



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

Assistant to Clerk:  
Willie Waddell  
Committee Services Officer  
Dundee City Council

City Chambers  
DUNDEE  
DD1 3BY

12th July, 2017

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER  
REPRESENTATIVES OF THE PERFORMANCE AND  
AUDIT COMMITTEE

(See Distribution List attached)

Dear Sir or Madam

**PERFORMANCE AND AUDIT COMMITTEE**

I would like to invite you to attend a meeting of the above Committee which is to be held in Committee Room 1, 14 City Square, Dundee on Wednesday, 19th July, 2017 at 2.00 pm.

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](mailto:willie.waddell@dundeecity.gov.uk).

Yours faithfully

DAVID W LYNCH  
Chief Officer



## **AGENDA**

### **1 APOLOGIES FOR ABSENCE**

### **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 MEMBERSHIP – DUNDEE CITY COUNCIL**

Reference is made to Article VII of the Dundee City Health and Social Care Integration Joint Board held on Tuesday, 27th June, 2017, wherein it was reported that the membership of the Performance and Audit Committee comprised two voting members from Dundee City Council on the basis that they do not hold the positions of Chairperson or Vice Chairperson of the Integration Joint Board.

The Committee is asked to note that the remaining two voting members Councillor Roisin Smith and Bailie Helen Wright from Dundee City Council were appointed as members of the Performance and Audit Committee.

### **4 MINUTE OF PREVIOUS MEETING - Page 1**

The minute of previous meeting of the Committee held on 14th March, 2017 is attached for approval.

### **5 CLINICAL, CARE & PROFESSIONAL GOVERNANCE EXCEPTION REPORT (PAC18-2017)**

The Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Forum (R2) reported to the Dundee Health and Social Care Partnership Integration Joint Board (IJB) in February 2017 (DIJB8 – 2017). This report provided the IJB with an update on the progress made in implementing the Clinical, Care and Professional Governance Framework. The report recommended that exception reporting be provided to every Performance and Audit Committee (PAC) and six monthly reports be provided to the IJB. At the request of the IJB an earlier progress report was submitted to the IJB in June which provided members with a further update on the progress made and summarised the work undertaken in the financial year April 2016 – March 2017. The IJB members made helpful suggestions as to how this reporting framework might be improved and this will be incorporated into the future reports to both the IJB and the Performance and Audit Committee.

The information for period April 2017 – June 2017 will be considered by the R2 Forum in July 2017 and as such is not available for the PAC meeting. The timing of meetings will be reviewed in line with the PAC arrangements to ensure reports are available for future meetings. The PAC is therefore asked to note the following information:

1. There is a robust, single reporting arrangement in place to support consideration of health governance matters. This was previously established within Dundee CHP. The framework is being mapped against social care governance arrangements to align systems and further develop integrated performance reporting. A development day is being held on 17 July 2017 to support this.
2. The annual summary report to the IJB identified the areas considered by R2 during the period April 2016 – March 2017. There were no significant outstanding governance issues identified as part of this process.
3. The R2 has considered both governance and risk issues for three service areas, Palliative Care Services, Mental Health Officer Service and Tayside Substance Misuse Service. The following was reported within in the yearly summary presented to the IJB:

#### Palliative Care Services

- The Managed Clinical Network will support the wider community based aspects of Palliative and End of Life Care (PEOLC) across all of Tayside, with potential for the development of a standardised approach.
- Processes are being developed collaboratively to ensure that staff, within specialist palliative care, not only deliver specific care directly, but support others to deliver palliative care through support, education and resources.
- Clear clinical and management leadership structures in place which will support the development of standards and outcomes and feed into the Corporate, Clinical and Financial Governance across the three partnership areas.
- There will be a challenge in maintaining the benefits of a Tayside model while developing locality based approaches.
- Governance data reporting to be further developed for next reporting period.

#### Mental Health Officer Service

- High level of engagement in taking forward the development of the service.
- Additional posts established through new monies to support capacity issues but current vacancies within the service impacting on capacity.
- Procedures are being finalised for Adults with Incapacity (Scotland) Act 2000 (AWI) and Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA) to meet national standards.
- Service review in place and initial report produced – recommendations to be agreed and fully implemented.
- Capacity issues continue to arise and further discussion required around approaches and processes.
- Risks identified included difficulties in supporting out of hours responses and any potential impact from the NHS Tayside Mental Health services review.

#### Tayside Substance Misuse Services

- Noted that this is an early report as service recently moved to partnership and data reporting systems still being explored.
- High level of reported risks and incidents (Local Adverse Event Reviews; Significant Case Adverse Events; DATIX reports).
- Clinical risk improvement actions being worked through.
- Particular issues identified around prescribing which will be further explored through the Medicine Management Group.
- Service is currently meeting the HEAT targets, however there are high levels of demand throughout the service which impacts on the capacity of the service.
- Management team is currently reviewing the key strengths and risks of the service to inform service redesign and are progressing arrangements to strengthened clinical, care and professional governance arrangements at a Dundee level which in turn will also inform the Tayside Mental Health Clinical, Care and Professional Governance Speciality Group.

### **6 DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT REPORT 2016/17 AND ANNUAL GOVERNANCE STATEMENT - Page 3**

(Report No PAC14-2017 by the Chief Finance Officer, copy attached).

### **7 DRAFT ANNUAL ACCOUNTS 2016/17 - Page 19**

(Report No PAC12-2017 by the Chief Finance Officer, copy attached).

### **8 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT (QUARTERS 3 & 4) - Page 63**

(Report No PAC15-2017 by the Chief Finance Officer, copy attached).

## **9 ANNUAL PERFORMANCE REPORT UPDATE - Page 89**

(Report No PAC16-2017 by the Chief Finance Officer, copy attached).

## **10 OUTCOME OF CARE INSPECTORATE INSPECTIONS - Page 93**

(Report No PAC17-2017 by the Chief Finance Officer, copy attached).

## **11 PROGRAMME OF MEETINGS**

The Committee is asked to note that the programme of meetings of the Committee for the remainder of 2017 is as follows:-

<u>Date</u>	<u>Time</u>	<u>Venue</u>
Tuesday, 12th September 2017	2.00 pm	Committee Room 2, 14 City Square, Dundee
Tuesday, 28th November 2017	2.00 pm	Committee Room 1, 14 City Square, Dundee

## **12 DATE OF NEXT MEETING**

The next meeting of the Committee will be held in Committee Room 2, 14 City Square, Dundee on Tuesday, 12th September, 2017 at 2.00 pm.



**PERFORMANCE AND AUDIT COMMITTEE**  
**PUBLIC DISTRIBUTION LIST**

**(a) DISTRIBUTION – PERFORMANCE AND AUDIT COMMITTEE**

**(\* - DENOTES VOTING MEMBER)**

<b><u>Role</u></b>	<b><u>Recipient</u></b>
Non Executive Member (Chair)	Doug Cross *
Elected Member	Councillor Roisin Smith *
Elected Member	Bailie Helen Wright *
Non Executive Member	Judith Golden *
Chief Officer	David W Lynch
Chief Finance Officer	Dave Berry
Registered medical practitioner employed by the Health Board and not providing primary medical services	Cesar Rodriguez
Chief Social Work Officer	Jane Martin
Chief Internal Auditor	Tony Gaskin
Staff Partnership Representative	Raymond Marshall

**(b) DISTRIBUTION – FOR INFORMATION ONLY**

<b><u>Organisation</u></b>	<b><u>Recipient</u></b>
NHS Tayside (Chief Executive)	Lesley McLay
Dundee City Council (Chief Executive)	David R Martin
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee City Council (Members' Support)	Sharron Wright
Dundee City Council (Communications rep)	Merrill Smith
Dundee Health and Social Care Partnership	Arlene Hay
Dundee Health and Social Care Partnership	Diane McCulloch
NHS Tayside (Communications rep)	Jane Duncan
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
NHS (PA to Tony Gaskin)	Carolyn Martin
Audit Scotland (Senior Audit Manager)	Bruce Crosbie







At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 14th March, 2017.

Present:-

**Members**

**Role**

Doug CROSS ( <i>Chairperson</i> )	Nominated by Health Board (Non Executive Member)
David BOWES	Nominated by Dundee City Council (Elected Member)
David W LYNCH	Chief Officer
Dave BERRY	Chief Finance Officer
Cesar RODRIGUEZ	Registered Medical Practitioner (not providing primary medical services)

Also in attendance:-

Tony GASKIN	Chief Internal Auditor
Bruce CROSBIE	Audit Scotland

Doug CROSS, Chairperson, in the Chair.

**I APOLOGIES FOR ABSENCE**

Apologies for absence were submitted on behalf of Councillor Stewart Hunter, Judith Golden and Jane Martin.

**II DECLARATION OF INTEREST**

No declarations of interest were made.

**III MINUTE OF PREVIOUS MEETING**

The minute of meeting of the Committee held on 17th January, 2017 was submitted and approved.

**IV AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2016/2017**

There was submitted Report No PAC11-2017 by the Chief Finance Officer the purpose of which was to note and approve the proposed Dundee City Integration Joint Board Annual Audit Plan 2016/17 as submitted by the IJB's appointed External Auditor (Audit Scotland).

The Committee agreed to note and approve the proposed Audit Plan for 2016/17 as submitted by Audit Scotland.

**V ANNUAL PERFORMANCE REPORT**

There was submitted Report No PAC7-2017 by the Chief Finance Officer updating the Performance and Audit Committee on the planned approach to producing the 2016/17 Health and Social Care Partnership Annual Performance Report.

The Committee agreed:-

- (i) to note the updates provided; and

- (ii) to remit the Chief Finance Officer to co-ordinate and collate information to be included in the annual performance report, ensure legislative requirements were met, analyse information and data and ensure that information was used to inform strategic planning.

## **VI SOURCE LINKED DATASET**

There was submitted Report No PAC8-2017 by the Chief Finance Officer updating the Performance and Audit Committee on progress towards submitting a complete data set to the SOURCE project and plans to utilise this data to inform strategic planning and performance improvement.

The Committee agreed:-

- (i) to note the contribution from Dundee Health and Social Care Partnership towards the SOURCE project as described at Section 4.2 of the report; and
- (ii) to note the areas, set out at Section 4.3 of the report which would be further progressed and developed under the direction of the Performance and Audit Co-ordination Group.

## **VII MENTAL WELFARE COMMISSION REPORT – KINGSWAY CARE CENTRE**

There was submitted Report No PAC10-2017 by the Chief Finance Officer advising the Performance Audit Committee of the outcome of the recent visit by the Mental Welfare Commission to Kingsway Care Centre.

The Committee agreed:-

- (i) to note the content of the Mental Welfare Commission's report following their recent visit to Kingsway Carer Centre, a copy of which was attached to the report as an appendix;
- (ii) to note the positive comments made in the report and the progress made in relation to service delivery;
- (iii) to note the content of the formal response to the recommendations contained within the report as described in Section 4.2 of the report.

## **VIII DATE OF NEXT MEETING**

The Committee noted that the next meeting of the Committee would be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 20th June, 2017 at 2.00 pm.

Doug CROSS, Chairperson.



**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 19 JULY 2017

**REPORT ON:** DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT REPORT 2016/17 & ANNUAL GOVERNANCE STATEMENT

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC14-2017

## **1.0 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to advise the Performance and Audit Committee of the outcome of the Chief Internal Auditor's Report on the Integration Joint Board's internal control framework for the financial year 2016/17 and to agree the IJB's revised Annual Governance Statement following this assessment.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the content and findings of the attached Annual Internal Audit Report 2016/17 (Appendix 1);
- 2.2 Instructs the Chief Finance Officer to develop an action plan in response to identified issues for consideration by management arising from this report.
- 2.3 Notes and approves the revised Annual Governance Statement (Appendix 2) following the Chief Internal Auditor's conclusion that reliance can be placed on the IJB's governance arrangements and systems of internal control for 2016/17 and instructs the Chief Finance Officer to incorporate this within the IJB's Draft Annual Accounts

## **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 IJB agreed in May 2016 to appoint the Chief Internal Auditor of NHS Tayside to the role of Chief Internal Auditor of Fife, Tayside and Forth Valley Audit and Management Services (FTF) as the IJB's lead internal auditors for 2016/17. This role has been 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 2016/17.

- 4.3 The Chief Internal Auditors' assessment of these frameworks concludes that the IJB had adequate and effective internal controls in place proportionate to its responsibilities in 2016/17. In addition, the Chief Internal Auditor is satisfied that the Governance Statement is consistent with the information gathered from their audit work.
- 4.4 The audit report recommends that an action plan is drawn up to ensure a range of planned improvements for 2017/18 and other developing issues are managed effectively and the Chief Finance Officer will develop this accordingly for consideration at the Performance and Audit Committee meeting on the 12 September 2017.
- 4.5 The IJB's Draft Annual Accounts 2016/17 included a draft Annual Governance Statement which was subject to review by the Chief Internal Auditor as part of the Internal Audit assessment of the adequacy and effectiveness of the IJB's arrangements for risk management, governance and internal control. The assurance now provided through the Annual Internal Audit report supports the IJB's assessment of the adequacy and effectiveness of these controls and the Annual Governance Statement has been amended accordingly.

## **5.0 POLICY IMPLICATIONS**

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 CONSULTATIONS**

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

## **7.0 BACKGROUND PAPERS**

None.

Dave Berry  
Chief Finance Officer

DATE: 4 July 2017

## APPENDIX 1

## FINAL REPORT

**DUNDEE IJB  
INTERNAL AUDIT SERVICE****ANNUAL INTERNAL AUDIT REPORT****2016/2017**

Issued To: D Lynch, Chief Officer  
D Berry, Chief Finance Officer

Dundee Integration Joint Board  
External Audit- Audit Scotland

Date: 6 July 2017

## ANNUAL INTERNAL AUDIT REPORT 2016/17

### INTRODUCTION AND CONCLUSION

1. Legislation to implement health and social care integration came into force on 1 April 2016, following the Public Bodies (Joint Working) (Scotland) Act 2014.
2. 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.
3. This guidance states that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control.
4. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control.
5. Guidance issued in April 2017 requires IJBs to prepare their annual accounts and governance statements in accordance with Local Authority Accounts (Scotland) Regulations 2014. These regulations require an authority to:
  - i) Be responsible for ensuring that the financial management of the authority is adequate and effective and that the authority has a sound system of internal control which:
    - (a) facilitates the effective exercise of the authority's functions; and
    - (b) includes arrangements for the management of risk.
  - ii) Conduct a review at least once in each financial year of the effectiveness of its system of internal control.
6. The CIPFA 'Delivering Good Governance' in Local Government Framework 2016 places a responsibility on the authority to ensure additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor.
7. 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. As Chief Internal Auditor, this annual report to the IJB provides my opinion on the IJB's internal control framework for the financial year 2016/17.
8. This review examined the framework in place during the financial year 2016/2017 to provide assurance to the Chief Officer, as Accountable Officer, that there is a sound system of internal control that supports the achievement of the IJB's objectives. It considered:
  - ✧ Corporate Governance
    - Clinical Governance
    - Staff Governance
    - Financial Governance
    - Information Governance

9. The 2015/16 IJB Annual Internal Audit Report 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. While the challenges to describing the new HSCI relationships and governance arrangements are well understood by the parties, there remains a need to agree and document a clear, consistent and coherent understanding of HSCI risks and accountabilities, so that comprehensive assurance systems can be developed which reflect shared understanding, minimise duplication as far as possible and ensure there are no omissions. We recognise that the Chief Officer has articulated a clear vision for IJB governance and that the IJB set out its position clearly in a paper on Health and Social Care Governance to the May 2016 IJB Board. However, the details and consequences have not yet been formally agreed with both parties, with further work required to ensure that these principles are embedded within the governance and assurance structures of all three bodies and that the resultant changes are enacted.
10. Whilst not all key principles were formally agreed by year-end and there is no formal agreement setting out the precise responsibilities of the IJBs, Tayside NHS Board and the Councils in relation to operational activities and the exact nature of the delegation of functions to the IJBs, significant progress has been made.
11. As IJBs continue to evolve it is important that there is clarity around these issues particularly in relation to the provision of assurances and risk management as well as a clear understanding around the tripartite roles of IJB Chief Officers.
12. The IJB has produced a draft Governance Statement for 2016/17. This includes a statement that an action plan to meet any identified recommendations from this report will be produced and agreed by the Performance and Audit Committee and will be incorporated into the above Annual Governance Statement to form the final Annual Accounts Statement.
13. As Chief Internal Auditor, this annual report to the IJB provides my opinion on the IJB's internal control framework for the financial year 2016/17.
14. Based on work undertaken I have concluded that:
 

- **Reliance can be placed on the IJBs governance arrangements and systems of internal controls for 2016/17.**
15. 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.**
16. The CIPFA publication 'Delivering Good Governance in Local Government Framework 2016' lists key elements of the structures and processes that comprise an authority's governance arrangements and this includes the requirement for 'Ensuring that financial management arrangements conform with the governance requirements of the CIPFA Statement on the Role of the Chief Financial Officer in Local Government (2015) and, where they do not, explain why and how they deliver the same impact'.

17. The CIPFA statement on 'The role of the Chief Financial Officer in Local Government' includes 5 principles which are broken down into the core activities and behaviours that belong to the role of the CFO in public service organisations and the organisational arrangements needed to support them. A self assessment assessing compliance against each of these elements as well as referring to evidence demonstrating compliance and explanations for non-compliance was completed.
18. We have validated this self assessment through review of available documentary evidence and through professional judgment of subjective assessments and have concluded that all assessments reached are consistent with our findings.

## ACTION

19. The IJB is asked to **note** this report in evaluating the internal control environment for 2016/17 and **consider** any actions to be taken on the issues reported for consideration.

## INTERNAL CONTROL

20. Following a meeting of Dundee IJB in May 2016, FTF were appointed as the IJB's Internal Audit Service in conjunction with our Local Authority colleagues. We can confirm that FTF complies with the Public Sector Internal Audit Standards (PSIAS). The 2016/17 internal audit plan was approved by the IJB in December 2016. Audit work has been undertaken, in partnership with the Dundee City Council Internal Audit Service, sufficient to allow the Chief Internal Auditor to provide his opinion on the adequacy and effectiveness of internal controls, with two further reports to be completed by the September 2017 Audit Committee.
21. To inform our assessment of the internal control framework, we developed a self assessment governance checklist for completion by management. The checklist was based on requirements of the Integration Scheme, guidance issued by the Scottish Government to support Health and Social Care Integration and best practice. It was also cross referenced to the requirements of the CIPFA 'Delivering Good Governance in Local Government Framework 2016' and supporting guidance notes for Scottish Authorities. Internal Audit validated the assessments reached through discussion with management and examination of the supporting evidence and documentation.
22. The Audit Committee will also receive additional assurance on the control systems in place within the parent bodies and an understanding of the wider governance and control framework within which the IJB operates, through the presentation of the Dundee City Council and NHS Tayside Annual Internal Audit reports and an assurance letter from the NHS Tayside Audit Committee Chair.
23. Based on our validation work, we can provide assurance on the following key arrangements in place by 31 March 2017; as well as ongoing and planned work in 2017/18. Based on our assessment, we also recommend further issues for consideration by management.
24. Our evaluation of the IJB's Governance Framework is summarised below.



<b>A - Corporate Governance</b>	
<b>A1 - Key arrangements in place as at year end 2016/17</b>	
I.	From 1 April 2016, delegated and hosted functions transferred to Dundee IJB and in turn, the IJB directed these functions to be carried out by Dundee City Council or NHS Tayside, and in respect of these matters agreed to make available to NHS Tayside and Dundee City Council the sums determined in accordance with the method set out in the Integration Scheme.
II.	In May 2016, the IJB approved an updated Code of Conduct for Members of the Dundee IJB in line with the statutory instrument issued and submitted to the Scottish Government. Standing Orders were appropriately updated to take account of this. A Standards Officer was also nominated and held a briefing session with IJB members to advise of their duties and responsibilities with regard to their role within the IJB.
III.	The IJB noted a paper on Health & Social Care Governance in May 2016.
IV.	The IJB received a report on implementation of the Strategic and Commissioning Plan in December 2016 informing members of progress towards the strategic shifts.
V.	A report on the progress in developing and implementing the performance framework was reported to the IJB in August 2016 and to the newly established Performance and Audit Committee in January 2017. This committee also received a report on the process for the annual performance report in March 2017.
VI.	Following the adoption of the IJB's Risk Management Policy and Strategy in May 2016, the high level risk register was reported to the IJB in August 2016 and to the Performance and Audit Committee in January 2017. The risk register identifies the ten key strategic risks for the partnership alongside the risk owner, inherent and current risk scores, current internal controls action and information on the current status of the risk.
VII.	In February 2016, the IJB considered the Audit Scotland report on Health and Social Care Integration. The IJB's position with regard to the report recommendations was monitored by the Performance and Audit Committee in January 2017.
VIII.	The remit and membership of the Performance and Audit Committee was agreed in August 2016 and the first meeting took place in January 2017.
IX.	In May 2016 the IJB approved the Mainstreaming Equalities Report and agreed the reporting cycle.
X.	Following the 2015/16 Annual Internal Audit Report, a governance action plan was developed and an update reported to the Performance and Audit Committee in January 2017. A number of actions remained outstanding at year end and we have reviewed these to ensure that all issues have been incorporated within this report. These issues should continue to be monitored to ensure they are addressed.
<b>A2- Developments in 2017/18- in place or planned by management</b>	
I.	Following the presentation to the IJB of the high level risk register, the CFO was remitted to bring an integrated operational risk register to the IJB as well as continuity plans for operational IJB functions. This is at development stage

	presently and will be monitored by the Performance and Audit Committee once implemented.
II.	The standard IJB report structure already requires consideration to be given to implications arising in relation to finance, risk management and equalities issues associated with decision making. An enhanced risk assessment section is to be included in future IJB reports.
III.	A draft Governance Statement has been prepared for 2016/17.
IV.	In line with ongoing national work, Dundee IJB is participating in work in relation to further clarification on Large Hospital services and set aside budget. We would recommend that the IJB receive regular updates on these arrangements.
V.	The Market Facilitation Strategy 'Shaping the Adult Health and Social Care Market in Dundee 2017-2021' was noted by the IJB in April 2017.
VI.	A mechanism is to be developed for the IJB to formally assess whether the level of Corporate Support it receives is sufficient to enable the IJB to successfully deliver the Strategic Plan. Internal Audit report DD06/17 will also comment on this area.
VII.	The partnership is contributing towards the development of the Local Outcome Improvement Plan for Dundee.
VIII.	The Annual Performance report is currently being developed and includes information to address the requirements under Best Value with information drawn from the Transformation Programme, financial information and wider service redesign initiatives.
<b>A3 - Recommended further issues for consideration by management</b>	
I.	A Participation and Engagement Strategy was originally approved in February 2016 but no updates have come back to the IJB during 2016/17.
II.	The IJB received a report in June 2017 on the financial performance of Hosted Services across Tayside for 2016/17 including recovery plans being developed by Angus and Perth & Kinross IJBs for those services facing significant financial pressures. Further work is required on both a Tayside and Dundee basis to update the Memorandum of Understanding for Hosted Services agreed in February 2016, to take into account of the differing governance arrangements emerging amongst the IJBs, as well as to develop performance reporting for hosted services and sharing information across the partnerships.
III.	The 2015/16 IJB Annual Internal Audit Report 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. Whilst progress has been made, including the May 2017 paper referred to above, not all key principles were agreed by all parties across Tayside by the year-end and there is as yet no formal written agreement setting out the precise responsibilities of the IJB, Tayside NHS Board and the Council in relation to operational activities and the exact nature of the delegation of functions to the IJBs.
IV.	The risk register does not currently contain information on assurances in place against the controls for each risk, nor timescales for action. Such reporting arrangements should be reviewed, specifically in relation to

<p>explicitly linking objectives, risks, controls/actions and assurances/performance reporting within the context of the IJB governance structures. As set out in paragraphs 9-11 above, risk management arrangements including the Risk Management Strategy should also be reviewed following the conclusion of the governance work currently underway.</p> <p>V. Formal reporting of the clarification of deputising arrangements is still due to be presented to the IJB; although a Scheme of Delegation has been presented which provides information on the powers of the deputy without overtly nominating an individual to perform the role.</p> <p>VI. Best practise would be for an action points update on decisions taken at previous meetings to be a standing agenda item for the IJB and Performance and Audit Committee.</p>
<p><b>B - Clinical &amp; Care Governance/ Financial Governance/ Staff Governance/ Information Governance</b></p>
<p><b>B1 - Key arrangements in place as at year end 2016/17</b></p>
<p>I. Financial regulations were adopted in May 2016</p> <p>II. On an annual basis the IJB has to formally agree a devolved budget with Dundee City Council and NHS Tayside. In June 2016, the IJB received a report which confirmed the overall delegated budgeted resources from the parties and accepted the level of resources although reference was made to the risk sharing agreement. The same report also included information on service redesign proposals and a cost reduction and efficiency savings plan was approved, to address the shortfall resulting from the level of resources available.</p> <p>III. Since August 2016 each meeting of the IJB has received a financial monitoring report which includes updates on the financial position and financial outturn forecasts. Additional partnership funds are also monitored. Details of the Transformation programme of the Dundee HSCP and how this links with the actions reflected in the strategic and commissioning plan were reported in August 2016 and progress is monitored through the financial monitoring reports.</p> <p>IV. An overall underspend position was achieved at year end 2016/17. However, this included a substantial overspend on (hosted) NHS Tayside services and GP Prescribing currently directly covered by the risk sharing agreement. Underspends on Dundee City Council Services can be carried forward in reserves. Additionally, there will be a carry forward position of additional specific partnership funds.</p> <p>V. An update was received in February 2017 in relation to the implementation of the Clinical, Care &amp; Professional Governance Framework. The IJB agreed that an exception report is to come to every Performance &amp; Audit Committee meeting and a six monthly report to the IJB beginning October 2017.</p> <p>VI. The Dundee Health and Social Care Clinical, Care and Professional Governance Forum (R2) is in place and met 6 times during the year 2016/17</p> <p>VII. The IJB, as well as the Performance &amp; Audit Committee since its establishment, regularly received outcomes of Care Inspectorate Inspection reports.</p>

<p>VIII. The Chief Social Work Officer's Annual report for 2015/16 was reported to the December 2016 IJB meeting. In addition, the IJB received the following reports in year:</p> <ul style="list-style-type: none"> <li>• Independent convenor's biennial report of the Adult Support and Protection Committee 2014-2016;</li> <li>• Annual report of the Drug Deaths Review and Working Group on Drug Deaths in Tayside 2015;</li> <li>• Director of Public Health Annual report 2015/16.</li> </ul> <p>IX. The development and implementation of existing and new processes for the partnership's complaints procedure were reported in June 2016. In April 2017, the decision was taken that 3 monthly reports would be provided to the Performance and Audit Committee on complaints.</p> <p>X. A Workforce and Organisational Development Strategy is in place, as well as a Dundee Health and Social Care Partnership Staff Forum which held meetings throughout the year.</p>
<p><b>B2- Developments in 2017/18 - in place or planned by management</b></p>
<p>I. The IJB received an Annual report of the Dundee Health and Social Care Partnership Clinical Governance and Risk Management Forum (R2) in June 2017.</p> <p>II. Developments are planned to ensure appropriate assurance on clinical &amp; care governance which includes a review of the remit, membership and reporting arrangements of the R2 forum. The R2 group is now also reporting to the NHS Tayside Clinical Quality Forum.</p> <p>III. As agreed by the IJB in October 2016, the CFO is to bring back a paper on the final financial implications and any subsequent issues arising following full implementation of the living wage commitment for care workers in adult social care.</p> <p>IV. A Scheme of Delegation for the Chief Officer as well as a Reserves Policy for the IJB were approved in April 2017.</p> <p>V. Work is ongoing in relation to an Information Sharing Protocol for a new client management system to be implemented.</p>
<p><b>B3 - Recommended further issues for consideration by management</b></p>
<p>I. A Scheme of Further Delegation needs to be documented for IJB services directed to NHS Tayside and Dundee City Council.</p> <p>II. Whilst workforce is one of the high level risks of the IJB, reporting on workforce and staff governance is currently limited at IJB level. Consideration should be given to reporting arrangements against the Workforce and Organisational Development Strategy, as well as the partnership forum.</p> <p>III. Developments in relation to clinical and care governance should take into account the Social Work Scotland guidance document on Governance for quality social care in Scotland.</p> <p>IV. Consideration should be given to arrangements required by the IJB to comply with Freedom of Information and Public Records legislation.</p>

## **ACKNOWLEDGEMENT**

25. 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

Ref.	Finding	Audit Recommendation	Priority	Management Response/ Action	Action by/Date
1.	Our evaluation of the IJB's governance framework has identified planned improvements for 2017/18 as well as further issues for consideration by management.	We would recommend that an action plan setting out a timetable for implementation is drawn up by officers and approved and monitored by the IJB or an appropriate governance committee.	2	Agreed: Action Plan to be reported to the Performance and Audit Committee.	Chief Finance Officer  To be presented to the Performance and Audit Committee meeting in September 2017

## **Annual Governance Statement**

### **Introduction**

The Annual Governance Statement explains Dundee 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 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.

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

### **The Governance Framework and Internal Control System**

Dundee 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 appointed by the Integration Joint Board. Throughout 2016/17, the Integration Joint Board continued to develop and enhance its governance arrangements as it became responsible for the strategic and operational management of delegated health and social care services.

The main features of the governance framework in existence during 2016/17 were:

- The Integration Scheme as the overarching agreement as to how the planning for and delivery of delegated health and social care services is to be achieved, including a range of governance arrangements remained unchanged during 2016/17.
- Dundee Integration Joint Board has appointed its senior leadership team including the appointment of the Chief Officer in accordance with Section 10 of The Public Bodies (Joint Working) (Scotland) Act 2014 and the Chief Financial Officer in terms of section 95 of the Local Government (Scotland) Act 1973. The Chief Financial 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.
- 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 2016/17.
- A Performance and Audit Committee was established as a Sub Committee of Dundee Integration Joint Board to enhance its audit, scrutiny and performance monitoring arrangements in line with regulations and good practice governance standards in the public sector.
- Internal Audit arrangements for 2016/17 were approved including the appointment of the Chief Internal Auditor with a partnership approach to internal audit services to the Dundee Integration Joint Board between Fife, Forth Valley and Tayside Internal Audit Services and Dundee City Council's Internal Audit Service. An Internal Audit Plan for 2016/17 was approved drawing on resources from both organisations.

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2016/17 this included the following:

- The governance arrangements between Dundee Integration Joint Board, Dundee City Council and NHS Tayside were consolidated into a single document (Report DIJB21-2016) on 4 May 2016.
- A Risk Management Policy and Strategy and a High Level Risk Register for the Integration Joint Board with regular review were developed and approved.

- An Equalities Outcomes and a Mainstreaming Equalities Framework with associated performance measures to meet its obligations under Equalities legislation was adopted by the Integration Joint Board.
- The level of assurance provided by the Chief Internal Auditor as part of the 2015/16 Internal Audit Review in that Dundee Integration Joint Board had adequate and effective controls in place proportionate to its responsibilities at the time and recommended actions was noted by the Integration Joint Board.
- Dundee Integration Joint Board noted the Chief Internal Auditors opinion that the financial assurance / due diligence process followed was robust and carried out in line with guidance with acknowledgement of the level of collaborative working which took place throughout the process and the recommended actions which followed.
- A new Complaints Procedure for the Integration Joint Board was developed.
- The performance management framework was developed with a range of performance reports published throughout the year, including specific areas such as Discharge Management performance and Measuring Performance Under Integration, initially to the Integration Joint Board and subsequently to the Performance and Audit Committee once established.
- The 2016/17 delegated budget was approved by Dundee Integration Joint Board, with the risk sharing arrangement with NHS Tayside invoked for specific areas such as prescribing whereby the financial risks of those budgets would remain with NHS Tayside.
- A process of regular reporting of financial performance and monitoring to the Integration Joint Board was in place throughout 2016/17.
- The Integration Joint Board received in-year reporting of progress made in meeting the strategic priorities as set out in the Strategic & Commissioning Plan.
- The Integration Joint Board received in-year reporting on issues relating to Clinical, Care and Professional Governance.
- The wider financial settlement facing Dundee City Council and NHS Tayside and estimated implications for Dundee Integration Joint Board in 2017/18 and beyond were communicated to the Integration Joint Board as part of the Revenue Budget setting process with a subsequent budget proposal for 2017/18 and approved Transformation Programme.
- A process of ensuring the Performance & Audit Committee has sight of a range 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 is in place.
- Dundee Integration Joint Board has adopted Audit Scotland's Annual Audit Plan 2016/17.
- Dundee Integration Joint Board has approved a Reserves Policy.

Dundee Integration Joint Board complies 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 Financial 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.

### **Review of Adequacy and Effectiveness**

Dundee 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 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 Financial Officer. 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. There were no significant internal control issues identified by the self-assessment review.



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. 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 2016/17, no such areas of concern were noted by the Chair of the Performance and Audit Committee.

The Chief Internal Auditor has carried out his review of the adequacy and effectiveness of the IJB's framework of governance, risk management and control. The findings of this review are reflected in the Annual Internal Audit Report 2016/17 which supports the outcome of the self-assessment process noted above and concludes that reliance can be placed on the IJB's governance arrangements and systems of internal controls for 2016/17. The Chief Internal Auditor has noted a number of recommendations for further consideration by management and an action plan to meet these will be developed and submitted to the Performance and Audit Committee for approval at its meeting on the 12<sup>th</sup> September 2017.

### **Conclusion and Opinion on Assurance**

While recognising that the above Annual Governance Statement is subject to Internal Audit assessment, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of Dundee 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.





**REPORT TO:** PERFORMANCE AND AUDIT COMMITTEE – 19 JULY 2017

**REPORT ON:** DRAFT ANNUAL ACCOUNTS 2016/17

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC12-2017

## **1.0 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to present for noting the Integration Joint Board's Draft Annual Statement of Accounts 2016/17.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the Integration Joint Board's Draft Annual Statement of Accounts 2016/17 as outlined in Appendix 2;
- 2.2 Instructs the Chief Finance Officer to include the revised Annual Governance Statement as noted in Item 6 on the agenda with the Draft Annual Statement of Accounts and submit to Audit Scotland to enable the External Audit process to progress.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 The draft annual accounts statement for the year end 31 March 2017 highlights that the IJB made an overall surplus of £4.963m in 2016/17 primarily due to the impact of planned carry forward of Change Funding to support tests of change and to meet demographic pressures in line with the Integration Joint Board's (IJB) Transformation Programme.

## **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 2017 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 Dundee IJB became operationally responsible for delegated health and community social care services with effect from 1 April 2016 therefore these accounts reflect the first year of the IJB's financial performance of managing and delivering integrated services. As such, previous years comparison is limited to IJB running costs only given this was the basis on which the 2015/16 IJB accounts were prepared. 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 2017 to the IJB's external auditors (Audit Scotland for 2016/17). Given the timescales for submission, the Draft Accounts were considered and approved by Dundee IJB at its meeting held on the 27 June 2017 and are brought to the Performance and Audit Committee for noting.

#### 4.1.3 The 2016/17 Annual Accounts comprise:-

- a) Comprehensive Income and Expenditure Statement – This statement shows that Dundee Integration Joint Board made an overall surplus of £4.963m in 2016/17 on the total income of £257.5m. This overall underspend (1.9% of 2016/17 income) will be carried forward into 2017/18 through the Integration Joint Board's reserves.
- b) Against health budgets an underlying overspend of £3.462m was reported. This consisted of an overspend of £2.209m in prescribing, £1.394m net effect of charges for hosted services, with an underspend of £141k on services directly managed by the Integration Joint Board. However, in line with the risk sharing agreement agreed with NHS Tayside and Dundee City Council for the first two years of Dundee Integration Joint Board, NHS Tayside devolved further non-recurring budget to the Integration Joint Board to balance income with expenditure.
- c) Against Social Care budgets, an underlying underspend of £1.032m was reported with a further £3.931m of underspend in change funding flowing through in 2016/17 to support future years commitments. The Integration Scheme sets out that underspends will be retained by Dundee Integration Joint Board as reserves following agreement with the Partners.
- d) Movement in Reserves – Dundee Integration Joint Board carried nil reserves into 2016/17 but, due to the operating surplus noted above, has year-end reserves of £4.963m. These are held in line with the Integration Joint Board's reserves policy.
- e) 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.
- f) 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 in Appendix 1.

4.1.5 The annual accounts document contains a Governance and Assurance Statement which is based on a self-assessment process. The draft IJB governance statement included within the draft annual accounts presented to the IJB on 27 June 2017 has now been independently assessed by Internal Audit and presented as item 6 on today's agenda.

4.1.6 Once submitted, Audit Scotland will assess these accounts in line with their Annual Audit Plan for Dundee IJB approved at the Performance and Audit Committee in March 2017 and produce an independent auditors' report setting out their opinion on the annual statement by 30 September 2017. The outcome of this will be incorporated into the annual accounts and will subsequently be presented to the Performance and Audit Committee for final approval. The draft unaudited accounts are shown in Appendix 2.

## 5.0 POLICY IMPLICATIONS

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 CONSULTATIONS

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

## 7.0 BACKGROUND PAPERS

None.

Dave Berry  
Chief Finance Officer

DATE: 19 June 2017

**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 2016/17 provided for a budgeted payment of £79.376m from Dundee City Council to the Dundee 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, inclusion of central support.). To compensate for this the Dundee Integration Joint board was provided with a corresponding increase in funding. This meant that the total funding provided to the IJB was £84.066m, an increase of £4.690m.

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:-

<b>DCC Funding to Dundee Integration Joint Board (DIJB)</b>	<b>£000</b>
<b>Initial Dundee City Council contribution to DIJB</b>	<b>79,376</b>
Additional Funding from Dundee City Council	4,690
<b>Total Funds provided by Dundee City Council</b>	<b>84,066</b>

**NHS Tayside Variations** – The financial reporting process throughout the year highlighted significant pressures on NHS Tayside related services leading to an overspend which as part of the risk sharing arrangement was to be funded from NHS Tayside.. This means that the funding provided by NHS Tayside is in excess of that outlined in the integration agreement.

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 outlined below:-

<b>NHS Funding to Dundee Integration Joint Board (DIJB)</b>	<b>£000</b>
<b>Initial NHS Contribution to DIJB (incl Large Hospital Set Aside)</b>	<b>169,487</b>
Add: Supplementary Budget Adjustments	1,789
Add: Additional Funding to Cover Overspends	3,462
Add: Net Effect of Hosted Services Budget	4,979
<b>Final NHS contribution to DIJB</b>	<b>179,717</b>

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

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

To support this position the following text is included on the face of the 2016/17 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.



# **Dundee Integration Joint Board**

*(Commonly known as the Dundee Health and Social Care Partnership)*

## **Annual Accounts 2016/17** **Unaudited**

## CONTENTS

<b>Management Commentary.....</b>	<b>3</b>
<b>Statement of Responsibilities.....</b>	<b>10</b>
<b>Remuneration Report.....</b>	<b>12</b>
<b>Annual Governance Statement.....</b>	<b>17</b>
<b>Comprehensive Income and Expenditure Statement.....</b>	<b>21</b>
<b>Movement in Reserves Statement.....</b>	<b>22</b>
<b>Balance Sheet.....</b>	<b>24</b>
<b>Notes to the Financial Statements.....</b>	<b>25</b>
1. Significant Accounting Policies.....	25
2. Critical Judgements and Estimation Uncertainty.....	28
3. Events after the Reporting Period.....	29
4. Expenditure and Funding Analysis.....	29
5. Expenditure and Income Analysis by Nature.....	32
6. Taxation and Non-Specific Grant Income.....	32
7. Debtors.....	33
8. Creditors.....	33
9. Usable Reserve: General Fund.....	33
10. Unusable Reserve: Employee Statutory Adjustment Account.....	35
11. Related Party Transactions.....	36
12. Value Added Tax (VAT).....	37
13. Agency.....	37
14. Provisions.....	38
15. Independent Auditor's Report.....	39



## **Management Commentary**

### **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.

Dundee 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.

This publication therefore contains the financial statements for Dundee Integration Joint Board's first fully operational financial year, the year ended 31 March 2017. 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 Integration Joint Board**

Dundee Integration Joint Board has responsibility for providing defined health care and social care services for the residents of Dundee encompassing an area of 60 square kilometres and a population of 148,000. 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. Deprivation in Dundee is high with just over 29% of the population living in the 15% most deprived areas of Scotland. Overall Dundee is the third most deprived local authority area in Scotland, with only Glasgow and Inverclyde having higher deprivation. Dundee has the second 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. These factors highlight the scale of the challenges Dundee Integration Joint Board faces over the coming years.

The voting membership of Dundee 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 Integration Joint Board in 2016/17:

<b><u>Role</u></b>	<b><u>Member</u></b>
Nominated by Health Board	Doug Cross*
Nominated by Health Board	Judith Golden*
Nominated by Health Board	Munwar Hussain*
Councillor Nominated by Dundee City Council	Ken Lynn*
Councillor Nominated by Dundee City Council	Stewart Hunter*
Councillor Nominated by Dundee City Council	David Bowes*
Chief Social Work Officer	Jane Martin
Chief Officer	David W Lynch
Proper Officer Appointed under section 95 (Chief Financial Officer)	Dave Berry
Registered medical practitioner whose name is included in the list of primary medical performers prepared by the Health Board	Frank Weber
Registered nurse who is employed by the Health Board	Sarah Dickie Eileen McKenna (resigned December 2016)
Registered medical practitioner employed by the Health Board and not providing primary medical services	Cesar Rodriguez
Staff of the constituent authorities engaged in the provision of services provided under integration functions	Raymond Marshall Jim McFarlane
Director of Public Health	Drew Walker
Third Sector Representative	Christine Lowden
Service user residing in the area of the local authority	Andrew Jack
Persons providing unpaid care in the area of the local authority	Martyn Sloan

\* Denotes Voting Member

The Chair of Dundee Integration Joint Board rotated from October 2016 in line with the terms of the Integration Scheme with Councillor Ken Lynn and Doug Cross changing positions to become Chair and Vice Chair respectively. Dundee Integration Joint Board is supported through the appointment of the Chief Officer and the Chief Financial Officer who alongside the Head of Health and Community Care and Head of Strategy and Performance, provide the strategic leadership and management of delegated operational services.

### **Operations for the Year**

Following the foundations set throughout the 2015/16 shadow year, Dundee Integration Joint Board (commonly known as Dundee Health and Social Care Partnership) took over formal responsibility for delivering operational health and social care services with effect from 1 April 2016 and in line with its Strategic and Commissioning Plan. This plan sets out the context in which the integrated services in Dundee operates 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."

The Strategic & Commissioning Plan focusses on delivering on the following eight strategic priorities: Health Inequalities, Early Intervention/Prevention, Person Centred Care and Support, Carers, Localities & Engaging with Communities, Building Capacity, Models of Support / Pathways of Care and Managing Our Resources Effectively.

During 2016/17, Dundee Integration Joint Board continued to develop its strategic leadership and management structure with its intentions to fully integrate health and social care services strengthened through the appointment of four locality managers, each of whom will become responsible for the planning and oversight of integrated services for two locality areas of Dundee and reporting to the Head of Health and Community Care. These localities are consistent with the eight Community Planning Partnership areas within the city.

The Partnership established a Transformation Programme during the year to support service remodelling in line with its strategic priorities through applying Scottish Government funding to support tests of change, resource the mainstreaming of successful new models of health and social care and to meet the challenges of financial efficiency savings following the establishment of the delegated budget. These tests of change have enabled the Partnership to start the process of shifting the balance of care from hospital based settings such as Royal Victoria Hospital through a redesign of the Medicine for the Elderly Service to a safe model of community based care which is supported and endorsed by professional clinical staff. Additional funding was also directed to meeting the Scottish Government's policy of ensuring all adult social care workers received a living wage of £8.25 per hour with effect from October 2016. In order to sustain and expand these tests of change over the medium term, Dundee Integration Joint Board set out its plan to fully utilise the carry forward of previous years change fund underspends and funding flexibility arrangements, and to responsibly invest in initiatives likely to enhance community capacity and support leading to a planned surplus in change funding at the end of 2016/17.

Dundee Integration Joint Board established a Performance and Audit Committee during 2016/17 as a Sub Committee of the Integration Joint Board to enhance the opportunity to monitor and scrutinise performance of delegated services against delivering the strategic priorities and a range of performance indicators and benchmarking. The remit of this Committee includes the consideration of audit issues and the monitoring of the Integration Joint Board's high level risk register.

During the year the Health and Social Care Partnership continued to develop a range of performance measurement indicators to illustrate the extent to which Dundee Integration Joint Board's strategic priorities are being achieved. This includes a range of indicators which require to be submitted to the Scottish Government to measure the performance under integration. The performance dataset is shared with the Performance and Audit Committee, the Integration Joint Board and will be available for scrutiny from other stakeholders including Dundee City Council and NHS Tayside. Given 2016/17 was the first operational year for the Integration Joint Board, much of the performance information sets the benchmark data to measure the impact of Integration Joint Board decisions in future years.

The financial environment in which Dundee Integration Joint Board operates continues to be challenging with significant efficiency savings passed through to the Integration Joint Board as part of the establishment of the initial delegated budget for 2016/17. This followed a process of due diligence whereby the financial resources to be delegated from both Dundee City Council and NHS Tayside were scrutinised, culminating in a recommendation to Dundee Integration Joint Board by the Chief Financial Officer as to the transparency, consistency and adequacy of the proposed delegated budgets. As a result of this recommendation, Dundee Integration Joint Board accepted the delegated budget from Dundee City Council and adopted the savings plans developed by the Council prior to the start of the financial year. In relation to the NHS delegated budget, this was also adopted with some key exceptions, including the prescribing budget while also noting a high level of unidentified savings passed on through the budget.

In terms of financial performance during the year, Dundee Integration Joint Board achieved an overall surplus as planned, primarily through the use of change funds as noted above with a further surplus achieved within resources delegated by Dundee City Council, identified through the revenue monitoring process during the year. Despite the risks highlighted within the budget delegated by NHS Tayside, the services managed directly by Dundee Health and Social Care Partnership were only marginally overspent however the impact of the risk sharing arrangement for services hosted by Angus and Perth & Kinross Integration Joint Boards resulted in a net transfer of overspent services to Dundee of £1.394m. The prescribing shortfall, identified at the beginning of the financial year deteriorated further with a resultant overspend of £2.209m at the year end.

### **Dundee Integration Joint Board's Financial Position at the End of March 2017**

The impact of the underspend in Council funding and the planned investment profile of change funding has resulted in Dundee Integration

Joint Board establishing reserves of £4.963m at the year ended 31 March 2017. Of this £4.331m is earmarked to sustain tests of change and to meet demographic pressures with a further £632k of uncommitted general fund usable reserves.

The level of reserves established provides Dundee Integration Joint Board with some level of resilience to be able to deliver on its strategic priorities within an environment of financial pressures. The position at the year ended March 2017 contributes to the ambition in the Integration Joint Board's reserves policy to hold a level of reserve equating to 2% of the Integration Joint Board's operating budget.

### **Key Risks and Uncertainties**

Dundee Integration Joint Board's High Level Risk Register highlights the range of risks the Integration Joint Board faces in delivering its strategic priorities. The highest risk area is around funding reflecting the significant financial pressures being faced by the Council and Health Board and the wider public finance environment. Indeed, the impact of the 2017/18 budget setting process has resulted in a further savings target for Dundee Integration Joint Board of £5.650m with an additional budget shortfall projected in relation to prescribing. Dundee Integration Joint Board's Transformation Programme includes efficiency initiatives to deliver the full value of these savings however there is a medium to high risk that some of these will not be delivered to the value and timescales anticipated.

The Integration Scheme sets out the risk sharing agreement between the Integration Joint Board, Council and Health Board when an overspend is projected or incurred within the delegated budget. This changes after the first two years of operation whereby the overspend becomes split on a proportionate basis to the Council and Health Board, following recovery action taken by the Integration Joint Board. Currently, any overspends are met from the host organisation therefore this shift could result in either organisation incurring an additional charge for services they do not directly control. The ending of the current arrangement will put the Integration Joint Board under further pressure to deliver a balanced budget.

### **Dundee Integration Joint Board Strategy & Business Model**

Given 2016/17 represents the first year of Dundee Integration Joint Board being fully operational, the aims and ambitions set out in the Strategic & Commissioning Plan remain unchanged with the focus very much on early intervention and prevention and shifting the balance of care to community based integrated health and social care settings. Achievement against the priorities set out in the plan will continue to be driven and monitored by the Integrated Strategic Planning Group with the Performance and Audit Committee providing a further level of scrutiny. The financial plan to support the Strategic & Commissioning Plan contained accurate assumptions about the potential level of delegated resources over the short term therefore is not materially affected at this stage.

The developing fully integrated management and operational services structure will support the ambitions of the Strategic & Commissioning Plan and the Scottish Government's intentions to see a more joined up, effective use of health and social resources. Indeed, Dundee Integration Joint Board

has begun to influence the planning and delivery of various acute sector specialties identified as the Large Hospital Set Aside through the budget setting process, further strengthening the shift from hospital to community based care.

### **Analysis of Financial Statements**

The Annual Accounts report the financial performance of Dundee Integration Joint Board. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to us for the delivery of the Integration Joint Board's 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). The 2016/17 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. On 1 April 2016, Dundee Integration Joint Board was formally established and given the Integration Joint Board was non-operational in 2015/16, comparisons with previous years are of limited value.

The 2016/17 Annual Accounts comprise:-

- a) Comprehensive Income and Expenditure Statement – This statement shows that Dundee Integration Joint Board made an overall surplus of £4.963m in 2016/17 on the total income of £257.494m. This overall underspend (1.9% of 2016/17 income) will be carried forward into 2017/18 through the Integration Joint Board's reserves.
- b) Against health budgets an underlying overspend of £3.462m was reported. This consisted of an overspend of £2.209m in prescribing, £1.394m net effect of charges for hosted services, with an underspend of £141k on services directly managed by the Integration Joint Board. However in line with the risk sharing agreement agreed with NHS Tayside and Dundee City Council for the first two years of Dundee Integration Joint Board, NHS Tayside devolved further non-recurring budget to the Integration Joint Board to balance income with expenditure.
- c) Against Social Care budgets, an underlying underspend of £1.032m was reported with a further £3.931m of underspend in change funding flowing through from NHS Tayside in 2016/17 to support future years commitments. These monies were required to be washed through the Dundee Integration Joint Board's Income & Expenditure account. The Integration Scheme sets out that underspends will be retained by Dundee Integration Joint Board as reserves following agreement with the Partners.
- d) Movement in Reserves – Dundee Integration Joint Board carried £5k reserves into 2016/17 but, due to the operating surplus noted above, has year-end reserves of £4.963m. These are held in line with the Integration Joint Board's reserves policy.

- e) 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.
- f) Notes - Comprising a summary of significant accounting policies, analysis of significant figures within the Annual Accounts and other explanatory information.

The Annual Accounts for 2016/17 do not include a Cash Flow Statement as Dundee Integration Joint Board does not hold any cash or cash equivalents.

## **Conclusion**

We are pleased to present the final accounts for the year ended 31 March 2017 for Dundee Integration Joint Board as the first full operational year of the Integration Joint Board. The accounts show that Dundee Integration Joint Board has delivered its operational services in line with financial expectations set out during the year through the financial monitoring process and has established a level of reserves to support its remodelling activities over the short term.

Going forward, Dundee Health and Social Care Partnership has a significant financial challenge ahead to deliver the Strategic & Commissioning Plan in a climate of growing demand and limited resources. In order to achieve this we must ensure this resource is 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.

**Signed:**

**12 September 2017**

Councillor Ken Lynn

**Chair**

**Dundee Integration Joint Board**

David W Lynch

**Chief Officer**

**Dundee Integration Joint Board**

Dave Berry CPFA

**Chief Financial Officer**

**Dundee Integration Joint Board**

### **Statement of Responsibilities**

#### **Responsibilities of the Integration Joint Board**

The 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 Financial 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 Dundee Integration Joint Board on 27 June 2017.

Signed on behalf of the Dundee Integration Joint Board

Councillor Ken Lynn  
**Chair**  
**Dundee Integration Joint Board**

12 September 2017



**Responsibilities of the Chief Financial Officer**

The Chief Financial Officer is responsible for the preparation of Dundee 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 Financial 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 Financial 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 Integration Joint Board as at 31 March 2017 and the transactions for the year then ended.

Dave Berry CPFA  
**Chief Financial Officer**  
**Dundee Integration Joint Board**

27 June 2017

### Remuneration Report

#### 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 below 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 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.

Dundee 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. Dundee Integration Joint Board does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The details of the Chair and Vice Chair appointments and any taxable expenses paid by Dundee Integration Joint Board are shown below.

<b>Taxable Expenses 2015/16 £</b>	<b>Name</b>	<b>Post(s) Held</b>	<b>Nominated by</b>	<b>Taxable Expenses 2016/17 £</b>
Nil	Councillor Ken Lynn	Chair October 2016 to March 2017	Dundee City Council	Nil
Nil	Doug Cross	Vice Chair October 2016 to March 2017 (Chair April 2016 – October 2016)	NHS Tayside	Nil
<b>Nil</b>	<b>Total</b>			<b>Nil</b>

Dundee 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 Integration Joint Board**

Dundee 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.

**Chief Officer**

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 Integration Joint Board.

**Other Officers**

No other staff are appointed by Dundee Integration Joint Board under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

<b>Total 2015/16 £</b>	<b>Post</b>	<b>Senior Employees</b>	<b>Salary, Fees &amp; Allowances 2016/17 £</b>
46,158 (FYE- 92,316)	Chief Officer	David Lynch	96,040
32,200 (FYE- 64,400)	Chief Financial Officer	Dave Berry	67,023
<b>78,358 (FYE – 156,716)</b>		<b>Total</b>	<b>163,063</b>

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 Integration Joint Board balance sheet for the Chief Officer or any other officers.

Dundee 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 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 31/03/16 £	For Year to 31/03/17 £		Difference from 31/03/16 £000	As at 31/03/17 £000
D Lynch	4,431 (FYE 8,862)	9,316	Pension	2	36
Chief Officer			Lump sum	4	99
D Berry	2,769 (FYE 5,538)	5,831	Pension	2	23
Chief Financial Officer			Lump sum	1	42
<b>Total</b>	<b>7,200</b> (FYE 14,400)	<b>15,147</b>	<b>Pension</b>	<b>4</b>	<b>59</b>
			<b>Lump Sum</b>	<b>5</b>	<b>141</b>

**Disclosure by Pay Bands**

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

<b>Number of Employees in Band 2015/16</b>	<b>Remuneration Band</b>	<b>Number of Employees in Band 2016/17</b>
0	£50,000 - £54,999	0
0	£55,000 - £59,999	0
0	£60,000 - £64,999	0
0	£65,000 - £69,999	1
0	£70,000 - £74,999	0
0	£75,000 - £79,999	0
0	£80,000 - £84,999	0
0	£85,000 - £89,999	0
0	£90,000 - £94,999	0
0	£95,000 - £99,999	1
0	£100,000 - £104,999	0
0	£105,000 - £109,999	0
0	£110,000 - £114,999	0
0	Total	2

**Exit Packages**

The numbers of exit packages with total cost per band and total cost of the compulsory and other redundancies are set out in the table below:

Exit Package Cost Bands	Number of Compulsory Redundancies		Number of Other Departures		Total Number of Exit Packages		Total Cost of Exit Packages per Band £000	
	15/16	16/17	15/16	16/17	15/16	16/17	15/16	16/17
£0 - £20,000	0	0	0	0	0	0	0	0
£20,001 – £40,000	0	0	0	0	0	0	0	0
<b>Total</b>							<b>0</b>	<b>0</b>

Councillor Ken Lynn  
**Chair**  
**Dundee Integration Joint Board**

12 September 2017

David W Lynch  
**Chief Officer**  
**Dundee Integration Joint Board**

12 September 2017

## **Annual Governance Statement**

### **Introduction**

The Annual Governance Statement explains Dundee 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 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.

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

### **The Governance Framework and Internal Control System**

Dundee 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 appointed by the Integration Joint Board. Throughout 2016/17, the Integration Joint Board continued to develop and enhance its governance arrangements as it became responsible for the strategic and operational management of delegated health and social care services.

The main features of the governance framework in existence during 2016/17 were:

- The Integration Scheme as the overarching agreement as to how the planning for and delivery of delegated health and social care services is to be achieved, including a range of governance arrangements remained unchanged during 2016/17.
- Dundee Integration Joint Board has appointed its senior leadership team including the appointment of the Chief Officer in accordance with Section 10 of The Public Bodies (Joint Working) (Scotland) Act 2014 and the Chief Financial Officer in terms of section 95 of the Local Government (Scotland) Act 1973. The Chief Financial 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.

- 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 2016/17.
- A Performance and Audit Committee was established as a Sub Committee of Dundee Integration Joint Board to enhance its audit, scrutiny and performance monitoring arrangements in line with regulations and good practice governance standards in the public sector.
- Internal Audit arrangements for 2016/17 were approved including the appointment of the Chief Internal Auditor with a partnership approach to internal audit services to the Dundee Integration Joint Board between Fife, Forth Valley and Tayside Internal Audit Services and Dundee City Council's Internal Audit Service. An Internal Audit Plan for 2016/17 was approved drawing on resources from both organisations.

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2016/17 this included the following:

- The governance arrangements between Dundee Integration Joint Board, Dundee City Council and NHS Tayside were consolidated into a single document (Report DIJB21-2016) on 4 May 2016.
- A Risk Management Policy and Strategy and a High Level Risk Register for the Integration Joint Board with regular review were developed and approved.
- An Equalities Outcomes and a Mainstreaming Equalities Framework with associated performance measures to meet its obligations under Equalities legislation was adopted by the Integration Joint Board.
- The level of assurance provided by the Chief Internal Auditor as part of the 2015/16 Internal Audit Review in that Dundee Integration Joint Board had adequate and effective controls in place proportionate to its responsibilities at the time and recommended actions was noted by the Integration Joint Board.
- Dundee Integration Joint Board noted the Chief Internal Auditors opinion that the financial assurance / due diligence process followed was robust and carried out in line with guidance with acknowledgement of the level of collaborative working which took place throughout the process and the recommended actions which followed.
- A new Complaints Procedure for the Integration Joint Board was developed.
- The performance management framework was developed with a range of performance reports published throughout the year, including specific areas such as Discharge Management performance and Measuring Performance Under Integration, initially to the Integration Joint Board and subsequently to the Performance and Audit Committee once established.
- The 2016/17 delegated budget was approved by Dundee Integration Joint Board, with the risk sharing arrangement with NHS Tayside invoked for specific areas such as prescribing whereby the financial risks of those budgets would remain with NHS Tayside.
- A process of regular reporting of financial performance and monitoring to the Integration Joint Board was in place throughout 2016/17.
- The Integration Joint Board received in-year reporting of progress made in meeting the strategic priorities as set out in the Strategic & Commissioning Plan.



- The Integration Joint Board received in-year reporting on issues relating to Clinical, Care and Professional Governance.
- The wider financial settlement facing Dundee City Council and NHS Tayside and estimated implications for Dundee Integration Joint Board in 2017/18 and beyond were communicated to the Integration Joint Board as part of the Revenue Budget setting process with a subsequent budget proposal for 2017/18 and approved Transformation Programme.
- A process of ensuring the Performance & Audit Committee has sight of a range 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 is in place.
- Dundee Integration Joint Board has adopted Audit Scotland's Annual Audit Plan 2016/17.
- Dundee Integration Joint Board has approved a Reserves Policy.

Dundee Integration Joint Board complies 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 Financial 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.

### **Review of Adequacy and Effectiveness**

Dundee 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 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 Financial Officer. 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. There were no significant internal control issues identified by the self-assessment review.

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. 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 2016/17, no such areas of concern were noted by the Chair of the Performance and Audit Committee.

The review is subject to assessment and comment by Internal Audit who will reflect their findings and any recommendations in an Audit Report to be presented to the Performance and Audit Committee in July 2017. An action plan to meet any identified recommendations will be produced and agreed by the Performance and Audit Committee and will be incorporated into the above Annual Governance Statement to form the final Annual Accounts Statement.

### **Conclusion and Opinion on Assurance**

While recognising that the above Annual Governance Statement is subject to Internal Audit assessment, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of Dundee 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.

Councillor Ken Lynn  
**Chair**  
**Dundee Integration Joint Board**

12 September 2017

David W Lynch  
**Chief Officer**  
**Dundee Integration Joint Board**

12 September 2017

**Comprehensive Income and Expenditure Statement**

This statement shows the cost of providing services for the year according to accepted accounting practices. Where the impact on the General Fund is amended by statutory adjustments this is shown in both the Expenditure and Funding Analysis and the Movement in Reserves Statement.

2015/16 Net Expenditure / (Income) £000		2016/17 Net Expenditure / (Income) £000
0	Older People Services	61,545
0	Mental Health	21,836
0	Learning Disability	27,932
0	Physical Disability	7,301
0	Substance Misuse	1,316
0	Community Nurse Services / AHP* / Other Adult	12,009
0	Community Services (Hosted)	10,184
0	Other Dundee Services / Support / Management	4,737
0	Prescribing	35,450
0	General Medical Services (FHS**)	24,533
0	FHS – Cash limited & Non Cash Limited	20,048
<b>0</b>	<b>Total of Costs Reported during 2016/17</b>	<b>226,891</b>
107	IJB Operational Costs	229
0	Central Support	4,352
0	Acute Large Hospitals	21,059
<b>107</b>	<b>Total Cost of Services</b>	<b>252,531</b>
(107)	Taxation and Non- Specific Grant Income (Note 6)	(257,494)
<b>0</b>	<b>(Surplus) or Deficit on Provision of Services</b>	<b>(4,963)</b>
<b>0</b>	<b>Total Comprehensive Income &amp; Expenditure</b>	<b>(4,963)</b>

## Notes

\* AHP – Allied Health Professionals

\*\* FHS – Family Health Services

Dundee Integration Joint Board was established on 3 October 2015. Integrated delivery of health and care services did not commence until 1 April 2016. Consequently the 2016/17 financial year is the first fully operational financial year for the Integration Joint Board and the figures above reflect this.

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.

**Movement in Reserves Statement**

This statement shows the movement in the year on the different reserves held by the Dundee Integration Joint Board, analysed into 'usable reserves' (i.e. those that can be applied to fund expenditure or reduce local taxation) and other reserves. The Surplus or (Deficit) on the Provision of Services line shows the true economic cost of providing Dundee Integration Joint Board's services, more details of which are shown in the Comprehensive Income and Expenditure Statement. These are different from the statutory amounts required to be charged to the General Fund Balance. The Net Increase / Decrease before Transfers to Earmarked Reserves line shows the statutory General Fund Balance before any discretionary transfers to or from earmarked reserves undertaken by the Dundee Integration Joint Board.

<b>Movement in Reserves 2015/16</b>	General Fund Balance £000	Non Earmarked Reserves £000	Earmarked Reserves – Integration Reserve £000	Earmarked Reserves – Transformation Reserve £000	Total Usable Reserves £000	Unusable Reserves: Employee Statutory Adjustment Account £000	Total Dundee IJB Reserves £000
<b>Balance at 3 October 2015</b>	0	0	0	0	0	0	0
<b><u>Movement in Reserves During 2015/2016</u></b>							
Comprehensive Income & Expenditure	0	0	0	0	0	0	0
<b>Total Comprehensive Income &amp; Expenditure</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Adjustments between accounting basis and funding basis under regulations*	(5)	0	0	0	0	(5)	(5)
<b>Net (Increase)/ Decrease before Transfers to Earmarked Reserves</b>	<b>(5)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(5)</b>	<b>(5)</b>
Transfers to/(from) Earmarked Reserves	0	0	0	0	0	0	0
<b>Increase/(Decrease) in 2015/16</b>	<b>(5)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(5)</b>	<b>(5)</b>
<b>Balance at 31 March 2016 c/fwd</b>	<b>(5)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(5)</b>	<b>(5)</b>

<b>Movement in Reserves 2016/17</b>	General Fund Balance £000	Non Earmarked Reserves £000	Earmarked Reserves – Integration Reserve £000	Earmarked Reserves – Transformation Reserve £000	Total Usable Reserves £000	Unusable Reserves: Employee Statutory Adjustment Account £000	Total Dundee IJB Reserves £000
<b>Balance at 1 April 2016</b>	(5)	0	0	0	0	(5)	(5)
<b><u>Movement in Reserves During 2016/2017</u></b>							
Comprehensive Income & Expenditure	4,963	4,963	0	0	4,963	0	4,963
<b>Total Comprehensive Income &amp; Expenditure</b>	<b>4,958</b>	<b>4,963</b>	<b>0</b>	<b>0</b>	<b>4,963</b>	<b>(5)</b>	<b>4,958</b>
Adjustments between accounting basis and funding basis under regulations*	5	0	0	0	0	5	5
<b>Net (Increase)/ Decrease before Transfers to Earmarked Reserves</b>	<b>4,963</b>	<b>4,963</b>	<b>0</b>	<b>0</b>	<b>4,963</b>	<b>0</b>	<b>4,963</b>
Transfers to/(from) Earmarked Reserves	(4,331)	(4,331)	3,931	400	0	0	0
<b>Increase/(Decrease) in 2016/17</b>	<b>637</b>	<b>632</b>	<b>3,931</b>	<b>400</b>	<b>4,963</b>	<b>5</b>	<b>4,968</b>
<b>Balance at 31 March 2017 c/fwd</b>	<b>632</b>	<b>632</b>	<b>3,931</b>	<b>400</b>	<b>4,963</b>	<b>0</b>	<b>4,963</b>

The only adjustment, in both years, between the accounting basis and funding basis under regulations is the deferral of charge to the General Fund for the Chief Officer's absence entitlement as at 31 March. This relates to any absence entitlement which has been earned but not yet taken as at 31 March. The General Fund is only charged for this when the leave is taken, normally during the next financial year.

**Balance Sheet**

The Balance Sheet shows the value as at the Balance Sheet date of the assets and liabilities recognised by Dundee Integration Joint Board. The net assets of Dundee Integration Joint Board (assets less liabilities) are matched by the reserves held by Dundee Integration Joint Board. Reserves are reported in two categories. The first category is usable reserves, i.e. those that Dundee Integration Joint Board may use to provide services, subject to the need to maintain a prudent level of reserves and any statutory limitations on their use. The second category is those that Dundee Integration Joint Board is not able to use to provide services. This category of includes reserves that hold unrealised gains and losses (for example the Employee Benefits Reserve). Funding basis under regulations.

31 March 2016 £000		Notes	31 March 2017 £000
54	Short Term Debtors	Note 7	4,975
<b>54</b>	<b>Current Assets</b>		<b>4,975</b>
(59)	Short Term Creditors	Note 8	(12)
<b>(59)</b>	<b>Current Liabilities</b>		<b>(12)</b>
0	Provisions		0
0	<b>Long Term Liabilities</b>		<b>0</b>
<b>(5)</b>	<b>Net Assets</b>		<b>4,963</b>
0	Usable Reserves	Note 9	4,963
(5)	Unusable Reserves	Note 10	0
<b>(5)</b>	<b>Total Reserves</b>		<b>4,963</b>

Dave Berry, CPFA  
**Chief Financial Officer**  
**Dundee Integration Joint Board**

27 June 2017

## **Notes to the Financial Statements**

### **1. Significant Accounting Policies**

#### **General Principles**

The Financial Statements summarises Dundee Integration Joint Board's transactions for the 2016/17 financial year and its position at the year-end of 31 March 2017. The Dundee 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 therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17, supported by International Financial Reporting Standards (IFRS), and statutory guidance issued under Section 12 of the 2003 Act.

The accounts are prepared on a going concern basis, which assumes that the Dundee 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 cash payments are made or received. In particular:

- a) Revenue from the sale of goods is recognised when Dundee Integration Joint Board transfers the significant risks and rewards of ownership to the purchaser and it is probable that economic benefits or service potential associated with the transaction will flow to Dundee Integration Joint Board.
- b) Revenue from the provision of services is recognised when Dundee Integration Joint Board can measure reliably the percentage of completion of the transaction and it is probable that economic benefits or service potential associated with the transaction will flow to Dundee Integration Joint Board. Income is only recognised when the 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.
- c) Commissioned services are recorded as expenditure when they are consumed.
- d) Expenses in relation to services received are recorded as expenditure when the services are received and their benefits are used by Dundee Integration Joint Board, rather than when payments are made.
- e) When revenue and expenditure have been recognised but cash has not been received or paid, a debtor or creditor for the relevant amount is recorded in the Balance Sheet. Where there is evidence that debts are unlikely to be settled, the

balance of debtors is written down and a charge made to revenue for the income that might not be collected.

### Funding

Dundee 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 City of Dundee.

### Cash and Cash Equivalents

Dundee Integration Joint Board does not operate a bank account or hold cash. Transactions are settled on behalf of Dundee Integration Joint Board by the funding partners. Consequently Dundee 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 2017 is represented as a debtor or creditor on Dundee Integration Joint Board's Balance Sheet.

### Employee Benefits

Short-term employee benefits (those that fall due wholly within 12 months of the year-end), such as wages and salaries, paid annual leave and paid sick leave, bonuses and non-monetary benefits (e.g. motor vehicle) for current employees, are recognised as an expense in the year in which employees render service to Dundee Integration Joint Board. An accrual is made against services in the Surplus or Deficit on the Provision of Services for the cost of holiday entitlements and other forms of leave earned by employees but not taken before the year-end and which employees can carry forward into the next financial year. The accrual is made at the remuneration rates applicable in the following financial year. Any accrual made is required under statute to be reversed out of the General Fund Balance by a credit to the Accumulating Compensated Absences Adjustment Account in the Movement in Reserves Statement.

Dundee 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 Integration Joint Board therefore does not present a Pensions Liability on its Balance Sheet. Dundee 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. Where material the Chief Officer's absence entitlement as at 31 March is accrued, for example in relation to annual leave earned but not yet taken. Charges from funding partners for other staff are treated as administration costs.



### Changes in Accounting Policies and Estimates and Errors

Changes in accounting policies are only made when required by proper accounting practices or when the change provides more reliable or relevant information about the effect of transactions, other events and conditions on the Dundee Integration Joint Board's financial position or financial performance. Where a change is made and it is material to the financial statements, it is applied retrospectively (unless stated otherwise) by adjusting opening balances and comparative amounts for the prior period as if the new policy had always been applied. Changes in accounting estimates are accounted for prospectively, i.e. in the current and future years affected by the change. Material errors discovered in prior period figures are corrected retrospectively by amending opening balances and comparative amounts for the prior period.

### Charges to Revenue for Non-Current Assets

Dundee Integration Joint Board does not hold non-current assets and therefore is not subject to direct depreciation charges. However The Dundee Integration Joint Board does receive a charge for property for the use assets. These assets enable the Dundee Integration Joint Board to deliver their priorities. Contained within this recharge amongst other costs, is an element of depreciation associated with the assets that help support the Board's activities.

### Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March 2017 due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March 2017, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in Dundee Integration Joint Board's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March 2017, whose existence will only be confirmed by later events. A contingent asset is not recognised in Dundee Integration Joint Board's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

### Reserves

Reserves are created by appropriating amounts out of the General Fund Balance in the Movement in Reserves Statement. When expenditure to be financed from a reserve is incurred, it is charged to the appropriate service in that year to count against

the Surplus/Deficit on the Provision of Services in the Comprehensive Income and Expenditure Statement. The reserve is then appropriated back into the General Fund Balance in the Movement in Reserves Statement.

Dundee Integration Joint Board's reserves are classified as either Usable or Unusable Reserves. Dundee Integration Joint Board currently has three Usable Reserves in the form of the General Fund (non-earmarked); Integration Fund (earmarked); and Transformation Reserve (earmarked). The balance of the Usable Reserves as at 31 March 2017 shows the extent of resources which the Integration Joint Board can use in later years to support service provision.

Dundee Integration Joint Board's only Unusable Reserve is the Employee Statutory Adjustment Account. This is required by legislation. It defers the charge to the General Fund for the Chief Officer's absence entitlement as at 31 March 2017, for example any annual leave earned but not yet taken. The General Fund is only charged for this when the leave is taken, normally during the next financial year.

### VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

### Indemnity Insurance

Dundee 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 Integration Joint Board does not have any 'shared risk' exposure from participation in CNORIS. Dundee 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 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.

## **2. Critical Judgements and Estimation Uncertainty**

### Critical Judgements in Applying Accounting Policies

In applying the accounting policies set out in Note 1, the Dundee 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:

There is a continuing high degree of uncertainty about future levels of funding for local government, particularly ahead of the Scottish Government's 2018-2020 Spending Review. However, the Dundee Integration Joint Board has determined that this uncertainty is not yet sufficient to provide an indication that the assets of the constituent bodies, Dundee City Council and NHS Tayside, might be impaired as a result of a need to close facilities and reduce levels of service provision.

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

The Annual Accounts contains estimated figures that are based on assumptions made by the Dundee Integration Joint Board about the future or that 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**

Events after the reporting period are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts are authorised for issue. Two types of events can be identified:

- a) those that provide evidence of conditions that existed at the end of the reporting period – the Annual Accounts are adjusted to reflect such events.
- b) those that provide evidence of conditions that existed at the end of the reporting period – the Annual Accounts are adjusted to reflect such events.

The Annual Accounts were authorised for issue by Dundee Integration Joint Board's Chief Financial Officer on 27 June 2017. Events taking place after this date are not reflected in the financial statements or notes.

### **4. Expenditure and Funding Analysis**

The objective of the Expenditure and Funding Analysis is to demonstrate how the funding available to Dundee Integration Joint Board for the year has been used in providing services in comparison with those resources consumed or earned by Dundee Integration Joint Board in accordance with generally accepted accounting practices. The Expenditure and Funding Analysis also shows how this expenditure is allocated for decision making purposes between Dundee Integration Joint Boards services. Income and expenditure accounted for under generally accepted accounting practices is presented more fully in the Comprehensive Income and Expenditure Statement.

2015/16	Net Expenditure in the Comprehensive Income and Expenditure Statement (£000)	Adjustments between the Funding and Accounting Basis (£000)	Net Expenditure Chargeable to Dundee Integration Joint Board (£000)
Older People Services	0	0	0
Mental Health	0	0	0
Learning Disabilities	0	0	0
Physical Disability	0	0	0
Substance Misuse	0	0	0
Community Nursing / AHP/ Other Adult	0	0	0
Community Services (Hosted)	0	0	0
Other Services / Support / Management	0	0	0
Prescribing	0	0	0
General Medical Services (FHS)	0	0	0
FHS – Cash Limited & Non Cash Limited	0	0	0
<b>Total of Reported Segments</b>	<b>107</b>	<b>0</b>	<b>107</b>
IJB Operational costs	107	(5)	102
Central Support	0	0	0
Acute Large Hospitals	0	0	0
<b>Total Cost of Service</b>	<b>107</b>	<b>(5)</b>	<b>102</b>
<b>Taxation and Non-specific Grant Income</b>	<b>(107)</b>	<b>0</b>	<b>(107)</b>
<b>(Surplus) or Deficit on Provision of Services</b>	<b>(0)</b>	<b>(5)</b>	<b>(5)</b>

2016/17	Net Expenditure in the Comprehensive Income and Expenditure Statement (£000)	Adjustments between the Funding and Accounting Basis (£000)	Net Expenditure Chargeable to Dundee Integration Joint Board (£000)
Older People Services	61,545	0	61,545
Mental Health	21,836	0	21,836
Learning Disabilities	27,932	0	27,932
Physical Disability	7,301	0	7,301
Substance Misuse	1,316	0	1,316
Community Nursing / AHP/ Other Adult	12,009	0	12,009
Community Services (Hosted)	10,184	0	10,184
Other Services / Support / Management	4,737	0	4,737
Prescribing	35,450	0	35,450
General Medical Services (FHS)	24,533	0	24,533
FHS – Cash Limited & Non Cash Limited	20,048	0	20,048
<b>Total of Reported Segments</b>	<b>226,891</b>	<b>0</b>	<b>226,891</b>
IJB Operational costs	229	5	234
Central Support	4,352	0	4,352
Acute Large Hospitals	21,059	0	21,059
<b>Total Cost of Service</b>	<b>252,531</b>	<b>5</b>	<b>252,536</b>
Taxation and Non-specific Grant Income	<b>(257,494)</b>		<b>(257,494)</b>
<b>(Surplus) or Deficit on Provision of Services</b>	<b>(4,963)</b>		<b>(4,958)</b>
Opening Reserve Balance	0		
Less/Add Surplus or (Deficit) Reserve in Year	<b>(4,963)</b>		
Transfers to / from Other Reserves	0		
Closing Balance	<b>(4,963)</b>		
<b>Closing Reserve – 31 March 2017</b>	<b>(4,963)</b>		

The adjustments shown relate solely to the statutory requirement to defer the charge to the General Fund for the Chief Officer's absence entitlement as at 31 March 2017. The significant difference between 2015/16 and 2016/17 is attributable to Dundee Integration Joint Board not commencing full operation until 1 April 2016.

**5. Expenditure and Income Analysis by Nature**

<b>2015/16 (£000)</b>	<b>Description</b>	<b>2016/17 (£000)</b>
0	Services commissioned from NHS Tayside	160,810
0	Services commissioned from Dundee City Council	91,493
5	Employee Benefits Expenditure	(5)
97	Other IJB Operating Expenditure	217
6	Auditor Fee : External Audit Work	16
(54)	Partners funding Contributions – NHS Tayside	(169,496)
(54)	Partners Funding Contributions – Dundee City Council	(87,998)
<b>0</b>	<b>Surplus or Deficit on the Provision of Services</b>	<b>(4,963)</b>

**6. Taxation and Non-Specific Grant Income**

<b>2015/16 (£000)</b>	<b>Description</b>	<b>2016/17 (£000)</b>
53	Funding Contribution from NHS Tayside*	(169,496)
54	Funding Contribution from Dundee City Council	(87,988)
<b>107</b>	<b>Taxation and Non-Specific Grant Income</b>	<b>(257,494)</b>

\*£179.717m was provided to Dundee Integration Joint Board from NHS Tayside. This consisted of a £169.496m funding contribution and £10.220m Integration funding. In the case of the specific Integration funding NHS Tayside was acting wholly as agent on behalf of the Scottish Government. The Integration funding has been passed to Dundee City Council and the local authority became both the funder and related party to the Dundee Integration Joint Board.

The funding contribution from the NHS Board shown above includes £21.059m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the NHS which retains responsibility for managing the costs of providing the services. Dundee Integration Joint Board however has responsibility for the consumption of, and level of demand, placed on these resources.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

**7. Debtors**

<b>2015/16 (£000)</b>	<b>Description</b>	<b>2016/17 (£000)</b>
0	Central Government Bodies :- CNORIS	0
54	NHS Bodies :- NHS Tayside	0
0	Other Local Authorities :- Dundee City Council	4,975
0	Other Bodies	0
<b>54</b>	<b>Total Debtors</b>	<b>4,975</b>

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 in cash terms are offset against the funds they are holding on behalf of the Integration Joint Board.

**8. Creditors**

<b>2015/16 (£000)</b>	<b>Description</b>	<b>2016/17 (£000)</b>
6	NHS Bodies :- NHS Tayside	0
53	Other Local Authorities :- Dundee City Council	0
0	Other Bodies	12
<b>59</b>	<b>Total Creditors</b>	<b>12</b>

Amounts owed are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the Integration Joint Board.

**9. Usable Reserve: General Fund**

Dundee Integration Joint Board holds a balance on the General Fund for two main purposes:

- To earmark, 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 Integration Joint Board's risk management framework.

<b>2016/17</b>	<b>Balance at 1 April 2016 (£000)</b>	<b>Transfers Out 2016/17 (£000)</b>	<b>Transfers In 2016/2017 (£000)</b>	<b>Balance at 31 March 2017 (£000)</b>
Non Earmarked Reserves – General Fund	0	0	632	632
<b>Non earmarked Reserves Total</b>	<b>0</b>	<b>0</b>	<b>632</b>	<b>632</b>
Earmarked Reserves – Integration Reserve	0	0	3,931	3,931
Earmarked Reserves – Transformation Reserve	0	0	400	400
<b>Non Earmarked Reserves – Total</b>	<b>0</b>	<b>0</b>	<b>4,331</b>	<b>4,331</b>
<b>Total – General Fund Balances</b>	<b>0</b>	<b>0</b>	<b>4,963</b>	<b>4,963</b>



2015/16	Balance at 1 April 2015 (£000).	Transfers Out 2015/16 (£000)	Transfers In 2015/2016 (£000)	Balance at 31 March 2016 (£000)
Non Earmarked Reserves – General Fund	0	0	0	0
<b>Non earmarked Reserves Total</b>	0	0	0	0
Earmarked Reserves – Integration Reserve	0	0	0	0
Earmarked Reserves – Transformation Reserve	0	0	0	0
<b>Non Earmarked Reserves – Total</b>	0	0	0	0
<b>Total – General Fund Balances</b>	0	0	0	0

Purpose of Earmarked Reserves:-

- a) Integration Reserve - To assist in the integrating of Social Care and Health Service provisions.
- b) Transformation Reserve - To assist in the development of service provisions to meet ongoing and future demand.

#### **10. Unusable Reserve: Employee Statutory Adjustment Account**

The balance on the Employee Statutory Adjustment Account reflects any absence entitlement on the part of the Chief Officer which has been earned but not yet taken as at 31 March. The General Fund is only charged for this when the leave is taken, normally during the next financial year.

31 March 2016 (£000)	2016/17 Movements	31 March 2017 (£000)	31 March 2017 (£000)
0	<b>Balance at 1 April 2016</b>		5
0	Settlement or cancellation of previous year's accrual	(5)	
5	Additional amount accrued at year end	0	
5	Amount Charged to CIES		(5)
5	<b>Balance at 31 March 2017</b>		0

## 11. Related Party Transactions

The Dundee 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 Integration Joint Board may influence or be influenced by, its partners. The following transactions and balances included in Dundee Integration Joint Board's accounts are presented to provide additional information on the relationships. Dundee Integration Joint Board is required to disclose material transactions with related parties – bodies or individuals that have the potential to control or influence Dundee Integration Joint Board or to be controlled or influenced by Dundee 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 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 Integration Joint Board.

### Dundee Integration Joint Board Members

Board members of Dundee Integration Joint Board have direct control over the Board's financial and operating policies. The Dundee Integration Joint Board membership is detailed on page 4 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 Integration Joint Board's financial and operating policies. The total remuneration paid to senior officers is shown in the Remuneration Report (page 12). 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.

### Transactions with NHS Tayside

2015/16 (£000)	Description	2016/17 (£000)
53	Funding Contributions received from the NHS Tayside Board*	169,496
0	Net Expenditure on Services Provided by the NHS Tayside Board	(160,810)
53	<b>Net Transactions with NHS Tayside</b>	<b>8,686</b>

\*£179.717m was provided to Dundee Integration Joint Board from NHS Tayside. This consisted of a £169.496m funding contribution and £10.220m Integration funding. In the case of the specific Integration funding NHS Tayside was acting wholly as agent on behalf of the Scottish Government. The Integration funding has been passed to Dundee City Council and the local authority became both the funder and related party to the Dundee Integration Joint Board.

#### Balances with NHS Tayside

2015/16 (£000)	Description	2016/17 (£000)
0	Debtor balances: Amounts due from the NHS Board	0
0	Creditor balances: Amounts due to the NHS Board	0
<b>0</b>	<b>Net Balance with the NHS Board</b>	<b>0</b>

#### Transactions with Dundee City Council

2015/16 (£000)	Description	2016/17 (£000)
54	Funding Contributions received from Dundee City Council	87,998
0	Net Expenditure on Services Provided by Dundee City Council	(87,141)
0	Support Services from Dundee City Council	(4,352)
<b>54</b>	<b>Net Transactions with Dundee City Council</b>	<b>(3,495)</b>

#### Balances with Dundee City Council

2015/16 (£000)	Description	2016/17 (£000)
<b>54</b>	Debtor balances: Amounts due from Dundee City Council	<b>0</b>
0	Creditor balances: Amounts due to Dundee City Council	4,975
<b>54</b>	<b>Net Balance with Dundee City Council</b>	<b>4,975</b>

## **12. Value Added Tax (VAT)**

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

Non recoverable VAT is limited to costs incurred directly by Dundee Integration Joint Board which are outwith any special legal regime.

## **13. Agency**

On behalf of all Integration Joint Boards within the NHS Tayside area, the IJB 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 IJBs, and the consequential reimbursement, are not included in the Comprehensive Income and Expenditure Statement (CIES) since the IJB is not acting as principal in these transactions.

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

<b>2015/16 (£000)</b>	<b>Description</b>	<b>2016/17 (£000)</b>
0	Expenditure on Agency Services	10,928
0	Reimbursement for Agency Services	(10,928)
<b>0</b>	<b>Net Agency Expenditure Excluded from CIES</b>	<b>0</b>

#### **14. Provisions**

Dundee Integration Joint Board has currently made no provisions. This does not prohibit Dundee 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.

**Independent Auditors Report**

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:

Audit Scotland  
4<sup>th</sup> Floor  
102 West Port  
Edinburgh  
EH3 9DN





**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 19 JULY 2017

**REPORT ON:** DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT (QUARTERS 3 & 4)

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC15-2017

## **1.0 PURPOSE OF REPORT**

The purpose of the report is to update the Performance and Audit Committee on progress in implementing the Partnership's performance framework. The report also brings forward the combined Quarter 3 and Quarter 4 Performance Report for 2016/17 for consideration by the Committee.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the progress that has been made in further developing and implementing the performance framework, and supporting structures and systems, since the last update was provided to the Integration Joint Board (IJB) in January 2017 (section 4.1).
- 2.2 Notes the performance of Dundee Health and Social Care Partnership as outlined in Appendix 1.
- 2.3 Notes the progress that has been made to develop information from the quarterly performance reports and Ministerial Strategic Group (MSG) submission into a Partnership Delivery Plan for 2017/18 with a focus on improvement in identified areas (section 4.1.3).
- 2.4 Approves the proposed approach to Quarterly Performance Reports for 2017/18 (section 4.3).
- 2.4 Notes the progress that has been made in developing links between the Quarterly Performance Report and risk register (section 4.3.4).

## **3.0 FINANCIAL IMPLICATIONS**

None.

## **4.0 MAIN TEXT**

### **4.1 Performance Framework**

- 4.1.1 The Strategy and Performance Team is continuing to work with the wider Partnership to develop a suite of local integration indicators for each service area which will measure Strategic Shifts. Draft indicators have now been developed for psychiatry of old age inpatient and community teams, the Chronic Obstructive Pulmonary Disease (COPD) community team, the palliative care team and teams aligned to health inequalities work streams. Other service areas are continuing their work to identify appropriate indicators. In addition the Strategy and Performance Team has supported the development of draft indicators and targets for the Health, Care and Wellbeing section of the Local Outcomes Improvement Plan in which the Partnership plays a key role alongside other community planning partners.

- 4.1.2 Version 1 of the Strategic Needs Assessment accompanied the publication of the Strategic and Commissioning Plan. Work is ongoing to update data and make necessary improvements to form Version 2 which will continue to focus on variation between localities and provide further neighbourhood analysis. It had originally been anticipated that Version 2 would be completed by the end of the 2016/17 financial year, however the significant pressure within the Information Officer capacity created by the transition to the new social work client record system (Mosaic) and statutory returns (see section 4.1.8) has meant this has not been possible. Revised sections describing the city profile, demographics, life expectancy, deprivation, benefits claims, employment support, substance misuse, sexual and reproductive health, teenage pregnancies, adult support and protection, violence against women, criminal justice court reports, care homes, learning disabilities services and the mental health officer service are now complete, with further sections being prioritised where available resource allows. Completed sections are being made available to relevant staff for the purposes of planning and strategic commissioning.
- 4.1.3 Work is progressing to develop a Partnership Delivery Plan for 2017/18. Initially this plan will focus on the six key areas of performance included within the MSG submission (unplanned admission, occupied bed days for unscheduled care, delayed discharge, balance of care, end of life care and accident and emergency) but will be further expanded to cover other priority areas of performance. As well as setting out key deliverables for 2017/18 under each area of performance the plan will describe the expected impact of activities in relation to MSG targets (set through the MSG submission), as well as national health and wellbeing indicator, national delivery plan and 'best in class' targets (currently being developed from benchmarking data).
- 4.1.4 Dundee City Council (DCC) is currently developing a new corporate approach to Performance Management. Through discussion with the Chief Officer it has been agreed that as well as the submission of the Integration Joint Board (IJB) quarterly performance reports to Council Committee that the Partnership will agree a Health and Social Care Scorecard for inclusion in DCC Corporate Performance Reports. The scorecard is currently in draft and contains a range of process, outcome and satisfaction measures drawn from the suite of national indicators, MSG indicators and local government indicators for which benchmarking information is available.
- 4.1.5 The development and implementation of Dundee and Tayside-wide datasets is in part reliant on up-to-date and accurate output from NHS information systems managed by the NHS Tayside Business Support Unit. Throughout 2016/17 the Partnership has been reliant on the NHS National Services for Scotland, Information and Statistics Division (NSS ISD) local information team (LIST) analyst seconded to the partnership for the production of NHS data for all reporting, including Quarterly Performance Reports. More recently significant progress has been made in arrangements for provision of local performance data from NHS Tayside Business Unit, meaning that from 2017/18 onwards data will be available directly from the Business Unit, releasing LIST analyst capacity for other areas of work focused on data analysis to inform performance improvement.
- 4.1.6 At present NSS ISD second a senior analyst through the LIST project to Dundee on a 0.5 FTE basis. Further investment in LIST at a national level has resulted in additional capacity of approximately 0.4 FTE being allocated to the Partnership from 23 August. Additional analytical capacity will be utilised to continue LIST support to the partnership but it will also be used to support the clusters in Dundee.
- 4.1.7 NSS ISD also compile the SOURCE data set which brings together service user level health and social care data. A full update on Partnership participation in SOURCE was provided to the Committee in March (see PAC8-2017). Since this time work has progressed with regards to refreshing CHI seeding of Partnership records with final information governance arrangements currently being made. The March update report highlighted that 'maintaining the submission of data on a quarterly basis is challenging within the context of the significant pressures within the Partnership's Information Team'; these pressures have increased significantly over the last quarter due to Mosaic transition and the statutory return period (see 4.1.8).
- 4.1.8 The new Social Work client record system (Mosaic) went live in November 2016. The Information Team is leading on the development of Crystal Reports which will be used to report from Mosaic on some national and local indicators, statutory Scottish Government Returns and national information sharing and linking work streams (such as SOURCE). These reports will also be used to assist operational teams deliver services and monitor operational activity and performance as well as support improvements in outcomes for individuals and communities.



The impact of Mosaic transition on the resource required to prepare statutory returns, as well as on the quality of data available within the system, has been very significant. The need to prioritise Mosaic transition work given that it is crucial to the future availability of social care data and that returns are a statutory requirement, alongside the resource required to prepare the Partnership's annual performance report, has led to slowed progress in a number of other areas (see 4.1.1., 4.1.2 and 4.1.7). It is anticipated that Mosaic transition will continue to significantly impact upon available resources until at least the end of this financial year. The Senior Management Team are considering proposals for the management of these pressures.

## **4.2 Quarter 3 and Quarter 4 Performance Report 2016/17**

- 4.2.1 The performance report in Appendix 1 sets out performance benchmarked against national data. This outward looking approach highlights the fundamental reasons for the introduction of integrated health and social care services and draws out a range of key areas the Partnership needs to focus on to improve outcomes for individuals and communities in the future. Performance continues to reflect the social and demographic profile of Dundee and the issues of inequality for people living in poverty. As such, this performance report is imperative in supporting the partnership's commitment to continuous improvement in order to achieve our vision that each citizen of Dundee will have access to the information and support that they need to live a fulfilled life.
- 4.2.2 The Quarters 3/4 Performance Report covers local performance against National Indicators 11-23. Under each of these indicators there is a summary of current and planned improvement actions. Indicators 1-10 are reported from The Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially and the results from the 2015/16 survey were presented to the IJB in August 2016.
- 4.2.3 Committee members will note that the availability of data varies across the national indicators in relation to geographic focus. Health data provided by NSS ISD is not always provided at a locality level.
- 4.2.4 Out of the eight indicators, where 2016/17 is available, two show that Dundee is performing better than the Scottish rate: bed days lost to delayed discharge for 75+ (improved by 9.2% between baseline year 2015/16 and 2016/17) and registered services graded good or excellent by the Care Inspectorate.
- 4.2.5 Two indicators show that Dundee is performing at the Scottish rate and in four of the indicators Dundee is amongst the most poorly performing partnerships in Scotland. As at 2016/17 Dundee has the 5<sup>th</sup> highest emergency bed day rates, the 1<sup>st</sup> highest re-admission rate within 28 days, the 2<sup>nd</sup> highest falls rate and the 4<sup>th</sup> highest proportion of health and social care resource spent on hospital emergency bed days.
- 4.2.6 Between the baseline year 2015/16 and 2016/17, Dundee has seen an improvement in bed days lost to delayed discharges for people aged 75 and over. Bed days lost to delayed discharges as a rate of the 75+ population have fallen by 9.2% in Dundee since 2015/16. North East and Strathmartine have seen the biggest improvements with a 41% and 29% reduction respectively. The East End and Maryfield are the only Local Community Planning Partnerships (LCPPs) where there were increases by 20% and 9% respectively.
- 4.2.7 Emergency bed day rates since 2015/16 have decreased by 4% for Dundee and Coldside, Lochee and Strathmartine have shown small increases. The biggest improvements were seen in Maryfield, West End and East End of which all showed greater than a 5% decrease in bed day rates.
- 4.2.8 Emergency admission rates have increased slightly by 1.8% for Dundee since 2015/16, however four out of eight LCPPs saw a decrease over this period. There were increases in emergency admission rates in Coldside (1.3%), Lochee (8.4%), North East (7.3%) and West End (7.3%). The East End continues to have the highest emergency admission rate in Dundee.

## **4.3 Future Quarterly Performance Reports**

- 4.3.1 As described at section 4.1.5 local performance data that forms the basis of Quarterly Performance Reports will, from Quarter 1 of 2017/18, be available directly by NHS Tayside

Business Unit. Work with the Business Unit over the last quarter has confirmed that data provided directly is of a sufficiently high quality and accuracy to form the basis of Partnership performance reports. Utilising locally provided data will significantly reduce the time lags that have been experienced during 2016/17 between quarter ends and the availability of validated data at a national level, meaning the PAC (and other stakeholders) will receive local performance reports more timeously throughout 2017/18. However it should be noted that the data received from the Business Unit is based upon treatment data rather than residence (which nationally validated and published data is) and is not able to be benchmarked against performance in other Partnerships. Testing of local data against national data has confirmed that despite data being based on treatment rather than residence that accuracy remains within an acceptable tolerance and that trends in local data are reliable for service planning and performance improvement purposes.

- 4.3.2 From Quarter 1 of 2017/18 it is also intended that progress towards targets contained within the MSG submission will form part of quarterly performance reports. Monthly update data is provided to Partnerships via NSS ISD, however this data is not complete (for example, data relating to bed days has a significant time lag as records continue to be passed from local Boards to NSS) and has not been validated. Again, this means that information is not suitable for benchmarking, but is reliable for the purposes of tracking trends and progress within the partnership.

- 4.3.3 Given the availability of data to the partnership it is proposed that Quarterly Performance Reports are submitted to the PAC as follows:

	Local Performance Report	Benchmarking Report
12 September 2017	Quarter 1	
27 November 2017	Quarter 2	Quarter 1
As soon as possible after end of Quarter 3	Quarter 3	Quarter 2
As soon as possible after end of Quarter 4	Quarter 4	Quarter 3 and Quarter 4

Exact timescales for submission of reports will be set out once 2018 Committee dates are available.

- 4.3.4 The PAC has previously requested that work be undertaken to ensure appropriate links are made between performance reports and the Partnership risk register. On 27 June the IJB approved a revised approach to the assessment of policy implications and risk management within Board/Committee reports (see Agenda item 20 – agenda note). Following on from this the framework agreed will be applied to future Quarterly Performance Reports, with risks identified being addressed through the Partnership Delivery Plan, risk register or other appropriate identified approaches.

## 5.0 POLICY IMPLICATIONS

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 CONSULTATIONS

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

## 7.0 BACKGROUND PAPERS

None.

Dave Berry  
Chief Finance Officer

DATE: 3 July 2017




## Dundee LCPP Performance Report 2016/17 Q3 and 4 and the National Position for National Indicators 11-23 as at 2016/17

### Executive Summary

- This outward looking approach highlights the fundamental reasons for the introduction of integrated health and social care services and draws out a range of key areas the Partnership needs to focus on to improve outcomes for individuals and communities in the future. Performance continues to reflect the social and demographic profile of Dundee and the issues of inequality for people living in poverty. As such, this performance report is imperative in supporting the partnership's commitment to continuous improvement in order to achieve our vision that each citizen of Dundee will have access to the information and support that they need to live a fulfilled life.
- This report should be assessed with regard to the demographic and socio economic context of Dundee; high rates of deprivation, an ageing population, frailty and age associated conditions being diagnosed earlier in life than in more affluent Partnerships and deprivation associated mental health illnesses and substance misuse problems which impact on concentrations of people in particular neighbourhoods across the city.
- Out of the 8 indicators, where 2016/17 is available, only two show that Dundee is performing better than the Scottish rate. Two indicators show that Dundee is performing at the Scottish rate and in 4 of the indicators Dundee is amongst the 7 most poorly performing partnerships in Scotland.
- As at 2016/17 Dundee has the 7<sup>th</sup> highest emergency bed day rates, the 1<sup>st</sup> highest re-admission rate within 28 days, the 2<sup>nd</sup> highest falls rate and the 3<sup>rd</sup> highest proportion of health and social care resource spent on hospital emergency bed days.
- Between the baseline year 2015/16 and 2016/17 Q4 Dundee has seen an improvement in bed days lost to delayed discharges for 75+.
- Emergency admission rates have increased slightly by 1.8% for Dundee since 2015/16, however 4 out of 8 LCPPS saw a decrease over this period. There were increases in emergency admission rates in Coldside (1.3%), Lochee (8.4%), North East (7.3%) and West End (7.3%). The East End continues to have the highest emergency admission rate in Dundee.
- Emergency bed day rates since 2015/16 have decreased by 4% for Dundee and Coldside, Lochee and Strathmartine have shown small increases. The biggest improvements were seen in Maryfield, West End and East End of which all showed greater than a 5% decrease in bed day rates.
- Bed days lost to delayed discharges as a rate of the 75+ population have fallen by 9.2% in Dundee since 2015/16. North East and Strathmartine have seen the biggest improvements with a 41% and 29% reduction respectively. The East End and Maryfield are the only LCPPs where there were increases by 20% and 9% respectively.

## Dundee's Ranked Performance between 2010/11 and 2016/17

Where 1<sup>st</sup> is the best performing partnership and 32<sup>nd</sup> is the worst performing partnership

	Dundee is better than the average Scottish performance
	Dundee is performing similar to the average Scottish performance
	Dundee is below the average Scottish performance

**Table 1:** Dundee Ranked Performance as between 2010/11 and 2016/17

National Indicators	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
11. Premature Mortality	30th	28th	29th	30th	30th	N/A
12. Admissions	19th	20th	17th	21st	19th	21st
13. Bed Days	27th	28th	27th	28th	28th	26th
14. Re-admissions	32nd	31st	30th	31st	32nd	32nd
15. Last 6 months	10th	12th	19th	17th	15th	14th
16. Falls	18th	29th	30th	30th	31st	31st
17. Care Inspectorate	N/A	N/A	N/A	6th	6th	6th
18. Intensive Needs	30th	32nd	32nd	31st	31st	N/A
19. Delayed Discharges	N/A	18th	15th	13th	19th	17th
20. Spend on emergencies	31st	30th	29th	29th	29th	30th

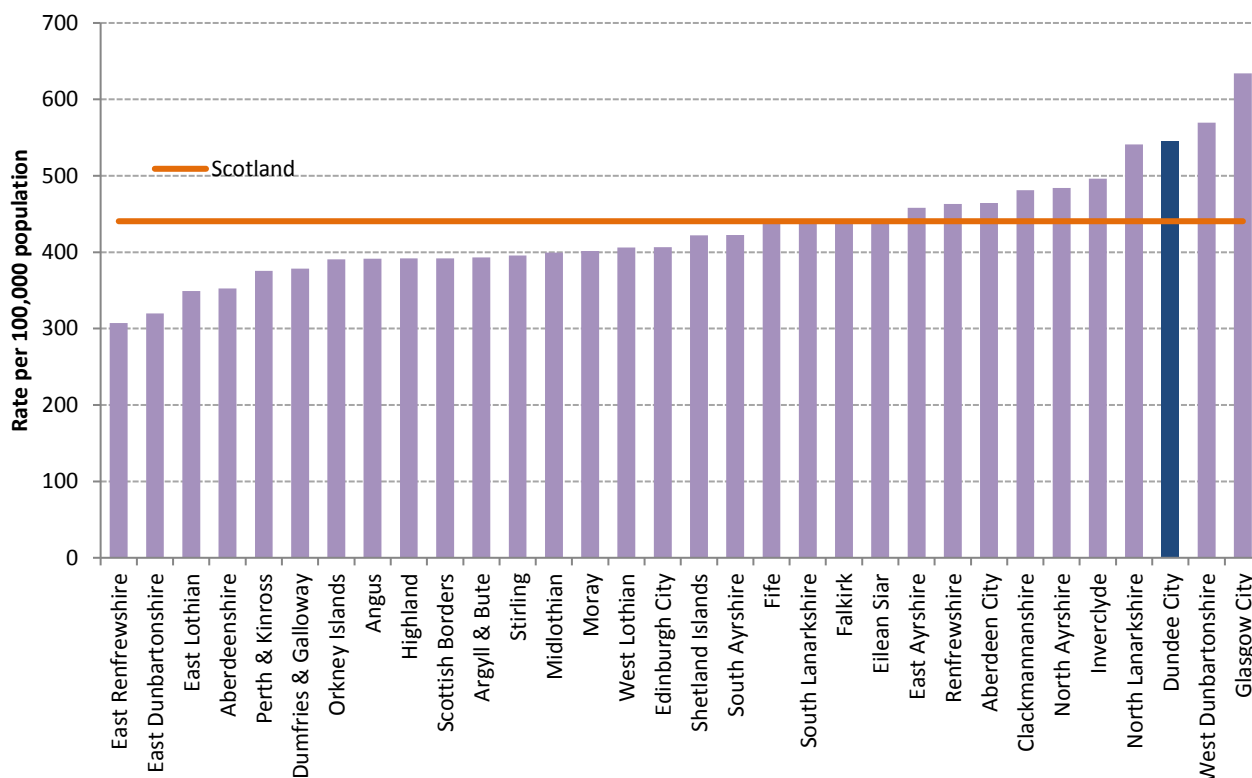
## Performance in 2016/17 Q4 against baseline year 2015/16

**Table 2:** Performance in 2016/17 Q4 against baseline year 2015/16

National Indicator	Dundee	Cold side	East End	Lochee	Maryfield	North East	Strathmartine	The Ferry	West End
12. Admissions	+1.8%	+1.3%	-4.5%	+8.4%	-1.3%	7.3%	-0.1%	-1.9%	+7.3%
13. Bed Days	-4.1%	+2.4%	-11.5%	+2.0%	-17.8%	-4.3%	+2.9%	-1.6%	-9.4%
16. Falls	+1.1%	-1%	+1.9%	+2.1%	+1.6%	+4.6%	-1.6%	-0.7%	+4.7%
19. Delayed Discharge	-9.2%	-9.2%	+20.3%	-1.5%	+8.9%	-41.3%	-29.3%	-14.1%	-18.1%

**Premature Mortality Rate (Latest National Position as at Calendar Year 2015/16 – 2016/17 data not yet available)**

**Chart 1: European Age-Standardised Mortality Rate per 100,000 for People Aged under 75**

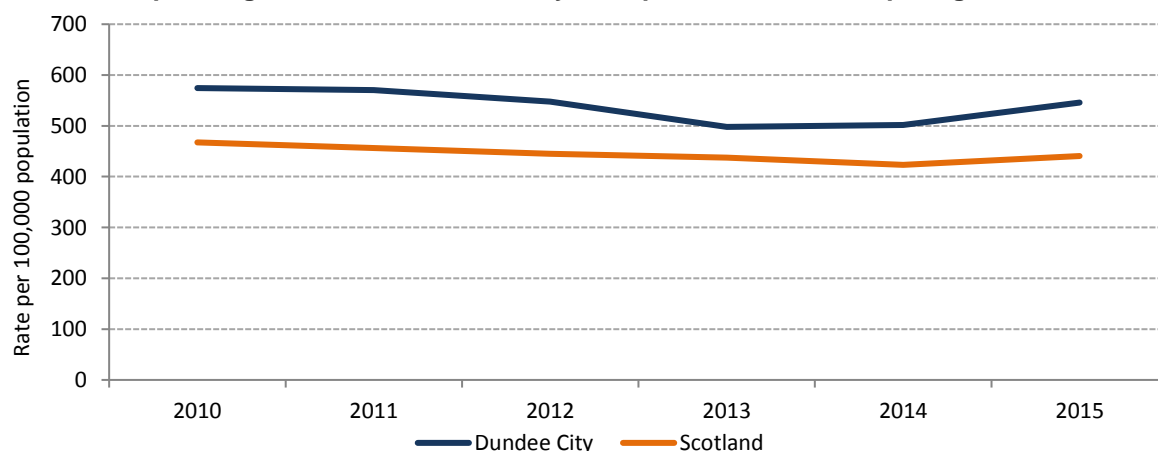


Source: ISD Scotland

As at 2015 Dundee had the 3<sup>rd</sup> highest premature mortality rate in Scotland with 546 unexpected deaths per 100,000 population of under 75s.

Whilst the Dundee HSCP is working very hard to reverse this national position and to reduce premature mortality it should be acknowledged that this requires continued and further partnership with stakeholders across the wider local community planning partnerships.

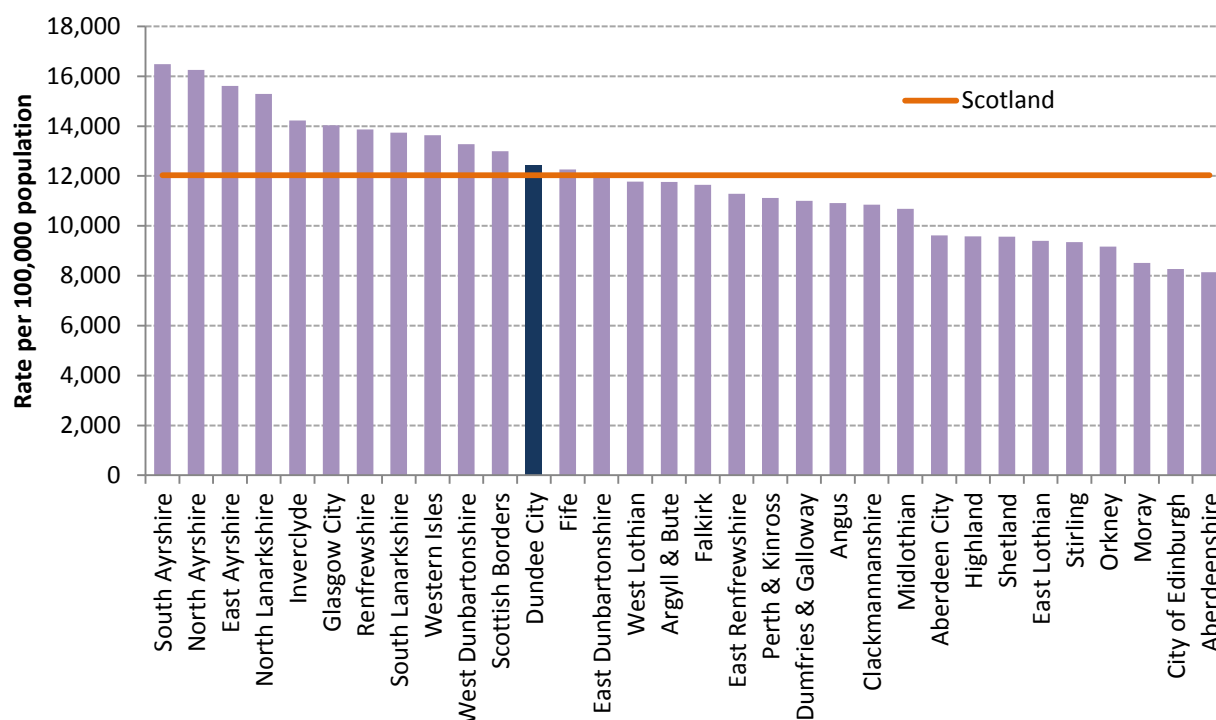
**Chart 2: European Age-Standardised Mortality Rate per 100,000 for People Aged under 75**



Source: ISD Scotland

As at 2015, Dundee was the 3<sup>rd</sup> highest ranked partnership for premature deaths with 548 per 100,000 population. Historically, Dundee has always had a higher premature mortality rate than the Scottish rate and although the Dundee rate was decreasing between 2010 and 2014 it began to increase thereafter.

**Chart 3: Rate of Emergency Admissions for Adults (Latest National Position as at 2016/17)**



Source: ISD Scotland

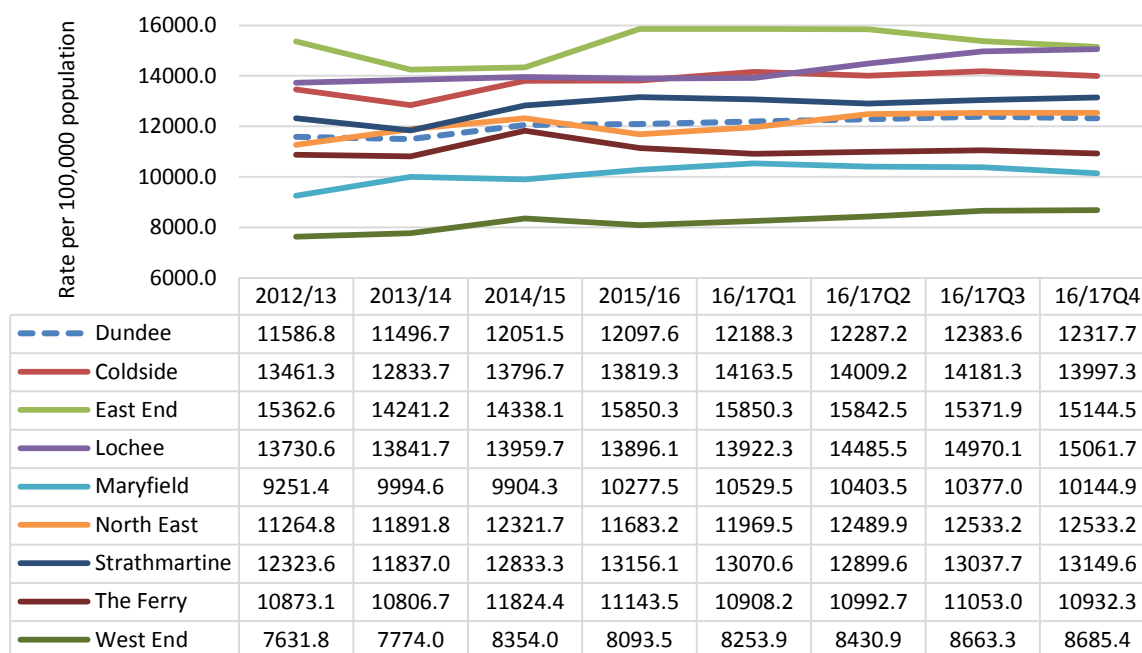
Dundee currently is performing slightly higher than the Scottish average with approximately 12,500 emergency admissions per 100,000 population, compared with the Scottish average of approximately 12,000 emergency admissions per 100,000 population.

Whilst performance appears poor compared with other Partnerships, when assessment is made alongside the other 'family group' Partnerships which Dundee is aligned to performance is more positive.

Dundee performance is better than the following 'family group' Partnerships – North Lanarkshire, Glasgow, East Ayrshire, North Ayrshire and Inverclyde and West Dunbartonshire.

## Management Information at Locality Level for 2016/17 Q4

**Chart 4: Rate per 100,000 Population of All Emergency Admissions for People Aged 18+ by Locality and Financial Year**



Source: SMR01/SMR50/SMR04 Datasets (management information)

The rate for Dundee has generally been increasing from 11,500 per 100,000 in 2012/13 to 12,300 per 100,000 in 2016/17 Q4. All LCPs since 2012/13 have seen increases in their rates with the East End experiencing the highest rates in every financial year. West End had the lowest rate at 8,685 emergency admissions per 100,000 people in 16/17 Q4. The West End, the Ferry and Maryfield had the lowest rates in Dundee (the West End rate was almost 50% less than the East End rate).

There was also high variation within each of these localities. For example Pentland/Ancrum is a neighbourhood in West End which has an emergency admission rate of 15,640 per 100,000 people which is higher than all but one neighbourhood in East End. Linlathen is the neighbourhood in East End which has a higher rate than Pentland/Ancrum at 18,040 admissions per 100,000 people. This demonstrates the high levels of variation which exist within both localities.

A further analysis of both Pentland/Ancrum (West End) and Linlathen (East End) neighbourhoods had similar conclusions. A high number of admissions were regarding people of adult (18-64) age, however there was also a relatively high number of admissions from the older population (aged 65+). Mental ill-health was not a prominent reason for emergency admissions across both age ranges.

### What we have achieved to date:

A three tiered system of support exists in Dundee which ensures that services and supports are delivered at the point of need.

#### Highest Tier – Caring for people with frailty / complex needs at home

- The Care home Liaison team, which consists of a team of 4 nurses who are supported by medical colleagues has contributed to many positive outcomes for residents and families, including a reduction in hospital admissions. In this period the admission rate from care homes to Kingsway Care Centre dropped from 28 to seven. Colleagues who work in care homes have found many benefits from having a specific link nurse and prearranged times to visit each area. This provides a consistent and dependable service which allows planning. Further developments within the team include; collaborative training with care homes, peripatetic services and older people review officer and enhancing knowledge in the essentials in psychological care.

- Significant shifts in the balance of care have been achieved in Medicine for the Elderly and Psychiatry of Old Age services which has resulted in the closure of acute beds and the planned closure of an entire ward by the end of 2017. The multi-disciplinary team is working effectively and successes include; the development of an acute frailty team, the completion of Anticipatory Care Plans and recording on eKIS, and creating links between the Medicine for the Elderly and Psychiatry of Old Age Teams. The polypharmacy stream has reduced harm, waste and variation by allocating resources in both enablement and care home services. Housing with care has been further expanded with the development of two new sites. Day services have been remodelled which has increased the number of day opportunities in the community, opposed to within traditional day centres. The resource released from the reduction of acute beds has been reinvested in expanding the Enhanced Community Support (ECS) service. This included the testing of multidisciplinary assessment meetings at GP Practice level; and the further roll out of the model to additional practices across the four cluster areas. A locality nurse role has been established in each locality to coordinate assessments and reviews and support anticipatory care planning and carer assessments. This has directly reduced length of hospital stay and emergency admissions through the initial test site, reduced waiting times for comprehensive geriatric assessments and a falls assessment, increased diagnostics through day hospital sessions. The work has supported Medicine for the Elderly Consultant Teams linked to GP practices. Learning from ECS for older people will be applied to under 65s with complex needs.
- Introduced medication reviews and employed a pharmacy technician as part of the social care enablement teams.

#### Middle Tier - Rehabilitation

- Supported and rehabilitative transitions from the Centre for Brain Injury Rehabilitation into the community is being provided by the Mackinnon Centre. The project set out a number of key aims to be tested over a period of twelve/eighteen months. These are summarised below:
  - upskill the workforce at the Mackinnon Respite service
  - redesign the care pathway for those in patients receiving rehabilitation services through the acquired brain injury service at Royal Victoria Hospital
  - explore, through a test of change, whether the resource at the Mackinnon service could effectively support individuals in the latter stages of their rehabilitation pathway.
  - support earlier discharge from CBIR
  - increase in earlier access to CBIR from Ninewells.
- Creative Engagement, through the arts, is a developing non-medical therapeutic intervention option that can operate alongside existing treatments by addressing psychosocial benefits (mood, confidence, self-esteem...) associated with positive health and well being. Tayside Healthcare Arts Trust (THAT) has been at the forefront of its development locally across a wide range of Long Term Conditions (LTCs). Its nationally recognised work with stroke (ST/ART Project and ACES research) has earned recurring funding from NHS Tayside and partnership support from Dundee Contemporary Arts and others. THAT has for some years been demonstrating the applicability of this approach for other LTCs, particularly Dementia, COPD, Parkinson's and MS and continues to seek additional recurring funding to embed this work. Opportunities for further developments around other health inequality targets could be explored with innovative test of change work.
- Successful delivery of Post Diagnostic Support for people diagnosed with dementia across Dundee. Analysis of care plans identified excellent compliance with PDS monitoring – there was a 100% rate of referral and 98% of patients had either 1 or more pillars recorded as met.

Additionally 84% of people who responded to the survey were either satisfied or very satisfied.

Patient and carer feedback included the following comments:

"We would like to thank the service for making mum feel safe and comfortable"  
 "As a carer it's good to know there is somebody at the end of a phone "  
 "Information and help was very much appreciated"  
 "Service provided by my worker was excellent"



“Extremely professional but also down to earth”

- Building on existing Equally Well training sessions (including positive sensitive practice and Mind Yer Heid Plus) the new Dundee Partnership Prevention framework includes a useful toolkit for staff to assess the extent to which they are using social prescribing as a route to improving service user outcomes and help them consider what more they could be doing to provide early interventions for those most at risk.
- Evaluation of Keep Well demonstrates that this range of medical interventions, ongoing support and lifestyle changes are having an impact. Keep Well may be contributing to the considerable reductions being seen in admissions to hospital where Coronary Heart Disease is identified as the main diagnosis. There has been a similar decrease in the number of occupied bed days where Coronary Heart Disease is the main diagnosis. Qualitative evaluation demonstrates the positive impact this approach has on individuals. Equally partners have recognised the benefits they see both for their service and their clients. There are also improved links and referrals from TSMS to consider wider health issues.
- Dundee Healthy Living Initiatives (DHLI) work with individuals living in more deprived areas of the City to identify issues impacting on their health and works with communities to develop and implement interventions to address these. Examples of activities include accredited cooking skills and health issues in the community courses, volunteer led walking programme, training sessions such as First Aid, Heartstart and FAST, and community based health checks and relaxation sessions. In addition the DHLI supports local groups to become formally constituted and gain independent funding for activities.

#### Lowest Tier – Prevention

- The *Reshaping Care Capacity Building Programme* is led by Voluntary Gateway Dundee and aims to build the capacity of communities to ensure people are able to look after and improve their own health and wellbeing and live in good health for longer. The Reshaping Care Team work in local communities to build their capacity and implement a co-productive model in the planning and implementation of service that meet the needs of each community. Through the Reshaping Care Network we share information and improve connections between third sector organisations that provide health and social care services and supports in the City. Some areas of work include:
  - Community Companion Project – aimed at adults living in Dundee who are either experiencing or have the potential to experience social isolation. Each service user is matched up to a community companion based on personality, hobbies and interests and general living experiences. Community companions visit people in their own homes, accompany them to social activities or shopping trips or even a visit to the local cafe.
  - Men’s Sheds – provide a place for men to gather and participate in a variety of activities whilst supporting each other in a relaxed environment. The team is supporting the development of Men’s Sheds in the East End, Lochee and Maryfield.
- The Listening Service “Do You Need To Talk?” was developed in 2012 in two sites in Dundee. In 2017 it received additional funding and is now available at over 18 sites in the City. The service is provided within local general practices, and uses an asset based approach, building individual resilience and supporting a sense of wellbeing. A third of people using the listening service talk about bereavement issues, with others talking about relationships, stress, depression, ill health, fear/anxiety and a range of other issues.

“I came away with a feeling of optimism. I have since taken positive steps to make some changes in my life, which have improved my mental and emotional wellbeing.”

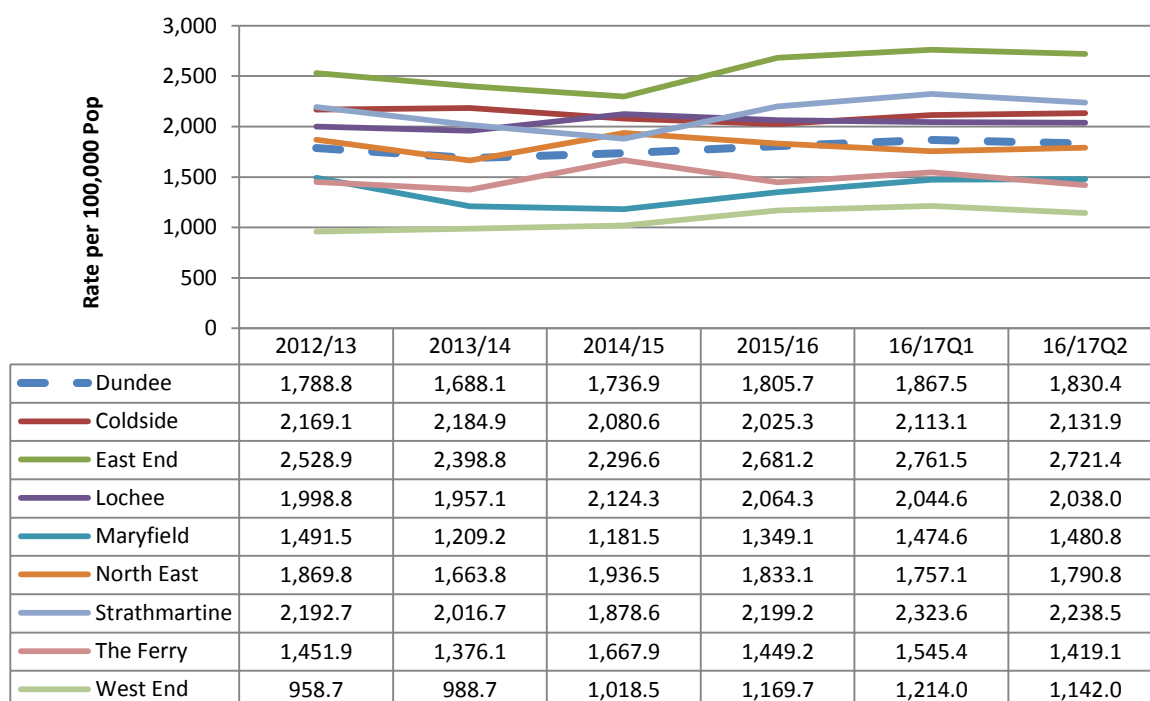
The approach is evidence based, and makes use of a National Training Program funded by Scottish Government.

### What we plan to do:

- Redesign Stroke patient services.
- Redesign the Tayside Neurological Rehabilitation services.
- Lead a review, with partners, of the current Learning Disability acute liaison service and develop future model.
- Increase our investment in intermediate forms of care such as step up/down accommodation and support for all adults.
- Develop further work to support reducing health inequalities and prevention, including developing social prescribing models to support individuals around improving their health and wellbeing.
- We are developing a Dundee Enhanced Community Support – Acute service which will work with people with acute illness in their own home.
- Continue to develop a polypharmacy service to reduce harm at home.
- Develop good practice in anticipatory care planning.

### **Management Information at Locality Level for 2016/17 Q2 (Q3 and Q4 data not currently available)**

**Chart 5: Rate per 100,000 Population of Potentially Preventable Admissions by LCPP for People Aged 18+**

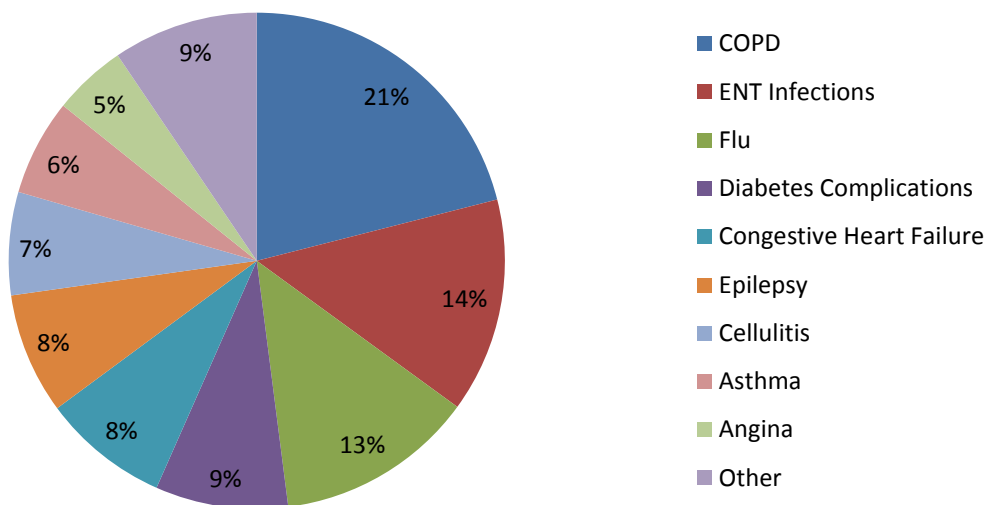


Source: SMR01 Dataset (management information)

The rate of potentially preventable admissions (PPAs) in Dundee has been increasing slightly since 2012/13. The East End has the highest rates of PPAs with 2,720 per 100,000 population as at 2016/17 Q2. This is more than twice the rate of the West End with the lowest rates of PPAs with 1,140 per 100,000 population.

## Management Information at Locality Level for 2016/17 Q2

Chart 6: Percentage of Total PPAs by Diagnoses in 2016/17 Q2

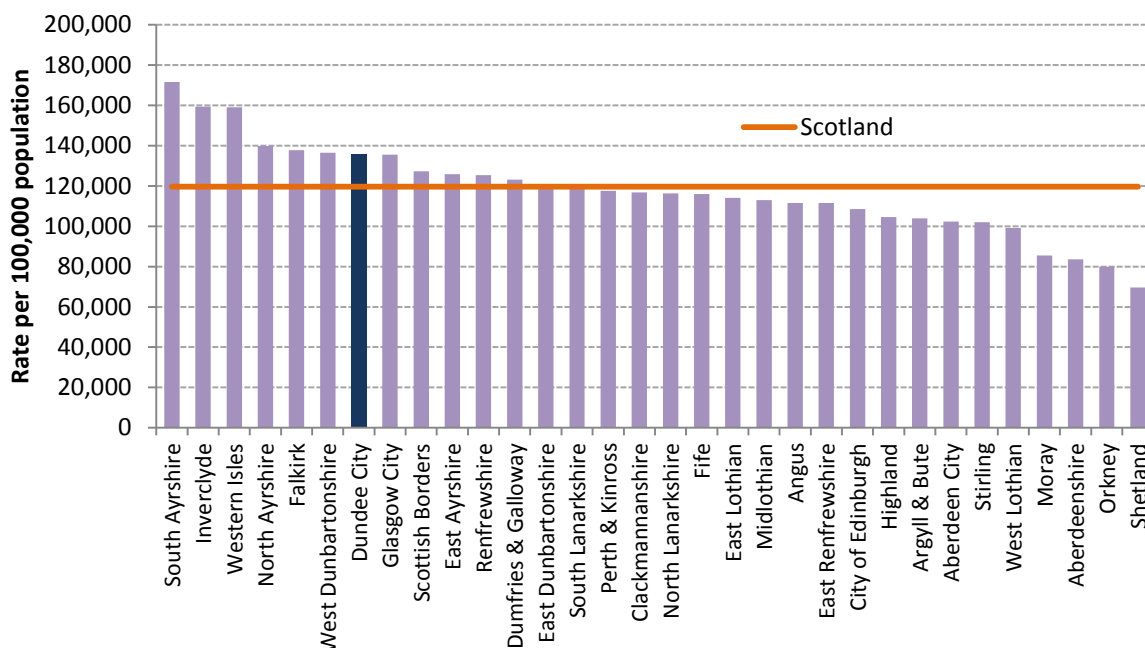


Source: SMR01 Dataset (management information)

One in five potentially preventable admissions (PPAs) in 2016/17 Q2 were COPD related. Almost half of the PPAs were made up of only 3 conditions; COPD, ENT Infections (Ear, Nose and Throat infections) and Flu.

- We have remodelled the COPD Discharge Service to support more adults discharged from hospital. (80% seen with 5 days of discharge/83% seen within 4 days of referral). 65% received additional support to meet their clinical needs, and data suggest that there is a reduction in re-admission rates (respiratory infection). Introduced Healthcare Support Workers to create capacity to support more complex patients, including those who have frequent readmissions.
- We are developing a Dundee Enhanced Community Support – Acute service which will work with people with acute illness in their own home.

**Chart 7: Rate of Emergency Bed Days for Adults (Latest National Position as at 2016/17)**

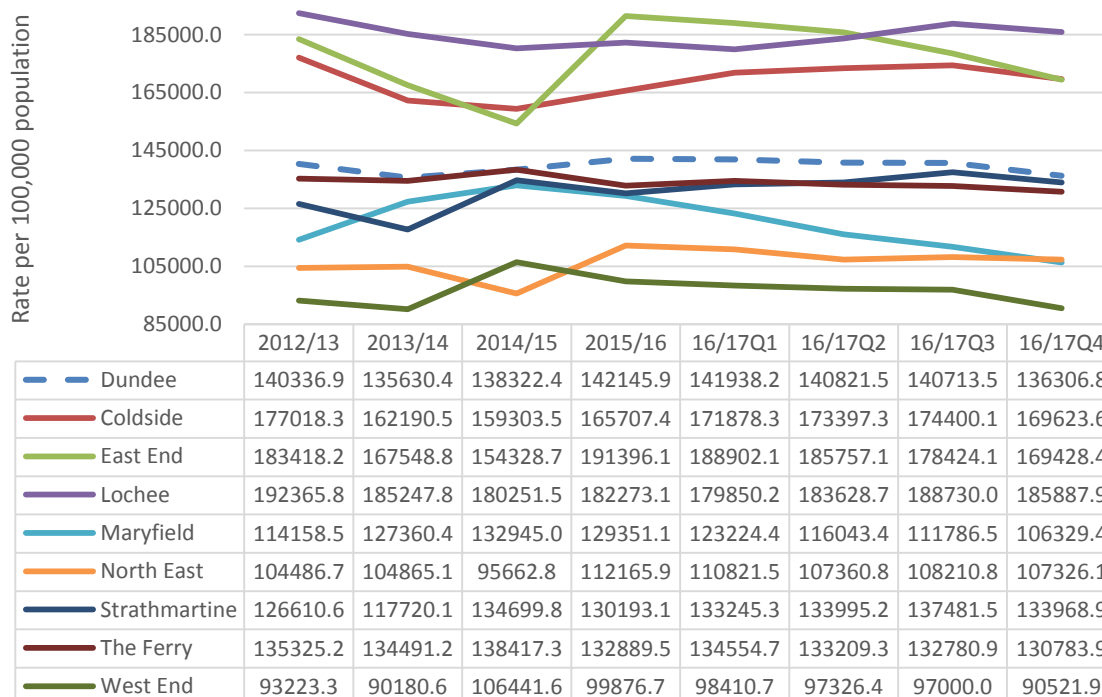


Source: ISD Scotland

Dundee currently has the 7<sup>th</sup> highest emergency bed day rates in Scotland with a rate of 136,000 per 100,000 population.

**Management Information at Locality Level for 2016/17 Q4**

**Chart 8: Rate per 100,000 Population of All Emergency Bed Days for People Aged 18+ by Locality and Financial Year**



Source: SMR01/SMR50/SMR04 Datasets (management information)

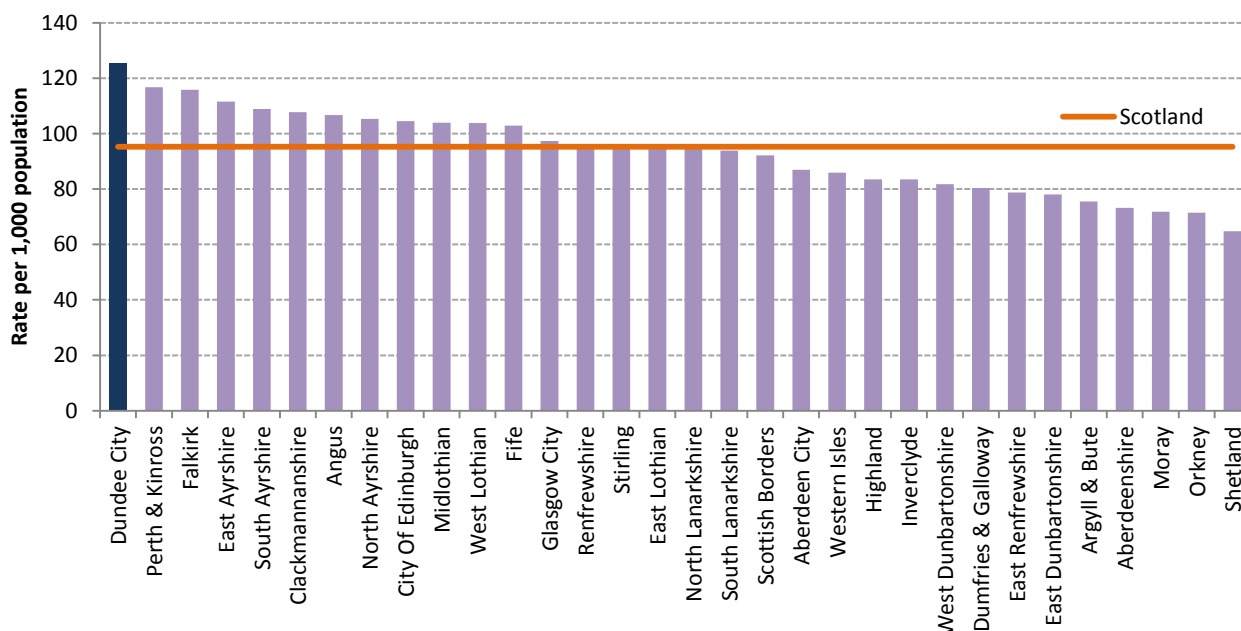
The rate for Dundee has been slightly decreasing from 140,000 per 100,000 in 2012/13 to 136,000 per 100,000 in 2016/17 Q4. Lochee has the highest bed day rate and the West End has the lowest bed day rate in Dundee. All localities have seen a decrease in the last quarter.

There is also high variation within each of these localities. For example Ninewells is a neighbourhood in West End which has an emergency bed day rate of 140,301 per 100,000 people. This is higher than many neighbourhoods in Lochee, including Gowrie Park, Lochee and Dryburgh. The variation within Lochee is particularly extreme. While there are some neighbourhoods with emergency bed day rates which are relatively low, there are neighbourhoods with extremely high rates. Beechwood has an emergency bed day rate of 832,541 bed days per 100,000 people. This is over 4 times the average rate for Lochee. The bed day rate in Beechwood has reduced over the years, however it still remains the neighbourhood with the highest rate in Dundee. This also highlights the high levels of variation within localities

A further analysis of the Beechwood bed day rate explained that a large proportion of these were regarding mental ill health of the older (65+) population.

We intend to pilot Enhanced Community Support in Lochee.

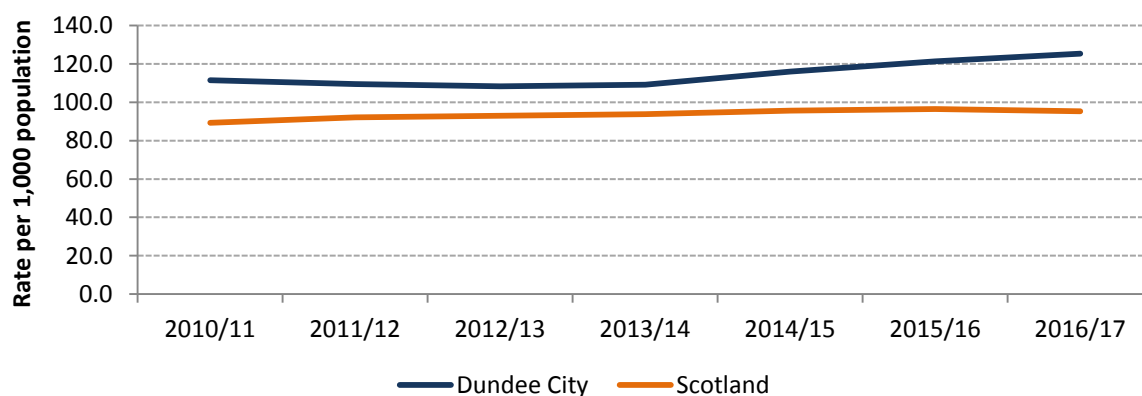
**Chart 9: Readmissions to Hospital within 28 Days of Discharge (Latest National Position as at 2016/17)**



Source: ISD Scotland

Dundee currently has the highest readmission rates within 28 days in Scotland with a rate of 125 per 1,000 admissions.

**Chart 10: Number of Readmissions Within 28 Days for People of All Ages as a Rate per 1,000 Population**



Source: ISD Scotland

Dundee has the highest readmission within 28 day rates in Scotland (Perth and Angus are also high in the rankings). Dundee has consistently had higher readmission rates than Scotland since 2010/11 and although there was a decrease between 2010/11 and 2013/14, the rates have been increasing since 2013/14 up to 2016/17.

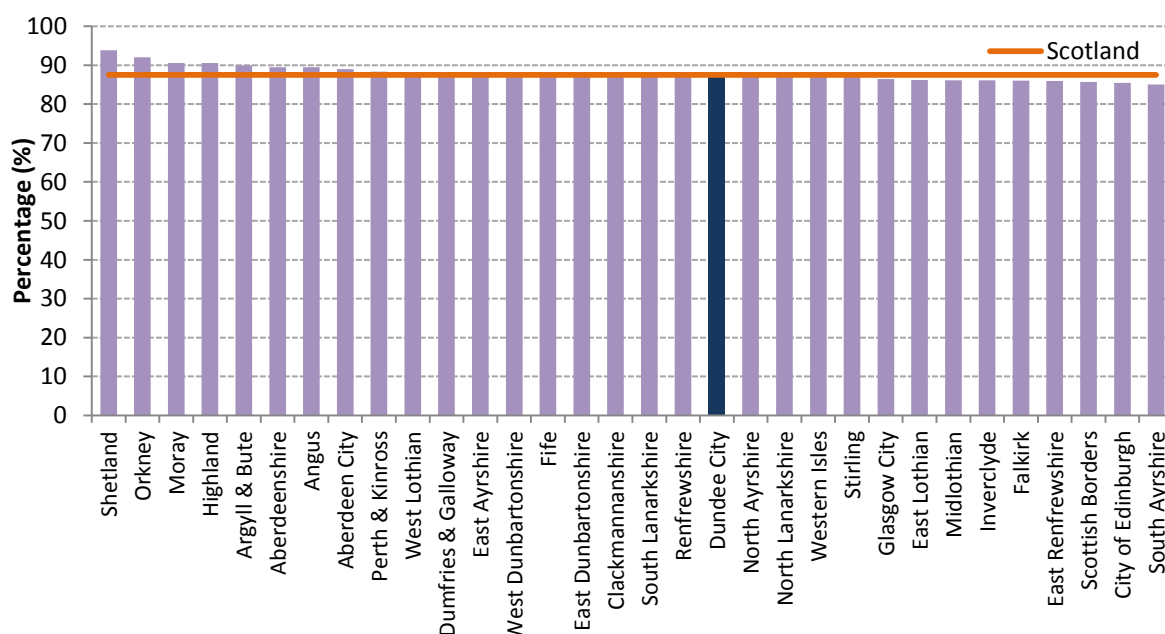
#### **What we have achieved to date:**

This issue has been identified as a priority by the Tayside Unscheduled Care Board. Analysis has commenced, however due to staffing resources this has been delayed. Further work will be carried out during this financial year and this, added to local analysis, will lead to agreed improvement actions across Tayside.

#### **What we plan to do:**

- Further analysis of reasons for readmission. We are about to do a Delphi process which will give a better understanding of pathways. This involves a survey which is completed by health and social care professionals to gather information regarding critical processes in a pathway. This is used to improve outcomes for people and also system efficiencies.
- Support more people to be assessed at home rather than in hospital by completing and evaluating the 'Moving Assessment into the Community' project for older people and resource the proposed change.
- Expand the 'Moving Assessment into the Community' project to specialist areas and test pathways.
- Further develop discharge planning arrangements for adults with mental ill-health, physical disability and acquired brain injury.

**Chart 11: Proportion of last 6 months of life spent at home or in a community setting (Latest National Position as at 2016/17)**



Source: ISD Scotland

Dundee is performing at the Scottish average with 87% of time in the last 6 months of life spent at home.

#### **What we have achieved to date:**

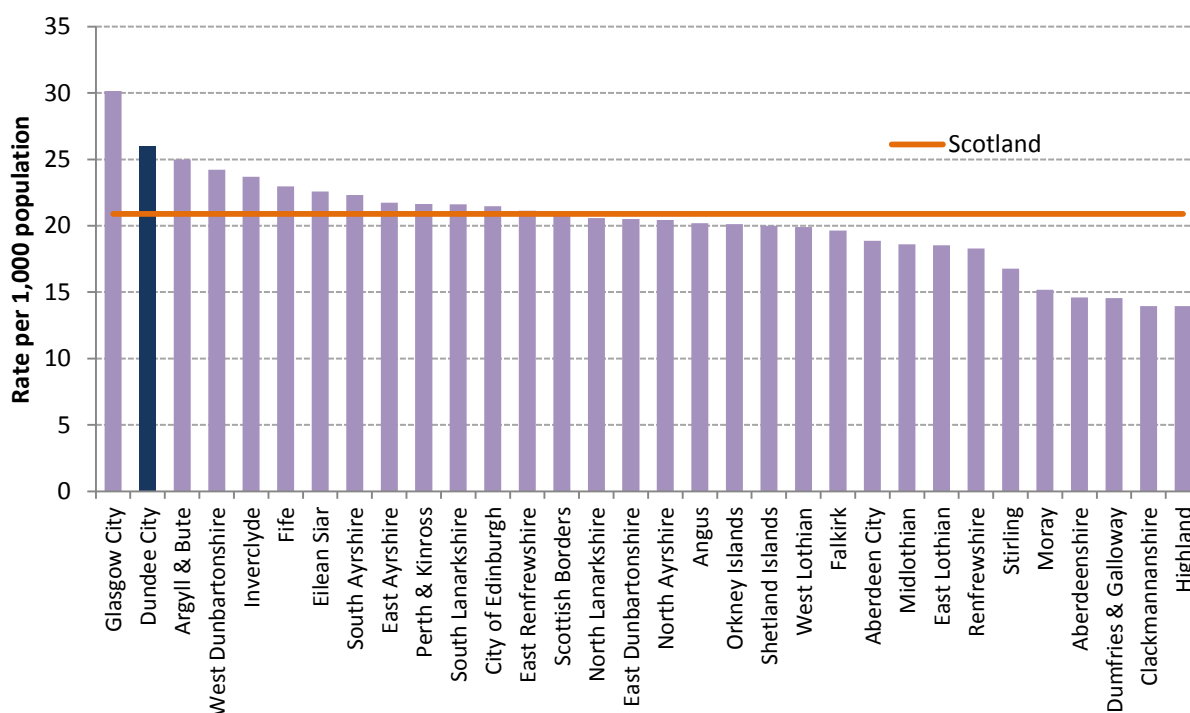
- *Macmillan Cancer Support* has teamed up with partners in Dundee to form the Macmillan and Local Authority Partnership. The Partnership included Dundee City Council, Dundee Health and Social Care Partnership and Leisure and Culture Dundee working together with MacMillan to support local people who are affected by cancer. The Partnership works with local communities to try and counteract some of the ways that having a cancer diagnosis affects people's lives. We held a large stakeholder event in January to kick off the process.

- The Palliative Care Tool Bundle and Response Standards will be used across community based health and social care services in Dundee to enable staff to identify, assess, plan and evaluate care for any person with palliative and end of life care needs regardless of diagnosis. The aim of this project is to give the person the best appropriate care through an individualised care and support plan which suits that person's needs and wishes. It would provide clear, consistent communication between secondary and primary care and reduce delays in starting treatments, or highlight where treatments/investigations would not be beneficial.
- Work is underway to improve anticipatory care planning and we have adopted the NES tool.
- The support by the District Nurse service in Dundee allows a group of people to be cared for in their own homes.

#### **What we plan to do:**

- The Palliative Care Tool Bundle and Response Standards will be used across community based health and social care services in Dundee to enable staff to identify, assess, plan and evaluate care for any person with palliative and end of life care needs regardless of diagnosis.
- The aim of this project is to give the person the best appropriate care through an individualised care and support plan which suits that person's needs and wishes. It would provide clear, consistent communication between secondary and primary care and reduce delays in starting treatments, or highlight where treatments/investigations would not be beneficial.
- We will become the 6<sup>th</sup> site for palliative and end of life quality improvement for people with dementia who live in care homes.

**Chart 12: Falls rate per 1,000 population in over 65s (Latest National Position as at 2016/17)**

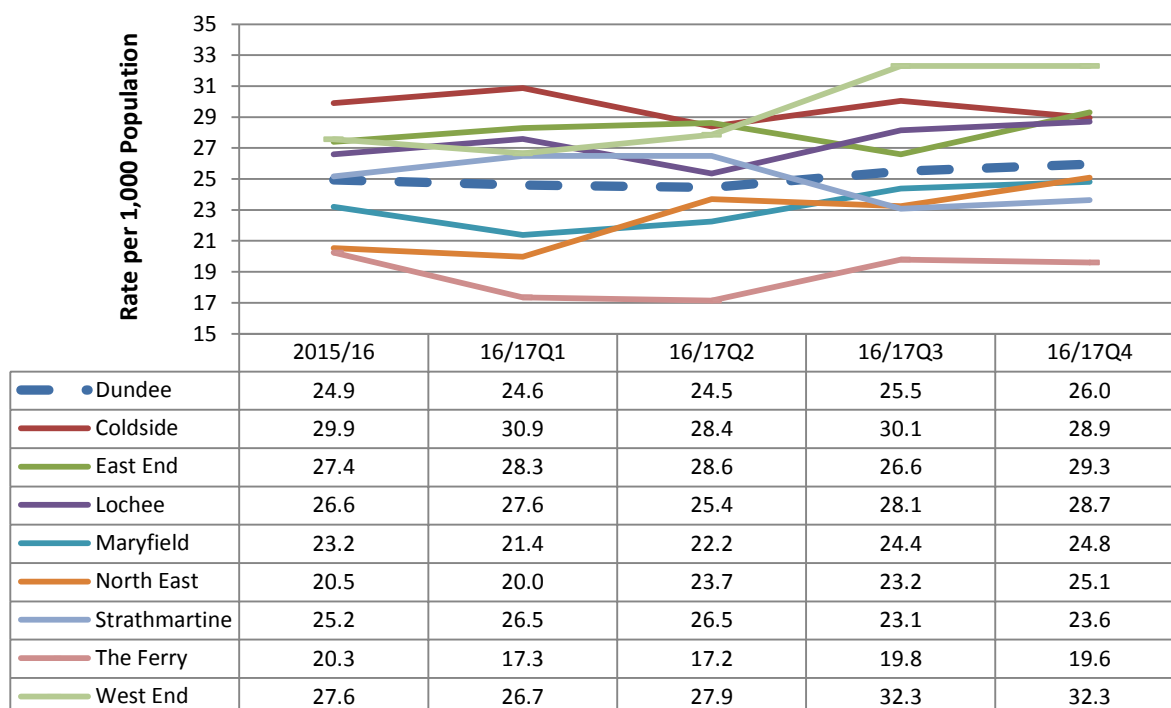


Source: ISD Scotland

Dundee was the second poorest performing partnership in Scotland with a falls rate of 26 per 1,000 population aged 65+.

### Management Information at Locality Level for 2016/17 Q4

Chart 13: Rate per 1,000 Population of Fall Admissions for People aged 65+



Source: SMR01 Dataset (management information)

West End had the highest rate of falls in Dundee with 32 per 1,000 population. The North East had the lowest rates in 2012/13 but they have seen a sharp rise in falls in 2014/15 and again in 2016/17 Q4 to 25 per 1,000 population. The Ferry has seen a continual decrease in their falls rate and now have the lowest rates with 19 per 1,000 population. The West End, has one of the highest falls rates in Dundee with 32 per 1,000 population as at 2016/17 Q4.

There was a high variation in falls rates within West End in 16/17 Q4. The neighbourhood with the highest rate of falls is Logie / Blackness (29 emergency admissions which equates to 38 emergency admissions per 1,000 population) followed by West End Residential (36 emergency admissions which equates to 36 emergency admissions per 1,000 population). There were also neighbourhoods in West End where there were low numbers and rates of emergency admissions due to a fall. In Q4 16/17 there was only 1 emergency admission from Pentland/Ancrum ( 4 per 1000 population) and 7 (19 per 1000 population) from Perth Road/Nethergate.

#### What we have achieved to date:

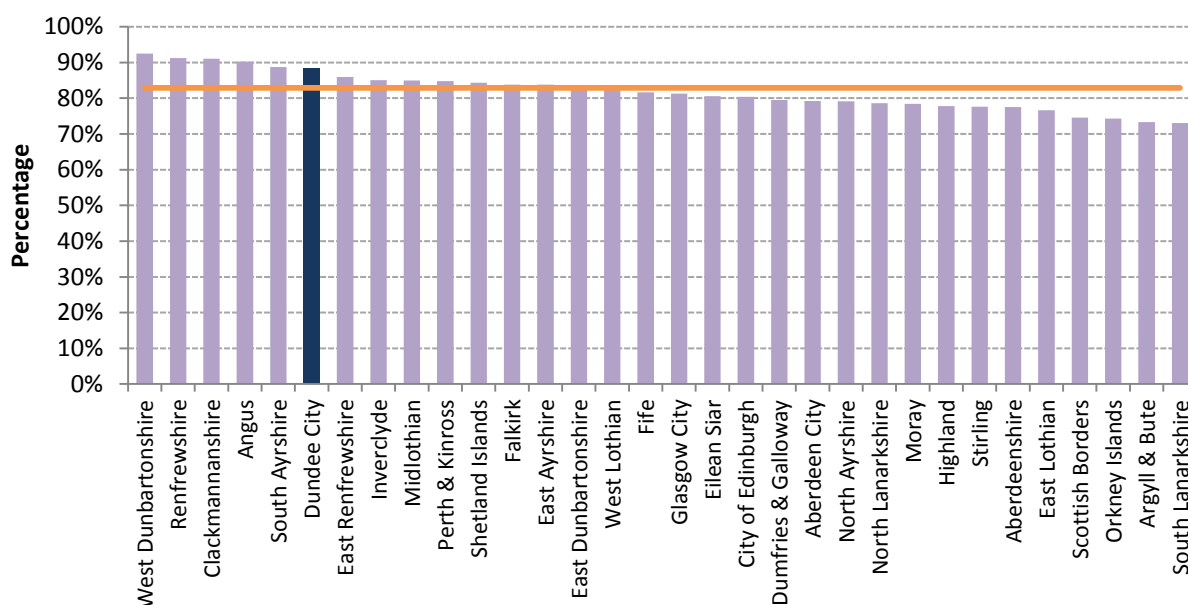
- Developed a draft equipment prescribers learning framework supported by e-learning and a mentoring programme. Piloted an e-learning module.
- Expanded on the falls service to ensure Patients aged over 65 years are routinely screened by AHP staff if presenting with a fall and follow up interventions put in place; offered a single point of referral, triage takes place and information shared.
- Introduced falls prevention care home education resulting in a reduction in falls in care homes.
- Otago falls classes now well established in community venues showing clear improvements in clinical outcomes. Introduced self-referrals to CRT to improve access.
- Dundee and Angus Health and Social Care Partnerships launched a new shared community equipment loan service for people with disabilities living in the areas. The new venture is based at the Dundee Independent Living and Community Equipment Centre in Dundee and provides, delivers, installs, repairs, maintains and recycles a range of equipment to help people of all ages living in Dundee to live independently. It also provides a technical advice service and carries out risk assessments with medical and care professionals, both in-store and in people's homes.



### What we plan to do:

- Rolling classes with an educational component. This will prevent patients from waiting too long before they start a class and hopefully help to prevent as many drop outs.
- In discussions with Dundee College to start a project where students are trained in Otago and then with CRT support are able to implement it within care homes.
- Home based Otago project following the Otago research for patients that are unable to come to the class.
- In development of an Otago based maintenance class within the community to try and prevent re-referrals and re current falls. Based on the pulmonary rehab model.

**Chart 14: Proportion of care and care services rated good or better in care inspectorate inspections (Latest National Position as at 2015/16, 16/17 not yet available)**



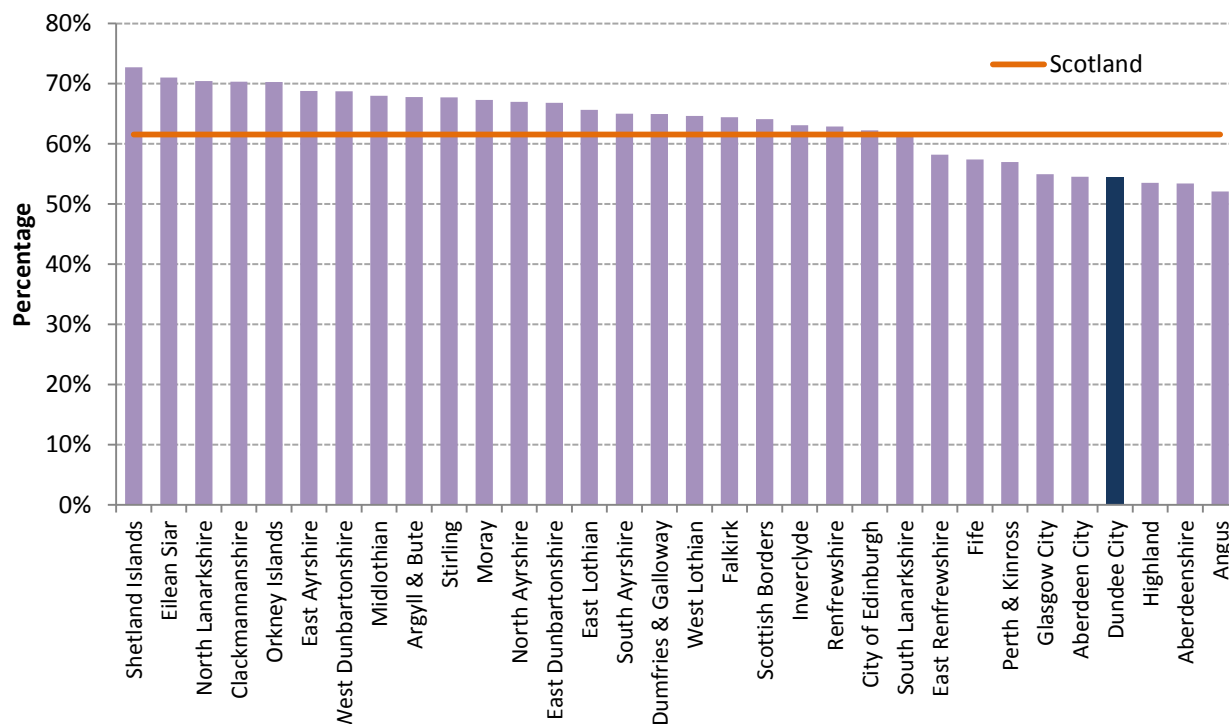
Source: ISD Scotland

Dundee had the 6<sup>th</sup> highest proportion of care services rated as good or better in Scotland (88%).

### What we have achieved to date:

- There are various fora including the care home providers forum and care at home providers forum. We have developed a number of teams that support care homes including the peripatetic team, the older people's review team. We have an advanced nurse practitioner working with care homes. We hold regular improvement events and we developed the early indicators of concern procedures.
- We will integrate the teams supporting care homes into an integrated service. We are developing the early indicators of concern procedures for care at home providers.

**Chart 15: Percentage of adults with intensive needs receiving care at home (Latest National Position as at 2015/16, 2016/17 not yet available)**



Source: ISD Scotland

Dundee was the 4<sup>th</sup> poorest performing partnership in Scotland with only 54% of adults with intensive needs receiving personal care at home.

Although in comparison with other partnerships, performance in Dundee is poor, there has been improvement since 2014/15 when Dundee was 2<sup>nd</sup> poorest and had a performance of 50%.

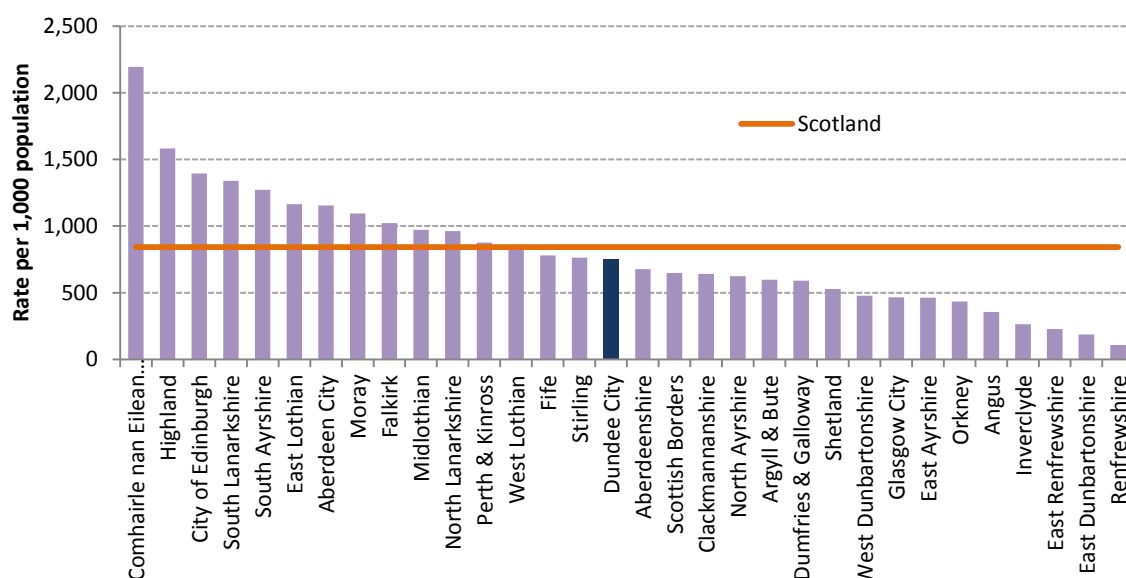
#### **What we have achieved to date:**

- Invested in resources which support assessment for 24 hour care taking place at home or home like settings.
- Developed step down beds within a local authority adult care respite unit to support transition from the Acquired Brain Injury Unit. Testing project with two patients.
- Step Down (Gourdie Place) – testing of a step down housing model to support early, safe discharge from hospital. This support enables adults awaiting specialist or adapted housing to move from a hospital setting while awaiting allocation of a new home. The model commenced part year and has been in use. Two further step down housing options to commence in this financial year.
- Closed 2 wards in RVH due to a reduction in demand.
- Reduced the number of continuing care patients in RVH to 0.
- Increased Housing With Care – an additional 20 units.

#### **What we plan to do:**

- Continue to develop step down options.
- Continue to develop Housing With Care
- Close a further ward in RVH, in order to reinvest resources in the community.

**Chart 16: Number of days people aged 75+ spend in hospital when they are ready to be discharged (Latest National Position as at 2016/17)**

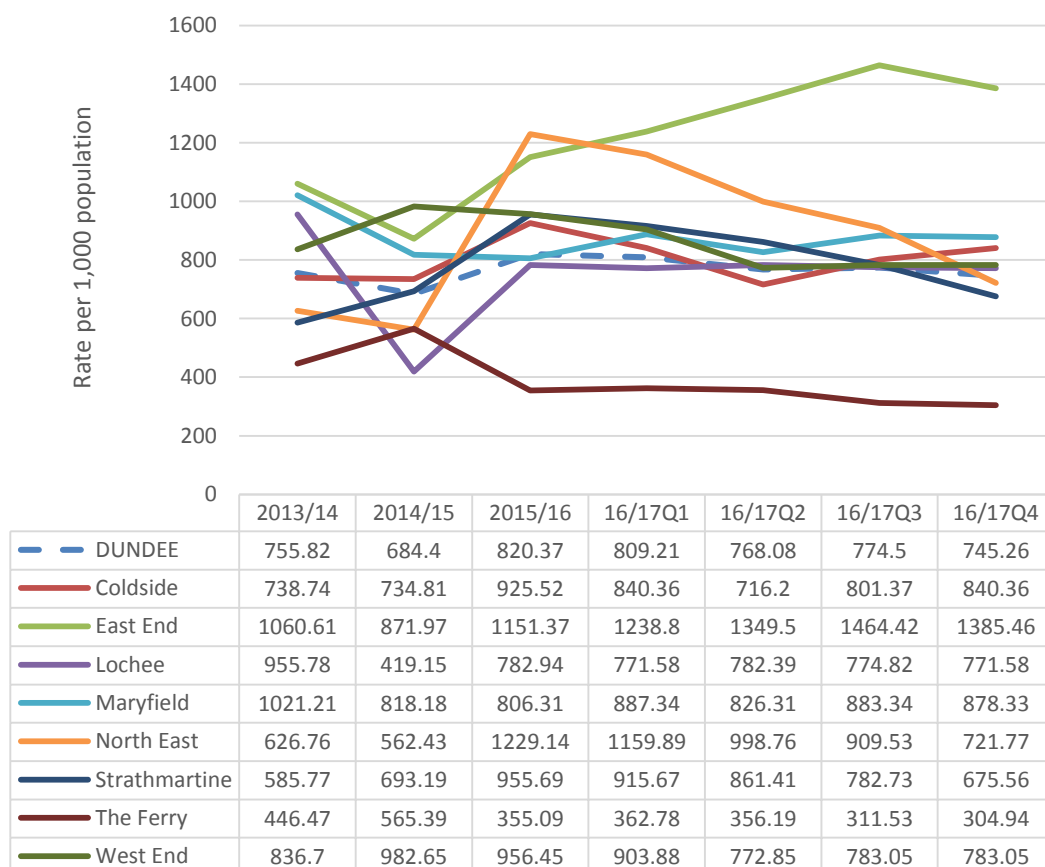


Source: ISD Scotland

Dundee is currently performing better than the Scottish average of bed days lost to delayed discharges for 75+ with a rate of 755 per 1,000 population. This is an improvement from 2015/16 when the rate was 832 per 1,000 population.

#### **Management Information at Locality Level for 2016/17 Q4**

**Chart 17: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population by LCPP Areas**



Source: Edison (excludes codes 100, 42T, ESDS and ICF)

The East End has consistently been one of the poorest performing LCPP areas for this indicator although the Q4 figure shows an improvement since Q3. Coldside is the only LCPP where performance worsened between Q3 and Q4. The North East saw a big increase from 562 per 1,000 population in 2014/15 to 1,229 per 1,000 population in 2015/16, however performance has improved and is following a downward trajectory towards what performance looked like in 2014/15. As at 16/17 Q4, the Ferry had the lowest rates in Dundee with 305 per 1,000 population; the East End rates are approximately 4 times higher than the Ferry's.

**What we have achieved to date:**

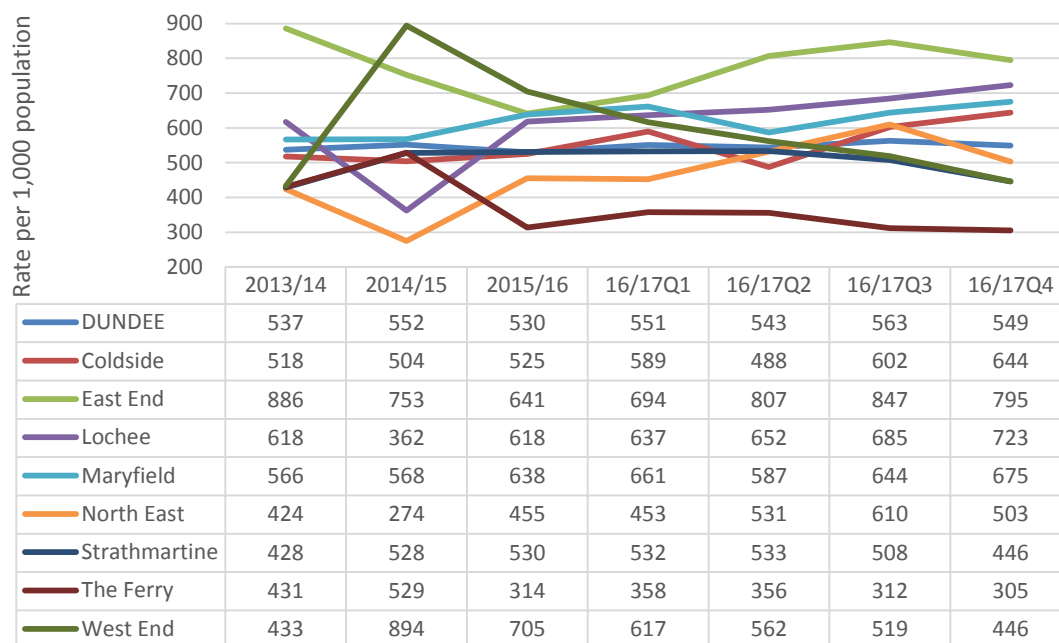
- There are currently 2 step down housing options which are working very well. An example of this is a 'Smart Flat' which uses a range of Technology Enabled Care to support people who are waiting for housing adaptations of a new home and who are delayed in hospital. A third step down housing option will be introduced during 2016/17.
- The capacity within the Mental Health Officer team has been enhanced and Dundee City has joined a Power of Attorney Campaign to support the discharge of people who are delayed in hospital as a result of a legal issue around guardianships.
- Pathways from hospital have been reviewed and assessment services have been aligned to more locality based working.
- We have mainstreamed a number of Reshaping Care for Older People projects and fully embedded them into models of working. An example is the development of a community pharmacy technician within the enablement service. This post supports people to be discharged from hospital by dealing with medicine complications which would otherwise have caused delays.

**What we plan to do:**

- The Enhanced Community Support Service is working with people to identify increased support needs, particularly around requirements for care home placements at an earlier stage. It is anticipated that this proactive planning will have the positive effect of minimising the number of applications for care homes and also Power of Attorney which often happen as a crisis response when the person is in hospital.
- Extend the range of supports for adults transitioning from hospital back to the community.
- Review and refresh the Delayed Discharge Improvement Plan.
- Continue to focus on those service users delayed as a result of complex needs who result in the most bed days lost per individual.
- The development of a step down and assessment model for residential care is planned for the future.

### Management Information at Locality Level for 2016/17 Q4

**Chart 18: Number of Days People Aged 75+ Spend in Hospital as a Standard Delay per 1,000 Population by LCPP Areas**



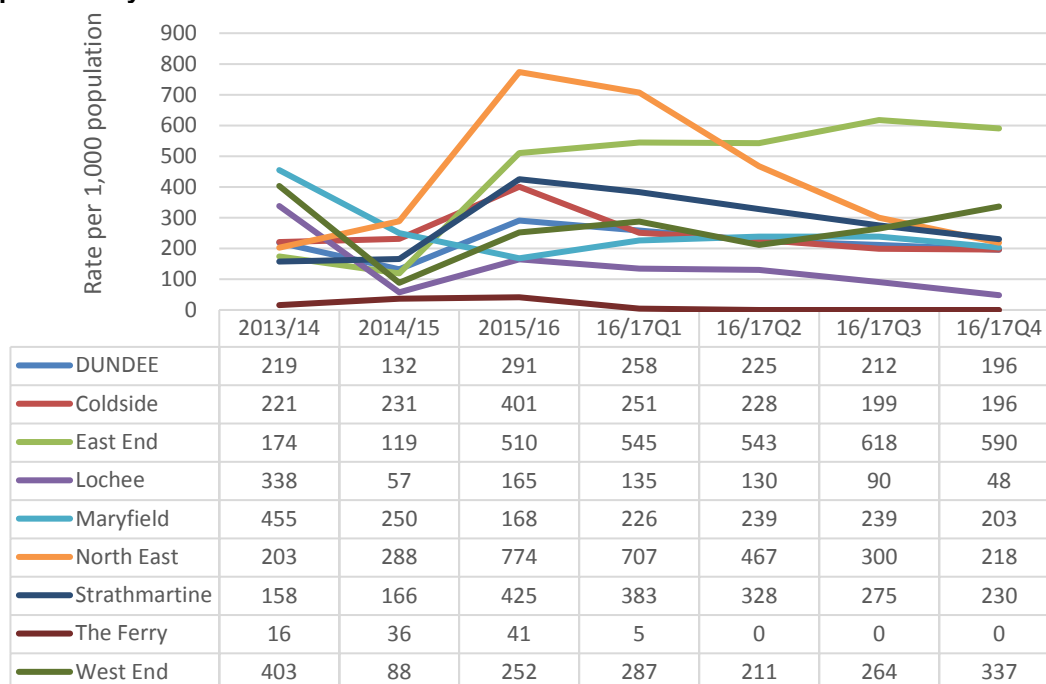
Source: Edison (excludes codes 100, 42T, ESDS and ICF)

As at 16/17 Q4, the East End had the highest rate of bed days lost to standard delayed discharges for people aged 75+ with 795 per 1,000 population. Lochee is the second worst performing LCPP area with 723 per 1,000 population as at 16/17 Q4. The Q2 report highlighted the higher than average performance in West End, however this has improved and is now the second lowest in Dundee.

Standard delays tend to be associated with higher volume of people who are inpatients. This is mainly due to our activity in relation to streamlining processes, PDD work and changes to social care packages taken forward.

### Management Information at Locality Level for 2016/17 Q4

**Chart 19: Number of Days People Aged 75+ Spend in Hospital as a Code 9 Delay per 1,000 Population by LCPP Areas**



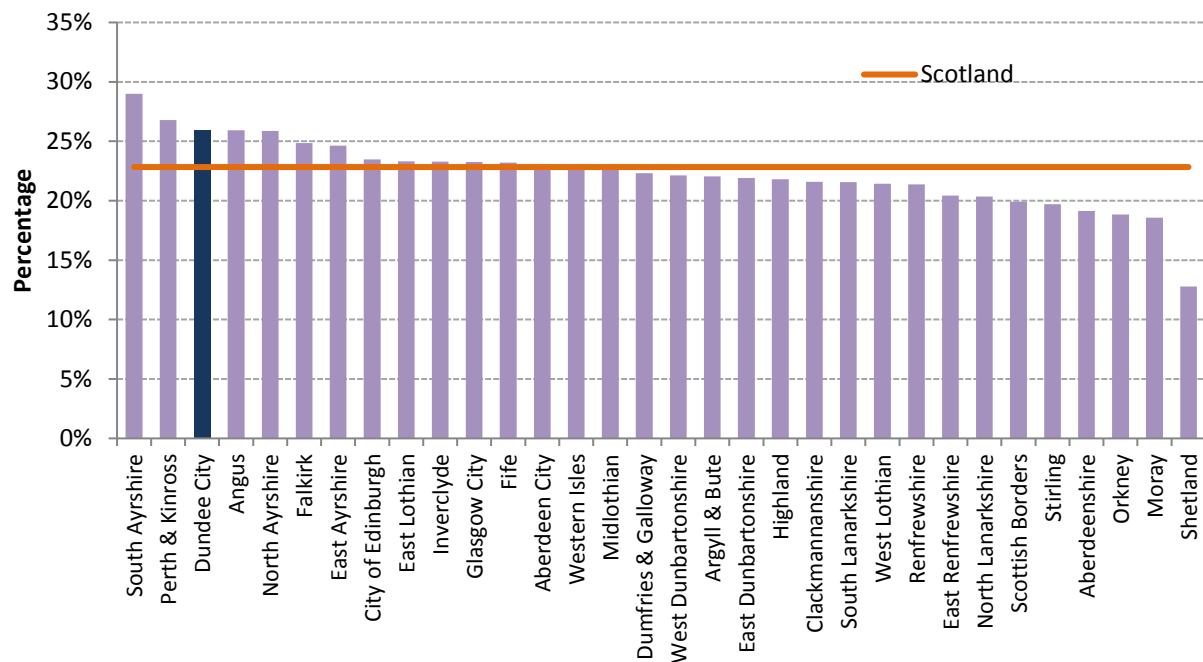
Source: Edison (excludes codes 100, 42T, ESDS and ICF)

2015/16 saw a significant increase in the rate of bed days, per 1,000 population, lost to Code 9 delays in Dundee and in particular LCPP areas such as the East End, the North East and Strathmartine saw the biggest increases. Since then, most LCPP areas have seen a decrease in bed days lost to Code 9 delays with the notable exception of the West End. The Ferry had 0 bed days lost to code 9 delays as at 16/17 Q2.

The reason for the increase is mainly due to a change in recording practice, as a result of improvement work, within specialist hospitals where recording of delays has increased as a result of these now being reported.

It was agreed within the Discharge Management Group that each care group strategic planning group would incorporate consideration in relation to complex care packages and specialist facilities within their strategic commissioning statements to support a strategic focus in relation to bed delays for patients with more complex needs.

**Chart 20: Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency (Latest National Position as at 2016/17)**



Source: ISD Scotland

In 2016/17 26% of Dundee's health and care budget was spent on hospital stays. This puts Dundee as the 3rd highest spenders (up from 4<sup>th</sup> on 2015/16) on hospital stays as a proportion of their budget with Perth & Kinross and Angus also spending above the Scottish average.

**What we have achieved to date:**

- Closed 2 wards at RVH
- Reduced the bed base in Kingsway Care centre down to 49.
- Develop joint Psychiatry of Old Age and Medicine for the Elderly services across Dundee and Angus.
- Further develop the Enhanced Community Support model.







**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 19 JULY 2017

**REPORT ON:** ANNUAL PERFORMANCE REPORT UPDATE

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC16-2017

## **1.0 PURPOSE OF REPORT**

The purpose of this report is to update the Performance and Audit Committee on progress in producing the 2016/17 Health and Social Care Partnership Annual Performance Report.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the updates provided and the unformatted advance draft summary of the Annual Performance Report (attached as Appendix 1).
- 2.2 Approves the planned approach to approval and publication (sections 4.2.3, 4.2.4 and 4.2.5).

## **3.0 FINANCIAL IMPLICATIONS**

None.

## **4.0 UPDATE**

### **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 first annual report of the Dundee Health and Social Care Partnership (for 2016/17) is therefore due for publication by 31 July 2017.
- 4.1.3 At the meeting of the Performance & Audit Committee held on 14 March 2017, Report Number PAC7-2017 was submitted that detailed requirements relating to the annual performance report and the planned approach to its development within the Partnership.

### **4.2 Progress in Development of Annual Performance Report 2016/2017**

- 4.2.1 The production of the annual performance report has been led by the Strategy and Performance Team working in 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 will form a true representation of the diversity and breadth of activity and performance within the Partnership during 2016/17.

- 4.2.2 Regulations require that an annual performance report be published by the Partnership no later than 31 July 2017. This has proved to be a challenging deadline given the availability of data regarding performance against the national indicators, for which the Dundee Partnership is reliant on validated data from NHS National Service Scotland Information Services Division (NSS ISD) rather than local data from NHS Tayside. The availability of data has also interacted with the schedule of Integration Joint Board (IJB) meetings, at which the annual performance report must be approved prior to publication, meaning that the first IJB meeting at which data is available in sufficient time for committee processes is the IJB scheduled for 29 August 2017.
- 4.2.3 In order to meet the regulations it is proposed that the Partnership publish a summary version of the annual performance report on 31 July 2017, subject to the approval of 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. An advance draft of the content of this summary is attached in Appendix 1 of this report. The summary version fulfils the key requirements of the regulations, including headline information regarding progress against the national outcomes and Partnership and locality level, financial planning and performance, best value, and scrutiny/inspection. The Scottish Government has indicated that this approach is acceptable.
- 4.2.4 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. It is proposed that the summary version be published on the Partnership website with appropriate pro-active media liaison accompanying publication.
- 4.2.5 A fuller version of the annual performance report has also been developed. This expands on the headline information in the summary version, providing broader context and further detail regarding performance, improvements and outcomes as required by the regulations. This will be submitted to the IJB on 29 August 2017 for approval and will be published as soon as possible thereafter. Proposals for publication and dissemination of the full report will be made to the IJB at the time of submission of the report for approval. A copy of the summary version of the annual performance report will also be presented to the IJB for information.

## **5.0 POLICY IMPLICATIONS**

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 CONSULTATIONS**

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

## **7.0 BACKGROUND PAPERS**

None.

Dave Berry  
Chief Finance Officer

DATE: 3 July 2017



#### Annual Performance Report Summary 2016/17

"Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life"

The Dundee Integration Joint Board (IJB) was established on 1<sup>st</sup> April 2016 to plan, oversee and deliver adult health and social care services through the Dundee Health and Social Care Partnership.

The Dundee Health and Social Care Partnership consists of Dundee City Council, NHS Tayside, and partners from the third sector and independent providers of health and social care services.

The Health and Social Care Partnership for planning and delivering a wide range of adult social work and social care service, and primary and community health services for adults. The Partnership is also responsible for some acute hospital care services

#### Our Big Achievements....

- ⇒ Gratings awarded by the Care Inspectorate following statutory inspection of services are high. 88% of registered care services were rated good or excellent by the Care Inspectorate.
- ⇒ Substantially increased investment in homecare services by £1 million.
- ⇒ Developed Community Services which have reduced the length of time people spend in hospital when they have been admitted in an emergency. For every 100 adults in Dundee, 136 beds days were occupied.
- ⇒ People want to be supported in their own home towards the end of their life. On average Dundee performed well with 87% of last 6 months of life being spent at home on in the community
- ⇒ Over the last 12 months we have reduced the number of bed days occupied where the person's discharge from hospital was delayed by more than one fifth.
- ⇒ Exceeded national standards for dementia diagnosis (65%) and have the highest post diagnostic support rate in Scotland (98 OR?? 99%).

#### Where we have made progress...

- ⇒ Increased community based supports for people leaving hospital through our Home from Hospital and Enablement Services and introduced 'step down services'
- ⇒ We have improved services for young people at risk of homelessness and as a result we identified 122 young people at risk of homelessness, supporting 70 to remain at home and 52 to secure alternative safe accommodation.
- ⇒ Expanded and developed our range of technology enabled care options including; a 'smart flat', increased investment in telecare and enhanced engagement with stakeholders at the annual Smart Care Convention and via social media.
- ⇒ Developed a Care Home Liaison Team which provides a dedicated service to residents in care homes experiencing mental ill health, leading to admission rates for this group to the specialist hospital ward being reduced by 75%.
- ⇒ Improvement in the rate of patients with a leg ulcer who are healed within 12 weeks from 29% to 85%
- ⇒ The location of Welfare Rights services within GP practice has resulted in 216 patients receiving £390,560 of additional benefits.
- ⇒ 75% of staff members said that they would recommend the Partnership as a good place to work
- ⇒ In partnership with Neighbourhood services and voluntary sector providers more than 40 units (houses) and support was secured for adults with additional support needs during 2016/17. Between now and 2022, approximately a further 85 units will be secured with suitable support.

#### What you have told us....

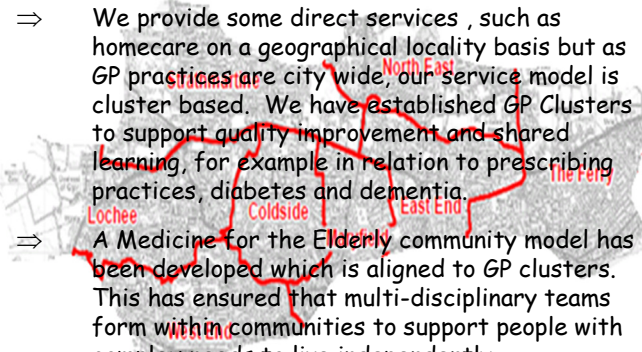
- ⇒ 93% of adults said that they can look after their health very well or quite well
- ⇒ 90% of people said they have had a positive experience of care provided by their GP practice
- ⇒ 88% of adults supported at home agreed that their services and support had an impact in improving or maintaining their quality of life
- ⇒ 94% of adults supported at home agreed they are supported to live as independently as possible
- ⇒ 85% of adults supported at home said they feel safe
- ⇒ 94% of adults receiving any care or support rated it as excellent or good
- ⇒ 79% of adults supported at home said they had a say in how their help, care or support was provided
- ⇒ 76% of adults supported at home said that their health and care services seemed to be well co-ordinated

"I came away with a feeling of optimism. I have since taken positive steps to make some changes in my life, which have improved my mental and emotional wellbeing" (Do you Need to Talk service)

"I would like to thank the service for making mum feel safe and comfortable" (Post Diagnostic Support)

"I believe staff go the "extra Mile" for clients. Are sensitive to the needs/wishes/feelings of carers. Overall a great service whose help is very much appreciated." (Wellgate Day Support Service)

## Working in Localities

- 
- ⇒ We provide some direct services, such as homecare on a geographical locality basis but as GP practices are city wide, our service model is cluster based. We have established GP Clusters to support quality improvement and shared learning, for example in relation to prescribing practices, diabetes and dementia.
  - ⇒ A Medicine for the Elderly community model has been developed which is aligned to GP clusters. This has ensured that multi-disciplinary teams form within communities to support people with complex needs to live independently.
  - ⇒ Community capacity building has worked well in localities and we have developed a range of projects which include 'time banking, 'men's shed' and 'Lochee Hub'
  - ⇒ The Employment Support Service are piloting locality and outreach working. We are currently working in partnership in the DD4 area of Dundee two days per week, one session per week at the 'Community Hub' at Dundee Jobcentre and more recently one session per week at the 'Advice Centre' based within Ninewells Hospital.
  - ⇒ The health inequalities teams, comprising Keep Well, Dundee Healthy Living Initiative, Equally Well and Sources of Support continue to offer high quality, targeted work within disadvantaged areas incorporating a wide range of clinical, social, developmental and lifestyle activities, and have been working more closely together to streamline and enhance their services and approach.
  - ⇒ Maryfield Men's Shed secured a Capacity Building Level 1 Small Grant. The Maryfield Men's Shed was developed in co-production with local people and has now developed into a self-sustaining constituted group with its own committee. The group have made links and strong partnerships with a wealth of organisations including the Scottish Wildlife Trust, who they are building bird boxes for.

## What have we spent?

Dundee Integration Joint Board had a total delegated budget of £257.494, of which there was an overall surplus of £4.963m

Against Social Care budgets, an underlying underspend of £1.032m was reported with a further £3.931m of underspend in Integration Change Funding.

Against health budgets an underlying overspend of £3.462m was reported. This consisted of an overspend of £2.209m in prescribing, £1.394m in relation to services hosted across Tayside by Dundee, Angus and Perth & Kinross IJB's on behalf of the other IJB's, with an underspend of £141k on services directly operationally managed by Dundee Integration Joint Board.

Present in ring chart?	2016/17 Expenditure £000
Health Services - Hospital In-Patients	44,696
Other Health Care Services	116,068
Care Home and Adult Placement Social Care Services	45,660
Supporting Unpaid Carers	1,158
Other Social Care Services	44,949
Total Expenditure	252,531

## What Inspectors said about Health and Social Care Services.....

In 2016/17 there were 141 services for adults registered with the Care Inspectorate in Dundee. Of these services, 115 were inspected during this year. 28 of these inspections were combined inspections, where both the Housing Support and Support Services were inspected together.

36 care homes were inspected and of these 1 received an enforcement notice and 14 had complaints upheld or partially upheld.

39 support services were inspected and during these inspections 7 services received requirement(s) and 1 had a complaint upheld or partially upheld.

Key functions or services provided or commissioned by the Partnership were also inspected by Audit Scotland,

## Where we need to improve

- ⇒ Strengthen our pathways, such as the falls pathway, to ensure that people receive support at the right place and time
- ⇒ Develop a better understanding of reasons for hospital readmissions within 28 days, and develop appropriate supports to enable people to remain at home appropriately
- ⇒ Further develop health and social care support at home to support more people to receive health support out with hospital
- ⇒ Further develop the market to increase choice of support which enables individuals to make the best use of Self Directed Support
- ⇒ Improve outcomes for individuals in communities by reducing inequalities and increasing healthy life expectancy.
- ⇒ Improve the proportion of carers who feel supported to continue caring by implementing the Carers Act and further developing the menu of supports for carers.
- ⇒ Develop locality plans with local communities which reflect their priorities for health and social care over the next 2 years.
- ⇒ The Transformation Programme will also continue to consider the opportunities to remodel services to ensure the best use is made of scarce resources in line with the IJB's Strategic Priorities.



**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 19 JULY 2017

**REPORT ON:** OUTCOME OF CARE INSPECTORATE INSPECTIONS

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC17-2017

## 1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Performance & Audit Committee of the outcome of the recent Care Inspectorate inspections of the MacKinnon Centre and older people care homes Craigie House and Turriff House.

## 2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report and the content of the inspection reports (attached as appendices 1, 2 & 3).
- 2.2 Notes the one requirement for the MacKinnon Centre as outlined in paragraph 4.3.5.
- 2.3 Notes the grades awarded to the service, the strengths of the service, and the very positive comments made by service users and carers.

## 3.0 FINANCIAL IMPLICATIONS

None.

## 4.0 MAIN TEXT

### 4.1 Craigie House

Craigie House was inspected by the Care Inspectorate on 25 January 2017. The Care Inspectorate inspection report is attached as Appendix 1. The service was inspected on two quality themes:

Theme	Grade
Quality of care and support	5 (very good)
Quality of environment	4 (good)

- 4.1.1 Craigie House is a care home for predominantly older people. The care home is full and cares for 24 residents, the vast majority of whom have a diagnosis of dementia.
- 4.1.2 The inspector reported that, 'The staff at Craigie House provide a warm, welcoming and friendly atmosphere for people using the service, relatives and visitors. People were well supported and treated with care, warmth and respect by the staff team. A range of meaningful activities were provided to maintain people's individual level of independence and linked to their preference'.
- 4.1.3 The inspection report highlighted the limitations of the building, which due to its age and design have the potential to have negative impact in caring for residents with dementia. The inspector comments, the home environment could be improved further to support people's abilities and individual levels of independence. 'People's experience of living in the home may be limited by the environment'.

4.1.5 Service user comments included:

'The staff are marvellous.'

'The staff are all very nice. I couldn't say anything bad about them.'

'If you don't like something [on the menu] they make you something else.'

4.1.6 There were no recommendations or requirements in the report.

**4.2 Turriff House**

Turriff House was inspected by the Care Inspectorate on 1 March 2017. The Care Inspectorate inspection report is attached as Appendix 2. The service was inspected on two quality themes:

Theme	Grade
Quality of care and support	5 (very good)
Quality of management and leadership	5 (very good)

4.2.1 Turriff House is a care home for predominantly older people. The care home is full and cares for 32 residents, the vast majority of whom have a diagnosis of dementia. The home is divided into four suites of eight bedrooms, with a separate activities room. All rooms are on the ground floor and have access to the garden grounds which have been designed with the needs of the residents in mind.

4.2.2 The Inspector reported that 'staff had a very good understanding and knowledge of people's support needs. Personal plans provided a lovely level of person-centred information and guidance on what the person could do for themselves and the support they needed for staff. Staff were following this guidance appropriately'.

4.2.3 'People were kept safe by staff following good practice guidance when administering medication'.

4.2.4 'The service used a number of audits and surveys to measure how the home was performing. The outcome of these were very positive and showed people were very happy'.

4.2.5 Relatives and service users comments included:

'Without doubt my relative is well looked after.'

'Staff are respectful and caring to residents.'

'When you walk in the door, you feel part of what is going on.'

4.2.6 There were no recommendations or requirements in the report.

**4.3 MacKinnon Centre**

The MacKinnon Centre was inspected by the Care Inspectorate on 15 February 2017. The Care Inspectorate inspection report is attached as Appendix 3. The service was inspected on two quality themes:

Theme	Grade
Quality of care and support	6 (excellent)
Quality of environment	6 (excellent)

4.3.1 The MacKinnon Centre is a dual registered service for Respite and Skills. The Respite element of the Centre was inspected on this occasion. The MacKinnon Centre Respite Service is predominantly for service users under the age of 65. It is a fully modern 10 bedded unit with individual bedrooms and lots of social space as well as spacious and accessible gardens.

4.3.2 The inspection report detailed that 'The service had a very strong participation ethos and practice. The service engaged with users of respite in a variety of ways to gather their views. Users spoken with confirmed that their views were often looked for. One cited the meet and



greet meeting when respite started which was aimed at asking residents what they wanted to do at the centre on respite.'

4.3.3 'Care plans that were inspected were very detailed and reflected the needs of the people the service was working with. They included areas such as personal care, mobility, continence, eating, night care, transport, mental wellbeing, cultural needs, religious needs and hobbies'

4.3.4 The inspector spoke to a two service users and two stakeholders who's comments included:

'They treat me with dignity and respect when they are assisting me with personal care.'

'The food is good and always a choice of two alternatives. In fact I'm sure if I did not like the two dishes on offer they would make me something else.'

4.3.5 The service had one requirement:

'The service protocol for bathing and showering assistance should include checking hot water regulation was working by testing how hot the water goes.'

4.3.6 This requirement was discussed with the Inspector at the time of inspection feedback. The Inspector acknowledged the temperature of the hot water was limited in the building, however there was not a formal protocol in place which required staff to check the temperature of the water prior to users using the bath or shower.

4.3.7 The action from this requirement was to implement a protocol that formalises staff check the temperature of water prior to users of the service having a bath or shower and this protocol has been implemented.

## **5.0 POLICY IMPLICATIONS**

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 CONSULTATIONS**

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

## **7.0 BACKGROUND PAPERS**

None

Dave Berry  
Chief Finance Officer

DATE: 23 June 2017





## Craigie House Care Home Service

25 Southampton Road  
Dundee  
DD4 7PN

Telephone: 01382 431106

Type of inspection: Unannounced  
Inspection completed on: 25 January 2017

**Service provided by:**  
Dundee City Council

**Service provider number:**  
SP2003004034

**Care service number:**  
CS2003000470



## About the service

Craigie House is run by Dundee City Council and is registered to provide care for 44 residents, including up to 10 residents who have short stay respite breaks.

The care home is in the east side of Dundee and is on two levels. All residents have single bedrooms with en suite toilets. Eight bedrooms have en suite showers. The care home is divided into five suites; four suites are for ten residents each and one suite has four residents. Each suite has:

- a lounge
- a disabled access bathroom
- additional toilets
- a small kitchen to make snacks and drinks.

The home has a main dining room for residents to take their meals and where entertainment and activities are put on. Activities are also provided in each suite. There is a large secure, enclosed garden with raised beds, a seating area and summer house. The home also has a smoke room for residents' use.

This service has been registered since 1 April 2002.

## What people told us

People using the service spoke positively about living in the home. They felt involved and that their views were taken into account by the staff and management. They were encouraged to make decisions and choices about their care. They felt the staff were caring and friendly towards them. Comments included:

- "Staff are marvellous."
- "I find it quite nice."
- "I like it here."
- "Staff are all very nice. I couldn't say anything bad about them."
- "Very good."
- "It's fine."
- "I find it nice here."
- "The food is quite good."
- "Meals are very good."
- "If you don't like something [on the menu] they make you something else."

## Self assessment

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they had planned. The service provider told us how the people who used the care service had taken part in the self assessment process.

## From this inspection we graded this service as:

<b>Quality of care and support</b>	5 - Very Good
<b>Quality of environment</b>	4 - Good
<b>Quality of staffing</b>	not assessed
<b>Quality of management and leadership</b>	not assessed

## What the service does well

The staff at Craigie House provided a warm, welcoming and friendly atmosphere for people using the service, relatives and visitors.

Staff had a very good understanding and knowledge about people's health and care needs. They provided support at a pace and level suitable for people's abilities and choices.

People were well supported and treated with care, warmth and respect by the staff team. A range of meaningful activities were provided to maintain people's individual level of independence and linked to their preferences.

Staff encouraged people to make their own decisions about their day-to-day living in the home.

People were kept safe by a regular programme of safety checks, maintenance and repairs of the environment and equipment. The home was clean, bright and fresh.

There was a lovely secure garden area which was suitable for people with mobility support needs. Raised flower beds meant people in wheelchairs could be involved in planting and maintaining the garden areas. Vegetables grown in the garden were used by the kitchen for making soup and adding to people's meals. This level of involvement can have a positive impact on people's wellbeing.

People's support plans provided some person-centred information. These could be strengthened by providing a greater level of information on the person's abilities and level of support required from staff.

## What the service could do better

The home environment could be improved to further support people's abilities and individual levels of independence. People's experience of living in the home may be limited by the environment. The service should review the environment in line with good practice guidance for supporting people with dementia and sensory impairments.

We discussed some improvements to the home's administration of medication procedures. This included the use of pain assessment tools and protocols for 'as required' medication. The manager planned to act on this.

## Requirements

Number of requirements: 0

## Recommendations

Number of recommendations: 0

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Inspection and grading history

Date	Type	Gradings
16 Dec 2015	Unannounced	<div>Care and support</div> <div>4 - Good</div> <div>Environment</div> <div>4 - Good</div> <div>Staffing</div> <div>5 - Very good</div> <div>Management and leadership</div> <div>4 - Good</div>
12 Jan 2015	Unannounced	<div>Care and support</div> <div>4 - Good</div> <div>Environment</div> <div>5 - Very good</div> <div>Staffing</div> <div>4 - Good</div> <div>Management and leadership</div> <div>5 - Very good</div>
20 Dec 2013	Unannounced	<div>Care and support</div> <div>4 - Good</div> <div>Environment</div> <div>5 - Very good</div> <div>Staffing</div> <div>5 - Very good</div> <div>Management and leadership</div> <div>5 - Very good</div>
18 Jan 2013	Unannounced	<div>Care and support</div> <div>Not assessed</div> <div>Environment</div> <div>Not assessed</div> <div>Staffing</div> <div>5 - Very good</div>

Date	Type	Gradings	
		Management and leadership	5 - Very good
22 Aug 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
7 Sep 2011	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
22 Nov 2010	Unannounced	Care and support	Not assessed
		Environment	5 - Very good
		Staffing	Not assessed
		Management and leadership	Not assessed
19 Aug 2010	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	Not assessed
		Management and leadership	Not assessed
22 Feb 2010	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
28 Aug 2009	Announced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	5 - Very good
22 Jan 2009	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	5 - Very good
30 Sep 2008	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good

Date	Type	Gradings	
		Management and leadership	4 - Good

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## Turriff House Care Home Service

4 Rannoch Road  
Dundee  
DD3 8RB

Telephone: 01382 436420

Type of inspection: Unannounced  
Inspection completed on: 1 March 2017

**Service provided by:**  
Dundee City Council

**Service provider number:**  
SP2003004034

**Care service number:**  
CS2003000479



## About the service

Turriff House is a care home service run by Dundee City Council's Social Work Department. The home is registered to provide care for 32 older people. It does not provide nursing care.

The accommodation is purpose-built, being provided within four individual units each housing eight residents.

All residents have access to a range of communal rooms and facilities. Each unit consists of eight en suite bedrooms opening onto a lounge and dining area. All units are on ground floor level and have access to the garden grounds which have been designed with the needs of the residents in mind.

The accommodation has been furnished to a high standard with all rooms individually decorated and furnished. There are a number of comfortable areas to sit in around the house and grounds, good access into the house and parking for visitors.

This service has been registered since 1 April 2002.

## What people told us

People using the service were positive about the care and support they received at the home. They spoke highly of the staff and the assistance they provided. Some people commented:

- "It's good here."
- "The staff are very nice."
- "Staff are lovely."
- "I'm fine here, I like it."
- "They are really very good."
- "Food is usually good."
- "We're not too bad here."
- "Good."
- "I like it" (food).
- "Usually good" (food).
- "Yes, some things going on each day" (activities).

Relatives were also very positive about the care provided at the home. Some relatives commented:

- "The job the staff do is outstanding."
- "Without a doubt my [relative] is well looked after."

- "Couldn't fault the staff."
- "Staff are lovely."
- "Staff very good."
- "You get a nice welcome."
- "All very friendly."
- "Staff respectful and caring to residents."
- "Plenty to keep [relative] occupied."
- "Excellent."
- "Brilliant."
- "Always made welcome."
- "When you walk in the door, you feel a part of what's going on."

### Self assessment

We received a fully completed self assessment document from the service provider. This had been very well completed and provided a comprehensive level of information on what the service does well and the areas for development and changes they planned. The self assessment also provided a strong level of information on the outcomes for people using the service. The service provider also told us how the people who used the care service had taken part in the self assessment process.

### From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	not assessed
Quality of staffing	not assessed
Quality of management and leadership	5 - Very Good

### What the service does well

Staff provided a warm, relaxed and friendly atmosphere for people living at the home and their visitors.

People were supported to make their own choices and decisions about their day-to-day life in the home. Staff provided care and support at a level and pace suitable for people's abilities and individual level of independence.

Staff had a very good understanding and knowledge of people's support needs. Personal plans provided a lovely level of person-centred information and guidance on what the person could do for themselves and the support they needed from staff. Staff were following this guidance appropriately.

A particular strength in the home was the level and range of meaningful activities being provided. The activity coordinator was highly motivated and enthusiastic about the role. People responded well to this. We were very pleased to see that all staff were aware of, and keen, to provide activities and maintain people's usual daily routines.

People using the service, relatives and staff all told us there were enough staff on each shift to care for them appropriately.

Each of the units within the home had direct access to the lovely secure garden areas. The activity coordinator was planning to further develop this area with people using the service. Access to outdoor space is an important part of maintaining people's wellbeing.

People were kept safe by staff following good practice guidance when administering medication.

The service used a number of audits and surveys to measure how the home was performing. The outcome of these were very positive and showed people were very happy with the service.

The service had a very good working relationship with local health professionals. This provided further guidance and advice to support staff to meet people's health needs effectively.

## What the service could do better

We discussed with the manager the benefits of using pain assessment tools for people who are unable to say when they are in pain. She plans to progress with this.

Good practice would be to have a protocol in place when people are prescribed 'as required' medication. These provide advice and guidance for staff on when to administer the medication and any interventions which may be useful to try before the medication is administered. The manager planned to review this.

The service is planning training for all staff on supporting people with hearing needs. This should provide information and guidance on strengthening staff practice in this. We will follow up on this at the next inspection.

## Requirements

Number of requirements: 0

## Recommendations

Number of recommendations: 0

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Inspection and grading history

Date	Type	Gradings
17 Feb 2016	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 4 - Good
19 Sep 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
24 Feb 2014	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 4 - Good Management and leadership 5 - Very good
6 Aug 2013	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 4 - Good Management and leadership 5 - Very good
11 Feb 2013	Unannounced	Care and support Not assessed Environment 4 - Good Staffing Not assessed Management and leadership 5 - Very good
6 Aug 2012	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership Not assessed
14 Feb 2012	Unannounced	Care and support 4 - Good

Date	Type	Gradings	
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
18 Nov 2011	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
26 Oct 2010	Unannounced	Care and support	Not assessed
		Environment	5 - Very good
		Staffing	Not assessed
		Management and leadership	Not assessed
17 Jun 2010	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	Not assessed
		Management and leadership	Not assessed
25 Feb 2010	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
9 Sep 2009	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
7 Jan 2009	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
20 May 2008	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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## Mackinnon Centre Care Home Service

491 Brook Street  
Broughty Ferry  
Dundee  
DD5 2DZ

Telephone: 01382 431970

Type of inspection: Unannounced  
Inspection completed on: 15 February 2017

**Service provided by:**  
Dundee City Council

**Service provider number:**  
SP2003004034

**Care service number:**  
CS2003000501



### About the service

The Mackinnon Centre is a respite unit for people with a physical disability. It aims to give carers a break and service users an opportunity to be cared for. The service provides care which ranges from assistance for people to learn or relearn skills to simple respite to give their carers a break. It is a fully modern 10 bedded unit with individual bedrooms and lots of social space as well as spacious and accessible gardens.

The service has recently begun a collaborative rehabilitation programme for people recovering from brain injuries. Staff have been specially trained and receive support from the brain injuries service.

### What people told us

Two service users and two stakeholders were interviewed as part of this inspection. Their views were overwhelmingly positive. Here are some examples of what they said:-

#### Service users:

- Excellent!
- They ask us what things we'd like to do when we come in for respite. Then we can go to the cinema, to restaurants or just shopping.
- Ten out of ten.
- Staff always knock before entering my room.
- They treat me with dignity and respect when they are assisting me with personal care.
- I feel safe here and have made some friends.
- I have a support plan which they review every time I come in for respite.
- At the end of my stay they give me a questionnaire to fill out in relation to my views of my stay.
- The food is good and always a choice of two alternatives. In fact I'm sure if I did not like the two dishes on offer they would make me something else.
- For me it's like staying in a good hotel - the service is that good.
- I like the rooms, they have plenty of space and the whole centre is accessible in my wheel chair.

#### Stakeholders:

- As far as the brain injury joint working project is going, things have been fine. Three people have used the service and have been happy with it. This new pathway out of hospital is in its early stages but is going well. Staff at the MacKinnon were supported and trained. This service provides a therapeutic and social environment for people who might otherwise be in hospital prior to going home.
- We are lucky to have this service as a resource we can use. We use it frequently and successfully.
- The staff work well with the care managers and vice versa. We know that in an emergency they will try to help us out if we need a short term bed.
- Service users always enjoy going to the MacKinnon.
- One of their strong points is their emotional support for the people they work with.

**Self assessment**

Up-to-date self assessment was received.

**From this inspection we graded this service as:**

<b>Quality of care and support</b>	6 - Excellent
<b>Quality of environment</b>	6 - Excellent
<b>Quality of staffing</b>	not assessed
<b>Quality of management and leadership</b>	not assessed

**What the service does well**

Care and Support:-

- The service had a very strong participation ethos and practice. The service engaged with users of respite in a variety of ways to gather their views. This ranged from the Service Users representative Group Executive (SURGE), through exits surveys when a person finished their stint in respite to review meetings and involvement in recruitment. User spoken with confirmed that their views were often looked for. One cited the meet and greet meeting when respite started which was aimed at asking residents what they wanted to do while at the centre on respite.
- Care plans that were inspected were very detailed and reflected the needs of the people the service was working with. They included areas such as personal care, mobility, continence, eating, night care, transport, mental wellbeing, cultural needs, religious needs and hobbies. This meant that all workers knew exactly what support a person needed. Plans were accompanied with relevant risk assessments and general information on the person's wishes and choices. The plans were easy to read and up-to-date and outcomes focussed. Although people only stay for short respite periods all plans were regularly reviewed.
- A joint project with a local brain injuries hospital has now broadened the remit of this service and people recovering from a brain injury can use the respite beds for a planned period prior to returning to the community. Though it is early days for this project, stakeholders reported it was going well.
- The quality of social activities was high with residents having access to the range of facilities in the service and also planned trips out to places like the cinema, the waterfront, restaurants and walks. People could also practice skills in relation to walking, shopping and cooking.
- The food provided at the service was of a high quality. Service users, when interviewed, stated that the food was plentiful, well presented and offered plenty of choices. There was evidence of people being consulted on the menu plan and the inspector sampled the food and found it to be tasty and of good quality. The cook was aware of people's nutritional and dietary needs.
- All medication administration protocols were in place as well as policies and procedures to ensure the health and safety of service users in the respite wing.
- New users of the service had an opportunity to visit the service for half a day prior to their placement. They reported that this allowed them to feel relaxed about coming for a longer period.

## Environment:-

- Each service user's room was of a high modern standard. Rooms had tracking hoists, wet rooms, automatic doors, specialist beds, wi-fi (a new addition) and emergency alarm systems.
- All service users had an electronic fob key to the door of their room - this protected each person's privacy and belongings.
- Access to, and within the building was suitable for people in wheelchairs. The entrance to the bedrooms were a door width and a half wide.
- The building allowed people use of a lounge, dining room, smoke room and quiet lounge if they needed it.
- On the day of inspection staffing levels were above those required by their staffing schedule. Staff and service users confirmed staffing levels had not been an issue.

The service was exemplary in the environment and level of care and support it gave - this is why the highest grades have been awarded for environment and care. The staff and provider are to be congratulated for their continuing hard work.

## What the service could do better

The inspector felt that the service should develop their risk assessments in relation to assisting service users with showering/bathing so that checking water temp's at their hottest was tested to reassure staff that water temp regulators were working. See recommendation 1.

## Requirements

Number of requirements: 0

## Recommendations

Number of recommendations: 1

1. The service protocol for bathing/showering assistance should include checking hot water regulation was working by testing how hot the water goes.

**National Care Standards 4 Care Homes for People with Physical and Sensory Impairment -Your environment 2 You can expect that the home is run in a way that protects you from any avoidable risk or harm, including physical harm and infection. The nature of its design, facilities and equipment contribute towards your quality of life in the care home.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Inspection and grading history

Date	Type	Gradings	
4 Mar 2016	Unannounced	Care and support	6 - Excellent
		Environment	6 - Excellent
		Staffing	6 - Excellent
		Management and leadership	6 - Excellent
27 Nov 2014	Unannounced	Care and support	5 - Very good
		Environment	6 - Excellent
		Staffing	5 - Very good
		Management and leadership	5 - Very good
13 Dec 2013	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
10 Dec 2010	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
10 Sep 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
24 Mar 2010	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
29 Sep 2009	Announced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	5 - Very good
22 Dec 2008	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good

Date	Type	Gradings	
		Management and leadership	5 - Very good
22 May 2008	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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