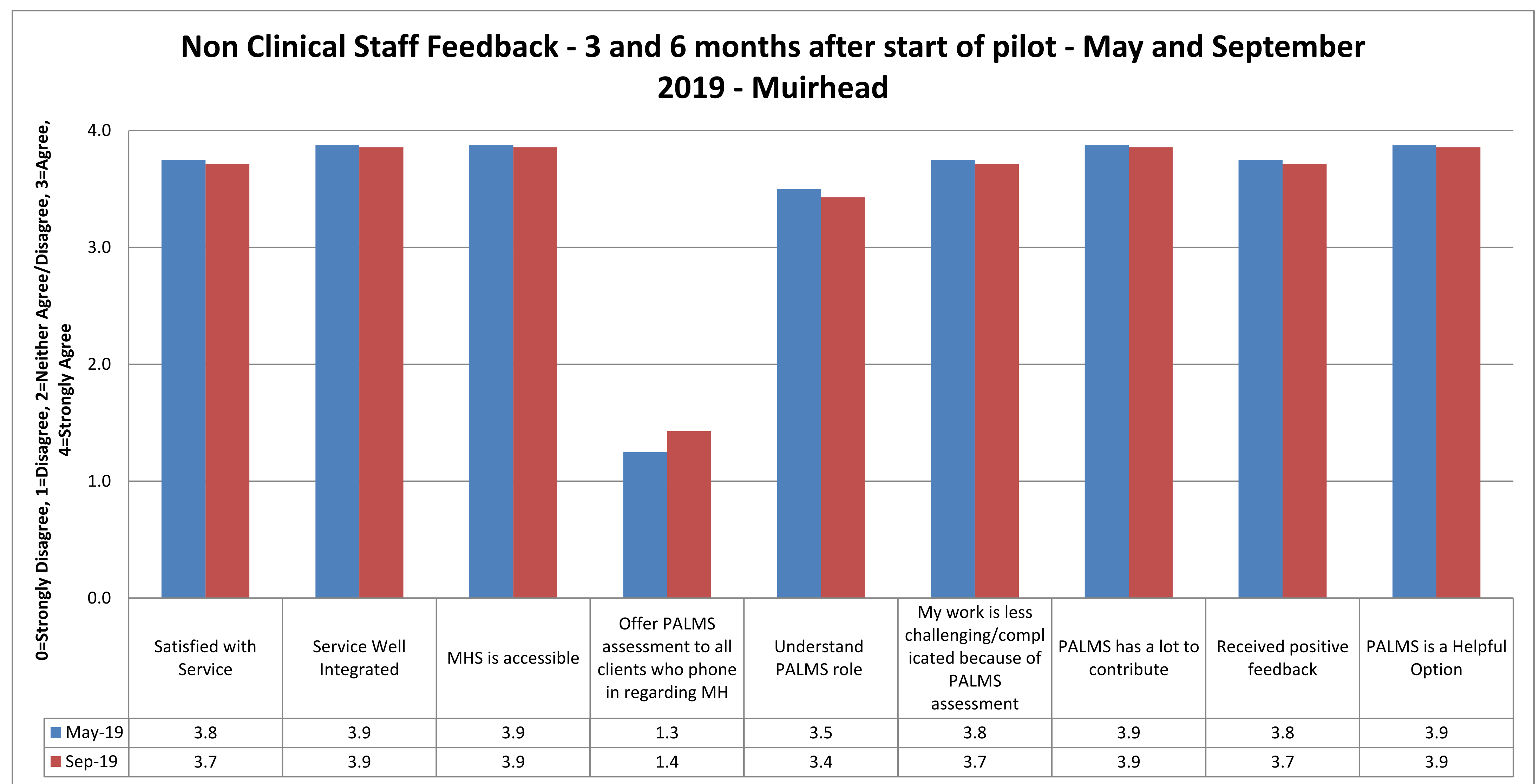
[Practice staff feedback 3 vs 6 months – as staff aware that information was for use in pilot project for evaluation, numbers <5 maintained]



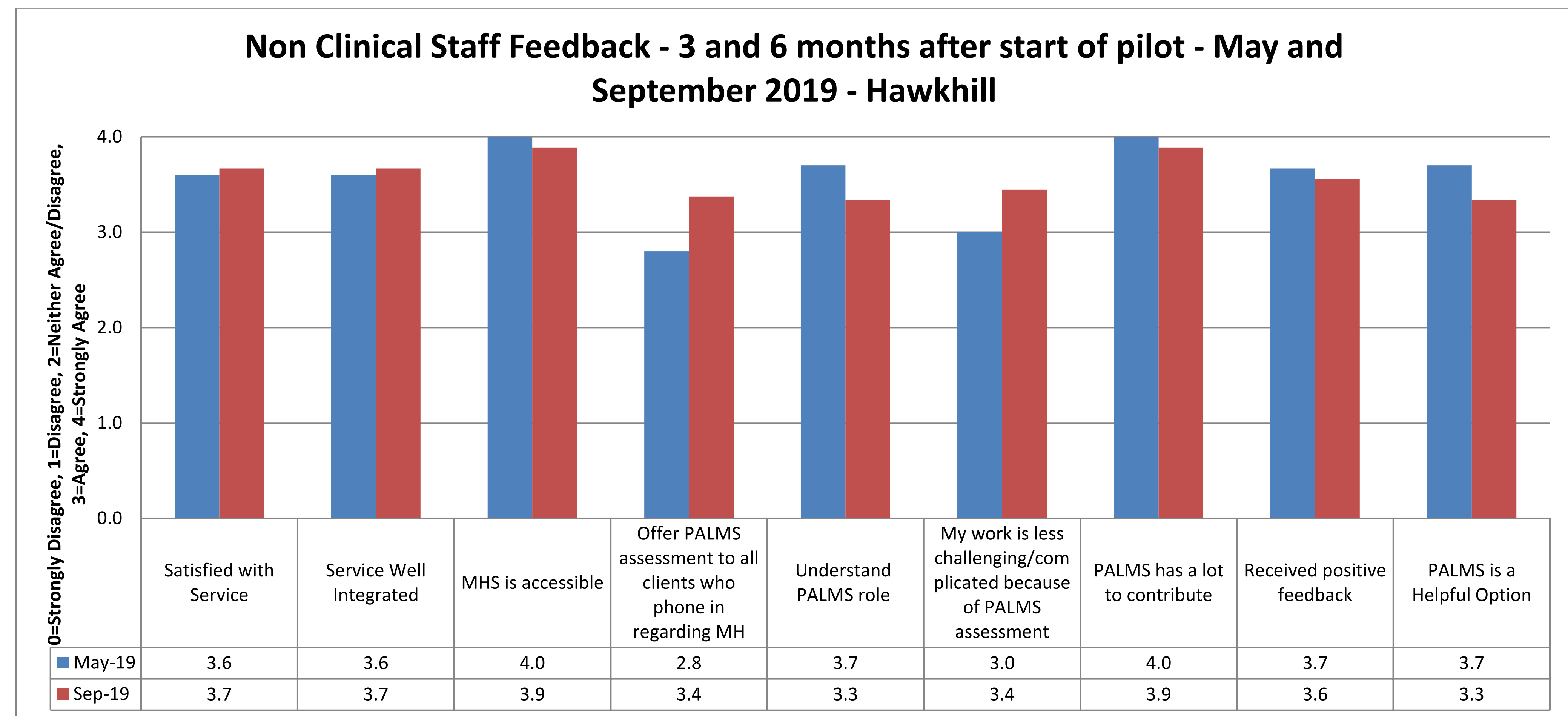
	1.Satisfied with Service	2. Service Well Integrated	3.Difference In Practice	4.Prescribed Less Anti-Depressants	5.Reduction in MH Presentations	6.After PALMS assessment, Reduced Presentation to GP	7.Positive Feedback on PALMS	8.Comfortable Approaching MHS for Consultation	9.During Consultation, other support/ resources provided.	10.Understand role of Mental Health Specialist	11.Since PALMS, Clinical Focus More on General Practice	12.PALMS not Duplicating Work	13.Not just signposting when NHS Services required	14.PALMS is a Helpful Option
May-19	4.0	3.8	3.3	1.9	2.1	3.1	3.9	4.0	3.6	3.8	2.4	3.0	3.3	4.0
Sep-19	4.0	4.0	3.5	2.7	2.8	3.3	4.0	4.0	3.7	4.0	3.0	3.2	3.8	4.0



	1.Satisfied with Service	2. Service Well Integrated	3.Difference In Practice	4.Prescribed Less Anti-Depressants	5.Reduction in MH Presentations	6.After PALMS assessment, Reduced Presentation to GP	7.Positive Feedback on PALMS	8.Comfortable Approaching MHS for Consultation	9.During Consultation, other support/ resources provided.	10.Understand role of Mental Health Specialist	11.Since PALMS, Clinical Focus More on General Practice	12.PALMS not Duplicating Work	13.Not just signposting when NHS Services required	14.PALMS is a Helpful Option
May-19	4.0	4.0	3.4	2.6	1.4	2.6	4.0	4.0	3.6	3.8	1.6	3.2	3.6	4.0
Sep-19	4.0	4.0	3.5	2.5	1.5	2.5	4.0	4.0	3.5	3.8	1.5	3.0	3.5	4.0



	Satisfied with Service	Service Well Integrated	MHS is accessible	Offer PALMS assessment to all clients who phone in regarding MH	Understand PALMS role	My work is less challenging/complicated because of PALMS assessment	PALMS has a lot to contribute	Received positive feedback	PALMS is a Helpful Option
May-19	3.8	3.9	3.9	1.3	3.5	3.8	3.9	3.8	3.9
Sep-19	3.7	3.9	3.9	1.4	3.4	3.7	3.9	3.7	3.9



	Satisfied with Service	Service Well Integrated	MHS is accessible	Offer PALMS assessment to all clients who phone in regarding MH	Understand PALMS role	My work is less challenging/complicated because of PALMS assessment	PALMS has a lot to contribute	Received positive feedback	PALMS is a Helpful Option
May-19	3.6	3.6	4.0	2.8	3.7	3.0	4.0	3.7	3.7
Sep-19	3.7	3.7	3.9	3.4	3.3	3.4	3.9	3.6	3.3

Qualitative staff feedback

GP feedback:

Common themes (PALMS):

- Easily accessible service – however need to monitor increasing wait time for appointments
- Need for additional resources for certain practices (demand vs. capacity) - Hawkhill
- Positive feedback from patients
- Good addition to the practice services – in support of the new GP contracts
- Reduction in initiation on antidepressants/SSRI
- Reduction in consultation time – rather than number of consultations itself
- Difficulty identifying right patients

Common themes (MHS):

- Good co-operation
- Insightful consultations and helpful

Other clinical staff feedback:

Common themes (PALMS):

- Increase the age to over 64's
- An excellent service
- Easily available appointments for Muirhead
- Demand greater than capacity at Hawkhill
- Good resource for patients

Common themes (MHS):

- No opportunities to speak to MHS (due to type of work)

Non-clinical staff feedback:

Common themes (PALMS):

- Prompt access to appointments (Muirhead)
- Long waiting list for Hawkhill – greater demand
- Easily accessible service
- Good patient feedback
- Benefited from additional training offered by PALMS - Active Listening / Signposting

Common themes (MHS):

- Easily accessible
- Positive interactions
- Happy to advise
- Good co-operation
- Integrated part of the team

Summary of the PALMS Pilot

Review of pilot objectives:

- Patient feedback indicates Mental Health Specialist (MHS) role was viewed as a valuable addition in the two GP Practices it was trialled in and that patients thought they received the advice that mattered to them.
- GP feedback was also highly positive and indicated that consultancy with MHS was valued as well as signposting/triage.
- For reception staff involved in triaging telephone calls and making PALMS assessment appointments where appropriate, the perception seemed to be that this did not cause their roles to become more challenging.
- The PALMS pilot appeared to provide support towards increased multidisciplinary team (MDT) as per new GP contracts.
- Statistically significant reduction in re-presentations for mental health consultations four months after PALMS assessment indicating workload for GPs may have decreased in this regard.
- Non-referral routes (providing advice, normalisation of symptoms and providing self-help resources together) were the most common post-assessment outcomes for patients, followed by referrals to other NHS/non-NHS services.
- Primary care psychology (NHS) was the largest recipient of referrals that were made. This would fit with severity of presentation, the majority of which were within mild-moderate category.
- MHSs signposted to a variety of other resources including other NHS services (e.g. Living Life – Telephone CBT) and partly NHS-funded services (e.g. Health and Work Support). The pilot indicated high demand for the PALMS service, particularly in one practice where meeting the 5 day target from requesting to providing an appointment, could not be met the majority of the time.
- Table 13 and 14, highlighting severity of presentation, indicate MHS roles could be undertaken by Band 6/7 clinicians with support from more senior colleagues managing whole clusters (e.g. Band 8As).Based on the MHSs feedback self referrals might have occasionally contributing to patients booking unnecessary additional appointments.
- Feedback from practice managers showed support for delivering Active Signposting (triage training) for reception staff to ensure appropriate patients are booked into PALMS clinics. This also offered additional support and contributed to professional development experience for the reception staff.

Implications of PALMS for other services and areas to attend to as part of the roll out across Dundee:

- The Dundee Health and Social Care Partnership has signed up to a “whole systems approach” with regard to mental health and learning disabilities. Put simply, when change is considered for one part of the system, there must be consideration as to how this impacts on other parts of the system. However, it also means there must be a flexible approach to finance across all services, even where it may appear that one part is temporarily ‘disadvantaged’ in testing service developments.

- From the involved practices, there has been a small increase in referral number to NHS mental health services during the pilot. In the equivalent period prior to PALMS, this was 209 and during PALMS 230. However, there are a number of factors that need to be considered within this:

  - The number of patients registered at Hawkhill Medical Centre (the largest referrer of the two practices to NHS MH Services) increased: average February – August 2018: 11,643 patients versus average February – August 2019: 12,163 patients.
  - Whilst there was an increase in referral to the Adult Psychological Therapies Service in the PALMS practices, there was no actual increase across the whole of Dundee (Dundee based practices: 1422 and 1424 for 2018 and 2019 respectively). Assessing whether the referrals are more appropriate, and whether patients are accessing the most appropriate service, will need to happen retrospectively at a later date, possibly by looking at patient engagement in services, where this can be measured.

- Rolling out reception staff training on Active Signposting within GP practices may be beneficial (at this time only 1 day of training was completed with 22 staff members, from 16 GP practices across Dundee).

Recommendations

Given the between-practice differences reported between Hawkhill and Muirhead Medical Centre, it is important to note that results/progress reported cannot be completely generalised out to the wider GP community, but it does provide key indicators regarding how this project could benefit other practices, how to roll this out, and the skills-mix needed.

The pilot enabled the identification of the required number of sessions per 1,000 patient population. The data are indicative of requiring 1 session per 2,000 patient population, which has informed the requirement for the roll out for other cluster 4 practices for 2019/2020. It also highlighted the need to move towards cluster based working with the view of each practice not having physical space to accommodate the PALMS service. This will also allow for annual/sick leave cover which this pilot did not accommodate for, contributing to the inability to offer appointments within 5 days of requesting one. Access to Vision Anywhere will be required as part of this.

Results of this pilot indicate, funding for the project needs to be reviewed with the possibility of moving towards a mixed skills set. The pilot indicated best way of moving forward is having a Band 8A responsible for each of the clusters with a number of Band 7 Clinical Associates in Applied Psychology/Psychotherapists and Band 6 Mental Health Nurses in post. Benefit of having a Band 8B in post was also identified to coordinate the roll out and for management of the service.

Reviewing progress systematically post 6 month pilot may offer different insights into the progress of the project. For example one mental health service (Dundee University Mental Health Service) had not accepted any referrals until towards the end of the pilot. So referrals shown above will not be a true reflection of referrals that would have been made and impact this may have had on other services where there may have been overlap (e.g. NHS primary care).

Streamlining the process over time will be important. Anecdotally, for example, MHSs reported patients who had been offered and seen for assessment and follow-up appointments, were occasionally then making self-referrals to PALMS which allowed them additional appointments. This highlights that additional training for reception staff would be beneficial in order to manage situations such as these when they arise.

References:

Burgess, L., (2019, May). *Primary care in Scotland.* SPICe: The Information Centre.

Leahy, D., Schaffalitzky, E., Saunders, J., Armstrong, C., Meaghar, D., Ryan, P., Dooley, B., McNicholas, F., McGorry, P., & Cullen, W. (2015). Role of the general practitioner in providing early intervention for youth mental health: A mixed methods investigation. *Early Intervention in Psychiatry, 12*(2), 202-216.

NHS Clinical Commissioners, (2016). *Support from the Start: Commissioning early intervention services for mental ill health.* NHSCCPress.

Scottish Government (2017). *Mental Health Strategy: 2017-2027*. Retrieved from https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2017/03/mental-health-strategy-2017-2027/documents/00516047-pdf/00516047-pdf/govscot%3Adocument/00516047.pdf [Accessed 24th April 2020].

Scottish Government. (2017). *The 2018 General medical services contract in Scotland*. Retrieved from https://www.gov.scot.publications/2018-gms-contract-scotland/pages/3/.

Verhaak, P. F. M., Kerssens, J. J., & Bensing, J. M. (2005). The workload of GPs: consultations of patients with psychological and somatic problems compared. *British Journal of General Practice, 55(517)*, 609-614.

ITEM No …11………..

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

REPORT ON: RESHAPING CARE FOR OLDER PEOPLE: RECONFIGURATION OF CARE HOMES

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB24-2020

1.0 PURPOSE OF REPORT

1.1 This report sets out proposals to reconfigure care home provision as part of the strategic direction set out in the Reshaping Non Acute Care programme previously agreed by the IJB.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB)

2.1 Notes the content of this report

2.2 Agrees to the proposal to close Craigie House and reopen the purpose built suite at Menzieshill House as set out in sections 4.5 and 4.9 of this report.

2.3 Notes that the Health and Social Care Partnership has assessed and supported those Craigie House residents who indicated their wish to move to alternative placements and will continue to support those currently residing within Craigie House as set out in section 4.6 of this report.

2.4 Notes that residents currently within Craigie House will be supported to make decisions appropriate to their needs and be supported to move safely and sensitively to other care homes in the city as they wish.

2.5 Remits to the Chief Officer to issue Direction to Dundee City Council to cease providing a care home service at Craigie House once the remaining residents have moved from the building.

3.0 FINANCIAL IMPLICATIONS

3.1 All budgeted resources released from the closure of Craigie House will be reinvested to support budget pressures in the remaining partnership run care homes and to fund increased capacity in community based health and social care services as per of the Reshaping Non-Acute Care Programme.

4.0 MAIN TEXT

4.1 This report relates to previous reports submitted to the IJB, Reshaping Non Acute Care in Dundee on 31 October 2017 (Report DIJB38 2017), Reshaping Non-Acute Care in Dundee Update Reports on 27 June 2018 (Report DIJB31-2018) and 25 June 2019 (Report DIJB19-2019), also Reshaping Care for older people: A programme for change 2011-2021. These reports collectively detail the intention to support people in their own homes for longer, and use Local Authority Care Homes in specialist areas where the market does not meet the demand, specifically dementia care.

4.2 The Partnership currently operates four care homes within the city, namely Craigie House, Turriff House, Janet Brougham House and Menzieshill House. The latter two homes are modern facilities built to dementia care standards, while Craigie and Turriff are older in design. Research has shown that the design of the environment can have a positive impact on residents, particularly where this is designed to take into account the needs of people with dementia. There are particular challenges with the design of Craigie House which has narrow corridors and communal spaces, is on two floors with a lift which is unsuitable, and is not dementia friendly. The top floor of Craigie has been closed for some time due to health and safety concerns. The bedrooms do not have ensuite shower rooms requiring residents to travel through public areas to the communal facilities. Despite these restrictions, the staff within the care homes have continued to be assessed as providing a high level of support and care and this has been valued by residents and families.

4.3 The majority of residents within our care homes are either very physically frail or have a high level of cognitive impairment, requiring a higher level of staffing. Due to a recent redesign to ensure safe staffing levels within budget, Craigie House reduced from 24 to 16 residents. Menzieshill House reduced from 32 to 24 residents leaving one suite with 8 rooms vacant. Turriff House reduced from 32 to 24 residents to facilitate the 8 room Intermediate Care Suite for people with mental health support needs. This suite opened on the 28th October 2019 but has been non-operational during the current Covid-19 pandemic.

4.4 182 employees are currently deployed across the four care homes and the service has a gross budget of £5,742k plus property costs. Income is received from service users with those who are self-funders contributing a greater amount, however the income generated from self-funders fluctuates depending on the number of self-funders cared for at any one time and this has progressively reduced in recent years. The current income budget is £877k.

4.5 While plans for a replacement facility for Craigie House were underway as part of the wider Reshaping Non Acute Care Programme, this will not be completed for a number of years. Given the reduced number of beds in Craigie, the delay in securing a replacement building and challenges around the fabric of the building, it is recommended that arrangements are made to close the home. The Reshaping Non-Acute Care Board will be asked to consider an option to divert the funding of a replacement building to a purpose built replacement for Turriff House.

4.6 Consultation with residents, families and staff in Craigie house has taken place. Residents able to comment advised they are satisfied this is required and have already looked at alternatives. Most families, whilst disappointed and concerned about the moves have also confirmed their preferences for a move to either Menzieshill House or Janet Brougham House. At the time of the initial consultation, two families stated they would prefer to remain at Craigie with significant investment made, but have also identified their preferences.

4.7 Trade Unions and staff were consulted and are satisfied all staff will be offered a choice of alternative posts with no requirement for redundancies or changes to terms and conditions.

4.8 A number of families advised they did not wish to wait for the decision to be made by the IJB and sought to move their relative to alternative accommodation by the end of May. With the delay in the IJB considering the paper as a result of the standing down of normal business as a result of Covid, residents and families have now been supported to move to their choice of home. At this time only one resident remains in the care home.

4.9 The proposed supports for residents at Craigie has been to reopen a suite at Menzieshill House to allow the community built within Craigie to be maintained and a small group of staff from Craigie to move with the residents to ensure continuity of care. This has been actioned. Current vacancies at Janet Brougham were also available for anyone choosing to remain in the East of the city with sufficient vacancies available to ensure all residents can continue to be supported in the partnership's care homes.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

Risk 1 Description	Residents will be required to move care homes with a potential to cause anxiety or distress.
Risk Category	Governance, Political
Inherent Risk Level	Likelihood (3) x Impact (4) = Risk Scoring (12) – High Risk
Mitigating Actions (including timescales and resources)	Opening the empty suite at Menzieshill allows the community to move together with a core group of staff to ensure continuity of care and support to adjust to the new environment. 3 staff immediately with remaining staff within 6 months. Additional staff will support in the first days of any move. Staff skills have been shown to significantly reduce the likelihood and duration of any period of distress.
Residual Risk Level	Likelihood (2) x Impact (4) = Risk Scoring (8) – High Risk
Planned Risk Level	Likelihood (2) x Impact (4) = Risk Scoring (8) – High Risk
Approval recommendation	The IJB is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

7.0 CONSULTATIONS

7.1 Details of this proposal were shared with the following stakeholders.

- Members of the Frailty Strategic Planning Group
- Medical Team - GP Cluster leads, Allied Health Profession and Nursing Leads
- Union Representatives and staff
- Residents and families

7.2 The Chief Finance Officer and Clerk to the Board have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 15th June 2020

Angela Smith
Integrated Manager

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, Vice Chairperson and all other voting members on the Integration Joint Board.

Signature	Date
Vicky Irons Chief Officer	22nd July 2020 Date
Dave Berry Chief Finance Officer	22nd July 2020 Date
Roger Mennie Clerk and Standards Officer	22nd July 2020 Date
Trudy McLeay Trudy McLeay, Chairperson	4th August 2020 Date
Ken Lynn Councillor Ken Lynn, Vice Chairperson	4th August 2020 Date
Helen Wright Bailie Helen Wright	4th August 2020 Date
Roisin Smith Councillor Roisin Smith	11th August 2020 Date
Jenny Alexander Jenny Alexander	11th August 2020 Date
Donald McPherson Donald McPherson	4th August 2020 Date

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	
2	Date Direction issued by Integration Joint Board	23rd June 2020
3	Date from which direction takes effect	23rd June 2020
4	Direction to:	Dundee City Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Local Authority operated Older People Care Homes
7	Full text of direction	The IJB directs Dundee City Council to withdraw the provision of care services from Craigie House once the remaining residents have vacated the building
8	Budget allocated by Integration Joint Board to carry out direction	The financial resources released through the closure of Craigie House should be reinvested to support budget pressures within council operated care homes and in models of care under as reflected in the Reshaping Non Acute Care programme
9	Performance monitoring arrangements	Financial monitoring and performance monitoring processes
10	Date direction will be reviewed	1st April 2021

EQUALITY IMPACT ASSESSMENT TOOL

Part 1: Description/Consultation

Is this a Rapid Equality Impact Assessment (RIAT)? Yes ☒ No ☐	
Is this a Full Equality Impact Assessment (EQIA)? Yes ☐ No ☒	
Date of Assessment: (dd/mm/yyyy) 16/06/2020	**Committee Report Number:** DIJB24-2020
Title of document being assessed:	
1. **This is a new policy, procedure, strategy or practice being assessed** (If **Yes** please check box) ☐	**This is an existing policy, procedure, strategy or practice being assessed?** (If **Yes** please check box) ☒
2. **Please give a brief description of the policy, procedure, strategy or practice being assessed.**	This is the report proposing the closure of Craigie House as part of the Reshaping Care for Older People in Dundee in accordance with previously reported plans.
3. **What is the intended outcome of this policy, procedure, strategy or practice?**	To ensure people receive high quality care in a suitable environment designed for people living with dementia.
4. **Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.**	Report No DIJB31-2018 , DIJB19-2019, Report No DIJB38-2017 Reshaping Care for older people: A programme for change 2011-2021
5. **Has any consultation, involvement or research with protected characteristic communities informed this assessment?** **If Yes please give details.**	The Frailty action plan has been fully discussed with a range of stakeholders and at a public event
6. **Please give details of council officer involvement in this assessment.** (e.g. names of officers consulted, dates of meetings etc)	Lynne Morman, Angela Smith, Krista Reynolds, Claire Tester, Jan Laing
7. **Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy?** (Example: if the impact on a community is not known what will you do to gather the information needed and when will you do this?)	NA

Part 2: Protected Characteristics

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

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

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

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

Part 3: Impacts/Monitoring

1. Have any positive impacts been identified? (We must ensure at this stage that we are not achieving equality for one strand of equality at the expense of another)	These developments will have a postiive impact on people who require residential support in Dundee
2. Have any negative impacts been identified? (Based on direct knowledge, published research, community involvement, customer feedback etc. If unsure seek advice from your departmental Equality Champion.)	A small numer of people have already chosen to move care home and one resident may be required to move.
3. What action is proposed to overcome any negative impacts? (e.g. involving community groups in the development or delivery of the policy or practice, providing information in community languages etc. See Good Practice on DCC equalities web page)	It is hoped to accommodate all affected in one care home with their existing staff
4. Is there a justification for continuing with this policy even if it cannot be amended or changed to end or reduce inequality without compromising its intended outcome? (If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice)	N/a
5. Has a 'Full' Equality Impact Assessment been recommended? (If the policy is a major one or is likely to have a major impact on protected characteristics communities a Full Equality Impact Assessment may be required. Seek advice from your departmental Equality lead.)	No
6. How will the policy be monitored? (How will you know it is doing what it is intended to do? e.g. data collection, customer survey etc.)	Via the Fraility SPG and management team

Part 4: Contact Information

Name of Department or Partnership:	Dundee Health And Social Care Partnership

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

Manager Responsible		**Author Responsible**	
Name:	Angela Smith	**Name:**	Jenny Hill
Designation:	Integrated Manager	**Designation:**	Locality Manager
Base:	Claverhouse	**Base:**	Claverhouse
Telephone:	438319	**Telephone:**	438341
Email:	angela.smith@dundeecity.gov.uk	**Email:**	jenny.hill@dundeecity.gov.uk

Signature of author of the policy:	Jenny Hill	**Date:** **dd/mm/yyyy)**	18/06/20
Signature of Director/Head of Service:	Vicky Irons	**Date:** **dd/mm/yyyy)**	18/06/20
Name of Director/Head of Service:	Vicky Irons		
Date of Next Policy Review: **(dd/mm/yyyy)**	**31/03/2021**		

ITEM No …12……..

REPORT TO: PERFORMANCE AND AUDIT COMMITTEE

REPORT ON: DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT ACTIVITY

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC15-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Performance and Audit Committee with a progress update in relation to Internal Audit Activity.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee:

2.1 Notes the continuing delivery of the audit plan and related reviews as outlined in this report.

2.2 Notes the report and approves the proposed Internal Audit Activity as outlined in Appendix 1 to this report.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Dundee Integration Joint Board's Internal Audit Plan 2019/20 was approved by the Performance and Audit Committee (PAC) at its meeting of the 24 September 2019 (PAC36-2019). Work related to completion of the 2018/19 Internal Audit Plan is ongoing and is also included in the progress reported below.

4.2 Work on the 2018/19 is nearing completion. An update on the progress of all the IJB's Internal Audits is shown in Appendix 1.

- Information Governance (D04/19): Final report issued January 2020 but still to be considered by PAC
- Governance Mapping (D06/19): Fieldwork complete. At draft report stage
- Finance (D05/19): Fieldwork progressing. Delay caused by management capacity to respond to Internal Audit due to Covid19.

4.3 As noted during discussions for the previous Performance & Audit Committee meeting in November 2019, the number of carried forward days from previous annual audit plans has been a significant factor causing changes to target dates for reporting. The complexity of the control environment for IJBs, the demand on IJB management time to feed into the audit process; as well as the time taken to clear reports with the range of parties involved means audits planned for 2019/20 will not be reported by year-end. Internal Audit has met with the Chief Officer, Chief Finance Officer and the Chief Social Work Officer to risk assess the substantive audit reviews affected and update their scope and this is highlighted in Appendix 1.

4.4 In addition, the Chief Internal Auditor is of the view that Covid 19 will have a substantial impact on the risk profile of the organisation and will require a fundamental review of the overall strategic

plan and supporting strategies/plans, which in turn could have a major impact on the internal audit plan. Therefore, it is proposed that the plans going forward will not be updated until the impact of Covid-19 on the IJB's overall strategy, supporting strategies, resources, objectives and risk profile is better understood. It is clear that there will be a need to focus both on the impact of new working arrangements on existing control processes as well as planning for recovery and reconfiguration.

4.5 Resources to deliver the annual internal audit report as well as provide reports to, and attend, the Performance and Audit Committee meetings are provided for within the Internal Audit Services' 2020/21 budget. It is therefore proposed to continue work on the previously agreed audits with updated scopes agreed with management. This will enable the internal audit service to work with a realistic and achievable audit plan for delivery during 2020/21. The Chief Internal Auditor can assure the IJB and Performance and Audit Committee that the work completed at year end on the governance checklist and annual internal audit report will be sufficient to allow the Chief Internal Auditor to provide robust assurance for the governance statement.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it a status update and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

Date: 16 June 2020

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, Vice Chairperson and all other voting members on the Integration Joint Board.

Signature	Date
Vicky Irons Chief Officer	22nd July 2020 Date
Dave Berry Chief Finance Officer	22nd July 2020 Date
Roger Mennie Clerk and Standards Officer	22nd July 2020 Date
Trudy McLeay Trudy McLeay, Chairperson	4th August 2020 Date
Ken Lynn Councillor Ken Lynn, Vice Chairperson	4th August 2020 Date
Helen Wright Bailie Helen Wright	4th August 2020 Date
Roisin Smith Councillor Roisin Smith	11th August 2020 Date
Jenny Alexander Jenny Alexander	11th August 2020 Date
Donald McPherson Donald McPherson	4th August 2020 Date

Appendix 1

	2018/19							
Ref	**Audit**	**Indicative Scope**	**Target Audit Committee**	**Planning Commenced**	**Work in Progress**	**Draft Issued**	**Completed**	**Grade**
D01-19	Audit Planning	Agreeing audit universe and preparation of strategic plan	July 2018	Complete	Complete	Complete	Complete	N/A
D02-19	Audit Management	Liaison with management and attendance at Audit Committee	Ongoing	Complete				
D03-19	Annual Internal Audit Report	CIA's annual assurance statement to the IJB and review of governance self-assessment	July 2018	Complete	Complete	Complete	Complete	N/A
D04-19	Information Governance	Review of IT/ data processes supporting the delivery of the IJB's strategic plan through seamless cross system working	September 2020	Complete	Complete	Complete	Complete	D
D05-19	Finance	Review of arrangements established to control and mitigate Risks 1&2 from the high level risk register	September 2020	Complete	Ongoing			
D06-19	Governance & Assurance	Governance mapping exercise: Assess the extent to which the IJB's structures support the delivery of strategic objectives Includes review of controls to address Risk 7	September 2020	Complete	Complete	Complete		
	2019/20							
Ref	**Audit**	**Indicative Scope**	**Target Audit Committee**	**Planning Commenced**	**Work in Progress**	**Draft Issued**	**Completed**	**Grade**

D01-20	Audit Planning	Preparation of Annual Internal Audit Plan	September 2019	Complete	Complete	Complete	Complete	N/A
D02-20	Audit Management	Liaison with management and attendance at Performance and Audit Committee	N/A	Ongoing				
D03-20	Annual Internal Audit Report	CIA's annual assurance statement to the IJB and review of governance self-assessment	June 2019	Complete	Complete	Complete	Complete	N/A
D04-20	Governance & Assurance	Ongoing support and advice on further development of governance and assurance structures, including issues identified as part of the annual report process and the self assessment against the MSG report and help in implementing an audit follow up process	N/A	Ongoing				
D05-20	Performance management	Adequacy, accuracy, relevance, reliability, data quality, timeliness and interpretation of reporting against the priorities in the Strategic and Commissioning Plan and core integration indicators. Compliance with DL 2016 (05) - Guidance for Health and Social Care Integration Partnership Performance Reports and preparation for/ implementation of the anticipated new national guidance on the 'Joint Accountability Framework' This work will link to Strategic Risk 10 as well as a number of operational risks	November 2020					
D06-20	Adverse events management	This work will link to Operational risks 30 and 34 Risk of duplication or omission at the interface of NHS and Local Authority Adverse event management processes and systems. Effective sharing of learning from reviews. Clear flow of assurance	November 2020					

ITEM No …13….…..

REPORT TO:	**HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD**
REPORT ON:	**OPERATIONAL GUIDANCE ON THE PROVISION OF OCCUPATIONAL THERAPY EQUIPMENT FOR CHILDREN AND ADULTS WITH DISABILITIES LIVING IN DUNDEE AND ANGUS**
REPORT BY:	**CHIEF OFFICER**
REPORT NO:	**DIJB26-2020**

1.0 PURPOSE OF REPORT

1.1 To inform the IJB that a review of the Operational Guidance on the Provision of Equipment as assessed by Occupational Therapists has been undertaken jointly with Angus Health and Social Care Partnership and to seek approval for the revised guidance.

2.0 RECOMMENDATIONS

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

2.1 Notes and approves the reviewed criteria for Occupational Therapy Equipment attached at appendix 1.

2.2 Note the work in progress to review the criteria for the provision of nursing equipment as outlined in 4.1.

2.3 Note the work in progress to create a more public facing version of the eligibility criteria as outlined in 4.1.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Dundee and Angus Health and Social Care partnership recently combined there equipment loan services to create a joint service which is hosted by Dundee. The partnerships jointly provide community living and nursing equipment to support people at home with physical disability and illness. This can include, adjustable beds and mattresses, toileting equipment, seating accessories and bathing equipment. Equipment is provided following an assessment by a suitably qualified community nurse or Occupational therapy worker. It was identified that a review of the eligibility criteria for assessing, prescribing and ordering of equipment was necessary due to discrepancies between Angus and Dundee Occupational therapy services in how they prescribed equipment. It was also felt to be beneficial to provide greater clarity on the role of the prescriber and to create something that was more public facing.

4.2 This review was undertaken jointly by Angus and Dundee Health and Social Care Partnerships and overseen by the Dundee & Angus Equipment Stores Operational & Financial group. This is a multidisciplinary governance group which oversees the work of the service. The resulting document does not in fact make significant changes to eligibility criteria in Dundee but enhances the guidance around assessment for that equipment, and ensures consistent criteria applied

across Dundee and Angus Occupational therapy services. The Guidance note which has been developed is intended to provide greater clarity on the accountability for prescribing equipment and is included in the new criteria document.

4.3 The range of equipment provided in Dundee is still felt to be essential for the promotion of independence for our service users. This is considered to be a valuable intervention that provides good outcomes for people at an early stage and prevents more expensive less desirably outcomes through loss of independence. Significant consultation has been undertaken with the Dundee & Angus Community Occupational therapists to ensure a shared and consistent approach, for an integrated approach. In addition the draft guidance has been widely consulted on with a broad group of stakeholders through the Frailty Strategic Planning Group, the Dundee Health & Social Care Partnership (DHSCP) Cluster leads meeting, and the DHSCP Operational Management Meeting.

4.4 Once approved the intention would be to create a more public facing version of this document. It should also be noted that a similar exercise is in progress to review criteria for nursing equipment.

5.0 POLICY IMPLICATIONS

5.1 None.

6.0 RISK ASSESSMENT

6.1 Consideration has been given to any risks arising as a result of the reviewed guidance. As the eligibility criteria remains unchanged there is no additional risk arising from this report.

7.0 DIRECTIONS

7.1 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	

8.0 BACKGROUND PAPERS

8.1 Operational Guidance on the Provision of Equipment for children and adults with disabilities living in Dundee and Angus.

Vicky Irons
Chief Officer

DATE: 9th July 2020

Jenny Hill
Locality Manager

Integrated Impact Assessment Report.

Committee Report No: DIJB26-2020

Document Title: Operational Guidance on the Provision of Equipment for children and adults with disabilities living in Dundee and Angus

Document Type: Policy

New/Existing: Revised existing

Period Covered: 31/03/2019 - 31/03/2022

Document Description:
Revised eligibility criteria for assessing, prescribing and ordering of equipment from Joint Dundee & Angus Equipment Stores.

Intended Outcome: This criteria has been developed to ensure consistent and reliable criteria applied to ensure fairness and equitable approaches across Angus and Dundee Occupational Therapy services, in order to support each citizen of Dundee to have access to the information and support that they need to live a fulfilled life.

How will the proposal be monitored?:
The operational guidance will be reviewed in one year, and overseen by the joint coordinating group called the Operational & Financial Group for the Equipment Stores. The Joint Stores Governance group, chaired by Locality manager Jenny Hill, provides oversight.

Author Responsible:
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Title: Integrated Manager, Community Independent Living services
Department: Dundee Health and Social Care Partnership
E-Mail: Claire.tester1@nhs.net **Telephone:** 07557386852
Address: Independent Living Centre (DAILCEC), Charles Bowman Ave., Dundee DD4 9UB

Director Responsible:

Name: Diane McCulloch **Title:** Head of Service, Health& Community Care/ Chief Social Work Officer
Department: Dundee Health and Social Care Partnership
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Address: Claverhouse, Jack Martin Way, Dundee DD4 9FF

A. Equality and Diversity Impacts:

Age:	Positive
Disability:	Positive
Gender Reassignment:	Positive
Marriage and Civil Partnership:	Positive
Pregnancy and Maternity:	Positive
Race/Ethnicity:	Positive
Religion or Belief:	Positive
Sex:	Positive
Sexual Orientation:	Positive

Equality and diversity Implications:
The Plan will contribute to improving outcomes for people affected by all of the above characteristics. The Equality Outcomes which have been revised as a result of the plan will take action to address potential negative impacts on people.

Proposed Mitigating Actions: Not applicable

Is the proposal subject to a full EQIA? : No

B. Fairness and Poverty Impacts:

Geography

Strathmartine (Ardler, St Mary's and Kirkton):	Positive
Lochee(Lochee/Beechwood, Charleston and Menzieshill):	Positive
Coldside(Hilltown, Fairmuir and Coldside):	Positive
Maryfield(Stobswell and City Centre):	Positive
North East(Whitfield, Fintry and Mill O' Mains):	Positive
East End(Mid Craigie, Linlathen and Douglas):	Positive
The Ferry:	Positive
West End:	Positive

Household Group

Lone Parent Families:	Positive
Greater Number of children and/or Young Children:	Positive
Pensioners - Single/Couple:	Positive
Single female households with children:	Positive
Unskilled workers or unemployed:	Positive
Serious and enduring mental health problems:	Positive
Homeless:	Positive
Drug and/or alcohol problems:	Positive
Offenders and Ex-offenders:	Positive
Looked after children and care leavers:	Positive
Carers:	Positive

Significant Impact

Employment:	No impact
Education and Skills:	No impact
Benefit Advice/Income Maximisation:	Positive
Childcare:	No Impact
Affordability and Accessibility of services:	Positive

Fairness and Poverty Implications:
DHSCP prioritises Health Inequalities and this includes activity which supports employment, work in deprived communities and money advice. DHSCP works in partnership with Children and Family services but has no direct responsibility for families with high numbers of children or single parents so no impact is anticipated.

Proposed Mitigating Actions: Not applicable

C. Environmental Impacts

Climate Change

Mitigating greenhouse gases:	No Impact
Adapting to the effects of climate change:	No Impact

Resource Use

Energy efficiency and consumption:	No Impact
Prevention, reduction, re-use, recovery or recycling waste:	No Impact
Sustainable Procurement:	No Impact

Transport

Accessible transport provision:	Positive
Sustainable modes of transport:	No Impact

Natural Environment

Air, land and water quality:	No Impact
Biodiversity:	No Impact
Open and green spaces:	No Impact
Built Environment	
Built Heritage:	No Impact
Housing:	Positive

Is the proposal subject to Strategic Environmental Assessment?
No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environment Assessment (Scotland) Act 2005.
Proposed Mitigating Actions:
Not applicable
Environmental Implications:
Not applicable

D. Corporate Risk Impacts

Corporate Risk Implications:
The risk implications associated with the subject matter of this report are 'business as normal' risks. The subject matter is routine and has happened many times before without significant loss. There is comfort that the risks inherent within the activity are either transferred to another party, shared equally and fairly between the Council and another party or are negligible.
Corporate Risk Mitigating Actions:
Not applicable

FOR IJB

APPENDIX 1

Operational Guidance on the Provision of Equipment for children and adults with disabilities living in Dundee and Angus

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Version Number	Issue Date	Review Date
1.6	May 2020	May 2021
Approved By:		
Approval Date:		
Responsibility for Document: Claire Tester, Integrated Manager for Community - Independent Living & Professional Lead for Occupational Therapy - Dundee H&SCP.		

Contents

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- Introduction
- Statutory and Policy Background
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- Roles and Responsibilities/ Trusted Assessor
- Provision and Authorisation of Equipment
- Equipment Criteria
- Equipment: servicing, maintenance and repair

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Section Four **Provision of Equipment for Care Homes**
Section Five **Performance**

Appendix Section

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Section One Background

Equipment provision can help children, adults and older people with disabilities to live as full and independent lives as possible. Services involved with equipment provision include:

- Occupational Therapy
- Nursing
- Physiotherapy
- Sensory providers

The Dundee and Angus Equipment Store supports these services with the delivery, collection and refurbishment of equipment items loaned to people to use in their own homes in Dundee and Angus. The services work to joint criteria for the provision of equipment which will be outlined further in this document.

The Dundee and Angus Equipment Store also supports Education departments in Dundee and Angus with the provision, maintenance, refurbishment and moving of equipment loaned to school pupils.

All services are committed to enabling people to achieve their own individual goals/ outcomes through assessment, education, equipment/ adaptation provision, advice, support and guidance. We will ensure that:

- People and their carers are involved fully in their assessment
- People are provided with information about equipment and sources of supports and are able to make informed choices
- People are provided with advice, based on evidence and experience
- We recommend equipment that is safe and appropriate for people and carers to use
- Access to assessment is fair and consistent. There should be no discrimination on the grounds of race, disability, gender, age, sexual orientation, religion or belief or type of community setting. Staff should ensure that people with specific communication needs can participate in their assessment.
- We promote partnership working in relation to the provision of equipment
- We remove unnecessary barriers to people accessing the right equipment
- We provide necessary training to support the prescription of Equipment.

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If the provision of equipment is not appropriate then this will be communicated by staff to all required parties. Our reasoning for our decision will be discussed and clearly outlined.

A range of adaptations can also be recommended and are covered by other operational guidance.

Other services may have their own operational guidance to support equipment provision. Our intention is that this guidance is developed to include this information.

1.2 Statutory and Policy Background

1.2.1 The Council and its partners have statutory duties to fulfil in relation to the provision of equipment and adaptations. Key legislation includes:

- Adults with Incapacity (Scotland) Act (2000)
- Adult Support and Protection (Scotland Act (2007)
- Carers Scotland Act (2016)
- Children (Scotland) Act (1995) (Sections 22 &29)
- Chronically Sick and Disabled Persons (Scotland) Act (1972)
- Community Care and Health (Scotland) Act (2002)
- Disability Discrimination Act (1995) and (2005)
- Education (additional Support for Learning) (Scotland) Act (2004)
- Electricity at Work Regulations (1989) Portable Appliance Testing (PAT)
- Freedom of Information (Scotland) Act (2002)
- General Data Protection Regulations (2018)
- Health and Safety at Work Act (1972)
- Housing (Scotland) Act (2006)
- Human Rights Act (1998) Section 6, Schedule 1, Part 1 – All relevant articles
- Lifting Operations and Lifting Equipment Operations (1998) (LOLER)
- Managing Medical Devices: Guidance for Healthcare and Social Services Organisations (2014)
- Manual Handling Operations Regulations (1992) Amended (2002)
- Mental Health Act (Scotland) 2007)
- National Health Service (Scotland) Act (1978)
- Race Relations (Amendment) Act (2000)
- Provision and Use of Work Equipment Regulations (1998) (PUWER)
- Public Bodies (Joint Working) Scotland Act 2014
- Social Care (Self Directed Support) (Scotland) Act (2013)
- Social Work (Scotland) Act (1968)
- The Children and Young People (Scotland) Act 2014

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1.2.2 Scottish Government Guidance:

- Equipment and Adaptation Guidance (Scottish Government) (2009)
- Provision of Equipment in Care Homes (COSLA guidance)

Dundee and Angus Health and Social Care Partnerships as well as NHS Tayside will also have their own policies and guidance that staff should follow.

1.2.3 The Scottish Government published the National Guidance on the Provision of Equipment and Adaptations in 2009 which states that:

"Equipment and adaptations are an important part of an integrated community care service. They enable a wide range of people, including people who are vulnerable or who have complex support needs, to achieve their individual outcomes, to live in their home for as long as possible and to achieve a good quality of life".

The guidance replaces and revokes all existing equipment and adaptation guidance, which had set out responsibilities under different services, and instead places a responsibility on local partnerships to decide what will be provided, how services will be arranged and funded.

1.2.3 The guidance provides definitions for standard and non standard equipment as follows:

Standard Equipment	Equipment which can be used to meet simple or non complex needs and does not need to be adapted for the individual, such as shower chairs, raised toilet seats, flashing doorbells.
Non Standard Equipment	Equipment that may require a specialist assessment and is bespoke, uniquely specified and sourced for an individual (e.g. communication equipment, specially designed seating or wheelchairs).

1.3 Rationale for Equipment Provision

1.3.1 The overall purpose of providing equipment is:

- To support people of all ages and disabilities who have specific assessed needs achieve their own individual goals/ outcomes.
- To ensure the focus of any provision is about what the person and/ or their relatives/ family/ carers want to achieve and how the provision of equipment will support this.

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- To increase or maintain peoples functional independence who have a permanent or substantial disability or to recover following surgery or an accident.

1.3.2 The following principles should be adopted:

- Assessments should take a fully holistic view of the person and their life when deciding with them what their goals/ outcomes are and what the possible options are to help them meet their needs.
- Person- centred principles and practice should underpin all work in relation to equipment and adaptations.
- Intervention should always be outcome focussed i.e. what will provision enable the person to achieve.
- People should be encouraged, supported and empowered to arrange their own solutions and have choice and control in what solutions they have.
- Advice and information should be available for people at the right time and should be clear, easy to understand and available in different formats.
- Provision should always be the simplest, most cost effective solution to meet people's assessed needs.
- Equipment should be provided in an efficient and effective manner.
- Equipment should not be withdrawn without appropriate alternative provision being in place.

1.4 Eligibility Criteria

To be eligible for equipment the person must:

- Live in Dundee or Angus
- Have a disability which makes it harder for them to live independently or be recovering from trauma and/ or surgery resulting in an acute short term problem
- Have a home where it is suitable, safe and accessible for them, their family, paid and unpaid carers to use the equipment
- Need, and be able to use, the item of equipment provided
- Meet the safe working load (SWL) of the equipment items.

At all times decisions will be made on the best use of resources.

Equipment can be provided on loan for people on holiday/ respite for up to 6 weeks in Dundee or Angus should they meet the criteria outlined above. In addition to this we can also assess children who are being looked after in Dundee or Angus either on a temporary or permanent basis.

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We must meet the person and view their home environment and complete an assessment of need. The equipment will only be issued if the item(s) are available in stock. For looked after children, we may need to liaise with the partnership area supporting the person as they be responsible for funding the equipment and or meeting any servicing costs.

Section 2 Operational Guidance

2.1 Assessment

2.1.1*"Assessment can be thought of as occurring whenever one person, in some kind of interaction, direct or indirect, with another, is conscious of obtaining and interpreting information about the knowledge and understanding, or abilities and attitudes of that other person" (Derek Rowntree 1987, cited by Turner, Foster and Johnson in Occupational Therapy and Physical Dysfunction, principles, skills and practice1992).*

2.1.2 The principal of minimum intervention, maximum independence shall underpin all assessments. Alternative methods of managing should always have been tried and found not to have been successful. Preference alone should not influence the provision. An accurate assessment of need is required in all cases. Equipment can compliment a range of needs and interventions including rehabilitation and management of conditions.

2.1.3 Staff undertaking assessments must be clear about the need for their involvement, have the ability and competency to undertake an assessment and the skills to analyse and interpret the findings correctly.

2.1.4 Staff must ensure they are working to their Professional Code of Ethics and Professional Conduct Guidelines and comply with their governing body bodies standards for training, professional skills, behaviour and health.

2.1.5 Assessment is core to whether there is a need for the provision of equipment. Essential information to gather and discuss during the assessment includes:

- What are the key conditions the person is living with – how do these impact on the person? Do they impact negatively on each other?(e.g. consider mental health and wellbeing on the management of long term conditions)
- How is the person managing their long term condition(s)? Do they have support? Is there further support that can be accessed? e.g. self-management/ peer support/ self-help/ signposting to other services or referral to profession specific advice/ intervention
- What are the person's current needs and are there any risks?
- What are the person's anticipated long terms needs and risks?

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- What does the person do in their day? (E.g. what is their occupational role(s)?) How effective are they in achieving this? How satisfied are they with how they manage?
- With regard to the activity that provision is being considered for – how is the activity being managed now? Could it be managed more effectively by doing it differently?
- What is the person's level of mobility – in and outside the home?
- What are the risks posed by the person's environment? What is currently happening to manage this? Is there scope to move/ rearrange/ change or remove anything in the home now? How adaptable is the property? Is a referral to the Fire Service required?
- Have the person's circumstances been considered by other services? How do they deem the person's current situation?
- Does the person have capacity or does a responsible other/ representative need to be involved in the assessment?
- Are there other people living with the person? What are their needs? Will the recommendations for the person affect other household members?

2.1.6 All staff must consider the known contraindications associated with the provision of equipment items as part of their assessment. They must ensure that they have sought advice from colleagues and/ or their manager if they have any concerns about the suitability of the equipment. Information is available on ELMS to support staff assessing for and considering the appropriateness of equipment items but specific details must be checked with the manufacturer/ supplier as appropriate.

2.1.7 Where solutions are being considered for a person it is vital that the long term view of their needs is considered when recommending solutions to meet the person's outcomes.

2.1.8 Staff must ensure they have considered the person's weight in relation to the safe working load of the equipment. If staff need to obtain the person's weight they can request the Marsden scales to be delivered via the store. All requests should be placed on ELMS.

2.1.9 Staff must be honest with people if they have concerns about providing equipment items and be clear on their reasoning.

2.1.10 All staff must complete assessments within their agreed service timescales and have written evidence to support any equipment requests.

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2.1.11 The assessment must be discussed with the person and/ or their representative and written confirmation about their agreement to the assessment is preferable.
2.1.12 Where there is disagreement on the assessed equipment needs of the person, staff should liaise with their colleagues and/ or manager to resolve the matter.

2.1.13 Timing of assessment and interventions can be difficult to manage. People will respond differently to being diagnosed with conditions and accepting and understanding of what this means for them and family members. We should be understanding of this and adapt our approach as required.

2.1.14 People and their families should be informed of reasonable timescales to expect. Any changes to the timescales or delays should discussed sensitively with them.

2.1.15 We will all try to provide an efficient, prompt and integrated approach to equipment provision for people to ensure that solutions are identified and delivered in a timely fashion.

2.1.16 All service users should be informed of what will happen with their personal data and how it will be used to support them receiving equipment.

2.1.17 All staff should be aware of Child and Adult Support and Protection legislation and raise any concerns with their line manager.

2.1.18 Staff must consider the need for referral to the Fire Service to ensure people's safety in their home. Staff should consider Fire Safety issues when assessing people's needs and record the offer of this service or otherwise within their assessment documentation.

2.1.19 All case contacts/ observations must be completed within the specified timescales for their service area and recorded in the agreed manner – electronic/ written notes.

2.2 Risk Assessment

2.2.1 The aim of any risk assessment is to identify potential hazards and find ways to manage them. It is not about removing risk; it is about minimising the potential harm of these allowing the person to live positively in their home with risk. Risk assessment is inherent of all the assessment and planning processes for staff.

2.2.2 Where there is uncertainty about making provision of a particular equipment solution, either because it is not standard practice or

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because there are significant concerns about safety, a risk assessment should be completed to support staff in their decision making. Staff should use the documentation within their service area to support them. These should be shared appropriately with other services.

2.2.3 The risk assessment should cover the following areas:

- Does the person have capacity? Do they understand what's involved? Or does the person who is responsible?
- What is the activity? What are the risks? How severe are the risks? How likely are they to happen?
- How will the activity be managed? What are the steps and stages?
- Is the person engaging with the risk assessment?
- What safety measures can be put in place to minimise risk at any stage? (remembering that we can never eliminate any risk)
- What are the consequences of something going wrong?
- What can be done if something does go wrong?
- What action should everybody take? Does the person understand this? (and/ or family/ responsible person)?
- Do they accept the risk and potential consequences of something going wrong?

2.2.4 The risk assessment should be completed in conjunction with the person and their family/ carers (where appropriate) and other relevant staff/ services. This ensures that any provision is based on an open, transparent and mutual discussion of the risks involved and the possible solutions to manage these risks.

2.2.5 Copies of the risk assessment should be issued to the person and any other required staff/ service providers.

2.2.6 Professional support can be provided by colleagues/ seniors or managers.

2.2.7 The decision whether to provide the solution may need to be jointly discussed between the assessor and their manager with consideration being given to the assessment and the risk assessment.

2.3 Roles and Responsibilities

2.3.1 Recommending Equipment – where you have assessed a person/ client in need of a piece of equipment and you make recommendations with your clinical reasoning identified in their personal records and refer onto other services. The acceptance of the referral by the other service means that they will accept the

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responsibility and accountability to assess and determine the equipment provision for the person.

2.3.2 Prescribing Equipment – where you have assessed a person/ client in need of a piece of equipment and identify this equipment specifically to be provided to them. This makes you accountable and responsible for the safety of the person/ client in using this item, ensuring the equipment can be used safely in the person's home environment and responsible for any training required.

2.3.3 Fitting of Equipment- The prescriber of the equipment is responsible for advising of any specific information required to meet the person's needs i.e. height of a toilet frame. The store driver delivering and fitting the equipment is responsible for ensuring it is fitted safely and in line with manufacturer's guidance and follows any other specific fitting instructions given by the prescriber. The store driver must report any issues with the fitting of the equipment so a decision can be made on whether the equipment should or should not be fitted. The Prescriber is ultimately responsible for any equipment item being fitted and ensuring its suitability in meeting the needs of the person.

2.3.4 Demonstration of Equipment – demonstrating how to safely use a piece of equipment is the responsibility of the prescriber.

2.4.5 All staff involved in the provision of equipment in Dundee and Angus must be competent. To determine a person's competency a Trusted Assessor Programme is being developed to support the provision of equipment.

2.4 Provision and Authorisation of Equipment

2.4.1 The Dundee and Angus Equipment Service (Equipment Service) supports the delivery, collection, refurbishment and maintenance of equipment for Occupational Therapy, Community Nursing and Physiotherapy services.

2.4.2 Staff must complete the online ELMS Access Training Modules and use any operational guidance to ensure they comply with the operational guidance for equipment provision.

2.4.3 A comprehensive list of contract stock equipment can be obtained from ELMS.

2.4.4 Equipment must meet best value though the most economical option must meet the essential need of the service user.

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2.4.5 Equipment issued by referrers belongs with Dundee and Angus Health and Social Care Partnership. It is provided on loan for a temporary basis, free of charge. People receiving the equipment will be asked to sign an agreement outlining the loan arrangements for the items.

DILCEC,Charles Bowman Avenue, Dundee DD4 9UB
Dundee Tel: 01382 307630. Angus Tel: 01382 307631

Page: 3

Client Copy Ref: [redacted] DD4 Jny Date: 06/01/20

I have received this equipment supplied to me on loan under the chronically sick and disabled persons act (1972). The equipment being loaned to me is the property of the Dundee Health & Social Care Partnership.

I agree to undertake these responsibilities;

1 I agree to not use this equipment until it has been fitted and instructed by experienced staff and to cooperate with the staff.

2 I agree to use any equipment provided appropriately and according to the recommended use.

3 I agree to keep the equipment in good order and not to tamper, or damage it in any way. Failure to keep the loaned equipment in good order may render me liable to pay for the cost of repair or replacement of the equipment.

4 I will return the loaned equipment when requested, or no longer needed, and not in use. I will contact the Equipment services to arrange for collection - tel 01382 307630 Dundee or 01382 307631 Angus

5 I agree to notify the Equipment Service of any change of address by contacting the service on 01382 307630 Dundee or 01382 307631 Angus immediately.

6 I agree that I will not dismantle any equipment or attempt to make any modifications or repairs to the equipment loaned to me.

7. I agree to provide access to the home when this is requested for any ongoing service and maintenance required.

8 If the Equipment has a fault and requires a repair please call 01382 307630 Dundee or 01382 307631 Angus between Mon-Fri 08:30am - 5pm or
If you require a repair during the hours of 5:00PM-8:30AM MONDAY TO FRIDAY & ALL DAY SAT & SUNDAY to a Profiling Bed or Mobile or Tracking Hoist or an Air Mattress please call 01382 432260 Dundee City Council Social Care Response Service who will arrange for an Engineer to visit ASAP.

Sign .... Date .... as signed on handheld device.

Print ....

Please note that if you are loaned a profiling Bed or Riser/Recliner chair you should not dispose of your own furniture as the loaned equipment is not a replacement for your own furniture but on loan for a current medical condition.

PRICES ARE FOR INFORMATION ONLY & THIS IS NOT AN INVOICE PLEASE DO NOT PAY ANYTHING

2.4.6 Daily living aids are more readily accessible for the public to buy and staff can encourage people to self purchase wherever possible whilst ensuring that individuals have the right information to support the purchase of appropriate aids. Information and advice should be provided on VAT exemption on the grounds of disability.

2.4.7 Daily Living Equipment items costing under £50 will not be funded

unless it is an agreed contract stock item.

2.4.8 Staff must record the required information on ELMS to support the ordering, delivery and fitting of equipment. If staff want equipment delivery only and not fitted, this should be clearly recorded on the request.

2.4.9 User instructions must be issued with all equipment items. The person, family members and/ or carers must understand how to use the equipment safely and be able to assemble/ dissemble equipment and clean/ maintain equipment. They should also be able to recognise when their might be an issue with any of the parts on the equipment and be informed to raise any issues with the prescriber and/ or the equipment service.

2.4.10 If the person does not agree to use the loaned equipment as prescribed a decision will need to be made on whether the equipment can be loaned to the person or not. If the equipment can be loaned but there are acceptable risks with the provision, the prescriber must complete a risk assessment and share this appropriately.

2.4.11 All equipment items delivered should be reviewed by the prescriber within the agreed review timescales for their service area. The purpose of this review is to check that solutions provided are meeting the assessed needs of the individual. Staff should also identify the need for any ongoing reviews relating to the provision of equipment and ensure that appropriate mechanisms are in place to support this.

2.4.12 If there are any changes to the service users circumstances which may affect the provision and/ or ordering of equipment, staff must immediately inform the equipment service.

2.4.13 All collections must be logged on ELMS. Staff should encourage people to have equipment collected when the items are no longer required.

2.4.14 In the event that a service user moves out of the Dundee or Angus area they must be informed that they can not take their equipment items with them unless this is with service approval. Staff can provide support in referring people to the local authority they are moving too.

2.4.15 There is separate criteria for equipment provision for people who live in a care setting to meet national guidance. The document

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"protocol for the provision of equipment in care homes" can be found online at www.cosla.gov.uk.

2.4.16 Certain equipment items ordered on ELMS require professional and budgetary authorisation. Staff will be prompted within the system to complete required justification reports. All approvals by managers or designated others will be added to ELMS. Equipment will not be delivered until appropriate authorisation has been completed on ELMS.

2.4.17Approval from the Equipment Service Budget Holder must be obtained for equipment over £1000.

2.4.18 Where required staff should liaise with the equipment service to identify what company's should be approached to quote for equipment items that are not stocked by the equipment service or are considered as a special order. The equipment service will arrange for any company's to be added to Dundee's procurement system however there may be a delay in arranging this which may impact on their ability to place an order.

2.4.19 All quotations should be uploaded to ELMS.

2.4.20 To ensure best value, two quotations must be sought where more than one supplier or manufacturer can meet the specification for the equipment item.

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2.5 Equipment Criteria Personal Care

2.5.1 Basic Personal Care Equipment

Basic bathing equipment such as bath boards, bath seats, shower seating may be recommended following assessment to enable people to bathe/ shower independently and/ or safely with carer assistance.

Consideration should be given to providing equipment for the main place the person will attend to their personal care. Equipment cannot be provided for both a bath and a shower.

Where a person requires to bath using prescribed treatments, the person should have an assessment by a community nurse who will consider whether a bath aid is appropriate to provide.

Alternative personal care aids to those listed as our contract stock items are available. Non stock items may be considered when it can be demonstrated that stock items do not meet the person's needs or are unsuitable for their environment or household composition. The provision of non-stock items must enable the person's needs to be met for the foreseeable future.

2.5.2 Wheeled Shower Commode Chairs

Some wheeled shower commode chairs may be recommended following assessment to enable people to access a shower area when they are unable to mobilise safely and require to sit whilst showering. There should be suitable space within the home environment to use and manoeuvre the wheeled shower chair.

A shower commode chair may also be provided to support the person with toileting (either as a commode or the seat over your toilet).

Wheeled shower seats are component based and should be tailored to suit individual's needs. Provision should take into account the changing needs of the person and the suitability of postural supports.

People assessed for a mobile shower chair should be assessed for an appropriate lap or postural belt. This should be ordered on ELMS in conjunction with the other required components. A Medical safety warning was issued in April 2015 highlighting the possible risk of serious injury or death from using equipment items which include posture or safety belts. The belts should be fitted at time of delivery unless requested not to by the referrer. The belts should be compatible with the shower seat they are being fitted to. Any risks arising from the use of the safety or postural belts or non-compliance in use the safety belts

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should be identified. Consideration should be given to the need to record this information in the person's manual handling plan/ risk assessment or on their ELMS order.

Consideration should also be given to how the person will transfer or be transferred on/ off the mobile shower chair to ensure safe manual handling of the person and/ or carers.

2.5.3 Shower Trolleys

Shower trolleys may be recommended following assessment where the person is unable to manage in a shower chair and/or the person has additional changing needs that would be safer to manage.

Shower trolleys can be either wall fixed or mobile. Consideration must be given to how the trolley will be used and the space required to support this. Consideration must also be given to the current and future needs of the person and whether there will be any significant changes in their height and/ or weight.

Consideration should also be given to how the person will transfer or be transferred on/ off the shower trolley to ensure safe manual handling of the person and/ or carers.

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2.6 Equipment Criteria Toileting

2.6.1 Basic Toilet Equipment

Basic toileting equipment such as raised toilet seats, free standing toilet frames, frames with a seat attachment, floor fixing frames may be recommended following assessment to enable people to use their toilet more easily, safely and independently.

Consideration should be given to providing equipment for the main toilet used by the person. At times, equipment may need to be considered for a second toilet however this should not be encouraged.

A standard commode (free standing or wheeled) can be loaned if the person is unable to access their existing toilet and will be safe and independent in its use.

If the person is having difficulty with cleaning themselves after toileting, advice can be provided on basic aids that may support them. Alternatively, it may be appropriate to consider recommending a wash/ dry WC. Please refer to adaptation criteria for this type of solution.

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2.7 Equipment Criteria Chair Accessories and Seating

2.7.1 Chair accessories

Chair accessories such as raisers may be recommended following assessment to enable people to transfer safely on/ off their chair. Adjustment to the chair will only be considered when it is technically feasible to fit basic chair raising units or the chair can accommodate a foam cushion.

Consideration should be given to providing equipment for the main seat used by the person. At times, where the person's seat is not suitable for raising or they only have a settee, we will consider raising this.

Chair raising units can also be recommended to support use of manual handling equipment.

Chair raising units will not be fitted to rise/ recline or other types of seating.

Where a chair or settee cannot be raised, advice should be given regarding the specific requirements for the person to purchase a new chair.

If the person has been provided with advice on seating and they have purchased an unsuitable chair, chair raisers or cushions will not be supplied.

2.7.2 Orthopaedic Chairs

A limited number of orthopaedic chairs are held in stock at the equipment service and should only be issued on a temporary basis where the person has no suitable seating and is unable to source alternative seating and there are immediate concerns for their safety.

People should be encouraged to source their own suitable seating.

2.7.3 Rise Recliner Chairs

People will be encouraged to purchase their own rise and recline chair. A rise and recline chair will only be loaned if it is available in stock at the equipment service. People should be advised that we cannot guarantee ongoing provision should the seat issued on loan become faulty.

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Seating for children and adults with end of life care needs will be considered.

If a person has been provided with a rise and recline chair and then goes on to need manual handling equipment to support their transfers, consideration must be given to the compatibility of the equipment with the chair. Consideration must be given to whether there is still a need for the seating.

2.7.4 Specialist seating – Children and Adults

Specialist seating for children and adults may be recommended following assessment to enable people to achieve and maintain a safe and comfortable seated position and to support them engaging with activities of daily living as well as promoting social inclusion and dignity.

Specialist seating will also be considered where the person will otherwise be confined to a bed or wheelchair or is at high risk of pressure issues and there is evidence that this is not within the best interests of the person.

A joint assessment to determine the need and type of specialist seating is encouraged and should involve key services involved with the person. The assessment should consider the changing needs of the person.

A seating assessment report should be completed and uploaded to ELMS for consideration. See Appendix 1.

Consideration should be given initially to the suitability of any chairs in stock at the equipment service. If there is nothing suitable, consideration should be given to component type seating like that from ACCORA seating before any other type of specialist chair is considered.

All request for specialist seating (except ACCORA or similar chairs) will be submitted for approval to the equipment service budget holder.

Staff should liaise with the Wheelchair and Seating Service (TORT) where the person has a prescribed wheelchair on loan. A wheelchair provided by NHS Tayside is considered as a medical aid to support the person getting from A to B. Assessment information relating to the person's seating needs should be shared and there should be good communication about the seating needs of the person both in relation to their wheelchair, other seating required within their home and their postural management needs.

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Seating provided for children or adults should be component based and adjustable to allow the equipment service to refurbishment the chair and allow the chair to be re-issued to more than one person.

Bespoke seating to suit specific needs of an individual will not be funded by the Equipment Service and staff should support people to access charitable funding.

Consideration must be given to where the chair will be used and how it will be used to ensure the environment can safely accommodate the chair and the risk of damage to the chair is minimal.

If a person requires use of manual handling equipment to support their transfers in/ out of specialist chair, consideration must be given to the compatibility of the manual handling equipment with the chair. Not all mobile hoists and stand aids are compatible for use with rise recline or specialist chairs.

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2.8 Equipment Criteria Bed Accessories and Beds

2.8.1 Bed accessories

Bed accessories such as raisers, bed levers, back rests, mattress inclinators or pillowlifts may be recommended following assessment to enable people to transfer safely in/out of their bed or to reposition in bed to maintain a comfortable position.

Consideration must be given to others if the bed is shared as equipment provision may also affect them and any adjustment should be suitable for all users.

Bed raising units can also be recommended to support use of manual handling equipment.

If equipment is added to a person's bed that may damage the base and or mattress, the person must be informed of this and consent to the risk prior to any provision.

2.8.2 Profiling Beds

A profiling bed may be recommended following assessment to enable people to transfer independently, to change their positioning independently, to manage their needs as their condition deteriorates, to support carers providing assistance to a person or to support the provision of manual handling equipment.

Aspects to consider when considering the need for a profiling bed:

- Why is a profiling bed required? What functions are required to support the person and/ or carers?
- What is the immediate environment like around the bed space and within the room?
- Will furniture or re-positioning of the bed be required?
- Will surplus furniture and the person's existing bed be stored away by family?
- Is the current bedroom the most suitable room for the person or does consideration need to be given to another room?
- If carers are involved, is there access on both sides of the bed? Is this required?
- Is there access to power sockets?
- Are manual handling aids being used? Is there enough space to support their safe use?

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Profiling beds should be provided only where there is suitable space for them – see Appendix 2 for the agreed space allowance and the supporting documentation on ELMS.

Where there are concerns about the provision of a profiling bed due to lack of space, the referrer must discuss the situation with their manager and seek confirmation of their approval. This decision should be recorded on ELMS on the supporting documentation for the order (under development). Where appropriate, a risk assessment should be completed to support the provision and shared with appropriate services/ providers.

Moving of furniture in the room or removal of surplus furniture to accommodate a profiling bed should be undertaken before the profiling bed is delivered. This is not the responsibility of the equipment service staff.

Cot side rails do not automatically need provided with profiling beds. Staff should consider the individual need for these and order as required on ELMS.

Profiling beds should not be provided:

- Where the provision of the bed contraindicates the safe use as detailed by the manufacturer.
- For people under 12 years of age, or by patients with body size equivalent to an average 12 year old or smaller unless a risk assessment has been completed deeming this a safe solution.
- Where the user would be unable to correct their position.
- Where the user will incorrectly use the functions of the bed increasing concerns for their safety.

Consideration must be given to what type of mattress is required. If a pressure mattress is needed, the provision including the bed and mattress must be ordered together by nursing colleagues or team moving and handling specialists in Dundee

The current style and size of profiling bed must be considered for the person as there are different widths and lengths of beds available.

Consideration should be given to the need for any additional assessments to support the provision of wider/ bariatric beds.

Bed rails will not be provided by referrers if the person has purchased their own profiling bed. Advice should be given on how the person can privately purchase a suitable rail(s).

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Referrers should also be aware of the MHRA guidance on the safe use of bed rails:

https://www.gov.uk/guidance/bed-rails-management-and-safe-use

A basic mattress will be recommended following assessment when the person is provided with a profiling bed.

OT staff can only prescribe standard cushions/ mattresses.

Nursing have the responsibility to assess a person's need for a pressure relieving cushion/ mattress due to the risk of pressure issues.

To ensure the safe ordering of an air pressure relieving cushion/ mattress, prescribers will be prompted to complete a checklist on ELMS when confirming the order. If there are any risks identified, the prescriber will be responsible for assessing the risks and deciding on the appropriateness to provide the equipment.

Prescribers will be asked to complete the following questions as part of the checklist:

Is the client a smoker or lives with a smoker? □
Do they already have health equipment in place i.e. incontinence pads, oxygen, Emollient creams? □
Do they have a sensory impairment, cognitive impairment, learning disability, physical disability, mental health issues?
Do they have a history of substance misuse? □
Do they have a reduced mobility? □
Is the environment uncluttered and clear □
Does the client live alone? □
Do they have smoke alarms? □

An air pressure relieving cushion/ mattress must not be given if it is to be used near a fire, or if anyone smokes near the bed.

Prescribers should always read the manufacturer's instructions when prescribing equipment.

An information leaflet (see Appendix 3) should be given to the person. The prescriber must also consider referring the person to the Fire Service and inclusion of such risks must be documented and shared with the person and services involved with the person.

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2.9 Equipment Criteria Manual Handling Equipment

2.9.1 Small manual handling items

Small manual handling aids such as transfer boards, glide sheets, handling belts, glide and lock sheets may be recommended following assessment to enable the person independence with their transfers or for family (or care staff in Dundee) to support them with transfers and/ or positioning.
Glide sheets may also be recommended for provision to support carers fitting slings.

Care providers in Angus have a responsibility to provide small manual handling equipment items if they assess them as being required to support their staff working safely.

2.9.2 Standing and Positioning Aids

Standing and positioning aids may be recommended following assessment to enable the person to transfer when they still have adequate weight bearing ability but require additional support.

Standing and positioning aids can be any piece of equipment that supports a person with transfers and may or may not require use with a sling.

The person must have the cognitive ability to follow instructions to ensure their safety and that of carers.

Consideration is being given to aids like a Sara Stedy and the safety of using these within the community setting. A review is to be undertaken to consider other similar aids available on the market and whether any of these are suitable for loan store provision.

Consideration on using this type of aid should also highlight whether it is safe for one carer to provide assistance. A manual handling plan and risk assessment may be required to support provision.

2.9.3 Mobile Hoists

Mobile hoists may be recommended following assessment to enable the person to transfer when they are unsafe transferring with a standing aid and/ or the standing aid would put the person and/or their carer at risk of injury. The person may also have fluctuating ability to weight bear or are considered as non-weight bearing and there is sufficient activity space to manoeuvre a mobile hoist.

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2.9.4 Bed Hoists

Bed hoists (e.g. Doherty) may be recommended following assessment to enable the person to transfer where the person is unsafe transferring with a mobile hoist due to space restrictions.

This hoist is only for use at a person's bed and requires suitable activity space at one side of the bed for transfers.

2.9.5 Portable Tracking Hoists

Portable tracking hoists may be recommended following assessment to enable the person to transfer where the person is unsafe transferring with a mobile hoist due to space or weight restrictions.

2.9.6 Slings

Slings are used with stand aids and all types of hoists and the person must be assessed to determine what is suitable in meeting their needs.

Two slings of the same type can be issued to assist with laundering of the items.

Ideally, the same manufacturer of the slings for the hoist/ stand aid should be used. Prescribers should refer to their own service guidance in relation to manual handling and approach in managing sling/ hoist/ stand aid incompatibility.

Prescribers should refer to their own service guidance in relation to manual handling.

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2.10 Equipment Criteria Daily Living and Access Equipment

2.10.1 Daily Living or Personal Care Equipment

Basic household equipment such as perch stools, kitchen trolleys and food preparation 'workstations' may be recommended following assessment to enable the person to participate in activities of daily living i.e. – washing dishes, meal preparation, transportation of items, ironing.

Perch stools may also be recommended when other basic bathing equipment does not support the person meeting their personal care needs or when unable to use a bath due to hip precautions post-surgery. The rationale to provide 2 perch stools must be clearly stated on the ELMS order.

Consideration should be given to providing one perch stool.
At times, more than one perch stool may need to be considered however this should not be encouraged.

Food preparation workstations can be provided to support people being independent with food prep tasks. Advice can be given on other aids available to assist with meal preparation tasks that are available for private purchase.

People should be encouraged to self-purchase a kitchen trolley and should be provided with relevant information. Trolleys can be issued to determine whether a person will be safe in using one if they are available in stock. A kitchen trolley should not be used as an alternative to a walking aid.

2.10.2 Feeding and Drinking Equipment

Feeding and drinking equipment items such as hydrating drinking systems or mechanical feeding aids may be recommended following assessment to enable the person to meet their critical fluid/ nutritional levels. Other professionals involved in the care of the person may be involved in the assessment of any suitable aids.

Advice can be given to people on basic aids including cutlery, adapted plates and cups that are available for private purchase.

2.10.3 Sensory Equipment

Visual and hearing equipment items are assessed for and provided by specialist providers.

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Visual Equipment for Dundee Residents is assessed and provided by the Dundee Society for the Blind and Partially Sighted.

Thomas Herd House
10-12 Wards Road
Dundee
DD1 1LX
Tel: 01382 227101
http://www.dundeeblindsociety.org.uk

Hearing equipment items for Dundee residents is assessed and provided by North East Sensory Service (NESS).

Visual equipment and Hearing Equipment for Angus residents is assessed and provided by North East Sensory Service (NESS).

North East Sensory Service
21 John Street
Aberdeen
AB25 1BT
SMS: 07593 102004
Tel: 0345 271 2345
Email: info@nesensoryservices.org
https://www.nesensoryservices.org/

These arrangement are supported by separate service level agreements for Dundee and Angus.

Staff should refer to their own service guidance in relation to the specific content of the service level agreements.

People can self refer to this service or staff can refer on their behalf using the specific NESS referral form.

2.10.4 Portable Ramps

Portable ramps may be recommended following assessment to enable the person to independently access/ exit their home if they are unable to manage existing steps.

Portable ramps are only considered as suitable for occasional use and should not be left permanently in place at the person's home access/ exit. The person must have someone who is able to lift, position and store the portable ramp safely.

There is no recommended practice to support the provision of portable ramps in relation to achieving a safe gradient. This should be carefully

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considered to ensure the safety of the person and the carer assisting the person.

There should be suitable space to use the portable ramp to safely enter/ exit the person’s home.

2.11 Equipment Servicing, Maintenance and Repair

2.11.1 Service users must be informed of their responsibilities for accepting and using equipment on loan to them or their responsibilities in relation to maintenance and servicing of equipment.

2.11.2 The equipment service has a responsibility to ensure equipment issued on loan is safe and suitable for use and compliant under the Lifting Operations and Lifting Equipment Regulations (LOLER). The equipment service currently oversees all the required testing and maintenance of equipment issued on loan.

2.11.3 The equipment service provides or arranges all repairs, service and maintenance for equipment issued on loan. The Equipment service will contact service areas if a reassessment is required to support the provision of alternative equipment as an interim solution or there are concerns about the suitability of the equipment for the person.

2.11.4 Out of Hours and Office Hour arrangements are given to people with serviceable equipment so they can make the appropriate contact in the event of any faults/ breakdowns. Out of Office Hours are 5pm-8.30am Monday to Sunday. All communication should be made with The Dundee Health and Social Care Partnership Social Care Response Team on (01382) 432260. If they require assistance to transfer a person from equipment that is not working or to support the person, they will liaise with the Community Alarm Service. The out of hours arrangements cover the following equipment items:

- Track Ceiling Hoist (which Social Work are responsible for)
- Mobile Hoist
- Gantry Hoist
- Standaid
- Profile Bed
- Dynamic Mattress

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Section Three Self Directed Support and Direct Payments

3.1 Section Self Directed Support (SDS) is the Scottish Government's strategy for putting people in control of their own lives if they need social care or support to help them live in the community.

We are committed to providing people who are in need of support with greater levels of flexibility, choice and control over how their support needs are met.

3.2 Occupational Therapy services who are main provider of equipment operate as a preventative service, and as such are exempt from SDS policies and procedures. However, there remains the option for a supported person to request a Direct Payment in order to purchase recommended equipment directly.

3.3 People can only apply for a direct payment for equipment that the OT service are responsible for e.g. some adaptations cannot be considered for a Direct Payment as the responsibility to fund these may lie with the landlord i.e. the Housing Association or NHS may be responsible for providing equipment i.e. wheelchairs.

3.4 Where an individual requests a Direct Payment to purchase equipment the following applies –

- The amount of Direct Payment will be based on the contract price paid for core equipment items.
- Where the item is a specialist piece of equipment we should obtain 3 quotes (where possible) for the item/adaptation and the amount of the Direct Payment will be the lowest cost.
- An additional amount will be paid annually in respect of servicing and maintenance. It would be the responsibility of the supported person to arrange the servicing and maintenance. The servicing and maintenance must be carried out by an appropriately qualified person.
- No additional amount will be paid in respect of an extended warranty or additional household insurance costs.
- Any repairs required outwith the servicing and maintenance will need to be notified to the equipment service and managers to ascertain whether the repair is due to misuse or wear and tear. Where the repair is a wear and tear issue the cost of the repair will be paid to the supported person as a direct payment. Where the repair is due to misuse, the supported person will be responsible for the cost of the repair.

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- If a piece of equipment is unable to be used due to a fault/repair issue consideration will be given to arranging a temporary replacement item if it is in stock at the equipment service to ensure the needs of the supported person can continue to be met. If a replacement item is not available then the supported person will be informed of this so they can consider how their needs will be met. Support for the person may be available from care management teams.
- If an item is no longer required it is the responsibility of the supported person to dispose of the item.
- Consideration will be given for a further direct payment if the equipment item is beyond economical repair or is no longer suitable for the individual.

3.5 If an individual/ supported person chooses to apply for a direct payment for equipment they should be informed of the following:

- Occupational Therapy Staff must be in agreement to the equipment being requested through a direct payment.
- The OT worker must be satisfied that what is being purchased meets the assessed needs of the service user, is safe and appropriate in meeting the person's needs and that of carers and that they understand the functions and features of the equipment so they will be in a position to provide necessary training on its usage.
- They will be responsible for providing any necessary documentation to support OT staff agreeing to the need for a direct payment. This information should include a full description of the solution, the costs for the equipment including any accessories.
- If the supported person employs their own carers through a direct payment they will be responsible for ensuring the health, safety and welfare of their employees. They need to ensure there is a safe working environment and they have proper working practices and provide training. The employer should do a Risk Assessment to identify potential risks and decide what action they need to take to reduce these risks.
- The employer should follow guidance from the OT Service and use equipment provided and ensure their carers / personal assistants use the equipment as intended and provide training for them as necessary. Failure to do this would risk invalidating their

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Employer's Liability Insurance and they could become personally liable if there was an injury to the Personal Assistant. It is also possible that the Local Authority could be named in any claim as they are funding the care package. Staff should seek guidance from the OT Team manager or the insurance section of Angus Council if they have concerns about the use of equipment.

- Moving and Handling Training can be organised by various organisations, including Dundee and Angus College and Positive Steps. The Local Authority should ensure they provide sufficient funding to pay for this training within the DP budget if it has been identified.
- User manuals for the equipment must be made available and be accessible for carers and OT Staff.
- The person must provide any required documentation to support/ evidence that the equipment is being maintained and serviced.

3.6 To process a Direct Payment for a supported person the OT worker must complete the required contract documentation and liaise with Finance.

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Section Four Provision of Equipment for Care Homes

4.1 COSLA published a national guidance framework to Local Authorities in 2012 for local customisation. This guidance has been adopted by Dundee and Angus and has been circulated to Community Care Teams and NHS/ DN colleagues.

4.2 Copies of this documentation can be obtained through request to the Equipment Service.

4.3 The guidance provides clarity on responsibility for provision for the range of items people living in care homes may require, and makes a distinction between assessment and responsibility for provision. For example, care homes are responsible for providing the majority of basic items but can request a specific professional assessment to ensure the correct item is being purchased/ issued.

4.4 Staff should be aware of the changes in relation to seating and the potential need for Social Work to assess for and provide bespoke seating or bespoke accessories for specialist seating.

4.5 There can be a four week temporary loan period for equipment to allow care homes to purchase similar equipment. Temporary loan of equipment can also be considered where provision would prevent a hospital admission or allow a person to be discharged sooner from hospital. Equipment should be returned to the equipment service when it is no longer required.

4.6 Equipment loaned to a person in their own home cannot automatically be transferred/ taken for their use if they move into care/ have respite within a care facility. If there is a need for this to be considered all requests should be passed to the OT or Nursing Manager as well as consideration given in the guidance above.

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Section Five Performance

5.1 All partners have a responsibility to attend equipment service operational meetings on a monthly basis. At these meetings, performance of the equipment service will be reviewed as well as any matters affecting the delivery, collection and maintenance of equipment.

5.2 Service areas will be responsible for obtaining their own user feedback.

5.3 The equipment service will circulate budget and performance information via established/ automatic reports from ELMS (stock system) to nominated/ specified managers/ partners.

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Appendix 1 Seating Assessment

Client Details

Name:

Address:

Postcode:

Phone number:

Medical information:

Pain:

Continence:

Behavioural considerations:

Goal of seating provision:

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Prescriber Details

Name:
Address:
Phone number:
E-mail address:

Postural management assessment

Overview of presenting posture: e.g slumped, leaning, sliding. State type of chair and any accessories/cushions being used

Posture	Description
Head (Position of head)	
Shoulders/Arms (eg. Shoulder rotation/elevation, position of arms)	
Trunk/Spine (eg. Scoliosis, kyphosis)	
Hips/Pelvis (eg. Anterior/posterior tilt, hip adduction/abduction)	
Knees (Position of knees)	
Feet (Position of feet)	

Skin integrity (does client have history of skin trauma? Do they have current skin trauma? If applicable, give info about grade of trauma)	
Is client to be moved around property in chair? If yes, who will be moving chair?	
How does client transfer in/out of chair?	
Other equipment to be used in conjunction with chair? (e.g. slings)	

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Activities in chair	
Ability to change own position	
Max time to be spent in chair	
Frequency in chair	

Recommendations

Measurements of service user ***(in mm)***

	Client (Current)	***Recommended Chair***
Service users Height		
Service users Weight		
Width		
Depth		
Seat to floor or footplate height (ie calf length)		
Armrest height		
Back height and angle		
Footrest angle		

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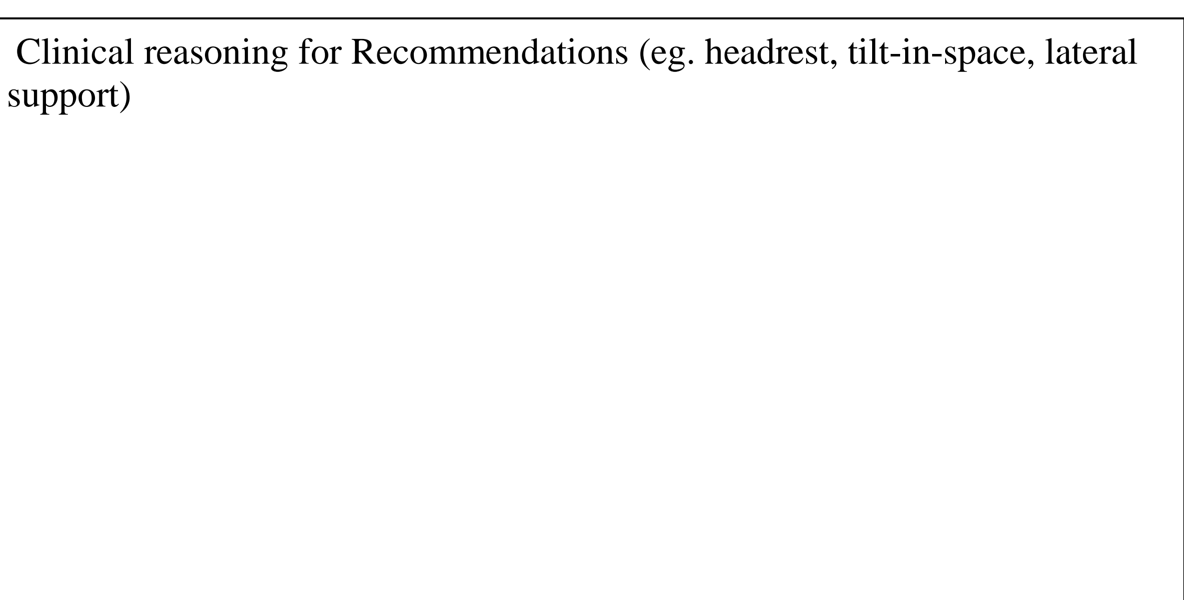
Clinical reasoning for Recommendations (eg. headrest, tilt-in-space, lateral support)

Following completion of the recommendation, consider should be given to all chairs in stock. If there are no suitable chairs in stock then a visit should be arranged with company rep. When a chair has been agreed with the seating champion, OT, service user and company rep a quote should be uploaded to ELMS along with this assessment for consideration by Team Manager OT and the Integrated Manager with responsibility for the Equipment Budget.

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Appendix 2 Provision of Hospital Bed Guidance

Equipment Information required (ELMS Form)

Patient Details	
Name:	

All questions to be answered	
Are there stairs leading to the property, if so how many: (written answer required)	
Which room is the equipment required to be located in:(Written answer required)	
Are we required to go up internal stairs if so how many:(written answer required	
If so is there a stair lift in situ:	
Have you advised the client that we require a clear pathway to the room:	
Have you advised the client that a clear area in the room is required for the equipment to be place/assembled and access to electrical sockets.	
Does the room in which the bed is to be located have a gas appliance, such as a fire, boiler or cooker:	

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If yes please confirm that you are aware that Scottish Gas do not recommend that anyone sleeps in a room where these appliances are present due to the fact that there is a risk from Carbon Monoxide poisoning and confirm that you have taken appropriate Gas Safety measures:	

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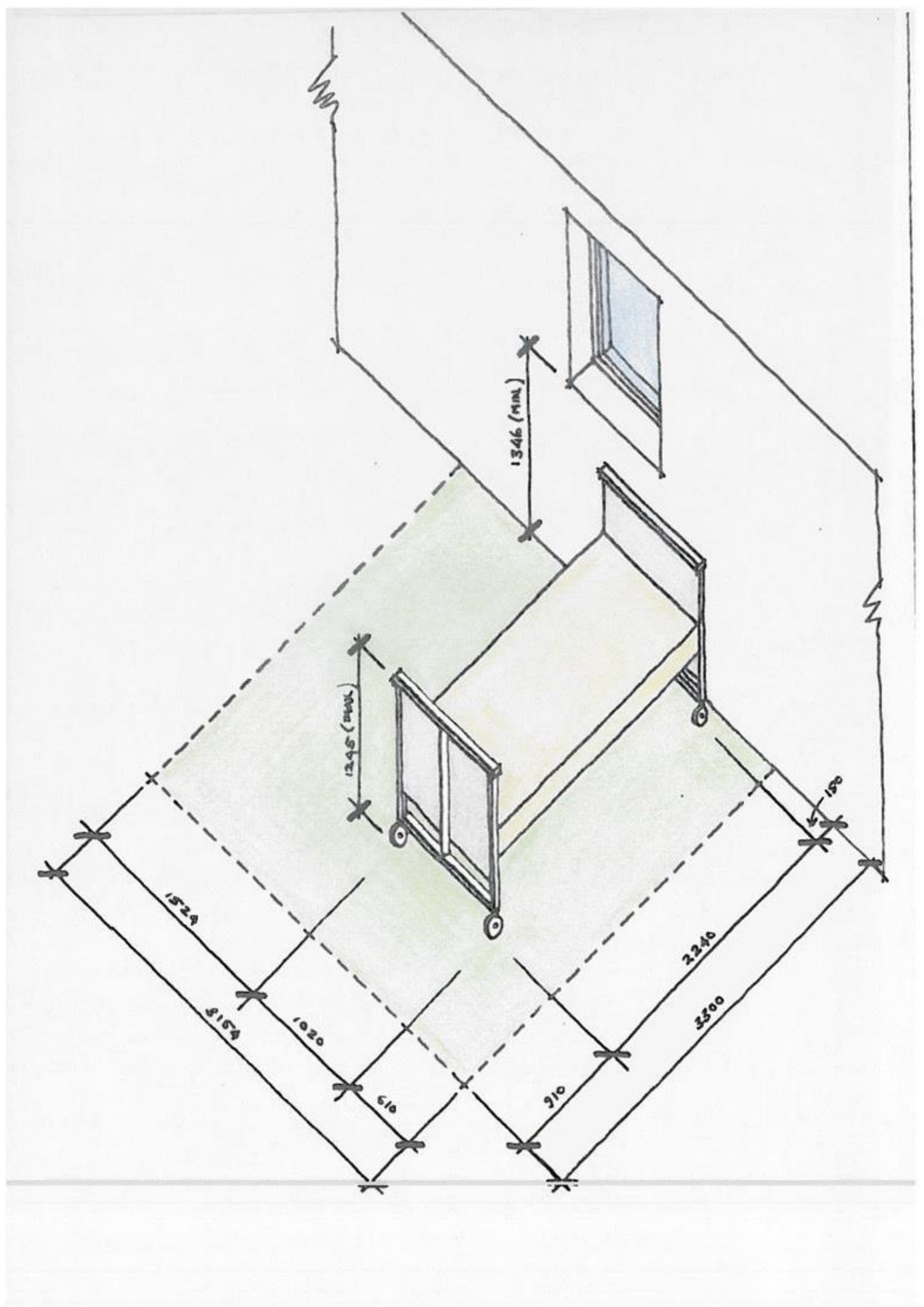
1346 (MIN)
1245 (MAX)
1524
1020
610
910
2240
3300
150

Appendix 3 Fire Safety Information Leaflet for Service Users and their carers for Equipment issued by DAILCEC (Dundee and Angus Independent Living and Community Equipment Centre)

The following safety precautions must be taken into account when using the following equipment issued:

Air Flow/Alternating/Dynamic Mattresses
This is a mattress that has been provided for prevention and treatment of pressure ulcers. If there has been a puncture through e.g. smoking, use of candles or other sources, the escaping air can cause a fire to increase in intensity and spread very quickly.

It is essential that all naked flames, ignition and heat sources are well away from bed linen and the mattress by ensuring the following:

- Do not smoke in bed/or on the mattress
- Do not burn candles, use matches or lighters in the same room as the mattress
- Do not use electric blankets in combination with the air mattress
- Do not overload any plugs or sockets
- Do not have fires or open heaters in the vicinity of the mattress
- Do not put electronic devices being charged on the bed/mattress e.g mobile phones/lap tops
- Do not place hot items on the mattress e.g heated hairstyling appliances

Service users are reminded that they are more vulnerable to fire when:

There is an increased fire risk in their property due to the following:

i) Health equipment – oxygen/air mattress/emollient creams (where there is a build up on bedding or other fabrics)/incontinence pads
ii) Clutter
iii) Smoking materials
iv) Risk taking behaviour

Please ensure the following additional safety measures:

Smoke alarms and carbon monoxide monitors (if applicable) are fitted and are regularly checked to ensure they are operational.

Where emollients are being used, bedding must be washed at higher temperatures to ensure there is no oil residue.
If there is a gas fire in the living area it must be serviced and maintained on a regular basis by a gas safe registered engineer.
Ensure doors are closed when a room is not in use.
Ensure access/escape routes are clear in the event of fire occurring.

If you have any concerns, the local Fire and Rescue Service will offer free support and a home safety check.

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ITEM No …14……….

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 AUGUST 2020

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP SUMMARY PERFORMANCE REPORT – 2019/20 QUARTER 4

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB27-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Integration Joint Board on 2019/20 Quarter 4 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' interim targets.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report.

2.2 Note the performance of Dundee Health and Social Care Partnership, at both Dundee and locality levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 3 and 4) and section 6.

2.3 Notes the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' interim targets as summarised in Appendix 1 (table 2).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

4.1 In February 2019 the Performance and Audit Committee approved a revised approach to quarterly performance reporting; with summary reports being provided in Quarters 1 and 3 of each financial year and full reports in Quarters 2 and 4 (Article V of the minute of the meeting of the Dundee PAC held on 12 February 2019 refers). Due to the ongoing COVID-19 pandemic response on this occasion a summary report has been provided for Quarter 4 to allow available capacity to continue to be focused on the pandemic response.

4.2 On this occasion the Quarter 4 summary performance report is being submitted to the Integration Joint Board to ensure tmely scrutiny of performance information. Timely consideration of performance data is considered to be particularly important given that the Dundee Intergration Joint Board Annual Internal Audit Report 2019/20 (DIJB31-2020) highlights that the Performance and Audit Committee has been unable to meet since November 2019.

4.3 The Quarter 4 Performance Report covers local performance against National Health and Wellbeing Indicators 1-23. Appendix 1 provides a summary of performance. Data is provided both at Dundee and Local Community Planning Partnership (LCPP) level (where available). Data is

currently not available for eight out of the 13 National Indicators which are not reported using The Health and Social Care Experience Survey (see table 1). The Scottish Government and National Services Scotland, Information Services Division (NSS ISD) are working on the development of definitions and datasets to calculate these indicators nationally. This Q4 report is a summary report due to the pressures created by the Covid 19 pandemic.

4.4 The National Health and Wellbeing Indicators 1-9 are reported from The Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially. A summary of the published results from the 2017/18 survey is provided in Appendix 1 (table 1). Full details have been provided previously in 2018/19 Quarter 1 Performance Report (Article IV of the minute of the meeting of the Performance and Audit Committee held on 25 September 2018 refers). This survey was due to be repeated for 2019/20 however due to the current Covid 19 pandemic this has been delayed.

4.5 Appendix 1 also summarises performance against targets set in the Measuring Performance Under Integration (MPUI) submission (Article IX of the minute of meeting of the Dundee PAC held on 13 February 2018 refers) for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges. Please note that we are currently unable to provide analysis for balance of care and end of life.

5.0 DATA SOURCES USED FOR MEASURING PERFORMANCE

5.1 National data is provided to all partnerships, by NSS ISD, to assist with monitoring against targets set under Measuring Performance under Integration arrangements. This data shows rolling monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously NSS ISD were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+. (Please refer to Table 2).

5.2 It was agreed at the PAC held on 19 July 2017 (Article VIII of the minute of the meeting refers) that local data, provided by the NHS Tayside Business Unit will be used to produce more timeous quarterly performance reports against the National Health and Wellbeing Indicators. NHS Tayside Business Unit has provided locality based data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls. (Please refer to Tables 3 and 4).

5.3 Data provided by NHS Tayside differs from data provided by NSS ISD; the main differences being that NHS Tayside uses ‘board of treatment’ and NSS uses ‘board of residence’ and NHS Tayside uses an admissions based dataset whereas NSS uses a discharge based dataset (NHS Tayside records are more complete but less accurate as NSS data goes through a validation process). As NSS data is discharge based, numbers for one quarter will have been updated the following quarter as records get submitted for those admitted one quarter and discharged a subsequent quarter. By the time NSS release their data, records are (in most cases) 99% complete. The data provided by NHS Tayside Business Unit is provisional and figures should be treated with caution as the methodology used to calculate emergency bed days does not use the record linkage methodology incorporated at NSS. Please note, however, the local trends do match the national trends for emergency bed days analysis.

6.0 QUARTER 4 PERFORMANCE 2019/20

6.1 Rolling data from April 2019 to March 2020 demonstrates that performance exceeded ‘Measuring Performance Under Integration’ targets for emergency admission (numbers and rate), emergency bed day numbers for mental health specialties, number of A+E attendances and rate of bed days lost to code 9 delayed discharges. Emergency admissions as a rate per 1,000 of all A+E attendances, emergency admission numbers from A+E, emergency bed days (rate and numbers) for acute specialties, bed days lost to delayed discharges per 1,000 population (all reasons) (numbers and rate) were **not** met. Please refer to Table 2 in Appendix 1.

6.2 Tables 3 and 4 in Appendix 1 summarise performance against the National Health and Wellbeing Indicators at both Dundee and LCPP level using rolling local data from April 2019 to March 2020.

6.2.1 Between the baseline year (2015/16) and 2019/20 Quarter 4 there has been **improved** performance in: rate of bed days lost to delayed discharge for people aged 75+ (for both Standard and Complex delays) and emergency bed day rate for people aged 18+. In the same period there has been a **deterioration** in performance in: emergency admission rate for people aged 18+; readmissions rate for people of al ages; and the rate of hospital admissions as a result of a fall for people aged 65+. This is the same pattern of performance as reported in 2019-20 Quarter 3 (report PAC11-2020 refers) and there are therefore no exceptions to report to PAC.

6.2.2 Between the baseline year 2015/16 and 2019/20 Quarter 4 there was an improvement in the rate of bed days lost to complex delayed discharges for people aged 75+ across all LCPPS except The Ferry. There was a 68.3% improvement in Dundee and the LCPP rates ranged from a 100% improvement in Maryfield to a 2.4% deterioration in The Ferry.

6.2.3 Between the baseline year 2015/16 and 2019/20 Quarter 4 there was an improvement in the rate of bed days lost to standard delayed discharges for people aged 75+ across all LCPPS except The Ferry. There was a 27.7% improvement in Dundee and the LCPPs with the biggest improvements were North East (71.7% improvement), Maryfield (69.4% improvement) and East End (56.8% improvement). In The Ferry there was an increase in standard delays by 8.7%.

6.2.4 Emergency bed day rates since 2015/16 have decreased by 13.6% for Dundee, which is an improvement. Every LCPP showed an improvement in 2019/20 Quarter 4 compared with 2015/16 and the biggest improvements were seen in East End, North East and West End, all of which showed a greater than 20% decrease in bed day rates.

6.2.5 Emergency admission rates have increased by 4.2% for Dundee since 2015/16 and there were increases in all LCPP areas with the exception of The Ferry (6.1% improvement in the rate). Increases ranged from 2.0% in Coldside to 10.6% in Maryfield.

6.2.6 The rate of readmissions in Dundee has increased by 10% since 2015/16. The rate increased (deteriorated) in 6 LCPPs (Lochee 31.0% increase, West End 24.9% increase, Strathmartine 19.7% increase, Coldside 15.2% increase, East End 15.1% increase and Maryfield 7.4% increase). The rate decreased (improved) in 2 LCPP areas (North East 24.7% decrease and The Ferry 9.6% decrease).

6.2.7 The rate of hospital admissions as a result of a fall for people aged 65+ in Dundee has increased by 22.0% since 2015/16, which is a deterioration. The rate increased in all LCPP areas. The increases ranged from 2.3% in East End to 44.6% in The Ferry.

7.0 POLICY IMPLICATIONS

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

8.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against national indicators could affect; outcomes for individuals and their carers and spend associated with poor performance.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	- 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 poor performance.

	- 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.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

9.0 CONSULTATIONS

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

10.0 DIRECTIONS

10.1 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	

11.0 BACKGROUND PAPERS

11.1 None.

Vicky Irons
Chief Finance

DATE: 20 July 2020

Lynsey Webster
Senior Officer

Appendix 1

Table 1: *National Health and Wellbeing Indicators 1 to 9*
This survey was due to be repeated for 2019/20 however due to the current Covid 19 pandemic this has been delayed.

	National Health & Well Being Indicator	Scotland	Dundee	North Lanark-shire	Glasgow	North Ayrshire	Inver-clyde	Dunbart on - shire	East Ayrshire	Western Isles
1	% of adults able to look after their health very well or quite well	93	93	90	90	91	91	91	92	94
2	% of adults supported at home who agree that they are supported to live as independently as possible	81	84	75	82	80	80	81	80	79
3	% of adults supported at home who agree that they had a say in how their help, care or support was provided	76	78	71	80	70	77	80	74	66
4	% of adults supported at home who agree that their health and care services seemed to be well co-ordinated	74	81	70	76	74	79	79	74	64
5	% of adults receiving any care or support who rate it as excellent or good	80	82	75	79	78	83	81	81	85
6	% of people with positive experience of the care provided by their GP practice	83	84	76	86	80	83	85	76	88
7	% of adults supported at home who agree that their service and support had an impact on improving or maintaining their quality of life	80	85	76	80	82	77	79	77	71
8	% of carers who feel supported to continue in their caring role	37	38	33	38	39	40	40	36	41
9	% of adults supported at home who agree they felt safe	83	87	80	85	80	84	89		86

Source: Scottish Health & Care Experience Survey 2017/18

Key points of note:

Best performing partnership in family is highlighted in green for each indicator

2017/18 results:

a All indicators show Dundee to be same or higher than Scottish average
b For indicators 2, 4 & 7 Dundee faired batter than all other family members
c Dundee is in top 3 for all indicators except indicators 6 & 8
d Indicator 8 returned a poor result for all family members

Compared to Scottish Health & Care Experience Survey 2015/16:

a All indicators showed a deterioration across Scotland as a whole
b Improvements for Dundee in indicators 4 & 9
c No change in indicator 1 for Dundee
d Deterioration for Dundee in indicators 2-3 & 5-8. Biggest deterioration (6%) in indicators 6 & 8.

Table 2 : Measuring Performance under Integration Summary

Integration Indicator (Annual 18+)	19-20 Target	19-20 Q4 Actual Data	Expected % Difference from 15-16 Baseline	Actual % Difference from 15-16 Baseline		Actual % Difference from 19-20 target		Direction of travel from Q3 to Q4
				2019/20 Q3	2019/20 Q4	2019/20 Q3	2019/20 Q4	
Emergency Admission Rate per 100,000 Dundee Population	12,489	12,069	↑7.27	↑3.27	↑3.66	↓3.72	↓3.36	↑
Emergency Admission Numbers	15,225	14,713	↑7.78	↑3.76	↑4.15	↓3.72	↓3.36	↑
Emergency Admissions Numbers from A&E	7,440	7,605	↑14.76	↑19.10	↑7.31	↑3.63	↑2.14	↓
Emergency Admissions as a Rate per 1,000 of all Accident &Emergency Attendances	301	313	↑8.66	↑12.11	↑13.06	↑2.88	↑3.74	↑
Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population	79,301	81,958	↓20.92	↓17.04	↓18.27	↑4.91	↑3.35	↓
Emergency Bed Days Numbers for Acute Specialties	96,674	99,912	↓20.55	↓16.65	↓17.89	↑4.91	↑3.35	↓
Emergency Bed Days Numbers for Mental Health Specialties	42,595	36,180	↓4.39	↓14.55	↓18.79	↓10.63	↓15.06	↓
Accident & Emergency Attendances	24,680	24,318	↑5.30	↑6.23	↑3.76	↑0.88	↓1.47	↓
Number of Bed Days Lost to Delayed Discharges per 1,000 Population(All Reasons)	50	81	↓59.68	↓26.72	↓34.78	↑81.49	↑61.52	↓
Number of Bed Days Lost to Delayed Discharges (All Reasons)	6,105	9,861	↓59.44	↓26.38	↓34.48	↑81.49	↑61.52	↓
Number of Bed Days Lost to Delayed Discharges (Code 9)	3,785	3,707	↓43.24	↓36.52	↓44.41	↑11.84	↓2.06	↓

Source ISD: ISD MSG Indicators

Key: [green] Improved/Better than previous quarter [red] Declined/Worse than previous quarter

Key Points:

a. Targets were met for for emergency admission (numbers and rate), emergency bed day numbers for mental health specialties, number of A+E attendances and rate of bed days lost to code 9 delayed discharges .
b. Emergency admissions as a rate per 1,000 of all A+E attendances, emergency admission numbers from A+E, emergency bed days (rate and numbers) for acute specialties, bed days lost to delayed discharges per 1,000 population (all reasons) (numbers and rate) were not met.
c. Emergency admission numbers from A+E, emergency bed days for acute specialties (rate and number), bed days lost to delayed discharges all reasons (rate and numbers) did not meet the target, however performance improved between Q3 and Q4.
d. Emergency bed days for acute specialties (rate and number) and bed days lost to delayed discharges all reasons (rate and numbers) did not meet the target, however performance improved between the 1516 baseline year and Q4 1920.
e. Published MSG data has been used to measure performance therefore there may be a discrepancy when comparing with the local performance data.
f. Time lags in submitting data at NHS Board level can cause significant variations in the data when comparing quarter to another.

Table 3: Performance in Dundee's LCPPs - % change in 2019/20 Q4 against baseline year 2015/16

Most Deprived ← → Least Deprived

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+4.2%	+6.1%	+9.1%	+2.0%	+6.1%	+4.1%	+10.6%	+4.9%	-6.1%
Emer Bed Days rate per 100,000 18+	-13.6%	-5.2%	-33.7%	-12.1%	-29.5%	-4.1%	-6.2%	-20.5%	-7.8%
Readmissions rate per 1,000 All Ages	+10.0%	+31.0%	+15.1%	+15.2%	-24.7%	+19.7%	+7.4%	+24.9%	-9.6%
Falls rate per 1,000 65+	+22%	+18%	+2.3%	+31.9%	+22.1%	+19.1%	+14.2%	+11.2%	+44.6%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-27.7%	-35.5%	-56.8%	-13.1%	-71.7%	-18.7%	-69.4%	-6.8%	+8.7%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Complex)	-68.3%	-8.2%	-83.5%	-50.5%	-88.8%	-78.7%	-100%	-93.2%	+2.4%

Table 4: Performance in Dundee's LCPPs - LCPP Performance in 2019/20 Q4 compared to the Dundee average

Most Deprived ← → Least Deprived

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	12,444	14,597	17,264	13,989	12,337	13,621	10,969	8,389	10,348
Emer Bed days rate per 100,000 18+	115,675	154,113	133,568	143,942	86,015	118,312	100,111	77,719	116,154
Readmissions rate per 1,000 All Ages	123	136	143	132	83	139	131	129	89
Falls rate per 1,000 65+	30.4	31.4	28.0	39.4	25.1	30.0	26.5	30.7	29.3
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	380	392	281	481	134	399	183	635	341
Delayed Discharge bed days lost rate per 1,000 75+ (complex)	93	151	87	219	85	89	0	15	42

Source: NHS Tayside

Key: Improved/Better (green) | Stayed the same (amber) | Declined/Worse (red)

ITEM No …15……..

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 AUGUST 2020

REPORT ON: INITIAL LEARNING FROM DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP COVID-19 PHASE 1 RESPONSE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB28-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide Integration Joint Board members with an overview of initial learning from Dundee Health and Social Care Partnership's COVID-19 phase 1 response.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report and the Initial Learning from Dundee Health and Social Care Partnership COVID-19 Phase 1 Response report (attached as appendix 1).

2.2 Instruct the Chief Officer to continue work to review learning from the COVID-19 response period, including engaging with the third and independent sectors and with people who use services and carers (as outlined in section 4.5).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The membership of the Integration Joint Board, acting under the essential business procedure, has recently considered reports in relation to the Partnerships response to the COVID-19 pandemic (Overview of DHSCP Response to COVID-19 Pandemic - DIJB22-2020) and the Impact of the Pandemic on Strategic Planning Arrangements (DIJB19-2020). These reports provided an overview of how the Partnership has worked since March 2020 to respond to the COVID-19 pandemic and reflected the need to review learning from the phase 1 response period.

4.2 During the phase 1 response (from the onset of the pandemic in March until the easing of lockdown restrictions and a move to phase 2 of the national routemap on 19 June 2020) Partnership services have not only supported efforts to rapidly increase the availability of beds in the acute sector to respond to COVID-19 positive patients requiring hospital admission, but have also been integral to providing responses to COVID-19 positive people in the community, both within their own homes and within residential settings such as care homes. As well as working to establish new COVID-19 pathways and responses, a range of services and supports have been the subject of rapid re-design to enable continued operation in the context of social distancing regulations and public health advice. A range of essential, non-Covid services have also continued to be delivered, including face-to-face contact on a risk assessed basis. In addition, the Partnership has made a significant contribution to wider Dundee Community

Planning Partnership efforts to respond to community support needs, such as responses to shielded people, food distribution and a range of public protection responses.

4.3 Rapid change and innovation in operational services provides a foundation for consolidation and further development and improvement. It is important that as part of the recovery planning process that our workforce has the opportunity to consider what aspects of our initial response have worked well and could be further consolidated or developed as part of the recovery stage in partnership with key stakeholders, including staff-side representatives. There are also opportunities for reflection and learning in relation to the Partnership's approach to strategic planning, leadership and governance.

4.4 **Initial Learning Review**

4.4.1 As part of the recovery planning process operational and strategic managers from across services, including support services, were asked to consider a set of stimulus questions regarding what they had done during the pandemic and what they had learned from this. They were also asked to identify areas that have potential for further consolidation and for innovation and to consider their post-pandemic long-term vision for health and social care. A summary of the key themes from this exercise has been collated into an initial learning review (attached as appendix 1).

4.4.2 The learning review describes the initial learning, development and future planning reported by key colleagues and managers who held lead operational and strategic responsibilities in the phase 1 COVID-19 response. We know that many of these managers consulted with their wider teams / services to inform their response. The report takes into account circumstances and activity until end of May 2020 and has a focus on changes that are perceived to have had identifiable positive impacts. It is important to acknowledge that the achievements and learning identified within the report will not, at this stage, be a comprehensive overview and that further learning will emerge as we move through the recovery period.

4.4.3 The report identifies 5 key areas in which changes with positive impacts have been identified:

- Providing day-to-day essentials and upholding the right to a healthy life.
- The use of technology for communication and business support.
- Developing, changing and adapting structures and systems.
- Working towards defining and refreshing existing priorities.
- Optimising deployment of human resources.

4.4.4 The report also identifies key themes in relation to perceptions of areas that have potential for further consolidation and for innovation to contribute to the post-pandemic legacy for health and social care. This includes practical changes such as increased awareness of hand hygiene and infection control. A number of positive cultural changes were also identified such as enhanced recognition of the importance of workforce wellbeing, support for flexible working arrangements and collaboration between service areas and across organizational boundaries. A number of respondents also identified that the emergence of a unified approach and clear focus on achieving shared priorities and outcomes through whole systems thinking and a 'can-do' approach as being a significant positive legacy for the phase 1 response period.

4.5 **Further Learning Focused Activity**

4.5.1 The initial learning review has focused on information gathered from a limited number of key individuals within the health and social care workforce. During lockdown there have been severe and serious limitations to our ability to co-produce and engage with service-users, carers and communities. Although the Partnership has had feedback from the public, service users, patients and carers it tends to have been informal and not yet triangulated with other sources of information.

4.5.2 As we move through the recovery phases we recognise the importance of planning and implementing further activities to capture feedback and learning from:

- A greater number of people within the health and social care workforce (including those who continue to work remotely);
- Third and Independent Sector providers of health and social care supports and services; and,
- People who use services, carers and wider communities.

4.6 Incorporating Learning into Practice

4.6.1 The Partnership must apply learning from pandemic period into future strategic and operational developments. Since the integration of health and social care services in 2016 our strategic planning processes have been developed in line with four stages of the strategic commissioning cycle: analyse; plan; do; and, review. During the pandemic the analyse and plan stages of the cycle have been significantly restricted due to the necessity to respond rapidly to urgent needs. However, during the recovery process the Partnership's strategic and service planning groups will reinstate the full commissioning cycle and utilise the learning from this period within the analyse and plan stages.

4.6.2 Our Strategic and Commissioning Plan 2019-2021, including the four existing strategic priorities, provides a framework for considering learning from the pandemic. Analysing our learning alongside other sources of evidence about the impact of the pandemic on health and social care needs and demands will support effective planning to achieve our Partnership vision for health and social care.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Integrated Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 20 July 2020

Joyce Barclay
Senior Officer, Strategy and Performance

Kathryn Sharp
Senior Manager, Strategy and Performance

APPENDIX 1

Initial Learning from the Dundee Health and Social Care Partnership COVID-19 Phase 1

Learning Review Report: June 2020

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Key Messages

The 2020 COVID-19 pandemic has been the biggest public health challenge in our lifetimes; it has presented both challenges and opportunities for growth and learning in our local and national health and social care system. The impact in Dundee, and across Scotland on the population's health and wellbeing has been significant.
This report highlights the Phase One direct activity of Dundee Health and Social Care Partnership along with partner agencies across the city in responding to the impact of the pandemic.
As the Partnership recovery planning and associated activity progress we will apply our learning and build on positive developments from the initial response period.
We acknowledge that this report and the planning activity has been undertaken during a time of severe and serious limitations to co-production and the involvement of people who use services, carers and their representatives.
Our learning will support progress in Phase 2 and beyond to reinstate supports and to continue service innovation. Existing planning structures will support the progress of improvement planning through using the Strategic Commissioning Cycle (Analyse, Plan, Do, Review).
This report sets out what we know about what we have achieved in Phase One and what we think we have learned from it. This has been grouped under five headings: providing day-to-day essential and upheld right to healthy life; technology for communication and organisation; developing, changing and adapting structures and systems; defining and refreshing existing priorities; and, optimised deployment of human resources.
We are proud that many members of our workforce, volunteers, carers and services users have developed and led innovations. In particular we have been able to identify some of the leadership qualities that we believe have had a positive impact on our ability to respond and keep people safe and well.
We anticipate that our colleagues and our communities will have their own lived experience from the workplace and personal life in a number of key areas and that this has a potential to inform progress in particular areas including: crisis response; working through change; bereavement; co-working, mutual understanding and respect; balancing work and home life; mental wellbeing; social isolation; supporting people with reduced and limited household budgets; and, remote learning and use of technology.
Our Partnership Strategic and Commissioning Plan 2019-2022 will support our progress during the recovery period and the vision within this will continue to be actively pursued:
"Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life."
Planning for the future beyond this pandemic will be supported by the application of the values of Social Work, Social Care and Health Care Professionals and by a mainstreaming approach to promoting human rights and considering the impacts of the pandemic on individuals and communities who have protected characteristics.

Overview of Dundee Health and Social Care Partnership Phase 1 Response and Learning

Changes that have had identifiable positive impacts	Learning identified
Provided day-to-day essentials and upheld right to healthy life	
• Delivered essential supports and services in a compassionate, caring way. • Directly contacted shielded people to offer additional supports. • Undertook regular welfare checks with the most vulnerable people. • Improvisation, creativity and realignment of budgets to enable this. • Contributed across the city to arrangements for food distribution, medication and equipment deliveries.	• Excellent leadership qualities are essential across all levels of the organisation. • Major contribution of strong networks with co-workers and colleagues. • Clear lines of communication strengthen our responses. • Importance of having and sharing service criteria and clear referral pathways.
Applying technology for communication and organisation	
• Increased use of technology for communication within and across the workforce that enabled effective communication and planning. • Remote working/working from home increased with introduction of new IT workflows to enable this. • Used a range of digital platforms to support service users and carers. • Facilitated access to peer support through online forums. • Used online and printed media to communicate with and inform the public.	• Communication hindered by no “All Staff” email facility for the deployed health and social care workforce. • Varying access to IT hardware/remote working across services / teams. • Increased screen time can cause fatigue for workforce members. • Operating separate IT systems for health and social services remains a challenge. • Face-to-face contacts are still needed for some work.
Developing, changing and adapting structures and systems	

• New and revised processes developed and agreed. • Redeployed and re-tasked support services to prioritise operational developments, including redeploying staff. • New systems and services to enable workforce and patient testing. • Upscaling of our processes to ensure effective use of Personal Protective Equipment. • Practical service delivery changed locations and introduced physical distancing. • Increased overall capacity in range of services and supports. • Introduced new pathways, teams and wards. • Re-designed existing services, including expanded hours of operation and enhanced out-of-hours provision. • New systems introduced for triage of service users and to enable self-referral.	• There are generally solutions to most logistical problems. • New developments require to be monitored and reviewed to inform further evolution. • We are open to hearing and learning from feedback about what could have been better. • Learn from process changes can quickly inform further redesign services.
Defining and refreshing existing priorities	
• Prioritised our service delivery and resources. • Maintained essential services including face-to-face contact with service users / patients. • Creatively introduced new types of outreach services and supports across the city. • Enabled collaboration across the whole system. • Facilitated safe discharge from hospital. • Provided support to external health and social care providers. • Worked to tackle social isolation and meet basic needs. • Reduced some of the administrative requirements on front-line services.	• Learning to be gained from the management processes and pace at which change was able to be implemented. • A common goal to maintain essential services helped us to optimise the use of resources. • Co-operation and collaboration is essential to secure the best possible outcomes. • Providers benefited from enhanced opportunity be responsive and to work / communicate flexibly with us.
Optimised deployment of human resources	
• Welcomed a new workforce, including students, volunteers and returning staff members. • Released colleagues to support the Acute Sector and Community Testing arrangements. • Upskilled and intensively trained staff to support redeployment and service developments.	• Volunteers and temporary deployed members have valuable insights to share from their experience of working in our services. • We need further opportunities to learn from workforce lived experience.

• Considering our own and colleagues wellbeing. Promoted workforce wellbeing and provided a range of wellbeing supports. • Took time to acknowledge the efforts and achievements of team members, co-workers. • Used creative approaches to provide the workforce with virtual training. • Constantly adapted and responded to changing guidance and legislative requirements. • Monitored pressure on carers and responded to their wellbeing needs.	• We have the capacity to quickly provide a crisis response and working through change in action.

Introduction

This report contains information about Dundee Health and Social Care Partnership, the 'Partnership', and their response to the COVID-9 pandemic in the early part of 2020. It highlights the direct activity of the Partnership, which is supported by many partner agencies across the city. During the pandemic we have continued to work with partners in the independent sector, the third sector, NHS Tayside, Dundee City Council, as well the public, service users, patients and carers.

Throughout this challenging time we have also continued to optimise opporutnities to realise our Partnership vision for health and social care that "Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life." https://www.dundeehscp.com/sites/default/files/publications/dhscp_strategic_plan_2019-2022.pdf

Context and Background

On the 12 January 2020 the World Health Organisation (WHO) confirmed that a novel coronavirus (later to become known as COVID-19) was the cause of respiratory illness in a cluster of individuals in Wuhan City, Hubei Province, China. The first confirmed case in the Tayside region was identified on 1 March 2020 and 10 days later, on 11 March 2020, the WHO declared a global pandemic.

The COVID-19 pandemic has been the biggest public health challenge in our lifetimes and has presented both challenges and opportunities for growth and learning in our local and national health and social care system.

The COVID-19 pandemic has had a substantial and wide ranging impact across the World. In Dundee the Partnership has recognised and sought to meet, mitigate and respond to the impact in a variety of critical areas including: the health and social care needs of the local population; how we deliver supports and services; potential health inequalities; and, the health and wellbeing of our workforce and of (unpaid) carers. We have used available data and modelling information to shape our ongoing response; however at the present time data and modeling information about the impact of the pandemic beyond acute hospital settings is limited. It will be a number of months before we more fully understand the medium to long-term impact of the pandemic.

As the Partnership progresses with recovery planning and associated activity we will apply our learning and build on positive developments from the initial response period. This period of rapid change has introduced innovation and development which will be consolidated to provide a foundation for future service improvement. In addition to this there are opportunities for reflection and learning in relation to the Partnership's approach to strategic planning, leadership and governance. The experiences during this pandemic have presented the biggest challenges that the Partnership has faced since health and social care integration in 2016. The Partnership recognise that, as an outcome of these challenges, we now have our biggest opportunity for learning, development and change as we move into the recovery period.

The Partnership's COVID-19 Recovery Plan sets out how our health and care services rapidly adapted to the challenges of the COVID-19 pandemic and are working through each phase of the national recovery routemap. We recognise that our experience during the initial response period will inform our movement into Phase 2 and beyond when all services will be reinstated against the backdrop of continued potential COVID-19 infection risks. To support the continued need for service innovation in Phase 2 and beyond, it will be important that all learning from the Partnerships COVID-19 response to date is identified, analysed and applied to future plans.

This report explores the initial learning, development and future planning reported by key colleagues and managers who held lead responsibilities in the Phase 1 COVID-19 response. This report takes into account circumstances and activity until end of May 2020. We have grouped changes with positive impacts under 5 headings:

- Providing day-to-day essentials and upheld right to healthy life
- Technology for communication and organisation
- Developing, changing and adapting structures and systems
- Defining and refreshing existing priorities
- Optimised deployment of human resources

These heading will also be used in later sections to consider the initial learning that we can apply now and in the future.

During lockdown there are severe and serious limitations to co-production and the involvement of service-users and although we have had feedback from the public, service users, patients and carers it tends to have been informal and not triangulated by other sources.

We recognise that for future growth and development it is vital that we take time to reflect with disabled people, people living with long term conditions, older people, people with mental health challenges or who use drugs and alcohol, carers and a range of other stakeholders about what changes to service provision they have found most useful and wish to continue post-lockdown. This will require reasonable time frames for people to respond and should be available in accessible formats, as well as ensuring that people without easy access to digital resources are consulted.

2.1

2.2 Method

This report gives insight to activity and initial learning as identified by key colleagues and managers within the Partnership. As part of the recovery planning process operational and strategic managers from across services, including support services, were asked to consider a set of stimulus questions regarding what they had done during the pandemic and what they had learned from this. They were also asked to identify areas that have potential for further consolidation and for innovation and to consider their post-pandemic vision for health and social care.

We have highlighted changes that have had identifiable positive impacts as these are the ones that we will seek to continue to implement and learn from. There have been some

changes that we recognise have had less positive impacts that we have discontinued or mitigated.

Going forward it is important to acknowledge and remember that these are achievements we have identified to date but fully recognise there will be others which will emerge as we move through the recovery period. We will continue to listen to people's experiences and learning. Whilst we will endeavour to capture as much learning as possible, there will inevitably be examples of colleagues and others who just got on with what needed to be done, which was highly valued by those who they supported, but that are never formally identified as learning opportunities. We recognise that everyone needs time for further reflection at a time when the pace of change is not so fierce.

It is important to recognise that the changes that have occurred have been solution focussed and informed by the professional and lived experience and knowledge of those who have implemented them. There has been very limited co-production and we will not always have been able to know who has been missed out or what hasn't worked for some specific individuals, families and carers. It is possible that the full and open opinion of people who are dependent on our support cannot be captured at this time.

This report has been based on the information we have been able to gather at this time and the perceptions of those who utilised precious time to contribute. There are significant limitations to the approach and we acknowledge that we need to do more to capture a range of information about learning. Specifically we want to consider and learn more from:

- The whole workforce (including those working remotely).
- Third and independent sector providers.
- People who access supports and services and their carers.

What Changed?

The Partnership has been able to increase capacity across a range of services and supports, develop new pathways, establish new teams and wards and re-design existing services in order to meet refreshed priorities. The following information shows just some of the changes that were delivered promptly efficiently and professionally.

New Processes 	Increased capacity at Community Care and Treatment Service. COVID-19 symptoms triage arrangements for individuals prior to attending/their attendance at clinics. Development of a COVID-19 Unit within ward at RVH to care for older people with COVID. Centralisation of T34 syringe drivers for ease of distribution to areas of need. Increased at home Phlebotomy service to reach patients who are unable to attend clinics due to shielding. Development of COVID-19 Dundee Community Assessment Support at Home Service Pathway. Development of COVID-19 Senior Manager Response team to review care and practice within Care Home settings. Working with partners to develop efficient models for achievement of desired outcomes with least physical contact required, for example Palliative Care Support Services as part of virtual teams Evaluated current and new work to ensure most vulnerable people receive supports and services. For example, Psychiatry of Old Age use of Red Amber Green (RAG) rated caseload management system to prioritise most vulnerable people using services. Development of system to support colleagues within Care Home settings involving urgent care visits, duty worker system, remote assessment and support by Care Home Team.
Optimising Workforce Resources 	Deploying colleagues who are shielding / non- patient facing to support services. Named manager on-call cover at weekends. Use of PPE as recommended within national guidance. Workforce and household members testing when symptomatic Identification of skill set and development of core training to up-skill staff members to provide essential services. Phone support being given to colleagues working from home. Extra student nurses working across services. Development of a new Tayside wide MSK (Physio & Podiatry) service to support health and social care staff to stay in work during the COVID-19 period. Promoting workforce wellbeing and mental health. For example, in Medicine for Elderly psychology and spiritual team support. Increased locality working, minimising unnecessary travel.
Developed Working Relationships	Cross Tayside collaboration. For example, contribution to COVID-19 related advice on Rehabilitation, Enablement and Support Service. Multi-disciplinary co-operation.

	Cross Partnership collaboration, including third sector and independent sector partners. For example, Community Nursing/Social Care/Red Cross joint working to enhance supports for people in the community with COVID-19. Strengthened relationships within existing services. For example, Home Care Workers working in a collaborative team with Housing with Care provides a more structured package to individuals and a better feeling of team work.
Using Alternative Working Methods for the Same or Better Outcomes	Establishment of 'Near Me' technology for remote consultations across wide range of services, Telephoning patients, service users and carers to keep in touch, evaluate circumstances and review. Development of activity packs for people using our services. More focus on safe discharge home to support earlier discharge when demand for hospital beds was high. New pilot of HIV self-testing. Medication, contraception, pregnancy tests and other medical items sent by postal services. Existing Care at Home service users, carers and families were contacted to ask what support they planned to give if able. This created capacity to take on new work when needed. GPs visiting care homes and anticipatory care planning promotion across every care home Communications skills co-learning enabled frontline teams to provide effective support, conduct realistic anticipatory care planning and build team resilience in coping with loss, death and bereavement. Refreshed Safe Zone (bus) Community Outreach- co working and different areas and times of operation. Increased requests for family to attend when services (e.g. social care response/ community alarm) demand for urgent response was oversubscribed. Services and supports optimised triage systems, publicised criteria and developed new referral pathways. Additional/assertive outreach and welfare checks, applying a harm reduction approach, to support the most vulnerable service users. Strengthened communications processes amongst GP and with OOHS working the same pathways.
Changes in Work Practice	Remote working and working from home. On-line training e learning and support. Use of IT for participating in meetings, including use of Microsoft Teams where available. Established remote access to IT systems across Health and Social services.

	Where appropriate communicate electronically with service users and carers, their representatives and care providers. Office spaces restructured and development of meeting rooms to support physical distancing. Responded to new guidance from Health Protection Scotland, senior managers within DHSCP etc. and communicated to relevant colleagues updating as required (e.g. PPE, hygiene, social distancing). Created Central store, system and process for PPE ordering / collection. Ensured safe distancing in all premises including ward areas; created COVID and non-COVID areas. Increased workforce, service and team communication during times of rapid change. Systems less bureaucratic with virtual record keeping and signing rather than papers.

2.3 Outcomes

Changes that have had identifiable positive impacts
Provided day-to-day essentials and upheld right to healthy life
Delivered essential supports and services in a compassionate, caring way.
Directly contacted shielded people to offer additional supports.
Undertook regular welfare checks with the most vulnerable people.
Improvisation, creativity and realignment of budgets to enable this.
Contributed across the city to arrangements for food distribution, medication and equipment deliveries.
Applying technology for communication and organisations
Increased use of technology for communication within and across the workforce that enabled effective communication and planning.
Remote working/working from home increased with introduction of new IT workflows to enable this.
Used a range of digital platforms to support service users and carers.
Facilitated access to peer support through online forums.
Used online and printed media to communicate with and inform the public.
Increased use of technology for communication within and across the workforce that enabled effective communication and planning.
Developing, changing and adapting structures and systems
New and revised processes developed and agreed.

Redeployed and re-tasked support services to prioritise operational developments, including redeploying staff.
New systems and services to enable workforce and patient testing.
Upscaling of our processes to ensure effective use of Personal Protective Equipment.
Practical service delivery changed locations and introduced physical distancing.
Increased overall capacity in range of services and supports.
Introduced new pathways, teams and wards.
Re-designed existing services, including expanded hours of operation and enhanced out-of-hours provision.
New systems introduced for triage of service users and to enable self-referral.
Defining and refreshing existing priorities
Prioritised our service delivery and resources.
Maintained essential services including face-to-face contact with service users / patients.
Creatively introduced new types of outreach services and supports across the city.
Enabled collaboration across the whole system.
Facilitated safe discharge from hospital.
Provided support to external health and social care providers.
Worked to tackle social isolation and meet basic needs.
Reduced some of the administrative requirements on front-line services.
Optimised deployment of human resources
Welcomed a new workforce, including students, volunteers and returning staff members.
Released colleagues to support the Acute Sector and Community Testing arrangements.
Upskilled and intensively trained staff to support redeployment and service developments.
Considering our own and colleagues wellbeing. Promoted workforce wellbeing and provided a range of wellbeing supports.
Took time to acknowledge the efforts and achievements of team members, co-workers.
Welcomed a new workforce, including students, volunteers and returning staff members.
Released colleagues to support the Acute Sector and Community Testing arrangements.
Upskilled and intensively trained staff to support redeployment and service developments.
Considering our own and colleagues wellbeing. Promoted workforce wellbeing and provided a range of wellbeing supports.

What have we achieved?

2.4 Providing day-to-day essentials and upheld right to healthy life

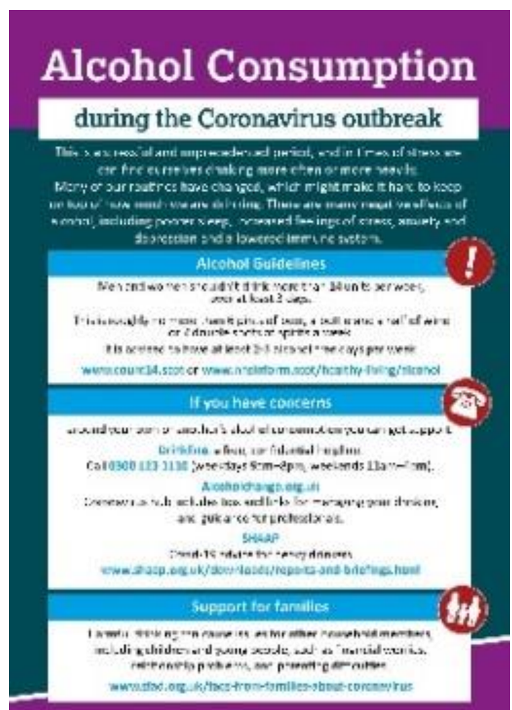
Since the outbreak of the pandemic Dundee Health and Social Care Partnership has made an immeasurable contribution to the lives of people in Dundee City and across Tayside. The compassionate, caring and willing response meant that we quickly addressed needs and rapidly changed systems to create contribution that we are immensely proud of. We have worked with partners, stakeholders, agencies, groups, individuals and carers across the city to give the best response we possibly can in rapidly changing and very challenging circumstances.

We have made direct contributions to health care and social care at home, in hospitals, in care settings to individuals who are COVID-19-free, have been confirmed as having COVID-19 and many people who were awaiting diagnosis.

Community Nursing Services developed the local COVID-19 Dundee Community Assessment Support at Home Service Pathway and contributed to the development of COVID-19 Community Response team. This Team included Social Care/ Red Cross support to care for people with COVID-19 who remained or returned to their own home. This enabled a significant number of individuals to remain at home in last days of life who would otherwise not have been able to. As a result of the health and social care provided, care services had increased opportunity to deliver care at home to people without a COVID diagnosis.

As part of the response in the city the Partnership pro-actively contacted shielded people known to us and offered them additional supports, advice and care. Our workforce continue to undertake welfare checks with individuals and families who had been identified as most vulnerable. Additional efforts were co-ordinated to keep the public alert and to encourage reporting, including self-reporting, concerns related to Protecting People issues like adult support and protection, child protection, domestic abuse and alcohol and substance misuse. Information was widely promoted by ourselves and our partners, in particular NHS Tayside and Dundee City Council.

This information was produced in a in a more accessible format and distributed widely across agencies working with members of the public.



There were some life preserving practical actions that made sure those who could be identified as most impacted were given the basics in life. The responses made involved realigning and rebalancing budgets as well as creative and improvised approaches where appropriate. Our workforce contributed to large -scale arrangements for food distribution in the city and delivered medication and other clinical equipment, sometimes through direct doorstep delivery sometimes via postal services.

We supported Dundee City Council Services to implement single points of access across local communities and assisted with triage arrangements in a number of ways including contributing human resources.

2.5 Technology for communication and organisation

Large numbers of colleagues across the Partnership have been supported to work remotely, with IT support, reducing overall infection risks and specifically supporting colleagues with chronic health conditions and family child care and caring responsibilities. We built new workflows within our IT systems to support new pathways / ways of working in order to support colleagues to provide the most effective services and support.

At an early stage it was clear that effective, efficient communication would be key to how the Partnership would best manage their response to the pandemic. With restrictions limiting the opportunities for face-to-face discussions and meetings we realised that key Individuals should be identified at each level of the organisation to ensure a cascade of information was achieved, and that it was transparent which manager/specialist was responsible for what actions/area in order to optimise effort and avoid duplication and cross purposes.

Changes to operational arrangements have been overseen and supported by a rapidly established incident control structure. The Partnership's Silver Command has led internal response planning and implementation, supported by a range of subject / issues specific

Bronze Groups. This has been supplemented by arrangements for senior management cover across weekends. The internal Partnership structure is co-ordinated with those in place in NHS Tayside and Dundee City Council. There are also direct links to the Tayside Local Resilience Partnership through their Care for People Sub-Group which is chaired by the Head of Service for Health and Community Care. The Chief Officer, Chief Finance Officer and Head of Service for Health and Community Care are active participants in a number of national groups / meetings, both within Health and Social Care Scotland and with the Scottish Government.

The various incident management groups were scheduled into the working day/week and individuals either attended or used conference call video or audio facilities. This system led the way for digital technology to support our internal communications, and has included a shift of many of our internal and external meetings to digital platforms. Many colleagues have been supported to use applications for video meetings with each other, other agencies and the public.

We have been able to utilise on-line and printed media to communicate with and inform and support the public, stakeholders, service users, patients, carers and colleagues. This has included supporting access to peer support through online forums, virtual learning and sharing sessions and activities.

Our contracted providers have continued to deliver support on behalf of the Partnership. Dundee Carers Centre started a virtual hub on a weekly basis via Facebook. The Hub has so far united carers in sessions on mental wellbeing, Social Security Scotland, and home schooling for children with additional support needs. The hub features carers stories and art work and has highlighted carers involvement in their local communities. Some of the weekly topics have had over 1000 participants.

Increased use of technology has enabled the Partnership to deliver essential support and services to patients, service users and carers that previously relied on face-to-face opportunities. We have been able to apply a range of digital platforms, such as ‘Near Me’, to provide services to patients / service users and carers who remained at home for consultations, assessments, reviews, managing care and receiving information and advice. Services have been able to provide remote fixed appointments as well as remote “drop-in” support.

Social Media, direct phone contact and email were utilised by Partnership Learning Disability Services to advertise support through a film clip promoting their Rainbow Olympics Event on 15th May. The film featured 6 professions, Speech and Language Therapy, Dietetics, Community Learning Disability Nurses , Occupational Therapy , Physiotherapy and Music Therapy giving details of a socially distanced event to promote health, well-being and social connectedness, through creative and active tasks using the Rainbow as the logo and focus.

2.6 Developing, changing and adapting structures and systems

The range of development changes and adaptions to health and social care supports and services made during the pandemic is set out in the table on page 10.

The Partnership were in a position to rapidly and significantly upscale our processes for obtaining and distributing Personal Protective Equipment, including taking forward new responsibilities to support PPE supply to external providers, personal assistants and unpaid carers.

Across the Partnership a number of practical service delivery changes were introduced including implementing physical distancing in our offices, clinical environments and other buildings, as well as changing workforce behaviours within and out with these spaces.

During the lockdown period the Keep Well/Health and Homeless Outreach Team has been working with the same target clients groups as they usually would support but adapting their practice and engagement as required relevant to the opportunities available. This has involved rapidly assessing, responding and reacting, as well as interpreting guidance around what is and isn't permitted. Their work has been critical in developing and directly supporting some innovative responses and interventions such as working on the Safe zone Bus, supporting people at their accommodation a local Hotel which has been utilised as a placement for Roofless /Homeless people. Their work has involved telephone follow up/ referrals/ communication with other services to facilitate appropriate care and support.

Some services have been relocated to release office/clinical space for the most essential service delivery and expanded hours of operation were introduced as well as enhanced arrangements for out-of-hours provision. The Sources of Support Service (part of the Community Health Inequalities Resource) has extended the service to all GP practices and had to research and establish new relationships with services/ organisations available in new geographical areas including in Angus and Perth and Kinross in order to support patients in Muirhead and Invergowrie practices.

A number of services have introduced triage system for service users prior to face-to-face contact as well as enabling self-referral.

2.7 Defining and refreshing existing priorities

The Partnership workforce has made concerted efforts to rapidly adapt and to maintain essential services, including providing health and social care support with face-to-face contact. This support has been delivered in the safest possible way for service users/patients, carers and the workforce. There has been effective collaboration across the whole health and social care system and beyond, including with external providers in third and independent sector, with volunteers and the voluntary sector as well as partners in community work, housing, and other agencies. We have significantly increased levels of outreach services and supports across Dundee

The Partnership has prioritised service delivery and resources using approaches such as risk management frameworks, RAG (Red Amber Green) ratings, caseload reviews and changes to admissions / service criteria. In addition to this there has been some intensive support provided to external providers, in particular with colleagues in care homes.

There has been a focus on safe discharge from hospital and appropriate return to home or a homely setting with support when needed.

The Discharge Hub extended their role to co-ordinate and support inpatients towards a safe and suitable return home as soon as practical. The developments included enhanced joint working across Medicine for the Elderly, palliative care and neuro rehabilitation support and all practitioners put more focus on safe discharge home goals. Prolonged stays in hospital were avoided and delayed discharge was kept to a minimum.

Our workforce and contracted providers, along with other partners, have continued to work to tackle social isolation and meet basic needs by facilitating family contact, providing activity/ comfort packs, providing information and emotional support. The workforce has sought creative dynamic and inclusive ways to keep people connected with others and consider what particular individuals might need to continue to feel included and involved.

Partnership Learning Disability Services have provided alternative support via 'You-Tube' producing 'Movement and Music With Fin, Emma And Jeff' featuring colleagues who are already known and recognisable to individuals and carers and providing a lasting repeatable resource for local adults and children with disabilities. This was widely shared with the target audience.

The following learning cycle demonstrates the way some individuals in the workforce have acquired and developed learning and skills needed for new or refreshed roles and responsibilities (https://www.skillshub.com/what-are-kolbs-learning-styles/)

The Partnership has matched the skill and potential of individuals in the workforce to the demands / priorities of service delivery, deploying our workforce more flexibly across the Partnership. This has included making best use of the available skill sets and knowledge of how shielded and at-risk staff could contribute when working remotely from home. This has included deploying staff members with operational experience from non-operational roles to enhance our capacity to continue to provide frontline services. Health and safety

colleagues, trade unions and professional bodies have been involved in and have advised encouraged and supported positive change.

A weekly forum formed for Allied Health Professionals (AHP) leaders from NHS Tayside and three Health and Social Care Partnerships. This encouraged and ensured optimum use of the Allied Health Professionals and related workforce resources across the region. The Forum discussions facilitated sharing and discussion of challenges and solutions and of specific concerns and successes among AHP's.

2.8

2.9 Optimised deployment of human resources

Human resources across Health and Social Care Partnership involve not only our integrated health and social care workforce employed by NHS Tayside and Dundee City Council but our colleagues and co-workers in the third sector, the independent sector, personal assistants employed through Direct Payments, our volunteers and (unpaid) carers.

During this crisis the energy and synergy created by all these individuals working together with common goals and shared values has delivered valued, valuable and immeasurable support to those who have needed it in the city. The workforce as a whole, with support, has constantly adapted and responded to changing circumstances, refreshed guidance and legislative requirements.

The Partnership has welcomed new people into our workforce in the form of newly recruited employees and colleagues deployed from other services, students, volunteers and returning staff members. The Partnerships achievements would have been diminished without this valuable support.

Kara was deployed from her usual job at Leisure & Culture Dundee to work as a Social Care Officer in a local Care Home. '*I feel it is very valuable experience....I was made to feel like part of the team from the minute I walked in the door …. So far, I have done medication training and am waiting to do my manual handling training. I am really enjoying it*.'

In addition to new colleagues joining our service we released some of our workforce to support the response in the Acute Sector and Community Testing arrangements. Some new and revised processes needed to be introduced as a direct result of the new and changing circumstances. Colleagues in the Partnership were instrumental in implementing new systems and services to enable workforce and patient testing at a response level that has been identified at a national level as exemplary practice.

Partnership staff from Tayside Sexual and Reproductive Health Services and Health and Work Support were redeployed to set-up, manage and staff the Community Testing Team. The Partnership made a significant contribution to resourcing the service which was critical in enabling staff testing, getting staff back to work as soon as possible and therefore supporting essential and safe service delivery.

We have taken opportunities to apply creative approaches to provide the workforce with virtual training and e-learning. We have implemented safe ways to upskill and intensively train the relevant workforce to be safe and competent to meet their responsibilities including colleagues accepting redeployment and affected by new service developments.

As well as considering the needs of service users and patients relevant practitioners in the workforce have monitored pressure on carers and responded to their wellbeing needs and

where appropriate have looked into alternative or additional care arrangements and signposting or referring the carer to carer support services.

Across the workforce colleagues have expressed the significance of being mindful of our own and each other's wellbeing. They have recognised that they need to take time to acknowledge the efforts and achievements of team members and co-workers as well as identifying and recognising their own contributions and achievements. Managers in the Partnership, along with Human Resource colleagues, have made concerted efforts to promote workforce wellbeing and provided a range of wellbeing supports electronically and in virtual contacts. Line Mangers have been diligent in providing one-to-one support for the workforce as required and in enabling virtual team meetings and peer support.

As far as possible we have reduced administrative requirements for colleagues in front-line services for example services and supports have been introduced dynamically during the process of assessment with the minimum of paperwork being expected before services commenced.

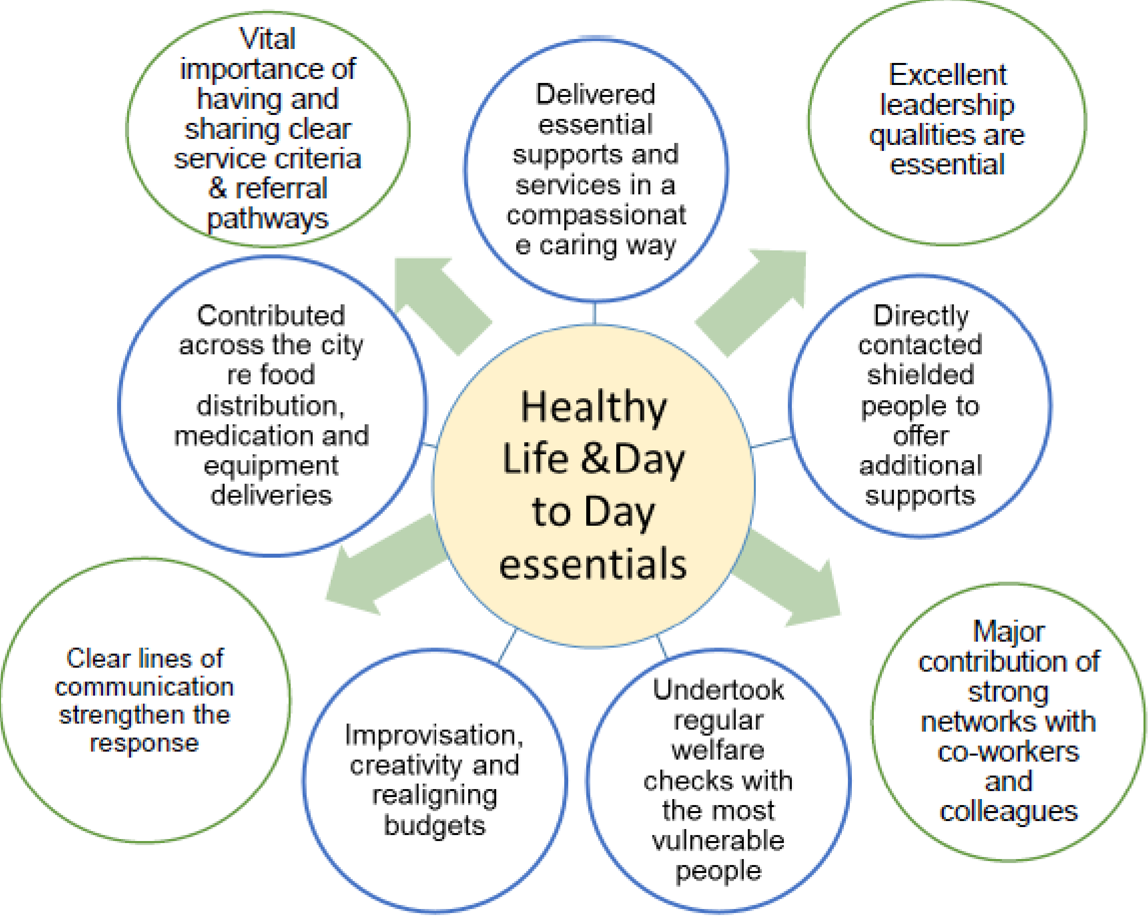
What have we learned?

Learning identified
Provided day-to-day essentials and upheld right to healthy life
Excellent leadership qualities are essential across all levels of the organisation.
Major contribution of strong networks with co-workers and colleagues.
Clear lines of communication strengthen our responses.
Importance of having and sharing service criteria and clear referral pathways.
Applying technology for communication and organisation
Communication hindered by no “All Staff” email facility for the deployed health and social care workforce.
Varying access to IT hardware/remote working across services / teams.
Increased screen time can cause fatigue for workforce members.
Operating separate IT systems for health and social services remains a challenge.
Face-to-face contacts are still needed for some work.
Developing, changing and adapting structures and systems
There are generally solutions to most logistical problems.
New developments require to be monitored and reviewed to inform further evolution.
We are open to hearing and learning from feedback about what could have been better.
Learn from process changes can quickly inform further redesign services.
Defining and refreshing existing priorities
Learning to be gained from the management processes and pace at which change was able to be implemented.
A common goal to maintain essential services helped us to optimise the use of resources.
Co-operation and collaboration is essential to secure the best possible outcomes.
Providers benefited from enhanced opportunity be responsive and to work / communicate flexibly with us.
Optimised deployment of human resources

Volunteers and temporary deployed members have valuable insights to share from their experience of working in our services.
We need further opportunities to learn from workforce lived experience.
We have the capacity to quickly provide a crisis response and working through change in action.
Volunteers and temporary deployed members have valuable insights to share from their experience of working in our services.
We need further opportunities to learn from workforce lived experience.

2.10

2.11 Provided day-to-day essentials and upheld right to healthy life

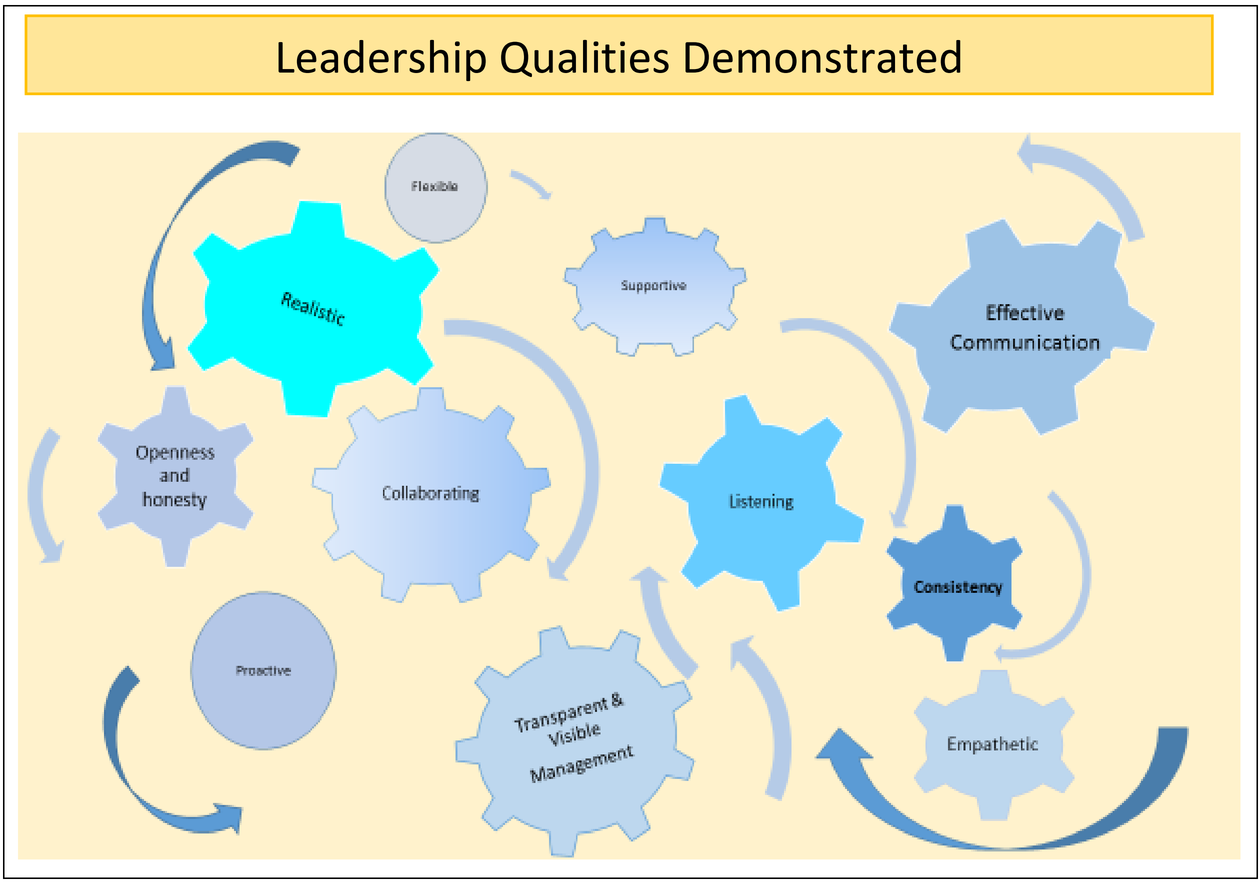


The Partnership has experienced real time demonstrations of the best leadership qualities curing the pandemic response. The following have been identified as qualities shown that have been critical to success: visibility of managers, collaboration, listening, communicating consistently and effectively, challenging positively, being realistic, empathetic, supportive, decisive, open and honest, flexible, realistic and proactive.

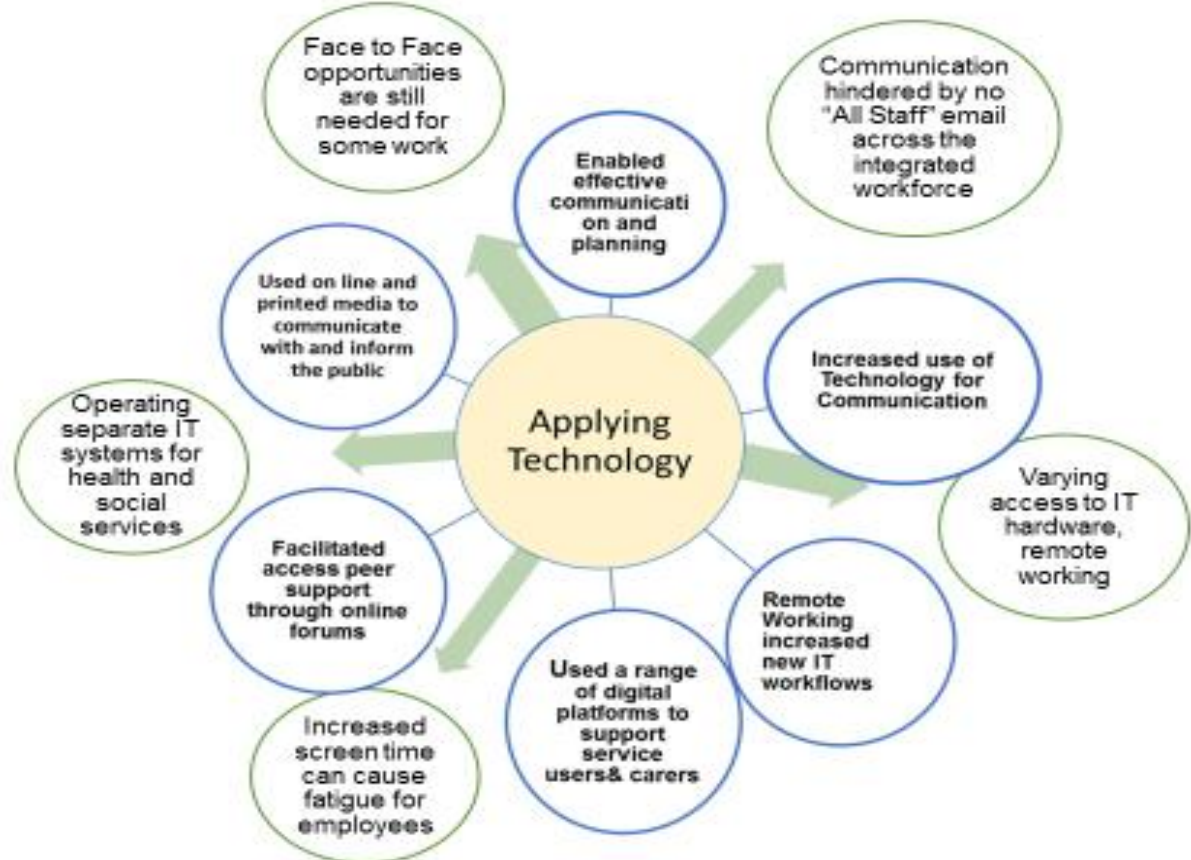
Our service delivery has benefited from existing and newly developed strong networks between co-workers and colleagues working together from various backgrounds, disciplines teams and agencies. Clear lines of communication strengthen the response, help avoid

misunderstanding, duplication and prevent frustration between co-workers and with service users, patients, and carers.

Many services have recognised the importance of having and sharing service criteria and being clear when this has changed as well as having clear referral pathways which allow for a personalised but fair response and service.



Technology for communication and organisation.



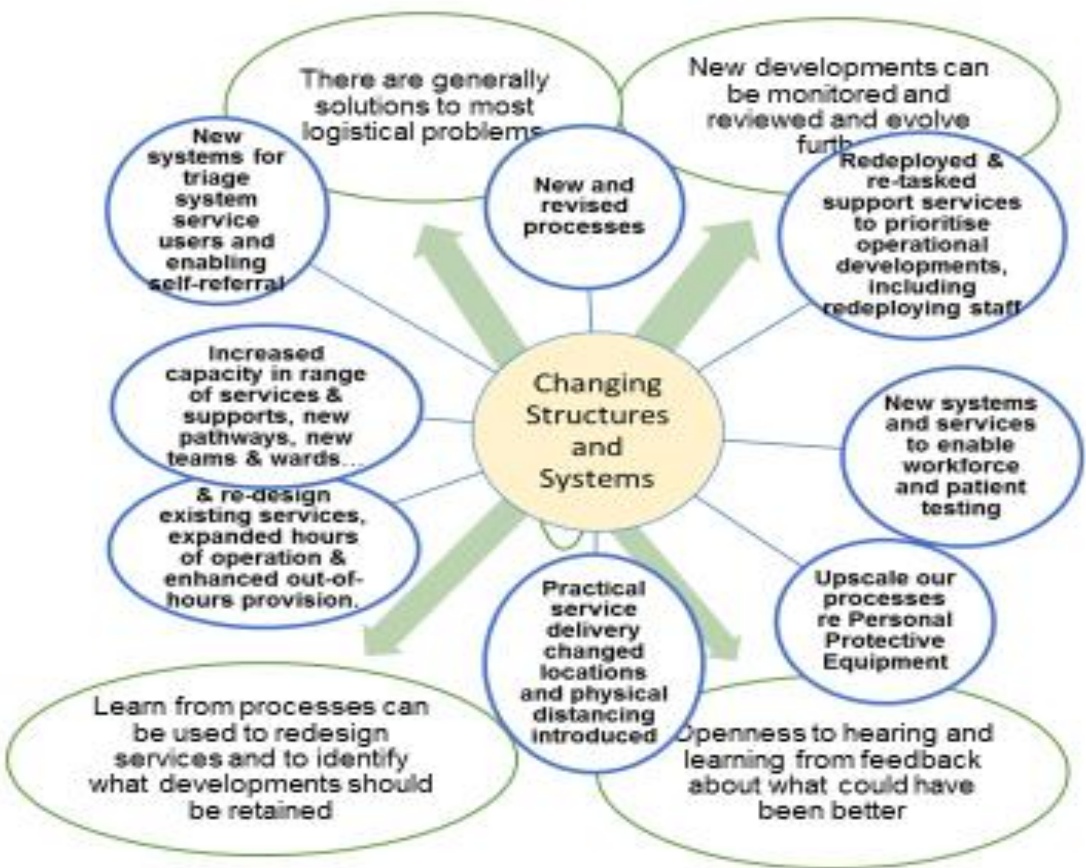
Technology, in particular IT has been widely used and has greatly enhanced the service and support that can be provided. In general the workforce has welcomed the use of IT solutions to support them to carry out their responsibilities. This has meant that disparities between services/ colleagues about type and availability of equipment has brought frustration and limited some of the opportunities for its application e.g. some community nurses have limited opportunity for remote working and needed to be present at Primary Care bases. Some other colleagues found the equipment they had provided limited capacity and that they could have benefitted from more up-to-date systems and applications.

Those who utilised remote working from home experienced a fatigue in particular those who had limited "home office" space and equipment.

Some colleagues experienced increased frustration at this busy time, that there are two different IT systems - one for health and one for social services and that these are not interactive. There were also frustrations that there is not a method of contacting all Partnership employees by an 'All staff' email system and that some front line staff seem not to be directly connected to e-mail.

Practitioners concluded that some reviews and other work can be completed over the telephone/ video links but more complex circumstances require face to face contacts.

2.12 Developing, changing and adapting structures and systems



One manager summed up the positive experience of many within our Partnership '*There are generally solutions to most logistical problems, just requires a bit of thought, effective consultation/communication and agreed practices*.' This attitude is one that we have experienced in action and anticipate will be learning that everyone takes forward to support and sustain future development.

Overall our experience is that although there has been curtailment of some services and supports we have been able to increase capacity in essential priority services. We have developed an alternative range of services and supports, new pathways, new teams and wards, re-designed existing services, expanded hours of operation and enhanced out-of-hours provision. For example we have supported the development of system to support colleagues within care home settings involving urgent care visits, a duty worker system, remote assessment and support by the specialist Care Home Team. This example will be monitored and reviewed and in particular we anticipate that the current model will evolve to meet continuing needs of the sector.

We are aware and open to hearing feedback about what could have been better during this time and expect that we will learn more about these situations in due course, in particular when we have greater opportunity for face-to-face feedback in more "anonymous" settings, through our existing involvement groups and other methods.

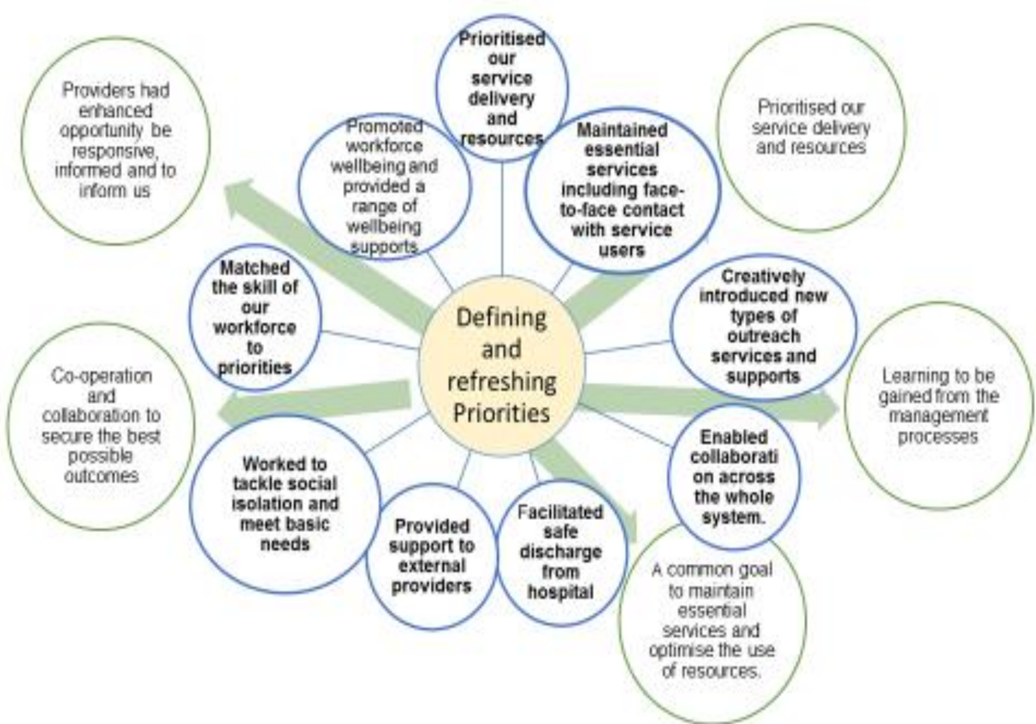
Colleagues have already been in a position to report some the less positive outcomes that we will want to learn from in future, these include:

- The referral rate at Social Care Response Service (Community Alarm) and Meals Service increased significantly. Resources have limitations and the service had to be pragmatic in assessing who they were able to support and not, causing some staff to feel frustrated.
- There have been some readmissions to secondary care (Chronic Obstructive Pulmonary Disease related) which may have been preventable.

The design processes applied to our structures and services will provide learning for the future, we could benefit from further exploring processes that involved considerable change including:

- Changed locations for practical service delivery.
- Introduction of physical distancing and change of physical spaces.
- Development of new systems and services to enable workforce and patient testing.
- Increased capacity in range of services and supports, new pathways, new teams and wards, re-design existing services, expanded hours of operation and enhanced out-of-hours provision.
- Redesign of services that were traditionally through face to face contact.
- The upscale of our processes re Personal Protective Equipment.
- Some of the new systems for triage of service users and enabling self-referral.

2.13 Defining and refreshing existing priorities



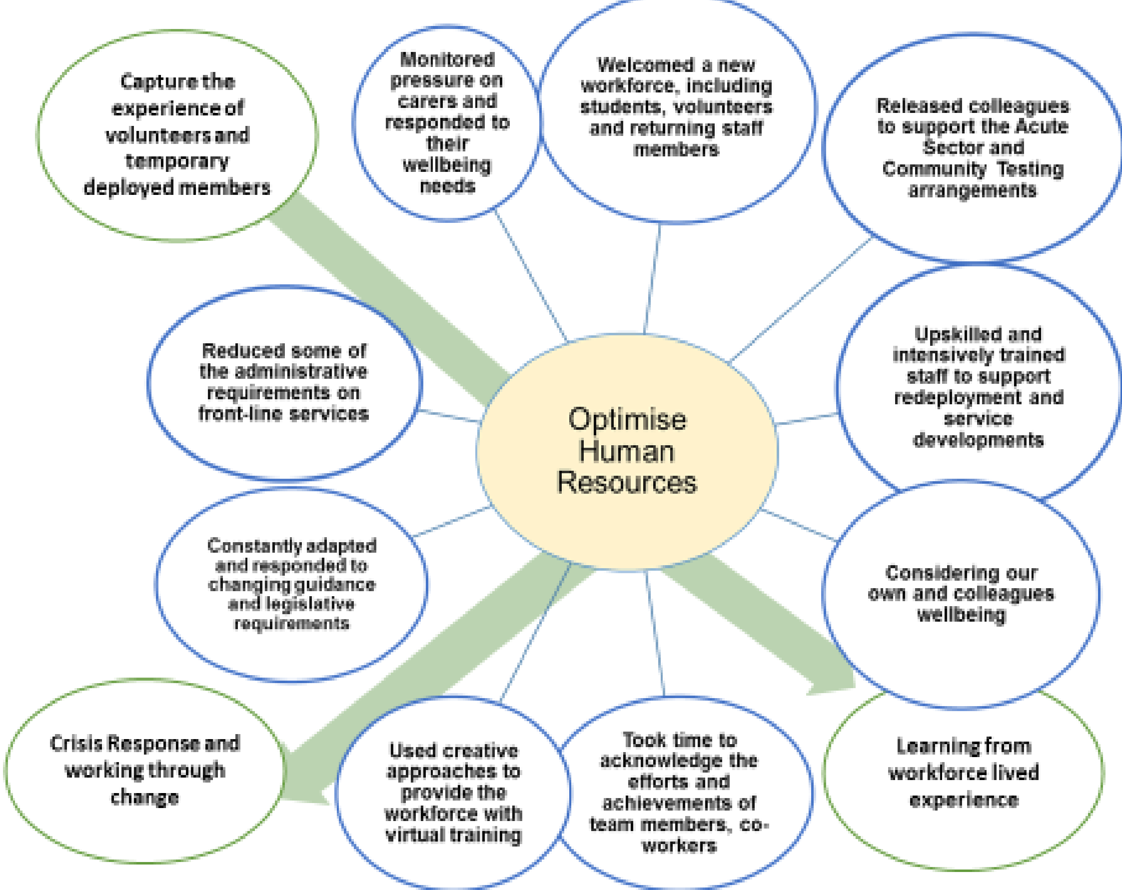
The experience across the Partnership is that we have enabled collaboration across the whole system**.** Our workforce has been united in working towards a common goal to maintain essential services and optimise the use of resources. There have been challenges to overcome where co-workers have a different set of protocols, rules, working practices from different employers but the workforce have risen to the challenge and co-operated and collaborated to secure the best possible outcomes. We are keen to harness, enhance and further develop this high level of collaboration and recognise that colleagues who have experienced this directly will have insight to share as well as being unlikely to want a return to former ways of working.

We will continue to learn from the management processes which have evolved in order to redefine and refresh priorities. There have been exemplars of innovative and collaborative management ensuring that we had clarity about who would take key roles and responsibilities within the Partnership.

The Partnership further strengthened existing links with external providers and a communication system that ensures providers have opportunity be responsive, to be informed and to inform the Partnership in a more comprehensive way. This has built and been strengthened by the previous strong partnership of providers with commissiners and it is thought that the strengthened relationships and structures will be a genuine advantage as we progress toward broader locality working in future.

Managers report that across the city there has been a remarkable increase in willingness to share ways of working and clarity about profession-specific roles and responsibilities. As a result we have creatively introduced new types of outreach services and supports across the city and provided support to external providers as well as internal colleagues. We will want to ensure that the benefits of this work goes beyond the individual relationships developed during this time and will have broken down barriers in a lasting way to achieve the best outcome for our service users, patients, carers, families and communities.

2.14 Optimised deployment of human resources



We have taken opportunities to match the skill and potential of our workforce to the current priorities and the processes and learning from this can provide a template for future workforce recruitment and retention. We recognise that we should capture the experience, positive and negative, of volunteers and those who have been temporary deployed in unfamiliar roles and may have come from other parts of NHS or Council. We know that some of our new workforce may consider career changes as the crisis subsides. We will also seek to learn more from returning colleagues released to support the Acute Sector and Community Testing arrangements; we expect them to have a wealth of information, skills and knowledge to share.

Our workforce has told us that they have learned the importance of supporting the team and each member of it during lockdown. It has been emotionally tiring for those who are physically in the workplace and there have been different levels of anxieties about the infection risks during this period.

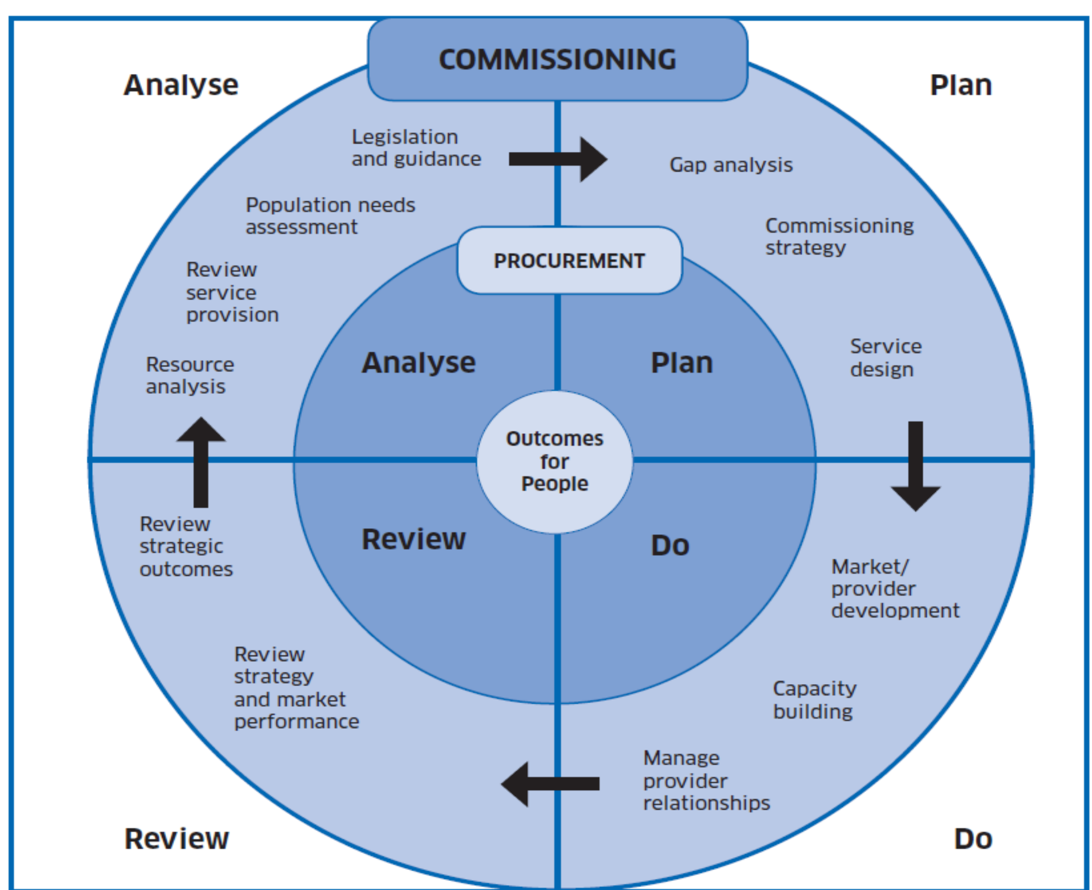
This period has also highlighted and underlined the different roles and working practices of the various teams in the Partnership. One example comes from the Community Health Inequalities Service where most NHS staff were expected to be in work and carrying out face-to-face work whereas most of their DCC employees were not. This service identified learning that can be shared in future planning of Human Resources in the Partnership - that it is important that the different working practices and roles are acknowledged moving forwards as these affect the service's (and the Partnership’s) ability to work in an integrated manner.

In the longer-term we anticipate that colleagues will have their own lived experience from the workplace and personal life that has a potential to inform their own work and that of their colleagues including:

- Crisis response
- Co-working, mutual understanding and respect
- Working through change
- Bereavement
- Balancing work and home, including caring
- Mental wellbeing
- Social isolation
- Reduced household budget
- Remote learning

Planning for the "new normal"

The Partnership will apply the learning from this period to future developments. Since (and in advance of) the integration of health and social care services in 2016 in our strategic planning processes have been developed in line with a Commissioning Cycle of Analyse, Plan, Do, Review.



https://www.gov.scot/publications/guidance-procurement-care-support-services-2016-best-practice/pages/5/

Throughout the crisis period some of Analyse and Plan processes were condensed out of necessity in order to "Do" what was needed. The Review and Analyse phases will utilise the learning from this period to plan future outcomes. The Partnership has an extensive history of using a "Test of Change" approach which will enhance the opportunity for feedback, learning and analysis. We have valued the responsiveness of our workforce, the public, service users and patients, carers and community members to support these changes and let us know of any and all risks and impacts in order to support a "roll out" of practice when these opportunities have had positive outcomes

Comments from managers across the Partnership have included "*We won't go back to doing things just because it's how we've always done it / how we've been commissioned*." We believe that this has been a time of innovation.

"Test of Change" is a 'cycle which involves four elements of testing; planning the test, trying it out on a small scale, analysing the results, and then acting on what is learned.'
https://www.nhs24.scot/data/uploads/PDF/NHS_board/Plans/corporate/Strategy%20_2017_2022.pdf

For example the Dundee Health and Social Care Partnership Strategic Plan states that 'It is by investing in tests of change, that we have been able to develop a multi-professional model of care within the community (the Enhanced Community Support model) and start to move resources to support the roll out of this model across the city.'
https://www.dundeehscp.com/sites/default/files/publications/dhscp_strategic_plan_2019-2022.pdf

2.15 Partnership Strategic Priorities

Our Integrated Strategic Plan will be key to effective future planning. The four existing priorities will form a framework for the future, taking into account the impact and learning from the pandemic as well as new information relating to how individual, carers, families and communities outcomes in the city need to redefined and reprioritised. Analysing new information within the framework of our existing priorities will support effective planning to achieve our Partnership vision for health and social care that:

"Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life."

The Strategic Priorities within the Plan are highlighted in the image below:

The Strategic Plan is accompanied by an Equality Outcomes and Mainstreaming Framework. This framework will continue to support the Partnership to continue to work towards our citizens and their carers have the highest possible attainable health and wellbeing.https://www.dundeehscp.com/sites/default/files/publications/mainsteam_report_and_equality_outcomes-_2019-2022.pdf

Throughout the crisis the Partnership has sought to protect human rights and promote equality. This is supported by mainstreaming our equality duty and through our workforce applying their professional values to all of their work activity.
The Partnership is aware that COVID-19 has not have the same impact on everyone and it is already disproportionately affecting some individuals and groups within society – including people with learning disabilities, women, and carers as well as those who live in areas of multiple deprivation. An analysis in June 2020, by National Records of Scotland identified that the poorest twice as likely to die from virus. From the figures from March, April and May, NRS found the COVID-19 death rate in the wealthiest areas of Scotland was 58 per 100,000; this more than doubled to 119 in every 100,000 in the poorest postcodes. *https://healthandcare.scot/default.asp?page=story&story=1842.* This information about people from most deprived areas also relevant for Scotland's ethnic minorities, who remain more likely to be in poverty than the majority white population, especially those members of ethnic minority groups who are new migrants.
In addition to this many people, in particular those who are shielding and carers, report that the current arrangements have led them to feel as if they have lost all control over their lives, with increased loneliness, uncertainty, and mental health pressures
Planning for the future beyond this pandemic will be supported by the application of core social work, social care and health care values held by decision makers, managers and the workforce that promote human rights and consider the impacts on individuals and communities who have protected characteristics and who are impacted by socio-economic deprivation and health inequalities. Through this learning review exercise colleagues from across the Partnership have identified ways in which the differential impact of the pandemic might be addressed in the recovery period:

- Focus on ensuring a health inequalities perspective in policies, plans and practice strengthened by findings about disproportionate impact of COVID-19.
- Support community sustainability.
- Provision of support for community social action research and development programs.
- Review current locality networks with a view to developing a virtual model linking to local and strategic planning processes.
- Encourage continued provision and development of telephone/ on-line support for groups and individuals in particular linking to the development of a social prescribing framework for the city.
- Review training program moving on-line where possible but consider some face to face learning for priority groups, in particular responding to inequalities issues emerging from Covid-19.

We are acutely aware of our need to gather more intelligence from our internal and external partners and from service users/patients and carers. We anticipate that other agencies and organisations will have information to share from a management perspective, a workforce perspective and from what service users and carers have told them. We believe that existing structures that we support within the third sector will be of particular value in this as we progress out of lockdown.
There is growing evidence that there is likely to be a less positive legacy from the Pandemic. Among other impacts we must consider:

- the impact of bereavement for the workforce, carers and people who use services.
- how individual citizens mental wellbeing has been affected.
- how loneliness and isolation has impacted individuals.
- potential exacerbation and escalation of drug and alcohol use, domestic abuse, sexual violence/exploitation and associated harms.
- increased disability and poor health both as a direct outcome of having COVID-19 and perhaps not seeking medical attention in a timely manner due to lockdown restrictions.
- the potential for increased inequality and health inequalities; poverty and effects on employment opportunities.

The Legacy Potential

Those who took part in the process of learning were asked to identify areas that have potential for further consolidation and for innovation and to consider their post-pandemic long-term vision for health and social care. The responses were wide ranging, some were more practical reflections about how we might change practice in future, others were about holding on to things that have had positive impacts and some were about more systemic change.

Practical Changes

- Increased awareness of importance of basic hand hygiene and infection control measures.
- Importance of promoting staff well-being/ mental health.
- Production of a clear defined guideline for all managers to follow across the integrated workforce.

Positive changes

- Collaboration with other partners/ services Improved collaboration between services.
- Flexible working.

For some parts of the service (particularly specialists):

- Cohesive single regional partnered executive approach that allows a Tayside response to occur whilst balancing local needs.
- Use of whole system capacity to ensure best outcomes for all across Tayside.

Changing our approaches

- Stronger integrated working.
- A more unified approach to achieving outcomes.
- Better big thinking across services and departments to collaborate on projects and patient/service user and carer outcomes.
- Multi-agency teams, working from the one base.
- Crisis management based on present experience, learning and knowledge/skills..
- Greater importance is placed on community-based services and the need to resource appropriately.
- An appreciation that too much emphasis placed on one part of the system (health/social care) will have an adverse effect on the other.
- Increased public awareness and engagement in health promotion and self-care.
- Practitioners see the benefits to adapting services and can overcome challenges and barriers to improve the outcomes of our service users.
- Services can continuously be delivered in an innovative way and that any proposals to service change are viewed with a 'can do' approach.
- Greater use of appropriate electronic technology. A culture and support to embrace new technological solutions for clinical and non-clinical problems.
- Medical innovation/learning.

The response from palliative care services included the statement:

'Valuing of human mortality by the health and social care system in a way that attends to end of life care, reducing suffering and wider domains of care overtly, purposefully and with aligned resources.'

With adjustment we can, perhaps, sum up the hopes of many of the Health and Social Care Partnership workforce for the future:

"Valuing human life and human mortality by the health and social care system in a way that attends to promoting positive outcomes for individuals and their carers, reducing suffering and distress in all domains of care overtly, purposefully and with aligned resources. In order that each citizen of Dundee will have access to the information and support that they need to live a fulfilled life."

ITEM No …16………..

REPORT TO:	**HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 AUGUST 2020**
REPORT ON:	**COVID-19 RECOVERY PLAN**
REPORT BY:	**CHIEF OFFICER**
REPORT NO:	**DIJB29-2020**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to present the Partnership's COVID-19 recovery plan to the Integration Joint Board for approval.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report.

2.2 Approve the recovery plan attached as Appendix 1 to this report, noting that it will remain a working document and will continue to evolve and develop overtime (section 4.3.2).

2.3 Instruct the Chief Officer to complete the substantive review of the recovery plan following the move from phase 2 to phase 3 of the national recovery route map and to submit the revised plan to the Integration Joint Board for approval no later than 27 October 2020 (section 4.3.3).

2.4 Remit to the Chief Officer to issue directions as set out in section 8 of this report.

3.0 FINANCIAL IMPLICATIONS

3.1 The Scottish Government announced an initial funding allocation of £50m across Scotland to support Health and Social Care Partnerships in May 2020 of which Dundee has received £1.429m. A further announcement of an additional £50m of funding to be made available nationally was made in early August 2020, with £25m to be distributed immediately based on the same basis as the first tranche (Dundee receiving £715k) and the release of the remaining £25m to be made following receipt and assessment of a financial return submitted to the Scottish Government on the 14th August. Further funding is anticipated throughout the financial year to meet additional expenditure under the mobilisation and recovery plan.

3.2 Funding commitments set out as part of the recovery plan will only be made should this additional funding be forthcoming.

4.0 MAIN TEXT

4.1 The membership of the Integration Joint Board, acting under the essential business procedure, has recently considered reports in relation to the Partnerships response to the COVID-19 pandemic (DIJB22-2020) and the impact of the pandemic on strategic planning arrangements (DIJB19-2020). Both reports referenced the central role of recovery planning in supporting the Partnership, as part of the wider health and social care system, to transition from pandemic response to a new business as usual state over the next 18 to 24 months. The reports recognised that the recovery period presents a significant opportunity for learning and change

to support the delivery of the priorities in the Partnership's Strategic and Commissioning Plan. They also contained a commitment to provide a fuller report on recovery planning to the meeting of the IJB on 25 August 2020.

4.2 **Recovery Planning Approach**

4.2.1 The scale and nature of the pandemic means that the response period will last for a significant period of time and affect everyone across society, it will be much longer and more wide ranging than anything we have experienced in recent times. During the recovery period the Partnership, along with other local resilience partners, will be required to deal with response and recovery concurrently:

- **Response** –concentrating on essential service areas, protecting and keeping safe people who are most at risk and vulnerable, and working to respond to emergencies created by this crisis.

- **Recovery** - Resilience planning, overcoming difficulties created by the pandemic and making the most of any new or emerging opportunities. Getting back to a sense of normality, recognising that this is likely to be different from what went before.

- **Renewal** – the scale of the recovery phase and the way in which we have fundamentally changed our health and social care system to respond provides an unprecedented opportunity to change how we work with communities across Dundee. Co-production with our citizens and being bold and innovative in our approaches will help us to improve outcomes for people and transform our integrated health and social care system.

4.2.2 Consequently, our recovery plan must address three critical elements:

- scalable and sustainable plans for further potential surges in COVID-19 cases and peaks of demand;

- the ability to maintain COVID and non-COVID capacity and pathways across services and supports for a significant period of time; and,

- medium to long-term recovery planning over an estimated 18 to 24 month period.

4.2.3 Effective and robust recovery planning should be informed by reliable modelling data both in relation to the predicted future progression of the pandemic itself and of its impact on individuals and communities. Much of the initial modelling of impact, demand and capacity on health and social care has focused on the acute sector. Public Health Scotland are planning for and progressing some elements of community focused modelling but the timescale for delivery of these is, as yet, unclear. Modelling of the wider impact of the pandemic on the economy, employment, poverty and a range of other social factors is begin to emerge at a national level from a range of sources, including the Scottish Government, Westminster Government, Public Health Scotland, the Improvement Service and academic institutions. Further work is required to identify, review and analysis this information and it is hoped that some of this work can be progressed at a national by Public Health Scotland or through collaboration within Health and Social Care Scotland. It is apparent that a full update of the Partnership's Strategic Needs Assessment will be required to take account of the impact of the pandemic and to fully inform the next review of the Partnership's Strategic and Commissioning Plan (due to be completed by March 2022).

4.2.3 Recovery planning has also required the Partnership to review its learning from the early phases of the pandemic and changes made to services and supports. As well as presenting many challenges, the COVID-19 pandemic has created a context for rapid change and innovation and has further enhanced collaboration and integration. As part of the recovery planning process our workforce has had the opportunity to consider what aspects of our initial response have worked well and should be consolidated / further developed as part of the recovery stage in partnership with key stakeholders, including staff-side representatives. Report DIJB28-2020 describes the work that has taken place in their regard, the initial learning

themes emerging from the response period and planned next steps to gather further learning during the recovery period.

4.2.4 Our recovery planning work has been, and will continue to be, informed by the following principles:

- People should only attend building-based services if there is no other alternative; wherever possible and appropriate we will optimise our capacity for remote delivery of care and support.
- Plans will reflect the 6 principles of Realistic Medicine, Health and Social Care Five Essential Elements and principles for safe and effective mobilisation within Re-mobilise, Recover and Re-design.
- Plans will maximise the use of available resources to deliver prioritised care, services and supports to as much of the population as possible; where necessary we will continue to separate care / service pathways into COVID and non-COVID and we will maintain a focus on pathway development, re-design and innovation where this contributes to long-term transformational goals.
- Plans will support us to embed and mainstream innovation and learning, including digital approaches.
- Plans will act to mitigate and reduce health and social inequalities.
- Plans will be developed in partnership with our primary care and acute care partners, as well with wider community planning partners. Plans will reflect relevant regional and national strategic plans.
- Plans will be developed in partnership with our workforce and will take account of the views, priorities and preferences of the people who use our services and of carers.
- Plans will have a focus on workforce, service user and carer wellbeing and safety.

4.2.5 Recovery planning activity sits within the wider context of the Partnership's current strategic and commissioning plan. As our recovery plan emerges it will be necessary to consider its impact on our ability to deliver the commitments set out in the strategic and commissioning plan at the pace and scale original envisioned. Our recovery plan has also been developed, and will be continuously reviewed, to interface and integrate with other national and local recovery plans including the Scottish Government COVID-19 – Framework for Decision Making. Scotland's route map through and out of the crisis (https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-scotlands-route-map-through-out-crisis/) and COVID-19 – Framework for Decision Making. Re-mobilise, Recover, Re-design: The Framework for NHS Scotland (https://www.gov.scot/publications/re-mobilise-recover-re-design-framework-nhs-scotland/pages/2/); Tayside Local resilience Partnership Supporting our Communities to recover from COVID-19 (Recovery and Renewal Plan); NHS Tayside Operational Unit Mobilisation Plan and Timeline; and Dundee City Council Recovery Plan.

4.3 **Our Recovery Plan**

4.3.1 The Partnership's draft recovery plan (attached as appendix 1) has been set against the four phases within 'Scotland's route map through and out of the crisis'. As described in the national route map, the movement between phases will take place when the Scottish Government is satisfied that certain criteria have been met (R number, WHO criteria and transmission/ resurgence); there is therefore not set timescale for each phase and the recovery plan must accommodate uncertainty in this regard. The possibility of further surges means that the recovery plan must provide flexibility to respond as / when required; recovery is unlikely to be a linear process and may involve movement both forward and backwards through planned recovery phases and actions. It must allow the incorporation of further learning as we continue

to better understand the virus, its impact of individuals, carers and communities and the learning from our response so far.

4.3.2 The need for the recovery plan to be flexible, responsive and to continue to develop in an iterative way to new information, learning and wider contextual circumstances mean that the recovery plan must be a working, rather than static document. The Integration Joint Board are asked to approve the document at a point in time but to recognise that it will continue to evolve and develop overtime. The Partnership wide recovery plan is supported by detailed recovery plans in each service area / team that set out in further detail planned actions and developments to support recovery. It is also supported by the Partnership's mobilisation plan (attached as appendix 2) that sets out contingency plans for response to any future surges.

4.3.3 Initial recovery planning work has had a focus on detailed recovery planning for phases 1 and 2, which were originally estimated on the basis of information contained with the national route map to extend to the end of July / beginning of August 2020. High level plans for phases 3 and 4 were also developed. The earlier than anticipated move from phase 2 to phase 3 on 10 July 2020 has promoted a substantive review of the recovery plan, with a focus on developing further detail in phases 3 and 4. This work is ongoing and a further iteration of the recovery plan will be provided to the IJB in October once this substantive review is complete.

4.3.4 Our ability to successfully implement our recovery plan relies on high levels of collaboration with NHS Tayside and Dundee City Council, particularly in relation to IT, property and workforce infrastructure. Recovery has a significant focus on consolidating and further developing remote models of working and service delivery which will require extensive and robust IT (equipment, systems and training / development) and workforce (deployment, terms and conditions and wellbeing) supports. Physical distancing requirements, the establishment of new teams and relocation of others to accommodate COVID specific responses and decisions by the corporate bodies to accelerate planned building closures have placed exceptional pressures on the availability and use of property (office, clinical and community use). Collaborative planning that recognises the needs of the Partnership to access the remaining property estate will be essential during the recovery period. These infrastructure matters are not delegated functions and therefore the Partnership will be dependent on NHS Tayside and Dundee City Council corporate services providing a high level of support and response during the recovery period, particularly in the early stages of recovery.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Integrated Impact Assessment. An Integrated Impact Assessment is attached.

6.0 RISK ASSESSMENT

Risk 1 Description	Insufficient resources made available to the IJB through Scottish Government and corporate bodies (financial, workforce, property and IT) to support full implementation of the recovery plan.
Risk Category	Financial, Workforce, Political, Technological
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions	• Scottish Government has provided additional monies to support implementation of mobilisation plans. • Workforce capacity continuously monitored and remedial actions taken as required. • Redeployment hubs operated by both corporate bodies and commitment to scale up if any further surges are experienced. • Workforce winter flu vaccination programme planning being progressed. • Measure to limit impact of contact tracing on workforce availability being incorporated into building re-opening / return to work plans.

	• Recommendation to IJB to issue direction to corporate bodies in relation to corporate support services, including IT, property and HR functions. • Ongoing work to align Partnership recovery plan with those of corporate bodies and wider Local Resilience Partnership / Dundee Community Planning Partnership.
Residual Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

Risk 2 Description	Planned recovery activities are not sufficient to fully address impacts of the pandemic on health and social care needs due to lack of available / accessible impact and community modelling data.
Risk Category	Political, Social, Operational
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions	• Public Health Scotland and Health and Social Care Scotland currently progressing community / whole systems modelling activities. • Partnership linking through Chief Officer, national Strategic Commissioning and Improvement Network and locally deployed Public Health Scotland staff to influence priorities for community modelling. • Partnership staff are linking to the corporate bodies to access any relevant data available to them. • Work is to be commenced to revise the Partnership's strategic needs assessment. • Recovery plan is a working document and will be continuously reviewed to take account of new impact and community modelling data as this becomes available.
Residual Risk Level	Likelihood 2 x Impact 5 = Risk Scoring 10 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 5 = Risk Scoring 10 (High Risk)
Approval recommendation	While the inherent risk level is extreme, the impact of planned actions reduces the risk and therefore the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

Directions Required to Dundee City Council, NHS Tayside or Both	**Direction to:**	
	1. No Direction Required	
	2. Dundee City Council	

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 15 July 2020

Kathryn Sharp
Senior Manager, Strategy and Performance

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB29-2020
2	Date Direction issued by Integration Joint Board	25 August 2020
3	Date from which direction takes effect	25 August 2020
4	Direction to:	Dundee City Council and NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	All delegated services
7	Full text of direction	Dundee IJB directs Dundee City Council and the NHS Tayside Board to develop and align their services to support the full implementation of the COVID-19 Recovery Plan.
8	Budget allocated by Integration Joint Board to carry out direction	To be confirmed once the budget has been agreed.
9	Performance monitoring arrangements	The implementation of the DHSCP COVID-19 Recovery Plan will be monitored by the Integrated Strategic Planning Group with regular submission of information to the IJB (including its Performance and Audit Committee) and respective Scrutiny Committees of Dundee City Council and NHS Tayside. Performance indicators that will support monitoring of implementation are currently being identified.
10	Date direction will be reviewed	31 March 2021

APPENDIX 1

Context

On the 12 January 2020 the World Health Organisation (WHO) confirmed that a novel coronavirus (later to become known as COVID-19) was the cause of respiratory illness in a cluster of people in Wuhan City, Hubei Province, China. The first confirmed case in Scotland was identified on 1 March 2020 in the Tayside region and 10 days later, on 11 March 2020, the WHO declared a global pandemic.

The COVID-19 pandemic has been the biggest public health challenge facing society, including our health and social care system, in our lifetimes. Daily life has been significantly restricted, particularly following the imposition of lockdown arrangements by the UK Government on 26 March 2020. On 17 March the Cabinet Secretary for Health placed NHS Scotland on emergency footing for a three-month period as a direct consequence of substantial and sustained transmission of COVID-19, with non-urgent elective operations and routine hospital care suspended.

Whilst recent data across Scotland demonstrates a sustained decline in new COVID-19 cases, hospital admissions, Intensive Care Unit admissions and deaths, the impact on the population's health and wellbeing has been significant. As at 26 May 2020 there had been 15,185 confirmed cases of COVID-19 in Scotland; 1,659 of which were in Tayside and 901 of which were in Dundee. As of 24 May 2020 there had been 149 deaths of Dundee residents recorded by the National Records of Scotland from a total of 924 deaths across Tayside (based on deaths where COVID-19 was mentioned on the death certificate).

The impact of the COVID-19 pandemic on the health and social care needs of the population, how we deliver supports and services, on health inequalities and on the health and wellbeing of our workforce and of unpaid carers has been substantial and wide ranging. At the present time data and modeling information about the impact of the pandemic beyond acute hospital settings is limited and it will be a number of months before we more fully understand the medium to long-term impact of the pandemic. This will include understanding the direct impact of the pandemic, such as the exacerbation of underlying long-term conditions in COVID-19 positive people, but also the indirect impacts, such as the consequences of delayed help –seeking / treatment for other health condition and impact of reduced household incomes on health and wellbeing. The Scottish Government recognises that COVID-19 will be "*…endemic to society to varying levels for a significant period of time. It is anticipated that normal society will not return and levels of social distancing and lockdown measures will be in place for 12 months or more.*" It is also clear that the medium to long-term impacts of the pandemic will persist for many years following this.

As the Dundee Health and Social Care Partnership (the Partnership) moves forward with recovery planning there is much to learn and build on from the initial response period. Rapid change and innovation provides a foundation for consolidation and further development and improvement. There are also opportunities for reflection and learning in relation to the Partnership's approach to strategic planning, leadership and governance. So, whilst the pandemic period has been the biggest challenging that we have faced since health and social care integration in 2016 it also present our biggest opportunity for learning and change as we move into the recovery period.

Recovery Planning

The scale and nature of the pandemic means that the response period will last for a significant period of time and affect everyone across society, it will be much longer and more wide ranging than anything we have experienced in recent times. During the recovery period the partnership, along with other local resilience partners, will be required to deal with response and recovery concurrently:

- **Response** –concentrating on essential service areas, protecting and keeping people safe who are most at risk and vulnerable, and working to respond to emergencies created by this crisis.
- **Recovery** - Resilience planning, overcoming difficulties created by the pandemic and making the most of any new or emerging opportunities. Getting back to a sense of normality, recognising that this is likely to be different from what went before.
- **Renewal** – the scale of the recovery phase and the way in which we have fundamentally changed our health and social care system to respond provides an unprecedented opportunity to change how we work with communities across Dundee. Co-production with our citizens and being bold and innovative in our approaches will help us to improve outcomes for people and their carers and transform our integrated health and social care system.

Our recovery plan must address three critical elements:

- scalable and sustainable plans for further potential surges in COVID-19 cases and peaks of demand;
- the ability to maintain COVID and non-COVID capacity and pathways across services and supports for a significant period of time; and,
- medium to long-term recovery planning over an estimated 18 to 24 month period.

Effective and robust recovery planning should be informed by reliable modelling data both in relation to the predicted future progression of the pandemic itself and of its impact on individuals and communities. This includes the immediate health impacts and subsequent demand for health and social care services, including from carers and families, as well as wider impacts on a range of aspects of people's lives, health and wellbeing (for example, the impact of the pandemic on the economy, employment and poverty). A range of work is ongoing at a local and national level in relation to modelling, with Public Health Scotland now taking a national lead in collating an overview of work and leading developmental workstreams in partnership with stakeholders. Much of the initial impact modelling work has focused on the acute sector, however over recent weeks there has been recognition that modelling is required across the whole integrated pathway and a number of developments are planned at a national level in response to this. There is a restricted capacity within the Partnership's own Strategy and Performance Service meaning there is an increased imperative that we establish effective links to national workstreams and work being undertaken by NHS Tayside and Dundee City Council. At a local level the Partnership has initially prioritised modelling of demand for care at home services and is linking closely to NHS Tayside to access the most-up-to-date pandemic modelling for Tayside.

Recovery planning has also required the Partnership to review its learning from the early phases of the pandemic and changes made to services and supports. As well as presenting many challenges, the COVID-19 pandemic has created a context for rapid change and innovation and has further enhanced collaboration and integration. As part of the recovery planning process members of the delegated workforce have had the opportunity to consider what aspects of our initial response have worked well and should be consolidated / further developed as part of the recovery stage in partnership with key stakeholders, including staff-side representatives.

The following principles underpin our recovery planning approach:

- People should only attend building based services if there is no other alternative; wherever possible and appropriate we will optimise our capacity for remote delivery of care and support.
- Plans will reflect the 6 principles of Realistic Medicine, Health and Social Care Five Essential Elements and principles for safe and effective mobilisation within Re-mobilise, Recover and Re-design.
- Plans will maximise the use of available resources to deliver prioritised care, services and supports to as much of the population as possible; where necessary we will continue to separate care / service pathways into COVID and non-COVID and we will maintain a focus on pathway development, re-design and innovation where this contributes to long-term transformational goals.
- Plans will support us to embed and mainstream innovation and learning, including digital approaches.
- Plans will act to mitigate and reduce health and social inequalities, including considering impacts on carers.
- We will develop plans in partnership with our primary care and acute care partners, as well with wider community planning partners. Plans will reflect relevant regional and national strategic plans.
- Plans will be developed in partnership with our workforce and will take account of the views, priorities and preferences of the people who use our services and of carers.
- Plans will have a focus on workforce, service user and carer wellbeing and safety.
- Implementation of plans will be monitored for adverse impacts on people with protected characteristics, people affected by health inequalities and socio-economic depreciation and their carers and mitigating arrangements made where appropriate.

Recovery planning activity sits within the wider context of the Partnership's current strategic and commissioning plan. As our recovery plan is implemented and develops further it will be necessary to consider its impact on our ability to deliver the commitments set out in the strategic and commissioning plan at the pace and scale original envisioned. Our recovery plan must also interface and be integrated with other national and local recovery plans:

- COVID-19 – Framework for Decision Making. Scotland's route map through and out of the crisis – sets out the Scottish Government's framework for considering and deciding changes to restrictions and provides a route map indicating the order in which restrictions will be gradually lifted.

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- COVID-19 – Framework for Decision Making. Re-mobilise, Recover, Re-design: The Framework for NHS Scotland – sets out Health Boards will safely and incrementally prioritise the resumption of some paused services, while maintain COVID-19 capacity and resilience.
- Tayside Local resilience Partnership Supporting our Communities to recover from COVID-19 (Recovery and Renewal Plan) – provides strategic and tactical managers from Category 1 and 2 Responder agencies with a framework within which to manage operational resources to support recovery from COVID-19 in our communities. The plan will support the co-ordinated and effective management of a series of individual and multi-agency recovery plans across the region.
- Dundee Community Planning Partnership – will manage the multi-agency recovery response through the community planning process with overall leadership resting with the Dundee Partnership and Executive Boards; this will include consideration of the need for a fundamental mid-term review and revision of the City Plan to ensure that the strategic focus, detailed outcomes and underpinning high level priority actions reflect the imperative of supporting recovery.
- NHS Tayside Operational Unit Mobilisation Plan and Timeline – describes how NHS Tayside intends to deliver emergency, urgent and cancer care whilst maintaining COVID-19 capacity, and safely and incrementally restoring routine and elective services that have been paused due to COVID-19. The plan sets out NHS Tayside's approach and mobilisation plan for firstly, the immediate period to the end of July and secondly the next phase of sustaining semi-routine activity in the community and re-introducing routine elective activity. It sets out a phased and structured approach that will deliver safe, clinically prioritised and risk-assessed patient pathways of care within the constraints of 'Living with COVID'. It provides an initial timeline/roadmap aligned to a planning methodology and framework that will support sustainable change and innovation.
- Dundee City Council – given that the Council's main purpose is to deliver high quality services that support the delivery of the City Plan outcomes it is their intention to consider the scope for further integration of the City and Council plans into one overarching strategic plan for Dundee, providing a simpler policy framework for the city. In the meantime each Council Service has developed initial detailed plans to support recovery in the short and medium terms.

Impact, demand and capacity modelling

As indicated much of the initial modelling of impact, demand and capacity on health and social care has focused on the acute sector. Public Health Scotland are planning for and progressing some elements of community focused modelling but the timescale for delivery of these is, as yet, unclear. At the present time the Partnership is able to access:

- Scotland and Tayside level SEIR charts setting out short-term forecasts (two week) for the R number, new cases, cumulative positive tests, total number of inpatients (per day) and total number of patients in critical care (per day).
- Tayside level SEIR recovery modelling charts based on different scenarios for the R number following easing of lockdown restrictions.
- Initial outcomes from local project modelling the potential impact of rising COVID-19 related workforce absence on the provision of Care at Home services in Dundee (please note the initial outcomes are still being quality assured so are not yet reliable for planning purposes).
- Pathway and patient characteristics analysis for people who made first contact via GP out-of-hours, NHS 24, Scottish Ambulance Service, A&E and hospital (please note that pathway flow information is limited to

Modelling of the wider impact of the pandemic on the economy, employment, poverty and a range of other social factors is begin to emerge at a national level from a range of sources, including the Scottish Government, Westminster Government, Public Health Scotland, the Improvement Service and academic institutions. Further work is required to identify, review and analysis this information and it is hoped that some of this work can be progressed at a national by Public Health Scotland or through collaboration within Health and Social Care Scotland.

It is apparent that a full update of the Partnership's Strategic Needs Assessment will be required to take account of the impact of the pandemic and to fully inform the next review of the Partnership's Strategic and Commissioning Plan (due to have been completed by March 2022).

What we have learned

As part of our recovery planning process we have reviewed learning from the first three months of the pandemic response. Our workforce has had the opportunity to consider within their service areas the key aspects of our initial response (what we have started to do / done more of and what we have stopped doing / done less of). They have also reflected of what has worked well and should be consolidated / further developed as part of the recovery stage in partnership with key stakeholders, including staff-side representatives, as well as what has been less effective. Finally, the workforce has considered what their vision for the post-COVID period is and the legacy that they hope the learning from the pandemic response will have in the long-term. A full summary of our initial learning is available at LINK TO BE ADDED The following tables summarise some of the key changes we have made and learning we have identified from the initial pandemic response period:

Changes that have had identifiable positive impacts
Provided day-to-day essentials and upheld right to healthy life
Delivered essential supports and services in a compassionate, caring way.
Directly contacted shielded people to offer additional supports.
Undertook regular welfare checks with the most vulnerable people.
Improvisation, creativity and realignment of budgets to enable this.
Contributed across the city to arrangements for food distribution, medication and equipment deliveries.
Applying technology for communication and organisations
Increased use of technology for communication within and across the workforce that enabled effective communication and planning.
Remote working/working from home increased with introduction of new IT workflows to enable this.
Used a range of digital platforms to support service users and carers.
Facilitated access to peer support through online forums.
Used online and printed media to communicate with and inform the public.
Increased use of technology for communication within and across the workforce that enabled effective communication and planning.
Developing, changing and adapting structures and systems
New and revised processes developed and agreed.
Redeployed and re-tasked support services to prioritise operational developments, including redeploying staff.
New systems and services to enable workforce and patient testing.
Upscaling of our processes to ensure effective use of Personal Protective Equipment.
Practical service delivery changed locations and introduced physical distancing.

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Increased overall capacity in range of services and supports.
Introduced new pathways, teams and wards.
Re-designed existing services, including expanded hours of operation and enhanced out-of-hours provision.
New systems introduced for triage of service users and to enable self-referral.
Defining and refreshing existing priorities
Prioritised our service delivery and resources.
Maintained essential services including face-to-face contact with service users / patients.
Creatively introduced new types of outreach services and supports across the city.
Enabled collaboration across the whole system.
Facilitated safe discharge from hospital.
Provided support to external health and social care providers.
Worked to tackle social isolation and meet basic needs.
Reduced some of the administrative requirements on front-line services.
Optimised deployment of human resources
Welcomed a new workforce, including students, volunteers and returning staff members.
Released colleagues to support the Acute Sector and Community Testing arrangements.
Upskilled and intensively trained staff to support redeployment and service developments.
Considering our own and colleagues wellbeing. Promoted workforce wellbeing and provided a range of wellbeing supports.
Took time to acknowledge the efforts and achievements of team members, co-workers.
Welcomed a new workforce, including students, volunteers and returning staff members.
Released colleagues to support the Acute Sector and Community Testing arrangements.
Upskilled and intensively trained staff to support redeployment and service developments.
Considering our own and colleagues wellbeing. Promoted workforce wellbeing and provided a range of wellbeing supports.

Learning identified
Provided day-to-day essentials and upheld right to healthy life
Excellent leadership qualities are essential across all levels of the organisation.
Major contribution of strong networks with co-workers and colleagues.
Clear lines of communication strengthen our responses.
Importance of having and sharing service criteria and clear referral pathways.

Applying technology for communication and organisation
Communication hindered by no “All Staff” email facility for the deployed health and social care workforce.
Varying access to IT hardware/remote working across services / teams.
Increased screen time can cause fatigue for workforce members.
Operating separate IT systems for health and social services remains a challenge.
Face-to-face contacts are still needed for some work.
Developing, changing and adapting structures and systems
There are generally solutions to most logistical problems.
New developments require to be monitored and reviewed to inform further evolution.
We are open to hearing and learning from feedback about what could have been better.
Learn from process changes can quickly inform further redesign services.
Defining and refreshing existing priorities
Learning to be gained from the management processes and pace at which change was able to be implemented.
A common goal to maintain essential services helped us to optimise the use of resources.
Co-operation and collaboration is essential to secure the best possible outcomes.
Providers benefited from enhanced opportunity be responsive and to work / communicate flexibly with us.
Optimised deployment of human resources
Volunteers and temporary deployed members have valuable insights to share from their experience of working in our services.
We need further opportunities to learn from workforce lived experience.
We have the capacity to quickly provide a crisis response and working through change in action.
Volunteers and temporary deployed members have valuable insights to share from their experience of working in our services.
We need further opportunities to learn from workforce lived experience.

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In addition we have collated some themes that the workforce have identified they would want to be embedded into our long-term approach and form a positive legacy from the COVID-19 pandemic:

- Increased awareness and priority to infection control.
- Recognition of the importance of workforce wellbeing.
- Increased public awareness of / engagement in health promotion and self-care
- Whole system collaboration and approach to achieving outcomes and reducing inequality, including integrated working and big thinking.
- Greater appropriate use of digital technologies and cultural acceptance of shift to digital working.
- Recognition of the importance of community based services and end of life care and need to resource them.
- Better business continuity / resilience arrangements and experience / skills to implement them, including alignment of regional and local arrangements.
- Greater acceptance and support of flexible working.
- Innovation and rapid change / improvement – positive, can do approach.

Surge Response

At an early stage of the pandemic the Partnership produced and submitted a mobilisation plan to the Scottish Government detailing a range of measures across individual service areas that were planned to maintain essential services and adapt pathways and practices to take account of factors such as enhanced infection control practices and social distancing restrictions. This plan also included the temporary suspension of some services, particularly non-urgent face-to-face services and congregate services; in most cases this was supported by alternative, remote models of service provision being put in place. In addition to the partnership wide mobilisation plan, a specific plan for support to care homes was developed and submitted to the Scottish Government. Each of these plans was underpinned by more detailed plans at service and team level that supported the workforce to implement our pandemic response on a day-to-day basis.

The Partnership's mobilisation plan, and supporting documents, will continue to guide our response to any further surges in the pandemic, especially where the scale of the surge results in reversion to full lockdown restrictions. The mobilisation plan is attached in appendix 1.

This recovery plan also recognises that recovery may not be a linear process and that there may be a requirement, in response to any changes in infection rates / moderate surges, to rollback our recovery timeline and actions. For example, if infection rates increase and the Scottish Government responds by reinstating elements of lockdown restrictions we will also consider reverting local arrangements to previous phases of our recovery plan.

Our Plan

Our recovery plan has been set against the four phases within 'Scotland's route map through and out of the crisis'. As described in the national route map, the movement between phases will take place when the Scottish Government is satisfied that certain criteria have been met (R number, WHO criteria and transmission / resurgence); there is therefore not set timescale for each phase and recovery plan must accommodate uncertainty in this regard. The possibility of further surges means that recovery plans must provide flexibility to respond as / when required; recovery is unlikely to be a linear process and may involve movement both forward and backwards through planned recovery phases and actions as well as longer or accelerated phases from those originally anticipated. It must allow the incorporation of further learning as we continue to better understand the virus, its impact of individuals, carers and communities and the learning from our response so far.

At this time we have focused our detailed recovery planning on phases 1 and 2, which we estimate on the basis of information contained with the national route map will extend to the end of July / beginning of August 2020. We have also included some high level plans for phases 3 and 4 but recognises that these plans may change as we move forward, receive new information and elicit new learning over the coming months. The links below will take your directly to the plan for each phase:

- Phase 1
- Phase 2
- Phase 3
- Phase 4

This Partnership wide recovery plan is supported by detailed recovery plans in each service area / team that sets out in further detail planned actions and developments to support recovery.

Our ability to successfully implement our recovery plan relies on high levels of collaboration with NHS Tayside and Dundee City Council, particularly in relation to IT, property and workforce infrastructure and continued communication with service users and carers. Recovery has a significant focus on consolidating and further developing remote models of working and service delivery which will require extensive and robust IT (equipment, systems and training / development) and workforce (deployment, terms and conditions and wellbeing) supports. Physical distancing requirements, the establishment of new teams and relocation of others to accommodate COVID specific responses and decisions by the corporate bodies to accelerate planned building closures have placed exceptional pressures on the availability and use of property (office, clinical and community use); collaborative planning that recognises the needs of the Partnership to access the remaining property estate will be essential during the recovery period. These infrastructure matters are not delegated functions and therefore the Partnership will be dependent on NHS Tayside and Dundee City Council corporate services providing a high level of support and response during the recovery period, particularly in the early stages of recovery.

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PHASE 1

National Route Map Phases	Key constraints / risks	Service area	Key milestones / actions
Phase 1: (from 28th May)	Continued implementation of PPE requirements across all services in line with national guidance and local agreements, including maintenance of supply chains. Ensuring accurate understanding and awareness of frequently updated national and local guidance and policies relating to key issues such as PPE, testing, adult screening programmes and shielding. A range of factors are expected to have a significant impact on workforce availability / capacity: • Retraction of redeployed and volunteer workforce. • Limited availability of and capacity within public transport. • Requirement to manage travel demand through flexible working patterns. • Ongoing impact of school / childcare closures. • Impact of availability of carers support services. • Impact of Test and Protect system. • Impact of guidance to shielded and high risk populations. These factors will impact on the delegated (employed) workforce and also on the workforce within external providers. Impact on workforce wellbeing, including impact of trauma over the long-term. Impact of reduction in overall workforce capacity on requirement to maintain COVID responses, embed learning / change and re-establish 'business as usual' activity may mean overall capacity within the health and social care system is exceeded. Lack of data and modelling specifically focused on community health and social care needs and systems. Maintaining public confidence and trust, including: • Demand for reduced limitations on care home and hospital visiting. • Potential negative impacts on health and wellbeing outcomes generated through late presentation to services and reduced levels of service provision. • Waiting time management (including where service users have a preference to wait longer for face-to-face service provision rather than utilise remote / digital services).	Primary Care	Maintain Dundee Community Assessment Hub with gradually reducing workforce and footprint (Primary Care) and ability to flex capacity to respond to any further surge. Fully establish and implement Primary and Secondary Care Interface Group, including HSCP input. Work with GP clusters and GP sub to review aspects of care and treatment that can be resumed in practices as staffing base stabilises recognising the model for delivery may vary from in the past, linking with national guidance were it is available. Agree and begin implementation of NHS Tayside safe attendance within community facilities and general practice guidance. Continue work with NHS Tayside Digital team to expand use of NearMe within practices and the roll out of other digital projects that will support improved working and delivery of care. Continue work through the Primary Care Improvement Plan to develop care and treatment services and move work from GP practices. Continue to respond to practices where there are temporary challenges in relation to workforce capacity where feasible. Increase First Contact Physiotherapy Service (FCP) sessions to support all practices on an ongoing basis using alternative methods of contact where possible / clinically appropriate, to the level funded. Further develop First Contact Physiotherapy model, including developing flexibility to include telephone / NearMe appointments. Practices, in conjunction with cluster leads to plan for re-starting long-term conditions reviews, including arrangements for monitoring and to ensure anticipatory care plans and self-management plans and care are core. Continue to support practices to review patient pathways of care, including the use of digital resources as well as face-to-face consultations, including the role of signposting and referral at initial point of contact. Work with clusters / practices to assess how they can safely support people with COVID symptoms and those who are shielding, including associated premises work, to be able to safely see potential COVID patients in practice / cluster base longer-term. Consider pathways for referral from practices to secondary care and other parts of primary care, recognising the pressures across the system. Continue to develop and update anticipatory care plans. Explore options for future provision of care and treatment to the shielded population including exploring a move to a 'clean' and protected area in a cluster/locality model. Build on success of reception workforce assessing and signposting to other services and complete planning for development of signposting materials that support appropriate use of clinicians and teams, including information of Pharmacy First. Plan for reinstatement of development of urgent care home visiting arrangements and home visits with care home team and Scottish Ambulance Service in anticipation of Scottish Ambulance Service employees being released from full-time deployment in their substantive roles as part of the pandemic response. Explore options for long-term maintenance of patient transport arrangements that have the potential to support reduced demand for home visiting.
		District Nursing	Work to support additional workforce capacity within Community Nursing Adult Services (15 whole time equivalent registered nurses and 4 whole time equivalent Health Care Support Workers) to sustain three COVID-19 positive / suspected pathways, alongside maintenance of essential nursing care for patients unaffected by COVID-19. This includes community based palliative care for both COVID and non-COVID patients. Recommence departmental meetings including educational meetings – face to face with social distancing or remotely.

• Management of unscheduled 'presenting in person'. Maintaining sufficient flexibility to respond to any further COVID-19 surge. Significant reduction in availability of office accommodation and linked requirement to maintain high levels of remote working. A range of factors will require to be considered: • IT infrastructure – including access to adequate equipment, systems and technical support. • Understanding and implementation of physical distancing requirements within office accommodation. • Prioritisation of available space to enable critical service provision (COVID and non-COVID). • Remote management and support of the workforce. • Maintaining clinical support / supervision requirements. • Maintaining access to learning and development opportunities. • Maintaining integrated working. • Impact of remote working on interpersonal communication. Community access buildings remain closed / significant restrictions on their capacity. Availability of financial resources to support delivery of COVID responses and to sustain implementation of learning / improvement / service re-design. Practical constraints on service users accessing building based services, including: • Limited availability of and capacity within public transport. • Physical distancing requirements, including aspects such as adequate space for waiting areas. Affordability / accessibility of digital based services across the population, particularly for people experience poverty and socioeconomic disadvantage. Remote service delivery not suitable for all circumstances.		Recommence development of locality working in District Nursing Teams. Recommence COPD home visits for vulnerable patients. Maintain remote approaches to patient contact and reviews and to Multi-disciplinary Teams. Maintain all Priority Band 1 and 2 visits. Maintain collaborative working arrangements COPD/DECS-A/Enhanced Community Support/District Nursing/Community Care and Treatment Services, social work / Red Cross, Podiatry. Utilise workforce who are shielding / non- patient facing to support the SPR. Implement triage arrangements for patients prior to attending/their attendance at clinic for symptoms of COVID-19. Maintain increased capacity at Community Care and Treatment Service (CCTS) to cope with additional workload from GP Practices/Practice Nurses. Maintain increased Phlebotomy service to reach patients who are unable to attend clinics due to shielding. Maintain arrangements for senior nurse cover at weekends to support workforce. Maintain centralisation of T34 syringe drivers for ease of distribution to areas of need. Maintain cohort nursing of COVID +/non COVID patients. Maintain COVID-19 Community Response Team in COVID 19 Dundee Community Assessment Support at Home Service Pathway.
	Care at Home	Review of all services and recommencement of services where carers and family members are returning to work. Continued implementation of Independent Living Review Team to review the number of packages of care in the community, to work with community care workforce and contribute positively to support and enable earlier discharge for individuals from hospital, and to enable their independence in the home environment. Consider outcomes of modelling of impact of COVID related workforce absence on service capacity.
	Physical Disabilities	Monitor emerging pressure areas as lockdown eases; review and respond as necessary. Review packages of support for high risks groups based on up-to-date assessment. Monitor external provider ability to increase provision is response to emerging demand.
	Psychiatry of Old Age – Community Services	Maintain delivery of home-based outreach provision.
	Drug and Alcohol	Maintain clinical activity. Maintain home delivery of OST and clinical interventions to those who are shielding / self-isolating and plan for long-term continuation of this approach. Review access pathways, including options for re-opening of direct access, taking account of social distancing requirements. Maintain alternative assessment arrangements, including same-day prescribing. Enhance capacity to provide outreach services and respond to increasing demand from those people whose drug use has started / escalated during lockdown.

		Implement robust risk management approaches to support prioritised contact with service users whilst lockdown / social distancing restrictions remain in place. Maintain alternatives to direct contact, including telephone support and NearMe. Plan for re-instatement of work associated with Dundee Drug Commission action plan for change, particularly whole system redesign. Contribute to Alcohol and Drug Partnership work to access additional national funding allocations for drug and alcohol services.
	Protecting People	Plan for recommencement of the Early Screening Group. Explore options for the use of video conferencing facilities to support enhanced participation of service users and carers within adult support and protection meetings / processes. Further develop our understanding of and response to hidden harm whilst lockdown restrictions and social distancing remain in place across a range of vulnerable groups (including adults at risk, women experiencing domestic abuse and carers). Implement revised Adult Support and Protection multi-agency procedures. Contribute to the development of multi-agency strategic Protecting People Recovery Plan. Contribute to maintenance of Protecting People COVID-19 Risk Register. Monitor SOLACE public protection dataset, including national benchmarking.
	Mental Health / Learning Disabilities	Complete initial needs assessment of IT requirements to support enhanced use of digital technologies, including NearMe and MS Teams, by operational teams (including Community Mental Health Team and Mental Health Officers). Undertake strategic planning and commissioning activities to support increased population demands for mild-moderate anxiety and disorders and mood disorders. Undertake work to address increase in waiting times as those currently in treatment are likely to require longer-than-expected treatment episodes causing reduced throughput. Support the development of responses to mental health treatment needs of workforce across acute, community and care home settings who have been adversely affected by COVID-19 pandemic in workplace context. Assess resource requirements to increase capacity to provide tailored support to people who face barriers to employment for next 18-24 month period. Review existing caseloads and categorise on the basis of clinical need to transition back to face-to-face care (against 4 defined categories). Begin gradual transition to increased face-to-face contact across clinical settings. Maintain service delivery through digital approaches where clinically appropriate and acceptable to service users. Maintain respite provision supported by revised operating procedures and contingency arrangements (ref detailed plan). Maintain use of available housing stock / void properties to reduce unnecessary delays in hospital and support vulnerable people in the community.
	MAPS and V1P Tayside	Maintain electronic / telephone referral pathways and provision of assessment, interventions and psychotherapy treatment via telephone and NearMe within MAPS and V1P Tayside.
	Community Mental Health / Mental Health Officers	Plan for response to backlog of Adults with Incapacity activity arising from current restrictions.

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	Community Health Inequalities	Continue to provide telephone/ remote support to clients. Different platforms such as NearMe will be explored. Review telephone support within service and wider system to ensure that people access the right level of support at the right time. Develop contingency for Associate Practitioner/ Support Worker roles to fit better with new ways of accessing services. Review referral routes, targeted outreach and engagement methods and develop new pathways into the different teams. Continue to work towards a more integrated nursing team. Consider approaches to support the continued provision of services to those who are self-isolating or shielded in communities. Work with partners to develop mechanisms to ensure an inequalities perspective and local/ service user voice in recovery planning and implementation.
	Assessment and Care Management	Plan for response to increased demand from people recovering from COVID and their carers who have experienced significant broader impacts on their physical and mental health, for example exacerbation of pre-existing long-term conditions. Move towards reinstatement of full assessment for all service users by care management teams. Gradual increase in number of face-to-face contacts, working towards reinstatement of all non-urgent visits across all teams / services by phase 4.
	Discharge Management	Develop models to support re-introduction of elective surgery. Review discharge pathways to support new inpatient COVID / non-COVID model in Acute and Community sites (unscheduled, scheduled, COVID, discharge hubs, stepdown, palliative and community assessment). Embed extended remit of discharge hub as business as usual activity.
	Intermediate Care	Consider and agree future model of service delivery taking into account learning and changes in demand / use from COVID response period.
	Community Independent Living Services	Develop and implement post-COVID rehabilitation model. Continue development of Community Rehabilitation model to enhance preventative approaches, reduce falls and POCS. Develop models to support re-introduction of elective surgery.
	Inpatient OT / PT	Revert inpatient AHP service to unscheduled care to business as usual.
	Outpatient OT / PT	Continue remote consultations first approach (telephone / NearMe), supported by limited face-to-face consultations where there is clinical need and appropriate safeguards are in place. Begin gradually reintroduction of routine waiting list and others services.
	Care Homes	Maintain intensive support to all care homes as per care home plan submitted to Scottish Government. Maintain care home testing pathways (including enhanced outbreak testing) and support care homes to participate in weekly testing arrangements. Maintain enhanced governance and support arrangements, including Tayside Oversight Group, daily huddle and daily assurance returns from care homes. Continue programme of support visits to individual care homes.

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		Maintain process for additional PPE and staffing support to individual care homes as required, including single point of access to supports. Ease visitor restrictions in-line with national guidance and assessed risk.
	Psychiatry of Old Age - Inpatient	Develop and implement COVID business as usual model.
	Medicine for the Elderly - Inpatient	Recommence patient case conferences using video conferencing. Recommence departmental meetings including educational meetings Further development of NearMe for outpatient work and referrals. Develop COVID business as usual model, including post-COVID ward plans.
	CBIR / Stroke Liaison	Recommence patient case conferences using video conferencing. Recommence departmental meetings including educational meetings. Further development of NearMe for outpatient work and referrals.
	Palliative Care	Develop models of care that continue to link into COVID pathways across community and acute care settings. Recommence model for in-patient end of life care and management of condition support for those with non-COVID conditions. Maintain a number of COVID+ beds for those with COVID-19 and for those who have non-COVID end of life conditions, but showing symptoms of positive for COVID-19. Identify process to establish future provision of ongoing day care models. Respond to potential surge of cancer related presentations due to delayed diagnosis and advancing disease. ACPU re-opened in new ward (W23a).
	Sexual and Reproductive Health	Prioritise interventions with largest public health impact: LARC and HIV PrEP for patients who do not have symptoms and are not self-isolating at risk of COVID. Continue to see very urgent care and vulnerable individuals. Develop model to support response to patients with increased risk of COVID if they have emergency needs and care cannot be delivered without seeing patient or delayed. Continue phone consultations for all history and minimise face-to-face clinic time. Whenever possible the same clinician who speaks to patient on phone should see patient in clinic. Explore ways to reduce time for consultations (eg. minimum dataset for consultations) to maximise the number of patients who can be seen while appointments are taken in 2 phases. Explore options for grab bags/postal testing kits/other no- or low-contact solutions as interim measure for lower risk patients who wish STI testing. Explore and make use of technological solutions to facilitate virtual/telephone clinics where appropriate (eg. WABA for photos of skin lesions). Work with virology and microbiology labs to ensure that planned increases in testing are within their capacity. Explore alternative options for delivering services (eg. postal testing kits, self-taken samples).

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		Continue to work with national group towards national solution for STI screening including HIV and syphilis testing without face-to-face contact with services. Explore options for e-prescriptions or delivery of medications to patients with pharmacy and alternative providers.
	The Corner	Continue to deliver daily virtual Drop In's and 1:1 support using NearMe. Continue to support delivery of medication and contraceptive supplies using Royal Mail recorded delivery or collection at drop-in / Community Support Centres. This includes amendment of Practice Group Directive to enable remote larger supply of contraception Develop virtual outreach approaches with partner agencies to engage with vulnerable groups, including Health and Wellbeing Workers support to young people via Community Support Centres. Self service area created in drop in for BP/BMI readings where necessary. Work collaboratively with Tayside Sexual and Reproductive Health Service to meet needs of symptomatic or complex young people. Increased presence on social media to disseminate health information with young people and partner agencies. Implement self-referral for termination of pregnancy.
	Carers	Recommence meetings of Dundee Carers Partnership. Work with carer's organisation to better understand the impacts of lockdown on carers needs / priorities and develop enhanced responses, including to carer stress. Consider options for acknowledgement / celebration of contributions of unpaid carers during the COVID response period. Sustain and further develop supports for people in the workforce who are also carers.
	Service user / family communication	Develop information for families/carers in relation to new ways of working.
	Clinical, Care and Professional Governance	Across all services maintain clinical and service governance, including line management, and clinical supervision, utilising technology to support this. Recommence Clinical, Care and Professional Governance Group for critical reports and exceptions via remote working solutions. Maintain remote support and monitoring of adverse events on a weekly basis by Governance Huddle. Trial new format of quality and performance review document across services to support key governance functions. Continue to provide reports to and attendance at Clinical quality Forum.
	Infection Control Infrastructure (including PPE)	Continue to work with PPE hubs at Royal Victoria Hospital, West District Housing Office and the procurement teams in DCC and NHS Tayside to ensure PPE supplied across Dundee. Plan for reversion of NHS service PPR provision to transfer to corporate procurement services as business as usual' function. All services to develop safe systems of work / risk assessments for the environment and transport and identify possible additional PPE stock requirements based on latest guidance. All services to review limitation on visitors to the building and implement agreed safe systems of working for visitors and contractors attending the service. Consider approaches to support the continued provision of social care services to those who are COVID positive and are shielding, including provision of PPE.

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		Develop an early identification system for possible symptomatic individuals and identify how this will be managed once building based resources start to resume.
	Community Testing (workforce and public)	Maintain workforce testing referral infrastructure across all HSCP and external providers. Maintain pre-admission testing for patients in acute hospital and unscheduled care. Maintain care home testing protocol in-line with national guidance, including testing to support outbreak management. Contribute to the development and implementation of Test and Protect approach, including planning for the potential impact on the health and social care workforce. Identify long-term base for the Community Testing Team and facilitate re-location of service.
	IT Infrastructure	Increase number of available remote working connections to NHS Tayside systems. Complete technical implementation of Microsoft Teams within NHS Tayside. Expand scope of NearMe (Video Consultation) Project to support wide scale adoption of remote consultations (telephone and video), including for Primary Care, Mental Health and AHPs. Distribute DCC workforce guidance on use of digital platforms. Increase availability of IT hardware in order to fully utilise NearMe Tayside, Micorsoft Teams and other digital platforms to sustain core business for those home working. e.g. provision of NHS and DCC IT equipment for all who require these. Develop Mobile WiFi hubs in identified locations to support laptop access to NearMe Tayside, Microsoft Teams and other digital platforms to provide essential links for clinical recording.
	Workforce Infrastructure (deployment, wellbeing, communication)	All services to consider and start to develop plans in regard to the allocation of any workforce resources in a way that mitigates risk but provides a level of continuity for those using our services. All services to start to develop induction plan for workforce returning to services/workplaces to ensure they are clear about guidance, protocols and changes to work arrangements. Maintain Workforce Deployment Centre (NHST) and Deployment Team (DCC). Expand delivery of resilience training by Psychological Therapies Services from acute settings across mental health settings. Develop refreshed workforce guidance for shielded / at risk workforce (DCC). All services to identify shielders/ those living with shielders and establish work tasks can be delegated to these categories. Develop refreshed workforce guidance to support flexible / remote working (DCC). Assess workforce status in relation to longer-term remote working. Continue to develop and promote workforce Wellbeing Service (DCC). All services to give further consideration to the implementation of Rest, Recovery and Relaxation areas/time in order to support the wellbeing of workforce. Maintain co-ordination of workforce communications with NHS and DCC. Consider options for acknowledgement / celebration of contributions of the workforce during the COVID response period.

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	Service area	Key milestones / actions
	Property	Assess available building capacity. Assess and prioritise demand for utilisation of available office capacity, including relocation of services created for / displaced by COVID-19 response. Support all services to actively review best use of their premises and prioritise service delivery, including identifying pressures and gaps, recognising the needs of linked teams to be co-located and the paramount importance of workforce and public safety.
	Governance and business support	Maintain incident response structure, including weekly briefing of voting members of the IJB. Agree appropriate arrangements for re-commencement of full IJB meetings and PAC using digital approaches. Re-convene the Integrated Strategic Planning Group using digital approaches. Re-convene Unscheduled Care Board. Progress completion of statutory information returns, annual accounts and annual performance report. Recommence priority governance and strategic planning meetings using digital approaches. Establish Winter Planning Working Group to develop Winter Plan 2020/21. Plan for response to potential increase in complaints activity. Continue to support operational data reporting requirements (local and national).
	Provider support / sustainability	Revise Provider Support Policy to take account of national guidance / agreements regarding sick pay and issue to providers. Maintain provider communication infrastructure, including regular provider updates. Implement internal process to support timely response to provider requests for financial support. Consider options for acknowledgement / celebration of contributions of external providers during the COVID response period.

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PHASE 2

National Route Map Phases	Key constraints / risks	Service area	Key milestones / actions
Phase 2: (From 19th June)	Continued implementation of PPE requirements across all services in line with national guidance and local agreements, including maintenance of supply chains Ensuring accurate understanding and awareness of frequently updated national and local guidance and policies relating to key issues such as PPE, testing and shielding. A range of factors are expected to have a significant impact on workforce availability / capacity: • Retraction of redeployed and volunteer workforce	Primary Care	Maintain Dundee Community Assessment Hub with gradually reducing workforce and footprint (Primary Care), with ability to flex capacity to respond to any further surge, while progressing plans for movement of work to a cluster practice model, if agreed. Continue work with NHS Tayside Digital team to expand use of NearMe within practices and the roll out of other digital projects that will support improved working and delivery of care. Increase First Contact Physiotherapy Service (FCP) sessions to support all practices on an ongoing basis using alternative methods of contact where possible / clinically appropriate, to the level funded. Further develop FCP model, including developing flexibility to include telephone / NearMe appointments. Continue to support practices to review patient pathways of care, including the use of digital resources as well as face-to-face consultations, including the role of signposting and referral at initial point of contact. Work with clusters / practices to assess how they can safely support people with COVID symptoms and those who are shielding, including associated premises work, to be able to safely see potential COVID patients in practice / cluster base longer-term.

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- Limited availability of and capacity within public transport
- Requirement to manage travel demand through flexible working patterns
- Ongoing impact of school / childcare closures
- Impact of Test and Protect system
- Impact of guidance to shielded and high risk populations
- Annual leave, including management of backlogs

These factors will impact on the delegated (employed) workforce and also on the workforce within external providers.

Impact on workforce wellbeing, including impact of trauma over the long-term.

Impact of reduction in overall workforce capacity on requirement to maintain COVID responses, embed learning / change and re-establish 'business as usual' activity may mean overall capacity within the health and social care system is exceeded.

Maintaining public confidence and trust, including:

- Demand for reduced limitations on visiting
- Potential negative impacts on health and wellbeing outcomes generated through late presentation to services and reduced levels of service provision
- Waiting time management (including where service users have a preference to wat longer for face-to-face service provision rather than utilise remote / digital services)
- Management of unscheduled 'presenting in person'

Maintaining sufficient flexibility to respond to any further COVID-19 surge.

Significant reduction in availability of office accommodation and linked requirement to maintain high levels of remote working. A range of factors will require to be considered:

- IT infrastructure – including access to adequate equipment and technical support
- Understanding and implementation of physical distancing requirements within office accommodation
- Prioritisation of available space to enable critical service provision (COVID and non-COVID)
- remote management and support of the workforce
- maintaining clinical support / supervision requirements
- maintaining access to learning and development opportunities
- maintaining integrated working

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Consider pathways for referral from practices to secondary care and other parts of primary care, recognising the pressures across the system.

Continue to develop and update anticipatory care plans.

Explore options for future provision of care and treatment to the shielded population including exploring a move to a 'clean' and protected area in a cluster/locality model.

Pharmacy Team to support practices and patients to continue to implement more efficient and effective systems for prescription management, including increasing the number of people who have a registered/preferred pharmacy and an increase in serial prescriptions.

Plan for reinstatement of development of urgent care home visiting arrangements and home visits with care home team and Scottish Ambulance Service in anticipation of Scottish Ambulance Service employees being released from full-time deployment in their substantive roles as part of the pandemic response.

Explore options for long-term maintenance of patient transport arrangements that have the potential to support reduced demand for home visiting.

Progress review of premises requirements to assess key pressures and priorities for any new investment required to support key delivery.

Plan for increased level of long-term conditions reviews for those people in lower priority groups.

Review frequency of non-urgent interventions and plan for an increase to nearer normal levels if workforce capacity allows.

Ensure flu vaccination planning is progressing, recognising the demands that COVID will place and that normal models of flu delivery are not achievable with social distancing.

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<tr><td>District Nursing</td><td>

Further development / maintenance of all phase 1 activities.

Transition care at home for mobile shielded patients from Community Care and Treatment Service to dedicated clinic provision.

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<tr><td>Care at Home</td><td>

Continued implementation of Independent Living Review Team to review the number of packages of care in the community, to work with community care workforce and contribute positively to support and enable earlier discharge for individuals from hospital, and to enable their independence in the home environment.

Consider outcomes of modelling of impact of COVID related workforce absence on service capacity.

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<tr><td>Physical Disabilities</td><td>Further development / maintenance of all phase 1 activities.</td></tr>
<tr><td>Psychiatry of Old Age – Community Services</td><td>Maintain delivery of home-based outreach provision.</td></tr>
<tr><td>Drug and Alcohol Services</td><td>

Maintain clinical activity.

Maintain home delivery of Opioid Substitution Therapy (OST) and clinical interventions to those who are shielding / self-isolating and plan for long-term continuation of this approach.

Review access pathways, including options for re-opening of direct access, taking account of social distancing requirements.

Maintain alternative assessment arrangements, including same-day prescribing.

Enhance capacity to provide outreach services and respond to increasing demand from those people whose drug use has started / escalated during lockdown.

Implement robust risk management approaches to support prioritised contact with service users whilst lockdown / social distancing restrictions remain in place.

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• impact of remote working on interpersonal communication Community access buildings remain closed / significant restrictions on their capacity.		Maintain alternatives to direct contact, including telephone support and NearMe. Plan for re-instatement of work associated with Dundee Drug Commission action plan for change, particularly whole system redesign.
Availability of financial resources to support delivery of COVID responses and to sustain implementation of learning / improvement / service re-design Lack of data and modelling specifically focused on community health and social care needs and systems.	Protecting People	Recommence the Early Screening Group. Explore and test options for the use of video conferencing facilities to support enhanced participation of service users and carers within adult support and protection meetings / processes. Contribute to the implementation of multi-agency strategic Protecting People Recovery Plan. Monitor SOLACE public protection dataset, including national benchmarking. Recommence strategic review of multi-agency screening arrangements for people of all ages.
Practical constraints on service users accessing building based services, including: • Limited availability of and capacity within public transport • Physical distancing requirements, including aspects such as adequate space for waiting areas Affordability / accessibility of digital based services cross the population, particularly to people experience poverty and socioeconomic disadvantage Remote service delivery not suitable for all circumstances.	Mental Health / Learning Disabilities	Maintain and develop the Mental Health Discharge Hub to ensure robust communication between in-patient specialist areas and community mental health supports. This will be essential during restrictions to admission in Carseview e.g. Ward 2 and any further reduction in beds. Develop and agree a structured Discharge Planning Process with pictorial information to assist adherence and awareness. Maintain and further develop essential clinics such as Clozapine, Lithium and Depot for all patients. Maintain the delivery of essential medication to all patients. Engage experienced MH Nurses with Prescribing certification on short term contracts to support the developing model of Mental Health and Learning Disability Consultant Psychiatry workforce. Consider the Introduction of a second Duty Worker in Community Mental Health Team East and West to cope with demand. Maintain and develop the Saturday Clinic facility to support urgent clinical assessments across both Community Mental Health Teams and ART. As indicated by clinical assessment of need, continue the gradual reintroduction of face to face appointments and home visits. Continue to provide a range of online education, information and support for patients, carers and their families to maintain connectivity and engagement in a range of physically and cognitively stimulating activities. Establish an enhanced Employment pathway in Community Mental Health Team East as a test of change, which may be rolled out to Community Mental Health Team West if successful outcomes are achieved. Maintain use of available housing stock / void properties to reduce unnecessary delays in hospital and support vulnerable people in the community. Start to review the allocation of day and overnight respite and identify priorities based on risk in preparation for mobilising of service further ahead in the route map. Continuation and development of outreach support and virtual programmes of activities where this is deemed necessary and has a positive impact. Review the role of Nurse and AHP's in service to identify future ways of working/ provision of therapeutic activities. Possible re-introduction of congregate support for people with profound and multiple disabilities. Maintain respite provision supported by revised operating procedures and contingency arrangements.
	MAPS and V1P Tayside	Plan for recommencement of face-to-face contact within MAPS and V1P Tayside, including determining approach to prioritisation of patients (clinical criteria and patient's wishes).

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		Develop guidance to support safe and supportive discharge from MAPS and V1P Tayside during COVID-19 recovery phases.
	Community Mental Health / Mental Health Officers	Identify all Mental Health Officer's capacity to undertake some AW reports, balancing the responsibilities of their substantive posts (excludes MHO team) to address the backlog once Court's agree to receive this work. Maintain current practice of providing assessments and supports to clients directed by their level of risk and need, encompassing home visits when necessary. Continue to allocate new referrals and provide as full an assessment as the client's circumstances and guidelines will allow. This includes the introduction of care packages in collaboration with care providers' capacity.
	Psychological Therapies	Expand scope of NearMe and telephone consultation to support wide scale adoption of remote working. Investigate the use of digital platforms to support group work. Introduce internet enabled Cognitive Behavioural Therapy for Adult Psychological Therapies across Tayside. Facilitate roll out of Silvercloud computerised Cognitive Behavioural Therapy packages for long-term conditions to GP practices and other referrers. Reinstate services that were temporarily suspended e.g. Neuropsychological cognitive assessment.
	Community Health Inequalities	All teams will reintroduce face to face work with vulnerable individuals where necessary and possible. Articulation of amended service provision to reflect learning from and limitations to new practice. Continue to work towards a more integrated nursing team. Promotion of service to wide range of partners in effort to engage with vulnerable/ at risk Individuals. Opening out of new referral pathways. Review expectations in relation to the Keep Well Health Checks and other pre-COVID commitments. Involvement of clients and communities, particularly those who are disadvantaged, in shaping recovery plans. Negotiate space for link workers in GPs/ practices. Continue to review availability of non-clinical outward referral pathways so that workforce in different teams can refer clients effectively. Consider approaches to support the continued provision of services to those who are self-isolating or shielded in communities. Work with partners to develop mechanisms to ensure an inequalities perspective and local/ service user voice in recovery planning and implementation.
	Assessment and Care Management	Plan for response to increased demand from people recovering from COVID and their carers who have experienced significant broader impacts on their physical and mental health, for example exacerbation of pre-existing long-term conditions. Move towards reinstatement of full assessment for all service users and adult carer support plans by care management teams. Maintain outreach provision as temporary replacement for day care services whilst planning for gradual reintroduction of day care provision Develop models to support reintroduction of day support taking into account social distancing requirements. Gradual increase in number of face-to-face contacts, working towards reinstatement of all non-urgent visits by phase 4
	Discharge Management	Develop models to support re-introduction of elective surgery. Embed extended remit of discharge hub as business as usual' activity.

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	Intermediate Care	Consider and agree future model of service delivery taking into account learning and changes in demand / use from COVID response period.
	Community Independent Living Services	Develop and implement post-COVID rehabilitation model. Continue development of Community Rehabilitation model to enhance preventative approaches, reduce falls and POCS. Develop models to support re-introduction of elective surgery.
	Outpatient OT / PT	Continue remote consultations first approach (telephone / NearMe), supported by limited face-to-face consultations where there is clinical need and appropriate safeguards are in place. Continue gradually reintroduction of routine waiting list and others services. Recommence group sessions via remote means e.g. fatigue class and pulmonary rehab.
	Care Homes	Maintain intensive support to all care homes as per care home plan submitted to Scottish Government. Maintain care home testing pathways (including enhanced outbreak testing) and support care homes to participate in weekly testing arrangements. Maintain enhanced governance and support arrangements, including Tayside Oversight Group, daily huddle and daily assurance returns from care homes. Complete programme of support visits to individual care homes. Maintain process for additional PPE and staffing support to individual care homes as required, including single point of access to supports. Ease visitor restrictions in-line with national guidance and assessed risk.
	Psychiatry of Old Age - Inpatient	Implement COVID business as usual model.
	Medicine for the Elderly - Inpatient	Further development / maintenance of all phase 1 activities. Implement COVID business as usual model, including post-COVID ward plans.
	CBIR / Stroke Liaison	Further development / maintenance of all phase 1 activities.
	Palliative Care	Further development / maintenance of all phase 1 activities.
	Sexual and Reproductive Health Services	Continue to see patients by virtual or telephone appointment where possible. Urgent care and care to priority groups should continue as above. Recommence face-to-face services for symptomatic individuals with chronic care needs (eg. chronic genital symptoms, menopausal symptoms, sexual problem clinic) who cannot be managed solely by phone or virtual appointment. Consider restarting training for procedures to specific in-house workforce to better provide LARC to patients given that workforce may intermittently need to self-isolate. Explore options for seeing shielding patients with urgent care needs. Maintain clinic appointments in 2 phases – telephone consultation for history followed by attendance in clinic after this. Discuss with other HIV team members from ID team when they may be able to restart providing care to HIV service users.

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		Enable GPs and other non-specialist workforce to access support and advice from TSRHS instead of making referrals where appropriate. Work with the Corner and other LARC inserters (eg. GPs in community) to increase LARC appointments across Tayside area rather than only opening specialist services. Continue to work with labs on alternative solutions for testing.
	The Corner	Maintenance of all phase 1 activities. Continue remote consultations via telephone/near me supported by limited face to face consultations where clinical need identified and appropriate safeguards are in place. Continue to support ISMS service delivery and Safe Zone Bus where required. Develop models of service delivery to support the reintroduction of routine services.
	Carers	Work with carer's organisation to better understand the impacts of lockdown on carers needs / priorities and develop enhanced responses, including to carer stress: • Identify information gathered during phase 1 and 2 response about carers' views and record and note engagement with carers over the pandemic period. • Recommence engagement and co-production processes with carers. • Consider potential for mitigating the impact of pandemic response on carers and take appropriate actions. Sustain and further develop supports for workforce members who are also carers. Report to IJB regarding review of 'A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee' and short breaks services statement and update and present Carers Performance Report 2017-2019.
	Service user / family communication	Further develop information for families/carers in relation to new ways of working, including provision of accessible formats. Identify opportunities to gather feedback from service users and families.
	Clinical, Care and Professional Governance	Recommence primary governance groups using remote working solutions. Recommence Clinical, Care and Professional Governance Forum via remote working solutions. Develop Clinical, Care and Professional Governance Group to undertake full scope of remit of group (building on critical and exception reporting). Continue to support Clinical Quality Forum via remote working solutions.
	Infection Control Infrastructure (including PPE)	Review requirement for all PPE hubs to remain operational and amend arrangements as system required. Continue to link DHSCP with NHS Tayside Bronze PPE Group to ensure timely escalation of risks. Plan for reversion of NHS service PPR provision to transfer to corporate procurement services as 'business as usual' function. Develop an early identification system for possible symptomatic individuals and identify how this will be managed once building based resources start to resume. All services to continue to develop safe systems of work / risk assessments for the environment and transport and identify possible additional PPE stock requirements based on latest guidance. All services to review limitation on visitors to the building and implement agreed safe systems of working for visitors and contractors attending the service.

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		Consider approaches to support the continued provision of social care services to those who are COVID positive and are shielding, including provision of PPE.
	Community Testing (workforce and public)	Maintain workforce testing referral infrastructure across all Health and Social Care Partnership and external providers. Maintain pre-admission testing for patients in acute hospital and unscheduled care. Maintain care home testing protocol in-line with national guidance, including testing to support outbreak management.
	IT Infrastructure	Increase number of available remote working connections to NHS Tayside systems. Build local capacity to fully utilise Microsoft Teams functions across NHS Tayside and Dundee City Council. Expand scope of NearMe (Video Consultation) Project to support wide scale adoption of remote consultations (telephone and video), including for Primary Care, Mental Health and AHPs. Increase availability of IT hardware in order to fully utilise NearMe Tayside, Microsoft Teams and other digital platforms to sustain core business for those home working. e.g. provision of NHS and DCC IT equipment for all who require these. Develop Mobile WiFi hubs in identified locations to support laptop access to NearMe Tayside, Microsoft Teams and other digital platforms to provide essential links for clinical recording.
	Workforce Infrastructure	Maintain Workforce Deployment Centre (NHST) and Deployment Team (DCC). Continue to develop and promote workforce Wellbeing Service (DCC). All services to give further consideration to the implementation of Rest, Recovery and Relaxation areas/time in order to support the wellbeing of workforce. Maintain co-ordination of workforce communications with NHS and DCC. All services to continue to develop plans in regard to the allocation of any workforce resources in a way that mitigates risk but provides a level of continuity for those using our services. All services to continue to identify colleagues who have been advised to shield / live with people who have been advised to shield and establish work tasks can be delegated to these people. All services to continue to develop induction plan for workforce returning to services/workplaces to ensure they are clear about guidance, protocols and changes to work arrangements.
	Property	Agree phased property utilisation plan and begin implementation. Each team to review office space and implement measures to reduce the number of people working at any one time. Review all workplaces to ensure that all adaptations and adjustments in order to maintain COVID-19 guidelines are put in place, including sourcing and application of appropriate signage and screening. Identify training and communication needs to accommodate for social distancing measures, for both workforce and service users.
	Governance and business support	Maintain incident response structure, including reviewing and potentially reducing frequency of weekly briefing of voting members of the IJB. Implement arrangements for re-commencement of full IJB meetings and PAC using digital approaches. Progress completion of statutory information returns and annual accounts. Recommence priority governance and strategic planning meetings using digital approaches. Progress development of Winter Plan 2020/21.

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		Continue to support operational data reporting requirements (local and national).
	Provider support / sustainability	Work in partnership to identify additional resources required by external organisations to meet current and future demand.

PHASE 3

National Route Map Phases	**Key constraints / risks**	**Service area**	**Key milestones / actions**
Phase 3: (From 10th July)	Continued implementation of PPE requirements across all services in line with national guidance and local agreements, including maintenance of supply chains Ensuring accurate understanding and awareness of frequently updated national and local guidance and policies relating to key issues such as PPE, testing and shielding. A range of factors are expected to have a significant impact on workforce availability / capacity: • Retraction of redeployed and volunteer workforce • Limited availability of and capacity within public transport • Requirement to manage travel demand through flexible working patterns • Limited availability of childcare and school opening • Impact of existing and new caring responsibilities. • Impact of Test and Protect system • Impact of guidance to shielded and high risk populations • Annual leave, including management of backlogs These factors will impact on the delegated (employed) workforce and also on the workforce within external providers. Impact on workforce wellbeing, including impact of trauma over the long-term. Impact of reduction in overall workforce capacity on requirement to maintain COVID responses, embed learning / change and re-establish 'business as usual' activity may mean overall capacity within the health and social care system is exceeded. Maintaining public confidence and trust, including: • Demand for reduced limitations on care home visiting. • Potential negative impacts on health and wellbeing outcomes generated through late	Primary Care	Maintain Dundee Community Assessment Hub with gradually reducing workforce and footprint. Continue to support practices to review patient pathways of care, including the use of digital resources as well as face-to-face consultations. Plan for transition of COVID assessment work to clusters / practices, including associated premises work. Review pathways for referral from practices to secondary and other parts of primary care. Continue to develop and update anticipatory care plans. Pharmacy Team to support practices and patients to continue to implement more efficient and effective systems for prescription management, including increasing the number of people who have a registered/preferred pharmacy and an increase in serial prescriptions. Explore options for long-term maintenance of patient transport arrangements that have the potential to support reduced demand for home visiting.
		Locality Pharmacy	
		District Nursing	Further development / maintenance of all phase 1 and 2 activities. Implement locality working model.
		Care at Home	Continued implementation of Independent Living Review Team to review the number of packages of care in the community, to work with community care workforce and contribute positively to support and enable earlier discharge for individuals from hospital, and to enable their independence in the home environment.
		Physical Disabilities	Implement locality working model. Re-introduce elements of long-term improvement / development workstreams.
		Psychiatry of Old Age – Community Services	
		Drug and Alcohol Services	Maintain clinical activity. Maintain home delivery of Opioid Substitution Therapy (OST) and clinical interventions to those who are shielding / self-isolating and plan for long-term continuation of this approach. Review access pathways, including options for re-opening of direct access, taking account of social distancing requirements. Maintain alternative assessment arrangements, including same-day prescribing. Enhance capacity to provide outreach services and respond to increasing demand from those people whose drug use has started / escalated during lockdown.

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presentation to services and reduced levels of service provision • Waiting time management (including where service users and carers have a preference to wait longer for face-to-face service provision rather than utilise remote / digital services) • Management of unscheduled 'presenting in person' (i.e. spontaneous attendance at appointment only provision). Maintaining sufficient flexibility to respond to any further COVID-19 surge. Significant reduction in availability of office accommodation and linked requirement to maintain high levels of remote working. A range of factors will require to be considered: • IT infrastructure – including access to adequate equipment and technical support • Understanding and implementation of physical distancing requirements within office accommodation • Prioritisation of available space to enable critical service provision (COVID and non-COVID) • remote management and support of the workforce • maintaining clinical support / supervision requirements • maintaining access to learning and development opportunities • maintaining integrated working • impact of remote working on interpersonal communication Community access buildings remain closed / significant restrictions on their capacity. Availability of financial resources to support delivery of COVID responses and to sustain implementation of learning / improvement / service re-design Practical constraints on service users accessing building based services, including: • Limited availability of and capacity within public transport • Physical distancing requirements, including aspects such as adequate space for waiting areas Affordability / accessibility of digital based services cross the population, particularly to people experience poverty and socioeconomic disadvantage Remote service delivery not suitable for all circumstances.		Implement robust risk management approaches to support prioritised contact with service users whilst lockdown / social distancing restrictions remain in place Maintain alternatives to direct contact, including telephone support and NearMe.
	Protecting People	Implement the use of video conferencing facilities to support enhanced participation of service users and carers within adult support and protection meetings / processes. Plan for recommencement of face-to-face service user participation in multi-agency adult support and protection case conferences. Contribute to the implementation of multi-agency strategic Protecting People Recovery Plan. Monitor SOLACE public protection dataset, including national benchmarking.
	Mental Health / Learning Disabilities	Gradual re-introduction of some elements of care and treatment in congregate settings if all environmental adjustments, training and workforce arrangements are in place. Priority will be given to supported people who live at home with family / carers. Maintain respite provision supported by revised operating procedures and contingency arrangements. Maintain use of available housing stock / void properties to reduce unnecessary delays in hospital and support vulnerable people in the community. Continuation and development of virtual programme of activities were deemed necessary. Continue to support all areas of service to review their working practices and determine which technologically supported clinical consultations should be retained as core clinical practice. Especially relevant for smaller AHP services with pan Tayside community remits. Consider the re-introduction of safe group work e.g. within TAACT team where group Autism education sessions are planned. Further develop plans between the Community Mental Health Teams and Psychology to enhance and develop the STEPPs and Survive and Thrive groups.
	Psychological Therapies Service	Maintain NearMe and telephone consultation systems. Continue to have regular contact with patients who wish to wait for face-to-face consultation. Expand the use of digital platforms for group work. Expand internet enable Cognitive Behavioural Therapy for Adult Psychological Therapies. Reinstate services that have temporarily ceased (e.g. psychological assessment for Bariatric Surgery and Exceptional Aesthetic Surgery). Review models of treatment provision.
	Community Mental Health / Mental Health Officers	Review of assessments undertaken in phase 1 and earlier to ensure full up-to-date assessment is in place to inform service provision, alongside assessment of impact of reducing restrictions on ability to deliver services to meet needs.
	Community Health Inequalities	Fuller programme of face to face/ group work in place within community centres and local buildings. Blended approach to service delivery in place including use of platforms such as NearMe. Continue to review availability of non-clinical outward referral pathways so that workforce in different teams can refer clients effectively. Link clients with opportunities for social interaction relevant to easing of restrictions.

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		Manage potential surge in link worker referrals from GPs/ Practices as more patients return and present with socio-economic issues related to the pandemic. Support approaches for the continued provision of services to those who are self-isolating or shielded in communities. Work with partners to ensure an inequalities perspective and local/ service user voice in recovery planning and implementation.
	Assessment and Care Management	Maintain outreach provision as temporary replacement for day care services whilst planning for gradual reintroduction of day care provision. Develop models to support reintroduction of day support taking into account social distancing requirements. Gradual increase in number of face-to-face contacts, working towards reinstatement of all non-urgent visits by phase 4.
	Discharge Management	
	Intermediate Care	
	Community Independent Living Service	Continue development of Community Rehabilitation model to enhance preventative approaches, reduce falls and POCS. Develop models to support re-introduction of elective surgery.
	Outpatient OT / PT	Continue reintroduction of routine waiting list and face-to-face services.
	Care Homes	Maintain intensive support to all care homes as per care home plan submitted to Scottish Government. Maintain care home testing pathways in line with national guidance. Review enhanced governance and support arrangements in line with national guidance. Ease visitor restrictions in-line with national guidance and assessed risk. Release capacity of Care Home Team from quality assurance activity and recommence planned work.
	Psychiatry of Old Age - Inpatient	
	Medicine for the Elderly - Inpatient	Possible reintroduction of patient home visits, and weekend passes. Possible reintroduction of some face to face outpatient clinics. Possible reintroduction of internal volunteer activities.
	CBIR / Stroke Liaison	Possible reintroduction of patient home visits, and weekend passes. Possible reintroduction of some face to face outpatient clinics. Possible reintroduction of internal volunteer activities.
	Palliative Care	Further development / maintenance of all phase 1 and 2 activities. Further enablement of face-to-face service provision.
	Sexual and Reproductive Health Services	Services to reopen but should continue clinical appointments with telephone phase followed by face-to-face phase. All patients to be triaged. Prioritise patients who have been shielding for some time with ongoing symptoms to be seen in clinics safely.
	The Corner	Maintain all phase 1 and 2 activities. Implement plans to offer STI tests to young people via collect/drop off STI kits and tests.

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	Carers	Work with carer's organisation to better understand the impacts of lockdown on their needs / priorities and develop enhanced responses, including to carer stress. Sustain and further develop supports for workforce members who are also carers.
	Winter Planning	
	Service user / family communication	
	Clinical, Care and Professional Governance	Recommence full remit of clinical, care and professional governance activities across all services utilising remote working solutions and / or face-to-face sessions as appropriate. Ensure implemented changes through COVID response period are reflected through exception reports at primary governance groups and clinical, care and professional group / forums.
	Infection Control Infrastructure (including PPE)	Review requirement for all PPE hubs to remain operational and amend arrangements as system requires. Continue to link DHSCP with NHS Tayside Bronze PPE Group to ensure timely escalation of risks. Revert NHS service PPR provision to transfer to corporate procurement services as 'business as usual' function Consider reverting deployed workforce supporting hubs back to substantive roles.
	Community Testing (workforce and public)	Maintain workforce testing referral infrastructure across all HSCP and external providers. Maintain pre-admission testing for patients in acute hospital and unscheduled care. Maintain care home testing protocol in-line with national guidance, including testing to support outbreak management.
	IT Infrastructure	Continue to expand scope of NearMe (Video Consultation) Project to support wide scale adoption of remote consultations (telephone and video), including for Primary Care, Mental Health and AHPs
	Workforce Infrastructure	Maintain Workforce Deployment Centre (NHST) and Deployment Team (DCC). Continue to develop and promote workforce Wellbeing Service (DCC). Maintain co-ordination of workforce communications with NHS and DCC.
	Property	Continue implementation of phased property utilisation plan. Review all workplaces to ensure that all adaptations and adjustments in order to maintain COVID-19 guidelines are put in place, including sourcing and application of appropriate signage and screening.
	Governance and business support	Review incident response structure, including frequency of briefing of voting members of the IJB. Explore options for re-commencement of face-to-face priority governance meetings, including the IJB and PAC. Publish summary statutory annual performance report. Complete initial review of impact of COVID-19 pandemic and recovery plan on implementation of Partnership's Strategic and Commissioning Plan 2019-2022. Complete of statutory information returns and complete and publish annual accounts. Progress development of Winter Plan 2020/21. Continue to support operational data reporting requirements (local and national).

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	Provider support / sustainability	Consider recommencement of face-to-face contract monitoring approaches on a risk assessed / prioritised basis. Issue 2020/21 funding letters and accompanying contractual documentation.

PHASE 4

National Route Map Phases	**Key constraints / risks**	**Service area**	**Key milestones / actions**
Phase 4: (Anticipated after 31st July)	Continued implementation of PPE requirements across all services in line with national guidance and local agreements Ensuring accurate understanding and awareness of updated national and local guidance and policies relating to key issues such as PPE, testing and shielding. A range of factors are expected to have an impact on workforce availability / capacity: • Limited availability of childcare and school opening • Impact of Test and Protect system • Impact of guidance to shielded and high risk populations • Annual leave, including management of backlogs These factors will impact on the delegated (employed) workforce and also on the workforce within external providers. Impact on workforce wellbeing, including impact of trauma over the long-term Impact of reduction in overall workforce capacity on requirement to maintain COVID responses, embed learning / change and re-establish 'business as usual' activity may mean overall capacity within the health and social care system is exceeded. Maintaining public confidence and trust, including: • Potential negative impacts on health and wellbeing outcomes generated through late presentation to services and reduced levels of service provision • Waiting time management Reduction in availability of office accommodation and linked requirement to maintain remote working. A range of factors will require to be considered: • IT infrastructure – including access to adequate equipment and technical support	Primary Care	Maintain Dundee Community Assessment Hub with gradually reducing workforce and footprint. Continue to support practices to review patient pathways of care, including the use of digital resources as well as face-to-face consultations. Plan for transition of COVID assessment work to clusters / practices, including associated premises work. Review pathways for referral from practices to secondary and other parts of primary care.
		Locality Pharmacy	
		District Nursing	Further development / maintenance of all phase 1, 2 and 3 activities. Recommence educational activities in department form external educators. Recommence all Priority Band 4 District Nurse visits, COPD clinics and routine home visits. Recommence student nurse placements. Recommence non-essential meetings, non-mandatory training and HR meetings. Recommence Leg Ulcer Assessment Clinic.
		Care at Home	
		Physical Disabilities	Recommence elements of long-term improvement / development workstreams.
		Psychiatry of Old Age – Community Services	
		Drug and Alcohol Services	Implement service re-designs based on learning from COVID response period.
		Protecting People	Recommence face-to-face multi-agency adult support and protection case conferences, and associated meetings, including service user participation. Consider retraction of COVID specific amendments to multi-agency adult protection procedures. Contribute to the implementation of multi-agency strategic Protecting People Recovery Plan. Monitor SOLACE public protection dataset, including national benchmarking.
		Mental Health / Learning Disabilities	Maintain use of available housing stock / void properties to reduce unnecessary delays in hospital and support vulnerable people in the community.

• Understanding and implementation of physical distancing requirements within office accommodation • Prioritisation of available space • remote management and support of the workforce • maintaining clinical support / supervision requirements • maintaining access to learning and development opportunities • maintaining integrated working • impact of remote working on interpersonal communication Community access buildings have significant restrictions on their capacity. Availability of financial resources to support delivery of COVID responses and to sustain implementation of learning / improvement / service re-design Additional pressures associated with Winter planning		Opening of the hydrotherapy pool at White Top would be determined by both national and local guidance, risk assessments being in place and agreed systems and working arrangements. Explore outings to access community facilitates where guidelines/ route map support this and risk assessments, safe working practices are met. Engage Newly Graduated Practitioners (NGPs) into community Mental Health and Learning Disability nursing placements.
	Psychological Therapies Service	Continue to use NearMe / telephone consultation. Continue the use of digital platform for group work. Expand internet enabled Cognitive Behavioural Therapy beyond Adult Psychological Therapies. Review the appropriateness of face-to-face contact for relevant treatment groups.
	Community Mental Health / Mental Health Officers	Continue review of assessments undertaken in phase 1 and earlier to ensure full up-to-date assessment is in place to inform service provision, alongside assessment of impact of reducing restrictions on ability to deliver services to meet needs.
	Community Health Inequalities	Reinstate anticipatory care interventions of nursing team. Reinstate link worker presence in GP practices. Manage potential surge in link worker referrals from GPs/ Practices as more patients return and present with socio-economic issues related to the pandemic. Continue to review availability of non-clinical outward referral pathways so that workforce in various teams can refer clients effectively. New blended programme is in place based on learning. Support approaches for the continued provision of services to those who are self-isolating or shielded in communities. Work with partners to ensure an inequalities perspective and local/ service user voice in recovery planning and implementation.
	Assessment and Care Management	Recommence day care services. Recommence all face-to-face contacts.
	Discharge Management	
	Intermediate Care	
	Community Independent Living Service	
	Outpatient OT / PT	Continue reintroduction of routine waiting list and face-to-face services. Recommence face-to-face group sessions.
	Care Homes	Review models of care home based services, including respite care and intermediate care. Release capacity of Care Home Team from quality assurance activity and recommence planned work.
	Psychiatry of Old Age - Inpatient	
	Medicine for the Elderly - Inpatient	Recommence families joining case conferences. Recommence medical, nursing and AHP students.

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		Recommence educational activities in department form external educators.
	CBIR / Stroke Liaison	Recommence families joining case conferences. Recommence medical, nursing and AHP students. Recommence educational activities in department form external educators.
	Palliative Care	Further development / maintenance of all phase 1, 2 and 3 activities. Further enablement of visiting supported by appropriate risk mitigation measures.
	Sexual and Reproductive Health Services	Reopen all services to patients with unrestricted face-to-face appointments where necessary. Review changes that have been made and continue newly adopted approaches that have been successful (eg. NearMe and telephone appointments where these have been acceptable to patients). Ideally by this time there will be national front-end to attach to NaSH for postal testing for STIs.
	The Corner	Further development / maintenance of phase 1, 2 and 3 activities. Phased approach to reintroduction of face to face services. Recommence non-essential meetings and training.
	Winter Planning	
	Carers	Sustain and further develop supports for workforce members who are also carers.
	Service user / family communication	
	Clinical, Care and Professional Governance	Continue to embed all aspects of clinical, care and professional governance activities across all services. Ensure that short, medium and long term impacts of COVID response period are built into governance reports alongside existing report parameters.
	Infection Control Infrastructure (including PPE)	Support return to business as usual procurement for PPE across all systems. Consider continuation of local hubs for distribution as required.
	Community Testing (workforce and public)	
	IT Infrastructure	Implement MS Teams within DCC.
	Workforce Infrastructure	Continue to develop and promote workforce Wellbeing Service (DCC) Maintain co-ordination of workforce communications with NHS and DCC.
	Property	Continue implementation of phased property utilisation plan. Further consultation and consideration should be given to future use and capacity of the building to determine longer term planning and future service delivery.
	Governance and business support	Consider withdrawal of separate incident management structure and revert to progression through business as usual structures. Recommence face-to-face priority governance meetings, including the IJB and PAC. Begin review of Partnership’s Strategic Needs Assessment to incorporate data regarding impact of COVID-19 pandemic.

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		Progress full revision of Partnership's Strategic and Commissioning Plan (for completion March 2022 at the latest). Complete development of Winter Plan 2020/21. Continue to support operational data reporting requirements (local and national).
	Provider support / sustainability	Consider recommencing business as usual contract monitoring arrangements.

<table>
<tr><th>Nature of Provision</th><th>Actions Planned</th><th>Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)</th><th>Additional staffing required – include sourcing route</th><th>Lead</th></tr>
<tr><td colspan="5">Work towards zero delayed discharge position through Community First approach.

At point of any future surge the following information will be reassessed:
Current number and reasons for delays.
Number of community hospital beds required to be made available for covid-19 patients from total number of 99 beds across 6 wards.
Estimated increase in demand to support a zero delay position for:
Care at Home services
Intermediate care supported living at home
Additional care home beds from internal provision
Additional care home beds from commissioned services
Planning assumptions and estimates from wave 1 of covid-19 (March 2020 onwards) are available as baseline for re-assessment)</td></tr>
<tr><td rowspan="4">Reducing the level of delayed discharges of patients in acute and community hospital.</td><td>Daily monitoring of admission / discharge to hospital, including reporting to the Scottish Government.</td><td>-</td><td>-</td><td>Integrated Manager (Discharge Management)</td></tr>
<tr><td>Re-modelling of in-patient sites to support discharge from acute pathway and end of life care through 4 phase approach:
Phase 1 – maximise existing bed base (43 additional beds).
Phase 2 – open Ward 3 (further 28 beds).
Phase 3 – Mackinnon Centre (further 10 beds).
Phase 4 - Ward 5 and Ward RVH and Ward. Kingsway (est further 35 beds).</td><td>Phase 1 £146k (£438k)
Phase 2 -4 £1,162k (£3,487k)</td><td>Phase 1 CBIR 13
Roxburgh 24
RVH (cover for gaps)
Phase 2 33 staff
Phase 3 33 staff
Phase 4 33 staff</td><td>Locality Managers</td></tr>
<tr><td>Remodelling of Kingsway Care Site to re-open Ward 2 .</td><td>£413k
(£1,240k)</td><td>33</td><td>Locality Manager</td></tr>
<tr><td>Remodelling of Integrated discharge team to support pathways across the system.
Overtime to allow 7 days working
(enhancement for all social work staff in the hub - 9 qualified social workers plus 6 support workers.)</td><td>£38k
(£115k)</td><td>2 Social Workers</td><td>Integrated Manager (Discharge Management)</td></tr>
</table>

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Identify all voids in Learning Disability and Mental Health services that could be utilised to support as an alternative to hospital or care home placement.		-	Integrated Manager
	Link with registered social landlords via Neighbourhood Services to determine any existing capacity from current housing stock.		-	Integrated Manager (Discharge Management)
	Specialist AHPs within Mental Health and Learning Disability services will assist discharge processes and utilise enhanced skills where appropriate.		-	Integrated Manager
	Enhanced discharge support for all learning disabled adults will be provided from a condensed Community Learning Disability Nursing Team.		-	Nurse Manager
	Creation of a Dundee Mental Health discharge hub for all Dundee Mental Health inpatient discharges from Carseview and Murray Royal offering daily contact up to 6 days a week.	tbc	Locum Psychiatrists currently procured via P&K MH In-Patient manager. 5 Days of this service comes from existing resources	Nurse Manager / Integrated Managers
	Support pharmacy response through approach to creation of a Dundee mental health discharge hub, enhanced community learning disability nurse discharge supports and new models of psychiatry input.			Nurse Manager / Integration Managers
Enhanced use of intermediate care provision (either in a care home or at	Implement phased approach to expansion of intermediate care capacity: • Phase 1 – Mackinnon Centre • Phase 2 – Craigie House	Phase 1 £106k (£318k) Phase 2 £74k	Additional Social Care Staff	Locality Manager

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
home) to enable discharge for those at high risk.	• Phase 3 – Turiff House	(£222k) Phase 3 £106k (£318k)		
	Commission additional supported intermediate care supported living packages.	Included under Note 2	-	Locality Manager
Enhance Housing Support and Care at Home provision to meet additional demands.	Enhance capacity to support more people at home with palliative care needs.	Nursing - £259k (£777k) Commissioned sevrices (after 3 weeks – 45 staff) £417k (£1,250k)	SPCS Dundee & Angus 20 nursing staff Week 1- Commissioned services 15 staff Week 2 – Commissioned services 30 staff Week 3 – Commissioned services 45 staff	Locality Manager
	Utilise DECSA Enhanced Community Support Service.		None additional	Locality Manager
	Develop expanded Community Rehab Team model, including 7 day working across all AHP Services.	£820k (£2,460k)	Physio: 22 Qualified staff, 12 support worker staff OT: 19 Qualified staff, 17 support staff Royal Victoria Hospital – 1 Qualified OT	Lead AHP

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Managed deployment of existing remaining workforce to deliver and oversee safe intimate personal care provision, supplemented by deployment of additional qualified staff.			
	Non-intimate personal care (meal prep and medication prompts) and non-personal care tasks in existing caseloads to be maintained by further deployment of other staff groups, including non-front line social work staff Co-ordination of input to be achieved by existing homecare organisers, supplemented by deployment of other council personnel.			
	Creation and utilisation of capacity within commissioned services beyond current contractual commitments (including through deployment of existing staff, recruitment of temporary additional staff and utilisation of property).	See Note 1	Yes, from third and independent sector	Social Care Contracts Teams / Integrated Managers
	Discussion with family members and carers regarding their enhanced support for non-personal care tasks.	-	-	DCC Communications
	Maintain internal and external respite facilities to accommodate any need / demand for building based respite.			Integrated Manager
	All clinical facing Mental Health and Learning Disability staff will provide enhanced supports for those living at home. This will include prioritised tasks such as depot injections, medication assistance, telephone contact and enteral nutrition provision.	-	-	Nurse Manager / Integrated Managers

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	A co-ordinated approach with specialist providers in Mental Health and Learning Disability to ensure that essential support is provided by appropriately trained and skilled staff. This would include the essential use of transport to mitigate any behaviours of distress.	-	-	Nurse Manager / Integrated Managers
Manage expected increase in demand for Care Home places	Utilise additional capacity in commissioned services – additional 28 beds.	£269k (£1,077k)	N/A	Integrated Manager
Maintain essential services Expected 30% reduction in existing workforce across all providers resulting in us requiring to stratify need and amend subsequent input.				
Sustain current levels of housing support and care at home provision	Daily monitoring of workforce capacity through RAG system. Assumed increase in additional hours/supplementary staffing.	£344k (£782k)		Integrated Managers
	Continuation of intimate personal care by remaining registered workforce, supplemented where required by deployment of additional qualified staff.	£233k (£700k)	Community nursing – 18 nursing staff	Integrated Managers
	Continuation of non-intimate personal care and non-personal care tasks in existing caseloads to be maintained deployment of other staff groups, including non-front line social work staff.			Integrated Managers

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Creation and utilisation of capacity within commissioned services beyond current contractual commitments (including through deployment of existing staff and recruitment of temporary additional staff).	See Note 1&2	Yes from third and independent sector	Social Care Contracts Team / Integrated Managers
	Discussion with family members and carers regarding their enhanced support for non-personal care tasks.	-	-	DCC Communications
	Weekly monitoring and analysis of workforce in commissioned services through RAG system.	-	-	Social Care Contracts Team / Integrated Managers
	RAG system to inform services requiring support from agency, sessional and casual workforce.	-	Redeployment of resources	Integrated Managers
	Revised methods of support from Mental Health and Learning Disability staff implemented eg home contact, use of “Near Me” is in progress. All clinical tasks are prioritised.	-	-	Nurse Manager / Integrated Managers
Care Homes	Daily monitoring of occupancy, admissions and suspected / confirmed cases, including reporting to Scottish Government (weekly basis).	-	-	Integrated Managers / Social Care Contracts
	Daily monitoring of workforce capacity through RAG system.			Integrated Managers
	Facilitate access to testing for suspected cases amongst residents to support continued admissions.		-	Integrated Managers

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Deployment of staff, including non-frontline social work staff, to support registered staff (for example, catering, cleaning and social support for residents).		Yes	DCC Deployment Team
	Creation and utilisation of capacity within commissioned services beyond current contractual commitments (including through deployment of existing staff, recruitment of temporary additional staff and utilisation of property).	See note 1&2	Yes	Social Care Contracts / Integrated Managers
	Enhance capacity for physio support within Learning Disability housing support and care at home workforce.	Tbc	3 physios	Integrated Managers
Sustain Protecting People responses (adult support and protection and contribution to MAPPA, violence against women and child protection)	Multi-agency protection processes to continue remotely via tele / video conferencing, including case conferences.	-	-	Integrated Manager (Locality Team 4) / MAPPA Co-ordinator / MARAC Co-ordinator
	Implement triage arrangements to support First Contact Team functions, including response to Adult Concern Reports.	-	Deployment of 3 FTE staff from HSCP support services	Integrated Manager (Locality Team 4)
	RAG rating of all protection cases to inform: • prioritised maintenance of face-to-face contact with highest risk cases. • provision of alternative remote supports and services to medium and low risk cases.	-	-	MAPPA Co-ordinator / Service Manager, DCC Children and Families / Integrated Manager (Locality Team 4)
	Implement agreed operational contingency plan for violence against women services.	Increased support for third sector services Tbc	Support requested from DCC	Lead Officer, Protecting People
	Revise and implement risk register for all PP areas and utilise to support strategic oversight through COG and Committees.	-	-	Senior Manager, Strategy and Performance

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Weekly liaison through Dundee Violence Against Women Partnership regarding needs related to domestic abuse and women involved in prostitution.	Increased support for third sector services - Tbc	Support requested from DCC	Lead Officer, Protecting People
Sustain support for people who are homeless / rough sleeping (including young people) and also Gypsy Travellers	Implement Neighbourhood Services contingency planning, including: • creation of additional temporary accommodation (internal, third sector and private sector). • weekly provider conference call addressing risk and sustainability. • deployment of third sector workforce to support essential services. • co-ordination with DVVA and Health and Homeless Outreach Team weekly to target resources to rough sleepers / street beggars. • Partnership with Positive Steps to continue outreach support and placement for people being released from prison.	Tbc		Service Manager, Neighbourhood Services
	Continue to deliver full housing options service to both temporary accommodation and homeless applicants.		-	Service Manager, Neighbourhood Services
	Continuation of outreach element of Housing First Service.		-	Service Manager, Neighbourhood Services
	Suspension of evictions from temporary accommodation.	Tbc	-	Service Manager, Neighbourhood Services
	Application of legislative changes in relation to people with no recourse to public funds (particularly within hostels).	Tbc	-	Service Manager, Neighbourhood Services

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Implement protocol to support Opiate Substitute Therapy (OST) for people self-isolating in hostel accommodation.	-	-	Service Manager, Neighbourhood Services
	Implementation of additional supports for Gypsy Travellers in relation to site provisions and welfare support.	Tbc	-	Service Manager, Neighbourhood Services
Sustain support for people who use drugs and alcohol	Deployment of existing nursing and social work resource and partner agencies to support the delivering of Opiate Substitute Therapy (including for people who are self-isolating) through locality based approach.	£65k (£195k)	Integrated Substance Misuse Service – 5 nursing staff	Integrated Manager (Locality Team 4) / Service Manager (East)
	Prioritised contact with existing services users based on clinical risk through duty telephone line utilising capacity within contracted third sector services, recognising that there may be a requirement to see an individual where significant risks are present.	tbc	Third sector redeployment	Integrated Manager (Locality Team 4) / Service Manager (East)
	Suspend new assessments to allow deployment of staff to manage risk within existing caseloads. Consider high risk individuals who require telephone assessment.	-	-	Integrated Manager (Locality Team 4) / Service Manager (East)
	Maintain daily virtual Non-Fatal Overdose meetings supported by virtual assertive outreach supports (including assessment for OST, access to Naloxone and harm reductions services).	-	-	Lead Pharmacist, Sergeant Police Scotland Lochee Hub
	Agree and implement contingency plan for OST provision, including alternative sites for daily supervision to reduce pressures on Community Pharmacy.	-	Yes – to be confirmed	Lead Pharmacist / Service Manager (East)
	Maintain work of the non-fatal overdose pathway.	£30k (£120k)	2 nurses, 2 Support workers, admin support	Integrated Manager

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Strengthen 3rd sector to support more people in the community who use drugs and alcohol.	£30k (£100k)	Third sector	Integrated Manager
	Strengthen assertive outreach model to support people self- isolating.	£40k (£75k)		Integrated Manager
	Liaision with Children and Families to maintain targeted support to high risk families (in line with RAG rating). Child and family nurses to continue to review cases where there are high risks identified.		-	Integrated Manager (Locality Team 4) / Service Manager, DCC Children and Families
	Develop and implement pathways for safe liberation of people leaving prison.		-	Integrated Manager (Locality Team 4) / Service Manager (East), Scottish Prison Service
Sustain Provision of Sexual Health Services (adults and young people)	Utilise technology enabled care within The Corner to maintain core services to young people.			Team Leader, The Corner
	Maintain remote prescribing for young people through Community Support Centres.			Team Leader, The Corner
	Triage Service established within Sexual Health Service.			Integrated Manager
Sustain the capacity of Primary Care	Maintain core and urgent services within GP practices through deployment of staff across GP clusters.		Yes	Clinical Director, Cluster Leads
	Develop and implement nursing model (building on care and treatment service plans), including managing workloads through deployment of staff across GP clusters.		Yes, but no specific numbers	Team Leader Community Care and Treatment Services, Senior Manager Service Development and Primary Care
	Utilise nursing model to provide support to shielded patients who cannot attend practices.		-	Team Leader Community Care and Treatment Services,

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
				Senior Manager Service Development and Primary Care
	Utilise Community Assessment Centre to provide contingency cover where a GP practice is unable to safely deliver medical services.		-	Telephone triage – GP Lead Home Visiting Service - Cluster Leads, GP Lead
	Identify staff from across health and social care systems that can work additional hours in primary and community care to support sustainability of GP practices.		-	Senior Manager Service Development and Primary Care / Service Manager Urgent and Unscheduled Care
	Deploy staff to support prescription delivery from GP Practices to Community Pharmacy.		Yes – redeployment of existing resources	Lead Pharmacist
	Maintain support for GP prescribing of mental health medications and medication review for people with severe and enduring mental health conditions.			Nurse Manager / Integrated Manager
	Creation of palliative care pathways into end of life care, creation of 24/7 advisory specialist palliative support team and community palliative service.	Already included previously	Already included previously	Locality Manager

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
Sustain Community Pharmacy provision	Establish process to support the delivery of prescriptions and medications for people who are self-isolating or shielded or who contact Community Support Centres.	- -	Yes – voluntary sector	Lead Pharmacist
	Maintain core Sexual and Reproductive Health and GUM services and prescribing via postal services.			Locality Manager
Provide a responsive Palliative Care pathway	Implement 4 pathway model of provision: • admission to allow symptom control and supportive treatment, patients would then follow the recognised MFE pathways already in existence. • Return or remain at home with palliative care support and symptom control medication in place. • Transfer to community facility for appropriate supportive care with end of life support available. • where immediate palliative care needs are identified this should be supported on site with dedicated space to support symptom control and dignity.	1) Realignment of existing Community Hospital capacity - this would be supported via redeployed resource with little net financial impact. 2) Additional Community Hospital capacity (e.g. opening up beds/wards previously closed) - this would have an additional resource/financial implication. The full cost of "additional" capacity might be c£1400 per week per bed, but if we assume an element of redeployment into	Some of this resource may be redeployed (e.g. Community Nurse, GPs, Palliative Care medical/nursing staff) but, depending on capacity in this pathway, additional resources may be required. Other resources (including potentially AHPs could be trained up to assist families in advance of this additional support being required. All capacity in this option would require to be support with relevant equipment/supplies	Locality Manager

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
		the additional capacity (noting that element of redeployment is unknown), we could assume the cost of "additional" capacity of this type would be c£1000 per bed per week. There may be start up costs associated with developing this type of capacity. 3) Realignment of existing Care Home capacity (e.g. most likely whole wings of Nursing Homes, or possibly whole smaller homes) - this would be redeployment of existing capacity but with premium costs to providers (e.g. due to staffing issues, turnover of patients, etc.)and so it would be reasonable to assume a premium	(e.g. syringe drivers).	

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
		commissioning cost on top of existing nursing home contract costs. This would require to be agreed locally, regionally or nationally and could be c£200 per bed per week on top of cost of cost of existing capacity (c£700 per week per bed). It is assumed Nursing Home beds would be more suitable than residential home beds due to staffing levels and that any additional peripatetic support provided by NHS staff would be from deployed resources. 4) Additional Care Home capacity. The opportunities for this will be limited and staffing up any additional capacity would be challenging.		

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
		However capacity could come from opening up previously closed wings of homes or running a care home in an alternative setting. Assuming staff are supplied by the provider, then costs might bec£900 per bed per week. There may be start up costs associated with developing this type of capacity.		
Allied Health Professionals	Implementation of full contingency plan, including: • deployment of staff to support critical care and rehabilitation supported by appropriate training and orientation. • COVID+ and COVID- pathways.		30/40 additional physios required – through redeployment - NHS workforce deployment group	AHP Lead
Reduction in non-essential services				
Closure or substitution of non-essential services in response to absence levels and to support staff	Agree list of essential services.	-	-	Head of Health and Community Care
	Current closures / retractions: • Wellgate Day Centre • White Top Day Centre and Respite	Loss of Income: £480k (£1,080k)	-	Head of Health and Community Care

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
deployment to essential services.	• MacKinnon Centre • Oaklands • Practical support services • Meals service (to once per day) • The Corner (2 days per week) • Outpatient clinics across range of functions • Dundonald Day function – has closed for face to face activities. Staff and environment will be utilised for discharge hub creation.			
	AHPs - Retraction of all non-essential services and move to technology enabled care as alternative mode of service provision.			AHP Lead
	Implement arrangements for replacement of direct / face-to-face service provision with remote forms of low level support where appropriate.			Locality Managers / Integrated Managers
	Collation and analysis of information from commissioned and wider partnership services regarding service closures and retractions.	-	-	Social Care Contracts / Integrated Managers

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
Reduction in administrative activities.	Suspend all face-to-face and non-essential meetings and utilise tele/video conferencing.	-	-	All managers
	Implement provisions for approval of urgent decisions by the Integration Joint Board.	-	-	Chief Finance Officer
	Implement process for continued scrutiny of performance and audit issues.	-		Chief Finance Officer
	Implement contingency plans within support services to allow release of staff for deployment.	-	-	Chief Finance Officer
Staff are safe, supported and protected				
Support workforce health, wellbeing and absence reporting.	Implement DCC and NHST guidance for self-isolation and absence reporting.			
	Monitor impact on internal workforce across teams and service areas through daily RAG report.		-	Integrated Managers
	Maintain arrangements in place for Community Assessment Centre.	tbc	tbc	Clinical Director
	Review current workforce and identify staff with health complications and/or personal circumstances who are high risk from and identify alternative working arrangements.		-	All managers
	Establish and utilise local process for staff testing to allow staff to return to work (across internal and external workforce).	Costs being collated by NHST	Testing team staffed by existing staff through redeployment and additional hours	Integrated Manager

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Support home working where possible in line with DCC and NHST guidance.	£111k (£111k)	-	All managers
	Ensure appropriate access to childcare arrangements for key workers as per national guidance.			DCC, Children and Families Service
	Ensure appropriate access to childcare arrangements for key workers as per national guidance.	-	-	DCC, Children and Families Service All managers
	Utilise nationally procured online staff support packages: health anxiety; stress; and, sleep.			Locality Manager linking to all managers
	Develop accessible workforce supports to address health and wellbeing impacts during and post COVID-19 incident.	tbc		DCC Learning and Organisational Development Service
	Review current status in relation to infection control training Implement training for work force in line with risk and to include: • Ward staff impacted by opening of surge beds. • Community staff. • Deployed staff from non-HSCP services.			All managers
Ensure adherence to infection control procedures and availability of PPE.	Promotion of basic hygiene, including hand washing, including through easy read guidance.	-	-	All managers

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Establish and implement systems for ongoing monitoring of Personal Protective Equipment stock and escalate shortages (internal and external providers).	-	-	AHP Lead
	Establish systems to co-ordinate delivery, storage, security and distribution of PPE based on a prioritised approach (against current national guidance): • From national sources (NSS). • From local supply chains (NHS and Council procurement).	£28k (£28k)	Staff being deployed from DCC to support	AHP Lead / DCC Procurement
	Regularly issue national infection control guidance and local Public Health advice to workforce (internal and external), including via staff intranet.	-	-	AHP Lead / Senior Manager, Strategy and Performance
Work with NHS Tayside and Dundee City Council to deploy staff to sustain essential services and support enhanced service provision.	Implement contingency plans within support services to allow release of staff for deployment.	-	-	Chief Finance Officer
	Monitor impact on internal workforce across teams and service areas through daily RAG report and escalate deployment requests into DCC and NHST processes.	-	-	Integrated Managers / Locality Managers
	Establish links to DCC and NHST deployment processes, which will cover • Training issues. • Volunteers, returning staff, retired employees.	-	-	Senior Manager, DCC LOD / NHST HR

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
	Work with Trade Unions/Staff Partnership to develop local arrangements for: • Staff training (including specific training for MH and LD AHPs). • Workforce deployment and redeployment. • Accurate and timely communication.		-	Head of Health and Community Care
Implement regular workforce communications.	Staff side membership on DHSCP Silver Group.	-	-	Area Partnership Forum Staffside Secretary
	Regular DHSCP updates from Chief Officer and IJB Chair.	-	-	Chief Officer
	Co-ordinate with DCC and NHST regarding corporate workforce communications.	-	-	Head of Health and Community Care
	Clinical guidance and information for staff is established, updated and distributed regularly.	-	-	Locality Managers
	Refresh vulnerable service user information.	-	-	Protecting People, Lead Officers / DCC Communications
Service User / Carer Communications	Co-ordinate with DCC Communications regarding service closures / retractions.	-	-	Head of Health and Community Care
	Implement early contact with service users, families and carers regarding utilisation of community and family support networks.	-	-	Integrated Managers
	Integrate specific response to carers within Triage arrangements for First Contact Team.	-	Yes – staff member deployed internally	Integrated Manager (Locality Team 4)
	Provide easy read COVID information and guidance to service users and carers.	-	-	Integrated Managers

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
Work in partnership with commissioned services to maintain business continuity				
Work in partnership with commissioned services to maintain business continuity.	Third sector representation within LRP Care for People Group.			
	Implement systems for regular communications with external providers, including • Regular e-briefings. • Maintenance of function specific provider networks.	-	-	Senior Manager, Strategy and Performance / Social Care Contracts
	Implement systems for submission of requests from external providers in relation to: • Care Inspectorate notification requirements • PPE • Staff testing • Financial / contractual matters or concerns • Business Continuity Plans	-	-	Social Care Contracts
	Develop COVID-19 Business Support Policy.	See Note 1	-	Social Care Contracts
	Implement Coronavirus Business Support Fund arrangements.	Costs included under DCC	-	DCC Corporate Finance
	Publicise UK and Scottish Government grants and supports available to impacted businesses via DCC website.	-	-	DCC Corporate Finance
	Support to Direct Payment Recipients (SDS Option 1)	tbc	-	Integrated Manager
Mitigation of isolation and provision of other low level community based support to	Contribute to Shielding arrangements led by DCC, including through: • building on existing Community support Centre arrangements.	-	Yes	Community Health Inequalities Manager

Dundee Health and Social Care Partnership
COVID-19 Mobilisation Plan

Developed March 2020
Revised July 2020

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
vulnerable households in local communities	• developing processes for safe delivery of medication.			
	Contribute to Community Support Centre arrangements led by DCC, including though: • deployment of staff. • co-ordinating with support available through Social Prescribing services. • developing guidance for staff dealing with people in distress. • developing support pathways and resource directories to support deployed staff providing advice.	Costs included under DCC	Yes	Community Health Inequalities Manager
	Support DVVA to establish safe systems for volunteering and community based supports, including through: • co-ordinating third sector involvement in Community Support Centres and Shielding arrangements. • supporting arrangements for food deliveries.	-		Community Health Inequalities Manager
	Produce COVID-19 Equality Impact Assessment to identify additional supports / actions required in relation to protected groups.	Might be costs associated with provision of identified safeguards - tbc	-	Senior Manager, Strategy and Performance
	TOTAL ANTICIPATED EXPENDITURE 4 MONTHS (fye where appropriate)	**£5,171k (£14,893)**		
Additional Identified Expenditure as Submitted to Scottish Government through weekly financial				

Nature of Provision	Actions Planned	Estimated Cost 1.3.20-1.7.20 (2020/21 cost in brackets)	Additional staffing required – include sourcing route	Lead
returns not included in the above: Note 1	Additional 3rd Sector Expenditure to support additional staffing, additional hours and overtime, business continuity and support and living wage – based on 25% additional cost to current commissioned services	£5,338k (£14,805k)		
Note 2	Additional expenditure to support reduction in delayed discharge patients	£224k (£663k)		
	Potential Purchase of Various Equipment	£20k (£25k)		
	Additional Prescribing Costs (bulk of spend in 19/20)	£642k (£168k)		
	Expected Underachievement of Savings	£293k (£1,172k)		
	TOTAL ANTICIPATED ADDITIONAL EXPENDITURE	**£11,688** **(£31,726k)**		

Integrated Impact Assessment Report.

Committee Report No: DIJB29-2020

Document Title: Dundee Health and Social Care Partnership COVID-19 Recovery Plan

Document Type: Strategy

New/Existing: New

Period Covered: 01/06/2020 - 31/03/2021

Document Description:
The COVID-19 pandemic has been the biggest public health challenge facing society, including our health and social care system, in our lifetimes. The impact of the COVID-19 pandemic on the health and social care needs of the population, how we deliver supports and services, on health inequalities and on the health and wellbeing of our workforce and of unpaid carers has been substantial and wide ranging. The scale and nature of the pandemic means that the response period will last for a significant period of time and affect everyone across society, it will be much longer and more wide ranging than anything we have experienced in recent times. During the recovery period the partnership, along with other local resilience partners, will be required to deal with response and recovery concurrently.

Our recovery plan addresses three critical elements:

- scalable and sustainable plans for further potential surges in COVID-19 cases and peaks of demand;
- the ability to maintain COVID and non-COVID capacity and pathways across services and supports for a significant period of time; and,
- medium to long-term recovery planning over an estimated 18 to 24 month period.

The recovery plan has been set against the four phases within 'Scotland's route map through and out of the crisis'. Supported by more detailed recovery plans within each delegated service area / team, the recovery plan will guide the progression of our recovery from the pandemic period over the short and long-term. This will include recovery of suspended services, as well as the integration of learning and innovation from the pandemic period. The recovery plan provides a description of our own routemap to recovery set within the framework of the national routemap, ensuring our approach is shared with people who use our services, carers and families, providers of health and social care supports and services and wider organisational stakeholders.

Intended Outcome:
The overall intended outcome of the recovery plan is to support a safe and effective recovery from the COVID-19 pandemic across the whole health and social care system within the resources available to the Partnership.

In-line with they key principles outlined within the recovery plan it is intended that implementation of the recovery plan will also support the following outcomes:

- Enhanced capacity for remote delivery of care and support, within building based service provision being used only where this is essential.

- Delivery of prioritised care, services and supports to as much of the population as possible; where necessary we will continue to separate care / service pathways into COVID and non-COVID and we will maintain a focus on pathway development, re-design and innovation where this contributes to long-term transformational goals.
- Embedding and mainstreaming innovation and learning, including digital approaches.
- Mitigation and reduction of health and social inequalities, including considering impacts on carers.
- Good co-ordination with primary care and acute care partners, as well with wider community planning partners. Plans will reflect relevant regional and national strategic plans.
- Partnership working with our workforce and with people who use our services and with carers.
- A high level of workforce, service user and carer wellbeing and safety.

How will the proposal be monitored?:
Implementation of the recovery plan will be monitored by the Partnership's Integrated Strategic Planning Group, with regular reports being provided to the Integration Joint Board. Work is ongoing to identify specific, reportable indicators that may contribute to effective monitoring of recovery.

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A. Equality and Diversity Impacts:

Age: Positive
Disability: Positive
Gender Reassignment: No Impact
Marriage and Civil Partnership: No Impact
Pregnancy and Maternity: No Impact
Race/Ethnicity: Positive
Religion or Belief: No Impact
Sex: Positive
Sexual Orientation: No Impact

Equality and diversity Implications:
As the plan relates to a range of health and social care services and supports it has implications for a range of people with protected characteristics. This is also the case as emerging evidence suggests that the pandemic has had a disproportionately negative impact (both directly and indirectly) on people with protected characteristics of age, disability, race/ethnicity and sex. Additionally, the plan impacts on both members of the public (receiving services, carers and wider family members) as well as the Partnership's workforce; both groups will include people with protected characteristics.

It is assessed that the actions contained within the recovery plan will have a positive impact of people with protected characteristics. The focus of the recovery plan is on the full reinstatement of services and supports, including to those that are accessed by people with protected characteristics. A continued approach to prioritisation of services through the recovery plan will direct available resources to the most vulnerable services users, including those with protected characteristics. Similarly workforce focused developments reflect a commitment to enhanced supports to people working within the Partnership, including specific supports to workforce members who have protected characteristics (such as risk assessment of people from minority ethnic communities and flexible working arrangements that will benefit female employees who carry the majority of family / community caring responsibilities).

Proposed Mitigating Actions:
The underpinning principles of the plan include:

- Plan will act to mitigate and reduce health and social inequalities, including considering impacts on carers; and,

- Implementation of plans will be monitored for adverse impacts on people with protected characteristics, people affected by health inequalities and socio-economic depreciation and their carers and mitigating arrangements made where appropriate.

As implementation of the plan progress where there are actions that require changes to policy or practice these will be subject to a separate Integrated Impact Assessment that will further consider the specific impacts on people with protected characteristics.

Is the proposal subject to a full EQIA? : No

As the plan relates to a range of health and social care services and supports it has implications for a range of people with protected characteristics. This is also the case as emerging evidence suggests that the pandemic has had a disproportionately negative impact (both directly and indirectly) on people with protected characteristics of age, disability, race/ethnicity and sex. Additionally, the plan impacts on both members of the public (receiving services, carers and wider family members) as well as the Partnership's workforce; both groups will include people with protected characteristics.

It is assessed that the actions contained within the recovery plan will have a positive impact of people with protected characteristics. The focus of the recovery plan is on the full reinstatement of services and supports, including to those that are accessed by people with protected characteristics. A continued approach to prioritisation of services through the recovery plan will direct available resources to the most vulnerable services users, including those with protected characteristics. Similarly workforce focused developments reflect a commitment to enhanced supports to people working within the Partnership, including specific supports to workforce members who have protected characteristics (such as risk assessment of people from minority ethnic communities and flexible working arrangements that will benefit female employees who carry the majority of family / community caring responsibilities).

B. Fairness and Poverty Impacts:

Geography

Strathmartine (Ardler, St Mary's and Kirkton):	Positive
Lochee(Lochee/Beechwood, Charleston and Menzieshill):	Positive
Coldside(Hilltown, Fairmuir and Coldside):	Positive
Maryfield(Stobswell and City Centre):	Positive
North East(Whitfield, Fintry and Mill O' Mains):	Positive
East End(Mid Craigie, Linlathen and Douglas):	Positive
The Ferry:	Positive
West End:	Positive

Household Group

Lone Parent Families:	Positive
Greater Number of children and/or Young Children:	Positive
Pensioners - Single/Couple:	Positive
Single female households with children:	Positive
Unskilled workers or unemployed:	Positive
Serious and enduring mental health problems:	Positive
Homeless:	Positive
Drug and/or alcohol problems:	Positive
Offenders and Ex-offenders:	Positive
Looked after children and care leavers:	Positive
Carers:	Positive

Significant Impact

Employment:	Positive
Education and Skills:	Positive
Benefit Advice/Income Maximisation:	Positive
Childcare:	Positive
Affordability and Accessibility of services:	Positive

Fairness and Poverty Implications:
The recovery plan describes a range of measures that will begin to enhance the accessibility and range of services available as the pandemic progresses and lockdown restrictions ease. This is of potential benefit to all people living in Dundee and to all people deployed to work within the Health and Social Care Partnership. The plan reflects a continued approach to prioritisation of services to the most vulnerable services users, including those people who live in poverty and / or are impacted by other fairness matters.

There are specific elements of the plan focused on addressing the needs of carers, older people, people with poor mental health challenges, homeless people and people who us drugs and alcohol and to enhancing services provision to these groups as we move out of the lockdown period. The workforce focused aspects of the plan will enhance responses to the health and social care workforce with important positive benefits in relation to flexible working, childcare and other caring responsibilities.

Proposed Mitigating Actions:
The underpinning principles of the plan include:

- Plan will act to mitigate and reduce health and social inequalities, including considering impacts on carers; and,

- Implementation of plans will be monitored for adverse impacts on people with protected characteristics, people affected by health inequalities and socio-economic depreciation and their carers and mitigating arrangements made where appropriate.

As implementation of the plan progress where there are actions that require changes to policy or practice these will be subject to a separate Integrated Impact Assessment that will further consider the specific impacts on people with protected characteristics.

C. Environmental Impacts

Climate Change

Mitigating greenhouse gases:	Positive
Adapting to the effects of climate change:	Positive

Resource Use

Energy efficiency and consumption:	Positive
Prevention, reduction, re-use, recovery or recycling waste:	Positive
Sustainable Procurement:	Not Known

Transport

Accessible transport provision:	No Impact
Sustainable modes of transport:	Positive

Natural Environment

Air, land and water quality:	Positive
Biodiversity:	Positive
Open and green spaces:	Positive

Built Environment

Built Heritage:	No Impact
Housing:	No Impact

Is the proposal subject to Strategic Environmental Assessment

No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environment Assessment (Scotland) Act 2005.

Proposed Mitigating Actions:

None required.

Environmental Implications:

The recovery plan reflects a continued reduction in the use of centralised office spaces and enhanced home working (for an unknown period of time), as well as an intention to continue to utilise remote models of digital service provision (where appropriate). This shift has a range of positive environmental impacts as the health and social care workforce reduces travel and use of large office buildings.

D. Corporate Risk Impacts

Corporate Risk Implications:
There are significant risks associated with the subject matter of this report which incorporate a significant departure from the previous norm of Council activity. The report incorporates the potential for losses in excess of �250,000 should the downside risk materialise and there exists the potential for the Council's decision to be challenged and for significant public and press censure.

Corporate Risk Mitigating Actions:
The COVID-19 pandemic has been the biggest public health emergency of our lifetimes and as such represents a significant departure from 'business as usual' activity and risk. All public sector bodies are responding to an unprecedented set of circumstances which are subject of significant public and media scrutiny. Whilst the Scottish Government has made significant financial support available to public sector bodies to support the pandemic response and recovery, the full financial impact of the pandemic is as yet unknown and there are therefore significant financial risks associated with recovery planning. The Partnership continues to work with the Council, NHS Tayside, Scottish Government and other national bodies (such as COSLA and Health and Social Care Scotland) to understand the financial impact of the pandemic and associated risks.

ITEM No …17……..….

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 AUGUST 2020

REPORT ON: DRAFT ANNUAL ACCOUNTS 2019/20

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB30-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to present the Integration Joint Board's Draft Annual Statement of Accounts 2019/20.

2.0 RECOMMENDATIONS

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

2.1 Considers and agrees the content of the Draft Final Accounts Funding Variations as outlined in Appendix 1;

2.2 Approves the Draft Dundee Integration Joint Board Annual Corporate Governance Statement as outlined in Appendix 2;

2.3 Notes the Integration Joint Board's Draft Annual Statement of Accounts 2019/20 as outlined in Appendix 3;

2.4 Notes the application of reserves during 2019/20 to meet the Integration Joint Board's liabilities and support its activities during the financial year as outlined in 4.1.3.

2.5 Notes the Chief Finance Officer submitted the Draft Accounts to the IJB's external auditors (Audit Scotland) on the 30th June 2020 to enable the audit process to commence.

3.0 FINANCIAL IMPLICATIONS

3.1 The draft annual accounts statement for the year end 31 March 2020 highlights that the IJB made an overall deficit of £2,274k in 2019/20. This final position was net of the risk sharing arrangement in place whereby the IJB applied uncommitted reserves of £944k, with Dundee City Council providing an additional £1,021k of funding and NHS Tayside providing a further £2,042k.

4.0 MAIN TEXT

4.1 Background

4.1.1 The IJB is required to prepare financial statements for the financial year ending 31 March 2020 following the Code of Practice on Local Authority Accounting in the United Kingdom ("the Code"). The Annual Accounts report the financial performance of the IJB. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to the IJB for the delivery of the IJB's vision and its core objectives.

4.1.2 The IJB is required to follow Local Authority Accounts (Scotland) Regulations 2014. This requires the inclusion of a management commentary and remuneration report and recommends submission of the draft accounts by 30 June 2020 to the IJB's external auditors (Audit Scotland for 2019/20). It is acknowledged that the Covid-19 crisis has caused significant disruption to the provision of services and the governance arrangements around those services. Accordingly, provisions made in the Coronavirus (Scotland) Act 2020 in relation to the publication of statutory reports provide some flexibility around reporting requirements and timescales associated with the statutory accounts process as set out within the Local Authority Accounts (Scotland) Regulations 2014. This particularly relates to the potential postponement of the publication of the unaudited accounts, associated inspection periods and publication of the audited accounts with a 2 month extension available if required. It is the view of the Chief Finance Officer that the extended timescales are not required for the IJB's unaudited accounts. Audit Scotland have advised that while they will strive to carry out the work necessary to meet the existing audited accounts deadline of the 30th September, the impact of requiring to work differently and with less staff as a result of Covid-19 may result in delays to the completion of the audited accounts which can now be published by the end of November rather than the 30th September current deadline. The Chief Finance Officer submitted the draft accounts to Audit Scotland on the 30th June 2020 to enable the external audit to commence.

4.1.3 The 2019/20 Annual Accounts comprise:-

a) Comprehensive Income and Expenditure Statement – This statement shows that Dundee Integration Joint Board made an overall deficit of £2,274k in 2019/20 (deficit of £1,794k in 2018/19) on the total income of £273,803k (£261,283k in 2018/19). This overall deficit will be met through the Integration Joint Board's reserves and is net of additional funding provided by Dundee City Council and NHS Tayside totalling £3,063k and the application of uncommitted IJB reserves under the risk sharing arrangements set out within the integration scheme.

b) Movement in Reserves – Dundee Integration Joint Board has year-end reserves of £492k at the year ended 31st March 2020 (£2,766k in 2018/19). These are held in line with the Integration Joint Board's reserves policy. Reserves were applied during the year to cover outstanding liabilities to Dundee City Council, NHS Tayside and the activities of the Integration Joint Board.

c) Balance Sheet – In terms of routine business Dundee Integration Joint Board does not hold assets, however the reserves noted above are reflected in the year-end balance sheet.

d) Notes - Comprising a summary of significant accounting policies, analysis of significant figures within the Annual Accounts and other explanatory information.

4.1.4 It should be noted that due to a range of technical accounting and other budgetary changes, there is some variation between the original agreed levels of funding from Dundee City Council and NHS Tayside to Dundee IJB as part of the delegated budget. The details of these are set out within the Draft Final Accounts Funding Variations summary as Appendix 1 to this report and it is proposed that the IJB accepts these changes.

4.1.5 The annual accounts document contains a Governance and Assurance Statement which is based on a self-assessment process. The IJB governance arrangements require to be independently assessed by Internal Audit and the Chief Internal Auditor's Annual Internal Audit Report is set out as a separate item on this IJB meeting agenda.

4.1.6 Once submitted, Audit Scotland will assess these accounts in line with their Annual Audit Plan for Dundee IJB as approved under the IJB's Essential Business Procedure and produce an independent auditors' report setting out their opinion on the annual statement at the earliest date possible as noted in section 4.1.2 above. The outcome of this will be incorporated into the annual accounts and will subsequently be presented to the IJB for final approval. The draft unaudited accounts are shown in Appendix 3.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that through the audit process, Audit Scotland identify areas of concern or material misstatement leading to a qualified audit certificate
Risk Category	Financial/Governance
Inherent Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (which is High Risk Level)
Mitigating Actions (including timescales and resources)	The accounts have been prepared in accordance with good practice principles and statutory requirements by suitably qualified officers
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the nature of the risks, these are deemed to be acceptable

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

DATE: 20th August 2020

Appendix 1

Final Accounts – Funding Variations (and Adoption of Specific Presentation)
Extract - Note to Dundee Joint Integration Board regarding variations to the existing Scheme of Integration and the adoption of specific presentation of information within the framework of the International Financial Reporting Standards (IFRS).

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

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

Section 1 – Variations to Delegated Budget

Local Authority Variations – The agreed delegated budget 2019/20 provided for a budgeted payment of £77,047k from Dundee City Council to the Dundee City Integration Joint Board to fund the commissioning of services. It is recognised that a number of technical year-end adjustments will result in variations in costs outwith the control of the IJB (e.g. adjustments to pension costs).

The financial reporting process throughout the year highlighted significant pressures on social care services leading to an overspend. The Dundee City Integration Scheme advised how any overspend position for delegated services will be treated. From the 3rd financial year onwards any overspend after the use of reserves will be allocated based on each partner proportionate contribution to the DIJB for that financial year. As a result, Dundee City Council is due to make a further contribution of £1,020k. This figure is included in the total funds provided by DCC.

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

The Dundee City Council adjusted funding is outlined below:-

DCC Funding to Dundee Integration Joint Board (DIJB)	**£000**
Initial DCC contribution to DIJB	**77,047**
Additional Funding from DCC – pension costs	5,258
Other additional funding from DCC	249
Additional funding to cover overspend as per the risk share agreement	1,021
Total Funds provided by Dundee City Council	**83,575**

NHS Tayside Variations – The agreed delegated budget 2019/20 provided for a budgeted payment of £158,879k from NHS Tayside to the Dundee City Integration Joint Board to fund the commissioning of services. The financial reporting process throughout the year highlighted significant pressures on NHS Tayside. Despite these pressures NHS Tayside an underlying underspend in NHS budget was reported. However, the DIJB overall financial performance consists of an underlying overspend. The Dundee City Integration Scheme advised how any overspend position for delegated services will be treated. From the 3rd financial year onwards any overspend after the use of reserves will be allocated based on each partner proportionate contribution to the DIJB for that financial year. As a result, NHS Tayside is due to make a further contribution of £2,042k. This figure is included in the total funds provided by NHS Tayside.

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

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

NHS Funding to Dundee Integration Joint Board (DIJB)	**£000**
Initial NHS Contribution to DIJB	158,879
Superannuation Adjustments / Action 15 Mental Health	496
Hospital & Community Health Services	1,322
FHS Drugs Prescribing	424
General Medical Services	1,628
FHS - Cash Limited & Non Cash Limited	1,083
Net Effect of Hosted Services*	6,182
Large Hospital Set Aside	18,172
Additional funding to cover overspend as per the risk share agreement	2,042
NHS contribution to DIJB	**190,228**

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

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

To support this position the following text is included on the face of the 2019/20 Annual Accounts

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

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

Introduction **Appendix 2**

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

Scope of Responsibilitys

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

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

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

The Governance Framework and Internal Control System

Dundee City Integration Joint Board comprises six voting members, three nominated by Dundee City Council and three nominated by Tayside NHS Board, as well as non-voting members including a Chief Officer and Chief Finance Officer appointed by the Integration Joint Board. During 2019/20, the Integration Joint Board continued to develop, enhance and review its governance arrangements as it moved through its fourth year of being responsible for the strategic planning and operational delivery of integrated health and social care services. This included progressing areas highlighted as developments in the 2017/18 and 2018/19 Annual Governance Statements.

The main features of the governance framework in existence during 2019/20 were:

- The Integration Scheme as the overarching agreement between the Integration Joint Board, NHS Tayside and Dundee City Council as to how the planning for and delivery of delegated health and social care services is to be achieved reflecting a range of governance arrangements required to support this arrangement.
- The senior leadership team consisting of the Chief Officer, Head of Finance and Strategic Planning (Chief Finance Officer) and Head of Health and Community Care. The Chief Finance Officer has overall responsibility for the Integration Joint Board's financial arrangements and is professionally qualified and suitably experienced to lead the Integration Joint Board's finance function and to direct staff accordingly.
- Formal regular meetings of the senior leadership team including professional advisers.
- Standing Orders, Financial Regulations and a Code of Conduct including the publication of Register of Member's Interests and the nomination of the Clerk to the Integration Joint Board as Standards Officer were all in place during 2019/20. Standing Orders including terms of reference for the Performance and Audit Committee were reviewed and updated during the year.
- The Integration Joint Board met on seven occasions throughout the year to consider its business. Three development sessions were held as part of the 2020/21 budget development process with a further induction session held for new IJB members which covered their role and expected standards and conduct.
- The Integration Joint Board's Performance and Audit Committee met on three occasions throughout the year to enhance scrutiny of the performance of the Integration Joint Board and audit arrangements in line with regulations and good governance standards in the public sector. This is the minimum number of meetings required in line with the Terms of Reference. While a further three meetings had been timetabled, the July meeting was cancelled due to insufficient business, the February meeting as it would not have been quorate and the final one due to the Covid-19 outbreak.
- Internal Audit arrangements for 2019/20 were approved including the appointment of the Chief Internal Auditor of FTF Internal Audit and Management Services to the role of Chief Internal

Auditor of the Integration Joint Board supported by Dundee City Council's Internal Audit Service. An Internal Audit Plan for 2019/20 was approved drawing on resources from both organisations.

- The assurances provided from internal audit through their independent review work of the Integration Joint Board's internal control systems.
- Assurances were provided to the Performance and Audit Committee in relation to Clinical, Care and Professional Governance through the presentation of a Chairs assurance Report from the Clinical, Care and Professional Governance Group
- The Chief Finance Officer complied fully with the five principles of the role of the Chief Finance Officer, as set out in CIPFA guidance.

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2019/20 this included the following:

- A continued focus on considering risk in decision making through the clear identification of risks in relation to Integration Joint Board decisions reflected in reports presented to the Integration Joint Board and Performance and Audit Committee,
- The approval and progressing in year of the Annual Internal Audit Plan with the presentation of Internal Audit reports and follow up action plans as appropriate.
- The presentation of the IJB's Annual Performance Report
- Continued development of the performance management framework with a range of performance reports published and scrutinised by the Performance and Audit Committee throughout the year, including more detailed reviews of specific areas of concern as requested by the committee, including Discharge Management updated performance on Complex and Standard delays and Falls analysis.
- A process of formal regular reporting of financial performance and monitoring to the Integration Joint Board was in place throughout 2019/20.
- The provision of regular budget development reports for 2020/21 to the Integration Joint Board.
- The provision of an assurance report from the chair of the Performance and Audit Committee outlining the key issues raised at the previous Performance and Audit Committee meeting to the following Integration Joint Board meeting.
- In-year reporting on issues relating to the Clinical, Care and Professional Governance Group in the form of the group's Chairs Assurance Report in line with the overarching strategy: Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework with no major issues reported.
- Embedding the issuing of directions to NHS Tayside and Dundee City Council reflected in Integration Joint Board reports during the year.
- Reporting of the implications of national overview reports by scrutiny bodies such as Audit Scotland
- Regular reporting to the Performance & Audit Committee of external scrutiny reports relating to delegated services from scrutiny bodies such as the Care Inspectorate and Mental Welfare Commission and supporting subsequent action plans.
- Provision of a Governance Action Plan progress report to monitor progress of previous recommended areas of improvement provided to each meeting of the Performance and Audit Committee.
- Assurance provided around the quality of Social Work Services through the Chief Social Work Officer Governance Framework and annual Chief Social Work Officer's Annual Report
- Quarterly Reporting of Complaints in relation to delegated Health and Social Care services
- The consideration of inspection reports from other IJB's such as North Ayrshire and Perth and Kinross and implications of lessons learned from these to Dundee IJB.
- The revision of the IJB's Partnership and Engagement Strategy to ensure all stakeholders have the opportunity to contribute to the continued development of health and social care services
- Assurances on the procedures, processes and systems of NHS Tayside and Dundee City Council.

Review of Adequacy and Effectiveness

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

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

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

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

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

Throughout the year, the Performance and Audit Committee has considered a range of issues which cover its core responsibilities in providing the Integration Joint Board with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and governance arrangements. Assurances are provided through the internal audit reviews undertaken throughout the financial year and presented to the Performance and Audit Committee. During 2019/20 the number of carried forward days from previous annual audit plans has been a significant factor causing changes to target dates for reporting. The complexity of the control environment for IJBs, the demand on IJB management time to feed into the audit process; as well as the time taken to clear reports with the range of parties involved means some audits planned for 2019/20 were not reported by year-end. Fieldwork on these audits was either substantially completed by the end of May, or a risk assessment process for inclusion in the 2020/21 internal audit plan carried out. The Chief Internal Auditor has assured the Performance and Audit Committee that the work completed at year end on the governance checklist and annual internal audit report is sufficient to allow them to provide robust assurance for the governance statement.

It is recognised that progress in delivering a number of actions from previous internal and external audit recommendations has been slower than originally planned, mainly due to lack of capacity within Dundee Health and Social Care Partnership to take these actions forward at the expected pace. Plans are being developed to enhance capacity throughout 2020/21 to mitigate this risk in future years. In the context of the other controls in place, this is not deemed to undermine the systems of governance and control within the IJB.

The Chair of the Performance and Audit Committee provides an update to the next available Integration Joint Board meeting on the issues raised and any areas of concern which the Integration Joint Board should be made aware of. Over the course of 2019/20, no such areas of concern were noted by the Chair of the Performance and Audit Committee although, as noted below, the Committee will be focusing on the delivery of the amalgamated governance action plan in 2020-21.

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

The Chief Internal Auditor has carried out his review of the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk management and control. The findings of this review are reflected in the Annual Internal Audit Report 2019/20 which supports the outcome of Dundee City IJB's self-assessment process noted above and concludes that although some areas for improvement have been identified these do not impact on the level of assurance provided and reliance can be placed on the Integration Joint Board's governance arrangements and systems of control for 2019/20. A management response, actions and planned completion dates in relation to these areas of improvement

will be developed with the progress of these actions monitored through the Performance and Audit Committee.

Continuous Improvement

The following areas for improvement have been identified through the self-assessment process and Annual Internal Audit Report. Progress against these will be monitored by the Performance and Audit Committee during 2020/21. A number of these are outstanding from previous year's continuous improvement plans and are now included in the Governance Action Plan and updated at each Performance and Audit Committee meeting with revised planned completion dates as appropriate. These have primarily been delayed due to resource capacity and the impact of other priorities across the wider partnership with NHS Tayside and the other Tayside Integration Joint Boards. In addition, a number of areas of improvement have been identified through internal audit reports during the year. The unprecedented implications of responding to the challenges of the Covid-19 pandemic will have an impact in the early stages of 2020/21 of progressing a range of governance improvement actions. The impact of the Covid-19 pandemic on the capacity of the service to take these actions forward has been taken into consideration and a report setting out the revised actions to be undertaken to ensure completion of these actions will be presented to the PAC with any actions outwith the power of that Committee escalated to the IJB Board.

Area for Improvement	Lead Officer	Planned Completion Date
Previous Year Actions Carried Forward and Included in the Governance Action Plan.		
Development of improved Hosted Services arrangements around risk and performance management for hosted services and associated assurances.	Chief Officer / Chief Finance Officer	Revised date September 2020
Clarification of deputising arrangements for the Chief Officer to be presented to the IJB.	Chief Officer	Revised date August 2020
Further develop the Integration Joint Board's local Code of Governance.	Chief Officer / Chief Finance Officer	Revised date September 2020
Development of Large Hospital Set Aside arrangements in conjunction with the Scottish Government, NHS Tayside and Angus and Perth and Kinross Integration Joint Boards.	Chief Officer / Chief Finance Officer	Revised date June 2020
Range of developments following the Internal Audit report on Risk Maturity as reflected in the Risk Management Action Plan, including updating the risk management strategy, streamlining risk registers to prevent duplication and agree reporting arrangements and schedules.	Chief Finance Officer	All actions to be completed by revised date of September 2020
Range of actions arising from the Workforce Internal Audit Review including development of the Integrated Workforce and	Chief Finance Officer/Chief Officer	All actions to be completed by revised date December 2020

Organisational Development Plan in addition to provision of staff governance reporting.		
2019/20 Areas for Improvement Identified		
The financial ledger should be fully updated in 2019/20 prior to the approval of the annual accounts.	Chief Finance Officer	June 2020
A long-term financial strategy (5 years or more) supported by clear and detailed financial plans (3 years or more) should be prepared.	Chief Finance Officer	August 2020
The IJB should liaise with NHS Tayside and consider the arrangements for regular attendance by a member appointed as the registered medical practitioner providing primary care.	Clerk to the Board	August 2020
The IJB should liaise with its partner organisations to ensure an agreed budget is approved prior to the start of the year.	Chief Finance Officer	June 2020
The IJB should seek to combine financial and performance reporting to ensure that members have clear sight of the impact of variances against budget in terms of service performance.	Chief Finance Officer	September 2020
The IJB should review its reserves to ensure they are adequate.	Chief Finance Officer	March 2020
Mechanisms and reporting arrangements should be implemented to provide assurance to the Chief Officer and the Board that the IJB has arrangements in place to demonstrate that services are delivering Best Value.	Chief Finance Officer	September 2020
Implementation of and reporting on all outstanding recommendations arising from the Ministerial Steering Group report on Health and Social Care Integration.	Chief Officer / Chief Finance Officer	December 2020
Further development of governance and assurance arrangements considering agreed governance principles and updated advice from the Scottish Government Health & Social Care Division.	Chief Officer / Chief Finance Officer	December 2020

Conclusion and Opinion on Assurance

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

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

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

DUNDEE CITY INTEGRATION JOINT BOARD

Commonly known as the Dundee Health and Social Care Partnership

ANNUAL ACCOUNTS 2019-20

Unaudited

Dundee City Integration Joint Board

Annual Accounts 2019-20

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Introduction

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

Following approval from Dundee City Council and NHS Tayside, the Dundee Integration Scheme, the formal legal partnership agreement between the two parent organisations, was submitted to the Scottish Ministers in August 2015. On 3 October 2015 Scottish Ministers legally established Dundee's Integration Joint Board as a body corporate by virtue of the Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Amendment (No 3) Order 2015. The Integration Scheme was subsequently amended and approved by the Scottish Government with effect from 3rd April 2018 to take account of The Carers (Scotland) Act 2016.

Dundee City Integration Joint Board formally became responsible for the operational management and oversight of delegated health and social care functions with effect from 1 April 2016. The services delegated to Dundee City IJB by NHS Tayside and Dundee City Council are listed in the Dundee Integration Scheme.

This publication contains the financial statements for Dundee City Integration Joint Board for the year ended 31 March 2020. The Management Commentary highlights the key activities carried out to date and looks forward, outlining the anticipated financial outlook for the future and the challenges and risks facing health and social care services over the medium term.

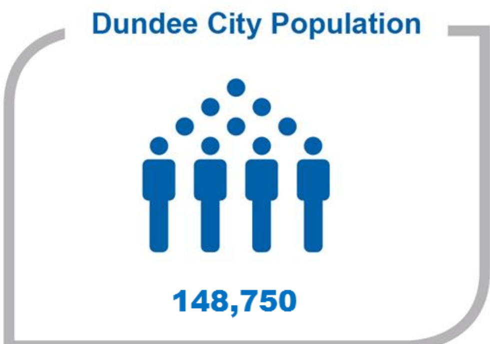
Role and Remit of Dundee City Integration Joint Board

Dundee City Integration Joint Board (commonly known as Dundee Health and Social Care Partnership) has responsibility for planning and providing defined health care and social care services for the residents of Dundee encompassing an area of 60 square kilometres and a population of around 149,000. These services are provided in line with the Integration Joint Board's Strategic and Commissioning Plan 2019-2022 which can be found here:
https://www.dundeehscp.com/sites/default/files/publications/dhscp_strategic_plan_2019-2022.pdf.

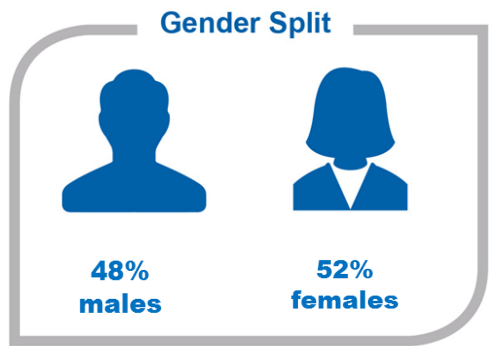
Population, health and deprivation impact directly on demand for health and social care services and can often result in higher support levels being required. Dundee has high levels of inequalities within the city with significant variances across locality areas, driven by high levels of deprivation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

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

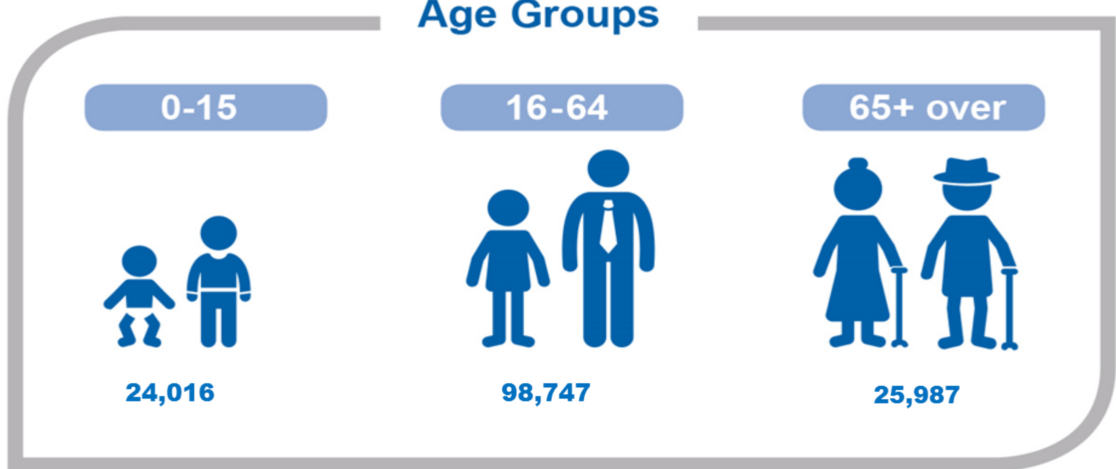
POPULATION PROFILE AND PROJECTIONS



(Source: National Records of Scotland, 2018)



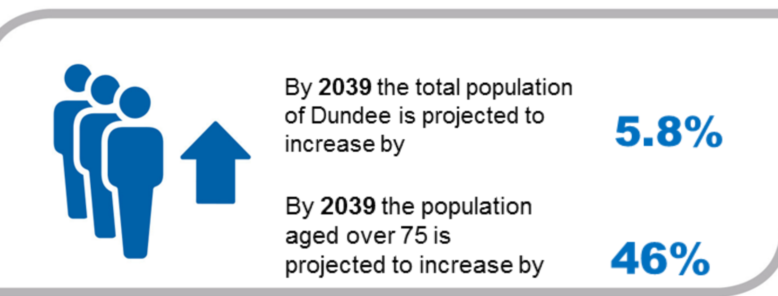
(Source: National Records of Scotland, 2018)



(Source: National Records of Scotland, 2018)

Projected Population

Like other parts of Scotland, Dundee is expected to see a significant rise in the number of older people with an increase of **45%** in those over 75 anticipated over the next 20 years.



Life Expectancy

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

Female Life Expectancy at Birth - **79.4 years** (compared to 81.1 years for a Scottish female, a difference of 1.7 years)
Male Life Expectancy at Birth – **73.9 years** compared to 77.0 years for a Scottish male, a difference of 3.1 years)

(Source: NRS Life Expectancy for areas within Scotland 2015-17)

Deprivation

Dundee is the **5th** most deprived local authority area in Scotland with just over **29%** of the population living in the **15%** most deprived areas of Scotland.

In Dundee, **six out of eight Dundee LCPP areas** are above the Scottish average of 15% and are also above Dundee's average of 28.6%.

(Source: Scottish Index of Multiple Deprivation 2016, Scottish Government)

Drug Misuse

Dundee has the **4th** highest prevalence of drug misuse in Scotland. There are an estimated 2,300 problem drug users (ages 15– 64) in Dundee.

1,600 (70%) male and
700 (30%) are female

(Source: Prevalence of Problem Drug Use in Scotland 2015/16 estimates, ISD Scotland)

Homelessness

1,474 homeless applications were submitted in 2015/16.

1% of Dundee's population.

(Source: SG Operation of Homeless Persons Legislation, 2015/16 and ONS, 2015)

Learning Disability

Dundee has the **highest proportion** of adults with a learning disability in Scotland.
In 2017, there were **9.2 adults** per 1,000 population of adults in Dundee with a learning disability, compared to 5.2 adults per 1,000 population in Scotland.

(Source: Learning Disability Statistic Scotland, 2017)

Physical Disability

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

7% of Dundee's population.

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

Membership of Dundee City Integration Board

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

The table below notes the membership of Dundee City Integration Joint Board in 2019/20:

Voting Members:

Role	Member
Nominated by Health Board	Trudy McLeay
Nominated by Health Board	Jenny Alexander
Nominated by Health Board	Nic Beech (from 1/4/2019 until 4/12/2019) Prof Rory McCrimmon (from 24/1/2020 until 27/2/2020) Donald McPherson (from 27/2/20) Dr Norman Pratt (Appointed as Proxy Member from 24/1/20)
Councillor Nominated by Dundee City Council	Councillor Ken Lynn
Councillor Nominated by Dundee City Council	Bailie Helen Wright
Councillor Nominated by Dundee City Council	Councillor Roisin Smith

Non-voting members:

Role	Member
Chief Social Work Officer	Jane Martin (Dundee City Council) (until 31/7/2019) Diane McCulloch (Dundee City Council) (from 1/8/2019)
Chief Officer	David W Lynch (until 31/12/2019) Vicky Irons (from 3/2/2020)
Proper Officer Appointed under section 95 (Chief Finance Officer)	Dave Berry
Registered medical practitioner whose name is included in the list of primary medical performers prepared by the Health Board	Frank Weber (until 14/11/2019)
Registered nurse who is employed by the Health Board	Sarah Dickie (until 1/8/2019) Kathryn Brechin (from 1/8/2019)
Registered medical practitioner employed by the Health Board and not providing primary medical services	Cesar Rodriguez (until 31/3/2019) James Cotton (from 1/4/2019)

Staff of the constituent authorities engaged in the provision of services provided under integration functions	Raymond Marshall (NHS Tayside Staff Side Representative) Jim McFarlane (Dundee City Council Trade Union Representative)
Director of Public Health	Drew Walker (NHS Tayside)
Third Sector Representative	Christine Lowden (Dundee Voluntary Action) (until 1/10/2019) Eric Knox (from 2/10/2019)
Service user residing in the area of the local authority	Linda Gray
Persons providing unpaid care in the area of the local authority	Martyn Sloan (Carer, Dundee Carers Centre)

The Chair of Dundee City Integration Joint Board rotates on a two-yearly basis with the Chairs position transferring in October 2018 to Trudy McLeay as a non-executive member of NHS Tayside Board and Councillor Ken Lynn acting as Vice Chair.

No changes in the membership of Dundee City IJB have taken place after the end of the 2019/20 financial year and up to the date when the unaudited annual accounts were authorised for issue.

The Chief Officer provides the strategic leadership and direction to the delegated operational services of the Dundee City Integration Joint Board. The Chief Officer is supported by the Head of Finance and Strategic Planning (as Chief Finance Officer) and the Head of Health and Community Care.

Impact of the COVID-19 EPIDEMIC

The COVID-19 pandemic has been the biggest public health challenge facing society, including our health and social care system, in our lifetimes. Daily life has been significantly restricted, particularly following the imposition of lockdown arrangements by the UK Government on 26 March 2020. On 17 March the Cabinet Secretary for Health placed NHS Scotland on an emergency footing as a direct consequence of substantial and sustained transmission of COVID-19, with non-urgent elective operations and routine care suspended.

The impact of the COVID-19 pandemic on the health and social care needs of the population, how supports and services are delivered, on health inequalities and on the health and wellbeing of the health and social care workforce and of unpaid carers has been substantial and wide ranging.

Services delegated to Dundee Health and Social Care Partnership (DHSCP) form a critical part of the overall health and social care system, particularly the wide range of community-based health, social care and social work supports and services. Partnership services have not only supported efforts to rapidly increase the availability of beds in the acute sector to respond to COVID-19 positive patients requiring hospital admission, but have also been integral to providing responses to COVID-19 positive people in the community, both within their own homes and within residential settings such as care homes. As well as working to establish new COVID-19 pathways and responses, a range of services and supports have been the subject of rapid redesign to enable continued operation in the context of social distancing regulations and public health advice. This has included significant mobilisation and redeployment of the workforce across partner bodies such as Dundee City Council, NHS

Tayside and the Voluntary Sector. Emerging issues such as securing adequate supplies of PPE and the provision of COVID-19 testing facilities have required a response from DHSCP. DHSCP has been integral to the provision of support and advice to care homes and other care providers including establishing a regular care provider information and advice bulletin and a system of financial sustainability payments in line with national guidance.

A range of essential, non-Covid services have also continued to be delivered, including face-to-face contact on a risk assessed basis to ensure the most vulnerable in the city continue to receive the support they need. In addition, the Partnership has made a significant contribution to wider Dundee Community Planning Partnership efforts to respond to community support needs, such as responses to shielded people requirements, food distribution and a range of public protection responses. These have had to be provided against a context of an instant change in the traditional working environment with the closure of most office bases and a move to home working for large parts of the workforce.

Changes to operational arrangements have been overseen and supported by a rapidly established incident control structure overseen by DHSCP's Silver Command which interfaces with associated response structures developed within NHS Tayside and Dundee City Council and the Tayside Local Resilience Partnership.

The IJB's governance arrangements were disrupted through the need to stand down formal meetings during the height of the crisis with the introduction of the Essential Business Procedure providing delegated authority to the Chief Officer and Chair of the IJB. A virtual weekly IJB voting members briefing meeting has been established in the interim period to provide an update on the major issues throughout the emergency period.

In recognition of the additional demands experienced by Health and Social Care Partnership's across the country, the Scottish Government has made available additional funding to support additional costs incurred as a response to the COVID-19 crisis. During 2019/20, DHSCP was provided with additional funding of £755k with further funding due to be received throughout 2020/21 as part of the local mobilisation plan funding process.

During 2020/21, DHSCP will continue to respond to the challenges of COVID-19 through the development and implementation of its recovery plan which will require new approaches to providing health and social care services in the context of increasing demand for services.

Operations for the Year

2019/20 represents the fourth full financial year of Dundee City Integration Joint Board (commonly known as Dundee Health and Social Care Partnership) being formally responsible for planning and delivering community-based health and social care services. Notwithstanding the impact of the COVID-19 crisis over the latter period of the year, the development and delivery of these services throughout 2019/20 was in line with the Dundee City Integration Joint Board's Strategic and Commissioning Plan 2019-2022 which sets out the context within which integrated services in Dundee operate and is shaped around the Health and Social Care Partnership's vision that "Each Citizen of Dundee will have access to the information and support that they need to live a fulfilled life."

This plan focusses on Strategic and Commissioning Plan focusses on the four strategic priorities of tackling health inequalities, early intervention and prevention, localities and engaging with communities and developing models of support / pathways of care. These priorities are supported by ensuring services provided embed a focus on carers, build capacity, provide person centred care and support and resources are managed effectively.

The priorities in the 2019-2022 Strategic Commissioning Plan are consistent with and support the Scottish Government nine National Health and Wellbeing Outcomes which apply across all health and social care services. These are:

Table 1 National Outcomes

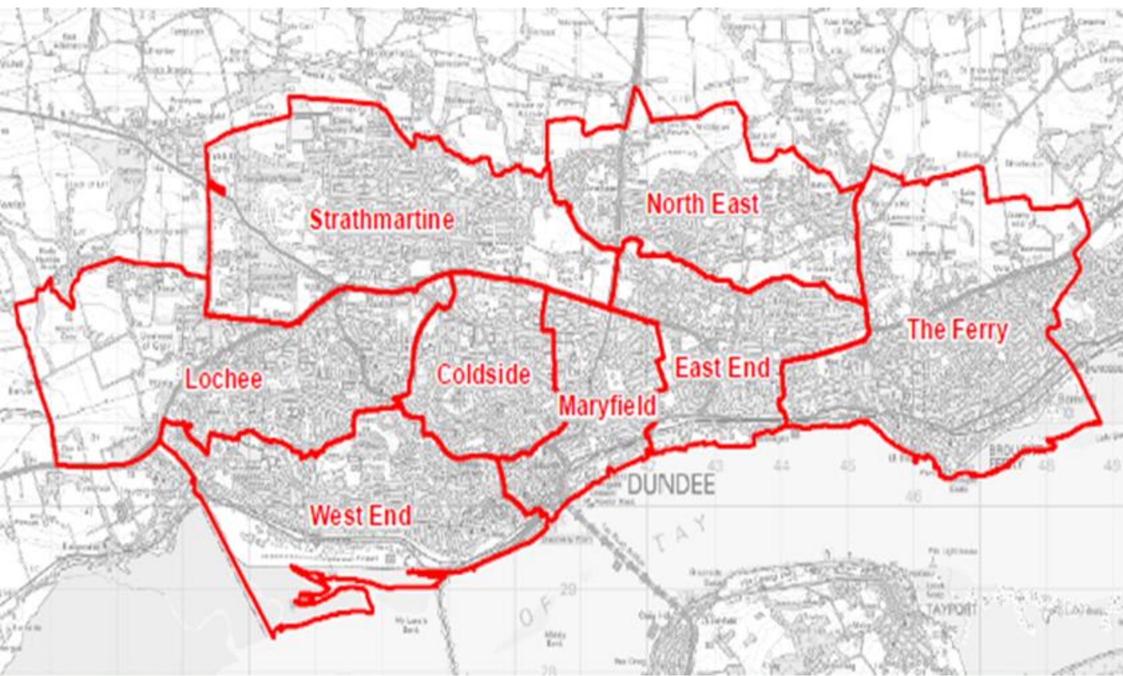
Outcome 1. Healthier Living	People are able to look after and improve their own health and wellbeing and live in good health for longer
Outcome 2. Independent Living	People, including those with disabilities, long term, conditions, or who are frail, are able to live as far as reasonably practicable, independently at home or in a homely setting in their community.
Outcome 3. Positive Experiences and Outcomes	People who use health and social care services have positive experiences of those services and have their dignity respected.
Outcome 4. Quality of Life	Health and social care services are centred on helping to maintain or improve the quality of life of service users.
Outcome 5. Reduce Health Inequalities	Health and social care services contribute to reducing health inequalities.
Outcome 6. Carers are Supported	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
Outcome 7. People are Safe	People who use health and social care services are safe from harm.
Outcome 8. Engaged Workforce	People who work in health and social care services feel engaged with the work they do, are supported to continuously improve the information, support, care and treatment they provide
Outcome 9. Resources are used Efficiently and Effectively	Resources are used effectively and efficiently in the provision of health and social care services

Over the course of 2020/21, Dundee Integration Joint Board will continue to monitor the impact of the COVID-19 crisis on the Strategic and Commissioning Plan and will review and amend it accordingly if necessary.

Operational Delivery Model

During 2019/20, Dundee Health and Social Care Partnership continued to redesign and develop its operational delivery structure with a view to embedding a fully integrated model of integrated health and social care services to support the delivery of the Dundee City Integration Joint Board's strategic priorities. This structure is based around the eight Local Community Planning Partnership (LCPP) areas within the city as noted below.

Map of Eight Local Community Planning Partnership Areas



Locality managers' portfolios currently include a combination of service specific responsibilities which are city wide (e.g. older people care at home, learning disabilities) as well as an overview of the needs of their locality areas as part of the transition to full locality based integrated health and social care services.

Scrutiny and Performance

The Integration Joint Board's Performance and Audit Committee (PAC) provides the opportunity for committee members to better understand the needs of communities and to monitor and scrutinise performance of delegated services against delivering the strategic priorities through a range of performance indicators and benchmarking. Throughout 2019/20, the Integration Joint Board's Performance and Audit Committee received performance reports which quantified Dundee's health and social care challenges in relation to the baseline data against a range of performance indicators, designed to capture the progress made under integration over time. This includes nationally and locally set indicators, a number of which are reflected at locality level to assist the Dundee City Integration Joint Board in determining the areas of greatest need and to inform the targeting of resources. Dundee's 2019/20 performance against a range of national indicators is noted in **Table 2** below. This shows that a good progress is being made in relation to reducing emergency admissions compared to 2018/19 data however challenges still remain in relation to delayed discharges from hospital. Emergency bed days have improved significantly since 2015/16. Further information regarding the performance of Dundee Integration Joint Board can be found at the Annual Performance Report (link to be inserted once available).

Table 2

National Indicator	Dundee 15/16 (Baseline Year)	Dundee 2018/19	Dundee 2019/20 Q3	Scotland 2019/20**
Emergency admissions rate to hospital per 100,000 people aged 18+	12,168	12,703*	12,569	To be confirmed**
Emergency bed days rate per 100,000 people aged 18+	146,192	125,377*	120,584	To be confirmed**
Readmissions to acute hospital within 28 days of discharge rate per 1,000 population	122	129*	127	To be confirmed**
Falls rate per 1,000 population aged 65+	25	31	31	To be confirmed**
Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (Delayed Discharge bed days)	832	372*	488	To be confirmed**

Notes:
** figures have been revised in accordance with data provided from ISD Scotland*
*** the data will be populated should the information become verified and available for the audited accounts.*

Transforming Services

Transforming services is key to the Dundee City Integration Joint Board continuing to improve outcomes for service users and performance and service redesign opportunities connect to the overarching strategic priorities. During 2019/20, DHSCP re-designed the internal home care service with the aim of delivering a service which is more responsive to the needs of service users, providing services when they need it and delivering a more sustainable and effective service delivery model. Furthermore, through an expansion of community supports for older people with mental health needs under the Reshaping Care for Older People Programme, demand for inpatient beds continues to reduce with a resultant reduction in the bed base at the Kingsway Care Centre. Progress continues to be made in relation to more efficient and effective prescribing which has seen GP prescribing expenditure for Dundee reduce to below the Scottish average per weighted patient. The challenge for the Dundee City IJB is to be able to continually develop and sustain levels of change at scale and pace to meet the growing demographic needs with continuing financial restrictions.

Through delivery of the Dundee City Integration Joint Boards Strategic and Commissioning Plan, Dundee Health and Social Care Partnership continues to reduce the number of hospital beds it directly manages and continues to reduce the number of emergency bed days used by the Dundee population through the acute hospital sector. The bed base is part of the overall description within the legislation around health and social care integration known as the large hospital set aside, with the Dundee City Integration Joint Board being responsible for the

planning of acute services that are delegated with NHS Tayside responsible for the operational oversight and management of these services. The sustained progress made by DHSCP in reducing the number of emergency bed days has resulted in NHS Tayside committing to the release of £1m of financial resources to DHSCP on a recurring basis from 2020/21.

Following the publication of the findings and recommendations of the Dundee Drugs Commission Report “Responding to Drug Use with Kindness, Compassion and Hope”, a programme of service development and change is underway in relation to the provision of substance misuse services and supports.

Following the publication of the final report of the Independent Inquiry into Mental Health Services in Tayside, “Trust and Respect”, agreement has been reached that the operational management of in-patient mental health services in Tayside transfer from the Tayside Integration Joint Boards, hosted by Perth & Kinross IJB, to NHS Tayside. The Tayside IJBs will remain critical to the response to the recommendations of the inquiry through the redesign of community based mental health services.

Dundee City IJB has continued to transform Primary Care services. The First Contact Physiotherapy (FCP) has expanded to all 4 GP clusters across Dundee by utilising an innovative federated appointment system. Patients now have direct access to the advanced physiotherapy care they need for their musculoskeletal problems. The FCP service has demonstrated significant reductions in secondary care referrals by offering advanced skills to assess, diagnose, offer self-management advice and, where necessary, refer for investigations or further treatment. In turn, this releases GP capacity while providing faster access to diagnosis and treatment. The FCP service was also nominated for a STAR award in 2019.

Transforming Primary Care - Case study example

A female attended one of the First Contact Physiotherapy (FCP) clinics having seen the service advertised in her own GP practice – as an infographic on the TV screen. She contacted her GP practice and was given an appointment to attend one of the hub sites that day to see a member of the FCP team. Following assessment, the results of the consultation were inputted directly into the primary care record and self-management advice was provided.
The assessment identified that onward referral to the MSK outpatient physiotherapy service was required and it was possible to refer at the time of the consultation.
The service received positive feedback and it is recognised this service allows people to be seen by the right person at the right time for her, reducing the pressure on General Practitioners.

Source: DHSCP Annual Performance Report 2019-20 (link to be inserted once available)

A summary of the key achievements over 2019/20 is as follows:

- Of the 10 services directly provided by the Partnership that were subject to inspection by the Care Inspectorate over the last year, 100% received grades that were ‘good’ or better and 80% received grades of ‘very good’ or ‘excellent’.
- Maintained good performance in relation to the number of bed days lost to delayed discharge per 100 people aged 75 years or over; in 19-20 Dundee was the 11th best performing Partnership in Scotland.
- Further improvement of the Post Diagnostic Support (PDS) service which included further integrated working, achieving national targets, introduction of cognitive stimulation and therapy groups as a way of meeting increased demand for PDS.
- Significant improvements achieved during the redesign and development of physiotherapy and occupational therapy teams in order to improve quality, patient outcomes and access to services, including the use new technology.
- Continued to develop an assessment at home model in partnership with British Red Cross which supported people to return home from hospital, reducing care home admissions and increasing the proportion of people able to continue to live independently in their own homes following the assessment.
- The development of a comprehensive Induction Resource and a suite of COVID-19 learning resources to ensure that all existing and redeployed health and social care workers were given the right knowledge and information to practice in a safe and informed way as a response to the COVID-19 pandemic.
- More than doubled the spend on Self Directed Support Options 1 and 2 from £2.5m in 2018-19 to £5.5m in 2019-20.

Analysis of Financial Statements 2019/20

The Annual Accounts report the financial performance of Dundee City Integration Joint Board. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to the Dundee City Integration Joint Board for the delivery of its vision and its core objectives. The requirements governing the format and content of local authorities’ annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code 2019/20). The 2019/20 Accounts have been prepared in accordance with this Code.

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

The 2019/20 Annual Accounts comprise: -

a) Comprehensive Income and Expenditure Statement – This statement shows that Dundee City Integration Joint Board made an overall deficit of £2,274k in 2019/20 (deficit of £1,1794k in 2018/19). This overall deficit is funded through the Dundee City Integration Joint Board’s reserves.

b) Movement in Reserves – Dundee City Integration Joint Board has year-end reserves of £492k (£2,766k in 2018/19). These are held in line with the Dundee City Integration Joint Board's reserves policy.

c) Balance Sheet – In terms of routine business Dundee City Integration Joint Board does not hold non-current assets.

d) Notes - Comprising a summary of significant accounting policies, analysis of significant figures within the Annual Accounts and other explanatory information.

The Annual Accounts for 2019/20 do not include a Cash Flow Statement as Dundee City Integration Joint Board does not hold any cash or cash equivalents.

Financial Position at the End of March 2020

The overall financial performance consists of an underlying overspend of £6,037k in Social Care budgets (overspend of £3,360k in 2018/19) and an underlying underspend of £266k in NHS budgets (underspend of £1,836k in 2018/19) resulting in a net deficit of £5,771k before the application of the risk share agreement of £3,063k and ring-fence funding of £434k. 2019/20 saw the first year of a change to the financial risk sharing arrangement set out within the Dundee Health and Social Care Integration Scheme whereby in the event of an overspend within the delegated budget, after the application of a financial recovery plan and use of IJB reserves, the overspend will be allocated based on each Parties' proportionate contribution to the Integration Joint Board's budget for that financial year on a like for like basis. Under this arrangement, NHS Tayside became liable to make a further contribution of £2,042k and Dundee City Council liable to make a further contribution of £1,021k giving a total additional funding of £3,063k. This resulted in a net £2,274k overspend for the IJB.

A deficit in 2019/20 was anticipated through the planned use £1,765k of the Integration Joint Board's reserves to contribute to transition funding for the Reshaping Care for Older People programme and ring-fenced Scottish Government funding in relation to Primary Care Improvement Plan, Action 15 Mental Health and Alcohol and Drug Partnership funding. Within the Dundee City Council overspend position, further overspends were incurred during the year in relation to staff costs of £1,660k, partly due to a delay in the implementation of the redesign of care at home services. In addition, high demographic demand for community based social care services led to an overspend in services provided by third and independent sector care providers of £3,372k across budgeted provision for care homes and care at home services in particular. A bad debt provision made by Dundee City Council of £341k mainly contributed to an overspend in supplies and services of £391k with a shortfall in income of £174k partly due to reduced levels of residential charging income from council operated care homes to reflect a planned reduction in the number of placements.

The NHS underspend position is mainly due to underspends within the overall GP and other prescribing budget of £1,072k, partly offset by a net effect overspend position within hosted services where the primary cost pressure in this area was the recharged share from Perth and Kinross IJB of an overspend within In-Patient Mental Health Services (Dundee share £733k.)

The impact of the overall financial position for integrated services in Dundee for 2019/20 has resulted in the level of reserves held by Dundee City Integration Joint Board decreasing to £492k at the year ended 31 March 2020 (as against £2,766k at the year ended 31 March 2019). This is reflected in the Movement in Reserves Statement.

The reserves balance of £492k has been committed by the Dundee City Integration Joint Board mainly through the reinvestment of Scottish Government ring fenced funding for Primary Care and Alcohol and Drug Partnership funding carried forward from 2019/20. The reserve balance of £492k at the year ended 31 March 2020 is less than the level of reserve of 2% of the Dundee City Integration Joint Board's net expenditure as set out within its reserves policy.

Achieving long-term financial sustainability and making best use of resources is critical to delivering the Dundee City Integration Joint Board's Strategic and Commissioning Plan's priorities. In response to the growing demand for health and social care and financial constraints, the Dundee City IJB recognises that continuous service redesign and further integration of services is critical.

Key Risks and Uncertainties

The impact of the COVID 19 pandemic on the delivery of community-based health and social care services over the short term has been instant and significant. Services have had to adapt and change the way essential services to the most vulnerable citizens are delivered while ensuring staff and service users are protected. The lessons learned from the first few months of the crisis are being assessed by DHSCP to inform the nature of the longer-term response to living with COVID-19 on a longer-term basis. Key risks have been identified with mitigation plans developed to reduce those risks in a range of areas including a reduction in the workforce due to illness, access to appropriate PPE, the risk of services becoming overwhelmed, lack of access to clinical space and the impact on the welfare of staff. These have been reflected in the IJB's risk register. Information is being gathered in relation to the legacy impact of the outbreak on the health of the population with anticipated higher demand for mental health and substance misuse services, health inequalities and other factors relating to increased levels of deprivation. This will assist in informing the IJB of the scale of the new challenge it faces as part of its recovery plan.

There is also further considerable uncertainty as to the impact of the COVID-19 pandemic on public finances. The consequences of potential further restrictions to public funding against an already challenging financial environment, including the implications of the UK's withdrawal from the EU, would likely to be significant for the IJB's delegated budget, particularly given the low level of reserves the IJB has to release to support services. If "post COVID-19" demand levels increase there is a risk that the Dundee City Integration Joint Board will not have sufficient resilience to meet these demands without additional funding being made available. This current uncertainty has impacted on the IJB's ability to develop a realistic five year financial framework as planned. The assumptions around this framework will be re-set in line with the most current predictions around funding and growth in demand for services.

The Scottish Government has provided short term additional funding to IJB's to support the immediate response to the COVID-19 epidemic and to recognise the additional costs incurred by health and social care, including the third and private sector in delivering essential front-line services and ensuring financial sustainability through local mobilisation plans. There is a risk that over the course of 2020/21, the cost of delivering the mobilisation plan will be greater than the funding the Scottish Government provides by the end of the financial year leading to an additional funding pressure.

There are financial sustainability risks with third and independent sector contractual arrangements with care providers across the country who provide services on our behalf highlighting contractual payment levels which are insufficient for them to meet their running and business costs. These challenges will continue to be monitored and responded to through the contract monitoring process accordingly.

Progress in implementing the IJB's Primary Care Improvement Plan has also been impacted on by the COVID-19 pandemic however challenges still exist in relation to the ability of DHSCP to recruit or develop the workforce to deliver all the expectations of the plan through the introduction of new multi-disciplinary community-based support teams. There are also financial challenges in meeting the Scottish Government's and GP's expectations with the resources provided with potential funding shortfalls identified in future years.

During 2019/20 the IJB received the outcome of two significant publications which involve services delegated to the IJB. The Dundee Drugs Commission Review "Responding to Drug Use with Kindness, Compassion and Hope" and the Independent Inquiry into Mental Health Services in Tayside "Trust and Respect" both contained significant recommendations which the IJB as a partner organisation will need to respond, contribute to and resource effectively if improvements to services and ultimately outcomes for service users are to be made in line with these recommendations.

Regular identification and assessment of risk such as those uncertainties noted above is part of the Dundee City IJB's risk management strategy with appropriate actions to eliminate or reduce the impact of such risks set out in the Dundee City IJB's risk register when and where necessary.

Conclusion

We are pleased to present the annual accounts for the year ended 31 March 2020 for Dundee City Integration Joint Board. The accounts show that Dundee City Integration Joint Board has had to continue to deliver its operational services within an increasingly challenging environment of limited funding and demographic driven growth in demand for services. The impact of this environment over recent years has resulted in a considerable reduction in the Dundee City IJB's level of available reserves.

Going forward, Dundee City Integration Joint Board has a significant financial challenge ahead to deliver the Strategic & Commissioning Plan in this climate of growing demand and limited resources. Furthermore, the uncertainty caused by the COVID-19 epidemic in relation to how services can be safely delivered, the impact of increased demand for mental health and substance misuse services and for those recovering from COVID-19 as well as the impact on public sector funding will provide further challenges. In order to meet these challenges, we must ensure the IJB's resources are used effectively, identifying, testing and implementing innovative ways to deliver more personalised and well-co-ordinated services, building the resilience of people and their communities and reducing unnecessary hospital admissions and delayed discharges from hospital. This will require the confidence of professionals and the public to further shift resources from intensive, high cost services to a focus on more preventative service provision to ensure best value for public funds. The recognition by NHS Tayside of the sustained reduction in emergency bed days incurred by Dundee residents due to the service changes developed through Dundee Health and Social Care Partnership through the commitment to transfer resources to shift the balance of care highlights the IJB is making good progress in this regard.

Dave Berry CPFA	**Vicky Irons**	**Trudy McLeay**
Chief Finance Officer	Chief Officer	Chair
Dundee City	Dundee City	Dundee City
Integration Joint Board	Integration Joint Board	Integration Joint Board
Date:	Date:	Date:

Responsibilities of the Dundee City Integration Joint Board

The Dundee City Integration Joint Board is required to:

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

I confirm that these Annual Accounts were approved for signature at a meeting of the Performance and Audit Committee on ………..

Signed on behalf of the Dundee City Integration Joint Board

Trudy McLeay
Chair
Dundee City Integration Joint Board

Date:

Responsibilities of the Chief Finance Officer

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

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

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

The Chief Finance Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of the Dundee City Integration Joint Board as at 31 March 2020 and the transactions for the year then ended.

Dave Berry CPFA
Chief Finance Officer
Dundee City Integration Joint Board

30 June 2020

Introduction

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

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

Remuneration: Integration Joint Board Chair and Vice Chair

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

Name	Post(s) held	Nominated by
K Lynn	Vice Chair From 30 October 2018 to date	Dundee City Council
T McLeay	Chair From 30 October 2018 to date	NHS Tayside

Dundee City Integration Joint Board does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the Integration Joint Board. The Chair and Vice Chair are remunerated by their relevant Integration Joint Board partner organisation. Dundee City Integration Joint Board does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. No taxable expenses were paid to the Chair or Vice Chair of the Integration Joint Board in 2019/20.

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

Remuneration: Officers of Dundee City Integration Joint Board

Dundee City Integration Joint Board does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Board.

Senior Employees

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

Total 2018/19 £	Post	Senior Employees	Total Salary, Fees & Allowances 2019/20 £
101,558	Chief Officer	David Lynch 1/4/2016 to 31/12/2019	78,454 (FYE 104,606)
-	Chief Officer	Vicky Irons From 3/2/2020 to date	16,539
81,867	Chief Finance Officer	Dave Berry	89,056
183,425		**Total**	**184,049**

FYE = Full Year Equivalent

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

Dundee City Integration Joint Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the Integration Joint Board. The following table shows the Dundee City Integration Joint Board's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/19 £	For Year to 31/03/20 £		Difference from 31/03/19 £000	As at 31/03/20 £000
D Lynch 1/4/2016 to 31/12/2019	17,265	13,337	Pension	0.5	41
Chief Officer			Lump sum	(4)	96
D Berry	13,917	15,139	Pension	2	35
Chief Finance Officer			Lump sum	1	56
V Irons 3/2/2020 to date	-	3,441	Pension	-	36
Chief Officer			Lump sum	-	80
Total	**31,182**	**31,917**	**Pension**	**2.5**	**112**
			Lump Sum	**(3)**	**232**

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

Exit Packages

There were no exit packages payable during the financial year.

Trudy McLeay
Chair
Dundee City Integration Joint Board

Date:

Vicky Irons
Chief Officer
Dundee City Integration Joint Board

Date:

Introduction

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

Scope of Responsibility

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

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

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

The Governance Framework and Internal Control System

Dundee City Integration Joint Board comprises six voting members, three nominated by Dundee City Council and three nominated by Tayside NHS Board, as well as non-voting members including a Chief Officer and Chief Finance Officer appointed by the Integration Joint Board. During 2019/20, the Integration Joint Board continued to develop, enhance and review its governance arrangements as it moved through its fourth year of being responsible for the strategic planning and operational delivery of integrated health and social care services. This included progressing areas highlighted as developments in the 2017/18 and 2018/19 Annual Governance Statements.

The main features of the governance framework in existence during 2019/20 were:

- The Integration Scheme as the overarching agreement between the Integration Joint Board, NHS Tayside and Dundee City Council as to how the planning for and delivery of delegated health and social care services is to be achieved reflecting a range of governance arrangements required to support this arrangement.
- The senior leadership team consisting of the Chief Officer, Head of Finance and Strategic Planning (Chief Finance Officer) and Head of Health and Community Care.

The Chief Finance Officer has overall responsibility for the Integration Joint Board's financial arrangements and is professionally qualified and suitably experienced to lead the Integration Joint Board's finance function and to direct staff accordingly.

- Formal regular meetings of the senior leadership team including professional advisers.
- Standing Orders, Financial Regulations and a Code of Conduct including the publication of Register of Member's Interests and the nomination of the Clerk to the Integration Joint Board as Standards Officer were all in place during 2019/20. Standing Orders including terms of reference for the Performance and Audit Committee were reviewed and updated during the year.
- The Integration Joint Board met on seven occasions throughout the year to consider its business. Three development sessions were held as part of the 2020/21 budget development process with a further induction session held for new IJB members which covered their role and expected standards and conduct.
- The Integration Joint Board's Performance and Audit Committee met on three occasions throughout the year to enhance scrutiny of the performance of the Integration Joint Board and audit arrangements in line with regulations and good governance standards in the public sector. This is the minimum number of meetings required in line with the Terms of Reference. While a further three meetings had been timetabled, the July meeting was cancelled due to insufficient business, the February meeting as it would not have been quorate and the final one due to the Covid-19 outbreak.
- Internal Audit arrangements for 2019/20 were approved including the appointment of the Chief Internal Auditor of FTF Internal Audit and Management Services to the role of Chief Internal Auditor of the Integration Joint Board supported by Dundee City Council's Internal Audit Service. An Internal Audit Plan for 2019/20 was approved drawing on resources from both organisations.
- The assurances provided from internal audit through their independent review work of the Integration Joint Board's internal control systems.
- Assurances were provided to the Performance and Audit Committee in relation to Clinical, Care and Professional Governance through the presentation of a Chairs assurance Report from the Clinical, Care and Professional Governance Group
- The Chief Finance Officer complied fully with the five principles of the role of the Chief Finance Officer, as set out in CIPFA guidance.

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2019/20 this included the following:

- A continued focus on considering risk in decision making through the clear identification of risks in relation to Integration Joint Board decisions reflected in reports presented to the Integration Joint Board and Performance and Audit Committee.
- The approval and progressing in year of the Annual Internal Audit Plan with the presentation of Internal Audit reports and follow up action plans as appropriate.
- The presentation of the IJB's Annual Performance Report.
- Continued development of the performance management framework with a range of performance reports published and scrutinised by the Performance and Audit Committee throughout the year, including more detailed reviews of specific areas of concern as requested by the committee, including Discharge Management updated performance on Complex and Standard delays and Falls analysis.
- A process of formal regular reporting of financial performance and monitoring to the Integration Joint Board was in place throughout 2019/20.
- The provision of regular budget development reports for 2020/21 to the Integration Joint Board.

- The provision of an assurance report from the chair of the Performance and Audit Committee outlining the key issues raised at the previous Performance and Audit Committee meeting to the following Integration Joint Board meeting.
- In-year reporting on issues relating to the Clinical, Care and Professional Governance Group in the form of the group's Chairs Assurance Report in line with the overarching strategy: Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework with no major issues reported.
- Embedding the issuing of directions to NHS Tayside and Dundee City Council reflected in Integration Joint Board reports during the year.
- Reporting of the implications of national overview reports by scrutiny bodies such as Audit Scotland.
- Regular reporting to the Performance & Audit Committee of external scrutiny reports relating to delegated services from scrutiny bodies such as the Care Inspectorate and Mental Welfare Commission and supporting subsequent action plans.
- Provision of a Governance Action Plan progress report to monitor progress of previous recommended areas of improvement provided to each meeting of the Performance and Audit Committee.
- Assurance provided around the quality of Social Work Services through the Chief Social Work Officer Governance Framework and annual Chief Social Work Officer's Annual Report.
- Quarterly Reporting of Complaints in relation to delegated Health and Social Care services.
- The consideration of inspection reports from other IJB's such as North Ayrshire and Perth and Kinross and implications of lessons learned from these to Dundee IJB.
- The revision of the IJB's Partnership and Engagement Strategy to ensure all stakeholders have the opportunity to contribute to the continued development of health and social care services .
- Assurances on the procedures, processes and systems of NHS Tayside and Dundee City Council.

Review of Adequacy and Effectiveness

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

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

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

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

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

Throughout the year, the Performance and Audit Committee has considered a range of issues which cover its core responsibilities in providing the Integration Joint Board with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and governance arrangements. Assurances are provided through the internal audit reviews undertaken throughout the financial year and presented to the Performance and Audit Committee. During 2019/20 the number of carried forward days from previous annual audit plans has been a significant factor causing changes to target dates for reporting. The complexity of the control environment for IJBs, the demand on IJB management time to feed into the audit process; as well as the time taken to clear reports with the range of parties involved means some audits planned for 2019/20 were not reported by year-end. Fieldwork on these audits was either substantially completed by the end of May, or a risk assessment process for inclusion in the 2020/21 internal audit plan carried out. The Chief Internal Auditor has assured the Performance and Audit Committee that the work completed at year end on the governance checklist and annual internal audit report is sufficient to allow them to provide robust assurance for the governance statement.

It is recognised that progress in delivering a number of actions from previous internal and external audit recommendations has been slower than originally planned, mainly due to lack of capacity within Dundee Health and Social Care Partnership to take these actions forward at the expected pace. Plans are being developed to enhance capacity throughout 2020/21 to mitigate this risk in future years. In the context of the other controls in place, this is not deemed to undermine the systems of governance and control within the IJB.

The Chair of the Performance and Audit Committee provides an update to the next available Integration Joint Board meeting on the issues raised and any areas of concern which the Integration Joint Board should be made aware of. Over the course of 2019/20, no such areas of concern were noted by the Chair of the Performance and Audit Committee although, as noted below, the Committee will be focusing on the delivery of the amalgamated governance action plan in 2020-21.

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

The Chief Internal Auditor has carried out his review of the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk management and control. The findings of this review are reflected in the Annual Internal Audit Report 2019/20 which supports the outcome of Dundee City IJB's self-assessment process noted above and concludes that although some areas for improvement have been identified these do not impact on the level of assurance provided and reliance can be placed on the Integration Joint Board's governance arrangements and systems of control for 2019/20. A management response, actions and planned completion dates in relation to these areas of improvement will be developed with the progress of these actions monitored through the Performance and Audit Committee.

Continuous Improvement

The following areas for improvement have been identified through the self-assessment process and Annual Internal Audit Report. Progress against these will be monitored by the Performance and Audit Committee during 2020/21. A number of these are outstanding from previous year's continuous improvement plans and are now included in the Governance Action Plan and updated at each Performance and Audit Committee meeting with revised planned completion dates as appropriate. These have primarily been delayed due to resource capacity and the impact of other priorities across the wider partnership with NHS Tayside and the other Tayside Integration Joint Boards. In addition, a number of areas of improvement have been identified through internal audit reports during the year. The unprecedented implications of responding to the challenges of the Covid-19 pandemic will have an impact in the early stages of 2020/21 of progressing a range of governance improvement actions. The impact of the Covid-19 pandemic on the capacity of the service to take these actions forward has been taken into consideration and a report setting out the revised actions to be undertaken to ensure completion of these actions will be presented to the PAC with any actions outwith the power of that Committee escalated to the IJB Board.

Area for Improvement	Lead Officer	Planned Completion Date
Previous Year Actions Carried Forward and Included in the Governance Action Plan.		
Development of improved Hosted Services arrangements around risk and performance management for hosted services and associated assurances.	Chief Officer / Chief Finance Officer	Revised date September 2020
Clarification of deputising arrangements for the Chief Officer to be presented to the IJB.	Chief Officer	Revised date August 2020
Further develop the Integration Joint Board's local Code of Governance.	Chief Officer / Chief Finance Officer	Revised date September 2020
Development of Large Hospital Set Aside arrangements in conjunction with the Scottish Government, NHS Tayside and Angus and Perth and Kinross Integration Joint Boards.	Chief Officer / Chief Finance Officer	Revised date June 2020
Range of developments following the Internal Audit report on Risk Maturity as reflected in the Risk Management Action Plan, including updating the risk management strategy, streamlining risk registers to prevent duplication and agree reporting arrangements and schedules.	Chief Finance Officer	All actions to be completed by revised date of September 2020

Range of actions arising from the Workforce Internal Audit Review including development of the Integrated Workforce and Organisational Development Plan in addition to provision of staff governance reporting.	Chief Finance Officer/Chief Officer	All actions to be completed by revised date December 2020
2019/20 Areas for Improvement Identified		
The financial ledger should be fully updated in 2019/20 prior to the approval of the annual accounts.	Chief Finance Officer	June 2020
A long-term financial strategy (5 years or more) supported by clear and detailed financial plans (3 years or more) should be prepared.	Chief Finance Officer	August 2020
The IJB should liaise with NHS Tayside and consider the arrangements for regular attendance by a member appointed as the registered medical practitioner providing primary care.	Clerk to the Board	August 2020
The IJB should liaise with its partner organisations to ensure an agreed budget is approved prior to the start of the year.	Chief Finance Officer	June 2020
The IJB should seek to combine financial and performance reporting to ensure that members have clear sight of the impact of variances against budget in terms of service performance.	Chief Finance Officer	September 2020
The IJB should review its reserves to ensure they are adequate.	Chief Finance Officer	March 2020
Mechanisms and reporting arrangements should be implemented to provide assurance to the Chief Officer and the Board that the IJB has arrangements in place to demonstrate that services are delivering Best Value.	Chief Finance Officer	September 2020
Implementation of and reporting on all outstanding recommendations arising from the Ministerial Steering Group report on Health and Social Care Integration.	Chief Officer / Chief Finance Officer	December 2020
Further development of governance and assurance arrangements considering agreed governance principles and updated advice from the Scottish Government Health & Social Care Division.	Chief Officer / Chief Finance Officer	December 2020

Conclusion and Opinion on Assurance

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

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

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

Trudy McLeay
Chair
Dundee City Integration Joint Board

Date:

Vicky Irons
Chief Officer
Dundee City Integration Joint Board

Date:

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

2018/19 Net Expenditure (Income) £000		2019/20 Net Expenditure (Income) £000
71,019	Older People Services	78,085
18,447	Mental Health	21,062
33,186	Learning Disability	35,448
9,680	Physical Disability	8,672
4,330	Substance Misuse	5,256
13,089	Community Nurse Services / AHP* / Other Adult Services	15,128
11,463	Community Services (Hosted)***	10,776
7,314	Other Services / Support / Management	4,875
33,620	Prescribing	32,406
25,110	General Medical Services (FHS**)	26,687
18,083	FHS – Cash limited & Non-Cash Limited	19,216
245,341	**Net Cost of Operational Services during the Year**	**257,611**
287	IJB Operational Costs	294
0	Central Support	0
17,449	Large Hospital Set Aside	18,172
263,077	**Total Cost of Services**	**276,077**
(261,283)	Taxation and Non- Specific Grant Income (Note 5)	(273,803)
1,794	**(Surplus) or Deficit on Provision of Services**	**2,274**
1,794	**Total Comprehensive Income & Expenditure**	**2,274**

Notes
* AHP – Allied Health Professionals
** FHS – Family Health Services
*** Reflects the impact of hosted services not attributable to specific client groups

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

MOVEMENT IN RESERVES STATEMENT

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

Total Reserves 2018/19 £000	Movements in Reserves	General Fund Balance Total Reserves £000
4,560	**Opening Balance at 31 March 2019**	**2,766**
(1,794)	Total Comprehensive Income and Expenditure	(2,274)
(1,794)	**Increase/(Decrease)**	**(2,274)**
2,766	**Closing Balance at 31 March 2020**	**492**

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

31 March 2019 £000		Notes	31 March 2020 £000
2,786	Short Term Debtors	Note 6	5,631
2,786	**Current Assets**		**5,631**
(20)	Short Term Creditors	Note 7	(5,139)
(20)	**Current Liabilities**		**(5,139)**
2,766	**Net Assets**		**492**
2,766	Usable Reserve: General Fund	Note 8	492
2,766	**Total Reserves**		**492**

The unaudited accounts were issued on 30 June 2020.

Dave Berry, CPFA
Chief Finance Officer
Dundee City Integration Joint Board

30 June 2020

1. Significant Accounting Policies

General Principles

The Financial Statements summarise Dundee City Integration Joint Board's transactions for the 2019/20 financial year and its position at the year-end of 31 March 2020. The Dundee City Integration Joint Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20, supported by International Financial Reporting Standards (IFRS), and statutory guidance issued under Section 12 of the Local Government in Scotland Act 2003.

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

Accruals of Income and Expenditure

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

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

Funding

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

Cash and Cash Equivalents

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

Employee Benefits

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

Reserves

The Dundee City Integration Joint Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March 2020 shows the extent of resources which the Dundee City IJB can use in later years to support service provision.

Indemnity Insurance

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

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration, is provided for in the Dundee City Integration Joint Board's Balance Sheet. The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset. The Dundee City IJB currently has no known or potential claims against it.

2. Critical Judgements and Estimation Uncertainty

Critical Judgements in Applying Accounting Policies

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

The value of the Large Hospital "set aside" expenditure reported within the total Integration Joint Board expenditure is £18.172m. This figure for 2019/20 has been agreed with NHS Tayside and will be included in both the NHS Tayside and Dundee City IJB annual accounts. The figure is based on the most recently available, full year activity levels for hospital inpatient and day case activity (2018/19) as provided by NHS Scotland's Information Services Division and 2017/18 unit costs information uplifted to 2019/20 provided by NHS Tayside. As such, the sum set aside included in the accounts will not reflect actual hospital usage in 2019/20. This is a transitional arrangement for 2019/20 agreed locally between NHS Tayside and the three Tayside Integration Joint Boards and with the Scottish Government. Work is progressing at a national and local level to refine the methodology for calculating and planning the value of this in the future.

On behalf of all IJBs within the NHS Tayside area, Dundee City IJB acts as the lead partner under hosting arrangements for a range of services including Palliative Care, Brain Injury, Dietetics, Sexual and Reproductive Health and Psychology. It commissions services on behalf of the three Tayside IJB's and is responsible for the strategic planning and operational budget of those hosted services. The Dundee City IJB reclaims the cost of these services using an agreed methodology based around population shares from the other IJB's. Dundee City IJB is not responsible for covering the full cost of any overspends in these areas, nor do they retain the benefits of any underspends. The Dundee City IJB will also receive a corresponding charge from the other Tayside IJB's for the services they host on Dundee's behalf. This arrangement is treated as an agency arrangement.

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

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

3. Events after the Reporting Period

The Dundee City IJB's response to the Covid-19 pandemic, and the associated financial implications, are set out in the Management Commentary section on page 7. It is considered that there have been no events occurring between 1 April 2020 and 30 June 2020 that would require adjustments to the 2019/2020 Annual Accounts (i.e. no adjusting events). The latter date is the date on which the unaudited accounts were authorised for issue by the Chief Finance Officer of Dundee City IJB. The provision of bad debt included in the CIES, however, takes into account the likely economic impact of the Covid-19 pandemic.

4. Expenditure and Income Analysis by Nature

2018/19 £000	Description	2019/20 £000
159,473	Services commissioned from NHS Tayside	166,641
103,317	Services commissioned from Dundee City Council	109,142
262	Other IJB Operating Expenditure	266
25	Auditor Fee: External Audit Work	28
(182,825)	Partners Funding Contributions – NHS Tayside	(190,228)
(78,458)	Partners Funding Contributions – Dundee City Council	(83,575)
1,794	**(Surplus) or Deficit on the Provision of Services**	**2,274**

5. Taxation and Non-Specific Grant Income

2018/19 £000	Description	2019/20 £000
(182,825)	Funding Contribution from NHS Tayside	(190,228)
(78,458)	Funding Contribution from Dundee City Council	(83,575)
(261,283)	**Taxation and Non-Specific Grant Income**	**(273,803)**

The funding contribution from the NHS Board shown above includes £18.172m in respect of 'set aside' resources relating to acute hospital and other resources (Large Hospital Set Aside). Dundee City Integration Joint Board has responsibility for the strategic planning of the amount set aside based on the local population's consumption of these resources. NHS Tayside has the responsibility to manage the costs of providing these services. The value of the set aside noted above is based on activity information provided by NHS Scotland's Information Services Division, set against direct expenditure figures provided by NHS Tayside. The methodology of calculating future values of the Large Hospital Set Aside is being developed locally and nationally.

6. Debtors

2018/19 £000	Description	2019/20 £000
1,837	NHS Tayside	4,298
949	Dundee City Council	1,333
2,786	**Total Debtors**	**5,631**

Amounts owed by the funding partners are stated on a net basis. Debtor balances relating to income yet to be received by the funding partners but not yet settled are offset against the funds they are holding on behalf of the Dundee City Integration Joint Board.

7. Creditors

2018/19 £000	Description	2019/20 £000
1	NHS Tayside	3
19	Other Bodies	28
-	Dundee City Council	5,108
20	**Total Creditors**	**5,139**

Amounts owed are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding partners but not yet settled are offset against the funds they are holding on behalf of the Dundee City Integration Joint Board.

8. Usable Reserve: General Fund

Dundee City Integration Joint Board holds a general reserve balance for two main purposes:

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

2018/19	Balance at 1 April 2018 £000	Transfers Out 2018/19 £000	Transfers In 2018/19 £000	Balance at 31 March 2019 £000
Uncommitted	230	0	331	561
Committed	4,330	(3,630)	1,505	2,205
Total – General Fund Balances	**4,560**	**(3,630)**	**1,836**	**2,766**

2019/20	Balance at 1 April 2019 £000	Transfers Out 2019/20 £000	Transfers In 2019/20 £000	Balance at 31 March 2020 £000
Uncommitted	561	(561)	-	0
Committed	2,205	(2,147)	434	492
Total – General Fund Balances	**2,766**	**(2,708)**	**434**	**492**

Committed Balances

The transfers out in 2019/20 mainly reflect the planned draw down of general fund balances to support overall expenditure levels during the year including supporting transformation. The transfers in reflect the impact of funding for specific initiatives carried forward to 2020/21. The reserves balance of £492k has been committed by the Dundee City Integration Joint Board mainly through the reinvestment of Scottish Government ring fenced funding for Primary Care and Alcohol and Drug Partnership.

9. Related Party Transactions

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

Dundee City Integration Joint Board Members

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

Officers

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

Key Management Personnel

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

Transactions with NHS Tayside

2018/19 £000	Description	2019/20 £000
182,825	Funding Contributions received from the NHS Tayside Board	190,228
(159,473)	Net Expenditure on Services Provided by the NHS Tayside Board	(166,641)
23,352	**Net Transactions with NHS Tayside**	**23,587**

NHS Tayside did not charge for any support services provided in the year ended 31 March 2020 (2019: nil)

Balances with NHS Tayside

2018/19 £000	Description	2019/20 £000
1,837	Debtor balances: Amounts due from the NHS Board	4,298
(1)	Creditor balances: Amounts due to the NHS Board	(3)
1,836	**Net Balance with the NHS Board**	**4,295**

Transactions with Dundee City Council

2018/19 £000	Description	2019/20 £000
78,458	Funding Contributions received from Dundee City Council	83,575
(103,604)	Net Expenditure on Services Provided by Dundee City Council	(109,436)
0	Support Services from Dundee City Council	0
(25,146)	**Net Transactions with Dundee City Council**	**(25,861)**

Dundee City Council did not charge for any support services provided in the year ended 31 March 2020 (2019: nil).
The Net Expenditure on Services Provided by Dundee City Council figure includes IJB Operating Expenditure of £294k.

Balances with Dundee City Council

2018/19 £000	Description	2019/20 £000
949	Debtor balances: Amounts due from Dundee City Council	1,333
0	Creditor balances: Amounts due to Dundee City Council	(5,108)
949	**Net Balance with Dundee City Council**	**(3,775)**

10. Value Added Tax (VAT)

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

11. Agency Income and Expenditure

On behalf of all Integration Joint Boards within the NHS Tayside area, the Dundee City Integration Joint Board acts as the lead manager for a variety of Community, Older People, Physical Disability, Mental Health and Learning Disability Services. It commissions services on behalf of the other Integration Joint Boards (Perth & Kinross and Angus) and reclaims the costs involved. The payments that are made on behalf of the other Integration Joint Boards,

and the consequential reimbursement, are not included in the Comprehensive Income and Expenditure Statement (CIES) since the Dundee City Integration Joint Board is not acting as principal in these transactions.

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

2018/19 (£000)	Description	2019/20 (£000)
11,341	Expenditure on Agency Services	11,904
(11,341)	Reimbursement for Agency Services	(11,904)
0	**Net Agency Expenditure Excluded from CIES**	**0**

12. Provisions

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

13. Accounting Standards that have been issued but not adopted

There were no relevant accounting standards that have been issued but are not yet adopted in the 2020/21 Code of Practice on Local Authority Accounts in the United Kingdom.

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

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

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

Fiona Mitchell-Knight FCA
Audit Director
Audit Scotland
4th Floor
The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

ITEM No …18……..…..

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 AUGUST 2020

REPORT ON: DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT REPORT 2019/20

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB31-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to advise the Integration Joint Board of the outcome of the Chief Internal Auditor's Report on the Integration Joint Board's internal control framework for the financial year 2019/20.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board

2.1 Notes the content and findings of the attached Annual Internal Audit Report 2020/21 (Appendix 1).

2.2 Instructs the Chief Finance Officer to bring forward a report to the IJB outlining the actions required to make progress with outstanding governance developments and recommendations as noted in section 4.5 of this report.

2.3 Instructs the Chief Finance Officer to incorporate the recommendations of the Annual Internal Audit Report into the IJB's Governance Action Plan, presented to and monitored by the Performance and Audit Committee.

3.0 FINANCIAL IMPLICATIONS

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

4.0 MAIN TEXT

4.1 The Integrated Resources Advisory Group (IRAG), established by the Scottish Government to develop professional guidance, outlines the responsibility of the Integration Joint Board (IJB) to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This guidance also shows that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control.

4.2 The Performance and Audit Committee agreed at its meeting of the 28th May 2019 (Report PAC24-2019 refers) to continue the arrangement for the provision of Internal Audit Services through the appointment of the Chief Internal Auditor of NHS Tayside to the role of Chief Internal Auditor for the Integration Joint Board with internal audit services provided by FTF Audit and Management Services supported by Dundee City Council's Internal Audit service. The attached report provides the Chief Internal Auditors opinion on the IJB's internal control framework in place for the financial year 2019/20.

4.3 The Internal Audit review examined the framework in place during 2019/20 to provide assurance to the Chief Officer, as Accountable Officer, that there is a sound system of internal control that supports the achievement of the IJB's objectives. In doing so, the review considered the areas of corporate, clinical, staff, financial and information governance.

4.4 The IJB's Draft Annual Statement of Accounts 2019/20 includes a Governance Statement based on a self-assessment of the IJB's governance, risk management and control frameworks as they have developed during 2019/20. While highlighting a number of areas of continuous improvement following on from previous years assessments and recommendations from internal and external audit reports, the governance statement has established there are no major issues.

4.5 The Chief Internal Auditor has highlighted concerns around the lack of progress made over 2019/20 in relation to a number of recommended developments and improvement actions to strengthen governance arrangements from previous audit activity and reviews. While acknowledging management capacity, complexity of some of the issues and reliance on the contribution of partner bodies have had an impact on progress, the Chief Internal Auditor has recommended that this is escalated from the Performance and Audit Committee to the Integration Joint Board through a report outlining the reasons for the delays and actions required to make progress with these. This will be actioned accordingly. Subject to this recommendation and actions reflected in the governance statement, the Chief Internal Auditors assessment of these frameworks concludes that reliance can be placed on the IJB's governance arrangements and systems of internal controls for 2019/20.

4.6 The audit report sets out a number of findings and recommendations following their review. A management response, actions and planned completion dates have been set out accordingly. Progress with these actions will be monitored through the Performance and Audit Committee.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that if required actions in response to Internal Audit recommendations are not coordinated and acted on appropriately the IJB's governance arrangements will not be adequate and effective.
Risk Category	Governance
Inherent Risk Level	Likelihood 3 x Impact 4 = 12 – High risk
Mitigating Actions (including timescales and resources)	- Implementation and monitoring of governance action plan as recommended by Chief Internal Auditor
Residual Risk Level	Likelihood 2 x Impact 3 = 6 – Moderate Risk
Planned Risk Level	Likelihood 2 x Impact 3 = 6 – Moderate Risk

Approval recommendation	Given the moderate level of planned risk and the expectation that the mitigating action will make the impact necessary to enhance the IJB's governance arrangements the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to: Work with the Health and Social Care Partnership in the further development of an action plan to address issues identified with the attached self-assessment.	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

DATE: 21st July 2020

FTF Internal Audit Service

Dundee IJB Internal Audit Service

Annual Internal Audit Report 2019/2020

Issued To: V Irons, Chief Officer
D Berry, Chief Finance Officer

D Shaw, Clinical Director
D McCulloch, Chief Social Work Officer

Dundee Integration Joint Board
External Audit

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Draft Report Issued	23 June 2020
Management Responses Received	29 June 2020
Target Audit & Risk Committee Date	N/A
Final Report Issued	**15 July 2020**

INTRODCUTION AND CONCLUSION

1. The Integrated Resources Advisory Group (IRAG) guidance outlines the responsibility of the Integration Joint Board (the IJB) to establish adequate and proportionate internal audit arrangements for review of the adequacy of arrangements for risk management, governance and control of the delegated resources.

2. This guidance states that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control.

3. Guidance issued in April 2017 requires IJBs to prepare their annual accounts and governance statements in accordance with Local Authority Accounts (Scotland) Regulations 2014. These regulations require an authority to:

   i) Be responsible for ensuring that the financial management of the authority is adequate and effective and that the authority has a sound system of internal control which:

   (a) facilitates the effective exercise of the authority's functions; and

   (b) includes arrangements for the management of risk.

   ii) Conduct a review at least once in each financial year of the effectiveness of its system of internal control.

4. The CIPFA 'Delivering Good Governance' in Local Government Framework 2016 places a responsibility on the authority to ensure additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor.

5. This review examined the framework in place during the financial year 2019/2020 to provide assurance to the Chief Officer, as Accountable Officer, that there is a sound system of internal control that supports the achievement of the IJB's objectives. It considered:

   - *Corporate Governance*
   - *Clinical Governance*
   - *Staff Governance*
   - *Financial Governance*
   - *Information Governance*

6. The results from this work reported within this 2019/20 Annual Internal Audit Report should inform the IJB's judgment on the Governance Statement.

7. For a number of years, Internal Audit has recommended that accountability and responsibilities of the IJB in respect of all governance arrangements should be clarified and agreed by the IJB, and thereafter flow through to risk management and assurance arrangements. Themes identified have been echoed in reports issued by Audit Scotland as well as within the 2019 Ministerial Steering Group for Health and Community Care (MSG) 'Review of Progress with Integration of Health and Social Care'.

8. A self-evaluation of the position in Dundee relating to the MSG report was submitted to the IJB in June 2019. This included actions agreed with Dundee City Council and NHS Tayside, which were to be monitored by the Performance & Audit Committee (PAC) alongside previous, similar actions recommended by Internal Audit.

9. It had been hoped that the MSG Improvement plan would create the impetus required to create an environment in which significant and rapid progress might be achieved. However, although a report on progress should have been taken to the December 2019 IJB meeting, this did not take place and the revised date of the March 2020 PAC to agree the development of a single integrated action plan was cancelled due to Covid-19 which has now prevented any further progress.
10. Eight recommendations were made in our 2018/19 Annual report, many of which were reiterations of incomplete high priority actions from previous reports. Our follow up work showed that although some limited progress has been made, only one of these recommendations had been fully implemented.
11. Although the outstanding actions are included on the Governance Action Plan, which is next due to be reported to the September 2020 meeting of the PAC, it is clear that additional action will be required to ensure that the actions will be delivered.
12. Whilst we note the impact of Covid-19, we would consider that management capacity, the complexity of the issues and, in common with many other IJBs, reliance on the contribution of partner organisations have been the primary cause of delay in this, as in previous years; and we would highlight the number of planned reports to both the IJB and PAC which did not take place as planned.
13. As such we reiterate the need for the PAC to regularly monitor progress in implementing the actions arising for the MSG report combined with previously agreed governance actions, to consider the consequences of any non achievement to the overall control environment and to ensure that these recommendations are given appropriate priority; noting that this issue has not been escalated to the IJB, and has not been mentioned in the Chair’s Assurance to the IJB or through any other means.
14. We would recommend that a report be prepared for the issue to be escalated to the IJB, clearly setting out the reasons why these issues have not yet been resolved, the action required to overcome impediments and the implications for governance of failure to implement them on time. There should be evidence of appropriate discussion at the IJB. Reporting like this would be beneficial in future to ensure that any material control weaknesses are highlighted appropriately. If necessary, the escalation discussion should include how to ensure issues requiring input from partner organisations are addressed appropriately, with further escalation to the Working Together Forum, where the Chairs, Council Leaders, Chief Executives and Chief Officers from all partner bodies meet, if necessary.
15. The IJB continues to make good progress strategically and operationally. Review of papers and minutes shows willingness to identify where governance improvements are needed, but as set out above, the ability to implement these is restricted.
16. The previous Chief Officer left the organisation in December 2019 and a special meeting of Dundee IJB in November 2019 appointed a new Chief Officer who took up post in February 2020, with de facto deputisation by the Chief Finance Officer and the Chief Social Work Officer in the interim.
17. During the Covid-19 response, IJB and PAC meetings were suspended but regular briefings were issued and video conferences were held. In addition, contingency arrangements for decision making were put in place with an Essential Business Procedure agreed by the Chief Officer and the Clerk to the Board. We understand that, in time, this will be taken to the IJB for homologation with future arrangements ensuring that regular governance meetings can be held. There may well be benefit in ensuring that contingency support arrangements are available in case of any future difficulties

and that these are discussed and agreed by the IJB Board. At management level, a Silver Command structure was set up in line with national guidance with gold command at the Health Board and Council. An overview report on the Covid-19 response by Dundee IJB is to be discussed at a Q&A session later in June 2020.

18. Whilst this report comments on the governance arrangements in place for 2019/20 which substantively predate the organisation's emergency footing in response to the Covid-19 pandemic, we would highlight that recovery and reconfiguration will require a fundamental assessment of the impact of the pandemic on the assumptions on which the current Strategic Commissioning Plan is based; population need, resource availability and the impact on modes of delivery as well as the potential for further change, alongside the delivery of transformation which will need to be rapid and genuinely transformative. There will also need to be an assessment of the impact on supporting strategies such as Workforce, Finance and IT and a clear assessment of the extent to which partner bodies have the ability and will to support the revised needs of the IJB, how the IJB can influence these, and that these are formally incorporated into their supporting strategies and are appropriately monitored.

19. Work to update strategic risks to include the impact of Covid-19 as well as set out operational Covid-19 risks has already begun. Work on creating the Recovery Plan for DHSCP also commenced in May 2020. We welcome the report on the 'Impact of Covid-19 Pandemic on Strategic Planning Arrangements' provided to IJB members at a Q&A session in June 2020. Covid-19 will have a considerable impact on the IJB's risk profile and given the ongoing improvement work in this area, there is an opportunity fundamentally to revise both the risk register and Risk Management processes, tying in with the development of assurance mapping to ensure coherence between Governance Structures, Performance Management, Risk Management and Assurance.

20. Dundee IJB directs more than half of its services from NHS Tayside but is also in an interdependent relationship with both partner bodies in which the controls in place in one body inevitably affect those in the other. The draft NHS Tayside Governance Statement concludes that corporate governance continues to be strengthened and was operating effectively throughout the financial year ended 31 March 2020. Dundee City Council has drafted a Governance Statement for 2019/20 which concludes that '*The annual review demonstrates sufficient evidence that the code's principles of delivering good governance in local government operated effectively and the Council complies with the Local Code of Corporate Governance in all significant respects for 2019/2020. It is proposed over 2020/2021 steps are taken to address the items identified in the Continuous Improvement Agenda to further enhance the Council's governance arrangements*.' In addition, the Dundee City Council Annual Internal Audit Report concluded that the '*that reasonable assurance can be placed upon the adequacy and effectiveness of the Council's framework of governance, risk management and control for the year to 31 March 2020*'.

21. Whilst these statements contain some issues which are of interest to the IJB, neither would give rise to any requirement for consideration in the IJB's Governance Statement. Plans are in place to share information on partner assurances at the September 2020 meeting of the PAC before the audited accounts are signed.

22. The IJB has produced a draft Governance Statement for 2019/20 which reflects the IJB's own assessment for areas for development, setting out a number of actions to further strengthen governance arrangements. It is of concern that a number of these are outstanding from previous years and have previously featured within a number of

Internal Audit Annual reports as well as the MSG improvement plan but we welcome the commitment to address these in 2020-21.

23. As Chief Internal Auditor, this Annual Internal Audit Report to the IJB provides my opinion on the IJB's internal control framework for the financial year 2019/20.

24. Based on the work undertaken, I have concluded that:

- **Reliance can be placed on the IJBs governance arrangements and systems of internal controls for 2019/20.**

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

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

ACTION

26. The IJB is asked to note this report in evaluating the internal control environment for 2019/20 and consider any actions to be taken on the issues reported for consideration.

INTERNAL CONTROL

27. Following a meeting of Dundee IJB in May 2016, FTF were appointed as the IJB's Internal Audit Service. The PAC has approved the Internal Audit Charter as well as a protocol for the sharing of audit outputs between the partner organisations. We can confirm that FTF complies with the Public Sector Internal Audit Standards (PSIAS).

28. During 2018/19 the NHS Tayside Internal Audit Service was externally quality assessed by the Institute of Internal Auditors and concluded that FTF generally conforms to the International Professional Practice Framework (IPPF). An External Quality Assessment (EQA) action plan is in place and being monitored through the NHS Tayside Audit & Risk Committee, with 2 actions remaining outstanding. We are in the process of updating our self assessment of the EQA requirements. For Dundee City Council Internal Audit, an EQA in 2018 concluded that the Council's Internal Audit service fully conforms to 11 of the 13 standards and generally conforms to the remaining two.

29. As noted during discussions for the PAC meeting in November 2019, the number of carried forward days from previous annual audit plans has been a significant factor causing changes to target dates for reporting. The complexity of the control environment for IJBs, the demand on IJB management time to feed into the audit process; as well as the time taken to clear reports with the range of parties involved particularly during the Covid-19 pandemic means that audits planned for 2019/20 will not be reported by year-end.

30. Internal Audit have met with the Chief Officer, Chief Finance Officer and the Chief Social Work Officer to risk assess the substantive audit reviews affected. However, the audit work undertaken on the year end governance checklist (see below), has been sufficient to allow the Chief Internal Auditor to provide his formal opinion on the adequacy and effectiveness of internal controls.

31. To inform our assessment of the internal control framework, we developed a self assessment governance checklist for completion by management compiled from the

relevant requirements of Integration Scheme, guidance issued by the Scottish Government as well as the CIPFA 'Delivering Good Governance in Local Government Framework 2016' and supporting guidance notes for Scottish Authorities. Our update of the checklist for 2019/20 focused on the improvement plans developed in response to the February 2019 'Review of Progress with Integration of Health and Social Care' by the Ministerial Strategic Group for Health and Community Care; the governance response to the Covid-19 pandemic and reference to updated national guidance.

32. Internal Audit validated the assessments reached through discussion with management and examination of the supporting evidence and documentation. Based on this work, we can provide assurance on the following key arrangements in place by 31 March 2020, comment on where further development is needed in 2020/21 and recommend further issues for consideration by management.

33. As previously reported in our Annual Internal Audit Reports for 2017/18 and 2018/19, It is vital that the Audit & Performance Committee continues to monitor progress regularly in implementing agreed actions and understands the consequences and risks associated with non achievement or slippage in the Governance Action Plan and MSG Improvement Plan in overall context.

34. Our evaluation of the IJB's Governance Framework is summarised below:

A – Corporate Governance
Key arrangements in place as at year end 2019/20 as well as planned and ongoing developments
I. A revised Scheme of Delegation was adopted at the April 2019 IJB meeting. The revisions provide further transparency to the specific delegated powers to IJB officers and the role of the Chief Social Work Officer. II. At that meeting, the IJB was updated on Governance principles developed by a pan-Tayside short life working group. The IJB requested that an agreement is reached between Dundee City Council and NHS Tayside on governance principles for Dundee IJB but no further update was provided in the following 12 months. An in-depth review of the Integration Scheme, due in 2020, which might have addressed governance principles as well as governance and accountability themes arising from previous internal audits and the MSG and Audit Scotland reports, has been delayed in accordance with Covid-19 guidance received from Scottish Government. III. The Scottish Government advice did however include provision for at least a de minimis review. Given that there are still a number of key governance issues to be addressed together with formalisation of the revised arrangements for Inpatient Mental Health provision, we would suggest that the particular circumstances in Dundee will require a more fundamental review. IV. Dundee IJB did undertake a self assessment against the proposals MSG report which was presented to the IJB in June 2019. This included actions agreed with Dundee City Council and NHS Tayside, which were to be monitored by the PAC alongside previous, similar actions recommended by Internal Audit. However, although it was agreed that a further report on progress would be brought to the IJB in December 2019 this did not take place. A planned paper to the March 2020 PAC to agree the development of a single integrated action plan was halted by Covid-19 response. V. A Governance Action plan covering actions agreed through previous internal reports (including annual internal audit reports) as well as external audit recommendations, was developed and first presented in March 2019, with progress reports presented to all PAC meetings in May, September and November 2019. As reported to PAC in November 2019, a total of 42 actions were being monitored. Fifteen were complete, 23 'In Progress' and 4 'Behind Schedule' with delays stated as being *'due to challenges in meeting a range of priorities with limited resources available to progress within the Health and Social Care Partnership'. 'Progress is being made in strengthening the support structure and realigning priorities to ensure these actions are completed over the course of this financial year'.* We would highlight that the report format does not allow straightforward assessment of progress since the last report. VI. In response to the Internal Audit assessment of risk maturity, a Risk Management Action Plan was developed and approved by the PAC on 12 February 2019. Again, the planned progress update to PAC in September 2019 did not occur. We are aware from our discussions with management that Dundee IJB continues to develop its Risk Management arrangements, in line

with work ongoing across Tayside partnerships; however, no monitoring of corporate risks has taken place at governance level during the year, contrary to previous Internal Audit recommendations. DIJB's strategic risk register has been updated to include the impact of Covid-19. In addition, Locality Managers have been working together to identify risks for a specific DHSCP Covid-19 Risk Register. The process of recovery planning will provide the opportunity to revisit the organisation's risk profile based on the review of the strategic plan.

VII. Dundee IJB has also identified improvement actions based on learning from Joint Inspection (Adults): The effectiveness of strategic planning in other IJB regions (North Ayrshire and Perth & Kinross). Improvement action plans were to be reported to the PAC (November 2019 and March 2020 respectively) which did not take place, although we have been informed that the report was reviewed by the Clinical, Care and Professional Governance Group and other relevant stakeholder groups.

VIII. The remit of the PAC requires a minimum of 3 meetings per financial year. The PAC did meet on three occasions during 2019/20. However, the February 2020 meeting was cancelled due to quoracy issues. Both March and June 2020 meetings were cancelled due to the ongoing COVID-19 pandemic. If the next planned meeting in September 2020 is to go ahead, the PAC would not have met for 10 months. Combined with a lack of capacity to progress actions, this leaves a gap in the focus on progressing actions identified for improvement, especially taking into account known issues of participation and frequent changes of membership, particularly from Health Board members.

IX. We commend good practice that following each meeting, a Chair's assurance report is provided to the IJB which gives a clear statement on the work of the committee and particularly any issues to be highlighted to the Board, which we would have expected to include the delays in implementing agreed actions.

X. The 2018/19 Annual Performance report was submitted to the IJB for approval in June 2019. Work is ongoing to publish a summary annual performance report for Dundee IJB 2019/20 by the end of July 2020, with a full annual performance report now planned to come in October 2020; due to the impact of Covid-19 on data collection and management time. Performance during the year was monitored at the PAC with the most recent summary performance report to the September 2019 PAC meeting relating to Quarter 1. In addition, detailed reports on falls and complaints performance were discussed by the PAC in November 2019. This leaves a gap of nearly a year in regular performance monitoring at governance level, although we commend the quality of the performance reporting provided to the PAC.

XI. The Participation and Engagement Strategy was approved in December 2019 and the IJB instructed the ISPG to further develop the Framework for Engagement and the CFO to ensure progress in implementation was reported to the IJB in future.

XII. An update was given regarding the Dundee Primary Care Improvement Plan in June 2019. It was noted that there had been positive progress to implement the 2018/19 plan and proposed actions for 2019/20 were approved. A further report on progress during the second year of the plan is expected a future meeting of the IJB though no date was agreed.

XIII. New voting members on the IJB were approved in June and August 2019, as well

as February 2020. However, the Registered Medical Practitioner (non-voting member of the IJB) retired in November 2019 and the IJB has not yet been advised by NHS Tayside of their replacement.

XIV. During 2018/19, Dundee IJB amended its committee report template to include a section on directions to ensure clarity where the IJB is asked to make a decision. New SG guidance on directions issued in January 2020 has however not yet been presented and discussed at governance level to identify any further improvements needed. We identified instances where a clearer use could have been made of directions and, as in previous years, note that directions are very high level and do not provide the detail now expected.

XV. Internal Audit report D05/18 Transformation and Service Redesign recognised that there has been a conscious effort made by management to bring together and co-ordinate the disparate strands of the transformational change programmes, but assessed arrangements currently in place as inadequate (Category D). A detailed action plan has been agreed by management and presented to the PAC who should monitor progress.

XVI. It is clear from the 2020/21 budget that there is a risk of a material shortfall in resources to deliver the Strategic plan, therefore reporting on transformational change to the IJB should reflect its importance to the IJB, focused on providing an overall picture of progress and risks to delivery. Whilst we have evidenced a number of service redesign projects being monitored separately at IJB level, we would reiterate the need for a holistic overview.

XVII. This is against a backdrop since our Annual Internal Audit Report for 2017/18, where it was noted that it was intended to frame the performance report information in the context of the delivery plan to ensure that operational delivery of the new Strategic Commissioning Plan can be monitored. We recommended a Delivery plan to track actions which will support implementation of the Strategic Commissioning Plan. Our review of governance reports during 2019/20 shows a number of additional plans, strategies and frameworks agreed without clearly signposting how these align around the objectives identified in the Strategic Commissioning Plan.

XVIII. The Winter Plan (2019/2020) – NHS Tayside And Partner Organisations was approved in October 2019 before being submitted to the Scottish Government. Minutes state '*that the submission of the Winter Plan to the Scottish Government be accompanied with a statement from the Chief Officer emphasising that whilst every effort had been made to anticipate the potential implications of the winter period should there be unprecedented exceptional circumstances, the Winter Plan may be insufficient to manage the increased - demand for services and any implications for staffing, capacity or service delivery.*' This risk is not included within the current strategic risk register.

B – Clinical & Care Governance/ Financial Governance/ Staff Governance/ Information

Governance
Key arrangements in place as at year end 2019/20 as well as planned and ongoing developments
B1- Financial Governance
I. Financial Monitoring Reports were regularly considered by the IJB throughout 2019/20, including details on hosted services' financial position and a projected outturn position. II. The financial monitoring position for Dundee Health and Social Care Partnership based on expenditure to 31 December 2019 shows a net projected overspend position at the year-end of nearly £4m. Although the financial monitoring report includes reporting on recovery actions, this information is insufficient to provide an overview of progress with service redesign activity aimed at aligning corporate objectives and available resources. XIX. As part of the 2020/21 budget setting process for the IJB and NHS Tayside, the Chief Officer and Chief Finance Officer have had discussions with the Interim Director of Finance for NHS Tayside with regard to progressing the commissioning and financial framework around the Large Hospital Set Aside. This work will be progressed with the relevant parties within Angus and Perth and Kinross IJB's over the coming months with a view to ensuring the Scottish Government's stated position of releasing 50% of savings from the acute sector for investment by Integration Joint Boards. XX. The IJB was provided with regular updates on the development of the 2020/21 Budget throughout 2019/20. The proposed 2020/21 budget provided to IJB members at a Q&A session in June 2020 projects a deficit in funding of £2.342m in 2020/21. This includes provision within NHS Tayside's financial plan 2020/21 to transfer £1m of resources to Dundee IJB on a recurring basis to reflect a sustained reduction in the number of occupied bed days by Dundee residents since the baseline year 2015/16.
B2 – Clinical & Care Governance
I. Substantial progress has been reported in implementing actions in response to internal audit report D07/17 - Clinical, Care & Professional Governance, but a number of complex issues including hosted services, especially Mental Health, remain. A report to P&K IJB highlighted serious concerns in relation to assurances around Acute Mental Health in particular and a working group including representatives from Dundee IJB is taking forward the development of a substantially revised clinical and care governance framework. II. We welcome the quarterly complaints performance monitoring to the PAC as well as the reporting in year from the Clinical, Care and Professional Group through Governance Reports and Chairs Assurance Reports to the PAC in September and November 2019. However, the equivalent annual conclusion as provided in June 2019 is not available at this point due to the cancellation of meetings. Arrangements for Clinical and Care assurance are currently being considered by the partner bodies across the NHS Tayside area. Whilst these have been delayed due to Covid-19, it is anticipated that these will further enhance the arrangements already in place in Dundee IJB, provide greater clarity on

assurances between bodies and address known weaknesses in relation to assurance on hosted services, most particularly within Inpatient Mental health.

III. The Chief Social Work Officer's Annual Report 2018/19 was reported in October 2019 and whilst it sets out a number of achievements as well as challenges and priorities for the way ahead. In line with the national template, the report does not include an overall conclusion on the adequacy and effectiveness of the quality and safety of care, therefore the arrangements being developed as per Para II above will need to include alternative methods of providing this assurance.

IV. Adult Support And Protection Committee – Independent Convenor's Midterm Report 2018/2019 was presented to the IJB in February 2020, including progress made in developing an effective partnership response to adult support and protection issues in the city and progress against recommendations made by the Independent Convenor in the Biennial Report 2016-18 and the development of the Adult Support and Protection Delivery Plan 2019/20. The Dundee Child Protection Committee Annual Report 2018/2019 including information on the development of the Child Delivery Plan was also presented.

V. An action plan based on '*Dundee Drugs Commission Report – Responding To Drug Use With Kindness, Compassion And Hope*' has been developed. The January 2020 NHS Tayside Clinical Quality Forum In considered escalation of these actions to the NHS Tayside Care Governance Committee but did not recommend this given that the action plan should have been subject to regular review by the Dundee IJB Clinical, Care and Professional Governance Group. However, due to the cancellations of the PAC since November 2019, no reporting has been received at governance level for Dundee IJB to provide assurance that this key area is being reviewed.

VI. The Final Report Of The Independent Inquiry Into Mental Health Services In Tayside – 'Trust And Respect' was presented to Dundee IJB in February 2020, noting the intention to develop a comprehensive action plan with an update originally planned for April 2020. This has been delayed due to the Covid-19 response.

B3 - Staff Governance

I. The IJB received a report on the Health And Care (Staffing) (Scotland) Act 2019 in February 2020. The legislation creates a new statutory duty on Health Boards and registered providers to provide safe staffing through the use of evidence based decision-making in relation to staff requirements and is to be implemented from 1 April 2020. The report recommended that the IJB 'instructs the Chief Officer to bring forward a Workforce Plan for Dundee Health and Social Care Partnership by June 2020 and review this in light of any formal guidance received from the Scottish Government.'

II. We welcome the fact that the PAC provided a forum for discussion of the Audit Scotland report on NHS Workforce Planning (part 2). PAC agreed to instruct the Chief Officer to consider the findings of the report when developing the Dundee Health and Social Care Partnership's Integrated Workforce Plan prior to submission to the Integration Joint Board for approval in addition to the Primary Care Improvement Plan.

III. However, progress in relation to the actions arising from Internal Audit report

	D06/17 Workforce originally envisaged for August 2018 remains behind schedule, including the production of a workforce plan which is now planned for October 2020, noting that clarity is still required over responsibility for developing and providing assurance on the implementation of workforce plans.
B4- Information Governance	
IV.	Internal audit report D04/19 'Information Governance & Technology as Enablers' was issued in January 2020 graded 'D' (Inadequate) and is to be presented to the PAC in September 2020. This report makes a number of key recommendations with actions due by November 2020.
V.	These recommendations will be even more important given the vital role that Information Technology will play in remobilising and redesigning services and allowing the fundamental and rapid transformation required to achieve sustainable services, particularly in a post Covid 19 environment.

ACKNOWLEDGEMENT

35. On behalf of the Internal Audit Service I would like to take this opportunity to thank the Chief Officer and Chief Finance Officer of the IJB as well as staff within the partnership for the help and co-operation extended to Internal Audit throughout the year.

A GASKIN, BSc. ACA
Chief Internal Auditor

Action Point Reference 1

Finding:

A high proportion of issues previously highlighted by ourselves and others which have resulted in agreed recommendations have not been taken forward as expected. Whilst Covid-19 may have had some impact, it is not, in our view, the primary cause of the failure to deliver these key changes. We have also reported a number of areas where update reports were promised but not delivered.

We would expect these areas for improvement to continue to feature in the IJB's Governance statement and would reiterate the need for robust monitoring by the PAC and consideration of the consequences of non-achievement on the overall control environment.

The lack of progress in implementing agreed governance improvements *'due to challenges in meeting a range of priorities with limited resources available to progress within the Health and Social Care Partnership'* has not been included in the Chair's Assurance report which is presented to the IJB following a meeting of the PAC, nor has this topic been discussed by the IJB.

Correspondence has now been received from the Scottish Government advising that given the Covid-19 response it does not expect IJBs to continue work on developing successor Integration Schemes. This update work had been intended to address a number of key governance issues which will still require to be resolved, notwithstanding the delay in updating the Integration Scheme.

Audit Recommendation:

Alongside proper monitoring of agreed governance improvement actions, we would recommend that a clearer escalation route of such issues encountered is needed to prompt the IJB to determine any remedial actions to be taken. Barriers to achievement and solutions to address these should be clearly identified and the Chair's Assurance report should clearly identify these key governance issues so that the IJB understands their importance, impact and is able to take appropriate action

The discussion should include how to address issues involving Partners, with further escalation to the Working Together Forum, where the Chairs, Council Leaders, Chief Executives and Chief Officers from all partner bodies meet.

Assessment of Risk:

Our assessment of the above finding is as follows:

Significant		Weaknesses in control or design in some areas of established controls. **Requires action to avoid exposure to significant risks in achieving the objectives for area under review.**

Management Response/Action:

The issue of delays in completing agreed improvement actions is recognised and accepted as an area of improvement. A further review of progress of the Governance Action Plan and

agreement of the escalation process will be brought to the meeting of the Performance and Audit Committee in September 2020 and reflected in the Chairs Assurance report to the IJB for further consideration by the wider IJB membership.	
Action by:	**Date of expected completion:**
Chief Officer / Chief Finance Officer	**October 2020**

Assessment of Risk

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

Risk Assessment		Definition	Total
Fundamental		Non Compliance with key controls or evidence of material loss or error. **Action is imperative to ensure that the objectives for the area under review are met.**	None
Significant		Weaknesses in control or design in some areas of established controls. **Requires action to avoid exposure to significant risks in achieving the objectives for area under review.**	One
Merits attention		There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**	None

ITEM No …19………..

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 AUGUST 2020

REPORT ON: HEALTH & WORK SUPPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB32-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to advise the Integration Joint Board of the work of the Health & Work Support Service which operated as a 2-year pilot scheme in Dundee and Fife on behalf of the Scottish Government from June 2018 to support people with a disability or health conditions to access or remain in employment and has now ceased.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of this report and the appendix to this report including the positive impact on people with a disability and health conditions and lessons learned to support future service delivery as set out in section 4.2.7.

3.0 FINANCIAL IMPLICATIONS

3.1 The pilot project was fully funded by the Scottish and UK Governments to the value of £760k however a decision was taken nationally in March 2020 not to continue funding past the initial agreed 2-year pilot period.

4.0 MAIN TEXT

4.1 The Health and Work Support pilot project was previously outlined to Dundee Integration Joint Board at its meeting of 29th August 2017 (Article VI of the minute refers). The Scottish Government Health & Work Support pilot explored how to improve employment outcomes for disabled people and people with health conditions in Scotland who were:

- At risk of falling out of work due to their health condition/disability; or
- Recently unemployed/economically inactive due to their health condition/disability

The purpose of this service was to improve the integration and alignment of health, employment and other services, to ensure that the target group can access the support they require at an early stage and before falling into long-term unemployment. Central to this was the development of a “Health & Work Support” to provide quicker, more effective access to a range of existing, funded support services. These included:

- Working Health Services Scotland – a Scottish Government funded, NHS-led service for the self-employed and small/medium enterprise employees who are in work (not off sick), but at risk of falling out of work due to ill health or disability. It provides telephone access to relatively light-touch, case-managed bio-psychosocial assessments and support for up to 20 weeks, and fast-tracked access to work-focused therapeutic and other support, which can include

(depending on location) physiotherapy, talking therapies, occupational therapy, self-help materials, etc. Access is via self-referral or referral by employers, GPs, etc.

- Fit for Work Scotland – a DWP-funded service that was delivered by the NHS in Scotland, for employees of companies of any size and sector, who are off sick (or likely to be off sick) for 4 weeks or more. It provides telephone access to relatively light-touch (when compared to some other employment support interventions), case-managed bio-psychosocial assessments and support for up to 12 weeks, with a return to work plan being developed that can be shared with the individual's employer and/or GP with consent. It does not currently provide rapid access to health treatments – the individual must access these via the usual routes, which can take time. Access to Fit for Work is only via referral by employers and GPs.

- Healthy Working Lives – a Scottish Government funded service that offers employer-focused advice and guidance on health and work matters, including health and safety advice, risk assessment, employment law and health policy development.

These services, which are called the Health & Work Support (H&WS) "core services", offered support that is broadly in line with the evidence of what works.

4.2.1 In addition, and in order to address a gap in the current support landscape, a new support service for the recently unemployed was established. This service provided support to people who have recently become unemployed and who were relatively close to the labour market. The support was comparable to that which is available under Working Health Services (see above) – i.e. relatively light-touch, case-managed bio-psychosocial assessments and support for up to 20 weeks, with rapid access to work-focused therapeutic and other support. Close coordination with Jobcentre Plus was required (with the consent of the individual) to provide an individual with support to re-secure employment. The teams from both Jobcentre Plus and H&WS worked tirelessly to increase the flow of currently unemployed individuals into the service, for e.g. a presence in the Jobcentre, an appointment system and a few months ago the introduction of a direct electronic referral system the first of its kind in Scotland. The benefit claimants the service hoped to target at the start of this process were individuals claiming Employment Support Allowance however the benefits system subsequently changed to Universal Credit.

4.2.2 Individuals who have been referred to H & WS required a range of different types of support not directly available from the core services – for example, debt advice, relationship advice, peer support, financial support, etc. To ensure an individual can receive the full spectrum of support he/she requires in a coordinated way, the H&WS core services had built formal pathways and referral procedures into other local and national public and 3rd sector services that can provide these types of support. These included the services of the newly contracted employability pathway in the city and further referral routes to be established with the current Scottish Government contract – Fair Start.

4.2.3 At a moment of crisis, the target group may approach one or more of the affiliated services - for example, they may talk to their GP about a health problem or their housing association because they are concerned about making their rent payments if they cannot work. Currently, those services do not always ask questions about the impact of the individual's health on their ability to work and, if they do, they often do not know where to refer the individual to get help. In support of H & WS, a programme of improvement work was undertaken this has been crucial in helping shape and change the service over the last 18 months. The aim of this improvement work was to work with affiliated services to improve early identification of the target group and referral into H & WS.

The potential benefits of Health & Work Support and its programme of supporting improvement work were:

- Better awareness of health and work issues amongst affiliated services, and a better understanding of where to go to get help – it should be much easier to raise awareness of H & WS as the primary place to go in order to get help.

- A better experience for the individuals receiving support – the aim is to provide a seamless service, where individuals do not have to tell their story many times to different services.

- Better management information to allow improvement and alignment of services - over time, as more people flow through H & WS, and as information is gathered on service use and outcomes, we should get a better picture of which services are genuinely effective and which need improvement, where there are opportunities for efficiencies, etc.

4.2.4 An extensive marketing campaign was undertaken in September 2018 after advice from SG Comms who advised a period of intense marketing over one month. Marketing activities undertaken included presence at the Flower and Food Festival, directly approaching 400 + small businesses, visiting GP surgeries with information, sponsoring a mental health event for employers at Dundee and Angus Chamber of Commerce in addition to advertising on petrol pumps, the inside of the Explore buses and at both football grounds and the Ice Arena.

4.2.5 The H & WS service had a pivotal role to play in the integration of health and work services as is documented in the Scottish Government No-One Left Behind Publication 2018. Action 5 stated that the H & WS service "will agree a plan to trial additional mental health support". This was piloted for six months and included a mental health OT within the team trialling a capped caseload so that more interventions can take place with clients. This was not decided in isolation as partners from Scottish Government, and mental health services locally were supporting this work. It also formed part of further improvement work to inform the overall evaluation of H & WS.

4.2.6 H & WS linked into DHSCP Strategic Plan with regards to early intervention and prevention, building capacity ensuring it integrates and aligns with other services and promotes health equity. It formed part of the NHS Tayside Welfare Reform and Employability action plan, a Scottish Government directive from the Chief Medical Officer that aims to mitigate the impact of welfare reform for the citizens of Dundee. H & WS formed part of the City Plan. The launch of the new Discover Works employability pathway contract in October 2019 will ensure there is a clear route into health and work services and people will receive the right help at the right time avoiding duplication of delivery of services.

4.2.7 The lessons learned from this project have been:

- A change in practice for Working Health Services across the whole country in response to looking at systems and timings for patients to be offered support, which was extended from 12 – 20 weeks. The assessment was changed to bring other services in line nationally and to cut down on duplication for the patient.
- Capped caseload experience for both the clinician and the patient (a support trialled within H&WS) is to be taken forward into other areas of Mental Health Occupational Therapy practice with the benefits seen as more time to provide interventions for the patient without referring them onto other services thus strengthening the relationship between clinician and patient with proven successful outcomes and less time spent in the service for the patient overall.
- The final evaluation report will inform future discussion around the future shape of services commissioned for the benefit of the working/unemployed population in Dundee.

Health & Work Support finished completely on the 30th April 2020 with all cases discharged and if required people were signposted to other services. All of the staff secured other employment through NHS Tayside. Working Health Services has re-commenced on the 6th July 2020, with all partners and GP Surgeries notified, with this service covering the whole of Tayside and offering the same suite of services but with a much-reduced staffing compliment and budget. The Scottish Government undertook a review of Health and Work prior to the Covid-19

pandemic, the outcome of which, including potential additional services and funding is still awaited.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. It should be noted that this report impacts positively on people with a long term health condition or disability.

6.0 RISK ASSESSMENT

6.1 A risk assessment has been carried out and there are no major issues.

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

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

DATE: 21 July 2020

Wendy Third
Senior Manager
Health, Welfare Reform and Employability

Health & Work Support Pilot: Interim Evaluation Report - Implementation & Early Delivery Review

ECONOMY AND LABOUR MARKET

Health & Work Support Pilot: Interim Evaluation Report

Implementation & Early Delivery Review

March 2020

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1. Executive Summary

The Health & Work Support pilot is a two year project funded by the UK Government's Employers, Health and Inclusive Employment Directorate[1] and the Scottish Government.

The pilot was launched as part of the Scottish Government's No One Left Behind Strategy[2] in June 2018 with the aim of making improvements to the way early intervention is provided to individuals who have health conditions or disabilities, in order to help them sustain or return to work. In addition to providing help to individuals the pilot also provides advice, training and support to employers on issues related to health and work.

The pilot was developed on the premise that although there is already early intervention support available, the existing support landscape is complex and confusing. As such the project was originally conceived of as a "single gateway" which would act as the primary entrance point for a range of pre-existing NHS-led health and work related services, with the expectation that this approach would increase the number of individuals and businesses accessing support.

The service is being piloted across Dundee City and Fife and will run between June 2018 and June 2020 with the aim of enrolling 6,000[3] individuals across this time period. The primary service offer to individuals consists of up to 20 weeks of case management[4], holistic biopsychosocial assessment[5] and fast track access to health and work focussed clinical interventions (including physiotherapy and counselling services).

The Scottish Government and the Work and Health Unit have committed to a robust evaluation of the pilot and this report forms the first part of such an undertaking. This review focuses on the set up and early delivery stage of the pilot. It considers the extent to which the pilot is beginning to make a difference to the clarity, coordination and efficiency of the landscape of support.

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[1] Please note that this directorate, which is joint funded by the Department for Work & Pensions and the Department for Health & Social Care, was previously known as the Work and Health Unit.

[2] https://www.gov.scot/publications/one-left-behind-next-steps-integration-alignment-employability-support-scotland/

[3] Following the development of this report, target numbers have been re-profiled – see Appendix 3 for more details on this and responses to other recommendations from this report.

[4] Case Management is a generic terms with many definitions however it tends to be defined by a focus on the planning and co-ordination of care for an individual as opposed to the delivery of clinical interventions (see Hutt et al, (2004) '*Case-Managing Long Term Conditions'* London: King's Fund). Within the Health & Work Support pilot, assessment, care planning and co-ordination, review and discharge functions form the central tasks of case management.

[5] Biopsychosocial refers to a holistic approach to service delivery which incorporates consideration of an individual's wider socio-environmental situation in addition to their biological and psychological health. (See Engel, G. L. (1977) "The Need for a New Medical Model: a Challenge for Biomedicine" *Science* Vol. 196 (4286): 129 - 36).

The report summarises findings from commissioned research delivered by Rocket Science UK Ltd as well as additional research undertaken by Scottish Government analysts (further information about the methodology is set out in Appendix 2).

Key findings covered in this report include that:

- To date the pilot appears to be increasing the numbers of individuals accessing support in comparison to pre-existing services however this is largely due to widening of eligibility criteria.
- The pilot has struggled to meet its targets.
- Individuals who have recently become unemployed tend to present with mental health concerns as a primary issue whereas those in employment tend to present with musculoskeletal issues as their primary condition.
- Initial findings question the assumption that existing occupational health support provided by large employers (public and private) are adequately meeting the needs of their staff. This will require further exploration throughout the rest of the pilot.
- Call handling services within the pilot could be further streamlined to improve client experience by cutting down on the number of contacts required before reaching the point of receiving care.
- The employer facing component of the pilot requires further development. Levels of engagement with employers has varied significantly between pilot sites and requires further exploration.
- There is scope for further improvement of the pilots marketing materials and overall approach.
- The pilot's primary mode of access for individual clients (i.e. self-referral) assumes a level of health literacy and capacity to engage. This may be problematic for more vulnerable members of the population.
- The pilot's capacity to collect outcome data on clients requires further development and prioritisation.
- Case Managers reported an increase in the referral of clients with a range of intersecting and complex needs who may not have been seen by other mainstream services. The level and type of service required may therefore be more demanding than initially expected.
- In keeping with findings from the wider research literature, the Case Manager role within the pilot requires further clarification.

2. Introduction

2.1 Purpose of the Report

This interim evaluation report provides an overview of the implementation and early delivery phase of the Health & Work Support (HWS) pilot, during the period June 2018 to March 2019.

This review offers an opportunity for reflection on lessons learned to date and for the identification of enhancements and changes that could be made to further improve performance and impact.

The report has been developed using a number of sources of information, including:

- Externally commissioned fieldwork, delivered by Rocket Science, which included:
    - Interviews with stakeholders.
    - A survey with local delivery staff.
    - Focus groups with local delivery staff.
- Focus groups and interviews with local participants delivered in-house by Scottish Government.
- In-house analysis of data collected from the HWS management information system.

2.2 Purpose of the Pilot

The Health & Work Support (HWS) service is a two year pilot running in Dundee City and Fife from June 2018 to June 2020. This pilot is funded by the Department for Work and Pension's (DWP) and the Department for Health and Social Care's (DHSC) Employers, Health and Inclusive Employment Directorate, as part of its Work and Health Innovation Fund, with additional funding from the Scottish Government.

The pilot is intended to contribute to a number of strategic commitments across the Scottish Government, details of which are outlined in a variety of key documents. Centrally, the Health & Work Support service forms part of the 2018 'No One Left Behind' Scottish Government Strategy for employability support[6]. The strategy aims to facilitate the development of more effective integration and alignment between employability and other support services, including health services, in order to help groups with multiple challenges (e.g. disability, illness, homelessness, substance misuse) stay, return, or transition into employment. The action points within the strategy describe how the pilot will act as a primary entrance point for NHS-led

[6] Scottish Government (2018), *No One Left Behind: Next Steps for the Integration and Alignment of Employability Support in Scotland* - https://www.gov.scot/publications/one-left-behind-next-steps-integration-alignment-employability-support-scotland/

support, introducing a streamlined alternative to the complex and confusing landscape of existing health and work support services.

In addition to the above the pilot features within the Disability Employment Action Plan[7], with specific reference to increasing accessibility of the service and exploring additional use of mental health training and interventions. Commitments are also described in the Mental Health Strategy[8], including working with employers around mental health support for employees and also exploring ways to connect mental health, disability and employment support.

More broadly through its focus on improving health, supporting people to stay in or get back into work and also supporting employers, the pilot intends to contribute towards the following outcomes within the National Performance Framework[9]:

- We are healthy and active.
- We have thriving and innovative businesses with quality jobs and fair work for everyone.
- We have a globally competitive, entrepreneurial, inclusive and sustainable economy.
- We tackle poverty by sharing opportunities, wealth and power more equally.

2.3 Pre-Existing Health Related Employment Support in Scotland

The landscape for health and employability support services nationally is considered to be confusing and difficult to navigate for those in need of health and work services. The pilot focuses on streamlining the following national services:

- **Working Health Services Scotland (WHSS)** – a Scottish Government funded service, delivered by the NHS, for self-employed individuals and employees of Small to Medium Enterprises (SMEs) who are at risk of unemployment due to ill health.

- **Fit for Work Scotland** – a DWP-funded service for employees of companies of any size and sector, who are on sick leave or at risk of sick leave for four weeks or more.

- **Healthy Working Lives (HWL)** – a Scottish Government funded service offering employer-focused advice and guidance on health and work (e.g. risk and safety, employment law, health policy).

[7] Scottish Government (2018), *A Fairer Scotland for Disabled People: Employment Action Plan* - https://www.gov.scot/publications/fairer-scotland-disabled-people-employment-action-plan/

[8] Scottish Government (2017), *Mental health Strategy 2017 – 2027- https://www.gov.scot/publications/mental-health-strategy-2017-2027/*

[9] See https://nationalperformance.gov.scot/ for more details.

These services have been reconfigured and brought together under the banner of the HWS pilot within Dundee City and Fife[10]. This constitutes the ‘core services’ that are offered to clients.

In addition to the above the HWS pilot has added a pathway for those who have become recently unemployed and who are experiencing ill health or a disability as a barrier to re-employment.

2.4 Who Does the Pilot Aim to Help?

The pilot is focussed on targeting; those at risk of losing employment due to a health condition and/or disability, individuals who are recently unemployed due to ill health and/or disability and employers who require support, in the form of advice or training, for health and work issues.

Pre-existing services (detailed above) largely focussed on individuals with musculoskeletal (MSK) problems whereas the pilot has widened its remit to include a focus on those with mental health concerns related to work. The overall eligibility criteria for the pilot is as follows:

- An adult aged 16 plus;
- In paid employment or self-employment experiencing a mental / physical health condition or disability that is affecting their employment;
- Or unemployed for up to 6 months, experiencing a mental / physical health condition or disability that is affecting their prospects of employment;
- Living or working in Fife or Dundee City;
- An employer in Fife or Dundee City who requires advice on mental / physical health, disability and work issues.

Dundee became one of the two pilot areas for a number of reasons including pre-existing high levels of demand for health and work services. Fife was felt to be an appropriate complementary pilot area with a more dispersed population and a tighter labour market (less unemployment).

It should also be noted that these two areas are different in terms of population size and make-up, geography (including rural and urban differences) and wider service provision.

[10] Note that HWL & WHSS continue to run as national services across the rest of Scotland.

2.5 How is the Pilot Set Up?[11]

There are two main referral routes into the service: self-referral (via website, or the national phone line), or referrals from GPs and other health professionals. Access to the pilot follows three steps, each delivered by a different delivery partner:

1. **National Pilot Phone Number (delivered via Healthy Working Lives[12])** – provides telephone access to the pilot for clients who self-refer. If clients are seeking clinical support and live or work in the pilot area, then they are considered eligible for triage and are transferred to the next stage.

2. **Pilot Triage and Enrolment Service (delivered by Salus)** – the main call handling service within the pilot, providing triage and enrolment. Clients access Salus either via the HWL advice-line or directly via a web-form provided on the Salus website. Salus establishes whether clients are eligible for the pilot by taking them through a triage system. Eligible clients are then enrolled into different 'workstreams' (explained below) before being transferred to case management staff in the local pilot areas. Those who are not eligible are signposted to other relevant services.

3. **Case Management (delivered by local NHS Boards) -** the case management service represents the core of the pilot and incorporates bio-psychological assessments, action planning, onward referral for clinical interventions and access to self-management materials. Case Managers normally contact clients by telephone to conduct the initial assessment before referring clients to clinical support where required (i.e. the intervention[13]). This part of the pilot is intended to last up to 20 weeks. Case Managers can also signpost to a variety of other services within the local area that offer support.

There are three workstreams within which individuals can be enrolled, dependent on their employment status and background. Services offered by the workstreams are largely similar, involving both case management as well as the potential for onward referral for clinical interventions, although the focus of support will vary dependent on an individual's needs.

[11] See figure 1 below for a diagrammatic representation of the pilots service delivery model.

[12] Please note that Healthy Working Lives (HWL) is an umbrella term referring to a programme of services delivered in partnership by the territorial Health Boards and NHS Scotland. Within this report the term HWL is used to generally refer to the work of two teams working under the HWL banner; one providing call handling duties for the pilot's phone number (delivered by the national HWL team) and the other providing support to employers within the pilot areas (delivered by the local HWL team members located in NHS Tayside and NHS Fife).

[13] Primarily physiotherapy and counselling which are provided by a combination of in-house and commissioned delivery.

Working Health Services Scotland - individuals employed by an SME (less than 250 staff), whether absent or present at work and struggling to stay in employment due to a health condition or disability;

Large Employer/Employee Service (LEES)[14] - individuals employed by larger organisations (more than 250 staff), whether absent or present at work and struggling to stay in employment due to a health condition or disability;

Employability and Health – individuals recently unemployed (less than 6 months) as a result of a health condition or disability;

A fourth workstream is available for employers:

Healthy Working Lives – for employers in the Fife and Dundee pilot area who require advice and support around health and work issues.

In addition to the above there is a 'light touch' element to the pilot (referred to as the Local Support workstream) which provides support and signposting for clients not meeting the eligibility criteria. It is important to note that individuals in receipt of this light touch service do not count towards the services target numbers.

The operational work of the pilot is also supported via the work of a dedicated Improvement Advisor within the Scottish Government's national pilot team. The Improvement Advisor works with both pilot staff and wider stakeholders using techniques based on the Scottish Government's Three Step Improvement Framework for Scotland's Public Services[15].

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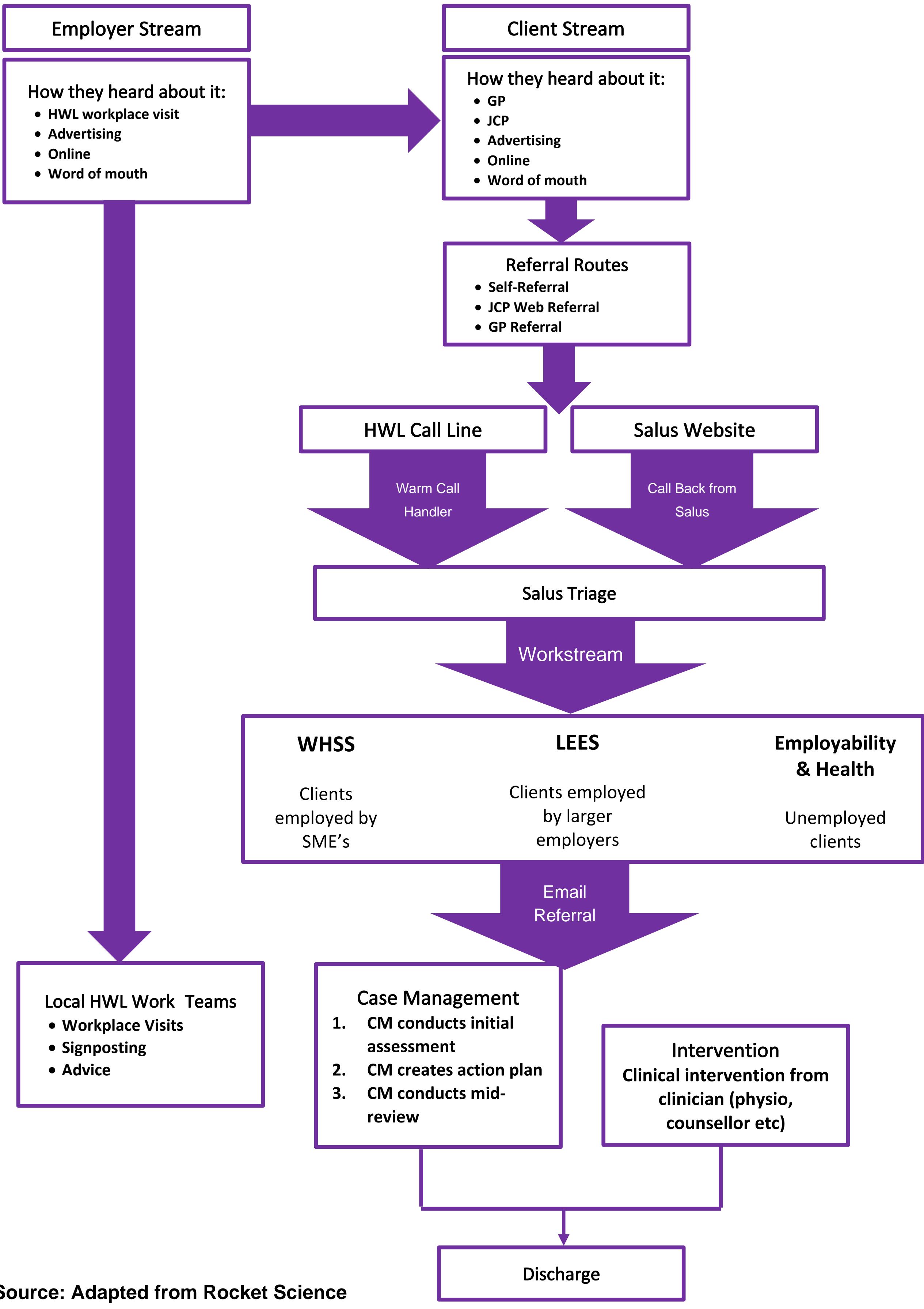
[14] It should be noted that although not originally included in the pilot, clients who are employed by large organisations with access to Occupational Health (OH) services are now considered eligible for the service under certain circumstances. This change was made as it was felt that there were situations in which employees of large organisations may have concerns around their OH provision, experience difficulty accessing it, or their in-house OH services may not be capable of meeting their needs (e.g. through limited availability of clinical services such as physiotherapy).

[15] https://www2.gov.scot/Resource/0042/00426552.pdf

Figure 1: Process Map of the Health & Work Support Pilot



Source: Adapted from Rocket Science

3. Findings

This section presents summary data followed by an analysis of key stakeholder interviews, focus groups and online survey results as well as brief case studies derived from interviews and focus groups with clients.

3.1. Management Information Data[16]

3.1.1 Throughput

Table 1: Total number of service users for Fife and Dundee by each stage of the pilot service (June 2018 to March 2019)

Stage of HWS	Number of service users		
	Fife	Dundee	Total
Enrolments (Salus)	332	597	929
Clinical Assessments (Case Managers)	289	484	773
Discharges conducted (Case Managers)	124	128	252

Source: Scottish Government Health & Work Pilot MI data, June 2018 - March 2019.

Analysis of management information (MI) data suggests that there is a degree of drop-out at each stage of the pilot, from enrolment through to discharge across both sites. The largest proportion of drop-out occurs between assessment and discharge suggesting it is likely that clients have received clinical input. It should be noted however that as clients are eligible for up to twenty weeks of support there will be a significant time lag between enrolment and discharge.

It is interesting to note that Fife and Dundee have very similar numbers of discharges despite a much larger number of clients being enrolled into the service in Dundee which suggests potential variations in process and practice between the two sites.

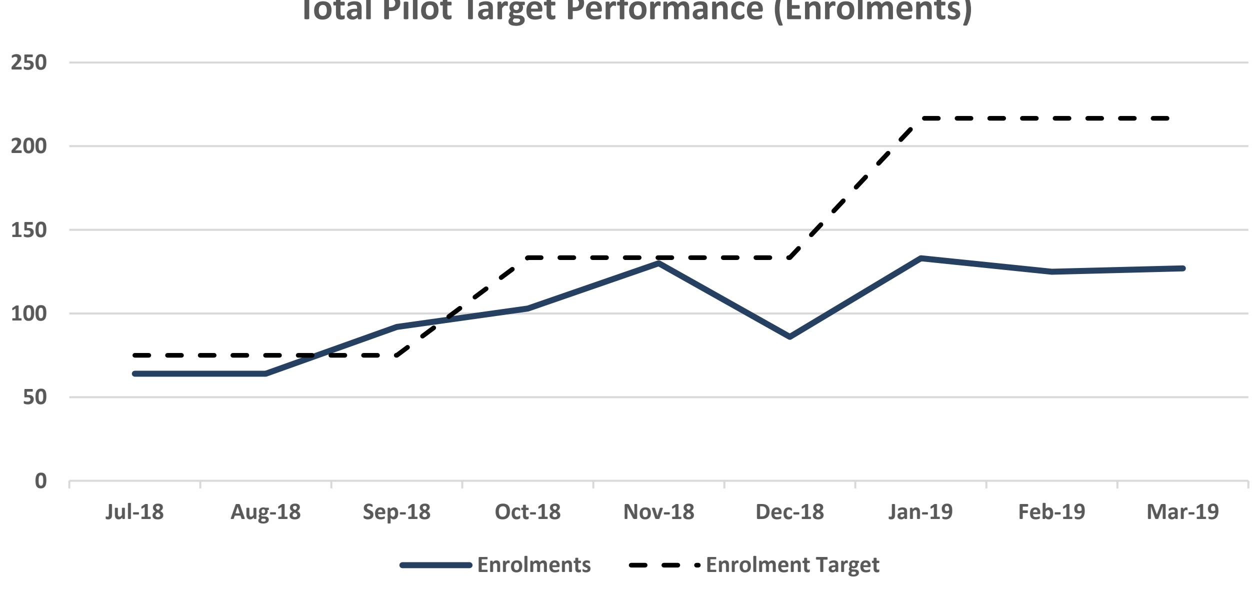
3.1.2 Target Enrolments

The target set for the pilot (with regards to individual clients) is 6,000 enrolments over the two years of the pilot with an even split across the two pilot sites. To begin with this target was also split evenly across the pilot period, however following feedback in September 2018 a decision was taken to re-profile the monthly targets

[16] Please note that data presented here may differ from those in Scottish Government statistics publications as the data was extracted from the management information system at different points in time.

so that they gradually ramp up over the life of the pilot (see black dotted line in chart below).

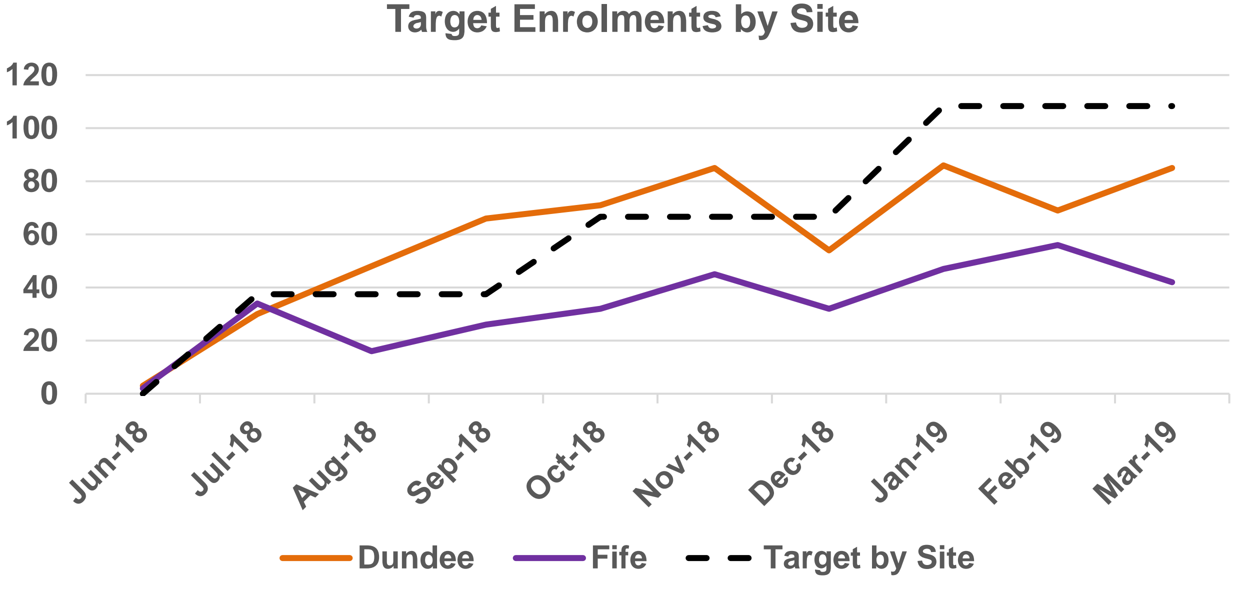
Figure 2: Pilot Target Performance (June 2018 to March 2019)



Source: Scottish Government Health & Work Support Pilot MI data, June 2018 - March 2019.

Figure 2 demonstrates that, as a whole, the pilot has reached its monthly target only once (September 2018). The maximum number of clients seen in a given month appears to reach a plateau at around 130 clients. Given that the target increases over the two year period the gap between actual performance and the target continues to increase.

Figure 3: Target Enrolments and Achieved Enrolments by Pilot Site (June 2018 to March 2019)



Source: Scottish Government Health & Work Support Pilot MI data, June 2018 - March 2019.

Figure 3 shows that Dundee exceeded the target on a number of occasions during the early period of the pilot whilst Fife has yet to successfully meet the target. It should be noted however that the Tayside area (which includes Dundee) has consistently tended to be high performing relative to other areas for similar pre-existing services such as Working Health Services Scotland. Additionally as noted elsewhere in this report, variations in labour market conditions, geography and marketing are likely to have impacted on differences in performance between the two pilot sites.

3.1.3 Enrolments

While there are a number of ways clients hear about the service the majority of individuals will refer themselves into the pilot instead of being referred by someone else (e.g. GP, DWP Jobcentre, employer). Figure 4 demonstrates that the most common way clients hear about the service and then self-refer is through their GP in both Dundee & Fife (58% and 54% respectively). Jobcentres are the second most common referral route in Dundee and the third most common in Fife, yet both account for approximately 13% of their total referrals. Other Health Professionals account for 14% of referrals in Fife, compared to 9% in Dundee.

Figure 4: Total number of enrolments by source for Dundee and Fife (June 2018 – March 2019).

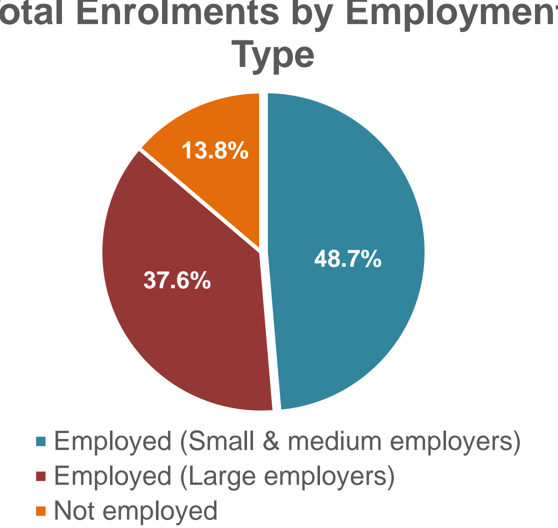
Source of Referral	Dundee	
GP	344	57.6%
Jobcentre Plus	80	13.4%
Employer	62	10.4%
Other Health Professional	52	8.7%
Prior Knowledge / Referral	22	3.7%
Other	20	3.4%
Word of mouth	16	2.7%
Unknown	1	0.2%

Source of Referral	Fife	
GP	179	53.9%
Other Health Professional	45	13.6%
Jobcentre Plus	42	12.7%
Employer	34	10.2%
Other	14	4.2%
Word of mouth	13	3.9%
Prior Knowledge / Referral	4	1.2%
Unknown	1	0.3%

Source: Scottish Government Health & Work Support Pilot MI data, June 2018 - March 2019.

Of the 929 individuals enrolled onto the service, 86% were employed and 14% unemployed (see figure 5 below). This figure was relatively similar across both Dundee and Fife. It should be noted that it had initially been anticipated that the short-term unemployed would make up approximately one third of the overall enrolments into the pilot and therefore this represents a significantly lower number than expected.

Figure 5: Enrolment number by business size.



Source: Scottish Government Health & Work Support Pilot MI data, June 2018 - March 2019.

Of the 801 individuals who were employed, 56% were from small and medium businesses (<250 employees or self-employed) and 44% from larger employers (>250 employees).

Comparison of the two pilot sites reveals that Dundee has many more enrolments from individuals working for larger employers. Within Dundee 49% of those in employment came from larger employers whilst Fife only had 34% from this same group. This may be partly explained by variations in the overall labour market between the two areas or/and by differences in the marketing approach adopted by each pilot site.

It should be noted that a significant proportion of the large employers which individual clients work for are made up of public sector organisations, including local councils and NHS services. Overall this raises questions about the degree to which existing occupational health services within larger employers, including public sector employers, are adequately meeting the needs of their employees. This is an issue that requires further exploration and will be followed up in subsequent phases of the evaluation.

3.1.4 Clinical assessments

Of the 773 eligible clients who were assessed by Case Managers, most were employed and present at work (60%). It should also be noted that in addition to the above, 39 clients who are part of the Local Support stream were also assessed during this time period with the majority of these assessments taking place in Fife (69%).

Figure 6: Total clinical assessments in Fife and Dundee by Employment Status

Clinical Assessments by Employment Status

	Dundee	Fife	Totals
Employed (Present)	65%	53%	60%
Employed (Absent)	24%	31%	26%
Employed (Unknown)	1%	1%	1%
Not employed	11%	15%	13%

Source: Scottish Government Health & Work Support Pilot MI data, June 2018 - March 2019.

3.1.5 Primary Presenting Health Condition[17]

Historically the main client group of pre-existing services report musculoskeletal (MSK) conditions. The pilot has added a focus to target those experiencing mental health problems which are impacting on their employment.

Although the pilot is receiving a higher percentage of clients with mental health conditions (26%), the majority of continue to present with MSK as their primary condition (60%). It should be noted however that there are significant numbers of individuals who present with multiple conditions, including combinations of MSK and mental health related difficulties.

[17] This data was from completed clinical assessments and may omit service users for whom clinical assessments were carried out and not recorded.

Figure 7: Primary Presenting Health Condition by Employment Status[18]

	Not Employed	Employed	All Clients
MSK	29%	65%	60%
Mental Health	43%	23%	26%
Other	16%	7%	8%
Not Recorded	12%	5%	6%

Source: Scottish Government Health & Work Support Pilot MI data, June 2018 - March 2019.

There are clear differences between the conditions reported by clients and their employment status as shown in the chart above. Namely:

Not employed – more people with mental health conditions (43%) accessed the service than those with MSK conditions (29%).

Employed – a higher percentage of people with MSK conditions (65%) than mental health conditions (23%) accessed the service.

3.1.6 Discharge and Outcomes

As previously noted lower numbers of clients than expected have successfully been discharged to date. This may be due to difficulties faced by Case Managers in engaging clients until the final discharge appointment. At present, data suggests that 33% of all clients who have been assessed to date have received a discharge whilst 16% have dropped out of the service before receiving a full service. Analysis by employment status suggests that those not in employment are more likely to drop out (20% of all assessed) than those in employment (15%) and are therefore less likely to see the service through to discharge.

[18] Please note that individuals on sick leave are counted as part of the employed group.

Figure 8: Discharge Status by Employment Type

Discharge Status by Enrolment Type

60%
50%
40%
30%
20%
10%
0%

Not Employed: 21.4% Discharged, 20.4% Non-Engagement
Employed: 34.2% Discharged, 15.1% Non-Engagement
Totals: 32.6% Discharged, 15.8% Non-Engagement

Discharged
Non-Engagement

Source: Scottish Government Health & Work Support Pilot MI data, June 2018 - March 2019.

Partly due to the issues noted above there is currently a very limited amount of data on outcomes available for clients. Full analysis of outcomes for clients will form a central part of the analysis which is due to be undertaken as part of the second phase of the evaluation process.

3.1.7 Employer Engagement

Whilst the service has a target to provide support to an additional 200 employers, work is still ongoing to reach agreement between service delivery partners on a definition for this target.

Data that is currently available suggests that across both pilot areas, 53 employers have engaged with the service to date (June 2018 to March 2019), although the majority of this engagement has been in Fife as opposed to Dundee. Reasons for this will be explored in more detail in subsequent stages of the evaluation.

In addition to formal engagements with employers (in order to provide a particular service) local Healthy Working Lives staff situated within the pilot have also been engaged in marketing activity, primarily directed at SME's. It is hoped that building relationships and raising awareness of the service will eventually lead to increased uptake of the service, both by employers and their employees.

3.2 Design and Development

3.2.1 Pilot Design

There was a six month lead-in between funding being confirmed and the service going live in June of 2018, with the bulk of service delivery, process and data collection design taking place during this period. This was seen by many of the strategic staff who were involved as being very pressurised and has had knock-on effects through to the implementation stage, including impacts on staffing, securing premises for the delivery teams, defining roles and on data collection processes.

Despite the challenges experienced, the general view from staff and stakeholders is that there was significant buy-in from all service delivery partners.

"It (design phase) has been good, a lot of buy in from different stakeholders – there's also been academics involved and generally people with a real wealth of experience…. without that kind of early relationship building the project would not have got off the ground."

Stakeholder interview

3.2.2 Staffing and Premises

There were a number of recruitment challenges that had an impact on the design and early implementation period of the pilot. Such recruitment issues were noted to have affected both local delivery teams as well as the Scottish Government's national pilot team.

"There was a lead in time, but, because of budgets and recruiting issues, it was difficult to recruit staff because money hadn't come down or the financial plan was not signed (off) by the appropriate people."

Stakeholder interview

With regards to the logistics surrounding set up of front-line delivery, Fife initially struggled to obtain suitable premises for their team. The team in Dundee were, on the other hand, able to secure use of facilities at a local hospital with relative ease. This was attributed by some stakeholders to the structures and processes in place within local NHS services and variations between local health boards. This should be noted for any potential future service provision which uses the pilots existing structure as there may be significant variation in both the availability of premises and buy-in from senior stakeholders within local health services.

3.2.3 Data Collection

Staff noted concerns with the data collection system and processes in place for the pilot[19]. In particular there were issues identified with the design of questionnaires used during contact points with the client (assessment, review, discharge). This has resulted in unnecessary duplication (and therefore increased burden of use) throughout the system as well as inconsistencies in the amount and type of data collected for individuals. This has potential negative consequences both for effective service delivery as well as for future evaluation of the service[20].

3.3 Early Implementation

3.3.1 Changes since the design stage and knowledge of the pilot

There have been a number of changes to the pilot since the launch in June 2018, including changes to eligibility criteria, processes and data collection[21]. Whilst the changes were generally perceived as positive and as adding value to the pilot, they have also caused some issues and frustrations. According to the staff and stakeholders who were consulted these frustrations have mainly been related to issues pertaining to communication of changes, rather than with the changes themselves.

One of the potential consequences of this is that amongst local delivery staff (Case Managers) there appeared to be a perception that the call handlers (HWL and Salus) lacked knowledge of the pilot with regards to its aims and eligibility criteria. Both Salus and HWL were however open in talking about the challenges that they encountered in adapting to changes required by the pilot. Representatives from both organisations felt that the changes contributed to a lack of clear understanding in the initial weeks after implementation.

"With two extra weeks we would have had time to look at what the different streams were doing and be more confident."

Call handling focus group

It should also be noted that unlike the Case Managers call handling staff work across a number of different services with variant aims and eligibility criteria.

[19] The majority of data collected is recorded within the Syntax system (which is provided by Salus) with both Salus call handlers and local Case Managers inputting into this system.

[20] It should be noted that, due to the lack of availability of analytical staff during the design stages, the development of data collection systems was led by Case Management Staff.

[21] Example of changes include widening of eligibility criteria to include clients employed by large organisations (more than 250 employees).

3.3.3 Liaison Between Service Delivery Partners

Stakeholders noted that experience developed working together on pre-existing services (such as Fit for Work and Working Health Services Scotland) was beneficial with regards to the development and implementation of this service.

However throughout the consultations, there was some concern that the pilot may not have been a high priority for all delivery partners. Some stakeholders reported that there may be issues with organisational priorities and agendas being given precedence over the pilot. It was also reported that there were some challenges associated with running localised pilots within existing nationwide services.

Surveys conducted with front-line staff indicated that 65% of Case Managers ‘agreed’ or ‘strongly agreed’ that they coordinated well with HWL, with 73% indicating the same for Salus.

Although the online survey indicated that the majority of Case Managers felt that the service coordinated well with HWL and Salus, the findings from the focus groups and interviews did not fully support this. It was also noted that call handling staff were somewhat disconnected from the clients total journey through the service. As clients are passed from HWL to Salus and from Salus to case management, staff involved at the various stages of the pilot reported not being fully aware of what happens to clients throughout their involvement with the service. The overall feeling from delivery staff was that the pilot coordinates reasonably well from the clients’ perspective, but behind the scenes there is less coherence.

3.3.4 Governance

Some stakeholders noted that there were still governance related issues that needed to be resolved. For example, all three delivery partners have their own governance and reporting standards outwith the pilot, which can result in decisions made outwith the pilot’s governance structure that have consequences for the running of the service.

Concerns were also raised regarding the effectiveness of the pilot’s governance groups with regards to their capacity or willingness to provide sufficient challenge and to hold the different delivery partners accountable for the progress of the pilot. This issue may also result from having multiple service delivery partners involved in the delivery of the project, which may result in a lack of coherence with regards to governance.

3.4 Service Delivery

3.4.1 Referrals and Client Support Needs

Key to the design of the pilot is that the clinical interventions provided to participants are not markedly different to what can be accessed via mainstream

CLIENT CASE STUDY 1

Client 'A' works at a SME and had been suffering from a flare up of a longstanding back problem. She heard about the pilot through her employer and decided to get in touch, hoping that she would receive quick access to physiotherapy.

The client self-referred and was assigned a Case Manager who she engaged with via phone appointments. The Case Manager in turn assigned her to a physiotherapist from whom she received clinical support.

The client reported that the input she received prevented her from needing to take time off work and equipped her with the knowledge she needed for ongoing self-management.

"I absolutely cannot fault it, it was a great service, it was so quick, anyone that I spoke with was helpful..."

Client A

routes or through pre-existing services. Rather what has changed is the access routes into these interventions.

Feedback from client focus groups and interviews suggests that the pilot's capacity to circumvent longer waiting times for mainstream NHS services is seen as one of its main selling points and key strengths.

"I would have gone privately if this service wasn't available, I was seen within 10 days which is brilliant.... before things become even more troublesome..."

Client interview

However one of the unintended consequences of providing faster access routes into clinical interventions has been the number of clients entering the service with significantly more complex care needs than was initially anticipated. As noted in the data section, the majority of clients self-refer but are made aware of the service from their GP. However Case Managers have noted that they receive referrals from GPs which are not necessarily appropriate for the service, for example, clients with terminal cancer or long term mental health conditions that will require years of ongoing support. While such individuals may benefit to some degree from the support provided, the pilots focus on work may not be appropriate, and as such they may be better served by mainstream NHS services.

"GPs want a permanent service they know they can go to…but it has to be more work focused, it has to be clearer that we are trying to keep these people in work. We have to justify the people that are trying to come through the service. GPs will use us for anything in order to not put clients into long waiting lists."

Case Management focus group

Across all service delivery partners it was felt that clients who were being referred or signposted by GPs were less likely to be aware of the specifics of the pilot's service delivery offer. These clients were often

under the impression they were simply calling up to book an appointment for either physiotherapy or counselling.

"They think they're calling to book in an appointment (with a physio) – if the GP says, 'Phone that number and you'll get physio' they think that's all they need to do."

Call handling focus group

"...when the GP gives them the number they don't explain, they phone up and think they will get an appointment immediately and are disappointed."

Case Management focus group

This appears to be corroborated to some extent by the feedback received from clients during interviews and focus groups. Several of those interviewed who were directed towards the pilot by their GP were simply told that the HWS pilot would provide them with fast track access to clinical interventions without necessarily explaining the service in detail.

"They never really told me much about it...I found out more once I actually contacted the...service"

Client interview

The additional level of complexity of patients has resulted in more time being needed for interventions, and additional training requirements for staff being identified (i.e. training for suicide prevention), all of which impacts on capacity.

Case Managers reported that in some cases, this was the first support that some clients had received, despite having serious health concerns (mainly to do with mental health issues). This highlights the value of the pilot in attracting people who may not realise how serious their condition is, or who have slipped through the gaps in the current service landscape.

"You hear relief in people's voices when they realise we can help."

Case Management focus group

CLIENT CASE STUDY 2

Client 'B' works at a SME in Dundee and had been struggling with mental health concerns when she contacted her GP. Her doctor recommended that she self-refer to the pilot in order to avoid having to wait for potentially over a year to be seen by mainstream NHS services.

She had managed to continue to attend work during this time and was looking for some preventative help before her condition got worse.

Although she found accessing the service relatively straightforward she had difficulties in obtaining appointments with the counsellor due to the fact that the service only operates during normal office hours. She stated that she had waited up to six weeks between counselling appointments which were carried out on the phone. During this time she had several crisis episodes and felt unclear about who to turn to for help.

CLIENT CASE STUDY 3

Client 'C' was unemployed at the time she engaged with the pilot. She heard about the service from a Work Coach at the local JCP.

She self-referred into the pilot, looking for a service that could help her communicate her health needs to a prospective employer. The Client's Case Manager put together a letter which detailed her health condition (fibromyalgia), how it would impact on her work and any adjustments she might need.

The client included these in applications and was successful in gaining employment.

Client 'C' felt that the support she received from the Case Manager, including the report on her health condition, helped her get back into work and that she would definitely recommend the service to others.

Case Managers felt that it was their clinical backgrounds (as occupational therapists, nurses, mental health nurses etc) that enabled them to address the wide range of client needs, even those that have proved more complex.

"I provide a general and holistic assessment, but because I'm an occupational therapist I feel as if I do interventions at that point as well. I'm able to support people who have a physical or mental health problem that requires urgent intervention, and this can lead to an action plan or a longer intervention occurring at the point of assessment."

Case Management focus group

In addition to the issues outlined above there have also been some challenges associated with referrals from Jobcentre Plus (JCP). Namely, the number of referrals from JCP for unemployed individuals has been significantly lower than originally anticipated. JCP staff have highlighted the issue of drop outs in reference to this (i.e. the difference between the number of clients who agree to self-refer into the pilot at the point of discussion with their Work Coach versus the number who actually do make contact). This may be due in part to the fact that the pilot's primary mode of access for individual clients (i.e. self-referral) assumes a level of health literacy, capacity and willingness to engage which may be problematic for more vulnerable members of the population.

As a result of such issues being identified, a formal web-based referral route from JCP through to Salus is being developed. This will allow JCP Work Coaches to refer the client directly, or the client can self-refer using a computer in the Jobcentre.

3.4.2 Client Experience and Quality of Engagement

Staff reported that irrespective of the various challenges the service has faced, they are working hard to ensure that these do not have an adverse impact on the client's experience.

One of the areas that has been identified for improved efficiency is the access route into the service. The multi-stage process to ultimately refer clients to a clinician

such as a physiotherapist or counsellor has been reported as being clunky with too much repetition. It remains the case that by the time clients have had their first physiotherapy or counselling session, they could have spoken to five different people in the service[22]. It is felt by many that there is a risk that clients might feel unsatisfied with this process. In response to such concerns both Salus and HWL suggest that the service could be provided with only one call handling service.

"*When a client is calling in, they're told, 'Call here then call here then call here'*

Case Management focus group

Case Managers raised concerns that the current system of having two call handling services increased the risk of client disengagement. This is supported by HWL and Salus who, as previously noted, both suggested that only one service delivery partner is actually required to deliver the initial call handling element of the pilot.

3.4.3 Staff Roles

It was clear from the fieldwork carried out that there is a need for clearer definitions, guidance and expectations about staff roles. Case Managers in particular reported a lack of clarity with regards to their role. This is due to the fact that the service is designed with the expectation that the Case Manager role is there to provide assessment, review, referral and discharge functions in addition to liaising with wider affiliated services and employers where appropriate. However, Case Manager's emphasised that their background and training as clinicians meant that they are also capable of providing a range of clinical interventions to clients as opposed to simply referring clients on to others for intervention (e.g. physio or counselling).

"I provide a general and holistic assessment, but because I'm an occupational therapist I feel as if I (can) do interventions at that point as well."

Case Management focus group

"There was...confusion around who was doing what. The roles were a bit unclear."

Call handling focus group

Concerns around ensuring clarity with regards to Case Managers' roles is more widespread than this service alone. A review of the literature around Case Management led services highlights the importance placed on ensuring clarity of

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[22] For example a potential client journey could involve contact with; HWL call handler > Salus Call Handler > Duty Case Manager > Case Manager > Physiotherapist / Counsellor

roles and remits (see Goodman et al, 2010[23], Chapman et al, 2009[24], Ross et al, 2011[25]). A review of Case Management led services undertaken by the King's Fund in 2011 stated that:

"Case management programmes have often been characterised by confusion over roles, which can lead to tension.... These problems are mostly due to a lack of clarity regarding role boundaries and/or a lack of communication between the different care providers"

(Ross et al, 2011).

Given existing concerns with regards to capacity within local Case Management teams (further discussion of which is found below) this is an issue with requires further exploration. If Case Management staff are struggling with existing workloads, as has been suggested, then clarity around staff roles is vital to ensure that staff are not engaging in additional work that is not required nor expected of them. However it should also be noted that as qualified clinicians Case Managers may feel that their skill are being under-utilised if expected to simply provide a basic case management function.

3.5 Pilot performance

An initial look at comparative data between pre-existing services (Working Health Services Scotland and Fit for Work) and the pilot demonstrates improvements with regards to numbers of clients accessing help. However this increase appears to be largely supported by widening of eligibility criteria to include individuals not qualified for access to pre-existing services (e.g. the unemployed, those employed by large organisations and off work sick for less than four week). Actual growth in core target client groups, such as those employed by SMEs, has been limited to date (less than 5%).

Additionally it should be noted that growth in client numbers varies between the two pilot areas with Fife demonstrating stronger improvements in the numbers of SME clients accessing support over baseline figures as compared to Dundee. This is due to the fact that a significant proportion of Dundee's increase in activity has been supported by the inclusion of clients from large, often public sector employers whereas the service in Fife has continued to receive the majority of its clients from SMEs.

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[23] Goodman C, Drennan V, Davies S, Masey H, Gage H, Scott C, Manthorpe J, Brearley S, Iliffe S (2010). *Nurses as Case Managers in Primary Care: The contribution to chronic disease management.* Report for the National Institute for Health Research Service Delivery and Organisation programme.

[24] Chapman L, Smith A, Williams V, Oliver D (2009). 'Community matrons: primary care professionals' views and experiences'. *Journal of Advanced Nursing*, Vol. 65, no 8, pp 1617–25.

[25] Ross S, Curry N, Goodwin N (2011). *'Case Management: What it is and how it can be implemented'.* King's Fund.

3.5.1 Targets

Targets are one of the biggest challenges associated with this pilot. The focus on enrolment numbers (targets) is seen as a concern by many stakeholders who feel that there should be greater focus on other outcomes from the pilot. In addition, there is confusion as to how the target numbers were derived.

"It's about what each individual client needs and what quality we can provide…it would be sad to give that up because we can't get the targets. Do we want to be a very unique service or just meet numbers?"

Case Management focus group

"*The numbers are very unrealistic; they didn't get them right."*

Call handling focus group

The equal split of targets between Fife and Dundee (1,500 each per annum) is seen to be problematic in so far as that it is not reflective of the local populations (Fife has a 16 plus population of 307,437 and Dundee 124,734[26]) . Additionally the underlying geography of each of the pilot sites is likely to have an impact given that the Dundee pilot site serves a discrete city based population whereas in Fife the population is dispersed over a much larger and largely rural area.

From the fieldwork undertaken to date, it is clear that although the pressure of meeting target numbers appears to fall largely on Case Managers, they feel that they have very little opportunity to actually influence the number of people calling the service and are primarily there to provide assessment and support to individuals within the service.

HWL and Salus filter eligible clients through to local delivery teams yet are not aware of any targets they need to meet, or if local teams are meeting their targets. They also have limited opportunity to influence the total referral numbers.

It should be noted that during the focus groups, Case Managers stated that in their opinion they were already at full-capacity based on the current number of people accessing the service. Although strategic level interviewees felt that it was a well-funded pilot, especially in relation to its size, findings from the implementation period suggest a potential mismatch between targets and resources, with the potential need for more staff in all organisations as client numbers increase. Case Managers in Dundee noted that the time between physiotherapy and counselling sessions is already increasing, with some clients still in the service, past the expected 20 weeks. This suggests that the level of staffing resource is not well aligned to targets and expectations of numbers of clients coming through the service.

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[26] Derived from National Records of Scotland 2018 Population Estimates

3.5.2 Marketing

Marketing activity has been viewed by those within the pilot as a key mechanism which can influence whether targets are met, but it is not without its own challenges.

Key considerations for marketing from consultations were that:

- Awareness of the programme was still low among the public and employers in both pilot areas.
- It was felt that the NHS branding should be more apparent as people reported to Case Managers that they thought it was a private service which they would have to pay for.
- Case Managers stated that marketing material should be adapted to more clearly indicate both eligibility criteria and what the service offers.
- Staff stated the use of the word "disability" might be off-putting to some individuals as people with mental health problems or common MSK issues may not view themselves as having a disability.
- Some stakeholders felt that the national 0800 number may be having an impact on the target numbers as people don't feel comfortable calling/receiving calls from a non-local number.
- Referral numbers are expected to increase as a result of word of mouth from both employers and clients who have been through the service.
- As the pilot is set out, there are three clear and distinct target groups (employed, unemployed and employers). These three groups have different needs and this suggests that targeted marketing approaches are required.
- Marketing should not be a responsibility of existing staff and a specialist role should be created for this purpose.

3.6 Employer engagement

The pilot includes a pathway for employers to access support or advice for their employees who may need additional support. This can include information and advice, work-place visits by trained professionals, or a referral into the pilot for the employees that they are concerned about. However, engagement with employers – and learning about how to effectively engage employers in helping their staff make use of the service - is still at an early stage.

Stakeholders did not offer many views on the employer stream. This could be down to the low numbers coming through the service which could in turn be related to the marketing of the service. Marketing to employers is still at an early stage and there is scope to draw on HWL and Salus's experience to develop effective local approaches to raising awareness with employers and encouraging them to help staff come forward for appropriate support.

More work is required to further develop this stream and to develop an effective marketing approach that engages employers in the local areas. This is particularly important for the pilot as engagement with employers provides opportunities to engage with individuals upstream.

4. Discussion

4.1 Summary of Findings

A pilot is an opportunity to test and learn, and based on the stakeholder consultations, the Health & Work Support pilot is achieving this goal. The pilot was launched over a short space of time and this has resulted in challenges throughout the service. While many of the frustrations of the first few months of implementation still remain, it is important to note that steps have been taken wherever possible to overcome challenges and improve the service.

There are ongoing concerns about the pilot not reaching its targets and while early analysis suggests improvements to the number of individuals accessing support as compared to pre-existing services this will need to be explored in more detail in subsequent phases of the evaluation. It is likely that access routes, service awareness and marketing play a part in the pilot's struggle to reach its targets, and this means that it is a priority to undertake a careful disaggregation of the different markets and client groups and develop appropriate engagement approaches.

It also seems possible that the existing targets for the pilot are not realistically achievable in light of available staff capacity. There is evidence that clients who are already coming through the system are seeing delays in getting access to a physiotherapist or a counsellor as a result of increases in referral numbers. If the service continues to grow towards its target numbers it is conceivable that clients will be in the service longer that 20 weeks because of the wait time between appointments. This will consequently have a knock on effect on the service's capacity to continue to engage in marketing work as well as to conduct assessments for new clients.

There is a question about how effective this service will be given that one of its central appeals to referrers and clients appears to be based on its ability to circumvent long waiting lists for mainstream health services. Although wait times in the pilot are considerably less than the general NHS is experiencing, the pilot needs to consider whether it is still worth developing this model on a national scale, or to invest this time, money, and lessons learned into mainstream NHS services.

There appears to be scope to explore the current match between demand (which is lower than expected) and the level of resources that were put into place. Already these resources appear to be stretched to the extent that staff feel that the levels of demand are threatening service quality. This is an area that requires further exploration, including an assessment of realistic workload levels and the scope to manage service delivery more efficiently, drawing on the different experience and structures in the two pilot areas.

4.2 Lessons Learned and Next Steps

A number of key findings were highlighted in the executive summary section of this report, some of which have been individually highlighted below as next steps (4.2.1 to 4.2.4). These have been selected because they are deemed to be priority areas for action.

The remaining key findings are largely contingent on additional analysis during future phases of the evaluation – these have therefore been combined into the final next step (4.2.5).

4.2.1 Although the pilot has implemented a 'single gateway' model, further consideration needs to be given to streamlining the "back-office" functions of the pilot.

Implication for the pilot: there should be a review of the contact handling process in order to streamline the service and mitigate the risk of client disengagement.

Implications for future service provision: at the national level the current structure of services may need to be reviewed in the context of wider health and work approaches.

4.2.2 There are issues around data gathering across the service.

Implication for the pilot: There should be a discussion with delivery staff about what constitutes positive outcomes for clients and how these outcomes can be recorded. Additionally, it will be important to ensure that the data recording system is revised to ensure that it is fit for purpose.

Implications for future service provision: any future provision of services will need to prioritise development of robust data recording systems. This should be accompanied by early training and support to ensure that the staff are appropriately trained.

4.2.3 The number of clients presenting with complex needs has been higher than expected thereby creating additional demands on pilot staff.

Implication for the pilot: Consideration should be given to the suitability of the current target given both the higher level of need which clients are presenting with as well as available staff capacity. This will require further information gathering and analysis to ensure that any changes made are evidence based.

Implications for future service provision: Any targets set for any potential future service should take into consideration the above noted difficulties. Moreover engagement with referrers, particularly GP's, is required to ensure that there is clarity with regards to the kind of clients the service is designed to support.

4.2.4 Need for clarification of Case Manager Role

Implication for the pilot: More engagement is needed with Case Managers and others to clarify what the expectations are of the Case Manager role.

Implications for future service provision: Case Management based services have an unclear evidence base at present and as such any potential future service provision should take this into consideration. Appropriate steps may include conducting a formal literature review as well as using data from the pilot to critically develop an evidence base, where possible.

4.2.5 Need for follow up of additional learning points during following phases of the evaluation

A number of learning points were identified during the implementation review process for which there is currently not sufficient evidence to make robust recommendations. As such these areas require further exploration during future phases of the evaluation, details of which can be found in the table below.

Initial Learning Point	Future Evaluation Work
Initial findings question the assumption that existing occupational health provision provided by large employers (public and private) are adequately meeting the needs of their staff.	This will be followed up via fieldwork with both clients who have access to in-house occupational health support as well as via engagement with occupational health providers.
The employer facing component of the pilot requires further development.	This will be followed up via fieldwork with employers and pilot staff involved with the employer facing component of the pilot.
There is scope for further improvement of the pilots marketing materials and overall approach.	A more detailed analysis of the impact of marketing will be made during the next stage of the evaluation. This analysis will then be used to inform recommendations.
The pilot's primary mode of access for individual clients (i.e. self-referral) assumes a level of health literacy, capacity and willingness to engage which may be problematic for more vulnerable members of the population such as those that are unemployed and/or are suffering from mental health issues.	This will be followed up via a combination of detailed analysis of the pilots management information data as well as fieldwork with clients, referrers and staff.

Appendix 1 – Process Timescales for the pilot

Table 2: Process timescales for the HWS Pilot [Source: Developed at inception meeting in conversation with national pilot team].

Dates	Process
Late 2014 / Early 2015	Strategy unit put proposal together
Summer 2017	Evaluability assessment was undertaken with Health Scotland which was key in securing the funding Predictive analytics added in to the bid
Oct / Nov 2017	Bid with Department for Work and Pensions for 82% of funding Bid approved
Late 2017 – June 2018	Design stage: Setting up the call handling systems, website to allow for referrals, deciding on a name, logos, starting up communications and marketing and raising awareness Promotion materials distributed in Libraries, GP practices, Community centres, Council offices.
June 2018	Went live, soft launch in both areas (26th June)
December 2018	First radio adverts launched TV adverts being planned Producing more focused promotion material aimed at employers
March 2019	Work towards automation of the process to allow for online referrals from Jobcentre Plus (JCP).

Appendix 2 – Details of Fieldwork

Interviews

Rocket Science undertook a total of 20 semi-structured interviews from the 18th of February to the 1st of April 2019.

Role	Organisation
National Project Lead	Scottish Government
Dundee Team Local Lead	NHS Tayside
Fife Team Local Lead	NHS Tayside
Salus General Manager	Salus (NHS Lanarkshire)
Head of Health & Work Services (Health Working Lives)	NHS Health Scotland (Healthy Working Lives)
Deputy Director for Employability	Scottish Government
Head of Policy for Employability	Scottish Government
Head of Strategy Unit	Scottish Government
Health Improvement Policy Lead	Scottish Government
Improvement Lead	Scottish Government
Strategy Unit Statistician	Scottish Government
Senior Jobcentre Lead (Dundee)	DWP (Local)
Senior Operations Lead (Jobcentres) - Fife	DWP (Local)
NHS Tayside – Healthy Working Lives Local Delivery Lead	NHS Tayside
Work & Health Unit Delivery Lead	DWP (UK Government)
Dundee City Employability Lead	Dundee City Council

Role	Organisation
Salus Call Handling Lead	Salus (NHS Lanarkshire)
AHP Lead	NHS Fife
Fife Voluntary Action Lead	Fife Voluntary Action (3rd Sector)
NHS Tayside – Health and Safety Advisor, Workplace team	NHS Tayside
Statistician	Scottish Government

Surveys

Rocket Science designed an online survey for frontline staff involved in the pilot. There is a separate survey for HWL, Salus, and case management staff. The survey ran from the 13th February to the 1st March. A summary of responses is provided below (as of the 21st February). The response levels are considered representative as more than 90% of relevant staff members took part in the surveys.

Survey	No. of responses
HWL	5
Salus	4
Case Management	20

Focus Groups

Focus Groups were set up with front line delivery staff through March 2019. Below is a summary of these Focus Groups. Findings from the Focus Groups were analysed thematically.

Focus Group	For whom	Date / Time
1	Dundee Case Management Staff	12th March; 14:00
2	HWL Staff (Glasgow)	13th March; 10:00
3	Dundee Case Management Staff	14th March; 14:00
4	Fife Case Management Staff (Glenrothes)	18th March; 11:30
5	Salus Staff (Hamilton)	19th March; 14:00

Client Focus Groups/Interviews

Ten clients were involved in providing feedback on their experience with the pilot either through telephone interviews, face to face interviews or in focus group settings. Clients were selected using stratified random sampling.

Interviews and focus groups were semi-structured and information gained was analysed thematically.

Details can be found below.

Work Status	Dundee	Fife	Totals
Employed (SME)	3	2	5
Employed (Large Organisation)	3	0	3
Unemployed	1	1	2
Totals	7	3	10

How to access background or source data

The data collected for this social research publication:

☐ are available in more detail through Scottish Neighbourhood Statistics

☐ are available via an alternative route

☒ may be made available on request, subject to consideration of legal and ethical factors. Please contact Arfan.Iqbal@gov.scot for further information.

☐ cannot be made available by Scottish Government for further analysis as Scottish Government is not the data controller.

Appendix 3 – Response to Recommendations

Since the production of the initial version of this report a number of steps have been taken in response to the recommendations made. Details relating to actions that have been undertaken are summarised below.

Streamlining of Back-Office Functions

There are currently no plans to make substantial changes to the delivery of call handling services during the lifecycle of the pilot. However as part of broader strategic reviews taking place across Scottish Government, consideration of the future provision of health and work related advice line services are currently taking place. Findings from the Health & Work Support pilot, including from the Interim Evaluation report, are feeding into this process.

Issues Regarding Data Gathering Across the Service

Since the production of this report the entire data collection process for the pilot has been reviewed and revised in order to both, streamline data collection as well as to ensure consistency of collection across the service.

In addition both pilot areas have prioritised improving discharge information as part of structured improvement projects which the service is undertaking under guidance from a Scottish Government Improvement Advisor.

Complexity of Client Presentation and Service Performance Targets

Subsequent to the initial production of this report a review was undertaken of the current target set for the pilot. The review findings as well as recommendation for a revised target was presented to the DWP's Work and Health Unit Delivery Board which accepted the recommendation. The target set for year two of pilot has therefore been revised down to a range between 2,250 and 2,500 (resulting in an overall pilot target of 3,596 to 3,864 across the life of the pilot). This recommendation was based on consideration of three key factors:

- Baseline performance
- Sample Sizes Required for further evaluation
- Staff capacity

In addition to the above, both pilot areas are continuing to test innovative ways to support clients with complex mental health conditions. Examples include exploring the potential of group sessions, using peer volunteers, Wellness Recovery Action Plan (WRAP) facilitators and capping caseloads for selected Case Managers. Counselling provision has also been increased to help meet demand.

Clarification of Case Manager Role

Discussions have been held within the Scottish Government's national pilot team and with local pilot leads regarding the Case Manager role however no formal decisions have been made regarding changes. It is unlikely that any substantial changes will be made during the lifecycle of the pilot however further clarification of the role as well as determination of its impact will form part of the next phase of the evaluation. Findings from this will be synthesised with the existing evidence base in order to determine how best to develop the role with regards to future service delivery.

Other areas of interest identified throughout the report will also be further explored during the remainder of the pilot, including via the next two stages of the evaluation process.

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The views expressed in this report are those of the researcher and do not necessarily represent those of the Scottish Government or Scottish Ministers.

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ITEM No …20……......

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - 25 AUGUST 2020

REPORT ON: COMMUNITY AND INPATIENT REMODELLING

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB33-2020

1.0 PURPOSE OF REPORT

1.1 This report sets out the work underway to develop a whole systems pathway redesign as a means of promoting a community based rehabilitation model with the emphasis on early discharge from hospital and prevention of admission whenever possible.

2.0 RECOMMENDATIONS

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

2.1 Notes the opportunity for acceleration of the community model provided by the withdrawal from Intermediate care contract in the context of the impact of Covid 19.

2.3 Notes the work of the Unscheduled Care Board and the associated change projects.

2.4 Notes the requirement to produce a Winter Pressures plan for submission to the Scottish Government

2.5 Instructs the Chief Finance Officer to bring back a reinvestment plan to the IJB for approval

3.0 FINANCIAL IMPLICATIONS

3.1 Funding for this project comes from the existing budget allocated to provision of a bed based intermediate care model.

4.0 MAIN TEXT

4.1 The Re-mobilise, Recover, Re-design: The Framework for NHS Scotland, (Framework) published on 31 May sets out three core tasks over the first 100 days:

- Moving to deliver as many of its normal services as possible, as safely as possible;
- Ensuring we have the capacity that is necessary to deal with the continuing presence of Covid-19; and
- Preparing the health and care services for the winter season, including replenishing stockpiles and readying services

Re-mobilise, Recover, Re-design: the framework for NHS Scotland, May 2020

The coronavirus pandemic has placed huge pressure on services across NHS Tayside and Dundee Health and Social Care Partnership. It is anticipated that the normal pressures which arise during the winter, whilst dealing with a potential second wave of COVID-19 require a coordinated response to modelling existing services to ensure the necessary care pathways are in place to improve outcomes for the citizens of Dundee.

4.2.1 The Scottish Government recognise that for NHS Boards to maintain progress they must increase their whole system focus, with engagement and alignment of primary secondary, voluntary and third sector organisations, which are vital to a whole system approach as well as supporting the ambition of safe, effective and person-centred care. In 2017, NHS Tayside established an Unscheduled Care Board (the Board) which has secondary and primary care representation and which includes the three Health and Social Care Partnership areas. This collaborative working group provides a leadership role to the improvements across both acute and community care. A number of the Dundee redesign program are aligned to this work. The Board takes a leadership role in supporting the development of the NHS Tayside Integrated Clinical Strategy.

4.2.2 The Scottish Government's Six Essential Actions to Improve Unscheduled Care has given the framework to support the shift in the balance of care away from institutional settings. Our unscheduled pathways and processes in Dundee have supported the aim of working towards caring for people in their homes or a homely setting and reinvest resources in community services.

Red Cross provides Assessment at Home and evidence demonstrates that 62% of people supported have been able to continue living independently at home. The impact of this service demonstrates evidence that community based services could support a higher level of dependence and frailty than the provision within the Intermediate Care Unit, where there was increasing challenges of delivering the necessary rehabilitation provision. This gap in service contributes to delays for people within the acute hospital setting. Additionally, admissions to Care Home have declined significantly during the operational period of Red Cross.

4.3 Contracting with the Intermediate Care provider was not sustainable and plans were agreed to move the Intermediate Unit was to a Residential Care Home setting with a reduced bed base of 16. The arrival of COVID-19 suspended this progression and presented an urgent need to plan services to ensure high quality care and positive experiences for people accessing services.

Initial scoping exercises with NHS Tayside and Dundee Health and Social Care Partnership have highlighted the need for a framework to support the ambitious vision of a coordinated response to modelling existing services.

It is essential that all members of departments and teams, regardless of their background, are engaged in attempts to improve integrated service delivery across NHS Tayside and Dundee Health and Social Care Partnership. It is also a fundamental expectation that, in doing so, the ethos of partnership working is embedded in all our efforts, in line with the Scottish Government's Health and Social Care Integration, Scottish Government's Six Essential Actions to Improve Unscheduled Care and also NHS Tayside's and Dundee Health and Social Care Partnership key strategic commitments.

4.4 A framework is required to bring structure to the complexity of achieving the vision for modelling existing services.

Within that framework, and through the work of the Inpatient and Community Modelling Group, a number of work-streams are being developed, as described in Appendix 1, which will report to the Unscheduled Care Programme Board.

4.5 This work builds on and develops the work of Reshaping Non-Acute Care as detailed in reports DIJB38–2017 (Article VIII of the minute of 29th August 2017 refers), DIJB31–2018 (Article VIII of the minute of 24th April 2018 refers) and DIJB19–2019 (see section 9) (Article VIII of the minute of 29th March 2019 refers) and with the plans outlined in the DHSCP Strategic Plan Review 2019-2022.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	Impact on Social Care Availability
Risk Category	Operational
Inherent Risk Level	Likelihood (3) x Impact (4) = Risk Scoring (12) - High
Mitigating Actions (including timescales and resources)	Continued development of rehabilitation services with focus on reducing reliance on traditional social care.
Residual Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9) - High
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (3) - Low
Approval recommendation	The risk should be accepted

Risk 2 Description	Impact on Community Nursing
Risk Category	Operational
Inherent Risk Level	Likelihood (3) x Impact (4) = Risk Scoring (12) - High
Mitigating Actions (including timescales and resources)	Community workstream will develop investment plan to mitigate impact. Additionally, development of multi-disciplinary locality teams will add capacity
Residual Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9) - High
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (6) - Moderate
Approval recommendation	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

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 27 JULY 2020

Beth Hamilton Locality Manager
Dr Matthew Lambert Consultant in Medicine for the Elderly and Stroke
Lynne Morman Integrated Manager

Appendix 1

Dividing into 3 main groups with strategic group oversight will allow coordinated whole systems working but should limit overlap.

Group 1 – Community

- Exploration and development of a consistent shared understanding of Home First Model of Care.
- To deliver resources in a planned, coordinated, whole system approach delivering best value to our citizens.
- Patients and Citizens receive accessible care that is of value of which they are at the centre of decision making of what meets their needs.

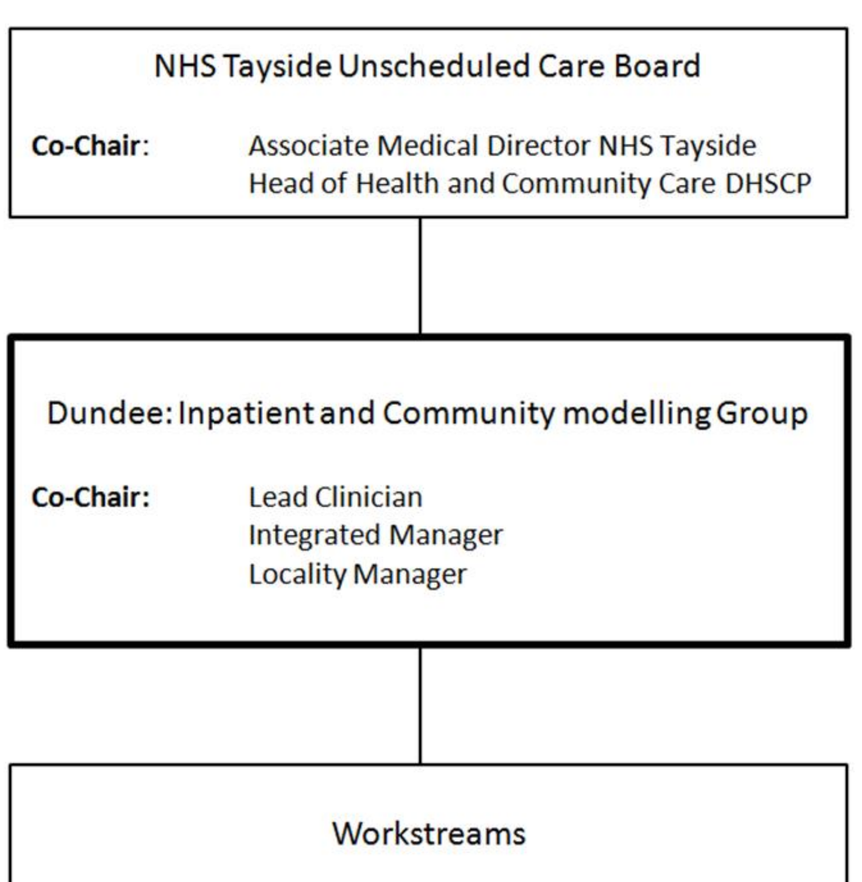
Group 2 – Transitions/Front Door Services

- Exploration and development of a consistent shared understanding of Home First Model of Care.
- Building on processes that improve the way that frailty is coordinated at the front door of acute care to achieve optimal outcomes for people though health and social care systems being aligned, coordinated and care targeted at the specific needs of the individual.

Group 3 – Inpatient

- Exploration and development of a consistent shared understanding of Home First Model of Care.
- Building on processes that improve the identification and coordination of care to deliver better care experiences and deliver right care at the right time and support citizens to receive care at home or a homely setting at the earliest point in their care journey.

Proposed Structure NHS Tayside and Dundee Health and Social Care Partnership, Inpatient and Community Modelling Incorporating Winter pressures and potential second wave of COVID-19.



ITEM No …21………..

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 AUGUST 2020

REPORT ON: FINANCIAL MONITORING POSITION AS AT JUNE 2020

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB34-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Integration Joint Board with an update of the projected financial monitoring position for delegated health and social care services for 2020/21 including an overview of the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of this report including the overall projected financial position for delegated services to the 2020/21 financial year end as at 30th June 2020 as outlined in Appendices 1, 2, 3 and 4 of this report.

2.2 Notes the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis as set out in section 4.5 of this report.

2.3 Notes that officers within the Health and Social Care Partnership will continue to carefully monitor expenditure and develop a range of actions to mitigate any overspend.

3.0 FINANCIAL IMPLICATIONS

3.1 The underlying financial monitoring position for Dundee Health and Social Care Partnership based on expenditure to 30th June 2020 (excluding any implications of additional COVID-19 spend) shows a net projected overspend position at the year-end of £263k. This is a significantly improved position from the net overspend of £4m incurred during 2019/20.

3.2 The Scottish Government has made a commitment to provide additional funding for mobilisation plans developed by Health and Social Care Partnership's in response to the COVID-19 crisis. Estimated and actual funding requirements for 2020/1 are submitted to the Scottish Government on a monthly basis and at this stage include a number of assumptions around the scale of increasing costs, some of which have been agreed nationally. This includes estimated additional costs which care providers are anticipated to incur alongside in-house services in relation to issues such as increased staff absence levels, increased use and cost of PPE and loss of income. Providers can request reimbursement of these additional costs from Health and Social Care Partnerships.

3.3 The current projected total cost of the Mobilisation Plan is £11.413m

3.4 The Scottish Government announced an initial funding allocation of £50m across Scotland to support Health and Social Care Partnerships in May 2020 of which Dundee has received £1.429m. A further announcement of an additional £50m of funding to be made available nationally was made in early August 2020, with £25m to be distributed immediately based on the same basis as the first tranche (Dundee receiving £715k) and the release of the remaining £25m to be made following receipt and assessment of a financial return submitted to the

Scottish Government on the 14th August. It is projected that this initial confirmed release of funding will be fully spent by September 2020.

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 under the Essential Business Procedure in operation due to the COVID-19 crisis. This was set out in Report DIJB15-2020.

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

4.1.4 Under the terms of the Integration Scheme, the risk sharing arrangements in relation to any residual overspends incurred by the end of the financial year will be met proportionately by the Council and NHS Tayside. Discussions will be ongoing throughout the financial year with both parties to consider the implications of the IJB's projected financial position. Officers within the partnership will continue to explore areas to control expenditure and achieve the savings targets identified.

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 (More Detailed Position) and provides commentary on the reasons for significant variances, actions being taken to manage these and outlines the key elements of risk which may remain. These figures exclude the potential cost implications of responding to the COVID-19 crisis.

4.3 Services Delegated from NHS Tayside

4.3.1 The financial projection for services delegated from NHS Tayside to the IJB indicates a projected underspend of around £616k by the end of the financial year. Community based health services managed directly by Dundee Health and Social Care Partnership are projected to be underspent by approximately (£201k) and overall prescribing is projected to be underspend by (£461k). An overspend of £149k is projected in General Medical /Family Health services and an underspend of (£103k) as a result of the net effect of hosted services risk sharing.

4.3.2 Service underspends are reported within Community Based Psychiatry of Old Age (£250k), Physiotherapy (£85k), Keep Well (£180k), Public Health (£136k) hosted services such as Psychology (£445k), Tayside Dietetics (£100k) and Sexual & Reproductive Health (£250k) mainly as a result of staff vacancies.

4.3.3 Service overspends are anticipated in Enhanced Community Support £635k, Medicine for the Elderly £325k, Psychiatry of Old Age In-Patients £300k and Medical Budgets £100k. Occupational Therapy budgets are projected to be overspent by £100k with further overspends arising in General Adult Psychiatry of £210k. Additional staffing pressures have contributed to the adverse position.

4.3.4 Members of the IJB will also be aware that Angus and Perth and Kinross IJBs host delegated services on behalf of Dundee IJB and a number of services are hosted by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth and Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows net overspends to the value of £143k being recharged with the net impact of hosted services to Dundee being an underspend of £103k.

4.3.5 The IJB should note that following the transfer of the operational management arrangements in relation to In Patient Mental Health Services in June 2020 from Perth and Kinross IJB to NHST Tayside, the operational financial management responsibility has also transferred. This has removed a significant financial risk from Dundee Integration Joint Board's financial position.

4.4 Services Delegated from Dundee City Council

4.4.1 The financial projection for services delegated from Dundee City Council to the IJB shows an anticipated overspend of £905k which is a significant improvement from the 2019/20 year end position where an overspend of £5.6m was incurred.

4.4.2 A significant financial challenge facing the IJB's delegated budget continues to be the provision of home and community based social care at a sufficient level to meet increasing demographic demand and reduce delayed discharges in hospital while balancing financial resources. As a result of this, care at home services are projected to be overspent by £381k with staff costs projected to be £339k overspent and care home placements for adults and older people overspent by £175k by the end of the financial year.

4.5 Financial Impact of the COVID-19 Response

4.5.1 The HSCP's response to the crisis to date and plans for the immediate recovery period continue to evolve through the development of the HSCP's Mobilisation Plan. This is a live document which reflects the changing response as more is known about the impact of COVID-19, the response to it and how services have and will continue to adapt to life living with the disease. This has had to be submitted regularly to the Scottish Government through NHS Tayside for review.

4.5.2 Alongside the Mobilisation Plan, a monthly financial return is submitted to the Scottish Government setting out the actual additional expenditure by HSCP's incurred to date and anticipated by the end of the financial year in responding the impact of COVID-19. This includes a range of as yet unknown costs for which assumptions have been made based on the best information available at this time.

4.5.3 The mobilisation plan includes additional expenditure incurred through both NHS Tayside and Dundee City Council services. Additional interim funding of £100m nationally has been provided by the Scottish Government to HSCP's to meet additional social care costs of the response with separate funding being provided to NHS Boards to pass through to HSCP's to fund additional health services costs. Dundee HSCP has received its initial allocation of this funding of £1.429m with a further £715k to be provided in August 2020 however it is anticipated that this will be fully spent by the end of September 2020.

4.5.4 The mobilisation plans are expected to cover all reasonable additional expenditure incurred in response to the COVID-19 crisis. This includes additional staff costs incurred as a result of additional COVID-19 related absences such as through sickness, self-isolating or shielding, additional staff brought in to meet demand levels and to support new services or different ways of working. Additional expenditure has been incurred on increased requirement for PPE and the increasing cost of this due to short supply issues. Further costs have been incurred in relation to additional IT equipment to facilitate home / mobile working. Increased expenditure in relation to the provision of General Practice and prescribing costs are also reflected in the financial return. Further provision has been made for increased capacity over the winter period to increase the bed base in Royal Victoria Hospital and Kingsway Care Centre and appropriate community supports should there be an increase in COVID-19 cases. Loss of charging income from service users due to services no longer being provided or through lack of financial assessments being made are also a feature of the mobilisation plan. Provision has also been made for the non-achievement of financial savings as set out in the IJB's financial plan for 2020/21.

4.5.5 The most significant projected costs within the mobilisation plan relate to care provider sustainability expenditure. HSCP's are expected to support local care providers financially to ensure the social care market is stabilised. Providers can request additional payments through a financial support claim process to DHSCP. This covers similar expenditure incurred within in-

house services such as PPE and additional staff cover for sickness absence but also includes some sector specific, Scottish Government directed requirements such as the Social Care Support Fund, which ensures any worker in the sector who is or has been absent from work due to COVID-19 related issues is paid their normal contractual pay and not just statutory sick pay. Guidance on the specific features of this scheme was issued in late June therefore providers are working this through their payroll systems now and starting to provide financial information on the cost of this through the provider financial support process. This is anticipated to result in a significant additional cost given the higher levels of sickness absence experienced during the crisis however the actual figure is not known at this stage.

4.5.6 Care homes have been impacted on significantly and national agreements are in place, funded through mobilisation plans for HSCP's to make under occupancy payments to ensure they remain viable while some are closed to admissions. The weekly fee payable to care homes has been agreed nationally and represents 80% of the national care home rate (£592 per place per week for nursing care and £508.63 per place per week for residential care). This ensures that standard running costs of the home are funded. Given the continued high level of vacancies within care homes this is expected to be one of the largest expenditure areas within the mobilisation plan. The actual additional expenditure is not known at this stage.

4.5.7 The providers financial support claim process involves assessment and scrutiny as well as benchmarking where possible by contracts officers and commissioning leads with a recommendation made to the Chief Finance Officer of Dundee IJB as to the reasonableness of the request. The Chief Finance Officer considers these recommendations and other considerations prior to authorising additional provider payments.

4.5.8 The latest financial summary of the mobilisation plan as submitted to the Scottish Government on the 14th August 2020 is as follows:

Mobilisation Expenditure Area	Estimated Additional Expenditure to Year End (2020/21) £000
Additional Bed Capacity (Royal Victoria/Kingsway Care Centre)	769
PPE	78
Additional Staff Cover / Temporary Staff	2,282
Provider Sustainability Payments	6,149
Additional Support to Vulnerable People	19
IT / Telephony	13
Additional GP Practice Costs	667
Additional GP Prescribing Costs	161
Loss of Charging Income	660
Increased Equipment & Supplies	66
Increased Transport Costs	68
Total Projected Additional Costs	10,932
Anticipated Underachievement of Savings	481
Total Projected Mobilisation Cost	11,413
Projected NHST Spend	3,452
Projected DCC Spend	7,961

Please note this is based on a range of assumptions, including national agreements therefore is subject to change as actual expenditure figures become clearer throughout the financial year.

4.5.9 Funding for additional NHS expenditure will be provided by the Scottish Government through NHS Boards to HSCP's. At this stage, there is no confirmation that the anticipated commitments set out above will be fully funded through that mechanism.

4.5.10 Funding for additional DCC spend will be through separate health and social care funding announced by the Scottish Government of up to £100m to date. There has not been confirmation as yet from the Scottish Government that the full additional social care costs will be met from a subsequent release of additional funding.

4.5.11 Therefore there is a significant risk that there will be insufficient funding available to DHSCP to fully fund the anticipated additional cost of responding to the COVID-19 crisis. Dundee Integration Joint Board has no uncommitted reserves to support funding shortfalls and currently sits with a balance of committed reserves of £492k as set out in section 4.6. Given DHSCP is already operating within a challenging financial position with a net overspend incurred in 2019/20 of £4m and a range of interventions already being taken to balance the underlying budget position for 2020/21, full mitigation of unfunded costs will not be possible. While additional COVID-19 expenditure is controlled and monitored by DHSCP, the potential cost of decisions made nationally to support care providers will result in a commitment which can only be partly controlled by DHSCP and will be difficult to reduce. However, should additional funding not be sufficient, DHSCP will only have a limited opportunity to implement an effective financial recovery plan and will not be able to commit further mobilisation plan expenditure. This exposes both Dundee City Council and NHS Tayside to financial risk given, under the terms of the Integration Scheme any financial shortfall at the year-end is shared proportionately by the two partner organisations.

4.6 Reserves Position

4.6.1 The IJB's reserves position was adversely affected at the year ended 31st March 2020 as a result of a planned drawdown from reserves to support service delivery and to contribute to funding the significant overspend incurred during last financial year under the risk sharing arrangement. This leaves the IJB with no uncommitted reserves with those reserves remaining set aside for commitments, including Scottish Government specific funding. The Scottish Government is likely to reduce the level of specific funding for these streams in 2020/21 by the balances of reserves noted below.

IJB Committed Reserves	Value £k
Primary Care Improvement Funding	28
GP Premises Funding	89
Action 15 Mental Health Funding	36
Historic ADP Funding Carried Forward	339
Total	492

4.7 Savings Plan

4.7.1 The IJB's savings for 2020/21 were considered under the Essential Business Procedure however IJB members were provided with the opportunity to consider the implications of these prior to agreement being reached. The total savings to be delivered during 2020/21 amount to £2,342k and at this stage of the financial year it is considered that the risk of these not being delivered are generally low. This assessment is set out in Appendix 4.

5.0 POLICY IMPLICATIONS

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

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 Extreme Risk Level)
Mitigating Actions (including timescales and resources)	The IJB has agreed a range of efficiency savings and other interventions to balance expenditure. A range of service redesign options through the Transformation Programme will offer opportunities to further control expenditure. Regular financial monitoring reports to the IJB will highlight issues raised.
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Planned Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Approval recommendation	While the inherent risk levels are extreme, the impact of the planned actions reduce the risk and therefore the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

Date: 24th July 2020

Appendix 1

DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2020/21 Jun-20

	Dundee City Council Delegated Services		NHST Dundee Delegated		Partnership Total	
	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000
Older Peoples Services	41,457	530	16,305	1,145	57,762	1,675
Mental Health	4,407	105	3,669	210	8,076	315
Learning Disability	24,954	1,022	1,458	(60)	26,411	962
Physical Disabilities	6,239	-114	0	0	6,239	(114)
Substance Misuse	2,056	(291)	2,635	50	4,691	(241)
Community Nurse Services/AHP/Other Adult	694	(330)	13,126	(45)	13,821	(375)
Hosted Services	0	0	20,428	(466)	20,428	(466)
Other Dundee Services / Support / Mgmt	272	(18)	28,021	(564)	28,293	(582)
Centrally Managed Budgets	0		1,110	(497)	1,110	(497)
Total Health and Community Care Services	**80,078**	**905**	**86,754**	**(227)**	**166,832**	**678**
Prescribing (FHS)	0	0	32,083	(338)	32,083	(338)
Other FHS Prescribing	0	0	458	(123)	458	(123)
General Medical Services	0	0	26,557	191	26,557	191
FHS - Cash Limited & Non Cash Limited	0	0	19,015	(42)	19,015	(42)
Total	**80,078**	**905**	**164,867**	**(539)**	**244,945**	**366**
Net Effect of Hosted Services*			(3,597)	(103)	(3,597)	(103)
Grand Total	**80,078**	**905**	**161,270**	**(642)**	**241,348**	**263**
Less: Planned Draw Down From Reserve Balances						0
Revised Net Projected Position	**80,078**	**905**	**161,270**	**(642)**	**241,348**	**263**

*Hosted Services - Net Impact of Risk Sharing Adjustment

- AHP – Allied Health Professionals
- FHS – Family Health Services

Appendix 2

Dundee City Integration Joint Board – Health and Social Care Partnership – Finance Report June 2020

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000
Psychiatry Of Old Age (POA) (In Patient)			4,522	300	4,522	300
Older People Serv. – Ecs			1,093	635	1,093	635
Older Peoples Services -Community			674	20	674	20
Medicine for the Elderly			5,453	325	5,453	325
Medical (POA)			693	100	693	100
Psychiatry Of Old Age (POA) - Community			2,276	-250	2,276	-250
Intermediate Care			26	-10	26	-10
Medical (Medicine for the Elderly)			1,568	25	1,568	25
Older People Services	41,457	530			41,457	530
Older Peoples Services	41,457	530	16,305	1,145	57,762	1,675
General Adult Psychiatry			3,669	210	3,669	210
Mental Health Services	4,407	105			4,407	105
Mental Health	4,407	105	3,669	210	8,076	315
Learning Disability (Dundee)	24,954	1,022	1,458	-60	26,411	962
Learning Disability	24,954	1,022	1,458	-60	26,411	962

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000
Physical Disabilities	6,239	-114			6,239	-114
Physical Disabilities	6,239	-114	0	0	6,239	-114
Substance Misuse	2,056	(291)	2,635	50	4,691	(241)
Substance Misuse	2,056	(291)	2,635	50	4,691	(241)
A.H.P. Admin			422	-20	422	-20
Physiotherapy			3,901	-85	3,901	-85
Occupational Therapy			1,500	100	1,500	100
Nursing Services (Adult)			6,586	0	6,586	0
Community Supplies - Adult			315	20	315	20
Anticoagulation			403	-60	403	-60
Intake/Other Adult Services	694	-330			694	-330
Community Nurse Services / AHP / Intake / Other Adult Services	694	-330	13,126	-45	13,821	-375

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000
Palliative Care – Dundee			2,855	-20	2,855	-20
Palliative Care – Medical			1,180	45	1,180	45
Palliative Care – Angus			358	45	358	45
Palliative Care – Perth			1,794	175	1,794	175
Brain Injury			1,763	160	1,763	160
Dietetics (Tayside)			3,123	-100	3,123	-100
Sexual and Reproductive Health			2,110	-250	2,110	-250
Medical Advisory Service			103	-30	103	-30
Homeopathy			28	5	28	5
Tayside Health Arts Trust			63	0	63	0
Psychology			5,312	-445	5,312	-445
Psychotherapy (Tayside)			887	29	887	29
Learning Disability (Tayside AHP)			852	-80	852	-80
Hosted Services	0	0	20,428	-466	20,428	-466
Working Health Services			0	-20	0	-20
The Corner			428	-40	428	-40
Grants Voluntary Bodies Dundee			26	0	26	0
IJB Management			812	-138	812	-138
Partnership Funding			25,139	0	25,139	0
Urgent Care			0	0	0	0
Public Health			440	-136	440	-136
Keep Well			647	-180	647	-180
Primary Care			530	-50	530	-50
Support Services/Management Costs	272	-18			272	-18
Other Dundee Services / Support / Mgmt	272	-18	28,021	-564	28,293	-582

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	**Projected Over / (Under) £,000**	**Annual Budget £,000**	**Projected Over / (Under) £,000**	**Annual Budget £,000**	**Projected Over / (Under) £,000**
Centrally Managed Budgets			1,110	-497	1,110	-497
Total Health and Community Care Services	**80,078**	**905**	**86,754**	**(227)**	**166,832**	**678**
Other Contractors						
Prescribing (FHS)			32,083	-338	32,083	-338
Other FHS Prescribing			458	-123	458	-123
General Medical Services			26,557	191	26,557	191
FHS - Cash Limited and Non Cash Limited			19,015	-42	19,015	-42
Grand Total HSCP	**80,078**	**905**	**164,867**	**-539**	**244,945**	**366**
Hosted Recharges Out			(12,100)	-246	(12,100)	-246
Hosted Recharges In			8,503	143	8,503	143
Hosted Services - Net Impact of Risk Sharing Adjustment			**-3,597**	**-103**	**-3,597**	**-103**
Total	**80,078**	**905**	**161,270**	**(642)**	**241,348**	**263**

NHS Tayside - Services Hosted by Integrated Joint Boards - Charge to Dundee IJB
Risk Sharing Agreement – June 2020

Appendix 3

Services Hosted in Angus	Annual Budget	Forecast Over (Underspend)	Dundee Allocation
Forensic Service	993,604	18,000	7,092
Out of Hours	7,477,082	(360,000)	(141,840)
Tayside Continence Service	1,872,116	0	0
Ang-loc Pharmacy	1,454,834	(56,000)	(22,064)
Speech Therapy (Tayside)	1,163,604	80,000	31,520
Hosted Services	**12,961,240**	**(318,000)**	**(125,292)**
Apprenticeship Levy	46,000	(5,072)	(1,998)
Baseline Uplift surplus / (gap)	175,903	175,903	69,306
Balance of Savings Target	-48,272	(48,272)	(19,019)
Grand Total Hosted Services	**13,134,871**	**(195,441)**	**(77,004)**
Services Hosted in Perth			
Prison Health Services	3,917,089	18,500	7,289
Public Dental Service	1,429,943	35,000	13,790
Podiatry (Tayside)	3,201,515	100,000	39,400
Hosted Services	**8,548,547**	**153,500**	60,479
Apprenticeship Levy - Others	41,700	1,752	690
Baseline Uplift surplus / (gap) - Others	130,000	0	0
Balance of Savings Target	-273,553	-323,570	(127,487)
Grand Total Hosted Services	**8,446,694**	**-168,318**	**(66,317)**
Total Hosted Services	**21,581,565**	**(363,759)**	**(143,321)**

Appendix 4

Dundee IJB - Budget Savings List 2020/21		
Proposed savings	**2020/21 £000**	**Risk of delivery**
Base Budget Adjustments		
Reduction in GP Prescribing Budget	306	Low
Full Year Effect of 2019/20 Saving - Review of Learning Disability Day Care	58	Low
Reduction in NHS Operational Discretionary Spend	400	Medium
Total Base Budget Adjustments	**764**	
New Savings for 2020/21		
New Meals Contract Price from Tayside Contracts under new CPU arrangements	114	Low
Reshaping Non-Acute Care Programme: Net Reduction in Withdrawing Intermediate Care Contract	496	Low
Review of Voluntary Sector funding for Older People	96	Low
Impact of DCC Review of Charges	152	Low
Review Investment of Additional Carers Funding (short term)	148	Low
Increasing Eligibility Criteria for Access to Services	271	Medium
Learning Disability Benchmarking Review	100	Medium
Review of Strategic Housing Investment Planning	200	Low
Total New Savings	**1,578**	
Total Base Budget Adjustments and New Savings	**2,342**	
Savings Target	**2,342**	

ITEM No …22……….

REPORT TO:	**HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 AUGUST 2020**
REPORT ON:	**FINANCIAL MONITORING YEAR END POSITION**
REPORT BY:	**CHIEF FINANCE OFFICER**
REPORT NO:	**DIJB35-2020**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Integration Joint Board with an overview of the final financial position for delegated health and social care services for 2019/20.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of this report including the year end outturn for delegated services to the 2019/20 financial year end as at 31 March 2020 as outlined in Appendices 1, 2 and 3 of this report.

3.0 FINANCIAL IMPLICATIONS

3.1 A £2,274k overspend is reported for the IJB for the 2019/20 Financial Year. The overall financial performance consists of a deficit of £4,735k in Social Care budgets and a surplus of £2,461k in NHS budgets resulting in a net deficit of £2,274k.

3.1 The net deficit is after the application of the risk sharing agreement between NHS Tayside and Dundee City Council which came into force from 2018/19 onwards. The risk sharing agreement requires any residual overspend arising to be met from reserves and consistent with the planned use of reserves as outlined in the IJB's Budget setting process and service redesign reports. The impact of the overall financial position for integrated services in Dundee for 2019/20 has resulted in the level of reserves held by Dundee City Integration Joint Board decreasing to £492k at the year ended 31 March 2020 (as against £2,766k at the year ended 31 March 2019).

3.3 Given many of the areas of overspend were projected throughout the financial year, provision has been made within the 2020/21 IJB's budget to support these cost pressures. Work continues to identify and monitor other emerging cost pressures incurred during 2019/20 to assess any impact these may have on the 2020/21 budget 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 set out its final budget for delegated services at its meeting of the 29 March 2019 following receipt of confirmation of NHS Tayside's budget (Article VI of the minute refers).

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

4.1.4 Under the terms of the risk sharing arrangements within the Integration Scheme, should the IJB incur an overspend at the end of the financial year it must apply any uncommitted reserves prior to any residual overspends being met proportionately by the Council and NHS Tayside. Given the potential financial risk to both parties, the IJB has advised them of the partnership's financial position as it developed throughout the financial year.

4.1.5 The projected overspend was identified at an early stage as part of the Dundee City IJB's 2019/20 revenue monitoring process and reflected continued increasing demand for services. Officers from the Health and Social Care Partnership progressed a number of actions to restrict future spend and where practicable recover the overspend already incurred. This consisted of applying a risk based approach. The key actions applied during 2019/20 were as follows:-

- A review of health and care pathways to reduce hospital stays including delayed discharge to ensure any system blockages are cleared and systems and processes are working at their optimum level.

An action plan was developed and implemented by operational services to ensure component parts of pathways worked effectively.

- Continuous scrutiny of staff vacancies and managing these effectively where safe to do so.

All requests for approval to recruit signed off by Head of Health and Community Care Services and Chief Finance Officer with a prescribed requirement to demonstrate all other alternative approaches have been explored. Notably within this action patient and service user safety remained the priority.

- Continuous review of discretionary spend across all service areas.

Budget holders to ensure expenditure is only incurred when absolutely necessary.

- Review of specific expenditure areas such as Learning Disability Services.

Benchmarking exercise were undertaken to compare cost base with other systems across other authorities in Scotland.

- Work with partners to ensure resources are maximised across the whole system supporting health and social care.

Dialogue with partner agencies to ensure relevant services continue to prioritise complementary services which support the health and wellbeing of the local population.

- Review of progress of previously agreed savings proposals.

- Application of reserves where practicable.

- Restatement of eligibility criteria for access to services to critical and substantial.

- Review of additional support in care packages.

Ensuring any support arrangements above standard levels (eg 1:1 support in care homes) remain appropriate to meet the needs of service users.

- Review of Intermediate Care Provision

Ensuring maximum value is achieved through current contractual arrangements.

4.2 2019/20 Year End 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 (More Detailed Position) and provides commentary on the reasons for significant variances.

4.3 Services Delegated from NHS Tayside

4.3.1 The NHS underspend position was mainly due to underspends within the overall GP and other prescribing budget of £1,072k, partly offset by a net effect overspend position within hosted services where the primary cost pressure in this area was the recharged share from Perth and Kinross IJB of an overspend within In-Patient Mental Health Services. Dundee City IJB's share was £733k.

4.3.2 Service underspends are reported within Physiotherapy (£232k) and in particular services hosted by Dundee City which provided underspends in Dietetics (£217k); Sexual & Reproductive Health (202k); and Psychology (£868k).

4.3.3 Cost pressures continue to exist in a number of other services such as the Medicine for the Elderly (+£500); General Adult Psychiatry (+£264k); Brain Injury (+£164k); and Palliative Care (+£157k). Additional staffing pressures have contributed to the adverse position within these services through ensuring safe staffing levels remained in accordance with the National Nursing workload tools requirements.

4.3.4 Members of the IJB will also be aware that Angus and Perth and Kinross IJBs host delegated services on behalf of Dundee IJB and a number of services are hosted by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the IJB's financial monitoring reports throughout the financial year 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 overspends to the value of £486k being recharged to Dundee City IJB per the risk sharing agreement. In addition the net impact of hosted services charged out by Dundee City IJB was an overspend of £255k.

4.3.5 The financial position of Dundee City IJB continued to be impacted upon by the significant overspend in the Inpatient Mental Health Service which is hosted by Perth & Kinross IJB. Perth and Kinross IJB has continued to utilise cost pressure funding and apply other interventions to reduce the overspend position in respect of this service provision. The final year end position from Perth and Kinross shows Dundee's share of this overspend as being £733k. Following the transfer of operational management of this service to NHS Tayside during 2020/21, this will no longer appear as a cost pressure to the Tayside IJBs.

4.4 Services Delegated from Dundee City Council

4.4.1 The underlying deficit in Social Care budgets was £6,037k. This was partly due to the planned use of reserves as part of the 2019/20 budget setting process of £386k to support community based investment through care at home services (£103k) and the Assessment at Home Service (£283k).

4.4.2 Overspends were incurred during the year in relation to staff costs of £1,660k. A significant part of this overspend was due to the delay in the full implementation of the redesigned Home Care service which was not applied until part way through the financial year. The full benefit of this change will be derived in 2020/21. In addition, high demand for community based social care services lead to an overspend in services provided by third and independent sector care providers of £3,372k. This included particular pressures around home based social care services and accommodation with support services for adults with a disability mainly as a result of demographic factors with the underlying cost of service provision also increasing. This led to significant overspends being incurred within Adult and Older Peoples services. A bad debt provision made by Dundee City Council of £341k mainly contributed to an overspend in supplies and services of £391k with a shortfall in income of £174k partly due to the reduced levels of residential charging income from council operated care homes to reflect a planned reduction in the number of placements.

4.5 Ring Fenced Reserves

4.5.1 The reserves (£492k) held by Dundee City IJB at 31 March 2020 are all ring fenced and can therefore only be applied to specific service provisions. In particular these reserves cannot be applied to general overspends. The ring fenced reserves are noted as follows:-

Ring Fenced Reserve	**£000**
Alcohol & Drugs Partnership (ADP)	281
Primary Care Investment Fund (PCIF)	58
Primary Care	153
Total	**492**

5.0 POLICY IMPLICATIONS

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

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 Extreme Risk Level)
Mitigating Actions (including timescales and resources)	The IJB has agreed a range of efficiency savings and other interventions including the use of reserves to balance expenditure. A range of service redesign options through the Transformation Programme will offer opportunities to further control expenditure. Regular financial monitoring reports to the IJB will highlight issues raised.
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Planned Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Approval recommendation	While the inherent risk levels are extreme, the impact of the planned actions reduce the risk and therefore the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

DATE: 3 August 2020

Appendix 1

DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2019/20

	Dundee City Council Delegated Services		NHST Dundee Delegated		Partnership Total	
	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000
Older Peoples Services	43,721	2,334	15,266	691	58,986	3,025
Mental Health	4,374	145	3,671	264	8,046	409
Learning Disability	25,700	1,798	1,411	14	27,111	1,811
Physical Disabilities	6,333	468	0	0	6,333	468
Substance Misuse	1,928	(65)	2,926	(43)	4,855	(108)
Community Nurse Services/AHP/Other Adult	874	369	14,220	(335)	15,093	34
Hosted Services	0	0	20,582	(1,014)	20,582	(1,014)
Other Dundee Services / Support / Mgmt	(376)	603	27,471	2,391	27,096	2,994
Centrally Managed Budgets	0		-1,117	1,340	(1,117)	1,340
Total Health and Community Care Services	**82,554**	**5,651**	**84,431**	**3,307**	**166,985**	**8,958**
Prescribing (FHS)	0	0	32,577	96	32,577	96
Other FHS Prescribing	0	0	901	(1,168)	901	(1,168)
General Medical Services	0	0	26,679	8	26,679	8
FHS - Cash Limited & Non Cash Limited	0	0	19,244	(28)	19,244	(28)
Total	**82,554**	**5,651**	**163,832**	**2,215**	**246,386**	**7,866**
Net Effect of Hosted Services*			6,182	740	6,182	740
Grand Total	**82,554**	**5,651**	**170,014**	**2,955**	**252,568**	**8,606**
Large Hospital Set Aside			**18,172**			
Grant Total	**82,554**	**5,651**	**188,186**	**2,955**	**252,568**	**8,606**
Year end position:						
Total Comprehensive Income & Expenditure						
Increase in funding contribution due to risk share agreement	1,021		2,042			
NHST adj to Parnership Funding and Centrally Manged Budgets				-4,600		-4,600
	83,575	**5,651**	**190,228**	**-1,645**	**273,803**	**4,006**
Less Risk share agreement		-1,021		-2,042		-3,063
Draw Down From Reserve Balances		386		1,379		1,765
Ring fence funding adjustment		-281		-153		-434
TOTAL	**83,575**	**4,735**	**190,228**	**-2,461**	**273,803**	**2,274**

Appendix 2

Dundee City Integration Joint Board – Health and Social Care Partnership – Finance Report Year End to 31 March 2020

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Actual Over / (Under) £,000	Annual Budget £,000	Actual Over / (Under) £,000	Annual Budget £,000	Actual Over / (Under) £,000
Psychiatry Of Old Age (POA) (In Patient)			4,858	(114)	4,858	(114)
Older People Serv. – Ecs			(254)	582	(254)	582
Older Peoples Services -Community			641	25	641	25
IJB Medicine for Elderly			5,283	500	5,283	500
Medical (P.O.A)			684	(7)	684	(7)
Psychiatry Of Old Age (POA) - Community			1,964	(227)	1,964	(227)
Intermediate Care			(44)	89	(44)	89
Older Peoples' Services			2,134	(156)	2,134	(156)
Older People Services	43,721	2,334			43,721	2,334
Older Peoples Services	43,721	2,334	15,266	691	58,986	3,026
General Adult Psychiatry			3,671	264	3,671	264
Mental Health Services	4,374	145			4,374	145
Mental Health	4,374	145	3,671	264	8,046	409
Learning Disability (Dundee)	25,700	1,798	1,411	14	27,111	1,811
Learning Disability	25,700	1,798	1,411	14	27,111	1,811

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Actual Over / (Under) £,000	Annual Budget £,000	Actual Over / (Under) £,000	Annual Budget £,000	Actual Over / (Under) £,000
Physical Disabilities	6,333	468			6,333	468
Physical Disabilities	6,333	468	0	0	6,333	468
Substance Misuse	1,928	(65)	2,926	(43)	4,855	(108)
Substance Misuse	1,928	(65)	2,926	(43)	4,855	(108)
A.H.P. Admin			406	(17)	406	(17)
Physiotherapy			4,251	(232)	4,251	(232)
Occupational Therapy			1,456	19	1,456	19
Nursing Services (Adult)			7,398	(15)	7,398	(15)
Community Supplies - Adult			315	(25)	315	(25)
Anticoagulation			395	(66)	395	(66)
Intake/Other Adult Services	874	369			874	369
Community Nurse Services / AHP / Intake / Other Adult Services	874	369	14,220	(335)	15,093	34

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Actual Over / (Under) £,000	Annual Budget £,000	Actual Over / (Under) £,000	Annual Budget £,000	Actual Over / (Under) £,000
Palliative Care – Dundee			2,773	(42)	2,773	(42)
Palliative Care – Medical			1,199	14	1,199	14
Palliative Care – Angus			348	11	348	11
Palliative Care – Perth			1,738	157	1,738	157
Brain Injury			1,719	164	1,719	164
Dietetics (Tayside)			3,430	(217)	3,430	(217)
Sexual and Reproductive Health			2,075	(202)	2,075	(202)
Medical Advisory Service			103	(31)	103	(31)
Homeopathy			28	4	28	4
Tayside Health Arts Trust			62	(5)	62	(5)
Psychology			5,329	(868)	5,329	(868)
Psychotherapy (Tayside			953	42	953	42
Learning Disability (Tayside AHP)			826	(41)	826	(41)
Hosted Services	0	0	20,582	(1,014)	20,582	(1,014)
Working Health Services			21	(31)	21	(31)
The Corner			441	(74)	441	(74)
Grants Voluntary Bodies Dundee			26	0	26	0
IJB Management			736	(129)	736	(129)
Partnership Funding			24,181	2,977	24,181	2,977
Urgent Care			125	0	125	0
Public Health			750	(83)	750	(83)
Keep Well			632	(179)	632	(179)
Primary Care			560	(91)	560	(91)
Support Services/Management Costs	(376)	603			(376)	603
Other Dundee Services / Support / Mgmt	(376)	603	27,471	2,391	27,096	2,994

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Actual Over / (Under) £,000	Annual Budget £,000	Actual Over / (Under) £,000	Annual Budget £,000	Actual Over / (Under) £,000
Centrally Managed Budgets	0	0	(1,117)	1,340	(1,117)	1,340
Total Health and Community Care Services	**82,554**	**5,651**	**84,431**	**3,307**	**166,985**	**8,958**
Other Contractors						
Prescribing (FHS)			32,577	96	32,577	96
Other FHS Prescribing			901	(1,168)	901	(1,168)
General Medical Services			26,679	8	26,679	8
FHS - Cash Limited and Non Cash Limited			19,244	(28)	19,244	(28)
Grand Total HSCP	**82,554**	**5,651**	**163,832**	**2,215**	**246,386**	**7,866**
Hosted Recharges Out			(12,159)	255	(12,159)	255
Hosted Recharges In			18,340	486	18,340	486
Hosted Services - Net Impact of Risk Sharing Adjustment			**6,182**	**740**	**6,182**	**740**
Large Hospital Set Aside			**18,172**	**0**	**18,172**	**0**
	82,554	**5,651**	**188,186**	**2,955**	**270,740**	**8,606**
Total Comprehensive Income & Expenditure						
Increase in Funding Per Risk Share Agreement	**1,021**		**2,042**		**3,063**	
Less: Risk Share Agreement		**(1,021)**		**(2,042)**		**(3,063)**
Draw Down from Reserves		**386**		**1,379**		**1,765**
Ring Fenced Funding		**(281)**		**(153)**		**(434)**
TOTAL	**83,575**	**4,735**	**190,228**	**(2,461)**	**273,803**	**2,274**

NHS Tayside - Services Hosted by Integrated Joint Boards - Charge to Dundee IJB
Risk Sharing Agreement – 31 March 2020

Appendix 3

Services Hosted in Angus	Annual Budget	Actual Over (Underspend)	Dundee Allocation
Forensic Service	1,006,336	135,528	53,398
Out of Hours	7,905,990	284,848	112,230
Tayside Continence Service	2,352,577	0	0
Ang-loc Pharmacy	1,440,681	36,838	14,514
Speech Therapy (Tayside)	1,126,042	85,384	33,641
Hosted Services	**13,831,626**	**542,598**	**213,783**
Apprenticeship Levy	41,188	(3,458)	(1,362)
Baseline Uplift surplus / (gap)	13,000	13,000	5,122
Balance of Savings Target	(193,272)	(193,272)	(76,149)
Grand Total Hosted Services	**13,692,542**	**358,868**	**141,394**

Services Hosted in Perth			
Angus Gap Inpatients	1,419,299	(64,432)	(25,386)
Dundee Gap Inpatients	6,480,037	(192,444)	(75,823)
Dundee Gap Snr Medical	3,642,248	(1,601,501)	(630,991)
P+K Gap Inpatients	4,375,869	151,122	59,542
Learning Disability (Tayside)	6,392,513	10,468	4,124
T.A.P.S.	707,472	(2,061)	(812)
Tayside Drug Problem Services	851,678	149,670	58,970
Prison Health Services	4,136,427	189,915	74,827
Public Dental Service	2,140,185	87,617	34,521
Podiatry (Tayside)	3,112,151	196,532	77,435
Hosted Services	**33,257,879**	**(1,075,114)**	**(423,594)**
Apprenticeship Levy – Others	41,700	2,420	953
Apprenticeship Levy – IPMH	76,600	1,251	493
Baseline Uplift surplus / (gap) – Others	67,000	67,000	26,398
Baseline Uplift surplus / (gap) - IPMH	12,000	12,000	4,728
Balance of Savings Target	(273,553)	(273,553)	(107,780)
Balance of Savings Target - IPMH	(325,009)	(325,009)	(128,054)
Grand Total Hosted Services	**32,856,617**	**(1,591,005)**	**(626,856)**

Total Hosted Services	46,549,159	(1,232,137)	(485,462)

ITEM No …23……….

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 AUGUST 2020

REPORT ON: DUNDEE PRIMARY CARE IMPROVEMENT PLAN UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB36-2020

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 2019/20 and seek approval for the implementation of the Dundee Primary Care Improvement Plan for 2020/21.

2.0 RECOMMENDATIONS

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

2.1 Notes the positive progress to implement the Dundee Primary Care Improvement Plan 2019/20 in the second year of delivery (attached as Appendix 1) recognising the significant and positive developments in year 2, and the financial spend associated with this.

2.2 Approves the proposed actions for Dundee Health & Social Care Partnership for 2020/21 as described in Appendix 1 and notes the proposed allocation of funding as detailed in Section 3, noting that there will be some impact from the Covid19 pandemic.

2.3 Instructs the Chief Officer to issue directions to NHS Tayside to implement the specific actions relevant to them in Appendix 1.

2.4 Notes the previous agreement to delegate the monitoring of the Dundee allocation of the Primary Care Improvement Fund as noted in Section 3.7.

2.5 Instructs the Chief Officer to provide a further report on progress made in the third year of delivering the Dundee Primary Care Improvement Plan to a future IJB.

3.0 FINANCIAL IMPLICATIONS

3.1 Funding for delivery of the Dundee Primary Care Improvement Plan (the Dundee Plan) for 2019/20 was agreed by the IJB in 2019 (Article XIII of the minute of meeting of 25th June 2019 and report no DIJB33-2019 refers). There has been significant planned increase in delivery and spend in year 2 (2019/20). The actual spend is detailed in table 1 below. The overall expenditure for the year was within the allocation from the Scottish Government. However the planned expenditure had been higher due to the underspend in year 1. It was anticipated that a higher spend could be achieved to expedite some of the projects and impacts. This has proven to be challenging due to a number of delays, including recruitment and retention.

Table 1 2019/20 spend against allocation

	Approved PCIF Allocation	Actual Funding / Expenditure
	£'000	£'000
SG Allocation*	***1,710***	**1,710**
Plus B/F underspend	***1,038***	**1,039**
Forecast Expenditure -		
VTP	*217*	157
Pharmacotherapy	*568*	352
CT&CS	*614*	355
Urgent Care	*487*	125
FCP / MSK	*220*	150
Mental Health	*248*	81
Link Workers	*187*	153
Other	*208*	88
Total	***2,748***	**1,461**
In Year (Over)/Underspend	***0***	**1,288**

*After receipt of Locally agreed inter-IJB reallocation of funding from Angus IJB and Perth & Kinross IJB

3.2 The development of the Dundee Plan and the associated financial plans for 2020/21 and recurring plans from 2021/22 are summarised in table 2 below. These figures continue to change as learning is gained from the tests of change that are taking place and the models being developed. Early in 2020 a plan was developed which assessed what was achievable with the Scottish Government allocation, assuming it confirms previously notified provisional allocations, and what it was anticipated the cost would be to fully implement the services noted in the MOU. Some elements, such as pharmacotherapy, and vaccination transformation, are defined in detail, while other elements, such as social prescribing and urgent care, are open to interpretation and prioritisation locally. The impact of the exercise to do this was to identify that to fully implement a local interpretation of the 7 key areas, created a potential recurring funding gap of £2.5m. o progress this, either implementation needs to be scaled back to fit with budget or other sources of funding need to be identified which can support this delivery. The plans noted in this report are shown on the basis of being restricted to what is affordable. Plans for this year, given the delayed start of some posts due to Covid 19, and previous slippage, will be within budget as noted. The PCI Group are currently reviewing plans for next year, particularly given that the contract is due to be fully implemented by March 2021. Proposals will be reviewed to assess if there is budget, and the relative merit and benefits, and value for money, they bring, to support prioritisation.

Table 2 proposed allocation for 20/21 and indicative allocations for 21/22, along with a comparison of figures prepared in January 2020 to highlight estimated full scale implementation

	2020/21	2021/22	*Optimum Implementation 2021/22*
	£'000	£'000	*£'000*
Assumed SG Allocation	**3,419**	**4,817**	***4,817***
Forecast Expenditure -			
VTP	166	360	*488*
Pharmacotherapy	825	1,116	*2,047*
CT&CS	761	1,058	*1,354*
Urgent Care	579	1,256	*1,828*
FCP / MSK	288	361	*535*
Mental Health	270	280	*535*
Link Workers	202	210	*290*
Other	154	154	*194*
Total	**3,244**	**4,794**	***7,272***
In Year (Over)/Underspend	**175**	**23**	***-2,455***

3.3 At the time of writing, the formal Scottish Government Allocation letter has not be issued to Health Boards / Integration Authorities, therefore it is assumed that existing guidance in relation to annual allocations continues to be relied upon.

3.4 At this stage, many of the programme plans continue to be fluid and dynamic, due to ongoing uncertainties following the Covid-19 pandemic, both in terms of delayed recruitment and project progress as well as the learning opportunities and working practice changes that have been identified. As a result, the financial implications continue to evolve as project plans develop.

3.5 Recruitment of sufficient staff at the appropriate skill-mix continues to be a significant risk, and this has been a major contributing factor in slippage to date.

3.6 As highlighted earlier, VTP contract requirements have been extended and the detailed modelling for full rollout during 2021/22 has not yet been clarified. The increased expenditure includes a high level assumption regarding potential resource implications, however this remains a significant risk.

3.7 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.

4.0 MAIN TEXT

4.1 Context

4.1.1 The IJB has previously considered papers setting out the context and challenges within primary care (report DIJB51–2017, article IX of the minute of the meeting held on the 19th December 2017 refers) and the implications of the General Medical Services (GMS) contract and related memorandum of understanding (report DIJB9-2018, article IX of the meeting held on the 27th February 2018 refers) and the plans for year 1 and year 2. The Primary Care Improvements Plans consists of a Tayside wide Primary Care Improvement Plan (the Tayside Plan) which sets out the high level regional and local improvements. This Tayside Plan is expressed locally at a Dundee level through the detailed Dundee Primary Care Improvement Plan (the Dundee Plan). These plans have previously been discussed and agreed with the most recent plan for 19/20 being on the 25th June 2019 (report DIJB33-2019, article XIII of the minute of the meeting held on 25th June 2019 refers).

4.1.2 This paper details the progress against the actions set out in year 2 of the Dundee Plan, associated expenditure, and details the proposed actions and spend for year 3 (2020/21). The Tayside Plan, incorporating the Dundee Plan, requires approval by each Integration Authority, the Local Medical Committee (LMC) and NHS Board. The Tayside Primary Care Improvement Plan was previously supported and the Dundee plans for years 1 and 2. This report updates these plans and sets out the priorities for implementation in year 3.

4.1.3 The following are the nationally agreed priorities for the primary care improvement plans which must be delivered between 2018 -2021:

- 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
- Community Link Workers (referred to as social prescribers).

4.1.4 As noted previously a number of national documents provide further context regarding the national planning to support reform within health and social care. All are key enablers for delivery of the new GP contract:

- Premises - as outlined in the National Code of Practice for GP Premises, a new model for general practice premises is planned within 25 years, whereby GPs will no longer be expected to own their own premises.
- Information sharing arrangements - The Information Commissioners Office (ICO) now accepts that GPs are not the sole data controllers of the GP records but are joint data controllers along with their contracting NHS Board. There are now agreed information sharing agreements in place for Dundee practices.
- Workforce - The National Health and Social Care Workforce Plan Part 3 - improving workforce planning for primary care in Scotland, provides guidance on workforce planning to support the reform of primary care.
- Mental Health - Action 15 of the Mental Health Strategy allocations have been announced bringing a further £11m nationally to improve availability of mental health workers in GP practices, police station custody suites, prisons and emergency departments. The developments linked to mental health are outlined elsewhere. Mental health and wellbeing is a significant component of GP workload and it is anticipated that the current pandemic will increase this.

4.2 Dundee Governance

4.2.1 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 supports work at a regional level, ensuring sharing of practice and coordination, particularly of the regional aspects of the contract delivery. This group feeds into the Tayside Primary Care Board and to Transforming Tayside. There are also a number of regional and local sub groups which lead the development of the service areas. Given the breadth of the range of services that sits within this overall context this is broad ranging and a number of these have much wider links.

4.2.2 The financial management of the Primary Care Improvement Plan is delegated to the Chief Officer, Chief Finance Officer and Clinical Director. The DPCIG has responsibility for the distribution and monitoring of the use of the Dundee allocation of the Primary Care Improvement Fund.

4.2.3 Reporting to the Scottish Government is every 6 months for both financial governance and more detailed progress of delivery. A risk category (red/amber/green) is also required on a number of outcomes. A number of additional requests have been received in connection with the financial allocations, and likely projections. In 19/20 funding was changed to give HSCP's the funding they said they would spend, if within their allocation, rather than the allocation as such. This reflects that many areas had initial year 1 underspends carried forward. The expectation is that all of the funding allocated will be available over the 4 years of the allocation.

4.3 Progress

4.3.1 Overall there has been significant progress in year 2 with all 7 workstreams having elements implemented, at least in some practices.

4.3.2 The progress against all the key areas is outlined in Appendix 1. Key achievements include:

- The Fist Contact Physiotherapy (FCP) team who assess for musculoskeletal issues had expanded to 2 clusters, and due to Covid have now expanded to all 4 clusters, (although not at full scale).
- The Pharmacy Locality Team are working with practices and have expanded the range of roles and task they are undertaking on behalf of the GP
- The Care and Treatment Team has rolled out wound care to 3 clusters, and are also testing providing phlebotomy services.
- The Integrated Care Home Team is undertaking a new urgent care role to assess patients in care homes rather than a GP. This has exapdned to include more care homes, and more practices.

- Advanced (and trainee advanced) paramedics are working in now if 4 GP practices to assess people who are acutely unwell at home, when appropriate, instead of GP's. They are testing working across practices.
- The Patient Assessment and Liaison for Mental Health Service (PALMS), led by the psychology team, is seeing patients who present with mental health and wellbeing issues, in practices in 2 clusters. They are also testing an increased skill mix in the team.
- The social prescribing link workers have been able to support all practices, albeit in a different way, with the impact of Covid, rather than the 14 practices they supported before. They are testing a new role in the team, and looking at different criteria.

4.3.3 Workforce recruitment, retention and development has remained a key challenge in year 2. The pharmacy team is one example of this. Recruiting pharmacists and increasing overall numbers as been challenging. New, and more advanced, technician roles have been developed but additional work is likely to require pharmacists going forward. Advanced practitioners, both nurses and paramedics, are in huge demand, and there has been very limited recruitment of fully qualified advanced practitioners. There is interest in training for these roles but trainee numbers are limited by capacity to support and mentor new staff.

4.3.4 Suitable clinical space has continued to impact on service delivery. As noted previously practices have limited, if any, spare rooms. These have been utilised where possible. A number of small projects were identified to upgrade or create space in practices, but this had limited progress due to a lack of technical resource in NHS Tayside. Patients living in the Broughtyferry area are most impacted as neither practice has space. The McKinnon Centre was identified for investment to create 2 rooms which could support this clinical work, but the works have not been completed. The funding identified in 19/20 will not be available in 20/21. Patients' will be able to access services but not locally.

4.3.5 The Covid 19 pandemic has had an impact on services as there has been a focus on key critical areas which were urgent, allowing other staff to be released to support care for those with the virus. General practice have been core to this and have adapted their ways of working to ensure that those who needed urgent care received it, while those who could manage and monitor their own conditions have been supported to do so. Teams have increased their use of technology to support people, including an increased use of video calls for consultations. More support has also used the phone. Reduced presentations to practices has allowed some teams to expand to support more practices than would otherwise have been possible. Other teams, including the paramedics supporting urgent care, have been prioritised to work in the core Scottish Ambulance Service. The care and treatment services team reduced workload demands in some areas, such as post op wound care, while developing the team to allow them to support some urgent needs, like bloods, while also carrying out care in peoples' homes who were shielding, but where the patients would normally have gone to the practice. This allowed a robust model to be in place so that if a practice had a significant reduction in staffing due to covid the patient care would not be negatively impacted. Reception and admin staff have enhanced their skills in assessing and triaging by phone to ensure people are seen by the most appropriate clinician, an ambition of the primary care improvement programme. It has also influenced peoples' perceptions of how care can be safely and appropriately delivered. The overall impact is that some changes have been enhanced while others have been delayed. This creates both opportunities and challenges for the rest of 2020/21. The plans set out below assume that there is not a further peak of Covid 19. If there was these plans would not be achievable.

4.4 Plans for 20/21

4.4.1 Plans for 20/21 were well developed by February, highlighting the need for key decisions around the priority for development in year 3 given the challenge of funding at scale in year 4. The pandemic has disrupted those plans as noted in section 4.3. Work stream leads have been revising their plans and this is reflected in appendix 1 in the detailed plans.

4.4.2 Plans in Dundee are evolving and are outlined in Appendix 1, with the current estimate of costs. Key aspects of this include:

- Tests of change planned for the adult flu programme are not achievable given the current position, and the criticality of flu immunisations this year. However the joint work which will be required to optimise flu delivery .will create learning for the flu programme subsequently. Increased uptake rates and social distancing are 2 of the key pressures for the flu programme for both adults and children.
- Wound care delivery across all 4 clusters consistently, with support for phlebotomy and some chronic disease monitoring. Implement a model of nurse led ear care.
- Further level 1 services for PCT will be tested and rolled out as recruitment and capacity allows. Additional new roles are planned to be tested.
- Expand the delivery of the care home team of advanced practitioners more broadly and review the wider urgent care team, recognising the role of other teams. There is a risk that urgent care will not be available across all practices by March.
- First Contact Physiotherapy Service will increase their sessions to support all clusters, and review demand in light of this.
- The Link Worker team have expanded to include all practices and will review how this can be sustained, adapting their model to do so.
- The PALMS service will continue to develop their skill mix, and roll out to clusters as staffing and resource is identified.

4.4.3 The national and local commitment with in the MOU is to complete the improvements by April 2021, (although VTP has been delayed by one year). Given the scale and pace of change required to implement the improvements, there remains a level of significant ongoing risk. These risks are detailed in section 6.0.

4.4.4 Clinical teams are working with the communications team to look at key messages to highlight the change in how people can access services and who those services might be provided by. There have also been some really positive stories shared by teams. Although there has been coverage of specific developments there has been less around the wider changes. Now that more services are available for most practices public communication, including social media, will be used. Previous concerns have been that people think they can access a service that their practice does not yet have. This is still the case and will be for some time, but the balance is such this can be managed. Plans for this have been disrupted recently due to the impact of Covid and this is likely to continue to impact for some time. However it is key that this is progressed in 20/21

4.5 Next Steps

4.5.1 The Primary Care Improvement Group will continue to support and monitor the development of the programme and its impact. Reporting to the Scottish Government had been on hold due to Covid but it is anticipated this will resume soon. The uncertainty for the remainder of this year is high due to uncertainty of the future course of the pandemic. Plans will be progressed on the assumption that there will not be a significant impact of Covid, and this will be revised if required.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Integrated Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

6.1 Risks 1 – 3 were identified in paper DIJB26-2018 and remain current, with some changes to mitigating actions. Risk 4 is an additional risk which has been identified. More detailed operational risks will be identified and managed within each service in more detail and managed by the Dundee Primary Care Improvement Group. More detailed risks are noted in appendix 1.

Risk 1 Description	There is a significant risk that Dundee may not recruit or develop 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, including pharmacy, nursing and Allied Health Professionals (AHPs). This will directly impact on the delivery of services described.
Risk Category	Workforce, operational
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 will support this but not within the timescales of the 3 year plan. The most significant risk currently is with pharmacy teams and advanced practitioners. Advanced paramedics may no longer be available but we continue to explore employment options for this group.
Residual Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16 - Extreme
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 16 - High
Approval recommendation	This risk should be accepted.

Risk 2 Description	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 buildings/premises. This risk remains but the premisies risk is now greater than the IT risk.
Risk Category	Technological, Environmental, Financial
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring 20 - Extreme
Mitigating Actions (including timescales and resources)	The test of change for IT infrastructure has been positive and will be rolled out at scale. This reduces the risk for IT and data. National data sharing agreements also have supported progress. However there still needs to be adequate hardware investment. (Some funding has been identified form NHS Tayside.). There is an ongoing, and increasing, pressure for space to deliver services from. Planned minor works with capital allocated by NHS Tayside only progressed in one building due to lack of technical support for this. The impact of covid and requirements to both reduce footfall and ensure safe environments for staff and patients mean that there is less space which can be accessed than previously. This is already impacting delivery and there have been a number of complaints linked to this issue. We will explore options to look for further support and investment for premises.
Residual Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 16 – Extreme
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring 9 - High
Approval recommendation	This risk should be accepted.

Risk 3 Description	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. This will impact the scale and pace of roll out of services across the city. The impact of covid has reduced the risk for 20/21 as a number of developments have been delayed, but the longer term risk remains the same. The risk levels are unchanged since the last report.
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. Finance is a key component of planning and ensuring the most cost effective models are progressed. Where models with variation in costs are tested in different parts of Tayside there will be a judgement made as to cost effectiveness of these models prior to roll out.
Residual Risk Level	Likelihood (4) x Impact (4) = Risk Scoring 20 - Extreme
Planned Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12 - High
Approval recommendation	This risk should be accepted.

Risk 4 Description	The current Covid-19 pandemic has delayed aspects of implementation of the PCI plan locally and increased further the risk of the commitments in the MOU not being achieved by March 2021 as planned.
Risk Category	Operational, Political
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring -20 -Extreme
Mitigating Actions (including timescales and resources)	There are limited actions that can be taken at this time point to reduce this risk given the uncertainty of the future occurrence of the coronavirus.
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.

7.0 CONSULTATIONS

7.1 The Clinical Director, Chief Finance Officer and the Clerk were consulted in the preparation of this report. The Dundee Primary Care Improvement Group has developed the paper.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 4th August 2020

Shona Hyman
Senior Manager
Service Development & Primary Care

David Shaw
Clinical Director

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB36-2020
2	Date Direction issued by Integration Joint Board	25 August 2020
3	Date from which direction takes effect	25 August 2020
4	Direction to:	NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes – DIJB45-2018 and DIJB33-2019
6	Functions covered by direction	Specific actions relevant to NHS Tayside in the Tayside Primary Care Improvement 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	The provision of premises and the implementation of IT systems by NHS Tayside as required by this Direction are not specifically funded from the IJB budget.
9	Performance monitoring arrangements	Performance will be reviewed on a regular basis, (currently 2 monthly,) by the DPCIG
10	Date direction will be reviewed	March 2021 (or earlier if required)

APPENDIX 1

Dundee Primary Care Improvement Plan 2020-21

The Dundee Primary Care Improvement Plan (PCIP) sits alongside the Tayside PCIP agreed for 2018-21, as well as the subsequent revisions to that initial 3 year plan. Table 1 details the key local actions which have been taken in 19-20 and outlines the actions planned for 20-21. It also notes the actual spend in 19-20 and an estimate of likely spend in each area for 20-21, as reasonably accurately as possible at this stage of planning. It is important to note that the programme is constantly evolving as tests of change are completed and the programme implementation is refined going forward. Any changes in budgets are agreed through the Primary Care Improvement Group, and the LMC.

The impact of the coronavirus pandemic came late into the financial year so had a limited impact on the delivery and progress in 19/20. However it has significantly impacted on what will be delivered in 20/21. Plans are being constantly reviewed as the recovery phases evolve. In some cases the current pressures have created opportunities and changes which have had a positive impact on the changes being progressed, while in others it has delayed or changed delivery in a less positive way. The plans noted below reflect the position in July 2020 and will inevitably change. All the actions noted for 20/21 are on the proviso that there is not a further peak of Covid19.

A summary of each of the areas is noted below.

1. Vaccination transformation programme (VTP)

VTP is a regional programme and Dundee Health & Social Care Partnership (H&SCP) supports the NHS Tayside commitments. Immunisations for children and pregnant women have now transferred to the childhood immunisation team and midwifery teams in totality. The flu programme is more complex, partly due to the seasonal nature of the programme, with most immunisations being delivered over a 3 month period. The original plan to test adult flu in Dundee did not proceed for a range of reasons but a pilot did happen in one cluster in Angus and the learning from that will influence further development in Dundee. The final model for adult flu (and other adult immunisations) in Dundee is not yet clear as developing a very short term workforce is challenging regardless of where this sits. National work on travel services is awaited to inform this area of care.

This area of delivery has been impacted hugely by Covid 19. The implementation phase for the transfer of services has been changed to March 22 rather than 21. There is significant work to plan for a much larger flu programme than normal, which will be led by practices, because of their expertise in this area, and supported by HSCP's. The initial tests planned for this year will not progress in the same way. But there will be a lot of innovation and learning. It is anticipated that there will be a higher uptake than normal for those offered flu vaccine, and additional groups may be added. The staff group for flu vaccination is also being expanded and a more integrated approach across the HSCP, including third sector (care homes) is being developed.

2. Pharmacotherapy Service

Pharmacotherapy is a regional programme and Dundee H&SCP support the NHS Tayside commitments. There has been an increase in support to practices with new posts being integrated into the locality pharmacy teams. However recruitment issues are creating ongoing challenges to the development and roll out of the service. There has been development of an increasing skill mix in the team which has maximised the recruitment. There is a significant risk that the full pharmacotherapy service will not be implemented by the end of year 3. However the roll out is planned to continue as staffing allows. Recent review of local

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workload and experience from other areas in Scotland has led to a revision of the projections for numbers required to fully deliver the service as specified in the GMS contract document and it is now thought that a much higher number of staff will be required. Projections for full rollout have therefore increased, and the key risk factor, in addition to finance for this, is an ability to recruit to the increased number of posts. A number of new roles have been developed with a Band 6 technician post, a career start pharmacist post, and a new pharmacotherapy assistant post all to be tested. The learning from all of these will influence the ongoing development.

3. Musculoskeletal (MSK) services/First Contact Physio

There has been positive development in year two for the service with 2 clusters now being supported by First Contact Physiotherapy. Plans were in place to roll out to the remaining two clusters in 20/21. However due to the Covid 19 pandemic the service agreed to expand across all clusters. Capacity in the team has not yet been recruited to to meet the increasing demand for this so there is a partial service in place across all the practices currently. The test of Vision Anywhere has worked well with FCP service. Posts will be filled by autumn 2020 with an increase in sessions. The skill of reception staff to be able to assess the presenting complaint for patients and which service could best support their needs is critical to the roll out of FCP as well as a number of other services. The work within PASC, and with Covid which has used a high level of phone triage, has supported some of this skill development. A review of demand for the service will be required as it is not clear if the planned capacity will meet demand.

4. Mental Health services/PALMS

Dundee H&SCP have tested initial assessment and triage for patients presenting with mental health issues using the new PALMS (Patient Assessment and Liaison Mental Health Services). In year two it has expanded from the initial 2 practices to roll out to the remainder of the cluster. The exception is Taycourt which we hope to be covered by end of August 2020. A skill mix has been introduced as knowledge of the role required has been gained. Further skill mix is planned with a range of psychology staff and mental health nurses delivering this. As part of this work pathways of care are being reviewed and how referrals across the system are made to try to streamline and simplify where possible, increasing the access to the right services first time. A review and report of the first 6 months in 2 practices has been completed and that information is being used to develop the service. One year report is currently being produced to provide additional information to inform the roll out of this service to Cluster 1 practices. This will be compared with alternative models in the other areas of Tayside and based on this broader perspective the model will be rolled out across other practices/clusters as capacity/ funding is available. There is likely to be a significant challenge for workforce development/ recruitment of this aspect of delivery, regardless of the professional who does the initial assessment. We are therefore unable to commit to full roll out in 3 years. This area of delivery links to developments within mental health, and is linked to funding for Action 15 of the national Mental Health Strategy, and is aligned with the link worker programme. It is anticipated that the impact of the pandemic on mental health and wellbeing will be significant for many individuals and create demand on general practice and the PALMS team.

5. Link workers/social prescribing.

The existing link worker team have remained in post in 19-20 funded this year by some core funding, PCI funding and Action 15 money. There has been one practice added to those supported, although a range of staffing issues has seen a reduced service in some practices. The focus of the team remains on mental health and wellbeing, and inequalities focussed. A tiered model of delivery of social prescribing is expected going forward so that individually practitioners can signpost to a range of support, and support can be offered by a team with a range of skills in social prescribing. The team is likely to change in its composition in the next year (20-21) as a new role of associate practitioner is developed. (This role is already well established in Keep well.)

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In response to the changing demand in practices during the pandemic the team have expanded to offer support to all Dundee practices. This has been welcomed. The team are now reviewing how this model will best support people going forward, given the overall capacity in the team is unchanged and the significant impact on life circumstances for many people in Dundee of the pandemic, including on employment and income..

6. Urgent care.

Dundee H&SCP have developed 2 aspects of urgent care supporting those living in care homes, and those at home. The former is currently delivered by advanced nurse practitioners as part of the integrated care home team, the latter by advanced, (and trainee advanced) paramedics. The initial 1 WTE paramedic has increased to 2 from December 2019, but this still only supports some of the home visits requested in the current cluster. Given the level of expertise for this role and the length of time to train new staff to this level, it is unlikely that a fully implemented service will be delivered in 20-21. It was anticipated that all practices will be supported by the care home team by the end of 20-21and that all practices who have care home residents would therefore have some support for urgent care.

The pandemic has had a significant impact on care home residents and those supporting their care. It has also reduced opportunities for training and so is likely to delay the roll out of this model. The advanced paramedic and trainees have also been withdrawn by the Scottish Ambulance Service during this time to focus elsewhere and it is unclear when they will return to this area of work. This has therefore created an increasing risk for delivery.

7. Care and treatment services

Dundee H&SCP have built on the work and experience of current teams to develop new roles in care and treatment. There has been good progress in year 2 with recruitment of key staff and the integration of teams to develop a wider service in which care and treatment services sits. It has been relatively straightforward once staff are trained and space is found to deliver the wound care element of the programme. However taking bloods has been more problematic for a range of reasons. This is now developing but there are ongoing issues including linkage to secondary care who currently request practices to do blood tests for them. The initial plan for ear care has been changed as the ability of a trainer to be released has not progressed and rather than further delay microsuction the plan in now to rollout nurse led ear care using ear irrigation. There are ongoing challenges due to the limited number of sties that services can be delivered from and without the development of adequate space this service will not progress.

During the pandemic the team have changed their role to support patients and practices by providing a broader range of services, but to a small number of people who had urgent care needs. The team also supported those who needed to shield so they did not have to attend practice by seeing them at home. These changes to service delivery have given new opportunities for learning and change, and this is being reviewed to influence plans going forward.

8. Premises, infrastructure and IT systems

A number of pieces of work are being progressed on a Tayside wide basis which will inform planning within Dundee for this aspect of delivery. The review of non-acute care project in Dundee is a major programme of works that includes plans to undertake a comprehensive review of all GP (and other primary care, local authority and 3rd sector) premises to assess suitability and sustainability. This will inform longer term planning of sites going forward, particularly as we look to develop new models of care in communities. Included within the scope of this programme is the proposal to provide three further heath and community care centres in Dundee. In relation to immediate priorities, we will shortly begin to identify underutilised spaces in existing facilities which, with some investment,

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could be utilised/used differently. This work should have progressed in 19-20 but for a range of reasons it has not. It does need to progress, along with a wider property strategy for Dundee, to allow a number of services, including primary care, to be delivered to people in a suitable way.

A small number of premises were identified in Dundee which required some investment to upgrade these to allow them to be used for the delivery of a range of services sitting with the PCI workstreams. Technical expertise was required to scope the detail and cost of this to allow the building works to happen. This technical resource has continually not been available and so projects were not progressed. Only one of the planned projects was completed. The capital which had been allocated to these projects is not available in 20/21 and it is unclear if there are any other sources of funding to allow this work to progress.

In terms of information developments and management there is recognition of the requirement for significant cultural change and a need to use technology to support different ways of working. There will be an increased need to use mobile devices and patient data will need to be shared and communicated more commonly across services. In order to allow safe and efficient patient care in an environment where that care is delivered not just by a GP practice, but also by a range of additional services, there is a need for, easily understood, easy to use, data sharing policies and practices that support the safe sharing of confidential patient information. These developments will help to create a more mobile and more flexible workforce. The systems we use are not currently suited to the proposed new models of working, primarily due to lack of interoperability, and will need to be developed, along with the necessary network, hardware and licensing required for this.

There has been positive progress in relation to information in 19/20. A local data sharing agreement was developed and all practices in Dundee supported this. This allowed the use of Vision Anywhere in a federated model, to progress. Dundee was a significant part of the test of change which was evaluated with FCP, care and treatment services and both aspects of urgent care, involved in the test. Overall the test demonstrated that the system could support most of the requirements of the services, but not all. It has been agreed to roll out the system further and the implications of this are being reviewed and planned for.

The pandemic has encouraged an increased use of other methods of clinical assessment and care delivery with an increased use of telephone and video consultations. It has started to change people's perceptions of the usefulness of this, and will influence care delivery going forward. The FCP and PALMS teams have both used this widely during covid.

9. Workforce planning and development

Recruitment and retention of GP's is being led at a Tayside level but we need to adopt a flexible approach to GP recruitment given the issues currently faced.

Much of the focus of the plan is on roles which can work alongside GP's, across a wide range of professional groups. This is clearly detailed in the Tayside plan, and is detailed in the action plan noted here. However we need to consider how this works alongside wider developments, especially for our local workforce, in Dundee. There are ongoing challenges with recruitment and development of the workforce, especially for advanced practice roles. The development of advanced practice roles, for nursing, paramedics, and AHP's is less well established in Tayside than elsewhere and so the capacity to train staff in these roles is limited. This then impacts on service delivery.

In 19/20 work steam leads have developed workforce plans, and these are incorporated in to broader service plans that the teams sit within. There have been particular challenges for some professional groups including for a range of pharmacy team roles, and also for physios. Work stream leads are creatively looking at how to fill gaps and maximise the use of a range of skills to allow models to progress.

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In the later part of 2019 and early 2020 there have been more detailed discussions with regards to TUPE. This will progress in 2020. The full implications of this are not yet known.

It is recognised that locally practice nursing teams, especially at lower bands, are feeling uncertain about their future, despite reassurances that they are key to delivering services going forward. There are a number of training opportunities available to staff, and opportunities to develop roles.

10. Sustainability/scalability

Developments need to be both sustainable and achievable at scale. This is challenging for some aspects of the workforce in particular. However if we do not set off with a vision we will never achieve the degree of progress we require to support care in the most effective way longer term. We will continue to build on tests of change, aiming to increase the scale and pace of change in year 3 and into year 4. Current planning has identified that there is not adequate resource to deliver at scale. This has been revised in January 2020 and a gap of around £2.4 million has been identified for Dundee, if the MOU is implemented fully, as it has been interpreted locally. A number of possible resources may help to reduce the gap but it is unlikely this will be neutralised. The implication of this is that those aspects of the MOU/GMS contract which are less prescriptive will need to be scaled back from the original plans. This in turn will affect how much workload is moved from GP's and practice teams. If additional funding is secured it would allow wider workload shift. Given the current financial climate this is challenging.

11. Practice staff and team development

- Practice admin roles are being developed as new roles are tested supporting a range of the new services. This includes a key role in supporting care navigation – getting patients when they phone to the best professional to provide the care and support they need, in a timely manner. A range of training has been provided and 8 of the practices are involved in the current Primary Care Admin Staff Collaborative (PASC) being led by Health Improvement Scotland. This work also focuses on workflow processes to reduce GP time spent dealing with documents. PASC has been put on hold due to Covid. In parallel however many practices have developed their admin and reception staff roll to manage calls in a new way.
- As new services develop and expand they are working closely with practice teams to establish good communication. This is key when many of the services are not co-located with the practice, due to space issues. There is however still a gap as to how to effectively work across teams, and create a cluster focused around people who require to use services.
- There are a number of key challenges in creating a team in this context given not only space issues, but how to create teams which can work efficiently in communities when practices are based in clusters. A good example of this is the urgent care test for paramedics where covering several practices means a large geographical area, and inefficient use of time, particularly once scaled up. This will need to be explored more, in the context of limited resources, (people as well as finance), as the team expands in year 3.

12. Evaluation

A range of audits have been undertaken to help inform developments and progress. A number of teams have also completed patient experience surveys, and also in some teams feedback from staff. A framework for evaluation is being developed and a number of specific pieces of work are planned to inform how we further develop in year 3.

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13. Communication and engagement

Progress with communication across the programme has been limited in 19/20. However the roll out of services has reached a stage where more people will actively see services which impact on them changing and this needs clearly communicated. The communications team is working to develop key messages around these service changes and how they impact on people which will be shared widely in a range of ways, including social media.

Teams continue to involve people in how they develop and implement their service. Feedback has been key to changes to date from all stakeholders. More formal evaluation work will also inform this going forward. Wider engagement work to involve people in further changes will have an increasing focus.

14. Funding

There was a significant underspend in year 1 of the programme, as the focus was on developing new models of care and testing in limited scale projects, prior to spreading these across the city. The expenditure has increased significantly in year 2 with almost £1million more being spent than in year 1. The projected expenditure is similar to the allocated income for the year, but due to under spends in year 1 there will continue to be an underspend overall which can be used in year 3. As noted elsewhere the revised plans completed in Jan 20 suggest a shortfall longer term of £2.4million. This has led to close scrutiny of the models being used, to assess their affordability against their cost. It is still realty early to be able to have the breadth of data which would be required to draw any strong conclusions as to cost against benefit. Given the focus of the work is to support people to access a professional with the key skills to assess and manage their care, instead of GP, it is reasonable to have a step wise approach to that, with the most skilled professionals developing services initially. This may evidence that a wide skill mix, and hence reduced cost, could be achieved, but this shouldn't be assumed. GP's have vast skill in both assessment and diagnoses, but also in managing risk, which is not the norm in other professional groups.

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Table 1

Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
Vaccination Transformation Programme (regional approach)	**Actions completed** Pre-school flu transferred for 19/20 flu campaign Mop up of primary school flu from practices completed Midwifery team now delivering flu for pregnant women **Actions outstanding** Flu for over 65's and under 65's at risk to be tested in one cluster in Dundee	Adult flu pilot did not proceed due to concerns about information and workforce. Angus pilot did proceed and will inform 20/21	Daniel Chandler	157	Delivery of adult flu and other adult immunisations for both over 65's and at risk groups. This will no longer be progressed as planned. The HSCP will work with the VTP team, and practices to ensure a joint and coordinated approach to flu vaccine delivery to maximise delivery and uptake. National development of IT systems to support this to be progressed, with local solutions sought as an interim measure. Travel health will not be progressed in 20/21 Significant resource will be required to plan and coordinate the flu programme locally, including an increased staff group, but this is not directly part of the PCI plan.	166	Ongoing issues with information systems and ability to share/record data in a timely manner. The range of information systems used to support vaccination programmes has a negative impact. Risk that lower uptake rates with any change could increase risk of a major outbreak longer term. However it is expected there will be a high uptake rate in 2020/21 due to covid. Ability to identify staff to deliver the flu vaccine over a short time period (ie traditional recruitment will not work as required for 3 months) No clear model yet for travel service and immunisation will cause delay in developing models locally. This will be an issue for 21/22 now rather than the current year.
2 Pharmacotherapy services	**Actions delivered** Roll out of initial level 1 work completed although slightly		Jill Nowell/ Elaine	352	Processing of all IDLs, outpatient and non medication requests, medicine shortages, review of specials, compliance reviews in	825	Recruitment of trained pharmacists, and technicians, has been an ongoing issue. There is an increasing pressure because

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Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
(regional approach)	later than the planned July date (immediate discharge letters) **Actions partially delivered** Roll out phase 2 of level 1 work, out patient letters and ad hoc queries, started but limited roll out.		Thomson		own homes, formulary compliance/prescribing indicators, and support for medicine safety recalls will be delivered to all practices. Acute prescribing requests, pharmaceutical queries and non clinical medication reviews will be delivered to all practices but probably not fully unless adequate numbers of pharmacists and technicians can be appointed and trained. Test “career start” type of post. Test pharmacotherapy assistant post and expand if successful. Test a “Hub” model to maximise the support across practices from a pharmacy locality team, linking with colleagues in Angus initially. Continue to explore working with Community Pharmacy to ensure appropriate resolution of issues such as shortages, promote serial prescribing, and maximise access to clinical expertise of community pharmacists e.g. patient queries relating to medicines, use of Pharmacy First.		of the national development of this service where all boards are looking to recruit pharmacists. The locality pharmacy team is an integral part of general practice and has been for a number of years. Covid has changed the demands for the type of work required and some of the areas that sit under PCI have not been feasible or required in some cases, (such as a small number of discharges).

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Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
3 Musculoskeletal (MSK) services First Contact Physio	**Actions completed** FCP now in place across 2 clusters with a plan to gradually roll out to clusters 2 and 4 at the same time MSK team skill mix and roles reviewed to support new role in team going forward Recruited additional staff so that 3 WTE physios in post by end of 19/20 Completed test of change with proposed IT solution, as part of wider test of change for Vision Anywhere. Successful for FCP service. **Actions partially completed** Some evaluation complete but the impact on other parts of MSK pathway, and assessing the level of resource released (if any) in the pathway has not yet been completed	Year 3 posts were brought forward due to slippage but were unable to fill all the posts this year .	Matt Perrot	150	Recruit to outstanding posts to allow expansion to all 4 clusters. Complete a further data collection to assess impact of FCP on GP appointments. Identify a method to assess if demand and capacity are balanced. Review impact of FCP on other parts of service. Work with practices to increase uptake in practice where there are lower utilisation of appointments. Continue to work with e-health colleagues to develop Vision Anywhere for FCP, including new aspects which will be rolled out as part of implementation of phase 2. Patients experience survey (by questionnaire and interviews) planned the FCP service early in 20/21 to evaluate and influence development.	288	Developing skill mix in teams who are not based together, and where practitioners may be the only person in a team working from a specific location. Providing a service which can replicate the accessibility of general practice for acute presentations will be challenging 5 days/week, 52 weeks/year Lack of identified permanent space, particularly within cluster 2 locality, specifically Broughty Ferry. Patients will either receive no service or will have to travel to other parts of the city The evolving role of practice reception staff as care navigators is key to effective utilisation of the FCP service.

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Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
4. Mental Health services	**Completed actions** Recruited additional posts within the psychology team, but at different bands, to start to establish the level of skill mix required to support this across Dundee. Have considered the requirements based on practice size, experience to date and how develop a model to meet demand on a sustainable basis, have projected revised workforce requirements. Delivered training to practice admin staff to increase skills and confidence in asking questions which allow the person to see the best clinician for their needs. Listening Service maintained in all practices (with Action 15 monies) except in one practice with no space. **Actions partially completed** Have agreed how to deliver the service when no space in practice and needs to be a community based model. Not yet tested	There have been delays with a number of the staff appointed being released from elsewhere in the system, and therefore not rolling out the service as quickly as planned. There have been delays in both nursing and psychology component of this. Have appointed to more posts than anticipated but not managed to have these staff in place. Clinicians moving post will delay recruiting for their replacement, as the post will have to go back to advert.	Arlene Mitchell/ Linda Graham	81	The PALMS service will have rolled out to a second cluster and is aiming to also have involved at least part of a third cluster (depending on the size of the clusters.) This will be completed by end of May and will roll out to all cluster 1 practices and to one cluster 2 practice. Cluster 4 should be closed off by end of August – however due to some staff upcoming absence this might create temporary gaps in delivery of the service As part of ongoing review assess the level of skill required for a mental health practitioner as first point of contact. Continue to link with services being developed as part of wider MH and WB work, including those funded via Action 15, to ensure that people are supported by the most appropriate professional. Test a Hub model for PALMS as there is not space to have PALMS within practices across the city. Continue to develop and influence pathways for those with MH and	270	Recruiting skilled mental health professionals, even with an increasing degree of skill mix, is challenging. Sits with wider work to support action 15 of the mental health strategy and requires to be integrated with that. This also creates a number of opportunities to consider pathways of care more broadly. Space in practices is an issue for this service in particular as a key component of face to face support of professionals in the practice team around mental health care delivery. There is a risk that the focus for Mental Health services created by the Independent Inquiry may impact on services in such a way it is more difficult to implement the PALMS service, despite the fact that this is a core component of the Dundee MH & WB Strategy. Angus and Perth and Kinr5oss have a model which uses staff working at lower grades. There should be sharing of learning as to how people can best be

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Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
	Completed the evaluation of the pilot of PALMS, including assessing how much work has shifted from GP's, patients perception of the service, value of wider support provided by the PALMS team to clinician, and onward referral impact				WB issues to ensure they get to the right support as early in their journey as possible. Complete the year 1 report based on initial 2 practices.		supported by a range of skilled practitioners.
5. Link workers/social prescribing	**Actions completed** Service maintained to 14 practices (although there have been periods when referrals have been on hold) and expanded to one further practice. A review of skill mix in the team and has been undertaken and a	A new model has not yet been tested in practices with different skill mix and criteria due to limited change in team.	Sheila Allan	153	Due to covid telephone support likely to be a feature for remainder of year - exploring Near Me and other platforms for consultation - expanded into all practices in Dundee; review at end August 2020 - accelerated Test of Change activity due to Covid 19 e.g.	202	Changing the skill mix of the team may have a negative impact on service outcomes. Local directories can build on both national and local systems, but needs adequately supported/resourced . Welfare rights team are working with a number of practices but a number of competing priorities

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Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
	new role developed and advertised. . Have worked with the PALMS service to test them acting as referral route to LW **Actions partially completed** There has been no significant change in relation to local directories which meet the needs of both professionals and the public. There is national work by NHS 24 and McMillan which are looking to support this on a once for Scotland basis. Support practices to consider role of staff in signposting and referral, based on test work in one practice There has been limited evaluation of any changed criteria as there has only been one practice testing this. **Actions outstanding** Develop a new model to allow the team to work with a wider				telephone support. Other identified ToC on hold - identifying key referrers such as reception staff, practice nurses, mental health/ PALMS - reviewing role of support worker - reviewing learning from national evaluations reports - participating in and learning from other developments such as local and national directories; mapping provision of support more broadly re changes due to Covid 19		mean that this is not feasible for all practices. Covid has created a huge demand on this team which will be ongoing for some time. The expansion due to covid to all practices may create a demand which cannot be met given the impact on heath and wellbeing of the pandemic.

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Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
	range of practices, who currently do not meet the criteria for the team based on the practice deprivation profile, recognising the challenges this brings in potentially diluting the impact of the team in current practices.						
6. Urgent care	**Actions completed** Pathways of care for frail and older people who are supported by ECS/DECSA continue to be reviewed and evolve Test of change with specialist paramedics working in one practice completed and agreed to move to stage 2. **Actions partially completed.** Additional ANP posts were not filled but trainees have been appointed. Not yet working at full capacity as in training posts. Test started of (trainee) advanced paramedic model across a cluster, developing an infrastructure that supports that. However at this stage it is across two practices and not across a cluster. It is still not		Shawkat Hasan/ Jenny Hill	125	Recruit to nurse consultant post Recruit further Advanced practitioners from a range of professional backgrounds. Assess pathways and skill mix to ensure people are seen by the person with the right skills. Work with e-health to develop information systems that support managing the increasing workload in a way which supports urgent care team delivery. Liaise with OOH service around considering joint posts and training. Review if current training for advanced practice is appropriate for the developing service, and link	579	There is limited availability of specialist paramedics, ANP's, or a nurse consultant, who can undertake this work. These may need to be developed as trainee roles initially which will delay implementation to the degree planned. There is significant demand for roles at advanced practice level in a range of settings, including practices, out of hours and core ambulance service. This demand, alongside the pressures created by Covid, create a risk that there may not be any advanced practice paramedics available, which will significantly impact on the progress of the planned model. NHST does not have a well developed infrastructure to support the development of

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Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
	able to deliver the capacity to meet demand. Working with colleagues in OOH and SAS to consider how we best use our skilled workforce to support urgent care, such as considering joint posts and training. Agreement that we progress this but no specific action agreed at this time. **Actions not completed** Continued to develop a model of urgent care with practices and roll out to 2 clusters. There have been delays in developing a role for nurse consultant post and this is not in place.				across Tayside to progress this if not. Roll out urgent care to further clusters – degree to still be determined due to competing demands and impact ton training Continue to work towards ensuring that pathways and transitions for patients are managed as effectively as possible, by linking teams who focus on this area of care.		advanced practitioners in the numbers required to support PCIP, across workstreams. However urgent care is the area most reliant on this.
7. Care and treatment services	**Actions completed** The redesign and integration of the teams identified to makeup the care and treatment team going forward is complete. Have recruited successfully to all posts advertised, although		Beth Hamilton/Gail Andrews	355	Develop model for phlebotomy further and roll out to all clusters. Implement model for nurse led ear care.	760	Availability of space in community/health venues, and general practice, will limit how we can develop the expanded MDT as described in the contract. The numbers of staff to shift all key areas seen as part of care and treatment services is such that the roll out of the service will be

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Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
	the skill mix has evolved over the year as learning on demand has increased. **Actions partially completed** Test started for a model for delivery of phlebotomy, recognising the need for local access for people to this frequent service. The aim to shift around half of bloods currently undertaken by practices by end of year 2 has not been achieved. We have a relatively small test underway in 2 clusters. Wound care has been rolled out to 3 clusters, but not all 4 as planned. However leg ulcer care has been rolled out and there has been investment to meet the increased demand for this. Work has started to develop models of care for additional areas of care, such as cryotherpay, and spirometry but is in its early stages. **Actions outstanding**				Work with colleagues across Tayside to consider how those tests requested by secondary care but currently carried out in practices can be transferred safely, with appropriate governance in place, has not progressed. Build on learning gained by dental team who have provided a service during covid. Review other areas of potential delivery for care and treatment, and develop effective models to deliver these locally. Eg cryotherapy, spirometry, if thought to be affordable Work with colleagues from HR, and across Tayside to assess who in general practice is impacted by the shift to new models of delivery and should be considered for TUPE. Ensure this is done fairly and consistently. Work with colleagues in e-health to find effective solutions for those areas of care that Vision Anywhere cannot provide – e.g. task management, storing and sharing photos		constrained by space rather than staff. This is currently a specific issue in the Broughtyferry area, but is also impacting on how locally we can deliver services for people. People are feeling in some cases they have a poorer service after the change patients form this area are likely to have to travel unless a solution to space is found.. TUPE – need a clear process to manage this and ensure staff are given appropriate opportunities.

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Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
	Work with colleagues across Tayside to consider how those tests requested by secondary care but currently carried out in practices can be transferred safely, with appropriate governance in place, has not progressed. A model of ear care had been agreed but the training support from secondary care has not been released and so the model has had to be reviewed and delayed.						
8. Premises, infrastructure and IT systems	**Actions completed** An informal survey of existing primary care facilities to identify underutilisation of accommodation which could be used was completed. A number of small projects were identified to develop clinical space. Only one of these was completed due to lack of capacity in the technical team required to support this within the property department. This should create		Tracey Wyness/ James Henderson	31 (IT) 46 (capital for building – not PCIF)	Work with practices to identify if there is underutilised space which could be used for clinical service delivery with small investment of resources. This will inform any decisions re further SG investment at a local level for premises. Review longer term plans and develop a Dundee Primary Care Plan for premises. Work with colleagues in NHS Tayside property teams, and PC	40	In year 3 we are unlikely to be able to expand the delivery of a number of services as we have been unable to identify adequate space that is fit for purpose either in general practices, or other community based buildings. There is a specific issue in the Broughty Ferry area of Dundee. The lack of community hospital infrastructure in Dundee gives very limited community space. Requirements due to social distancing have increased this issue in some cases.

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Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
	clinical space for services linked to the PCIP, such as care and treatment services, FCP etc. The Dundee team have worked really closely with e-health colleagues to test Vision Anywhere and to assess its impact. It has been agreed to roll out beyond the test, recognising it does not meet all the needs for all of the services involved. **Actions partially completed** The redevelopment of the Lochee building was almost complete by March, with signage delayed due to Covid.				Department, re a range of actions which will inform premises planning, including surveys which are being completed for practices. Work with colleagues in e-health to roll out Vision Anywhere (VA), and test new functionality which is expected over the coming months, including reporting for clinical outcomes. Where there are gaps in what VA can deliver work with colleagues to identify how these can be managed. Work with colleagues in NHS Tayside, Dundee City Council and the 3rd sector to develop a plan for future development of primary care sites, including general practice and health and community care centres, based on the premises survey to be undertaken, and building on the Dundee H&SCP Property Strategy, once completed. Work with clusters to consider boundaries for general practice to ensure all areas of the city have adequate access to general practice and care and treatment services, recognising that teams		Funding any new building requirements is likely to take a number of years, if it is possible at all. A number of premises have been identified that could be adapted to provide services from but they also require some funding, although in some cases this is not high. However there are no Dundee practice buildings in the capital plan for this year. If there is not a comprehensive way across the city of indentifying space some residents will have a much poorer service in relation to access than they may have had if their practice were still delivering the service. It can not be assumed that space will be freed up in practices as the time spent in activities that are being moved to other teams will be replaced with different activities with in the practice, which will require space/premises. The use of technology has a stronger base in some clinical

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Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
	However some of the planned tests of change have not progressed. It has proven impossible to source a patient check in system which can work across all practices in Dundee, and use 3 different appointment systems. A number of practices have agreed to support the roll out of national scale up of Flo to support BP monitoring. However the actual software interface required has still not been delivered so this has delayed aspects of this work. **Actions outstanding** Work with colleagues in NHS Tayside, Dundee City Council and the 3rd sector to develop a plan for future development of primary care sites, including general practice and health and community care centres, based on the premises survey to be undertaken, and building on the Dundee H&SCP Property Strategy, once completed.	The building is functioning well as a unified building with high utilisation of the clinical space. The training kitchen is also being used well, although still has capacity. There are still issues around joint use such as stocking rooms and reception functions.			are increasingly geographically based Build on the shift seen with Near me during covid to embed this as an option for care delivery across practices. Work with colleagues in Angus to assess the impact of Flo for BP management once rolled out.		areas than others, and is not widely accepted by all clinicians as useful.

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Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
	Work with clusters to consider boundaries for general practice to ensure all areas of the city have adequate access to general practice and care and treatment services, recognising that teams are increasingly geographically based Undertake a test with Attend Anywhere to assess its impact on GP workload locally. Assess the learning from the use of e-consult on GP's time which will be tested as part of the Lochee redesign. Agree if it is useful to scale this up further.	One practice has agreed to be involved with this but is having issues with band width. So limited progress. E-consult could not deliver a package which linked to the correct information in Scotland so did not proceed. A review is being undertaken of other possible suppliers.					
9. Workforce planning and	**Actions completed** All teams have initially scoped the overall workforce	There is still a variable degree of certainty around the workforce	NA		Develop a shared culture where the focus is on teams who can support people with their health	114	There is a significant risk that we will not be able to develop or recruit the workforce we require to

Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
development	requirements, and subsequently refined this in January based on learning and demand. **Actions partially completed** Work with HR colleagues to consider innovative ways of attracting new staff has had limited progress. Agreement was reached to fund an external company to develop a specific microsite, but it was put on hold with the introduction of jobtrain in Tayside. Links with wider NHST developments for advanced practice to develop a sustainable model for development of advanced practitioners, has had limited progress. There has been a small increase in ANP's (mainly in trainee roles,) but this has had very little impact on PCI. A number of aspects are now	projections. For example urgent care is less well tested and so more likely to change.			and care, and which communicate effectively in a range of ways, adapted to the range of settings that the primary care team will work from. Work with colleagues leading on developing advanced nurse practitioner roles to ensure we have a clear pathway for ANP training and role development in the context of PCI. Work with colleagues in HR and in practices to assess if any staff should be considered for TUPE. Work with organisational development colleagues to consider how to create cohesive teams, focussed on the person at the centre of a pathway, which also recognises the pivotal role of the GP as a leader. Work with HR colleagues and external consultant to develop a microsite which will attract people to work locally across teams. Evaluate the impact of this site on overall workforce recruitment. Work with colleagues to look creatively at new roles which will		deliver the GMS contract at scale by April 2021. There is competition across teams locally for skilled staff, and significant staff movement can destabilise core teams. For example an advanced nurse practitioner may move between teams within the NHS, or to general practice Positive recruitment to PCI based teams can destabilise other teams in system. This is most apparent in pharmacy where hospital and community pharmacy have both been impacted by the current level of recruitment to primary care. Formal academic and clinical training may both be impacted due to covid, which will delay the development and training of some staff.

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Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
	being led by Dundee to support this agenda going forward. Recruitment has been open to those working in general practice. A number of events have focussed on nursing teams as the nursing staff feel their role is vulnerable, despite their being a range of opportunities both in new services and general practice teams. No formal work has been undertaken to assess if there are staff whose roles are impacted to such an extent they should be offered to TUPE to a new job. Planning is underway for this. One training session has been offered to develop communication skills for reception staff. Further work is planned. A number of practices are also involved in the collaborative being led by Health Improvement Scotland to improve workflow and develop care navigation. This				be seen to attract staff to this area, as they are innovative and attractive Consider in any training and development programmes if a wider range of training experience will help recruit and retain staff locally.		

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Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
	started in December. 8 Dundee practices are participating. There has been continued support for GP recruitment and retention, including the career start programme **Actions outstanding** Work with organisational development colleagues to consider how to create cohesive teams, focussed on the person at the centre of a pathway, which also recognises the pivotal role of the GP as a leader.	This has had some successes with a number of career start GPs in Dundee, but limited other recruitment. There has been recruitment to the 3 2c practices in Dundee which are relatively stable for medical workforce at the moment. A survey has been developed and piloted but changes awaited and so not progressed.		57			
10. Sustainability /scalability	**Actions completed** A significant piece of work has been undertaken to review the project costs to fully deliver the detail of the contract/MOU, as interpreted locally. And also to look at how prioritise resource if no other resource is identified. The modelling which has been undertaken identifies a gap of £2.4 million, 51% above budget. This has been noted in		Project leads/ Shona Hyman	Not costed	Review evidence base for models and the impact they are having as we gain that information to assess if they are effective and efficient. Consider roll out across all clusters and if the service being provided can be fully implemented at scale. Identify other sources of funding which may be able to support the shift of some of the work within		The modelling undertaken to date has identified that the resource from the new PCIF will not adequately resource the scale of change needed to deliver all the services. The focus of the service development has at times been on transfer of work rather than transformation. Teams must ensure they continue to consider how things can be done differently

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Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
	the Scottish Government review. **Actions partially completed** The establishment of services within current structures has increased the management of the individual strands of the programme. However there has been no increase in capacity to manage the overall programme and in fact reduced admin support. **Actions outstanding** Work with finance colleagues and project leads to identify if new services create capacity in other parts of the patient pathway and therefore potentially release resource which can support wider scale up of the services involved. Identify with finance colleagues other sources of funding to allow roll out at scale or clearly articulate the funding gaps as they change.				PCI, recognising that money can not be transferred from practices.		to support people, not just change from one person's job to another.

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Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
11. Practice staff development	**Actions completed** Skills training for reception staff delivered as part of PLT to support communication as part of developing care navigation role. 8 practices are participating in the Practice admin staff collaborative, supported by HIS, taking a quality improvement approach to workflow and care navigation. Number of events held which have focussed on practice nurses, and opportunities moving forward. Nursing roles in care and treatment services have been advertised externally to allow practice nurses to apply.		Various	0	Complete the PASC work and roll out any lessons learned to other practices. Deliver further training and support for reception and admin staff to develop their communication skills linked to the developing care navigation role. Encourage practices to consider how they use nursing skills within the practice, and promote skills development in the nursing team.		There is variation across practices as to how they have historically developed reception and admin staff. This wider role development may have implications for pay scales in the staff group involved, which practices may not feel they can fund.

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Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
12. Evaluation	**Actions completed** Teams are evaluating aspects of their workstream as it develops, and are using this to influence next steps. This includes patients' feedback. **Actions partially completed** There is not yet agreement on consistent patient measures but a framework is being developed to support evaluation. . Colleagues in e-health are aware of the reporting requirements that need to be built in to IT system developments **Actions outstanding** Repeat audits to assess impact of service changes.	Reporting from Vision systems is available for appointment use, but not yet for clinical outcomes. This should be available later this year.	TBA	Nil direct	Undertake audits, both within services and with support from the LIST team, or via VA reporting when it is available, to assess the impact of changes. Work with colleagues across Tayside to share learning and knowledge as that develops, and use this learning to influence change. Undertake qualitative evaluation as well as quantitative to provide more in-depth feedback on both patients and staff perceptions of changes. All workstreams to have a clear evaluation plan in place with timescales for this.		Delays in agreeing a consistent framework may mean that there is a lack of baseline data to measure against. It will be difficult to assign a financial value to some of the changes, so that costs may not be a factor in any decision making on impact and effectiveness.
13. Communication and engagement	**Actions completed** Workstream leads have been proactively seeking patients' feedback and using this to change services as they		Coms team	Nil direct	Teams will share across PCI and with practices methods of effective engagement. Comms team will work with PCI teams to agree key messages and		Lack of programme management capacity has led to limited communication with key stakeholders, including the public.

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Commitment	Actions delivered 19-20 (or expected to complete)	comment	Lead officer	19-20 spend £k	Actions to be delivered 20-21	Proposed spend (estimates) k	Risks/issues
	develop. Complaints have also been used. This has been most common in care and treatment services where there have been concerns at lack of access. **Actions partially completed** An outline plan was agreed for wider public engagement in addition to the specific service and practice engagement already taking place. This has had very limited progress due to limited management capacity. **Action outstanding** Agree on a Tayside basis some key public messages around changes to service delivery. .				branding to be used to increase public awareness. Develop information on NHST public website with colleagues across Tayside, linking to social media where appropriate. Use this information on practice websites as well. Work with a range of groups to engage and consult with the public going forward around service delivery, where there are options around delivery. Share examples of how service change has had a positive impact on people who have received support. All teams will create patients stories, considering if video can be used as part of this. Use learning from the PASC care navigation work, and learning from across all workstream, to ensure a coordinated approach to this change and how communicated.		There is no national public campaign which highlights the change to service delivery being seen across the country. Key messages, similar to some of those seen for community pharmacy roles would be helpful. There is a risk of negative feedback from people who hear about new services but who can not yet access them as not rolled out to their area/practice.

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ITEM No …24………..

REPORT TO:	**HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 AUGUST 2020**
REPORT ON:	**DHSCP STRATEGIC RISK REGISTER AND RISK MANAGEMENT**
REPORT BY:	**CHIEF FINANCE OFFICER**
REPORT NO:	**DIJB37-2020**

1.0 PURPOSE OF REPORT

1.1 The report is for information for the Integration Joint Board to update them of work ongoing to update the Dundee Health and Social Care Partnership (DHSCP) Strategic Risk Register, development of a Covid 19 Risk Register, and the Tayside Risk Management meeting.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of this report and Appendix 1 including the new Risks added to the DHSCP Strategic Risk Register.

2.2 Note the work undertaken to develop a DHSCP Covid 19 Risk Register.

2.3 Note the work of the Tayside Risk Management meeting to co-ordinate the risk management interface between DHSCP, NHS Tayside and Dundee City Council.

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 MAIN TEXT

4.1 Dundee Health & Social Care Partnership (DHSCP) Strategic Risk Register

4.1.1 The DHSCP Strategic Risk Register is maintained on Pentana Risk, which is an online performance management system. The individual risks can be allocated to risk owners and updated regularly. Pentana Risk allows complex risk management aspects such as inherent risk, residual risk and control factors to be recorded in an online system. Pentana's visual display of Pentana allows risk ratings to be displayed clearly. Appendix 1 is a report extracted from Pentana of the DHSCP Strategic Risk Register.

4.1.2 3 new risks have been added to the DHSCP Strategic Risk Register in the past year. These are Viability of Providers, Impact of EU Withdrawal and Impact of Covid 19.

4.2 DHSCP Covid 19 Risk Register

4.2.1 Work has been undertaken by Locality Managers to capture specific operational risks in their service areas relating to the response to Covid 19. Oversight of the development of the Covid 19 Risk Register is carried out by the DHSCP Clinical Care and Professional Governance forum.

4.3 **Tayside Risk Management Meetings**

4.3.1 Meetings have taken place between Risk Managers in Dundee, Angus and Perth Health and Social Care Partnerships, NHS Tayside and Dundee City Council. These meetings are taking place in order to take forward recommendations by the Risk Management Internal Audit in 2018 (Report No PAC8-2019)

4.3.2 These actions are to ensure that the Risk Management principles of the Partnerships, Councils and NHS Tayside are consistent and allow for risks to be escalated.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

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

9.0 BACKGROUND PAPERS

9.1 None.

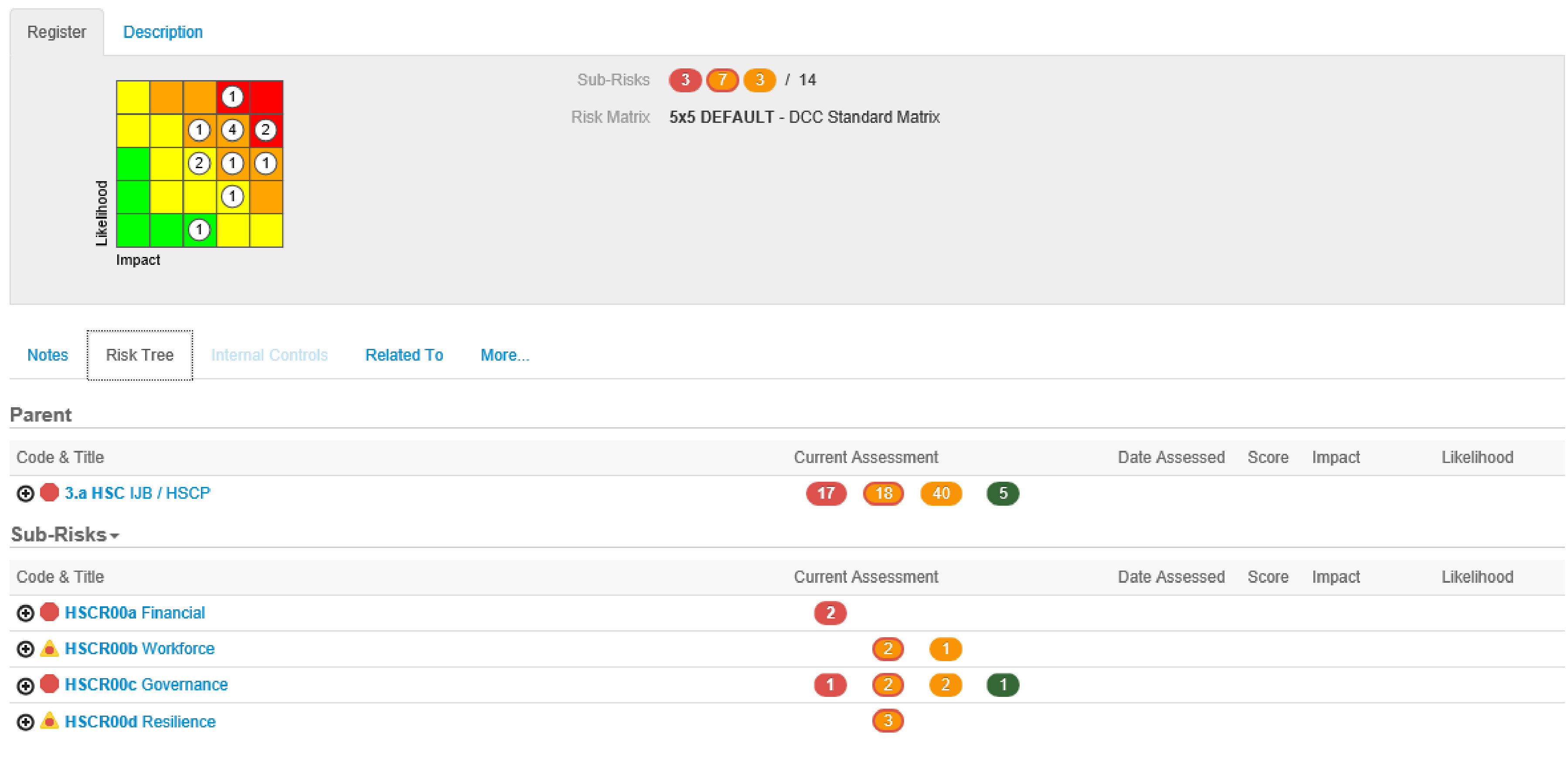
Dave Berry
Chief Finance Officer

DATE: 4th August 2020

Clare Lewis-Robertson
Senior Officer (Business Planning and Information Governance)

APPENDIX 1

Dundee Health and Social Care Partnership Strategic Risk Register August 2020 updated



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APPENDIX 1

Dundee Health and Social Care Partnership Strategic Risk Register August 2020 updated

Risk Code & Title	Risk Factors	Inherent Risk	Control Measure	Control Description	Residual Risk	Last Modified Date	Date Last Assessed	Latest Note
HSCR00a1 Restrictions on Public Sector Funding	Continuing restrictions on public sector funding will impact on Local Authority and NHS budget settlements in the medium term impacting on the ability to provide sufficient funding required to support services delivered by the IJB. This could lead to the IJB failing to meet its aims within anticipated timescales as set out in its Strategic and Commissioning Plan.	Likelihood / Impact	Budgeting Arrangements	Budget negotiations with the Local Authority and NHS Tayside to ensure a fair and proportionate share of resources	Likelihood / Impact	11-Aug-2020	31-Dec-2016	The 20/21 Budget granted includes 3% uplift from NHS Tayside plus £1 million shift balance of care funding, which will support budget pressures in Social Care.
			Savings and Transformation Plan	The development of the Transformation Plan and planned savings will mitigate the impact of restrictions on public sector funding			09-Jan-2018	
							11-Oct-2018	
							11-Oct-2018	
							01-Nov-2019	
							11-Aug-2020	

Risk Code & Title	Risk Factors	Inherent Risk	Control Measure	Control Description	Residual Risk	Last Modified Date	Date Last Assessed	Latest Note
HSCR00a2 Unable to maintain IJB Spend	IJB is unable to maintain spend within allocated resources which could lead to being unable to deliver on the Strategic & Commissioning Plan.	Likelihood / Impact	Financial monitoring system	Development of robust financial monitoring systems to highlight key pressure areas and enable action to be taken at an early stage.	Likelihood / Impact	11-Aug-2020	31-Dec-2016	Final outturn for 2019/20 was an overspend of £4 million. Current projected overspend for 2020/21 based on June financial monitoring position is an overspend of £1 million.
			Savings and Transformation Plan	The development of the Transformation Plan and planned savings will mitigate the impact of restrictions on public sector funding			09-Jan-2018	
			Management of vacancies and discretionary spend				11-Oct-2018	
							01-Nov-2019	
							09-Jan-2020	
							11-Aug-2020	

APPENDIX 1

Dundee Health and Social Care Partnership Strategic Risk Register August 2020 updated

Risk Code & Title	Risk Factors	Inherent Risk	Control Measure	Control Description	Residual Risk	Last Modified Date	Date Last Assessed	Latest Note
HSCR00c4 Uncertainty around future service delivery models	Uncertainty around future service delivery models may lead to resistance, delay or compromise resulting in any necessary developments or potential opportunities for improvement not being fulfilled.	Likelihood / Impact	Strategic vision	High-level strategic vision to be articulated. Clear guidance on service development during interim period.	Likelihood / Impact	11-Aug-2020	31-Dec-2016	Communication , participation and engagement with stakeholders
							09-Jan-2018	
							11-Aug-2020	

Risk Code & Title	Risk Factors	Inherent Risk	Control Measure	Control Description	Residual Risk	Last Modified Date	Date Last Assessed	Latest Note
HSCR00b1 Staff Resource	The volume of staff resource required to develop effective integrated arrangements while continuing to undertake existing roles / responsibilities / workload of key individuals may impact on organisational priorities, operational delivery to support delivery of effective integrated services. The DCC recruitment restriction and internal DHSCP vacancy management process is restricting recruitment to posts.	Likelihood / Impact	Organisational development strategy	Ensure organisational development strategy is agreed, implemented and monitored.	Likelihood / Impact	11-Aug-2020	31-Dec-2016	Service redesign of in house Home Care Service and Care Homes is now complete.
			Development of new models of care				09-Jan-2018	
			Service redesign				11-Aug-2020	

Risk Code & Title	Risk Factors	Inherent Risk	Control Measure	Control Description	Residual Risk	Last Modified Date	Date Last Assessed	Latest Note
HSCR00b2 Staff Perception of Integration	Negative staff perception of integration due to historical experiences and lack of communication will lead to an adverse effect on engagement / buy-in to new partnership.	Likelihood / Impact	Communication	Continued communication disseminated to staff highlighting key issues.	Likelihood / Impact	11-Aug-2020	31-Dec-2016	Tools such as NHS Imatters and Council feedback have been developed , however these are separate systems. Managers of integrated teams do not have access to a whole system. The Covid 19 response of DCC and NHST has also impacted on DHSCP workforce.
							09-Jan-2018	
							01-Nov-2019	
							11-Aug-2020	

APPENDIX 1

Dundee Health and Social Care Partnership Strategic Risk Register August 2020 updated

Risk Code & Title	Risk Factors	Inherent Risk	Control Measure	Control Description	Residual Risk	Last Modified Date	Date Last Assessed	Latest Note
HSCR00b3 Employment Terms	Differing employment terms could expose the partnership to equality claims and impact on staff morale.	Likelihood / Impact	Align conditions	Continue to monitor through staff feedback/surveys and align conditions where opportunities present	Likelihood / Impact	27-Jun-2019	30-Aug-2016 09-Jan-2018	Separate terms and conditions remains an issue nationally however locally, all new recruitment is being carried out jointly with the option for many posts to choose which employer to work for.

Risk Code & Title	Risk Factors	Inherent Risk	Control Measure	Control Description	Residual Risk	Last Modified Date	Date Last Assessed	Latest Note
HSCP001 Capacity of leadership team	Capacity of management team will be impacted by transition to new Chief Officer retirement. Head of Service, Health and Community Care is also performing duties as Chief Social Work Officer due to retirement of Chief SWO. In addition there is additional work due to a Locality Manager leaving their post.	Likelihood / Impact	Sharing of Management team duties Review of Senior Management Team structure	New internal control to be worked on New Chief Officer has identified that a review of the Senior Management Team Structure is necessary. The Chief Officer is undertaking a Senior Management Team Structure Review and priorities.	Likelihood / Impact	11-Aug-2020	09-Sep-2019 11-Aug-2020	Progress is being made to enhance overall capacity within DHSCP. The impact of the response to Covid 19 has also impacted on the capacity of the Senior Management team.

Risk Code & Title	Risk Factors	Inherent Risk	Control Measure	Control Description	Residual Risk	Last Modified Date	Date Last Assessed	Latest Note
HSCR00c1 Stakeholders not included/consulted	Relevant stakeholders have not been included and adequately consulted with during the development and subsequent implementation of the Strategic & Commissioning Plan which may lead to adverse political and/or reputational impact.	Likelihood / Impact	Participation and engagement strategy	Ensure consultation around the development and implementation of the Strategic & Commissioning Plan is as comprehensive as practically possible and compliant with statutory requirements as a minimum. Development of participation and engagement strategy which promotes wide stakeholder consultation and engagement throughout the planning, implementation and review cycle.	Likelihood / Impact	11-Aug-2020	31-Dec-2016 09-Jan-2018 11-Aug-2020	The Participation and Engagement strategy has been published

APPENDIX 1

Dundee Health and Social Care Partnership Strategic Risk Register August 2020 updated

Risk Code & Title	Risk Factors	Inherent Risk	Control Measure	Control Description	Residual Risk	Last Modified Date	Date Last Assessed	Latest Note
HSCR00c2 Increased Bureaucracy	Revised governance mechanisms between the IJB and partners could lead to increased bureaucracy in order to satisfy the arrangements required to be put in place.	Likelihood / Impact	Support and roles	Continue to monitor. Ensure clarity of respective roles of the IJB, Dundee City Council and NHS Tayside. Ensure appropriate corporate support provided by Dundee City Council and NHS Tayside.	Likelihood / Impact	11-Aug-2020	31-Dec-2016	The Covid 19 response has meant an increase in reporting requirements to the Scottish Government, NHS Tayside and Dundee City Council.
							09-Jan-2018	
							11-Aug-2020	

Risk Code & Title	Risk Factors	Inherent Risk	Control Measure	Control Description	Residual Risk	Last Modified Date	Date Last Assessed	Latest Note
HSCR00c3 Governance arrangements being established fail to discharge duties	Clinical, Care & Professional Governance arrangements being established fail to discharge the duties required. The IJB's Governance arrangements are assessed as weak/unsatisfactory.	Likelihood / Impact	Review of processes established.		Likelihood / Impact	11-Aug-2020	31-Dec-2016	The role of the Clinical Care Governance forum has been strengthened. The recommendations from the Internal Audit action plan have been completed.
			Implement Governance Action Plan				09-Jan-2018	The Annual Internal Audit plan 19/20 highlighted that while some progress has been made strengthening governance arrangements, a number of actions remained outstanding due to lack of management capacity.
							11-Aug-2020	Audit recommendations to escalage to IJB have been accepted and will be actioned by management.

APPENDIX 1

Dundee Health and Social Care Partnership Strategic Risk Register August 2020 updated

Risk Code & Title	Risk Factors	Inherent Risk	Control Measure	Control Description	Residual Risk	Last Modified Date	Date Last Assessed	Latest Note
HSCR00c5 Staff resource is insufficient to address planned performance management improvements in addition to core reporting requirements and business critical work.	Audit Scotland Annual Report 2016/17 - Performance Management Improvements Update (PAC14-2018)	Likelihood / Impact	Management plan	Head of Service, Finance and Strategic Planning currently considering identified resource issues. • Action plan agreed with internal auditor and will be implemented. • Workplan for existing staff resource is in place and regularly reviewed to ensure appropriate priority given to range of tasks. • Performance management improvement capacity is on the high level risk register as part of wider support services capacity. • Through the Tayside Analytical Network joint working with NHS Tayside Business Support Unit is continuing to develop and strengthen. • Internal Audit report on workforce issues has been completed and identified capacity as an issue.	Likelihood / Impact	11-Aug-2020	27-Mar-2018	Proposals for service restructure being developed
			Structure of teams	Proposals for service restructure being developed			11-Aug-2020	

Risk Code & Title	Risk Factors	Inherent Risk	Control Measure	Control Description	Residual Risk	Last Modified Date	Date Last Assessed	Latest Note
HSCP00d3 Impact of Covid 19	Coronavirus related pressure on resources (financial / workforce) will have a 'tail', resulting in ongoing medium / longer term pressure on the HSCP and by association on the council/ NHST and patients, service users and carers	Likelihood / Impact	Mobilisation and Remobilisation plans	Mobilisation plans developed for the Covid 19 response Remobilisation plans developed to manage the move to business as usual	Likelihood / Impact	11-Aug-2020	06-Mar-2020	DHSCP experienced extreme impact from Covid 19 in both clinical and care settings, and a Covid 19 RR. There are likely to be ongoing cost and workforce implications extending well into the recovery period, and perhaps beyond, and the impacts of these need to be fully considered at all levels. Remobilisation plans have been developed to manage the move to business as usual. Capture of lessons learnt during the Covid 19 response to develop collaborative, flexible and creative responses.
							23-Mar-2020	
							11-Aug-2020	

APPENDIX 1

Dundee Health and Social Care Partnership Strategic Risk Register August 2020 updated

Risk Code & Title	Risk Factors	Inherent Risk	Control Measure	Control Description	Residual Risk	Last Modified Date	Date Last Assessed	Latest Note
HSCP00d1 Viability of external providers	Financial instability / potential collapse of key providers leading to difficulty in ensuring short / medium term service provision. * Inability to source essential services * Financial expectations of third sector cannot be met * Increased cost of service provision * Additional burden on internal services * Quality of service reduces	Likelihood / Impact	Co-ordination to provide services	When required services work together to co-ordinate service provision in the event of lack of provision by external providers.	Likelihood / Impact	11-Aug-2020	01-Nov-2019	Moving from a day by day management of the Covid 19 response to business as usual. Work is going on to develop categorisation of ratings for Service providers including sustainability.
							11-Aug-2020	Consolidation of the collaborative, flexible and creative approaches with 3rd Sector developed during the challenging Covid 19 response

Risk Code & Title	Risk Factors	Inherent Risk	Control Measure	Control Description	Residual Risk	Last Modified Date	Date Last Assessed	Latest Note
HSCP00d2 Impact of EU Withdrawal	Ongoing uncertainty over Brexit terms with increasing potential for a 'hard' Brexit and lack of knowledge over the associated implications Impact / consequences: ~ loss of key staff of EU origin - council / partners / others (universities / colleges / businesses) ~ economic issues due to impact of Brexit on the UK / Scottish economy ~ loss of medium to long term funding ~ potential for changes to legislation / regulation ~ possible issues over procurement arrangements	Likelihood / Impact			Likelihood / Impact	11-Aug-2020	21-Nov-2019	.The UK has now left the EU. An interim period of maintaining EU rules and contributing to EU budget means that there will be little real change until 31/12/2020. Thereafter it will depend on the success of train agreement negotiations.
							11-Aug-2020	The impact of the Covid19 response has also meant that preparations for the EU withdrawal have been unable to be progressed.

ITEM No …25……….

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 AUGUST 2020

REPORT ON: REVIEW OF INTEGRATION SCHEME

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB38-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to advise the Health and Social Care Integration Joint Board of the legal requirement on Dundee City Council and NHS Tayside to review the Integration Scheme between them and the terms of correspondence received from the Scottish Government.

2.0 RECOMMENDATIONS

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

2.1 Notes the requirements imposed by the Public Bodies (Joint Working) (Scotland) Act 2014 on local authorities and Health Boards in relation to the review of integration schemes as described in Section 4.1;

2.2 Notes the terms of the correspondence received from the Scottish Government as described in Section 4.2; and

2.3 Notes that revised managerial arrangements for Inpatient Mental Health and Learning Disability Services, as well as the Crisis Resolution and Home Treatment Teams will be reflected within the reviewed integration schemes as described in section 4.3.2.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no financial implications arising from this report.

4.0 MAIN TEXT

4.1 Background.

4.1.1 Section 2 of the Public Bodies (Joint Working)(Scotland) Act 2014 (“the Act”) provided that where the areas of two or more local authorities fall within the area of a Health Board then each local authority and the Health Board must jointly prepare an integration scheme for the area of the local authority. An integration scheme is a scheme setting out amongst other things:-
(i) Which integration model is to apply.
(ii) The functions that are to be delegated in accordance with that model.
(iii) Prescribed information to be determined by the Scottish Ministers.

The prescribed information referred to at (iii) above is set out in the Public Bodies (Joint Working) (Integration Scheme) Regulations 2014.

4.1.2 The current Integration Scheme between the NHS Tayside and Dundee City Council can be found at:
https://www.dundeehscp.com/sites/default/files/publications/dundee_integration_scheme.pdf

4.1.3 Section 44 of the Act provides that a local authority and a Health Board must carry out a review of its Integration Scheme before the expiry of the relevant period for the purpose of identifying whether any changes to the scheme are necessary or desirable. The relevant period is defined as the period of five years beginning with the day on which the Scheme was approved by the Scottish Ministers. The current Integration Scheme between the NHS Tayside and Dundee City Council was approved by the Scottish Ministers on 22 September 2015. Therefore, there is a requirement for the current Integration Scheme to be reviewed by 21 September 2020.

4.1.4 The Act provides that in reviewing an integration scheme a local authority and a Health Board must have regard to:-
(i) The integration planning principles set out in Section 4 of the Act; and
(ii) The national health and wellbeing outcomes prescribed by the Scottish Ministers by regulations.

4.1.5 In reviewing an integration scheme, the local authority and the Health Board must jointly consult such persons or groups of persons appearing to the Scottish Ministers to have an interest as may be prescribed and such other persons as the local authority and the health Board think fit. In finalising any revised integration scheme, the local authority and the health Boards must take account of views expressed by virtue of this consultation process. The public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014 specify that the groups of persons that the Scottish Ministers require a local authority and a Health Board to consult are:-

i. Health professionals
ii. Users of health care
iii. Carers of users of health care
iv. Commercial providers of health care
v. Non-commercial providers of health care
vi. Social care professionals
vii. Users of social care
viii. Carers of users of social care
ix. Commercial providers of social care
x. Non-commercial users of social care
xi. Staff of the health board and local authority who are not health professionals or social care professionals
xii. Non-commercial providers of social housing
xiii. Third sector bodies carrying out activities related to health or social care
xiv. Other local authorities operating within the area of the Health board preparing the integration scheme.

4.1.6 In respect of the above, the consultees must:
(a) in the case of users of health care or social care reside within the area of the local authority preparing the integration scheme and use services provided in pursuance of functions which may be delegated to the integration joint board by the local authority or the Health Board,
(b) in the case of carers of users of health care or social care, care for a person to whom paragraph (a) above applies,
(c) in the case of non-commercial providers of social housing and third sector bodies carrying out activities related to health or social care, operate within the area of the local authority preparing the integration scheme; and
(d) in any other case, operate within the area of the local authority preparing the integration scheme or the revised integration scheme; and provide, or be engaged in relation to, services provided in pursuance of functions which may be delegated to the integration joint board by the local authority or the Health Board.

4.1.7 Section 46 of the Act requires a local authority and a Health Board to jointly submit a revised integration scheme to the Scottish Ministers for approval if they consider that changes to an integration scheme are necessary or desirable. The Scottish Ministers can approve the revised integration scheme submitted or refuse to approve it. If the Scottish Ministers refuse to approve the revised integration scheme submitted they must give the local authority and the Health Board reasons for the refusal (including identifying which particular parts of the scheme caused them to decide to refuse approval), explain how the scheme should be modified, and specify a day by which the local authority and the Health Board must jointly modify the scheme and submit it for approval.

4.2 Scottish Government Guidance on the Review of Integration Schemes

4.2.1 Correspondence was received from the Scottish Government in relation to the duty on local authorities and Health Boards to review their integration schemes. This correspondence advised that, given the current work across local health and social care systems to respond to Covid-19, the Scottish Government asked local authorities and Health Boards to note that it does not expect them to continue work on developing successor schemes.

4.2.2 The correspondence confirmed that for absolute clarity the Act does not require the Health Board and Local Authority to produce a successor scheme, it requires a review. Health Boards and local authorities should therefore ensure that they jointly carry out the minimum requirement of a review and that this is acknowledged jointly and formally. This review can note anything that requires further work between the partners and set out plans for the completion of that work at a later date, including the production of a successor scheme. Until such time, the current Integration Scheme will remain in force.

4.3 Future Review of the Integration Schemes

4.3.1 The review of integration schemes should reflect the developing thinking around the integration of health and social care at a local and national level. It is anticipated that initial planning for the review will be agreed across the four partners in Tayside to take into account the interdependency between the different agencies with regards to 'hosting' of services across Tayside.

4.3.2 The reviewed scheme of integration will take into account the Minister for Mental Health's announcement that the operational responsibility for the management of General Adult Psychiatry would be led by NHS Tayside rather than an Integrated Authority. Following discussions with the Scottish Government and the Tayside Executive Partners, the operational responsibility for Inpatient Mental Health and Learning Disability Services, as well as the Crisis Resolution and Home Treatment Teams transferred to the new interim Director for NHS Tayside from Monday 15 June 2002.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that the review of the scheme of integration for Dundee Health and Social Care Partnership will not be completed within the required timescales.
Risk Category	Governance, Legal
Inherent Risk Level	Likelihood (3) x Impact (3) = High Risk (9)
Mitigating Actions (including timescales and resources)	Discussions have commenced at an executive level to agree the approach to the review. Available resources will be made available to support the review at a local level.

	This is a legal requirement and engagement by all relevant partners is ensured.
Residual Risk Level	Likelihood (2) x Impact (3) = Moderate Risk (6)
Planned Risk Level	Likelihood (2) x Impact (3) = Moderate Risk (6)
Approval recommendation	It is proposed that the risk is accepted.

7.0 CONSULTATIONS

7.1 The Chief Officer, Executive Director of Corporate Services (Dundee City Council), Director of Finance of NHS Tayside 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.

Vicky Irons
Chief Officer

DATE: 4 August 2020

ITEM No …26………..

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 25 AUGUST 2020

REPORT ON: MENTAL HEALTH AND WELLBEING STRATEGIC UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB39-2020

1.0 PURPOSE OF REPORT

1.1 To brief the Integration Joint Board on progress in relation to the Tayside wide response to Trust and Respect: Final Report of the Independent Inquiry into Mental Health Services, February 2020.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of Listen, Learn, Change: An Action Plan for Mental Health Services in Tayside. (Appendix 1).

2.2 Notes the content of the scoping report following engagement as part of the co-production of a Tayside Mental Health Strategy and Mental Health and Wellbeing Programme for Tayside. (Appendix 2).

2.3 Instructs the Chief Officer to submit to a future IJB meeting the draft Tayside Mental Health and Wellbeing Strategy once this becomes available.

2.4 Notes the content of the Healthcare Improvement Scotland Report (HIS): Review of Adult Community Mental Health Services, Tayside, July 2020 (Appendix 3).

2.5 Instructs the Chief Officer to submit a report to a future IJB meeting outlining the response to the HIS report once this becomes available.

2.6 Notes the transfer of operational responsibility for Inpatient Mental Health Services within Tayside from Perth and Kinross Health and Social Care Partnership to NHS Tayside.

3.0 FINANCIAL IMPLICATIONS

3.1 Dundee Mental Health and Wellbeing Strategic developments continue to be implemented within the available financial resources of Dundee Health and Social Care Partnership. Developments that require a Tayside response will require a collaborative approach to be taken in respect of financial planning.

4.0 MAIN TEXT

4.1 TRUST AND RESPECT

4.1.1 Listen, Learn, Change, Action Plan

The final report of Trust and Respect, the Independent Inquiry into Mental Health Services in Tayside, was published on 6 February 2020.

4.1.2 A draft action plan in response to the 51 recommendations made by the Inquiry was produced and submitted to Scottish Government on 1 June 2020.

4.1.3 A period of further engagement was subsequently undertaken with key stakeholders through June and July in order that a more detailed, whole system action plan could be produced.

4.1.4 A final action plan has been produced and was submitted to Scottish Government on 31 July 2020. Listen. Learn. Change is provided at Appendix 1 of this report along with the accompanying letter which was submitted to Scottish Government.

4.1.5 It should be noted that Listen. Learn. Change outlines in detail how each recommendation is being/ will be taken forward alongside due governance arrangements for same.

4.2 TAYSIDE MENTAL HEALTH AND WELLBEING STRATEGY

4.2.1 It is recognised that the recommendations within Trust and Respect require a Tayside wide response and initially it was agreed that ownership of these actions would lie with Tayside Mental Health Alliance.

4.2.2 A decision was taken in March 2020 to cease Tayside Mental Health Alliance and establish a Mental Health Strategic Board and an Integrated Leadership Team. The Integrated Leadership Group has acted as a Steering Group comprising membership from all mental health functions across Tayside.

4.2.2 A fully functional Operational Steering Group will continue to evolve and will assume a formal role in supporting a Tayside Mental Health and Wellbeing Programme Board. The Programme Board will be responsible for ensuring the delivery of actions against the Trust and Respect recommendations, the co-creation of system wide Change programme within Mental Health Services and the co-production of a Tayside wide Mental Health and Wellbeing Strategy. The overall Change programme will see the scope of work staggered over 2020/21, 2021/22 and 2022/23.

4.2.3 Strong interfaces exist between Acute and Community Services and it is envisaged that the success of the emerging Tayside strategy and work programme will be, in part, dependent on effective collaborative work between the 3 Health and Social Care Partnerships and NHS Tayside and strong leadership. The wider group of key stakeholders that operates within each area of Tayside will also need to be confident that existing systems of local engagement will continue to drive decision making about direction of travel and hence future care and support arrangements for people experiencing mental health challenges.

4.2.4 During June and July 8 scoping sessions were held via Microsoft Teams with over 175 stakeholders to support the co-production of a Whole System Change Programme structure. During the scoping sessions the recommendations from Trust and Respect were also mapped onto the programme structure.

4.2.5 The Scoping report “Making a difference to Mental Health Services in Tayside” is provided at Appendix 2 together with frequently asked questions.

4.2.6 The co-production of the Tayside Mental Health and Wellbeing strategy will follow the strategic outline below:

- Mental health and wellbeing has a profound impact on our quality of life. This strategy advocates a holistic approach and is fundamentally about achieving better mental health and wellbeing for all.
- Integral to the programme of work will be to implement strategies for promotion and prevention in mental health as well as Community interventions that focus on developing empowering processes and building a sense of ownership and social responsibility within community members.
- The scope and scale of the Tayside Mental Health and Wellbeing Strategy will take into consideration national and local priorities ensuring the mental health and wellbeing needs of people living in each area of Tayside can be planned. All partners have identified that it is essential to co-create, develop and produce the Change Programme and Strategy using a rigorous inclusive planning approach.

- We will aim to strengthen effective leadership and governance for mental health.
- The Strategy and Change Programme will result in comprehensive, integrated and responsive mental health and social care services in community-based settings and only make use of acute in-patient services where necessary and where possible as part of a planned package of care.
- To take advantage of all new technologies and technology enabled care opportunities to strengthen information systems, evidence and research for mental health.

4.2.7 During August and September a draft strategy will be produced. This will be submitted to Dundee IJB for consideration.

4.3 HEALTHCARE IMPROVEMENT SCOTLAND (HIS) REPORT

4.3.1 Healthcare Improvement Scotland carried out a review of Adult Community Mental Health Services across Tayside from January to March 2020. The scope of the review was community services with a particular focus on Community Mental Health Teams, the Crisis Resolution and Home Treatment Team (CRHTT) based in Dundee and the Home Treatment Team (HTT) in Perth & Kinross. This involved a review of how services are planned, how teams communicate and interface with other services and most importantly, people's experience of care.

4.3.2 The report was published on 16 July 2020 and is provided as Appendix 3 of this report. Perhaps not surprisingly it is noted that many of the areas reported on are consistent with the recommendations within Trust and Respect.

4.3.3 The report highlighted some areas of concern. There were 3 immediate actions regarding medical staff and 12 recommendations noted and 8 areas of good practice recognised.

4.3.4 The report acknowledges the hard work of staff and HIS reported a very committed workforce across all specialities of the workforce.

4.3.5 The 3 Health and Social Care Partnerships and NHS Tayside (for the CRHTT services) have already made arrangements to formulate a response to the report by way of collective action where this is necessary. There are also some actions that require local responses in respective areas across Tayside and further detail will be provided to IJB members about this in due course.

4.4 OPERATIONAL MANAGEMEMT ARRANGEMENTS FOR MENTAL HEALTH (ADULT) INPATIENT SERVICES WITHIN TAYSIDE

4.4.1 In March 2020, the Minister for Mental Health Clare Haughey MSP made a statement in parliament that the operational management of inpatient General Adult Psychiatry services would become the responsibility of NHS Tayside.

4.4.2 The new arrangements came into effect on Monday 15 June and work is underway to formalise this arrangement within the context of the Schemes of Delegation arrangements that are in place within each Health and Social Care Partnership.

4.4.3 The portfolio of adult inpatient mental health service includes:

- Inpatient General Adult Psychiatry (GAP IP)
- Inpatient Learning Disability and Craigmill Day Centre
- Inpatient Rehabilitation
- Crisis Response and Home Treatment
- Inpatient Substance Misuse
- Liaison Psychiatry
- Tayside Mental Health Act Administration Office
- Tayside Mental Health Medical Staffing Office

4.4.4 In conjunction with finance colleagues, consideration is also being given to the resource requirements in relation to management, leadership and administrative infrastructure that will be required within NHS Tayside to ensure robust operational management of all Adult Inpatient Mental Health services.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

Risk 1 Description	That local and Tayside wide Strategic Plans are not fully implemented and therefore the recommendations within Trust and Respect are not adequately addressed.
Risk Category	Operational
Inherent Risk Level	Likelihood (3) x Impact (4) = Risk Scoring (12) – High Risk
Mitigating Actions (including timescales and resources)	Progress continues to be made in respect of the priority areas set out within the local Dundee Plan. Dundee MHWSCG and the Tayside Mental Health and Wellbeing Strategic Board own the local and pan Tayside improvement, commissioning and governance arrangements associated with this Strategic Plan respectively. The final Listen. Learn. Change Action Plan will provide the overarching governance structure to ensure progress is made.
Residual Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6) - Moderate
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6) - Moderate
Approval recommendation	That the risk should be accepted due to the mitigating actions introduced.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 7 August 2020

Arlene Mitchell
Locality Manager

Tayside NHS Board
Ninewells Hospital and
Medical School
DUNDEE
DD1 9SY
01382 660111
www.nhstayside.scot.nhs.uk

Clare Haughey MSP
Minister for Mental Health
Scottish Government
St Andrew's House
Regent Road
EDINBURGH EH1 3DG
Sent by email: MinisterMH@gov.scot

Date	31 July 2020
Your Ref	
Our Ref	GRA/KB
Enquiries to	Grant Archibald
Extension	40115
Direct Line	01382 740115
Email	chiefexec.tayside@nhs.net

Dear Minister

Listen Learn Change: An Action Plan for mental health services in Tayside 2020 in respect to "Trust and Respect" Independent Inquiry Report (February 2020)

I am delighted to share the final Listen Learn Change Action Plan for mental health services in Tayside. We have been working hard with all partners in our community since January 2020 to develop our response to the Trust and Respect Inquiry and co-create our action plan to significantly improve how we care for the people who need it most so they can live better lives.

The report pack contains the following documents:

1. Our detailed action plan
2. Our governance structure
3. A programme summary report detailing key highlights
4. An interactive visual summary of 10 high impact changes formulated through our engagement

This work will directly inform the creation of the Tayside Mental Health and Wellbeing Strategy which we will be reflected in a whole-system Change Programme to significantly enhance our plans to improve mental health care and support in Tayside.

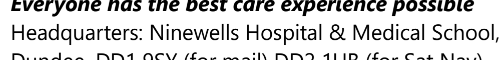
Our work to date has involved engaging widely with many people across mental health and wider health and social care organisations and listening to, and learning from, people with lived experience whose lives have been personally touched by mental health conditions. Their support and guidance have been the most valuable influence on this action plan and their voices will continue to feature most strongly as we co-create the Mental Health and Wellbeing Programme in Tayside.

We look forward to advancing the next phase of work and keeping you updated on our progress as we strive to create a world class mental health and wellbeing system and a Tayside where everyone can thrive.

Yours sincerely

Grant Archibald
Chief Executive

Enc



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Chairman, Lorna Birse-Stewart
Chief Executive, Grant R Archibald

Listen Learn Change

An Action Plan for mental health services in Tayside 2020 in response to 'Trust and Respect' Independent Inquiry Report (February 2020)

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The views of people with lived experience and staff will be used as acceptance criteria to focus the strategy and the supporting change programme.

I feel anxious...

The Health and Social Care Alliance Scotland (The ALLIANCE) alongside the Stakeholder Participation Group reviewed the report written in December 2018 Hearing the voices of people with lived experience and identified the following 11 key points as key areas to measure improvement by.

Building a long term recovery approach to services that focuses on holistic care as opposed to a medical model by facilitating the breaking down of barriers, not just across health and social care services but across all services that support people – including housing, education and social security.

Provide carers with support to best carry out their role effectively for those with mental ill health by sharing information on support groups and local resources and how to talk to someone in crisis and mitigate extreme experiences of mental ill health.

Ensuring learning from adverse incidents to inform future practice and staff training.

Creating a system of services that work together in an integrated way – in particular mental health, substance abuse and suicide prevention.

Formally evaluate the Third Sector's contribution to mental health services in Tayside and the role they can play in sustainable delivery of joined up services to ensure these services are maximising impact.

Better access to early intervention services focused on achieving improved personal outcomes.

Stronger investment in preventative, community assets which build and support a person's wellbeing as well as avoiding mental ill health escalating into a crisis.

Mental health awareness training should be required for those employed by statutory agencies, schools and training as teachers in order to best support young people with their mental wellbeing.

Promoting a therapeutic environment within and around services to assist people in thriving with the support of mental health services.

Person-centred assessments driven by personal situation and needs rather than process and service capacity. While respecting confidentiality, the role of family carers should be seen as a valued part of the assessment process with the promotion of advance statements and other tools to assist with anticipatory care planning.

Enabling culture change and empowering staff to support a therapeutic environment through the provision of staff training. Services should provide staff training on person-centred care and compassionate leadership principles and enable participation in values-based reflective practice and the Scottish Government 'What Matters to You' initiative.

Employee Participation Group Themes

Mental Health Employee Participation Group feedback

62% of respondents stated that there were insufficient staffing levels on wards or in departments.

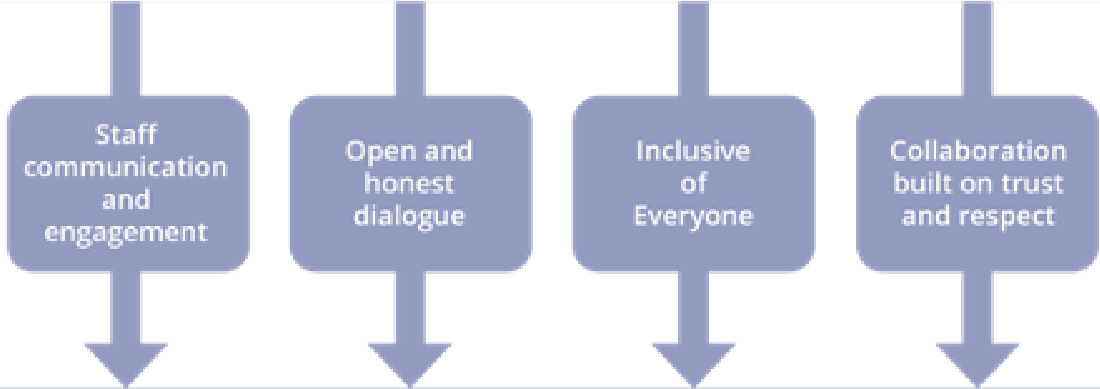
"Bank staff not appropriately trained or at appropriate grade"

"Due to savings targets vacancies are not filled but we are expected to deliver same levels of service, despite growing demands of service"

35% of respondents had either witnessed or experienced bullying. Respondents described a range of consistent concerns for colleagues, or from their own experiences, as a result of bullying.

"Bullied staff ignored by management and the people who are bullying seem to be allowed to continue"

"You don't feel you have a voice"



The action we will take

Staff will work in a mentally healthy environment and feel their wellbeing is a priority for their employers

Staff engagement in the co-creation and development the service strategy

All staff offered exit interview

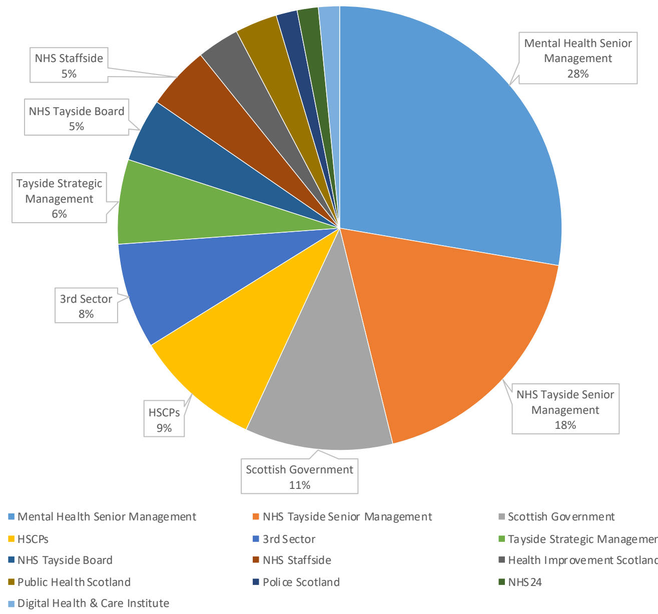
Develop 'Leadership, Accountability, Culture, Engagement and Communications' project

Embed a value-based culture change

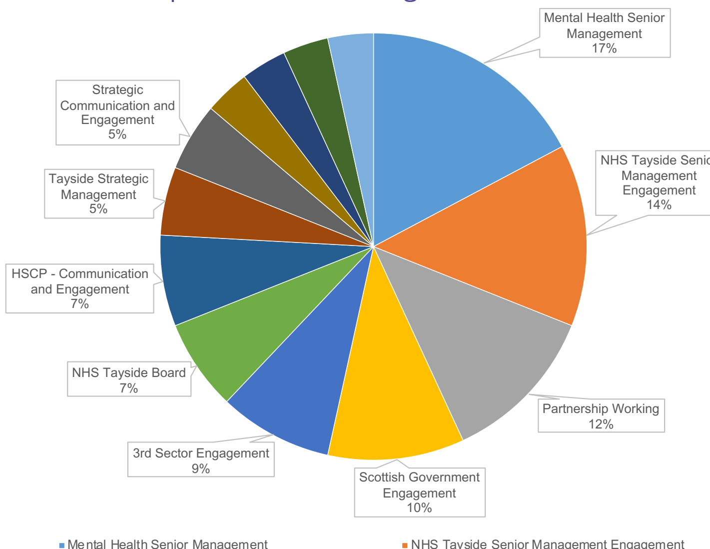
Clear line management organisational charts and personal development reviews (PDRs) for all staff

The feedback from the Employee Participation Group will be used as a driver for change and to ensure we improve care to create a service that staff feel confident working in and are empowered to deliver the best care at all times.

Communications and Engagement
Stakeholder Group



Communications and Engagement
Purpose of the meeting



Introduction

This Action Plan and supplementary papers set out Tayside's approach to delivering the 51 Recommendations contained in the Trust and Respect Independent Inquiry into Mental Health Services in the region, published on 5 February 2020. The report acknowledged that the Tayside NHS Board took the report seriously and fully accepted all Trust and Respect recommendations at the NHS Board meeting on 27 February, 2020.

Since then, work to enhance mental health services for all has remained a priority for NHS Tayside and has continued regardless of the limitations presented by COVID-19 since early March 2020.

In that time, a full and comprehensive programme of planning, seeking approval and ongoing engagement has been carried out with the support of Tayside Executive Partners and all key stakeholders. During lockdown, relationships have been built and consolidated through the work on the action plan and scoping the Change Programme which saw us take engagement online using new and innovative ways to connect with stakeholders remotely to continue their work in line with the agreed timelines. This included all types of communications including one-to-one phone calls, interactive video-conferencing to facilitate large group sessions, and using the Zoom platform to enable face-to-face working.

The level of engagement achieved has been welcomed by stakeholders and has greatly informed and enhanced the work of the overall Mental Health and Wellbeing Programme. The graphs below give a detailed look at who has been involved in co-creating this Action Plan. See Appendix 1 and Appendix 2 for enlarged pie charts.

As the Action Plan title suggests, we have listened, learned and changed our approach, our thinking and our planning based on what partners have said, particularly those experts with experience and lived expertise.

All recommendations have now been incorporated into the Change Programme as a result of the scoping approach and will be reflected in the Tayside Mental Health and Wellbeing Strategy development process alongside an inclusive approach to add new ideas and highlight areas of best practice.

The ongoing implementation of the Action Plan represents a key milestone in our shared journey to create a Tayside where people will find it easier to talk about mental health, can access mental health and wellbeing supports and services and live with an improved sense of equality and boost their life choices, and in time, their life circumstances.

It is the foundation we are committed to building on as we move into the next phase of work to create a single Mental Health and Wellbeing Strategy and Change Programme for Tayside collectively with all partners.

> *"Tayside has the potential to become an attractive place for mental health service professionals to work, where the population are served with commitment and passion.*
>
> *The prize is the restoration of public confidence in mental health services, where staff at all levels are confident, supported and inspired by hope and ambition."*
>
> Dr Strang, Independent Inquiry, Feb 2020

Background

The journey so far

Throughout 2020, we have worked tirelessly to create the Listen Learn Change Action Plan and have worked together to scope and define the Mental Health and Wellbeing Change Programme. This timeline represents that journey to date:

January 2020	March 2020	1 June 2020	31 July 2020
Trust & Respect	Tayside Mental Health & Wellbeing Strategy & Change Programme	Listen Learn Change Action Plan Initial Draft	Listen Learn Change Action Plan Final Version

Partnership working

As previously stated, the Listen Learn Change Action Plan is a partnership response to the Trust and Respect Independent Inquiry into Mental Health services in Tayside. It details our far-reaching and ambitious programme of work to achieve the co-creation of modern, evidence-based mental health services which will see Tayside strive towards a world class mental health system recognised for mental health excellence.

Mental health problems affect people of all ages so we understand that it is critical that our solution is multi-generational and covers all organisations with an interest in mental health to support the diverse needs of our population. This is a significant challenge and can only be delivered by all national and local organisations and agencies working together to tackle all aspects effectively over time, through the provision of a range of targeted mental health supports and services delivered across a number of connected organisations throughout Tayside.

Everyone has a voice, every voice is heard

The groundwork has been laid from the statement of intent and throughout the development of the Listen Learn Change Action Plan to enable this multi-organisational approach to the provision of support and services. Continuing to listen and learn from the personal experience of people with lived expertise and staff remains key to understanding and making changes that result in sustainable improvements.

It is critical that the people of Tayside hear about the progress, can engage with us through a range of methods and know that together, we are moving forward. To that end, we are working to establish a clear communication and engagement strategy to share regular and relevant updates from the overall programme of work with everyone.

Leadership

In order to address the recommendations in the Independent Inquiry, a statement of intent (January 2020) was released by the Tayside Executive Partners, who are:

Chief Executive NHS Tayside

Chief Executive Angus Council

Chief Executive Perth & Kinross Council

Chief Executive Dundee City Council

Chief Superintendent, Police Scotland, Tayside Division

A Strategic Leadership Group was established and has been working to collectively oversee the urgent and essential actions required to improve mental health services in Tayside in order to be accountable for improvements that will restore public trust, respect and confidence in mental health services across Tayside.

The joint statement of intent sets out our strategic commitment to making all necessary improvements so that people from communities across Tayside have equal access to mental health and wellbeing care and

Who can I call?

receive the best possible treatment. It is our ambition that those people with mental ill health are helped to recover without fear of discrimination or stigma.

The Scottish Government announced a support package for mental health services in Tayside in January 2020 including:

There is no health without mental health

- **Multidisciplinary clinical and practice support, bringing specialists from across a range of mental health specialities and backgrounds to provide peer support and challenge**
- **Communications and engagement expertise**
- **Organisational development expertise to support culture change**
- **Royal College of Psychiatrists UK College Centre for Quality Improvement (CCQI) to assess the quality of clinical services and areas for improvement**
- **Engagement with the Royal College of Psychiatrists to provide peer support, senior mentorship support and guidance in conjunction with other key clinicians in Scotland**
- **Programme management support to enable delivery of NHS Tayside's improvement plans**
- **Healthcare Improvement Scotland specific support to address the quality of adult community health services**

As a result of the pandemic, not all resources listed above have been put in place or made available. NHS Tayside has made a significant investment in Executive Leadership appointing an Interim Director of Mental Health with expertise in major service change and a specialist programme management team to direct, lead and manage the Change Programme and Strategy co-creation, alongside the communications and engagement expertise jointly funded by Scottish Government and NHS Tayside. Work has commenced to add to the multi-disciplinary improvement team required for this comprehensive portfolio of work, including discussions with Healthcare Improvement Scotland, NHS24 and National Services Scotland.

The support seeks to address service provision, clinical practice, organisational culture and enhancement of community-led services. It is also intended to provide insight on implementation of improvements, strategy development and potential service change.

In order to improve mental health and wellbeing for all, a partnership approach is required involving NHS, local authorities, and third and private sectors. In addition, communities themselves play an important role in enhancing mental health and wellbeing. The Tayside Executive Partners, in the form of its oversight group, the Strategic Leadership Group (SLG), will optimise resources, apply collective and integrated leadership and seek contributions from across the health and social care landscape requesting local and national organisations to contribute to the programme of work.

The combination of these contributions and the knowledge gained through engaging with people with lived experience will empower the systems and people to truly represent the needs of everyone living with mental conditions and ensure that they are at the centre of decisions about their support, care and treatment. We understand that good mental health contributes to improvements in people's life circumstances and we are committed to working with people to ensure trusting, respectful relationships are at the heart of what we do.

Our commitment to joint working by all partners has resulted in this Action Plan which is now embedded in our programme of work, putting people at the heart of our co-creation and shaping future services. Our joint working places people receiving mental health supports and services, their families, friends and carers at the very centre of all future clinical and service models and their experiences will lead the co-production of any future changes to service re-configuration.

Our co-creation approach, led by the collective leadership principles, is an inclusive and system-wide

approach investing in the mental health needs of our population through a value based approach, building trust, working with integrity to strengthen our two-way communication, engagement and continuous feedback. Going forward, we will continue to enable this engagement through meetings, telephone calls, dedicated video-conferencing workshops, websites and other methods.

Our Planned and Collaborative Response to the Independent Inquiry

Our aim is for the Tayside Executive Partners to ensure that our programme of work, including all aspects detailed in this Action Plan, informs the Tayside Mental Health and Wellbeing Strategy, and the Change Programme that will implement every recommendation to deliver significant improvements to mental health services and supports in Tayside by 2024.

Improving the overall mental health and wellbeing of the Tayside population is key to our success, and our council and public health colleagues will guide us on prevention and educational aspects, employment (or more accurately to tackle any increase in demand and changes in life circumstances people may face such as the impact on emotional, psychosocial health and the possible unemployment caused as a result of COVID-19) and a direct impact on mental health, housing, transport and wider determinants of mental ill health.

The mental health and wellbeing of our staff is paramount to our work. We will consider and invest time to develop and support our leadership and culture, focusing on listening, promoting action, providing compassionate leadership to develop and deliver changes that result in improvement.

The national Mental Health Strategy (2017-2027) commits to working with employers to guide how they can act to protect and improve mental health, and support employees experiencing poor mental health. In order to meet this responsibility, we will involve large local employers in our change projects to ensure this work is embedded locally, starting with the NHS and council organisations.

Our ambitions for the Tayside population (World Class, Person Centred, Effective, and Safe) are only possible if staff at all levels are working in environments where they are supported to perform at their best. Our future ways of working will be inclusive, delivering equal contributions from all stakeholders to co-create, design, develop and deliver the Tayside Mental Health and Wellbeing Strategy and whole system Change Programme.

Our person-centred approach focuses on:

- Actively listening to people to enable recovery and result in better clinical and patient reported outcomes (PROMs)
- Challenging and lifting the stigma and discrimination often surrounding mental health
- Putting mental health on an equal par with physical health
- Developing services that are robust and appropriate for our times
- Incorporating the best of supportive digital technology throughout to join data and information to reduce duplication to aid communication between staff, and to patients and their families

Our Plans

In response to the Trust and Respect Inquiry, we have initiated a Tayside-wide response to review and redesign across identified areas of mental healthcare and support services with input from national organisations, GPs, primary and community mental health care our inpatient and outpatient offering in acute care and giving consideration to our current model of care in inpatient services.

> *"No matter how many actions we put into a plan, we must focus on delivering for those with lived experience first and foremost".*
>
> Grant Archibald,
> NHS Tayside Chief Executive

Do I have to speak to a doctor?

"Our shared vision is to develop a culture where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from stigma and discrimination".

Source:
Scottish Mental Health Strategy, 2017

Together, we aim to develop responsive mental health supports and a service everyone can be proud of; one that makes a real difference by honouring the experiences people with lived expertise have shared throughout the Independent Inquiry and in the course of our work, enabling current and future service users, their families and carers to see improvements and have a positive and safe journey to care and recovery.

The co-creation of the Tayside Mental Health and Wellbeing Strategy is a priority. This multi-generational strategy will be informed by a range of work including the Scottish Government's Mental Health Strategy 2017-2027 alongside other policy drivers so that through learning and improvement, we minimise the risk to service users by delivering better services and building stronger, more connected communities. The Tayside strategy will reflect the needs of people living in Tayside and importantly the experience of people using our services, consistent with the Integration Joint Boards' vision for improvements in mental health provision, ensuring all those accountable hear the voices of the public and in particular, people with lived experience, their families and carers.

We have taken on-board the 51 recommendations made in the Trust and Respect Inquiry and embraced this unique opportunity to deliver integrated mental health services collectively, in a way that no other area in Scotland does.

Going forward the success of this work will be measured by the people of Tayside who are our equal partners in the process to:

- **Influence the scope of work and participate in the design, development and final production of the Tayside Mental Health and Wellbeing Strategy**
- **Co-create, design, develop and generate as well as comment on any papers relating to the strategy and change programme development**
- **Influence and co-design all engagement and development activity**

The Governance for the Change programme and strategy is set out at **Appendix 3**.

Regular reports will be presented to meetings of the Oversight Board, the Tayside Executive Partners (Strategic Leadership Group) which is chaired by Mr Grant Archibald, Chief Executive NHS Tayside.

All stakeholders will feed into the Mental Health and Wellbeing Strategic Programme Board, a Governance Board with responsibility for planning and delivery of the overall programme, which will be chaired by Kate Bell, Interim Director of Mental Health.

Ongoing work will flow through an Operational Steering Group, meeting more frequently to steer the projects which will be chaired by Keith Russell, Associate Nurse Director of Mental Health.

Day-to-day leadership and management of the Mental Health and Wellbeing programme will be the responsibility of Lesley Roberts, Programme Director, NHS Tayside, alongside a dedicated programme team to work with all stakeholders to drive the programme development and implementation.

We will focus on delivering the Trust and Respect Inquiry recommendations, some as early actions and others planned into a 3-year whole system change programme. Many of these changes are currently underway and a status report has been created to inform on progress against each action.

The Mental Health and Wellbeing Programme will feature the outcomes from a review carried out by Healthcare Improvement Scotland (HIS) over January to March 2020 observing some areas of community mental health services in Tayside with a particular focus on Community Mental Health Teams (CMHTs), the Crisis Resolution and Home Treatment Team (CRHTT) based in Dundee and the Home Treatment Team (HTT) in Perth & Kinross. This involved a review of how services are planned, how teams communicate and the interface with other services and most importantly, peoples' experience of care from accessing and using the service.

This review coincided and overlapped with the final report of the Independent Inquiry into Mental Health Services in Tayside (Trust and Respect) which was published by Dr David Strang in February 2020. For governance purposes, and to ensure a rigour to the response, a short-life working group has been set up to develop our action plan in response to the review. The findings of the HIS are also reflected in the 51 recommendations of the Trust and Respect Independent Inquiry's report, and will be taken forward as part the Tayside Mental Health and Wellbeing Change Programme.

Areas of Mental Health in Tayside that require immediate planning and redesign have been formulated into the 10 High Impact Changes – See Appendix 4.

Our Actions

The tables below set out our actions against the 51 recommendations from the Trust and Respect Inquiry across five cross-cutting themes:

1. **Strategic service design**
2. **Clarity of governance and leadership responsibility**
3. **Engaging with people**
4. **Learning culture**
5. **Communication**

In response to feedback and for ease of reference, we have included a section on Operational Service Delivery. It is important to state that despite progress across a number of these recommendations, there have been some delays with progress as we have worked across our Health and Social Care system to respond to the population need with respect to COVID-19 pandemic. This has been acknowledged by all with every effort made to maintain mental health as a priority area of work. We remain in the early stages of a major complex change process. The recommendations have been matched to the projects within the Change Programme and will be described in our Tayside Mental Health and Wellbeing Strategy.

Reporting Status -RAG (Red, Amber, Green)

In reaching the RAG status – **GREEN (23)** if we have begun this work, **AMBER (28 inc. National Recommendations)** if work is progressing/planned and **RED (0)** if these are not started yet.

I don't know who to speak to...

1. Strategic Service Redesign

Recommendation 1	Develop a plan for creating a new culture of working in Tayside built on collaboration, trust and respect.			Outcome – Staff are working in a Mentally Healthy environment and feel their Wellbeing is a priority for their employers. Incorporate communication plans and workforce plan for continuous improvement approach to becoming a learning organisation (including development and learning opportunities)	RAG – Amber Date – Sept 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Grant Archibald NHS Tayside Chief Executive	NHS Tayside Corporate Wellbeing Group	Communication plans Organisational Development Plan	July 20 Aug 20	**We plan to implement robust and detailed action point for Recommendation 1 to run concurrent with Recommendation 2.** 1. **Develop vision for mental health services** 2. **Develop staff charter for those working in mental health services, this gives clarity for staff about expectations what is expected from staff and what staff expect from their organisation.** 3. **Develop prospectus of the range of learning and development opportunities for staff across Mental Health** 4. **Supporting communication plans will include processes of how we ensure key messages are communicated to all staff describing the response to the inquiry and the steps we will be taking to ensure a continuous improvement approach to becoming a learning organisation.** 5. **Development and learning opportunities for all mental health staff at all levels to be identified to ensure a consistent application of values and behaviours is practiced by all.**	
Team Involved *(more team members will be added as we develop these plans)* – Peter Stonebridge, Medical Director, Claire Pearce, Nurse Director. Kate Bell, Director of Mental Health, George Doherty, Director of Workforce, Scott Dunn, Head of Organisational Development					

Recommendation 2	Conduct an urgent whole-system review of mental health and well-being provision across Tayside to enable a fundamental redesign of mental health and wellbeing services for Tayside.	Outcome: New Clinical and service models with proportionate service configuration – a completed whole system review with Recommendations for new model of care	RAG – GREEN Date –Oct 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Kate Bell Interim Director of Mental Health, NHS Tayside Lesley Roberts, Programme Director MHWS	NHS Tayside	Develop programme of work for delivery of future models of care	May 20 Sept 20	1. **With the aims in mind, design, develop and implement the 2021-2030 Tayside Mental Health and Wellbeing Strategy and supporting Change Programme 2020-2023.** 2. **Develop projects and work streams and tasks to cover all recommendations from Trust and Respect and all national guidance to date.** 3. **Use collaborative tool – Teamwork to communicate and reduce duplication.** 4. **Review of mental health supports and services including reviewing the General Practitioners role in Whole System Review regarding new models of care and shifting the balance of care.** 5. **Co-create, design and develop Strategy (Recommendation 3) with accompanying detailed plans.** 6. **Recognised that engagement of Tayside community and also all staff is key to delivery** 7. **Design will take in COVID and Climate change considerations in the design for our services.** Programme Director, Lesley Roberts will lead and be responsible for the delivery of this action.

Shared Aim:

- In tune with feedback we will co-create a sustainable recovery approach to services that focuses on holistic care as opposed to a medical model by facilitating the breaking down of barriers, not just across health and social care services but across all services that support people – including housing, education and social security. We will work in partnership to improve the wider determinants of mental health and wellbeing and help to improve life circumstances particularly for those people experiencing inequalities, which expands this remit. This will be a real strength of our approach, and taking a more inclusive approach would share the ownership, optimise available expertise and also the responsibility for improving mental health across the wider system.
- Better access to early intervention services focused on achieving improved personal outcomes
- Stronger investment in preventative, community assets which build and support a person's wellbeing as well as avoiding mental ill health escalating into crisis

Team Involved *(more team members will be added as we develop these plans)* – Lesley Roberts, Programme Director MHWS, Programme Team and all relevant Stakeholders, Munro Stewart – climate change advisor will be involved. https://www.gov.scot/policies/climate-change

Recommendation 3	Engage with all relevant stakeholders in planning services, including strong clinical leadership, patients, staff, community and third sector organisations and the voice of those with lived experience of Mental Health			Outcome: Create a single Tayside Mental Health and Wellbeing Strategy. Sections will include specific areas in the plan, workforce, recruitment and retention, etc.	RAG – Green Date – Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Kate Bell Interim Director of Mental Health, NHS Tayside	NHS Tayside will lead and be accountable for the co-creation and production of the Strategy	NHS Tayside and key partners to approve and endorse draft strategy	Oct 20	1. **Establish the Executive Partners Strategic Leaders Group** (This group consists of the members of the Executive Leaders Team for Tayside and is the Governance Board for the recommendations from Trust and Respect, development of the Strategy and the supporting change programme 2020. This group leads on directing the stakeholder management and engagement at all levels within Tayside – building on the work of the Tayside Mental Health Alliance. 2. **Set out the decision making committees/ dates for supporting /endorsing /approving the Programme Definition Document and Governance paper and Draft Action, and change programme to achieve the Trust and Respect recommendations, to be submitted to SG at beginning of June 2020.(Completed)** 3. **Undertake review of current services "As is"** 4. **Develop Programme Definition Document (PDD) and Develop Programme Plan** 5. **Develop Comms and engagement strategy detailing how we will virtually connect with all stakeholders throughout the change programme** 6. **Develop our infrastructure for programme development (Completion of the strategy and establishment of the change programme)** 7. **Establish Strategy writing process and timeline** 8. **Develop an action plan to engage and invest with medical staff** 9. **Assemble a draft Tayside Mental Health and Wellbeing Strategy**	

Recommendation 13	Ensure that there is urgent priority given to strategic and operational planning of community mental health services in Tayside. All service development must be in conjunction with partner organisations and set in the context of the community they are serving.			Outcome: Strategic Governance in place to oversee Independent Inquiry and Mental Health and Wellbeing Programme (2020 – 2025)	RAG – Green Date – July 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Grant Archibald Chief Executive, NHS Tayside	Tayside Tayside Executive Partners (Strategic Leadership Group) (SLG)	Establish Strategic Leadership Group	Jan 2020	1. **Contribute to Joint Statement of Intent** 2. **Establish the Executive Partners Group as the Oversight and Leadership Group** 3. **Agree membership, terms of reference and schedule of meetings for 2020/21** 4. **Establish a Senior Responsible Officer (SRO) for Mental Health Strategic Change** 5. **Approve the Listen Learn Change Action Plan** 6. **Ensure multi-agency co-operation and support for co-creation of Strategic Change in Mental Health services across Tayside.**	

Team Involved *(more team members will be added as we develop these plans)* – Grant Archibald CE, NHS Tayside, Karen Reid CE Perth and Kinross Council, Margo Williamson, CE Angus Council, David Martin, CE Dundee City Council - Strategic Leads Group

STATUS UPDATE:

1. **Joint Statement of Intent (Completed January 20)**
2. **Establish the Executive Partners Group as the Governance and Leadership Group (Completed Mar 20)**
3. **Governance set up and agree membership, terms of reference and schedule of meetings for 2020/21 (Completed March 20)**
4. **SRO established (Completed March 20)**
5. **Approve Listen Learn Change Action Plan (Draft Completed June 20)**
6. **All scoping work has been supported by all statutory and non-statutory organisations (Completed July 20).**

Recommendation 14	Consider developing a model of integrated substance use and mental health services.			Outcome: New model of integrated substance use and mental health services	RAG – Amber Date – Sept 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Diane McCulloch, Head of Service, Health and Community Care/Chief Social Work Officer Dundee Health & Social Care Partnership	Joint Local Authority and Public Health	Develop new model of care	Sept 20	1. **To appoint Senior Clinical Leads from the Organisation (who has an understanding of Substance Misuse); who can build a model of care that engages with General Practices around Substance Misuse, which will be key to future sustainable models of care. (include General Adult Psychiatry)** 2. **Set up a group to consider a new model of integrated substance use and mental health services** 3. **Consider evidence base for models of joint working to inform a decision.** 4. **Consider workforce requirements** 5. **Consider all models of integrating the pathway** 6. **If appropriate, develop model and service configuration and incorporate this integrated substance use model into the strategy** Alcohol and Drug Partnerships (ADPs) within localities will lead and be accountable for the delivery of this action (reporting to Programme Board.	
Team Involved (more team members will be added as we develop these plans) - Dr Jane Bray, Dr Emma Fletcher, Substance misuse Leads - Dr Fiona Cowden, Keith Russell, Associate Nurse Director					
STATUS REPORT: To date, this work has sat firmly within the HSCP, ADP and Community Planning processes and the Drug Commission report, **Kindness, Compassion and Hope** was published in August 2019 and has similar recommendations in relation to involving people with lived experience in strategic and operational structures. We will integrate actions at a Tayside and locality level where possible.					

Recommendation 18	Plan the workforce in community mental health teams in the context of consultant psychiatry vacancies with the aim to achieve consistent, continuous care provision across all community services.			**Outcome -** To develop new model for General Adult Psychiatry within strategy.	RAG – Green Date – Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Mike Winter Associate Medical Director for Medical Workforce	NHS Tayside	Workforce plan (draft)	August 20	1. **Develop medical workforce plan for mental health;** 2. **Develop full workforce plan for mental health – all staff groups** 3. **Develop recruitment and retention plan for mental health** 4. **First Priority - Reconfiguration of General Adult Psychiatry (Reduce locum dependency by 50% to next summer)** 5. **Also ensure that this is in place for community CAMHS.**	
Team Involved (more team members will be added as we develop these plans) - Arlene Wood, Elaine Hendry, Mike Winters, Keith Russell					
STATUS UPDATE: Workforce sub group set up					

Recommendation 19	Prioritise the development of safe and effective workflow management systems to reduce referral-to-assessment and treatment waiting times. This should also include maximum waiting times for referrals.	Outcome - To reduce wait to treatment in Mental Health Services.	RAG – Green Date – Oct 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Johnathan MacLennan and Leads of Community Mental Health Teams	Tayside Mental Health Integrated Leadership Group	Draft workflow management system	Oct 20	**1. Undertake root cause analysis for blocks and review current model** **2. Within the Workforce Plan for Mental Health, develop Current Workflow Management System with Mental Health Services.** **3. Medical staff engagement across primary and secondary care interface** **Note - Currently working at inpatient level with leadership colleagues /CRHTT to develop capacity and flow model based on Readiness for Discharge tool already developed.**

Team Involved *(more team members will be added as we develop these plans)* - Mike Winter, Keith Russell, Johnathan MacLennan and Leads of Community Mental Health Teams

STATUS UPDATE:

We hear comments like "I have more or less given up ringing CMHT - even when a patient is feeling suicidal - as it's always the same reply - 'send RMS referral urgently' - so rather than ring them I just dictate a letter & send it off within 24 hours - as long as the patient has someone to keep an eye on them overnight - and I check the patient's phone numbers & mention them in the letter." – We intent to change this experience for patients and staff. We accept that there is room for improvement. Listening we will Learn and Change

Recommendation 20	Consider the development of a comprehensive Distress Brief Intervention training programme for all mental health staff and other key partners to improve pathways of care for individuals in acute distress.	Outcome - Distress Brief Intervention training programme developed and implemented	RAG – Green Date – Dec 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Bill Troup Head of Mental Health Services, Angus HSCP	HSCP Angus on behalf of Tayside	Distress Brief Intervention training programme proposed and approved by MHW Programme Board	Aug 20	**1. Set out the business case for DBI in Tayside** **2. Reinstate Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface project** **3. Develop training and process for implementation.** **4. To ensure DBI is within the strategy and to share workload across HSCP to have system-wide engagement** Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface project

Team Involved *(more team members will be added as we develop these plans)* – Bill Troup

Recommendation 21	Foster closer and more collegiate working relationships between the crisis resolution home treatment team and community mental health teams and other partner services, based on an ethos of trust and respect.	Outcome - To develop and embed multi-disciplinary and team based approach to joint working.	RAG – Green Date – Oct 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Kate Bell Interim Director of Mental Health	NHS Tayside	Workforce plan Mental Health and Wellbeing Strategy	Sept 20 Oct 20	1. **Develop into the Organisational Development Plan** 2. **Ensure regular professional supervision is planned for all staff with a line manager/or professional lead** 3. **This work will include Management and Leadership development with all areas including Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface Work Stream.** X 4. **Explore and identify approach to building collaborative teams and connecting this as a key part of the redesign of the Crisis Care and Community Interface Programme.** 5. **Priority area for Consultant recruitment.**
Team Involved *(more team members will be added as we develop these plans)* - Mike Winter, Keith Russell, HSP Lead officers, Johnathan MacLennan, Bill Troup – on behalf of HSCP, Scott Dunn, Arlene Wood				

Recommendation 23	Develop a cultural shift within inpatient services to focus on de-escalation, ensuring all staff are trained for their roles and responsibilities.	Outcome - New observation protocol	RAG – Green Date – Oct 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Keith Russell Associate Nurse Director of Mental Health and Learning Disabilities	Least Restrictive Care Collaborative	Revised and rewritten Observation Protocol for all inpatient mental health and learning disability inpatient services in NHS Tayside	Oct 20	1. **Observation Protocol Implementation** 2. **This falls under the current remit of the IOP (Improving Observation Practice) group, as well as LRC (Least Restrictive Caring) group (meeting since 2018).** *[The early recognition and response of a deteriorating patient sits within both groups; the practical side in LRC for training and development, and the preventative side (a stage earlier in the process) within IOP.]* **Proposal to develop a revised restrictive intervention reduction team for all NHS Tayside with a specific lead for mental health has been developed and discussed at Exec level – attached.** ***See Restrictive Intervention reduction plan*** **and** ***Draft Mental Health and Learning Disabilities Observation Protocol*** **NHS Tayside are the first board in Scotland to do this - and as a result we have other boards wanting to do it with us.**
Team Involved *(more team members will be added as we develop these plans)* - Johnathan MacLennan, Donna Robertson, Diane Campbell (Role in nursing education and clinical risk)				
STATUS REPORT: - NHS Tayside's Observation Protocol is now in final draft. - Following education sessions with staff it will be tested in a clinical area during August. - Plan to present it to CQF in September				

Recommendation 27	Provide adequate staffing levels to allow time for one-to-one engagement with patients.		Outcome: Develop model of Multi-Disciplinary Team based working as an enabler for Shifting the Balance of Care (SBC) to deliver a model of Right person, right place, right time, aligning the resources in line with demand and capacity	RAG – Amber Date – Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
Kate Bell Interim Director of Mental Health, NHS Tayside	Tayside Integrated Leadership Group (ILG) will lead and be accountable for the delivery of this action.	Deliver safe staffing levels	Sept 2020	1. **Establish a workforce plan for all specialties** 2. **Short term Review of Caseloads** 3. **New model that balances out the need for generalist and specialist - shifting the balance of care.** 4. **Deliver through the workforce group set up who will be using safe staffing Scotland Legislation and the requirement to deliver safe staffing levels**
Team Involved *(more team members will be added as we develop these plans)* – Mike Winter, Karen Anderson, Director of AHPs, Charlie Sinclair, Exec for HR/Workforce, Keith Russell, Social Work Leads, Lesley Roberts				

Recommendation 33	Focus on developing strategies for prevention, social support and early intervention for young people experiencing mental ill-health in the community, co-produced with third sector agencies.	Outcome: Project within the MHW Change Programme will include mental health and wellbeing of Children and Young People, universal services through to specialist interventions required and include transition model.	RAG – Green Date - Oct 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Chairs of the Children's Collaborative	All 3 Local Authorities	Reporting to the Mental Health and Wellbeing Strategy Board.	June 20 Aug 20 Oct 20	1. Integrated Children's services to be linked to this whole systems work 2. The implementation has significant detail which will be shaped to reflect the requirement to develop services as part of the Mental Health and Wellbeing Strategy. 3. The strategy will include in its scope work with children and young people and plan from mental health and wellbeing of Children and Young People, universal services through to specialist interventions required and include work on transition to ensure the new CAMHS specification is scoped into the work also. We will also recognise General Practice involvement in co-producing with Third Sector and CAMHS teams, as they are key in the Community and have knowledge as to what works in practice. The increase in age to 24 will be challenging and needs to be a key focus. ACE's are also linked to drug use and drug use and mental health are closely linked. I know there is a Dundee policy and I think this should link closely with Tayside mental health planning. https://www.dundeecity.gov.uk/dundee-partnership/dundee-drugs-commission 1. **Develop project focusing on Children and young people's mental health.** 2. **From this develop writing team for this chapter** 3. **Agree transition model** 4. **Develop and agree strategy chapter.** 5. **Develop stronger links between physical and mental health services**

Team Involved *(more team members will be added as we develop these plans)* – To be confirmed – Best fit would be the Chair of the Children's Collaborative and team working within the Change Programme and sharing interdependent plans.

Recommendation 35	Ensure the creation of the Neurodevelopmental Hub includes a clear care pathway for treatment, with the co-working of staff from across the various disciplines not obfuscating the patient journey. The interdisciplinary of the hub may give rise to confused reporting lines or line management structures/ governance issues. A whole system approach must be clarified from the outset.	Outcome - Clear care pathway for treatment within Neurodevelopmental Hub	RAG – Amber Date – Sept 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside Acute Services	Creation of the Neurodevelopmental Hub, Clear pathway	Sept 20	1. **Identify the Clinical Leadership (Post advertised)** NOTE - Clinical Leadership post not filled but interim measures in place to progress leadership for Neurodevelopment HUB. Two senior psychologists lead this and have dedicated hours for improvement and the progression of the pathway 2. **Creation of the Neurodevelopmental Hub** NOTE - Continued shared pathway work is being undertaken with paediatrics to continue the development of the Neurodevelopment HUB 3. **Clear pathway** NOTE - Neurodevelopment pathway being developed and test of changes occurring within this; 4. **Move this into paediatrics in recognition of prescribing needs and specialist clinics** Capacity still being built into support a move to paediatrics, in recognition of prescribing needs and specialist clinics; 5. **External contractor (Healios) Trial agreed to commence in 3 weeks (Mid-June), to test neurodevelopment pathways for 3 streams of clinical need.** 6. **System improvements for internal Neurodevelopment pathway to be created from Healios trial.**

Team Involved *(more team members will be added as we develop these plans)* - Dr Pete Fowlie, Lorna Wiggin

STATUS REPORT:

Healios Neurodevelopmental pilot has commenced, involving 30 patients on the Neurodevelopmental waiting list. A Neurodevelopmental pathway has been mapped and includes functional points of the pathway, roles, accountabilities, timeframes to each stage, reoccurring journeys in the pathway, and barriers for effective pathway progression. This is informing the development of focused work around improving the journey of the child within CAMHS. Psychology and medical staff vacancies still exist resulting in high clinical workloads, and a Quality Improvement Leader Position filled April 2020, to support the progression of this work. There is still a need to obtain agreement from Paediatric Services regarding shared care for Neurodevelopmental patients. This is a priority to allow this work to be taken forward prior to commencing work on HUB alignment.

Recommendation 39	Consider the formation of a service for young people aged 18 – 24, in recognition of the difficulties transitioning to adult services and also recognising the common mental health difficulties associated with life events experienced during this age range. This may reduce the necessity for these patients to be admitted to the adult in-patient services.	Outcome: Service for young people aged 18 – 24	RAG – Green Date - Oct 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside will lead and be accountable for the delivery of this action supported by Integrated Children and Young People's Service Planning group.	Draft model of service for young people aged 18 – 24	Oct 20	The MHWS will include in its scope work with children and young people and plan from mental health and wellbeing of Children and Young People, a staged model of universal services through to specialist interventions is required and will include work on transitions to ensure the new CAMHS specification is scoped into the work. 1. **Consider the overlap and pathways for Children and Adult** 2. **To ensure strategy has a Children and Young People chapter** 3. **Co-create and design a Transitions project to ensure a robust and seamless transition process is developed and in place through to age 24.**

Team Involved *(more team members will be added as we develop these plans)* - Dr Peter Fowlie AMD Women and Children's Services, Lorna Wiggin, Dr Chris Pell, Arlene Wood (Transition), Senior Nursing/AHP Lead

STATUS REPORT: A transition project to keep young people within CAMHS until they are 18 is underway. CAMHS has already rolled out transition of children and adolescents to Adult Mental Health services fully in Angus. (16-18 year olds) resulting in all adolescents remaining with CAMHS until 17 years and 4 months, when an individual transition plan into Adult Mental Health Services is triggered. This has been occurring for 10 months and has not been interrupted by COVID. A staged approach for transition for Dundee and Perth / Kinross is in its early stages, due to the impacts of COVID however this will occur as part of the remobilisation plans. The August Management Meeting will be used to plan for recommencement of the transition work. Due to Psychiatric Consultant vacancies within the CAMHS Service there would be a risk to fully implementing the age range changes at this time

Recommendation 44	Arrange that all staff are offered the opportunity to have a meaningful exit interview as they leave the service. This applies to staff moving elsewhere as well as those retiring.	Outcome - Workforce plan detailing that all staff offered exit interview	RAG – Amber Date – Sept 2020	
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
George Doherty Director of Workforce	NHS Tayside	Exit interview policy updated	July 20	1. **Development of Workforce Strategy** 2. **Development of Recruitment and Retention Strategy** **(Plan to include policy to ensure all staff leaving/exiting/retiring from Mental Health Services are offered an exit interview)** 3. **Exit interviews themes to be reported back to ILG (and SLG as appropriate) for follow-up action**
Team Involved *(more team members will be added as we develop these plans)* - George Doherty, HR Director				

Recommendation 45	Prioritise recruitment to ensure the Associate Medical Director post is a permanent whole-time equivalent, for at least the next 2 years whilst significant strategic changes are made to services.	Outcome - Appointment of the right medical staff and combination of medical staff to deliver the role of Associate Medical Director	RAG – Amber Date – Sept 2020	
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
Kate Bell, Interim Director of Mental Health	NHS Tayside	Full time compliment of Associate Medical Director in post	Aug 20	1. **Development of Workforce Strategy** 2. **Development of Recruitment and Retention Strategy** 3. **Develop job description and advertise and appoint to this post.** 4. **Promote local interest and recruit retain current medical staff to take up this opportunity** 5. **Contribute to Mental Health Recruitment and Retention Plan (Drafting at present)**
Team Involved *(more team members will be added as we develop these plans)* – George Doherty, Peter Stonebridge				

<table>
<tr><td>Recommendation 48</td><td colspan="3">Ensure that bullying and harassment is not tolerated anywhere in mental health services in Tayside. Ensure that staff have confidence that any issues or concerns they raise, will be taken seriously and addressed appropriately.</td><td colspan="2">Outcome - Staff charter. Training Development Plan agreed with Value Based Cultural changes embedded.</td><td>RAG – Amber
Date – October 2020</td></tr>
<tr><td>Named Lead</td><td>Lead Organisation</td><td>Milestones</td><td>Date</td><td colspan="3">Implementation Plan</td></tr>
<tr><td>George Doherty Director of Workforce</td><td>Tayside Mental Health Integrated Leadership Group</td><td>Employee Participation Group engagement validation and sign off the Action Plan</td><td>July 20</td><td colspan="3">1. Understand and review what discussion around bullying and harassment within all Tayside Mental Health Services are occurring at both Local Partnership Forums and within the wider context of the service.
2. Development of staff charter and a set of corresponding measures
3. Strengthen staff communications, staff meetings, development opportunities
4. Promote the full use of i-Matter as a team development process</td></tr>
<tr><td colspan="7">Team Involved (more team members will be added as we develop these plans) – Arlene Wood, Scott Dunn, Alan Drummond, Jackie Bayne</td></tr>
<tr><td colspan="7">STATUS UPDATE:

- The spiritual team updated that Values Based Reflective Practice (VBRP) supports this recommendation.
- Dates are being set to train 10 charge nurses to deliver VBRP.
- VBRP is a readymade package developed by NES that supports the embedding of values.</td></tr>
</table>

2. Clarity of Governance and Leadership Responsibility

Recommendation 5	**Review the delegated responsibilities for the delivery of mental health and wellbeing services across Tayside, to ensure clarity of understanding and commitment between NHS Tayside and the three Integration Joint Boards. This should include the decision to host General Adult Psychiatry inpatient services in Perth & Kinross Integration Joint Board.**			**Outcome - Detail of assignation of delegated responsibility for Mental Health Functions.** **See interdependency Recommendation 13 above**	**RAG – Amber** **Date – Sept 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Kate Bell Interim Director of Mental Health	NHS Tayside	Draft Integration Schemes	Aug 20	This requires a Tayside wide approach to developing the review process detailing a common service specification with common metrics and outcomes to ensure all services are adequately described, quantified and resourced accordingly. The Mental Health and Wellbeing Strategy Board will deliver on this. 1. **Establish the process and set up a group with representative of relevant stakeholders i.e. Integration Joint Boards (IJBs), Chief Officers (Scottish Government and Integration Unit as required)** 2. **Work up all relevant intelligence required – Strategic Needs Assessment** 3. **Workforce Development Plans based on requirements and Recruitment and Retention Plans** 4. **Review current Dundee, Angus, Perth & Kinross Integration Schemes with a view to reassigning Mental Health Functions across Health and Social Care Partnerships based on population need** To involve HSCP clinical leads in supporting strategic needs assessment recognising future balance of service delivery is likely to be in community - needs assessment should not be focused on current model but rather on the future model	
Team Involved *(more team members will be added as we develop these plans)* - Bill Nicoll, Chief Officers with input from Scottish Government Integration Unit					

Recommendation 6	Ensure that NHS Tayside Board members clear about their responsibilities, confident and empowered to challenge and make sound decisions. Review their selection, induction and training processes in preparation for their important role.	Outcome – Empowered competent confident NHS Board members	RAG – Green Date – Oct 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Grant Archibald NHS Tayside Chief Executive	NHS Tayside	Roles and responsibilities of Tayside Board Selection, induction and training processes	July 20 Aug 20	1. **Develop a document that outlines the roles and responsibilities of NHS Board to ensure Board members are clear about their responsibilities, confident and empowered to challenge and make sound decisions.** 2. **Review their selection, induction and training processes in preparation for their important role.**
Team Involved *(more team members will be added as we develop these plans)* - Margaret Dunning (Board Secretary) has a leading role.				

Recommendation 7	Provide sufficient information to enable NHS board members to monitor the implementation of board decisions.	Outcome – Informed NHS Tayside Board members	RAG – Green Date – June 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Margaret Dunning NHS Tayside Board Secretary	NHS Tayside	Programme Governance developed with regular reporting plan	June 20	1. The Board Secretary will ensure there is a robust governance framework in place in which mental health will report and ensure those responsible provide reports to provide assurance. 2. The Director of Mental Health will report through the approved Governance route develop regular reporting which will identify current standards/new standards to inform those within the NHS Board Governance Committees and Mental Health Executive Partners Strategic Leadership Group (SLG) 3. Develop update reports with high level reporting against agreed outcomes. 4. Link with Business unit and governance team to provide information and context.
Team Involved *(more team members will be added as we develop these plans)* – Kate Bell, Margaret Dunning (Board Secretary), Sarah Lowry, Diane Campbell, Lesley Roberts				

Recommendation 9	Clarify responsibility for the management of risks within NHS Tayside and the Integration Joint Boards, at both a strategic and operational level.			Outcome - Operational Mental Health Strategic Risk Strategy and register covering all 4 main partners (NHS Tayside and	RAG – Green Date – June 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Grant Archibald Chief Executive, NHS Tayside	NHS Tayside	NHS Tayside Risk Management Strategy Corporate and IJB Risk Registers	TBC	1. **Establish an Operational Strategic Risk Management Strategy - supported by clinical governance teams** 2. **Executive leads to discuss full breadth of Mental Health Services in Tayside and how they work together and how they manage risk, with an outcome of clear responsibility for decisions.** 3. **Regular review of Strategic Risk Management at Mental Health Executive Partners SLG**	

Team Involved (more team members will be added as we develop these plans) – Grant Archibald, Clinical Governance Leads, Arlene Wood and Keith Russell

STATUS REPORT - Work underway with the NHS Tayside Resilience Unit- Hilary Walker, this is linked to the QPR outputs.

Clinical Governance are supporting risk management workshops and building in sustainability and resilience.

Recommendation 15	Develop comprehensive and pertinent data-capture and analysis programmes, to enable better understanding of community need and service requirement in the community mental health teams.	Outcome - Report on metrics of the need and service requirement in the community mental health teams.		RAG – Amber Date – Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
Hazel Scott Director of Planning & Performance/ Assist Chief Executive	Business unit All agencies to work collaboratively	Develop data and data-capture process Develop analysis Collate into Strategic Needs Assessment of MH	July 20 Aug 20 Oct 20	1. **Undertake a review of the current mental health Quality and Performance Indictors. Participate in National work to develop Mental Health National Quality Indicators.** 2. **Establish mechanism to develop a single dashboard** 3. **Agree data** *NOTE - Previously we have found that there is a lot of data presented at QPR but often not accepted. Therefore, we plan that the data will be cross-checked by clinicians and that the clinicians understand this and it feels relevant and accurate to them. A process will be set up to do this.* 4. **Review data capture process** 5. **Review metrics and outcome measure across the scope of the programme** 6. **Ensure Strategic Needs Assessment feeds into metrics and outcomes (clinical and patient reported outcomes) are clear** Our aim is to develop a whole system data set that can be used for clinical care and reporting. Clinical leads will be supported by Business Intelligence Unit/ISD/LIST analysts/Public Health/Programme Team/ and HSCP information teams

Team Involved *(more team members will be added as we develop these plans)* – Bill Nicoll, Director of Strategic Planning, HSCP Strategic Commissioning Groups, Dr Jane Bray, Dr Emma Fletcher Public Health Consultants, and clinical leaders to be agreed.

Recommendation 36	Clarify clinical governance accountability for Child and Adolescent Mental Health Services.			Outcome - Ensure clear clinical governance structure for CAMHS is within the strategy	RAG – Green Date – Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside with Local Authorities for Children and Young People known to SW	Clinical Governance and Quality Performance Review	Oct 20	1. **Ensure clear clinical governance structure for CAMHS is within the strategy** 2. **Ensure clinical governance accountability for CAMHS includes pharmacy and others with knowledge of prescribing as this is a major clinical concern within this service. Partnership expertise would be valuable.** 3. **Work with Mental Health Director to align reporting of CAMHS**	
Team Involved *(more team members will be added as we develop these plans)* - Lorna Wiggin, Diane Caldwell					
STATUS UPDATE: CAMHS will report through the newly developed WCF Clinical Governance Forum in line with other community children's services. There is also a multi-disciplinary local Clinical Governance group who are responsible and report through the above governance group. Accountability to CAMHS oversight group continues regarding HIS Improvement work.					

Recommendation 51	Ensure that all external review processes are embraced wholeheartedly and viewed as an opportunity to learn and develop. Managers should ensure that all staff receive details of the Recommendations from reviews and are included in the analysis and implementation.			Outcome - Culture of embracing external review to be embedded, and recommendations from external reviews and engaging staff in development of actions for improvement.	RAG – Green Date – Aug 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Scott Dunn NHS Tayside Head of Organisational Development	NHS Tayside	Ongoing	Commenced	1. **Ensure that all external review processes are embraced wholeheartedly and viewed as an opportunity to learn and develop, e.g. SLG to review the Independent Inquiry Report and share back as a Leadership Team on 'what this report means to me'.** 2. **Staff review of the Independent Inquiry Report on reflection of the report to understand if there were any aspects that weren't picked up.** 3. **Ensure that all reviews and action plans being created in response to the Independent Inquiry are fully engaged and visible to staff throughout the process** 4. **Managers to ensure that all staff receive details of the Recommendations from reviews and are included in the analysis and implementation.** 5. **Clinical governance and risk management team to ensure that all reviews sit within existing reporting and scrutiny framework**	
Team Involved *(more team members will be added as we develop these plans)* - Keith Russell, Arlene Wood, Scott Dunn, Organisational Development and Quality Performance Review Process					

3. Engaging with People

Recommendation 4	Establish local stakeholder groups as a mechanism for scrutiny and improvement design to engage third sector, patients' representatives and staff representation.			Outcome - Establish a communications and engagement sub group of the Mental Health and Wellbeing Programme	RAG – Green Date – Aug 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Jane Duncan Director of Communication and Engagement	NHS Tayside	Mental Health and Wellbeing Strategy Board – Inclusive Membership, Communication and Engagement Group	June 20	• 1. Establishment of groups: Stakeholder Participation; Organisational Lead for Public and Patient Involvement; Communication and Engagement Group. 2. Co-create a Staff Engagement Charter 3. Co-Create Service User Engagement Charter. 4. Set up a Communications and Engagement Sub Group of the Tayside MHW Programme Board. 5. Establish a communications and Engagement network	
Team Involved *(more team members will be added as we develop these plans)* – Jane Duncan to establish group supported by the Programme Team and Lindsey Mowat, key managers and other stakeholders.					
STAUS UPDATE: Group being formed.					

Recommendation 24	Involve families and carers in end-to-end care planning when possible.			Outcome – Clear policy for family and carer engagement	RAG – Green Date – Aug 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Claire Pearce NHS Tayside Nurse Director	Care Planning Collaborative HIS, NHS Tayside	Build into NHS Tayside Care Planning Processes Learn from Adverse Events	July 20 Sept 20	There is significant detail in this Implementation Plan and our focus will now be on engagement with families and carers. The existing Care Planning Collaborative is the group to progress this and there is significant expertise in this group Suggested plan 1. **The membership will be reviewed to ensure family/carer engagement and a work plan agreed to ensure feedback from families and carers.** 2. **Review of the Mental Health Person Centred Care Planning Standards** 3. **Review of Standing Operating Procedures for Anticipatory Care Planning** 4. **Review of Triangle of Care Implementation Carry out training with staff on person centred care and the benefits to patient outcomes when family and carers can be involved in Care Planning** 5. **The audit tool will be used monthly and compliance reported to the relevant quality improvement or Governance groups. Themes for learning have been identified from the audit cycles and have been incorporated into the learning sessions within the Continuous Professional Development Programme.** 6. **Next steps include developing an Assessment and Documentation Pathway Collaborative to support the development of clear documentation pathways to ensure consistency.** 7. **Develop and undertake training to learn from adverse events** 8. **Focus has been on in-patients – we plan to extend to integrated CMHT**	

PLEASE NOTE: A Care Planning Collaborative was set up in September 2018 across General Adult Mental Health In patient wards to support the development and implementation of the Standards. The Standards are comprised of 11 standard statements with associated guidance and an audit tool that collects qualitative data. The scope of these Standards is to include the care plans of all Mental Health and Learning Disability Nurses across the range of Mental Health and Learning Disability services in Tayside.

In January 2019 the Standards underwent a consultation process across NHS Tayside Mental Health Services and were endorsed by the Nurse Director in May 2019. Following the launch of the Standards these have been presented to all clinical teams and referenced by the MWC in their recently published Person Centred Care Plans, A Good Practice Guide.

The NHS Tayside Mental Health Nursing Standards for Person Centred Care Planning have been recognised nationally by receiving a Highly Commended award in the Inpatient Category at the Mental Health Nursing Forum, Scotland, and Awards Ceremony in November 2019.

See Tayside Mental Health Nursing - Standards for Person-Centred Care Planning

Team Involved *(more team members will be added as we develop these plans)* - Donna Robertson Johnathan MacLennan, Tracey Williams - Improvement Fellows, Tom Imms, Design approach Rodney Mountain Systems Thinking, Stakeholder Participation Group members (recent lived experience), Bill Troup, Arlene Mitchell, Evelyn Devine

STATUS UPDATE:

- **NHS Tayside's Person centred Care Planning Standards have been updated and now includes a new standard which requires that a clear communication strategy with carer/relative is recorded.**
- **Audit results reported monthly to inpatient governance group. Collaborative now working on the development of documentation pathways and assessment audit.**
- **Meeting planned in August to develop triangle of care steering group which has representation from cares groups from each partnership and national lead from cares trust.**

Recommendation 25	Provide clear information to patients, families and carers on admission to the ward, in ways which can be understood and remembered.			**Outcome -** Clear comms plan for patients, families and carers on admission to the ward	RAG – Green Date – Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Johnathan MacLennan	NHS Tayside	Easy read comms for patients, families and carers on admission to the ward	Aug 20	1. **Review all patient information leaflets (PiLs)** 2. **Engage service users and representatives to consider what could be done to improve the type and format of PiLs** 3. **Update leaflets, consider web based information, apps and other digital forms of information** *(This work also links to Recommendation 24)* This action relates to inpatient services only.	

Team Involved *(more team members will be added as we develop these plans)* - Johnathan MacLennan, Arlene Wood, Advocacy Lead, Patient representatives

STATUS UPDATE :

- Work is underway to enhance carer support and involvement in patient care, underpinned by the Triangle of Care Toolkit and is a development for our inpatient service led by Johnathan in partnership with the Mental Health Development Co-ordinator, Carers Trust Scotland.
- The triangle of care toolkit was developed by carers who were supporting someone regularly requiring inpatient care and uses 6 standards to improve carer support and involvement.
- DIAS have an annual contract/SLA for the provision of advocacy services in Carseview. Routine meetings take place to act upon any recommendations or concerns. Contract recently renewed

Recommendation 26	Make appropriate independent carer and advocacy services available to all patients and carers.			**Outcome - single referral point for advocacy**	RAG – Amber Date – Sept 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Chief Officer, IJB's	All HSCPs	Independent advocacy services exist in each of the 3 areas (HSCP's).	Sept 20	1. **To ensure achievement of a single referral point for advocacy in the strategy** 2. **Our expected outcome is a standard or agreed service specification so that there is equity of advocacy for all Tayside residents irrespective of post code as opposed to a single point of referral.**	

Team Involved *(more team members will be added as we develop these plans)* – Mental Health Leads, HSCP's, Arlene Wood, HSCP Advocacy Services Leads, Third Sector Organisations, Representatives of the Stakeholder Participation Group

STATUS UPDATE All patient leaflets have been scrutinized by the governance structures and the QIPD team are currently reviewing all MH leaflets to ensure they remain easy to read and appropriate.

STATUS UPDATE:

- Review of the inpatient admission information provided to patients during their ward stay with input from patients and carers has occurred.
- The patient information leaflet provided in GAP at MRH and Carseview, when this was reviewed, confirm patient involvement in its development and ensure it contains the elements outlined on page 65 of Trust and Respect.
- All patient leaflets have been scrutinized by the governance structures and the QIPD team are currently reviewing all MH leaflets to ensure they remain easy to read and appropriate.

Recommendation 41	Consider offering a robust supportive independent advocacy service for parents and carers of young people who are engaged with Child and Adolescent Mental Health Services. This may include carer support groups.			Outcome - Independent advocacy service for parents and carers of young people who are engaged with Child and Adolescent Mental Health Services.	RAG – Amber Date – Sept 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside	Independent advocacy service	Oct 20	1. **This links to recommendation 26.** 2. **Within the strategy we will ensure that there is a robust pathway for advocacy irrespective of post code (to include parent and carers of young people advocacy)** 3. **Advocacy Services - we plan to work with these partners to achieve this**	

Team Involved *(more team members will be added as we develop these plans)* - Lorna Wiggin, Diane Caldwell, Karen Anderson led on the SG citizen's jury work and we hope she would be interested in supporting.

STATUS UPDATE:

- CAMHS website being redesigned and developed to create uniformly of advocacy information that matches information included in standard referral letters, which include signposting for local support services / tools. 1st June 2020 locality sign posting being included in all letters to clients / families until website can be finalised.
- Children's advocacy is already in place https://www.partnersinadvocacy.org.uk/what-we-do/dundee/
- We have already done some great work around shared decision making and prescribing and advocacy was a key theme as per citizen's jury.

4. Learning Culture

Recommendation 11	Ensure that the policy for conducting reviews of adverse events is understood and adhered to. Provide training for those involved where necessary. Ensure that learning is incorporated back into the organisation and leads to improved practice.			Outcome - Clarity on policy and supporting training programme with process to incorporate learning back into organisations	RAG – Green Date – Sept 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Claire Pearce NHS Tayside Nurse Director	NHS Tayside and HSCP Clinical Quality Leads	Policy Compliance Training System Wide Learning's from Adverse Events	Sept 2020	1. **Review mental health system-wide Quality Performance Review framework;** 2. **Evaluation of system-wide Adverse Event Review** 3. **Agreed that actions should be addressed individually into** a. (Policy Compliance) Ensure that Quality Performance reviews in mental health provide timely scrutiny of adverse events. Strengthen the reporting framework to board level b. (Training) Use learning from adverse events to prevent future occurrence c. (System Wide Learning's from Adverse Events) 4. **Work already underway needs collated and reported to ensure consistent approach to policy compliance** 5. **Additionally, we plan to take cognisance of partnerships and GP services who are likely to be stakeholders and involved. Need to have prescribing knowledge within this group and the ability to link to wider healthcare system.** 6. **Need to ensure that this is also applied to community CAMHS.**	

Team Involved *(more team members will be added as we develop these plans)* - Care Governance - Clare Pearce, Diane Campbell, Elaine Henry

STATUS REPORT:

- There is a System Wide Learning from Adverse Events session implemented - first 2 meetings had approximately 100 professionals from across Tayside in attendance. Third session interrupted by Covid19 but plans for reinstatement being discussed. Plans are underway to reinstate the adverse event learning sessions using remote methods to apply physical distancing principles.
- Adverse events are also standing item agenda on Mental Health System Wide Quality Performance Review.

Recommendation 31	Ensure swift (timeous) and comprehensive learning from reviews following adverse events on wards.			Outcome - Adverse Events training provided by Healthcare Improvement Scotland	RAG – Amber Date – Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Dr Stuart Doig Consultant Forensic Psychiatrist	NHS Tayside Quality Improvement Team	Training package to ensure learning from reviews informs and develops practice. Implementation Plan	July 20 Aug 20	**1.** Set up a short Life Working Group **2.** Design and Develop mechanisms to ensure learning across the system and promote a learning culture. **3.** Adverse Events to feature on Mental Health Operational Leadership Team agenda as core report	
Team Involved *(more team members will be added as we develop these plans)* - Dr Stuart Doig, Keith Russell, Tracey Passway					

Recommendation 46	Encourage, nurture and support junior doctors and other newly qualified practitioners, who are vulnerable groups of staff on whom the service currently depends.			Outcome - Positive staff experience and promote those who train here to be recruited and retained in Tayside Mental Health	RAG – Green Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Mike Winter Associate Medical Director	NHS Tayside	Current Issues RCA focus group	Oct 20	1. **Scope out current support mechanisms for nurses and doctors in training/newly-qualified;** 2. **Undertake planned, facilitated feedback sessions to build our approach to create our high-impact actions to improve support** 3. **Reporting - To set up Current issues RCA focus group - regular report to ILG with report of themes to SLG** 4. **Use Workforce Group to develop a culture of shared learning and support and respect across all of NHS Tayside** 5. **Work with Directorate of Medical education to embed the Recommendation from GMC visits and deliver a supportive training environment that makes Tayside a positive lifelong career choice**	

Team Involved *(more team members will be added as we develop these plans)* - Donna Robertson, Mike Winter, Keith Russell, Peter Fowlie

STATUS UPDATE: All NQPs in MH and LD join action learning sets for their first 12 months in post - this work has been nationally recognised and won the Innovations in Education Award at the 2019 Scottish Mental Health Nurse Forum Awards. This work is highly evaluated by participants each year. A very detailed action plan is submitted quarterly as part of the JDC remit. Nursing - Practice Development Team will set-up and review focus groups to determine root cause analysis to identify the scale of all current issues for newly qualified practitioners

Finally, we recognise that improving culture, relationships and transparency goes beyond NHS employees and extends to families, carers, communities and the public heath workforce in its broadest sense. We want to improve relationships and reputation across the piece. We understand that Trust and respect are living things, they take a long time to build and believe in but can be snuffed out in an instant. We intend to deliver an excellent mental health service in future.

5. Communication

Recommendation 8	**Deliver timely, accurate and transparent public reporting of performance, to rebuild public trust in the delivery of mental health and wellbeing services.**			**Outcome - External reporting plan**	**RAG – Amber** **Date – Sept 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Hazel Scott Director of Planning & Performance/ Assist Chief Executive	NHS Tayside	NHS Tayside Annual Operating Plan Care Governance Committee (public forum)	July 20	**NHS Tayside website, provides updates and Tayside Annual Operating Plan will fulfil this function, once we develop the Mental Health score card/dashboard for reporting to NHS Tayside Board** **1. Requires a piece of work to review what is currently being provided** **2. Determine future reporting (scorecard/ dashboard)** **3. Implement a reporting process.** **4. SLG will agree this.** **5. Ensure that existing clinical governance and risk structures are consistent in mental health services**	
Team Involved *(more team members will be added as we develop these plans)* – Bill Nicol, Arlene Wood, Sarah Lowry, Diane Campbell AD Clinical Governance					

Recommendation 42	**Ensure all staff working across mental health services are given opportunity to contribute to service development and decision making about future service direction. Managers of service should facilitate this engagement.**			**Outcome – Demonstration of Staff engagement co-creation and development the service strategy.**	**RAG – Green** **Date – June 2020**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Kate Bell Interim Director of Mental Health	Mental Health services, NHS Tayside Organisational Development, HR	Tayside Mental Health and Wellbeing Strategy	June - Oct 20	**1. Information on all changes to be shared with staff to ensure engagement and feedback loop** **2. To be rolled up into the actions that are being created against Recommendation 3. This will include further developing and embedding Partnership working with trade unions as the standard employee relations model at all levels of decision making.** **3. Within this the next step would be to actively agree what and where staff would be best to contribute and how getting their input would work** Communication and Engagement Strategy to embed ongoing contribution of staff to the Programme Engagement Strategy and also the Staff Charter	
Team Involved (more team members will be added as we develop these plans) – Christopher Smith can lead – Kate Bell, Jackie Bayne, Arlene Woods, Organisational Development, Business as usual functions, Scott Dunn, Mike Winter, Keith Russell, Arlene Wood, HSP Lead officers, Diane Caldwell					

Recommendation 43	Prioritise concerns raised by staff by arranging face-to-face meetings where staff feel listened to and valued.			Outcome - Build a Staff Charter detailing that Staff will be actively listened to and valued and engaged in co-producing the strategy	RAG – Green Date - Immediate and Ongoing
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
George Doherty Director of Workforce	NHS Tayside, all 3 HSCPs	Process developed and agreed	June 20	1. **Establish process for building a staff charter, detailing rights to face-to-face meetings where staff feel valued and listened to.** 2. **Implement** 3. **Spread - communicate process to staff and ensure staff feel valued and engaged and explore the issues with trust and identify areas for development.** 4. **Sustain**	
Team Involved (more team members will be added as we develop these plans) - Scott Dunn, Communication Lead, Diane Campbell, Mike Winter, Elaine Henry, John Davidson DME for trainees					
STATUS UPDATE: Programme Management Team to work with Creative Director for Communication and Engagement, Director of Communications to lead the engagement and development of this.					

Recommendation 47	Develop robust communication systems both informally and formally for staff working in mental health services. Uses of technology are critical to the immediacy and currency of communications.			**Outcome -** Visible Interactive, inclusive and accessible, web based Mental Health Communications and Engagement Plan	RAG – Green Sept 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Jane Duncan, Director of Communications and Engagement, NHS Tayside	NHS Tayside	Implement dedicated web based technological approaches to communication with staff groups	April 20	1. **Visible Interactive, inclusive and accessible, web based Mental Health Communications and Engagement Plan and website will be developed as part of the Communications work which will include vision, values, scope, communication principles, branding external/internal for mental health services in Tayside.** 2. **Build on the excellent work achieved during COVID19 to communicate with the public and people with Lived Experience** 3. **Continue to develop relevant materials to ensure people are informed across all Mental Health Services in Tayside in order to continuously improve the effectiveness of the communication platforms we currently use are.** 4. **Create a micro-site for Mental Health and create Recruitment and Retention materials for all job families in Mental Health**	
Team Involved *(more team members will be added as we develop these plans)* – Jane Duncan, Lindsey Mowat, Programme Management Team					
STATUS UPDATE: External communication resource commissioned to support the programme communication and engagement strategy and implementation.					

6. Operational Service Delivery

Recommendation 10	Ensure that there is clarity of line management for all staff and that all appraisals are conducted effectively. (Medical, Nursing, Management Leads)	Outcome - clear line management organisational charts in all mental health structures	RAG – Amber Date – Aug 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Arlene Wood, Associate Director, Mental Health	NHS Tayside	Clear line management organisational charts for all clinical staff & social care staff employed by councils but working within an integrated model of care.	Aug 20	1. **Review organisational charts and all line management arrangements** 2. **Clear line management schematic for all clinical staff & social care staff employed by councils but working within an integrated model of care.** 3. **Link to workforce group for sustainability e.g. Job planning for all Doctors in Mental health: Support from AMDs in other directorates to deliver this**

Team Involved *(more team members will be added as we develop these plans)* – Arlene Wood, Associate Director of Mental Health, Dr Stephen Cole AMD for Appraisal, Mike Winter, Mike Winter, Keith Russell, HSP Lead officers/Diane Caldwell, Jackie Bayne, Human Resources, Alan Drummond Staffside Mental Health

Recommendation 16	Prioritise the re-instatement of a 7 day crisis resolution home treatment team service across Angus.	Outcome - 7-day community mental health service providing crisis resolution and home treatment	RAG – Green Date – Aug 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Bill Troup Head of Service Angus Health and Social Care Partnership	Integration Joint Boards	7 day crisis resolution home treatment team service across Angus.	Aug 20	1. **Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface project to be set up *(Assumption for the requirement is that 24/7 translates as 7 days a week. This is currently a service priority for Angus there are already pre-existing plans to deliver a 7-day home treatment model that have been approved and funded. Note: Angus has very strong third sector involvement. (We will assess level of need for this within Angus as we may look to 2 or 3 site delivery to aid sustainability.)*** 2. **Review delivery of the home treatment requirement.** 3. **Consider reinstating the Community Mental Health Services / Crisis Resolution & Home Treatment Team and Hospital Interface project - Explore the views of clinicians and other stakeholders: including how previous service viewed and used.** 4. **Propose 7-day service model (develop specification) and set out in the Strategy and Programme Delivery Plans**

Team Involved *(more team members will be added as we develop these plans)* – Bill Troup

STATUS REPORT:

- Funding and Nursing Staff received to commence this in North Angus.
- Barrier to implementation in 2019/20 was lack of local medical leadership and stable medical workforce.
- Both of these factors remain a risk but now have long term locums in place. B
- and 7 Nurse identified to progress this, once released from current post in September. Aim to have 7 day working in place in North Angus by January 2021.
- Once the model is tested in the North, it will be rolled out in South Angus, on receipt of agreed funding transfer from inpatient services..

Recommendation 17	Review all complex cases on the community mental health teams' caseloads. Ensure that all care plans are updated regularly and there are anticipatory care plans in place for individuals with complex/ challenging presentations.	Outcome - Establish process and frequency for updating care plans	RAG – Amber Date – Oct 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Keith Russell NHS Tayside Associate Nurse Director	NHS Tayside/ Health and Social Care Partnerships (particularly social work leadership)	1. Robust audit tool. 2. Process for review 3. Schedule for reviews 4. Report on lessons learned	July 20 Aug 20 Sept 20 Oct 20	1. **Establish mechanism to review Community Mental Health Team caseload** 2. **Ensure that there are robust audit tools in place to review complex cases** 3. **Process for review** 4. **Planned review discharging of patients on medication for severe and enduring mental health problems which ought, really, to be under psychiatric review.** 5. **Schedule for regular audit of this cohort** 6. **Report on lessons learned.**

Team Involved *(more team members will be added as we develop these plans)* - Keith Russell, Bill Troup, Chris Lamont, Arlene Mitchell

STATUS UPDATE:

- NHS Tayside's Person Centred Care Planning Standards for Mental Health & Learning Disabilities have been updated and care planning leads identified in each area

Recommendation 22	Develop clear pathways of referral to and from university (Dundee, Dundee College, St Andrews, Abertay, University Of Highlands and Islands) mental health services and the crisis resolution home treatment team.	Outcome – Student referral pathway	RAG – Amber Date – Aug 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Keith Russell, Associate Nurse Director, Mental Health and Learning Disabilities	NHS Tayside	Pathway drafted Pathway complete	July 20 Aug 20	1. **Collaborate with Universities** (Update - There has been 2 meetings with the University of Dundee and University of Aberdeen regarding this action and the existing pathway is being reviewed.) 2. **Establish what they currently provide and see what is required to achieve the recommendation.** 3. **To improve access to urgent reviews/on-the-day assessments, which are often done by Duty Worker and not after 3pm.**

Team Involved *(more team members will be added as we develop these plans)* - Keith Russell, Sara Vaughn

STATUS UPDATE –

- Initial meeting with Fiona Grant from Dundee University and Sara Vaughn CRHTT has taken place, further meetings planned to develop pathway jointly.
- Spiritual Care have a presence in every GP Surgery in Tayside offering The Community Listening Service. This is also promoted through Student Services at Dundee University and can be expanded if required

Recommendation 28	Ensure appropriate psychological and other therapies are available for inpatients.			Outcome - Appropriate psychological and other therapies are available for inpatients	RAG – Green Date – Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Kevin Power Director of Psychology	Perth & Kinross on behalf of Tayside Exec Partners	95% of inpatient staff who will have trauma-informed training commensurate to their role	Dec 20	**1. Strengthen and agree priorities for safe, effective, person-centred care. This would include IOP, locked doors, etc** **2. IOP Steering group to develop an implementation plan for the protocol.** **3. Position statement for inpatient psychology for the next three years.** **4. Development of a programme that starts with a reflective practice session around the NES 'Opening Doors' animation followed by LearnPro, then Survive and Thrive and Safety and Stabilisation, through to expert/train-the-trainer level appropriate to role. QI and Practice development leads have taken part in the Scottish Trauma Informed Leaders raining and link closely with NES around developments in Tayside to ensure a contemporary approach.** **5. Appoint an 8b 0.4 WTE Clinical Psychologist to support the development and roll out of training and they will also play in instrumental role in ensuring revised restrictive intervention reduction programme is both trauma informed and psychologically safe.**	
Team Involved *(more team members will be added as we develop these plans)* - Professor Kevin Power, Psychology Services, Keith Russell, Associate Director of Nursing, Mental Health					
STATUS UPDATE: The Department of Spiritual Care will be part of the conversation around this. We have a WTE member of spiritual staff based over at Murray Royal, Carseview and Strathmartine providing 1:1 patient support as well as supporting the training and development of staff in reflective practice, this is working well.					

Recommendation 37	Support junior doctors who are working on-call and dealing with young people's mental health issues.			Outcome - Develop strong support process for junior doctors within workforce plan	RAG – Amber Date – Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Mike Winter NHS Tayside Associate Medical Director	NHS Tayside	Develop programme of work for future model as part of future rotation	Aug 20	**This is an Operational Issue that will be considered through TTMG** **1. Consider the role of out of hours' social work, Mental Health Officers, Mental Health liaison roles** **2. Ensure that there is a Consultant on call and available to support decision making. *(As this is part of our workforce strategy to retain and support trainees)***	
Team Involved (more team members will be added as we develop these plans) - Mike Winter, Peter Fowlie, George Doherty , Teaching and Training Medical Group (TTMG)					

Recommendation 38	Ensure statutory confidentiality protocols for children and young people are clearly communicated to all staff. The protocols should also be shared with patients and families at the outset of their treatment programme, so that parents and carers know what to expect during the course of their child's treatment.			Outcome - To develop confidentiality protocols and share with parents and carers	RAG – Amber Date – Oct 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside	CAMHS updated website	TBC	1. **Exploration of the exact protocols referred to.** 2. **Develop if they do not exist and share as required to ensure an inclusive and best practice approach is applied when working with children, young people and their families.** 3. **Review process and make materials available to staff and families.**	
Team Involved *(more team members will be added as we develop these plans)* - Lorna Wiggin, Diane Caldwell					
STATUS REPORT: Staff undertake annual education around confidentiality (LearnPro) and CAMHS Referrer acknowledgement letters are sent out to patients and families to explain service programming and information signposting that may be useful. The CAMHS website is under development to better support and help communicate the journey of the child through the service, inclusive of signposting to other helpful resources.					

Recommendation 29	Reduce the levels of ward locking in line with Mental Welfare Commission for Scotland guidelines.			Outcome – The guidance on ward locking is updated, approved and shared with all staff.	RAG – Green Date – Aug 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Kate Bell NHS Tayside Interim Director of Mental Health	NHS Tayside	Establish and implement revised guidance on ward locking	Aug 20	1. **Embed MWC Right in Mind Pathway across all In Patient Services** 2. **Work with the MWC - We are working with Ian Cairns at the MWC regarding this action and the MWC have plans to review Rights, Risks and Limits to Freedom which is the MWC publication that primarily sets out their position on door locking)** 3. **Review design and technology innovations to management of ward door locking.**	
Team Involved (more team members will be added as we develop these plans) – Leads: Arlene Wood, Associate Director of Mental Health, Keith Russell, Associate Director of Nursing, Mental Health					

Recommendation 30	Ensure all inpatient facilities meet best practice guidelines for patient safety.			Outcome - Ensure all inpatient facilities meet best practice guidelines for patient safety	RAG – Green Date – Aug 2020
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**	
Keith Russell NHS Tayside Associate Nurse Director	NHS Tayside	Approved Standards reached	Aug 20	1. **Build on work achieved to date around health & safety, Royal College of Psychiatry accreditation.** 2. **Establish the best practice for all Mental Health Inpatient facilities and set out a plan to deliver** 3. **Engage and involve patients and local mental health representatives in this process and ensure a person centred approach is taken where possible.** 4. **Roll out structured patient safety programme reflecting of National SPSP safety principles** i. **Least Restrictive Practice** ii. **Physical Health** iii. **Leadership and Culture** iv. **Communication** 5. **Devise a programme for the roll out of Royal College Psychiatrists Quality Network Accreditation to include:** i. **Standards for inpatient mental health service (1 ward started)** ii. **Standards for inpatient learning disability service** iii. **Standards for rehabilitation** iv. **Standards for crisis response** v. **Standards for Intensive Psychiatric Care Units (started)**	

Team Involved *(more team members will be added as we develop these plans)* - Johnathan McLennan, Dr Chris Pell, Arlene Wood, Clinical risk and governance teams

STATUS REPORT:

- Work continues on the standards for Inpatient Mental Health in Mulberry ward and IPCU.
- Interviews to appoint Quality Improvement Lead and Improvement Adviser to take place in August - they will lead on SPSP safety principles.

Recommendation 34	Ensure that rejected referrals to Child and Adolescent Mental Health Services are communicated to the referrer with a clear indication as to why the referral has been rejected, and what options the referrer now has in supporting the patient.	Outcome - To ensure strong referral plan to CAMHS is within the strategy, including communication process	RAG – Green Date – Oct 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside Quality	Report of referral management and rejected referrals to be sent to programme board with recommendations	Oct 20	Rejected CAMHS referrals requires wide engagement with primary care and involvement across 3 council areas with creating alternatives to a CAMHS referral. Partnership expertise, including around prescribing patterns would be valuable. 1. **Review referral management to CAMHS** 2. **Audit rejected referrals.** 3. **Review communication process and content**

Team Involved (more team members will be added as we develop these plans) - Lorna Wiggin, Diane Caldwell, Peter Fowlie/ Mike Winter, Dr Pascal Scanlan

STATUS UPDATE

Improvements in Trakcare coding has resulted in refinement of codes; GPs have been provided with updates on the process to support correct selection for referral, including CAMHS referral thresholds commenced July 2020. The GP referral test of change support project has been interrupted by COVID, and is anticipated to recommence as part of the Remobilisation work. A standard acknowledgement letter for all referrals has been developed and commenced use in July 2020, and is inclusive of signposting to other services and supports. Audit completed and identified duplication of referrals and coding issues, which has impacted on accuracy of information and data. Successful small test of change completed with GPs to improve referral. New acknowledgements letters for all referrals being sent out which also includes information on support services / tools available in their local area. Spiritual Care Team is supporting this pathway, through their work in GP surgeries - they can be a signpost for parents who have anxieties as to why their child was rejected, and these parents might require additional support. Also, there is potential for us to develop the Listening Service to include young people in this service. This potential development might develop as an early intervention for young people experiencing distress. There is some evidence from the work we undertook in Angus secondary schools that backs this up.

Recommendation 40	**Ensure comprehensive data capture and analysis systems are developed to appropriately manage waiting lists and service users' expectations.** Work should be undertaken to look at what data is available and what could be useful to inform decision making on service development/monitoring of services. This should be aligned to national reporting requirements.	Outcome - To develop metrics and outcomes around waiting times (including service users expectations) ensuring these take account of national reporting requirements	RAG – Amber Date – Oct 2020

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
Lorna Wiggin Chief Officer, Acute Services, NHS Tayside	NHS Tayside and HSCP for community based all waiting time targets	CAMHS Data Dash Board	June 20	**The new e-Mental Health subgroup will lead this, linked to strategic data groups in our partner organisations.** 1. **Ensure comprehensive data capture and analysis systems are developed to appropriately manage waiting lists and service users' expectations.** 2. **Work should be undertaken to look at what data is available and what could be useful to inform decision making on service development/monitoring of services.** 3. **This should be aligned to national reporting requirements.**

Team Involved (more team members will be added as we develop these plans) - Lorna Wiggin, Diane Caldwell, Sarah Lowry, Hazel Scott

STATUS UPDATE: Data Dash Board completed and in use. This will now be aligned fully to national reporting recommendations.

<table>
<tr><td>Recommendation 49</td><td colspan="3">Ensure there are systems analysis of staff absences due to work related stress. These should trigger concerns at management level with supportive conversations, taking place with the staff member concerned.</td><td>Outcome - Cultural change embedded</td><td>RAG – Amber
Date – Oct 2020</td></tr>
<tr><th>Named Lead</th><th>Lead Organisation</th><th>Milestones</th><th>Date</th><th colspan="2">Implementation Plan</th></tr>
<tr><td>George Doherty Director of Workforce</td><td>NHS Tayside</td><td>Promoting, Staff MH and Wellbeing Plan agreed and approved by NHS Board and all 3 councils</td><td>Oct 20</td><td colspan="2">1. Promoting Attendance and Managing absence systems to be applied and embedded.
2. Creation of workforce plan to raise the profile to promote mental health recruitment and retention.
3. Develop ‘Leadership, Accountability, Culture, Engagement and Communications’ project.
4. Reduce work related stress- Ensure job roles and expectations and reporting lines are clear and detailed in the service specification supported by strategy, and local objective setting and job plans.
5. To implement more robust Promotion of Attendance and Managing absence systems.
6. Communication aspects within workforce plan to include recruitment and retention chapter - raising the profile of Tayside.
Note - that although current SSTS system is good from reporting standpoint, it can be hard to utilise in regards to stress as it doesn’t differentiate the reason behind stress and therefore makes it harder to understand and manage work related stress.</td></tr>
<tr><td colspan="6">Team Involved (more team members will be added as we develop these plans) – Christopher Smith, Arlene Wood, Employee Director (Staff Mental Health & Wellbeing work will be co led by Director of Workforce & Employee Director) Additionally, the Staff wellbeing Service through its 1:1 support can support these recommendations, they provide workshops on self-care for staff, mediation, de-briefs etc. They can help support these recommendations</td></tr>
</table>

Recommendation 50	**Ensure there are mediation or conflict resolution services available within mental health services in Tayside.** These services should exist to support and empower staff in the rebuilding of relationships between colleagues, between managers and their staff, and between the services and the patients, during or after a period of disharmony or adverse event. This includes NHS Tayside's mental health services' relationship with the local press.	**Outcome - Develop 'Leadership, Accountability, Culture, Engagement and Communications' project.**	**RAG – Amber** **Date – Oct 2020**

Named Lead	Lead Organisation	Milestones	Date	Implementation Plan
George Doherty Director of Workforce	NHS Tayside	Proposed \ Mental Health OD Plan to be quantified and approved by the Director of Mental Health	July 2020	1. **Develop staff charter in Partnership with Employee Director and Area Partnership Forum** 2. **Develop work plan associated with staff governance standards** 3. **Develop a report template developed for MH Partnership Forum** 4. **Human Resources and the Local Partnership Forums to understand how mediation and conflict resolution services are accessed locally, what improvements can we make with the services, how do we more effectively promote the services with management and staff and how to make them more accessible to management and staff** 5. **Work with medical staff to build a culture of respect and trust.** 6. **Ensure staff are confident that they can challenge harmful behaviours.**

Team Involved *(more team members will be added as we develop these plans)* - George Docherty/Whistle blowing champion Non-exec, Jenny Alexander, Employee Director, Diane Campbell / Mike Winter / Elaine Henry for medical staff engagement

This work has commenced. Additionally, the Staff wellbeing Service through its 1:1 support can support these recommendations, they provide workshops on self-care for staff, mediation, de-briefs etc. They can help support these recommendations

7. National

National Recommendations 12, 32				
Recommendation 12	**Conduct a national review of the assurance and scrutiny of mental health services across Scotland, including the powers of Healthcare Improvement Scotland and the Mental Welfare Commission for Scotland.**		**Outcome -** Liaise with Scottish Government to support Tayside input to the national plans	**Date - 2021**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
Donna Bell Director of Mental Health NHS Scotland	Scottish Government Mental Health Directorate	2021	2021	1. **The Quality and Safety Board to consider the lessons learned from National and local Mental Health Strategies on the need for dedicated Strategic Change capability to spread improvements** 2. **To consider the need for a Director of Mental Health at Board level to deliver change that results in sustainable improvement in outcomes** 3. **Agreement that any actions against this Recommendation should be addressed by the Scottish Government. *(Health and Safety Quality Review from the Scottish Government)***
Team Involved *(more team members will be added as we develop these plans)* – Donna Bell				

Recommendation 32	**A national review of the guidelines for responding to substance misuse on inpatient wards is required**		**Outcome -** Liaise with Scottish Government to support Tayside input to the national plans	**Date - Not set yet**
Named Lead	**Lead Organisation**	**Milestones**	**Date**	**Implementation Plan**
Donna Bell Director of Mental Health NHS Scotland	Scottish Government Mental Health Directorate	Draft Framework to be established	Aug 20	1. **Scottish Government to consider the relationship between Mental Health, Alcohol and Substance misuse in relation to combined approaches and services** 2. **We will including NHS Tayside guidance on substance misuse on inpatient wards** 3. **National policies on adverse childhood experiences be used to guide mentally healthy young people. (ACEs are well known strong predictors for mental health difficulties and carefully guided interventions are hugely cost effective. https://www.gov.scot/publications/adverse-childhood-experiences/)**
Team Involved *(more team members will be added as we develop these plans)* – Mental Health Directorate, Scottish Government to progress				

For further information contact:
Kate Bell, Interim Director of Mental Health NHS Tayside – mentalhealth.tayside@nhs.net

NHS Tayside Prevention and Management of Violence and Aggression – Restrictive Intervention Reduction Core Function Establishment Proposal

https://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod_338256

Draft Mental Health and Learning Disabilities Observation Protocol

https://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod_338254

https://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod_338255

Advocacy services

Partners in Advocacy in Dundee have a specific remit relating to Advocacy and Mental Health for children and young people 21 and under https://www.partnersinadvocacy.org.uk/what-we-do/dundee/

Angus Independent Advocacy Project support children under 16 who have been impacted by the Mental Health (Care and Treatment) (Scotland) Act 2003. http://www.angusindadvocacy.org/about-advocacy.html?id=9

Similar service to the Angus Independent Advocacy Project, offering support as above.

https://www.iapk.org.uk/

Who Cares Scotland for LAC (Care experienced) Children. Who Cares also work with Kinship care and LAC at home kids.

https://www.whocaresscotland.org/what-we-do/advocacy/

The Clan Law Society have an excellent reputation for Child Rights and offer legal support, in some areas offering a legal representative.

https://www.clanchildlaw.org/

The Children and Young People’s Commissioner Scotland, particularly Bruce Adamson, who has an incredible reputation. They can be approached by individuals in respect of learning their rights and can get support from the Commissioner to challenge.

https://cypcs.org.uk/

PROGRAMME SUMMARY REPORT

Between January and July 2020 the Tayside Mental Health & Wellbeing Programme has focused on the co-creation and delivery of the **Listen Learn Change Action Plan** and the development of the Tayside Mental Health Change Programme.

Our work has involved significant stakeholder engagement with over 600 people contributing to how we can improve mental health services for those who need them and those who deliver them across the region.

Mental Health remained a key priority in Tayside during the Covid 19 lockdown with dedicated resource continuing to co-create the response to Trust and Respect and develop the ***Listen Learn Change Action Plan***

Key milestones to date

Statement of Intent	Strategic Change Leadership Identified and Recruited	In-depth Stakeholder Engagement	Listen Learn Change Co-creation 1st Draft	Define scope of Tayside Mental Health and Wellbeing Change Programme	**Delivery of final Listen Learn Change Action Plan**
Jan 2020	**Mar 2020**	**Jun 2020**	**Feb –Jun 2020**	**Mar–Jul 2020**	**Jul 2020**

Statement of Intent — Jan 2020

Tayside Executive Partners formed Strategic Leadership Group

Signed Statement of Intent

Commitment to work together to improve mental health services for all

Strategic Change Leadership Identified and Recruited — Mar 2020

Identified **strategic change manager**

Senior Responsible Officer for Mental Health Programme of work

Responsible for:

- **Trust & Respect Inquiry**
- **Co-creating the Tayside Mental Health & Wellbeing Strategy**
- **Co-creating the Mental Health & Wellbeing Change Programme with the people of Tayside**

Held **over 120** **stakeholder meetings** since appointment

Led increased focus on co-creating strategy

Programme team recruited for specialist expertise and support

In-depth Stakeholder Engagement — Jun 2020

Over **200** stakeholders have been engaged with in

65 meetings *(video conference, teleconference and face to face)*

Rollover Pie charts for more detail

Listen Learn Change Co-creation 1st Draft — Feb –Jun 2020

Over **200** inputs from Tayside Mental Health stakeholders

Define scope of Tayside Mental Health and Wellbeing Change Programme — Mar–Jul 2020

Held 8 virtual scoping sessions

175 stakeholders participated including Service Users, GPs, Consultants, Third Sector, Staffside and more

Identified new areas of focus

600+ new stakeholder requests to contribute to the programme

Delivery of final Listen Learn Change Action Plan — Jul 2020

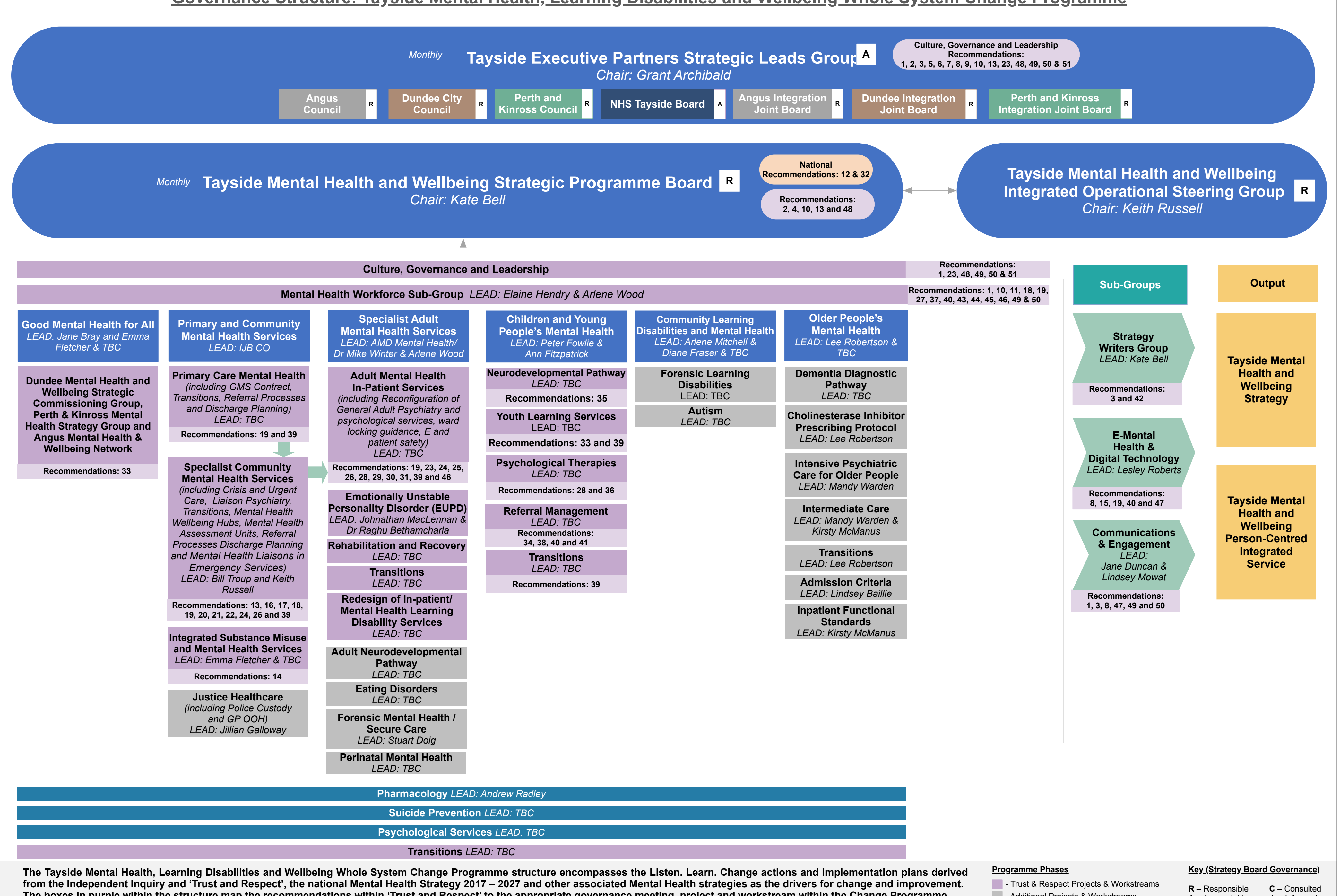
Engagement process and numbers

10 **high impact changes formulated**

Next Steps

Our focus is now on developing the Tayside Mental Health& Wellbeing Change Programme and Tayside Mental Health & Wellbeing Strategy. Our immediate work will be structured around the agreed scope of work set out in the Governance to identify all project leads and work stream members. We will set out a work plan to deliver the ten high-impact changes formulated during the engagement of the **Listen Learn Change Action Plan**.

We will continue to work closely with our key partners and will hold two stakeholder strategy development events in August and September 2020 to gain critical insights to inform the production of the draft strategy which we will share for agreement and approval to the Scottish Government in October 2020.



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Ten High-Impact Changes

Ten high-impact changes emerged from our work to scope and co-create the Listen Learn Action Plan.

These are all areas which our stakeholders, and in particular our partners with lived experience, say can improve personal journeys through our mental health systems.

They reinforce the need to focus on a holistic care approach that, by removing barriers across health and social care services and wider support services (including housing, education and social security), will achieve more responsive and accessible mental health supports and services.

Furthermore, these changes also highlight the need for us to work across wider determinants of mental health and wellbeing to improve life circumstances for people experiencing inequalities.

All ten of these changes will be a focus for our work in 2020/21 as we develop our Mental Health and Wellbeing Strategy and Change Programme to improve the quality of care and enhance the effectiveness of our mental health provision to meet individual service user needs across our region.

The illustration on the next page maps all ten changes. **Roll your mouse over each of the 10 sections to reveal more detail about the changes**.

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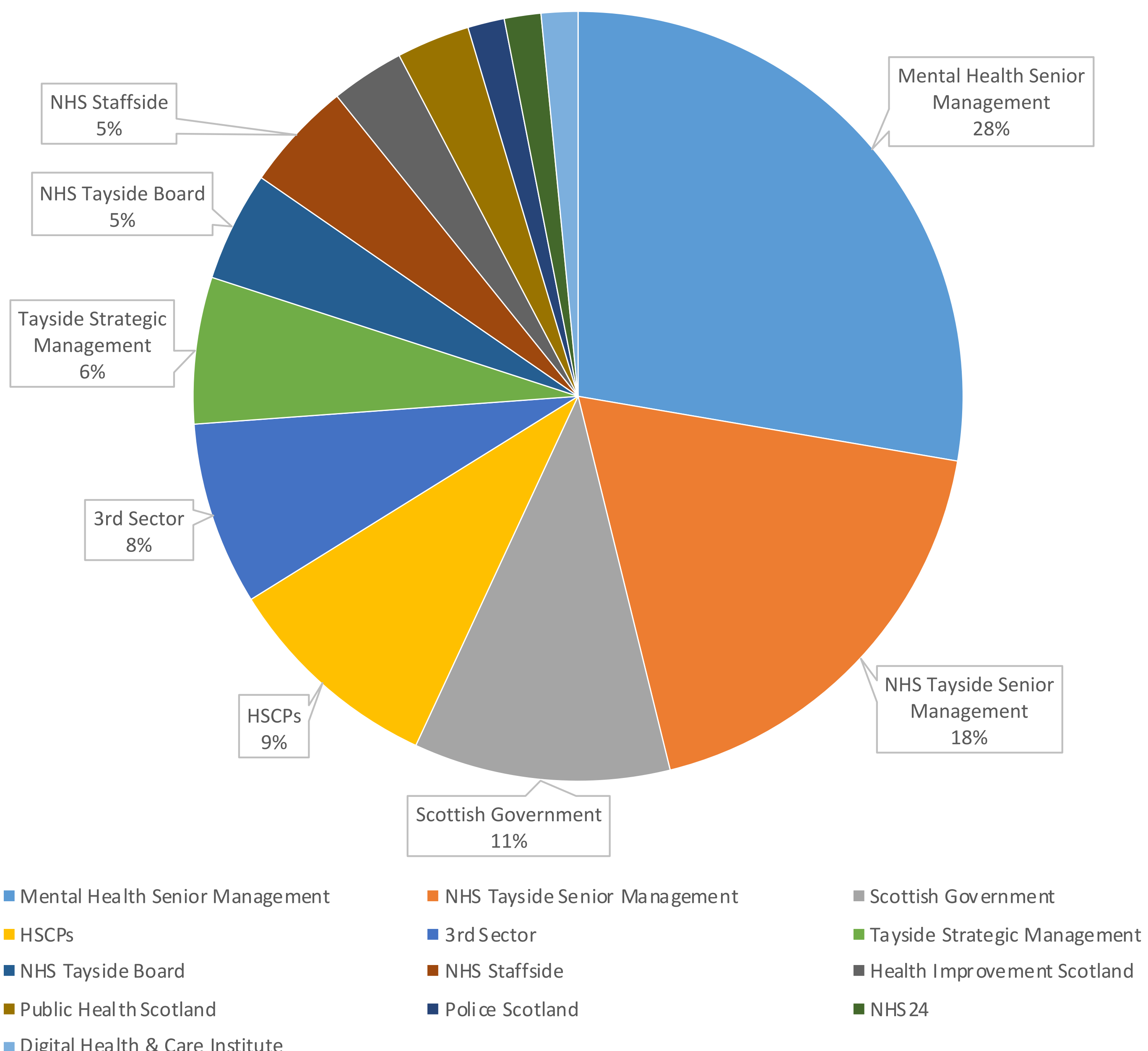
Go to next page

TRUST & RESPECT
Action Plan
Shared Aim
Holistic CARE
Medical MODEL
HOUSING
SUBSTANCE USE
BREAK DOWN BARRIERS
SOCIAL SECURITY
EDUCATION
HEALTH
STIGMA
EQUALITIES
STATEMENT of INTENT
Work Together to improve mental health services for those who need them & those who deliver them
our SUPERPOWER
Shared ownership
optimised experience
more inclusive
FOCUS & DEVELOP
CLASS
MENTAL HEALTH CARE AND SERVICES
CENTRE OF EXCELLENCE
TRUST
RESPECT
INTEGRITY
PEOPLE CULTURE CENTRED
GOVERNANCE & ACCOUNTABILITY
Tayside
10 HIGH IMPACT CHANGES
PUBLIC HEALTH PRIORITY #3
Tackle
INEQUALITIES
Multi Generation
Action Plan
A Tayside where we have good mental wellbeing
RECRUIT & RETAIN
GP
3rd Sector
Nurse
community worker
CAPABILITY TOOLKIT
OUR TEAM
mental Health LEADERSHIP
COMMON
N
S
TAYSIDE MENTAL HEALTH & WELLBEING NEEDS
CHANGE... Programme
Hospital Admissions
HEALTH & SOCIAL CARE SERVICES
LIFE EXPECTANCY
COMMUNITY
STRATEGY
Life Circumstances
Lifespan
HEALTH
ADULT MENTAL HEALTH & LEARNING DISABILITIES INPATIENT REDESIGN
DATA AND INTELLIGENCE REVIEW
CASE for CHANGE
COMMUNITY
Prevention service
3rd sector worker
Health Care Worker
Community Worker
SUICIDE PREVENTION
See Me
End mental health discrimination
SERVICE S
STIGMA FREE TAYSIDE
MHW CAMPAIGN
EXPERT by EXPERIENCE
URGENT CARE
GET IT RIGHT 1ST time
24/7
JAN 2020
MAR
Engagement
JUN 1
Co-creation
JULY 31
LLC Submission
OCT
Draft Strategy
DEC
Publish
JAN 2021
Launch
MAR 2021
HICs Delivered
+3 Year Implementation
2024

Communications and Engagement
Stakeholder Group



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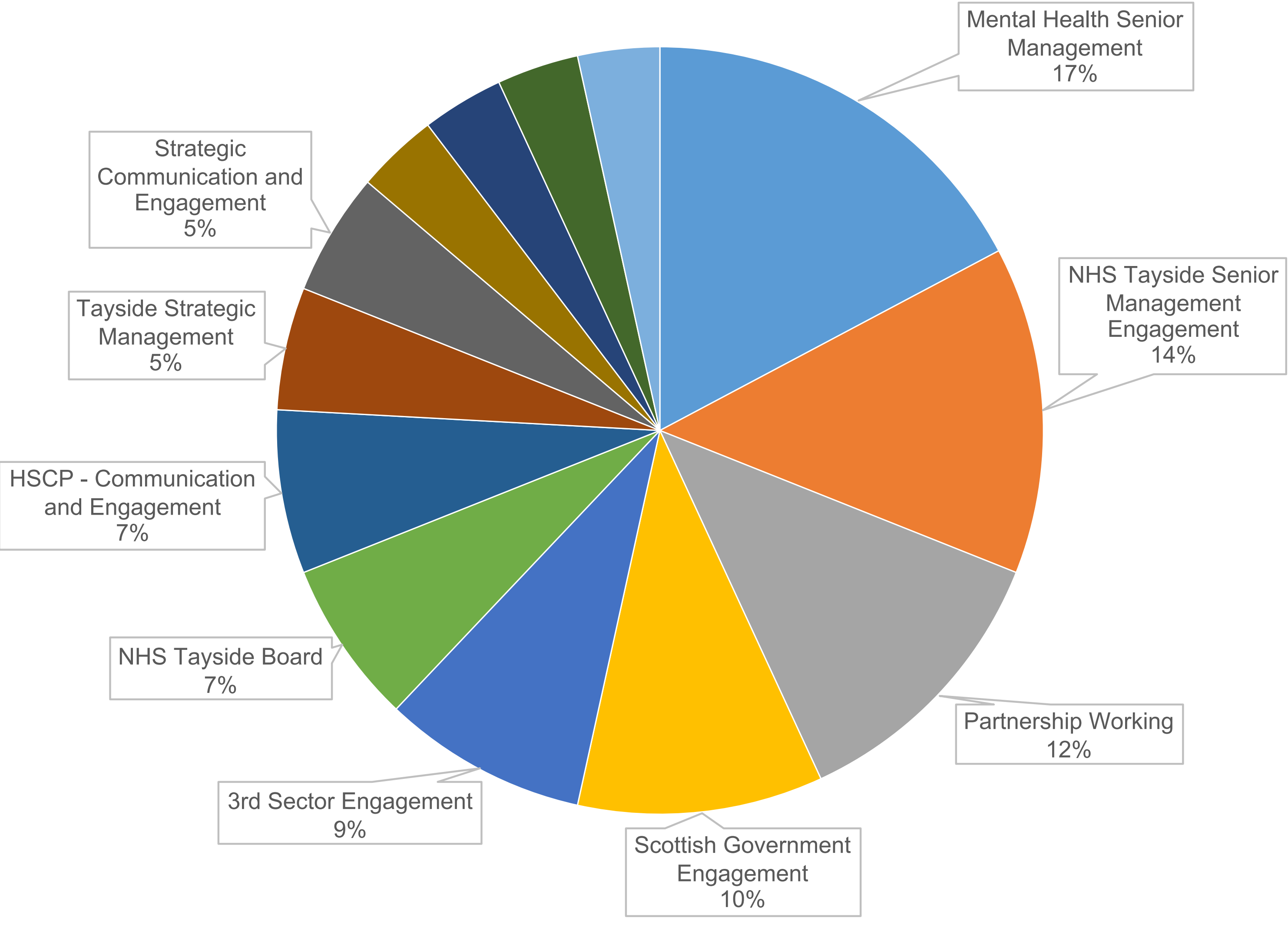

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Listen Learn Change

APPENDIX 2 (PDF) – MAKING A DIFFERENCE IN MENTAL HEALTH SERVICES IN TAYSIDE SCOPING REPORT

Making a difference to Mental Health services in Tayside

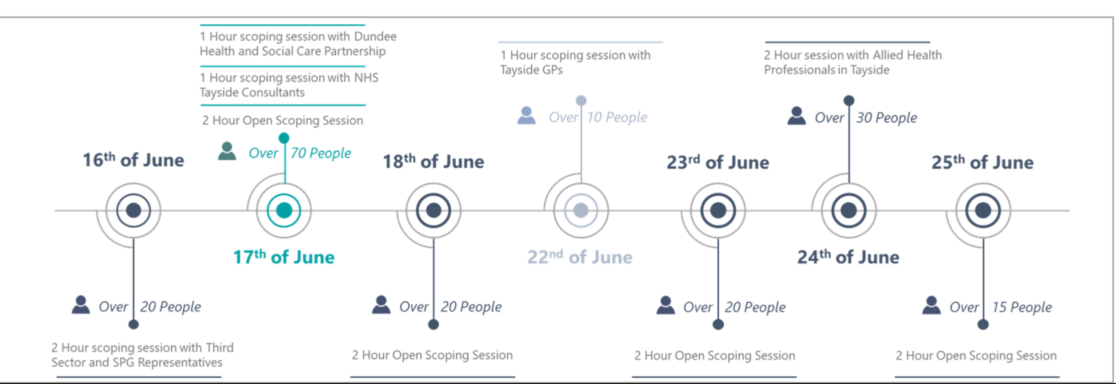
This report illustrates the changes to the Tayside Mental Health and Wellbeing Programme from as a result of Scoping Sessions held throughout June

SCOPING REPORT

This Scoping report '**Making a difference to Mental Health services in Tayside**' contains the outputs of the eight scoping sessions coordinated by the Tayside Mental Health and Wellbeing Programme Team throughout June 2020. This report details the highlights of the deep and detailed discussions undertaken within the scoping sessions. It also details the key themes stakeholders fed back on current Mental Health Services within Tayside. Additionally, it shows feedback on the proposed governance structure for the Tayside Mental Health and Wellbeing Change Programme before showing the outcomes of the suggestions on how the Change Programme may need to change to incorporate feedback provided through scoping. The report concludes with a suggestion of how we will move forward together to ensure the co-production of a Strategy and Tayside Mental Health and Wellbeing Programme to deliver changes to the services as required in Trust and Respect and our action plan, Listen. Learn and Change 2020.

Stakeholders throughout Tayside were invited and engaged within the scoping sessions throughout June. Eight scoping sessions were held to which **over 600** people were invited to attend GPs, Consultants, Service Users, Third Sector representatives, NHS Tayside including clinical and administrative Staff, Health and Social Care Partnership staff, Staffside and more.

More than
175 people
attended the scoping sessions throughout June



Making a difference to Mental Health services in Tayside

Together we discussed....

The scoping session planned to achieve three objectives, these objectives are detailed further below and were the focus of the discussion throughout all sessions.

1. Clear priorities for our mental health system wide work.
This will support co-creation, co-production and joint delivery of a plan for next 3 years

When discussing the priorities of our mental health system-wide work the acceptance criteria from the **'The views of People with Lived Experience and Staff'** report was highlighted along side the views of the **Employee Participation Group** from the Trust and Respect Report (Feb 2020).

A number of key areas were outlined as 'Must-Do's' as part of the programme:

Scottish Government Mental Health Strategy 2017 – 2027

Prevention and early intervention; Access to treatment, and joined up accessible services; The physical wellbeing of people with mental health problems; Rights, information use, and planning

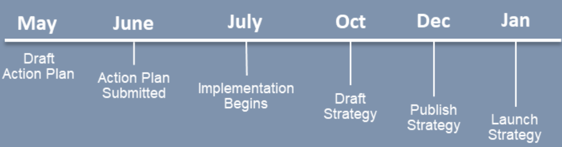
Full lifespan

Person centred, Safe and Effective care

1.Working more effectively with families and carers, 2. Peer Support Workers, 3. Self management and self support, 4. Put a stop to discrimination, 5. Focus on the rights of people with mental illness, 6. Look at the whole person, 7. Use new Technology

2. Shared Understanding of all recommendations in the Independent Inquiry, the actions to be achieved in the change programme, and other national priorities

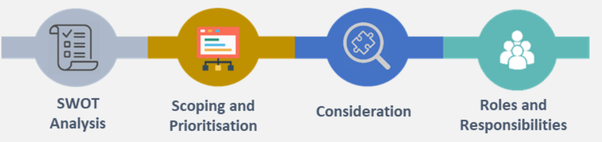
Key dates of the Independent inquiry were outlined through the 5 cross-cutting themes that sat across the 51 recommendations (2 national) within the Trust and Respect report.



National and Strategic Policies were outlined by which the Mental Health and Wellbeing Programme in Tayside will embed and or be aware of.

3. Collect outputs today to feed into the scoping report which will then refocus our strategy and change programme

All sessions completed a SWOT Analysis to understand our current service, working through what is within scope of the Strategy and Change Programme, consideration into areas of scope not already included and discussed roles and responsibilities for staff who plan to get involved.



Making a difference to Mental Health services in Tayside

Summary of Results…

Feedback from group exercises for all scoping sessions was analysed in order to identify key themes and trends to help inform how we move forward together.

Overview of Weaknesses, Threats, Strengths and Opportunities of the current Mental Health Service in Tayside

Weaknesses

- Lack of Communication between services
- Staffing Capacity
- Waiting Times
- Transition of Patients
- Loss of Public Confidence
- Leadership

Threats

- Resources (Clinical / Nursing / Community)
- Funding
- On-going Morale
- Post-COVID Demand
- National Policy Changes

Strengths

- Staff
- Willingness to embrace change
- Third sector support and interaction
- Engagement of staff, carers and service users

Opportunities

- Improving systems for patients, records and interactions)
- Improving Pathways
- Tayside wide collaboration
- Service Re-design

Is there anything within the current scoped structure for the Single Tayside Mental Health Strategy and Change Programme that should not be in scope?

Over 97% of all stakeholders who responded determined that all of the areas in scope within the initial scoped structure should be in scope for the Change Programme moving forward.

1. Mentally Healthy Environments and Communities	Digital Technologies	In Patient Services	Adult Mental Health In Patient Services
2. Mentally Healthy Infants, Children and Young People	Prisoner Healthcare	Children and Adolescent Mental Health	Community Mental Health Teams
3. Mentally Health Employment and Working Life	Primary Mental Health Team	Neurodevelopmental Pathway	Crisis Care and Home Treatment
4. Mentally Healthy Later Life	Transforming Mental Health in Accident and Emergency	Universal Services	Emotionally Unstable Personality Disorder (EUPD)
5. Reducing the Prevalence of Common Mental Health Problems, Distress, Self-Harm and Suicide	Suicide Prevention		Learning Disabilities
6. Improving the Quality of Life of those Experiencing Mental Health Problems			Rehabilitation and Recovery
			Perinatal Mental Health

Should anything else be in scope from a Tayside perspective?

Substance Misuse Services	Psychological Therapies	Impact of Mental Health on Physical Health
Adult Neuro-development	Forensic Mental Health/ Secure Care	Prescribing
Forensic Learning Disabilities	Autism	Eating Disorder

Many areas within Mental Health were suggested to be considered for being in scope, above are the areas that were raised on more than 5 occasions throughout the scoping sessions.

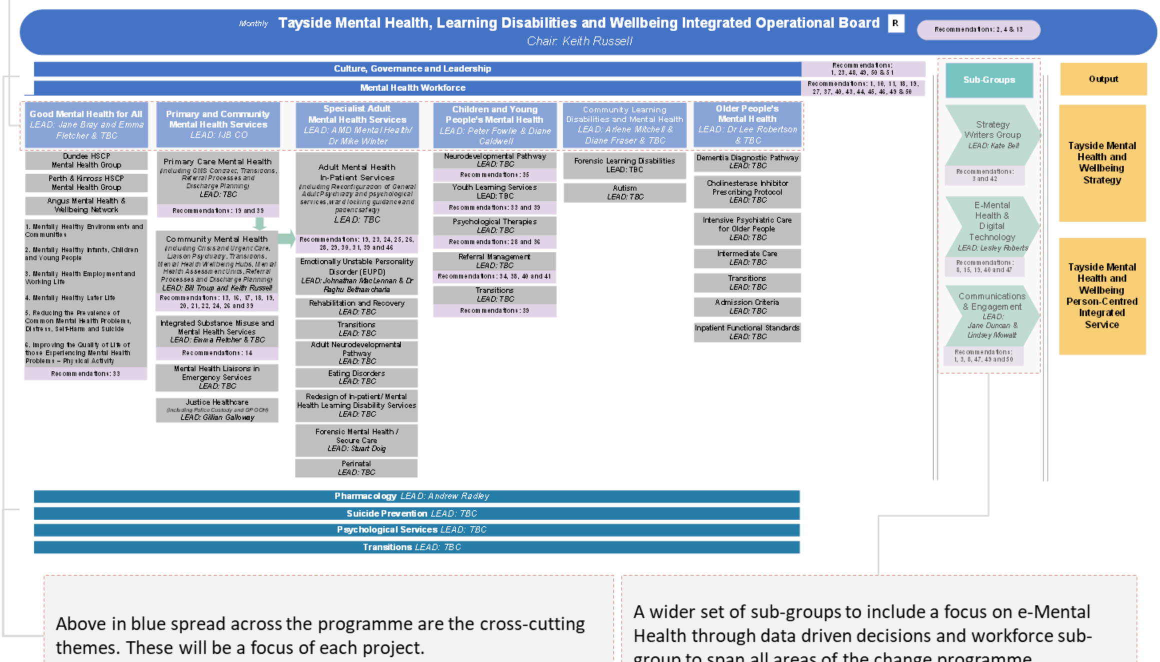
Making a difference to Mental Health services in Tayside

How the Programme has changed….

After feedback from all sessions was analysed, the structure below details the changes in a newly co-collaborated and co-designed single Tayside whole system Mental Health and Wellbeing Change Programme, that will also result in production of our Strategy before October 2020.

From the feedback received the structure of the change programme itself has been changed to reflect key areas with focus on an individual project for Primary care and Community Mental Health and Learning Disabilities

Key Workstreams within the Change Programme that were continuously raised throughout the scoping sessions have been included within projects below, no areas have been removed from scope from the previous structure.



Above in blue spread across the programme are the cross-cutting themes. These will be a focus of each project.

A wider set of sub-groups to include a focus on e-Mental Health through data driven decisions and workforce sub-group to span all areas of the change programme

The structure detailed above is in the final stages of development and will be complete in tandem with the Listen. Learn. Change Action Plan at the end of July.

Making a difference to Mental Health services in Tayside

How we move forward together....

You said, we did

Roles in the programme

Programme FAQs

You said:
"It would be really positive if you allowed us to provide feedback in many different ways at different times so that everyone could be continually engaged."

We did:
In the scoping sessions we utilised the Menti system with the chatbox in Microsoft Teams and also provided a direct e-mail contact.
Communications and engagement will be through more platforms moving forward

Over 40 additional stakeholders from every area of the Mental Health Service in Tayside put their name forward to be part of the change programme moving forward. The programme team will contact these people to further assess their capacity to get involved before finalising project teams.

Additional names can come through this email:
mentalhealth.tayside@nhs.net

Over 300 Actions/ Questions/ points to be considered were collated throughout the scoping sessions.

These are being collated and reviewed for response on an ongoing basis through an FAQ page.

The page will be built into our Mental Health and Wellbeing website pages as part of NHS Tayside.

To keep up with communications from the Mental Health and Wellbeing Programme you can follow us on our website:

www.nhstayside.scot.nhs.uk/MentalHealthandLearningDisabilityServices

Want to get in touch about the Programme?
e-mail the Mental Health and Wellbeing Programme on

mentalhealth.tayside@nhs.net

Tayside Mental Health and Wellbeing Programme

FREQUENTLY ASKED QUESTIONS

1. **Q. Will Learning Disability be included in the Scope?**

   A- Learning Disability will be a key project within the Tayside Mental Health and Wellbeing Programme moving forward. As part of the scoping sessions a number of key workstreams were repeatedly fed back as being important to be within the scope of the programme, these included; Learning Disability In-Patient Service Redesign, Forensic Learning Disabilities and Autism.

2. **Q. Will substance Misuse be added to the Scope?**

   A- Redesign of Substance Use and Mental Health Services will be included as a key work stream within the Primary, Crisis and Community Mental Health Services project within the programme. This work stream will include within its scope the actions addressed to Recommendation 14 ('Consider developing a model of integrated substance use and mental health services') outlined within the Listen. Learn. Change Action Plan.

3. **Q. There appears to be an over reliance on the prescribing of drugs. Will this be reviewed?**

   A- Pharmacology within the programme will be reviewed as a cross-cutting theme throughout all projects and workstreams. As part of the programme and strategy pharmacology will be a theme that sits throughout the programme which will be taken into account within each area.

4. **Q. Will the review cover all age groups/services?**

   A- Scope -The programme will cover all age groups throughout Tayside from perinatal through to Older People's services as well as cover all areas of Mental Health including population mental health and determinants of health, as well as services from prevention, links to third sector through to community primary care and inpatient care as well.

   B- Participation – All those with an interest in mental health are being encouraged to become involved, to participate, to be part of shaping mental health in Tayside.

5. **Q. Will people with lived experience of mental health or carers be involved in the process?**

   A- Throughout each stage of the programme people from various backgrounds including those with lived experience are asked to get involved to shape the scope of the programme, the creation of a single Tayside Mental Health and Wellbeing Strategy, and to be involved in the project groups of their choice and the Programme Board.

   B- We welcome all those who would like to be involved, send your details and the area you want to help with to (Mentalhealth.tayside@nhs.net).

Review of Adult Community Mental Health Services, Tayside

January – March 2020

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www.healthcareimprovementscotland.org

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About us

Healthcare Improvement Scotland (HIS) supports healthcare providers to improve the quality of care they deliver through promoting self-evaluation for improvement and delivering external quality assurance.

Our quality of care approach (QoCA) is how we design our inspection and review methodologies and tools and provide external assurance of the quality of healthcare provided in Scotland.

We have included only the elements of the quality of care (QoC) framework/domains that are specific to addressing the focus for this review. Domains included for this review were:

Domain 2:	Impact on people experiencing care, carers and families
Domain 5:	Delivery of safe, effective, compassionate and person-centred care
Domain 6:	Policies, planning and governance
Domain 7:	Workforce management and support
Domain 9:	Quality improvement-focused leadership

This in turn, formed the basis for our key lines of enquiry (KLOE) for the review. More information about the quality framework (QF) and QoCA can be found in Appendix 1 and on our website.

Adult Mental Health Services in Tayside

Background and review focus

HIS carried out a focused review visit to mental health services in Tayside from Thursday 7 to Saturday 9 December 2017. A review report was published in February 2018. *(Review of Adult Mental Health Services in Tayside: February, 2018)*[1]

The report set out the key findings from the visit, which had a specific focus on:

- General Adult Psychiatry (GAP) services within the Carseview Centre, Dundee, and
- Community Mental Health Services (CMHS) and crisis support for residents in the local council areas and localities of Angus, Dundee City and Perth & Kinross.

During the review, HIS highlighted five key areas of strength and six areas for improvement.

At the time of the review, NHS Tayside and Perth & Kinross Health and Social Care Partnership (HSCP), which hosts inpatient mental health and learning disability services across Tayside, were redesigning the adult mental health and learning disability inpatient services as part of its mental health and learning disability services redesign transformation programme.

On Monday, 4 June 2018, HIS met with senior management from mental health and learning disability services in Tayside. The focus of the meeting was:

- for Tayside to provide an update on the consultation of adult mental health and learning disability inpatient services, and the decision on the preferred option that was announced on 26 January 2018, and
- to discuss progress against the six areas for improvement.

Ahead of the meeting, Tayside shared its improvement action plan that had been created to track its actions and progress against the six areas for improvement.

Following this meeting, HIS published a report on the progress and continued areas of improvement required. NHS Tayside announced that an independent inquiry would be carried out by David Strang to examine the accessibility, safety, quality and standards of care provided by mental health services. In view of the work to be undertaken by this independent inquiry, HIS stated it would give NHS Tayside and the partnerships the time to focus on this inquiry and that HIS would request an update, and plan future quality assurance activity, once the independent inquiry published its findings.

1 http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/programme_resources/tayside_mental_health_review.aspx

The final report of the inquiry was published in February 2020, *Trust and Respect, Final Report of the Independent Inquiry into Mental Health Services in Tayside, February 2020*. For full details of the report, please click here.

The Sharing Intelligence for Health & Care Group (SIHCG) provides a mechanism enabling seven national agencies to share, consider, and respond to intelligence about care systems across Scotland. The organisations which represent this group are:

- Audit Scotland
- Care Inspectorate
- HIS
- Mental Welfare Commission for Scotland (MWC)
- NHS Education for Scotland (NES)
- Public Health & Intelligence (part of NHS National Services Scotland), and
- Scottish Public Services Ombudsman.

In June 2019, the group raised concerns regarding the continued and ongoing shortages of consultant psychiatrists with a particular shortfall in general adult psychiatry. Only 50% of psychiatry posts were filled with permanent consultants. Locum psychiatrists, if available, would be employed to reduce the gap in vacant posts to support and manage the service.

The group also identified issues regarding the strategic planning and direction of Tayside's CMHS and the efficiency of how they provide a range of mental health interventions across communities.

Concerns regarding the partnerships' governance, leadership structures and decision-making capabilities were also raised, as they are responsible for the commissioning of mental health services.

In September 2019, HIS asked the chief executive of NHS Tayside to provide a response on the progress against the recommendations made following HIS's previous review of adult mental health services. A decision was made to undertake further quality assurance activity around the quality and governance performance of NHS Tayside and the partnerships for GAP Services, particularly for those accessing Community Mental Health Teams (CMHTs) and the Crisis Resolution and Home Treatment Team(s), which sit within GAP Services.

HIS carried out a review on the quality of care in Tayside with a specific focus on adult community mental health services between January – March 2020. For a list of review team members, please see Appendix 2.

Profile of service

In 2016, HSCPs were established in Tayside. The HSCP is responsible for the delivery of social care and community-based health services for all adults in Angus; Dundee; and Perth & Kinross localities. The Integration Joint Board (IJB) – the partnership's board of governance, strategy and scrutiny – became responsible for its delegated health and social care functions at the same time and its purpose is to ensure people receive integrated seamless support and care throughout these localities in Tayside. *(Demographics, see figures 1–3)*

The three HSCPs are responsible for ensuring that mental health services are planned and delivered in Tayside. Services should also be available, accessible, appropriate, and of the same high quality.[2]

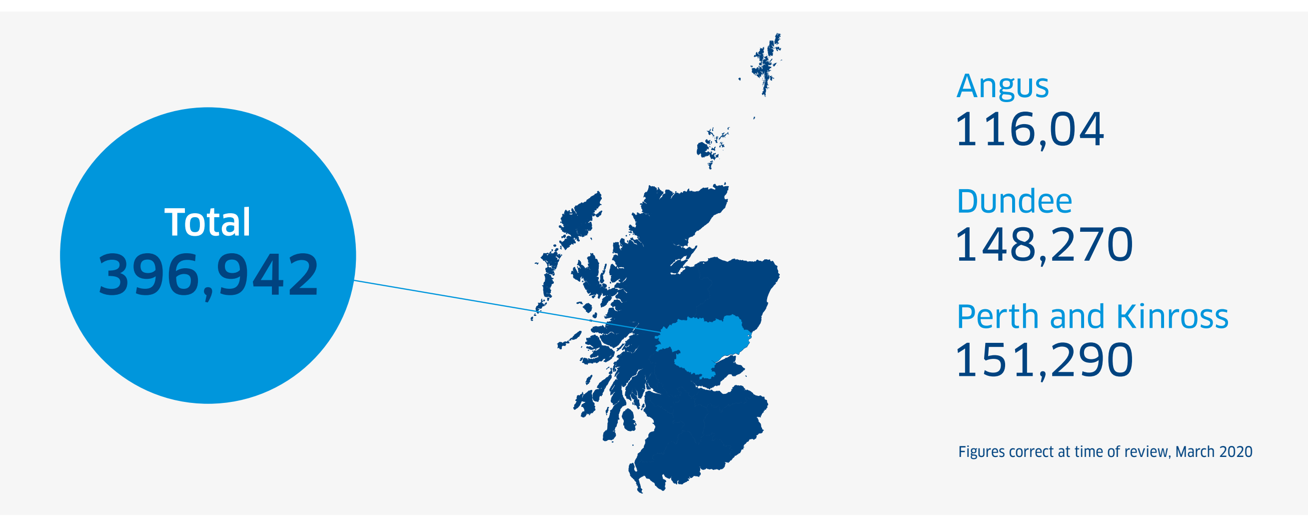
CMHTs were set up to provide care for those people who present with severe, complex and enduring mental health problems in the community. The CMHTs also work with more specialist services such as learning disability, substance misuse, and adult psychological therapies services.

Around 94% of patients who require specialist secondary care intervention for their mental health receive this support in their own communities via community mental health services, with only a small proportion of people (6%) requiring admission to hospital.

Crisis Resolution and Home Treatment Teams (CRHTTs) provide an alternative to hospital admissions by offering emergency assessment and intensive interventions within the community. They act as a single point of access for all inpatient mental health admissions. Where hospital admission does occur, Home Treatment teams will also assist in providing intensive home treatment to support early discharge back into the community.

The HSCP has the hosting responsibilities for the following:

Figure 1: Population of NHS Tayside



2 https://www.gov.scot/publications/mental-health-strategy-2017-2027/pages/3/

Figure 2: Community Mental Health Services delivered by locality

	Hosted	Angus	Dundee	Perth & Kinross	Tayside
GAP CMHT		Yes	Yes	Yes	
Forensic CMHT	Tayside				Yes
CAMHS Outpatient	Tayside				Yes
Learning disability CMHT		Yes	Yes	Yes	
Psychiatry of old age CMHT		Yes	Yes	Yes	
Substance misuse Outpatient		Yes	Yes	Yes	
Liaison Psychiatry				Yes	
Eating disorder Service	Dundee		Yes		
Psychotherapy	Dundee		Yes		
Psychology	Dundee		Yes		

Figure 3: In patient services delivered by locality (Please note CRHTTs are a community based service however they are managed as part of inpatient services)

	Hosted	Angus	Dundee	Perth & Kinross	Tayside
CRHTTs	Perth & Kinross			Yes	
GAP Inpatient	Perth & Kinross			Yes	
Rehabilitation				Yes	
Psychiatry of old age Inpatient		Yes	Yes	Yes	
Substance misuse Inpatient	Perth & Kinross			Yes	
Forensic Inpatient	Tayside				Yes
Learning disability Inpatient	Perth & Kinross			Yes	
Young Persons unit	Tayside				Yes
CAMHS Inpatient	Tayside				Yes

GAP General Adult Psychiatry
CMHT Community Mental Health Team
CRHTTs Crisis Resolution and Home Treatment Teams
CAMHS Children and Adolescent Mental Health Services

About this review

For this review, we concentrated on community services with a particular focus on CMHTs the Crisis Resolution and Home Treatment Team (CRHTT), based in Dundee and the Home Treatment Team (HTT) in Perth & Kinross. This involved looking at how services are planned, how teams communicate and interface with other services and most importantly, peoples' experience of care from accessing and using the service.

Before our visit, NHS Tayside and the three partnerships provided us with self-evaluations and supporting evidence. The review team considered this information to form the key lines of enquiry (KLOE) for the review visit.

The review was carried out over a 3 week period: week 1 commencing 27 January 2020; followed by week 2 commencing 17 February 2020, and week 3 commencing 2 March 2020. On-site visits took place involving a range of staff and service providers across NHS Tayside and the three partnership areas (Perth & Kinross, Dundee and Angus).

During week 1 we undertook a review of case records to look at how people access and receive care across Tayside. We also looked at the record keeping and assessed how well the case files were consistent and reflected best practice guidelines. The lived experience of people experiencing care was elicited from the case record review and the follow up interviews with patients identified from the case files.

During weeks 2 and 3 we were on site in various locations throughout NHS Tayside. For the complete list of clinical and non-clinical areas visited, please see Appendix 3.

We spoke with the following staff groups during the review.

- CMHTs, CRHTTs and HTT staff.
- Consultant psychiatrists: locum and substantive.
- Psychological therapies staff.
- Strategic planning groups.
- Mental Health Officers (MHOs).
- Heads of services.
- Egton Medical Information System (EMIS) leads.
- People experiencing care.
- Third sector organisations.
- Chief officers and locality managers of each of the three partnerships.
- NHS Tayside's medical director and associate medical director for mental health.

This report is intended to:

- provide NHS Tayside and the partnerships with the findings of our review to support them in their efforts to identify and address areas of concern, and
- take forward the immediate actions and recommendations to improve the provision of its adult community mental health (ACMH) service to avoid further crises and a downward spiral of deterioration in service provision.

On Wednesday 11 March 2020, The Minister for Mental Health, Clare Haughey, announced that the management of GAP in-patient services must be led by NHS Tayside rather than an integration authority. The following statement was made:

> *'I am clear that operational management of general adult psychiatry services must now be led by NHS Tayside, rather than an integration authority. NHS Tayside will now implement this change, and will work closely with its integration partners in doing so'.*
>
> www.gov.scot/publications/update-independent-inquiry-mental-health-services-tayside

Executive summary

Our main focus of this review from the outset was to provide assurance as to whether:

'People referred to Community Mental Health Services in Tayside have access to mental health care where and when they need it and are they able to move through the system easily so that those people who need intensive input receive it in the appropriate place and at the right time?'

We conclude from our findings that this is not always the case for everyone using services across Tayside. We identified areas of significant concern but we also saw examples of good practice and encouraging initiatives throughout the area. These were confined to individual areas and pockets of the service rather than being consistent pan Tayside initiatives. This was a recurring theme across the three partnership areas.

We saw that the Crisis Resolution and Home Treatment service continued to face many challenges, difficulties and complexities and as highlighted in previous HIS reports, there is still a lack of equity in relation to geographical location, speedy access and timely interventions for people to access care. We considered this inequity of service provision across Tayside to be a concern. NHS Tayside and the partnerships have highlighted to us in the self-evaluation documentation those areas of the service that they plan to address and take forward for improvement.

We acknowledge that since we commenced this review, the Scottish Government has announced that responsibility for the provision of General Adult Psychiatry in-patient services (which includes the medical workforce and Crisis Resolution and Home Treatment Teams) will be the operational responsibility of NHS Tayside. This is an encouraging development, however we would expect to see NHS Tayside and the partnerships work together to achieve a clear pan Tayside approach to strategic planning to ensure equity of access and treatment across all community mental health services.

Locum doctors provide valued input and complement the permanent workforce. However, too many ever-changing locum consultants, alongside a large number of vacancies tips the balance with regard to the provision of care into a significant risk for the service. Staff told us that they need to spend considerable time and energy supporting new locum psychiatrists and are obliged to accommodate the changes in working practices and patient care which a new consultant inevitably brings.

This has had a negative impact on the multi-disciplinary teams which has compromised staff working in this environment. This is not sustainable and we are concerned about the negative longer-term impact and risks this has on staff wellbeing and patient care. We were told by staff how this makes daily working life even more difficult while trying to deliver a service where demand far exceeds capacity; the need to constantly adapt to and monitor the work of a new doctor creates its own risks due to the distraction it causes.

We acknowledge that Tayside is the first area we have reviewed in respect to its adult community mental health service. In the interests of fairness, demands and challenges in the provision and delivery of adult community mental health services is a situation we recognise affects all NHS boards and partnerships providing this service. In particular, there are challenges with a national shortage of consultant psychiatrists and the difficulty to recruit permanently to these posts. However, how this is managed and the lack of leadership and management of this situation is an area of significant concern which NHS Tayside and the partnerships need to address as a priority.

NHS Tayside and the partnerships must:

- Implement formal senior mentoring and supervision to ensure locum psychiatrists are monitored and supported to deliver safe and high-quality clinical practice. In particular, more formal processes and checks need to be in place for changes in medication and/or diagnosis.
- Put job plans in place for locum psychiatrists to support this group of doctors in order to give clear guidance of what is expected in the role and to outline the minimum standard of practice expected.
- Take steps to reduce the current inequity of service provision across all three partnership areas.

Recommendations

In addition to implementing the above actions, NHS Tayside and the partnerships must also:

- Review its referral and acceptance standards for primary and secondary community adult mental health services, to ensure that there are clear pathways for people to access care and to support equity of access to care across Tayside.
- Ensure that it has clear governance and oversight of all of the cases currently open to the CMHT's enabling systematic monitoring and review of all open cases to the teams.
- Ensure that there are robust audit processes in place for clinical records to ensure that all clinical documentation meets standards for Nursing and Midwifery Council (NMC)/NHS record keeping guidance.
- Review its use of Egton Medical Information System (EMIS) to make sure it is used to its full capability. EMIS web is an electronic clinical record in which clinical and some social care staff record their assessments and update their contacts with people who use the service.
- Review waiting times for routine initial assessment into CMHTs and monitor, adopt and share learning and good practice from teams across the partnership to inform service improvement.
- Ensure that effective governance systems and processes are embedded across all mental health services and that policies and procedures are up-to-date consistent and support staff to provide high quality care and treatment.
- Ensure that clear clinical and corporate risks are identified and effectively managed at every level in the organisation including a clear risk escalation process and recording on the risk register.
- Ensure that there is a clear systematic and standardised approach to improve communications between the CRHTT, HTT, inpatient wards and CMHTs. Technology such as video conference or other IT communication platforms should be considered.
- Review the remit and scope of the CRHTT and HTT teams to ensure they can effectively provide a timely and accessible service. This should include:
  - the operational role of the co-ordinator within the CRHTT including reviewing the bed management role
  - the accessibility to services and location of assessments for people in crisis within Tayside, reviewing where and when people can receive assessments, and
  - the actual capacity for the CRHTT team to effectively provide the home treatment aspect of care for people in Dundee.

- More collaborative working between partnerships to ensure all key performance indicators for ACMH are reviewed, updated and consistently applied across all partnership areas.
- Ensure the provision of specialist data support from the NHS board's business intelligence unit to support staff to use data to monitor service provision and help drive improvement across all areas of ACMH. In particular, there needs to be a greater focus on outcome data to drive improvement.
- There needs to be a systematic approach for measuring and monitoring the quality of community mental health services in Tayside. The main purposes of this are to learn about, and improve, the quality of care delivered.
- Essential components of this are:
  - collecting quantitative data about important aspects of the delivery and outcomes of care
  - collecting information about the experience of people using and also those delivering mental health services and
  - drawing together this data/information to learn about the quality of care, for example what aspects of care are reliably delivered to a high standard and, what elements of care need to be improved?

During our time on-site, we observed a very committed workforce from all specialties across the service. We very much appreciate the excellent levels of engagement and openness from all staff we met who gave us an insight into the work they do to deliver the service on a daily basis. We wish to acknowledge their professionalism and honesty throughout the review.

Good practice

We identified the following areas of good practice which had a positive impact on patient care and services:

- In the commissioning of services, the Dundee partnership sought mental health nurse clinical knowledge to best suit the needs of the people using the services.
- The HTT team based in Perth & Kinross had care plans which were strength-based and recovery-focused and there was evidence both of the person receiving the service and their carer being involved in their care. Copies of the care plan and safety plans were given to both the patient and their carer, and we saw that consent to share information was documented.
- Teams used outcomes from significant adverse events to drive improvement.
- There was evidence of effective multidisciplinary team (MDT) collaboration in CMHTs which supported patient care and the ongoing management of their condition.
- Community teams we met with were committed to providing high quality care to people using their service under difficult circumstances.
- Positive working relationships and good communications were observed at a local level. There was evidence of teams having a positive and supportive culture despite the challenges they faced daily.
- Teams were committed to reducing waiting times by running additional services on Saturdays in Dundee.
- CMHTs in Angus HSCP were fully integrated with local social care services and we saw good examples of effective collaboration with third sector providers to develop an inclusive primary care mental health services for the provision of “low level” interventions.

Community Mental Health Teams

In Tayside, adult CMHTs provide a single point of access for people who present with severe, complex and enduring mental health problems. To achieve this, the teams work closely with other services such as, acute inpatient wards, more specialist services, primary care, local community networks and other agencies.

It is important to highlight that the community teams we met with were committed to providing high quality care to people using their service under difficult circumstances.

Positive working relationships and good communications were observed at a local level. There was evidence of teams having a positive and supportive culture despite the challenges they faced daily.

CMHTs had local operating policies and procedures in place which included a service specification – a descriptor of the remit of the service. However, we consistently heard how the nature of referrals had changed in recent years. In particular, all CMHTs' remit seems to have widened from "severe, complex and enduring mental health problems" to include "moderate" level of needs, with many more referrals for people with mild/moderate distress and emotionally unstable personality disorders.

The teams also received a very broad range of referrals including requests for:

- the assessment and diagnosis for people with suspected autism spectrum disorder (ASD)
- attention deficit hyperactivity disorder (ADHD), and
- for general support and medication review.

Most referrals are received from GPs via SCI Gateway (a national system that integrates primary and secondary care systems). Like most teams nationally, the CMHTs do not accept self-referrals.

CMHTs catchment areas were commonly attached to GP practices, however, we were told this was changing to locality areas based on an individual's postcode. For adult CMHTs in Tayside, the response time for referrals accepted for assessment would be categorised as follows:

- emergency – within 4 hours
- urgent – within 72 hours, and
- routine – within 12 weeks.

Once received, an initial screening was undertaken by a duty worker, and the level of priority would be decided at a CMHT referral and allocation meeting. Normally this group consists of senior clinicians and practitioners from a range of disciplines. The referrer did not have to complete a risk assessment when referring which meant there could be limited information on risk factors and history to base their decisions when considering the priority of referrals.

There were examples of CMHTs accepting referrals where vague suicidal thoughts or superficial self-harm in reaction to life events or social stressors. This was happening regularly, however the more appropriate option may be to consider third sector organisations or primary care services who can provide support for these specific referrals.

It was acknowledged by some teams that they were risk averse and believed it was simpler to see the person for an assessment and to signpost to more appropriate services afterwards. Lack of consistent medical leadership to support decision making about referrals were highlighted as a contributing factor and raised as a concern with the review team.

The review team was concerned that these current working practices may be detrimental to the person receiving care due to the delay in receiving the most appropriate intervention at the time of greatest need.

It is important to highlight that the nursing workforce was the most consistent element of the CMHTs. We saw that nurse team managers were the core element in supporting staff, making decisions and providing steady and resilient leadership to their teams. Staff we spoke with told us that they provided stability and resilience.

On reviewing waiting times for routine assessments, we observed considerable disparity between teams in different areas. Some CMHTs in the partnerships manage to see people for routine assessment in as little as two weeks, whilst in other partnerships, it might be as long as 12 weeks. There were many complex and varying reasons for this, for example:

- staff retention and allocation of resource
- ongoing vacancies
- the composition and availability of clinical staff, and
- the planned scheduling of referrals, with some teams allocating more weekly referral assessment slots than others.

However, we also saw examples of teams committed to reducing waiting times by running additional services on Saturdays in Dundee, which entailed locum psychiatrists supported by nursing staff arranging clinics to reduce the backlog of referrals. Staff supporting this initiative should be commended. However, providing this additional locum work resource at weekends may not be the most efficient or cost effective way to manage the service.

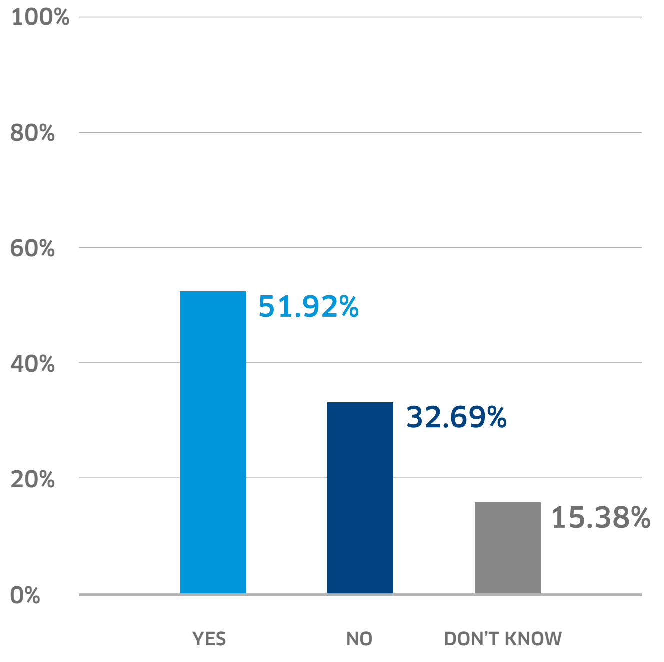
Our discussion with senior managers highlighted that there did not seem to be an opportunity to capture, monitor and discuss actual waiting times for initial assessment across the three partnerships, or to discuss the breadth and nature of referrals coming into the teams. As mentioned earlier in the report, the needs of the population have changed with the expectation of the service fundamentally changing in response to this. For example, people seeking help with diagnoses, such as ADHD, and an increase in referrals for mild/moderate distress and emotionally unstable personality disorders.

The review team was concerned that waiting times for access to assessment were dependent on the geographical area. Depending on where someone lived, they could be seen as much as 10 weeks earlier than others, which is clearly inequitable.

As part of the review, we asked 69 GPs seven questions to obtain their views on the referral process to CMHTs and how the service communicates and responds. Eighty-three per cent of GPs responded, of which 48% reported that they were not aware of the referral criteria for the CMHT (Figure 4). Comments included that guidelines on referral had been received many years ago however it would be beneficial if these could be updated and re-issued to GPs and primary care mental health nurses.

Forty percent of GPs reported that they received information on the progress of referrals with 56% saying they did not receive any such information (Figure 5). Seventy-four percent reported that they were given a reason if a referral is rejected. Some 12% reported that they do not have a clear understanding of waiting times for initial assessment. GPs are however aware of the shortage of psychiatrists.

Figure 4: Do you know the referral criteria for Community Mental Health Teams?

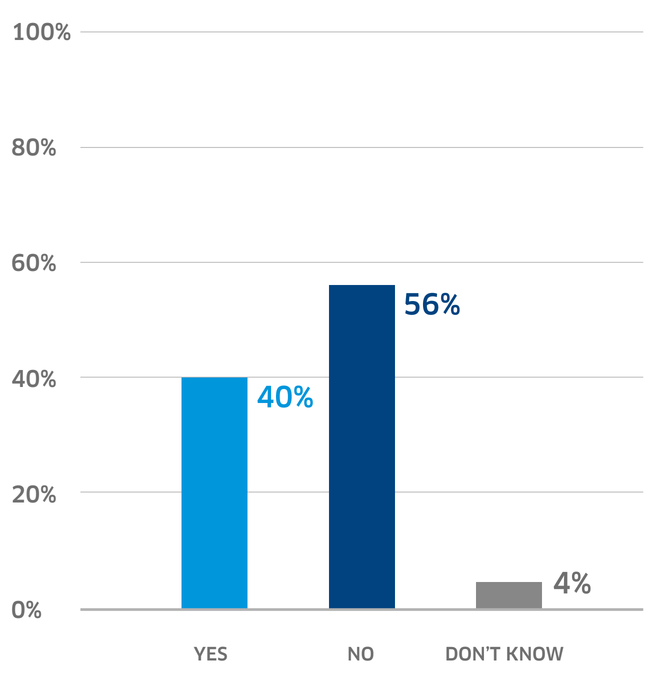


Referral Criteria to CMHTs

"Previously sent guidelines but many years ago now. Updated referral pathways would be useful to new GP's locums and primary care mental health nurses"

"From my experience of working in Tayside, I have knowledge of what our local CMHTs will accept and which mental health needs are met within other services"

Figure 5: Are you given information on the progress of referrals you have made?



Information on Referral Progress

"Feedback often slow and incomplete"

"Through discharge letters once discharged from hospital if admitted. Details are given of any plans for visiting in the community by crisis team etc. However no progress information is given if the patient remains in hospital"

The CMHTs were not fully integrated, or managed as a single entity, with clinical psychology and occupational therapy (OT) services operating as centralised services. Common themes, particularly in Perth & Kinross and Dundee, were that each professional group worked in silos, with MHOs, social workers, OTs and psychologists operating from and being line-managed in different bases.

Although some teams had a psychologist co-located with the CMHT for part of the working week, they were unable to accept direct referrals. Referrals to the team for psychology would have to be discussed with more senior colleagues in the centralised psychology department prior to approval and allocation. This resulted in delays to referrals being allocated.

However, on a positive note, CMHTs in Angus HSCP were fully integrated with local social care services; this was established prior to the formation of the HSCP. This has enabled access to and use of the same electronic record systems, which has in turn enhanced and supported clear communication between professionals.

Once people had undergone the initial assessment and were identified as potentially benefiting from intervention and treatment, they were then placed on an internal waiting list, dependent on which clinical specialty was required.

The longest internal waiting times – up to a year in some instances – were for OT, clinical psychology and psychiatry. Some community teams had internal waiting lists for mental health nursing input, one for assessment and one for treatment. There was no robust process to capture, monitor, analyse or discuss waiting times for the commencement of treatment or intervention.

Review and care planning

For people referred to CMHTs, planning their care and support should be a collaborative process at all levels of intervention, including the identification and management of risk, whether to self or others.

For most CMHTs, there was no scheduled routine process to review patients accepted onto the CMHT's caseload. Cases of concerns could be brought to the team meeting (if one existed) and while processes for monitoring and review appeared better in some teams than in others, overall, there was no clear robust, systematic and consistent process across all teams.

We were concerned that for some teams there was a lack of clear governance and oversight of all of the cases currently open to the CMHT. There was no systematic monitoring or review of open cases. We saw examples where people were waiting for an appointment to see a psychiatrist but if one was not available, they were not offered a follow-up appointment or alternative support.

LOCAL INITIATIVE

The Penumbra mental health charity in Arbroath supports around 1,800 adults and young people every year and works to promote mental health and wellbeing for all, prevent mental ill health for people who are 'at risk', and to support people with a range of mental health problems. It provides a wide range of services which offer hope and practical steps towards recovery throughout the Angus area.

Clinical records and EMIS web

Following consultation with other NHS boards, NHS Tayside introduced EMIS web to its mental health service in June 2018. EMIS web is an electronic clinical record in which clinical and some social care staff record their assessments and update their contacts with people who use the service. On the introduction of EMIS across Tayside, two or three 'super users' were trained in each area to support staff in using the new system. However, due to staff changes, it was not clear whether the staff in those roles were still in post. There is a generic email address to support staff with any issues or concerns, but the lack of clarity about dedicated staff to support EMIS raised concerns around the coordination and monitoring of challenges in using the system to its full potential.

Areas for improvements included the following:

- Designations of staff completing the written record were not being included on the system – this was a concern as it meant that it was not clear which professional member of staff has actually seen the person.
- Appointments were not forward-planned using EMIS – another system 'Trak Care' is used for scheduling appointments. This meant that staff had to navigate between two electronic systems to arrange appointments. We also asked why a single system was not used in the community and were advised that this was primarily to allow alignment with the 'Trak Care' system used in acute care.
- We observed inconsistencies and difficulties in being able to follow care plans; evidence patient involvement; or confirm whether consent had been sought or obtained from the person receiving care. We also noted that care plans were not always person-centred. The quality and consistency of documented risk assessments were also variable. There was a lack of clarity as to who had completed or been involved in the completion of the risk assessments.
- NHS Tayside acknowledged that there was considerable work required to ensure a consistent approach to clinical record-keeping for people receiving mental health services. To support this, in May 2019 it established person-centered care planning standards. The aim of the standards is to provide an auditable framework to support a quality approach to care planning for nurses working in all mental health and learning disability settings in NHS Tayside.
- For the CRHTT and HTT it had been identified that there was duplication and lack of consistency in the approach to records management.

We concluded that EMIS web is not currently being used to its full potential and we recommend that it is used to its full capability. This would better support staff in their work, using their time more efficiently and allowing appointments to be arranged quickly and simply. Using two systems simultaneously incurs additional costs; staff time; duplication of effort and creates more risk of error by the very nature of having to enter the same information twice.

Service user, carer engagement and support

On meeting with community teams we heard that people using the service would be given information on the service at the point of contact. There was a clear process for ensuring that people were informed of their appointment, which consisted of letters and phone calls. However, the information provided on the service was not available in different formats or "easy-read" versions.

There is no strategic or consistent approach to capture the patient experience. However, there were examples of evaluations, a patient story and recognition of the importance of patient stories in the recent independent review. Material on advice, support and information on how to raise concerns was displayed in various areas visited, although patient and carer feedback has been highlighted by the partnerships themselves as an area for further improvement. The teams were using significant adverse event reviews to drive improvement which is good practice. However other sources of feedback such as information from patient surveys should be accessible to staff to enable greater focus on learning from feedback received to help drive improvement. At the time of the review staff in the partnerships did not feel they had the support, skills or the capacity to do this.

As discussed previously, on reviewing individual records we saw that there was no consistent approach to capturing and recording informed consent, carer involvement and information supplied.

Person-centred care planning was also variable and inconsistent. People using services did not systematically receive copies of their care plans and evidence that a discussion had taken place between the individual and the clinician was not consistently recorded.

The review team met with patients identified from file reading activity. One patient we spoke with told us about the good experience they had received from the CMHT in their area. Through effective MDT collaboration, we saw how a number of services had been utilised to monitor and promote recovery for the patient. This included liaising with their family to help identify early changes in the patient's behavior. This has provided a positive outcome for the patient to regain confidence and manage their condition successfully.

Crisis Resolution and Home Treatment Teams

Crisis Resolution and Home Treatment Teams are now an established part of mental health services across Scotland. In general, their purpose is:

- to provide short-term, intensive home treatment for people experiencing an acute mental health crisis.

Tayside provides 24 hour crisis service where people can receive an urgent mental health assessment. For some people requiring short term intervention, this is provided by a home treatment team which supports them through their crisis.

The Crisis Resolution and Home Treatment service has faced many challenges, difficulties and complexities and as highlighted in previous HIS reports, there is still a lack of equity in relation to geographical location, speedy access and timely interventions. We also acknowledge the difficulty for substantive staff across all disciplines working to deliver a service despite the daily challenges, and we would like to highlight their dedication and motivation to deliver a service in these circumstances.

Our findings from this review confirm that there were clear variations in the help, care and support available to people in crisis in Tayside and although we did find examples of good crisis care, we saw that many people had poor experiences due to challenges accessing the service when they needed a response.

It is important to acknowledge that the partnerships and NHS Tayside recognise that they were struggling to provide the appropriate levels and quality of crisis response. Steps are being taken to address this.

LOCAL INITIATIVE

Refugee support has been developing peer support for refugees with mental health issues and is modelled on the mental health foundation work in Glasgow.

Access and availability

The CRHTT based at the Carseview Centre in Dundee provides a 24 hour, 365 day service for people to access an urgent mental health assessment across Tayside. We found the pathway and criteria for a person to access the CRHTT was complex and variable depending on the partnership area. People who used CRHTT services, CMHTs, and third sector providers told us that the access process and pathways for crisis assessments were not easy to navigate or understand.

The assessment service is hosted in the Carseview Centre in Dundee. However, people living in Dundee could also be visited at home if they could not attend their appointment due to mitigating circumstances, for example a physical disability. We found inequality for the provision of the home visit service for people in Perth & Kinross and in the Angus partnership areas, despite living geographically further away from the Carseview Centre.

We consistently heard concerns that travel time could exceed an hour for people attending the Carseview Centre in Dundee. Due to demands upon the service, some people were being offered times for assessment late at night. This then meant that it might be difficult or impossible, depending on the person's address, to attend the centre and return home on the same day.

Across Tayside, there was a maximum response time of 4 hours for a crisis assessment. We were told that this would often be breached due to the demands of the service. The CRHTT has a very broad remit, including the assessment of child and adolescent mental health service patients; older adults; liaison psychiatry patients, NHS24 referrals and police referrals. The CRHTT also provides home treatment team intensive intervention and undertakes all emergency referrals for the people living in Dundee.

Across Tayside, there are inequities in the ability to access the home treatment team. People in Angus do not have a 7 day home treatment team service. This was first highlighted in a HIS report in December 2017 and it is concerning to see that improvement has not been progressed. There were several reasons offered for this delay: initially, the funding was unavailable and more recently lack of available and qualified staff to fill posts.

Planning and delivering support

On reviewing peoples' record for the CRHTT across the partnership, similarly to the CMHTs we saw that there was not a consistent approach to clinical record-keeping and care planning.

The HTT based in Perth & Kinross creates care plans which are strengths-based and recovery-focused and there was evidence of the person receiving the service and their carer being involved in their care. Copies of the overall care plan and safety care plans (for people at risk of deliberate self-harm or suicide) were given to the patient and their carer, and we saw that consent to share information was also documented.

Disengagement plans were also in place for how services should act if the person does not attend or otherwise tries to disengage from the service and there was a process to review care plans and risk assessments in collaboration with the person receiving care.

The CRHTT team in Dundee was not able to evidence a collaborative approach between the person receiving care and the team providing the care. Care plans, in general, were not focused on an individual's strengths or recovery and we were concerned to see that some care plans were apparently generated before the clinical team had actually met with the person. Crisis plans were not widely available to people using the service.

Similarly, issues identified with consultant psychiatrist leadership within CMHTs were echoed in the CRHTT and the HTT in Perth & Kinross. Concerns were raised about the impact of inconsistent availability of psychiatrists on people using the service. Lack of senior medical support for locum psychiatrist and staff grade doctors in the HTT was also an area of concern.

LOCAL INITIATIVE

The Haven is a service for people hearing voices. The service provides a free café and there are plans to open on Saturdays.

Service user involvement and supporting carers

Information on the service was given to the person receiving care at the point of contact and there was a clear process for ensuring that people were informed of their appointments, which consisted of letters and phone calls. Information on the service was not available in different formats or languages or easy read versions. Procedures were in place to record and feedback the outcome of a referral to service users, carers and referring agencies.

LOCAL INITIATIVE

The Wellbeing Works is funded by Dundee HSCP and promotes better wellbeing for those who face mental health challenges, by building confidence, teaching new skills and connecting with others and having a positive impact on the community.

Interface with other services

Communication between the CRHTT, HTT, CMHTs and the inpatient units was not consistent and at times there was a failure to communicate effectively, which led to confusion and conflict between teams. There was no formal scheduled and systematic mechanism to facilitate contact between teams to discuss people in their care with all communication being ad-hoc and unscheduled, relying on emails and telephone calls.

Effective communication protects people using the service from potential harm arising from misunderstandings between clinical staff. To reduce clinical risk NHS Tayside must ensure that there is a clear systematic and standardised approach to communication between all community teams and inpatient wards.

The role of co-ordinating and arranging admission to an inpatient bed is the responsibility of the CRHTT team daily co-ordinator. This meant that if a person requires admission to hospital, and required an escort, this would be arranged by the co-ordinator within the CRHTT team. Both community staff and CRHTT staff told us that could be challenging and extremely time consuming, leading to delays in getting people to hospital. It was also perceived as an ineffective and inefficient way of managing escorts as it impacted and detracted on the time available for the co-ordinator to manage the CRHTT team.

Staff in the CMHTs and the CRHTT and HTT did not participate in ward meetings. This meant that they did not contribute to the care planning and support for early discharge or make arrangements for people planning to return home. This was a concern as it meant that there was a limited contribution to planning and evaluation of people's care in preparation for discharge. There was no structured mechanism in place for discussion between the CMHT and the inpatient team. When meeting with staff we were told that time constraints were a factor in attending meetings.

NHS Tayside and the partnerships must consider ways to improve communication between inpatient settings and the community teams, making sure that resources are used effectively for example, IT support, such as video conference or other IT communication platforms. This will help provide a better mechanism to facilitate discussions in supporting arrangements for peoples care and discharge.

Communication with inpatient services was via members of the team attending 'daily huddles' which discussed operational issues such as bed status and staffing pressures. We saw that this enabled pressure points in the service to be discussed and managed and there was representation from senior managers at this meeting.

Psychological therapies

In 2017, when HIS visited Tayside, we were informed that psychology services were hosted by the Dundee IJB. We were concerned that this could lead to challenges in understanding and agreeing priorities across all parts of the service.

Psychological therapies (sometimes called 'talking therapies') are interventions for problems related to a person's mental health or wellbeing. Psychologists, psychiatrists, some GPs, social workers, mental health nurses, counsellors and others may be able to offer different psychological therapies provided they have been appropriately trained and possess the necessary skills.

On the most recent review visit, we saw that psychology services continued to be hosted within the Dundee partnership but provided services across the 3 partnerships. Psychologists were co-located in each CMHT for at least part of the working week and people could be referred to the service via their GP or by another mental health professional within the CMHTs.

There are nationally established criteria within each partnership's local delivery plan which aims to improve access to mental health services by delivering a maximum wait of 18 weeks referral-to-treatment for psychological therapies.[3]

Access to psychological therapies in community adult mental health services can vary depending on the partnership area in which the person resides. Certain areas do not meet the national waiting time standards of 18 weeks from referral-to-treatment. There were lengthy waits for people to access diagnosis and treatment within subspecialist teams, in particular for ADHD and ASD.

On a positive note, a number of measures had been put in place to improve access to psychological therapies and supporting services across the three partnerships. This has had a positive impact on waiting times overall. However, challenges remain concerning the strategic vision and systematic planning for the provision of psychological therapies and how this fits in as an essential part of an integrated mental health service.

We did not see evidence of robust processes in place which enable the effective measurement of the quality of care provided by psychological services. For interventions provided within CMHTs, we saw that data relating to waiting times, referrals, reasons for rejections and complaints in relation to psychological therapies were reviewed. However, analysis of data is very limited and as a result, no significant learning or improvements have been made from the data collected.

3 https://www.webarchive.org.uk/wayback/archive/20170701074158/http://www.gov.scot/Publications/2011/12/15095906/0

The Patient Assessment and Liaison Mental Health Service (PALMS) is a new pilot service run by Dundee HSCP. It aims to improve access to community mental health assessment for adults within primary care settings and provide direct, timely clinical advice to GPs.

However, we note that despite the good practice displayed in this partnership, it is not replicated in the other partnerships. We recognise that there are local variables to consider regarding demographics and workforce resource disparities, however, there is significant concern that the current pilot and an uncoordinated approach to roll-out will result in a continued lack of a fair, equitable and sustainable service for people across Tayside.

LOCAL INITIATIVE

Dundee Independent Advocacy offers a service to people aged over 21 years with learning disabilities, mental health issues, dementia and physical ill health.

Primary care services

Over recent years, the partnerships have developed a community-orientated model of primary care mental health services. Primary care mental health services support people with mild to moderate levels of mental health problems. The intention is to ensure that people can access the right support and treatment at the right time. We found that there was wide variation in how primary care services were being delivered and monitored.

In the partnerships of Dundee and Perth & Kinross, the review team did not see clear strategic planning or pathways to ensure alignment between primary care mental health services and secondary care provision by CMHTs. However, we found that the Angus CMHTs had a much better model in place with systems and processes which enable good collaboration with primary care mental health services for the provision of "low level" interventions. This is a marked contrast to the other partnerships. The review team saw evidence of local initiatives which have had a positive impact on people using the service and we considered it important to acknowledge these and recommend them to other HSCPs.

LOCAL INITIATIVE

Building Bridges of Hope was started for homeless people and is a forum to enable a range of third sector agencies to meet and discuss available resources across Dundee.

Recruitment and retention of staff

Recruitment was regarded as an extremely lengthy and problematic process which requires simplification and streamlining throughout all services. There were long waits to interview and recruit successful applicants for vacant posts. Some staff highlighted a 9 month gap for vacancies to be filled and for a new staff member to come into post. Managers we spoke with agreed that the processes are multi-layered, which causes delays and hinders the recruitment process.

Despite an ongoing recruitment campaign by NHS Tayside to employ psychiatrists, which included incentives to encourage staff to apply, it was recognised by the NHS board that given the very high number of vacancies in adult psychiatry posts nationally, it was unlikely that all posts would be filled in the near future.

A new model for working was being developed, with a programme of training Advanced Nurse Practitioners (ANPs) in mental health over the next year who will work across mental health services, including the community. ANPs will function at an advanced clinical level with considerable autonomy and are often non-medical prescribers. NHS Tayside has developed a competency framework to support ANPs which includes regular supervision and support from a substantive consultant psychiatrist. At the time of the review, we were unable to say what impact this initiative will have on people receiving care, however, we recognise this as a positive development which is likely to enhance the skill mix and resilience of CMHTs.

LOCAL INITIATIVE

Recovery@Dundonald works closely with local partners to support people on their recovery and empower those with lived experience of mental illness to flourish.

Training and education

We did not see a NHS Tayside board-wide policy for staff training and development. However, we were informed that within each locality there is a local Clinical and Care Governance Forum which monitors all governance arrangements. Additionally, there is a mental health Quality and Review Group which meets on a monthly basis to review key performance indicators (KPIs) across NHS Tayside. However, we saw that some KPIs, such as, the quality of care in psychological therapies, were not monitored and reviewed on a regular basis. NHS Tayside must review all KPIs for adult CMHS.

Each partnership spoke about a range of training provisions from local to national mandatory training for various staff groups. We were told that training requirements are managed at various levels for mandatory requirements, including ongoing professional development and clinical competency which addresses the requirements of NHS Tayside as well as those of professional regulatory bodies.

On speaking with the teams, we were told that access to training was generally good, with some team members having been trained in Behavioural Family Therapy, Dialectical Behavior Therapy (DBT) and low-level psychological therapies. Most nursing staff have had training in safety and stabilisation.

LOCAL INITIATIVE

The Wellbeing Team in Perth & Kinross offers short term support and intervention to people aged 16 years or over, who have mental health needs such as depression and anxiety, or other mental health issues which interfere with the individuals cognitive, social or emotional abilities.

Vision and leadership

Planning within each of the three partnerships in Tayside has led to a perceived imbalance in the provision of adult CMHS with individual local approaches to services delivery not being replicated across Tayside.

Staff groups told us they were supported by their immediate locality managers. However, they also described a disconnect between senior leadership and frontline staff delivering the current service model throughout the localities and within the CMHTs. This has contributed to low morale, with staff not feeling listened to. Staff told us that they felt that services were better integrated before the formation of the three partnerships. Most staff were not aware of the partnership or its strategic direction for mental health services and felt that the strategic intentions and frontline service risks did not match up.

Medical staffing and the inability to recruit substantive consultant psychiatrists has been a significant concern for a considerable period in Tayside. During this review, we consistently heard from community teams that the short-fall of substantive psychiatrists and the high turnover of short-term locums had a direct impact on the team's ability to deliver comprehensive and consistent mental health care.

The shortage of senior permanent medical staffing and leadership had not only significantly impacted on staff morale and relationships with colleagues, but has also led to gaps in key organisational learning and continuity of care for individual patients. Teams told us that people receiving services were unhappy at the regular changes in locum doctors. We were also told that decisions with regard to medications, diagnosis and care planning could change frequently and had at times been unhelpful and had a detrimental impact on the person receiving care.

As highlighted in previous HIS reviews, we continue to have concerns that the lack of medical leadership also affects the quality and consistency of training, support and supervision available to trainee psychiatrists. Medical students are the consultants of the future and are most likely to join a service if they have had a good educational or training experience there. While there is a lead clinician who provides a level of oversight and support to locum psychiatrists in Dundee, the continued absence of a lead psychiatrist remains a significant concern.

Lines of accountability and medical line management were neither clear nor effective for locum psychiatrists. There was not a clear escalation process in place for responding to concerns raised regarding a locum's performance. There was also a lack of clarity as to who is responsible and accountable for managing such concern – NHS Tayside or the individual HSCP.

During the review, we heard from staff that there was no clear guidance or process to follow to raise concerns, and worryingly when they did raise a concern, that they were not listened to.

Tayside highlighted that the use of data is an area for improvement throughout the service and described it as being ‘in development’. We saw some good examples of using data and intelligence for inpatient services but these need to be extended to community mental health. For example, NHS Tayside previously applied The Health Foundation’s framework for measuring and monitoring safety in an inpatient setting and also as part of its performance reviews. There may be some good learning from this experience.

Mental health performance reviews were established over 5 years ago to assure consistency of approach and measurement of outcomes for services users. A Tayside group meets every two months to examine available data and provide positive, supportive challenge across the whole system to understand how this process works, the data being considered, and what conclusions are being drawn about the quality of care.

Overall, we saw a limited focus on outcome data across all groups and any future approach should ensure quantitative data is collected about the important aspects of service delivery and outcomes of care. Tayside must use other sources of information in conjunction with quantitative data, such as feedback from people using services and staff for the purpose of learning about and improving the quality of care throughout CMHS. The data and intelligence considered by higher governance groups were very much focused on central government targets, such as waiting times, and because there is no waiting time target for the community, they reviewed relatively little or no data about community mental health services.

In relation to community mental health services, we saw that partnerships and NHS Tayside made limited use of data to manage quality. We did see some recent efforts to enrich governance meetings with new sources of data about community mental health services. This was often undertaken by medical staff who have the valuable subject knowledge, but who were not supported to analyse data in a way that helps them recognise important variation or patterns in the data.

In general there was no demonstrable understanding of how to use data to inform quality management, both locally and at a strategic level. Staff we spoke with felt there was a need for a consistent approach for enhanced data gathering, sharing and its systematic use to drive improvement, describing services as ‘data-rich but analysis light’.

As noted in the Perth & Kinross joint inspection with the Care Inspectorate (the Effectiveness of Strategic Planning in Perth & Kinross HSCP, September 2019) concerns were raised that the partnership did not take a coordinated approach to involving CMHS in the early plans for mental health and learning disability inpatient redesign resulting in a mismatch of service provision.

Tayside was aware of the lack of joined up planning and we heard of a co-production approach to the development of a strategic single mental health and wellbeing strategy. The strategy sets out the responsibilities for action and governance for the Tayside Mental Health and Wellbeing Strategy Board which will replace the Tayside Mental Health Alliance (TMHA). It identifies priorities and initiatives from each partnership both locally and Tayside-wide. It also examined the format of the Lanarkshire model[4] and what could be tailored to apply to the Tayside landscape.

Initially the TMHA was designed to strengthen an integrated approach between the health board and HSCPs in the delivery of all aspects of mental health services. Membership consists of representatives of the 3 partnerships across Tayside as well as third sector partners. Each partnership in Tayside has its own set of priorities for financial planning, governance and strategic planning arrangements as well as leadership capacity. We therefore express concern at this group's ability to effectively make decisions and prompt change. We acknowledge that since we commenced this review, the Scottish Government has announced that responsibility for the provision of General Adult Psychiatry (GAP) in-patient services (which include the medical workforce and Crisis Response & Home Treatment Team(s), will be the operational responsibility of NHS Tayside. This together with the new Tayside Mental Health and Wellbeing Strategy Board is an encouraging development, however we would expect to see NHS Tayside and the 3 HSCPs work together to identify and implement shared strategic priorities for mental health to ensure equity of access and treatment across all adult community mental health services.

LOCAL INITIATIVE

Drama therapy is funded by the Dundee HSCP and operates from a local theatre in the city.

4 https://www.nhslanarkshire.scot.nhs.uk/strategies/mental-health-wellbeing-2019-24/

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Appendix 1: Quality of care review process

Listed below are the key stages in the quality of care review process.

Stage 1 – schedule planning and notification

We notify the organisation of the review several weeks in advance of a self-evaluation submission being required. Initial discussions and planning takes place regarding the requirements of the review.

Stage 2 – pre-work and self-evaluation

The organisation uses the Quality Framework, self-evaluation tool and the detailed guidance to 'tell its story'. This involves reflecting on how well it makes an impact and delivers improved outcomes for people who experience care, plus the challenges and 'bright spots' of good and innovative practice.

Stage 3 – analysis phase

The HIS team analyses the package of data, with input from service-based or topic specialists as required. This analysis includes publicly available information, the SIHCG information and the completed self-evaluation and any additional evidence. Based on this analysis, the team develops Key Lines of Enquiry (KLOE) to shape the discussions with the NHS board representatives during the visit.

Stage 4 –visit

The review team visits the NHS board and meets with a range of staff and people who experience care to discuss the KLOE. This process provides an overview of what the team has seen and heard, and discussion around good and innovative local practice and any areas for potential further work.

Stage 5 – output and agreement on next steps

HIS will write up a report for publication following the review identifying key findings, areas of good practice, challenges and any areas for improvement. A draft version of the report will be shared with the NHS board before publication to check for factual accuracy. Once factual accuracy has been confirmed the report will be published on the HIS website.

Appendix 2: Review team

Name	Tile	Organisation
Caroline Arnott	Senior Reviewer	Healthcare Improvement Scotland
Sharon Baillie	Programme Manager	Healthcare Improvement Scotland
Aileen Bradford	Administrative Officer	Healthcare Improvement Scotland
Ross Cheape	Service Development Manager/Interim Clinical Director	NHS Forth Valley
Jane Cheeseman	Consultant Psychiatrist	NHS Lothian
Margaret Doherty	Public Partner	Healthcare Improvement Scotland
Jo Elliot	Project Officer	Healthcare Improvement Scotland
Cath Haley	Senior Inspector	Healthcare Improvement Scotland
Cat Hutcheson	Senior Inspector	Healthcare Improvement Scotland
Maureen Johnston	Strategic Inspector	Care Inspectorate
Taf Madziva	Inspector	Healthcare Improvement Scotland
Tim Norwood	Data and Measurement Advisor	Healthcare Improvement Scotland
Mark Richards	Director of Nursing and AHPs	The State Hospital
Jennifer Russell	Mental Health Integration Manager	NHS Lanarkshire
Helen Samborek	Senior Inspector	Healthcare Improvement Scotland
Cliff Sharp	Medical Director	NHS Borders
Ian Smith	Head of Quality of Care	Healthcare Improvement Scotland
Emma Vaughan	Senior Charge Nurse	NHS Greater Glasgow & Clyde

We would also like to acknowledge the contribution provided from our colleagues in Community Engagement.

Appendix 3: List of clinical and non-clinical areas visited

- Action 15 Funding Panel, Perth
- Angus Care and Professional Governance, Angus House, Forfar
- Assertive Rehab Team Meeting Recovery Centre and wider team, Dundonald Centre, Dundee
- Clinical & Professional Team Managers, Murray Royal Hospital, Perth
- Clinical Team Manager & Senior Occupational Therapist, Arbroath
- CMHT (Access Team) meet and shadow, Perth
- CMHT (East), Dundee
- CMHT (North Angus), Stracathro Hospital, Brechin
- CMHT (North Perthshire), Blairgowrie Community Hospital
- CMHT (Perth City), Perth Royal Infirmary, Perth
- CMHT (South Angus), Arbroath
- CMHT (South) Staff team meeting, Arbroath
- CMHT (South Perthshire), Crieff
- CMHT (South) Allocation Meeting, Arbroath
- CMHT (South) follow up, Arbroath
- CMHT (West), Dundee
- CRHTT Huddle, Dundee
- CRHTT (shadow), Dundee
- Daily Triage Meeting, Perth Royal Infirmary
- DBT Staff Consultant, Perth Royal Infirmary
- Dundee Mental Health & Wellbeing SPG – Employment Support Service, Dundee
- EMIS meeting, Dundee
- Head of Health & Head of Service (Social Care), Perth and Kinross – Teleconference
- In-Patient Therapeutic Governance Committee (telecom), Murray Royal Hospital, Perth - Teleconference
- Inspector, Murray Royal Hospital, Perth
- Integrated Manager and Clinical Lead (telecom), Murray Royal Hospital, Perth
- LAER meeting (observing), Whitehills Hospital, Forfar
- Learning Event, Gannocy Learning Theatre, Ninewells
- Locality Manager and Clinical lead, Dundee
- Medical Director and Associate Medical Director, Dundee
- Mental Health Nursing Interface Meeting, Carseview

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DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2020 TO DECEMBER 2020

Organisation	Member	Meeting Dates January 2020 to December 2020						
		25/2	27/3	28/4	23/6	25/8	27/10	15/12
Dundee City Council (Elected Member)	Cllr Ken Lynn	A						
Dundee City Council (Elected Member)	Cllr Roisin Smith	✓						
Dundee City Council (Elected Member)	Bailie Helen Wright	✓						
NHS Tayside (Non Executive Member)	Trudy McLeay	✓						
NHS Tayside (Non Executive Member)	Jenny Alexander	✓						
NHS Tayside (Non Executive Member)	Professor Rory McCrimmon	A						
NHS Tayside (Non Executive Member)	Donald McPherson							
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓						
Chief Officer	Vicky Irons	✓						
Chief Finance Officer	Dave Berry	✓						
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers)	Vacant							
NHS Tayside (Registered Nurse)	Kathryn Brechin	✓						
NHS Tayside (Registered Medical Practitioner (not providing primary medical services)	Dr James Cotton	A						
Trade Union Representative	Jim McFarlane	✓						
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓						
Voluntary Sector Representative	Eric Knox	✓						
Service User Representative	Linda Gray	✓						
Carer Representative	Martyn Sloan	✓						
NHS Tayside (Director of Public Health)	Dr Drew Walker	✓						

✓ 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