



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

City Chambers
DUNDEE
DD1 3BY

18th November, 2022

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

Dear Sir or Madam

PERFORMANCE AND AUDIT COMMITTEE

I refer to the agenda of business issued in relation to the meeting of the above Performance and Audit Committee which is to be held remotely on Wednesday, 23rd November, 2022 and now enclose replacement report in relation to item 10.

Yours faithfully

VICKY IRONS

Chief Officer

AGENDA

**10 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER -
Page 1**

(Report No PAC32-2022 by the Chief Finance Officer, copy attached).

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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 23 NOVEMBER 2022

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC32-2022

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this Strategic Risk Register Update report.
- 2.2 Note the extract from the Strategic Risk register attached at Appendix 1 to this report.
- 2.3 Note the recent work and future work on Pentana Risk Management System in Section 7.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

- 4.1 The Dundee HSCP Strategic Risk Register is regularly presented to the NHS Tayside Strategic Risk Management Group and is available to Dundee City Council Risk and Assurance Board through the Pentana system.
- 4.2 Operational Risks are reviewed by the Clinical Care and Professional Governance forum with any significant areas of concern which may impact on the ability of the IJB to deliver its Strategic and Commissioning Plan reported to the PAC through the Clinical Care and Professional Governance Group's Chairs Assurance Report.
- 4.3 Operational Risks which should be escalated are identified through Senior Management meetings, the Clinical Care and Professional Governance forum and through reports to the IJB and PAC.

5.0 STRATEGIC RISK REGISTER UPDATE

5.1 The three highest scoring risks on the Strategic Risk Register remain the same as the previous Risk Register Update in September. They are: Staff Resource - Clinical; Dundee Drug and Alcohol Recovery Service; and the National Care Service.

5.2 The Strategic Risk Register extract details the most recent updates and a brief description of the mitigating control factors identified.

5.3 All strategic risks are reviewed regularly and mitigating actions recorded and scored. Further development work is underway to link risk with performance as recommended in the Internal Audit Report on Performance Management presented to the PAC at its meeting on 24th March 2021 (Item VI of the minute refers).

6 RISKS

6.1 The majority of risks and scores remain the same as the previous update in September.

6.2 The Category One Responder risk has decreased as the Category One Responder Action Plan was presented to and approved by the IJB on the 26th October 2022.

6.3 An emergent risk that is being scoped for entry on the Strategic Risk Register is potential nationwide power outages.

6.4 While business continuity plans cover power outages, preparatory contingency work is ongoing with partner agencies to ensure that all potential risks for widespread rolling power outages are covered.

7.0 PENTANA RISK MANAGEMENT SYSTEM

7.1 Following on Risk Development Sessions with the Integrated Joint Board members , development work on the Pentana Risk Management System is being undertaken.

7.2 Developments include linking the risks to the individual Actions in the current Strategic and Commissioning Plan Actions, and Performance Indicators where appropriate.

7.3 Documents will be added as links to the risks where they are part of the Control Factor. For example we plan to add the link to the Workforce Strategy document to the Staff Resource risk.

7.4 The inherent risks will be revisited to take into account external events which have meant that current scores are higher than previous inherent scores.

7.5 The target risk scores will be revisited to take into account the recent development work around risk appetite.

7.6 Pentana accounts and familiarisation sessions are being planned for Integrated Joint Board members so they can access the updated Pentana Risk Management System.

8.0 POLICY IMPLICATIONS

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

9.0 RISK ASSESSMENT

9.1 This report has not been subject to a risk assessment as it provides the IJB with an overview of the IJBs Strategic Risks.

10.0 CONSULTATIONS

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

11.0 BACKGROUND PAPERS

11.1 None.

Dave Berry
Chief Finance Officer

DATE: 3 November 2022

Clare Lewis-Robertson
Senior Officer, Strategy and Performance

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DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP – STRATEGIC RISK PROFILE NOVEMBER 20

PAC32-2022 Appendix 1

Description	Lead Director/Owner	Current Assessment			Status	Control Factors	Date Last Reviewed
		L	C	Exp			
<p>Staff Resource</p> <p>Post Covid recruitment challenges continue to exist in a range of roles including social care and nursing. Recruitment for Consultants and Doctors in specific areas such as Mental Health, and Substance Misuse has meant that there are significant difficulties in filling posts, with posts remaining vacant. These risks are detailed in Operational Risk Registers and have been escalated as risks for the Strategic Risk Register. The IJB has approved the Workforce Strategy</p>	Dundee HSCP Chief Officer	5	5	25	→	<ul style="list-style-type: none"> • Developments of new models of care • Organisational development strategy • Service redesign • Workforce Strategy approved 	28/10/2022
<p>Dundee Drug and Alcohol Recovery Service</p> <p>Dundee Drugs Commission follow up report noted some progress being made, however a range of challenges still exist. This poses a significant reputational risk for the DHSCP. Reducing Harm Associated with Drug Use report presented to both the IJB and Dundee City Council in June 2022 sets out findings and priority areas for improvement in relation to substance use services. Risks and Control Factors around the implementation of the MAT Standards are included in the ADP Risk Register.</p>	Dundee HSCP Chief Officer	5	5	25	→	<ul style="list-style-type: none"> • ADP Residential Rehab Pathway • Service Restructure • ADP Risk Register 	28/10/2022
<p>National Care Service</p> <p>The recent legislation published on the establishment of the National Care Service sets out plans to introduce Local Care Boards with the abolition of Integration Joint Boards. The Health and Social Care partnership recently responded to Scottish Government for views on the draft legislation. Similar to other bodies, significant concerns have been raised around the content of the bill in terms of scope and financial implications of the legislation.</p>	Dundee HSCP Chief Officer	5	5	25	→	<ul style="list-style-type: none"> • Change Management • Engagement with consultation process 	28/10/2022
<p>Restrictions on Public Sector Funding</p>	Dundee HSCP Chief Finance Officer	5	4	20	→	<ul style="list-style-type: none"> • Additional Scot Gov funding • Budgeting arrangements 	28/10/2022

Additional interventions by Scottish Government to seek the use of IJB's reserves has the potential to de-stabilise agreed investment plans eg Primary Care Improvement Funding.						<ul style="list-style-type: none"> • MSG and external audit recommendations • Savings and Transformation Plan 	
Primary Care Challenges continue to present within Primary Care services, including the recent closure of Ryehill Medical Practice. Progress around development of Primary Care Improvement Plan has been impacted by the Scottish Government's changed stance on funding for 2022/23 by restricting overall funding available.	Dundee HSCP Chief Officer	4	5	20	→	<ul style="list-style-type: none"> • Maximise skills mix. • Longer term national work to increase undergraduate training • Test of change for IT infrastructure • Other funding sources identified as opportunities arise 	28/10/2022
Staff resource is insufficient to address planned performance management improvements in addition to core reporting requirements and business critical work. Pressures still remain, however restructure and enhancement to service planned for over coming months. This risk was highlighted further in recent IJB reports around the the development of the IJB Strategic and Commissioning Plan.	Dundee HSCP Chief Officer	5	4	20	→	<ul style="list-style-type: none"> • Planned restructure and enhancement 	28/10/2022
Unable to maintain IJB Spend Most recent financial projections note that the IJB is likely to be in financial balance at the end of the current financial year	Dundee HSCP Chief Finance Officer	4	4	16	→	<ul style="list-style-type: none"> • Financial monitoring system • Increase in reserves • Management of vacancies and discretionary spend • MSG and external audit recommendations 	28/10/2022

						<ul style="list-style-type: none"> • Savings and transformation plan 	
<p>Lack of Capital Investment in Community Facilities (including Primary Care)</p> <p>Restrictions in access to capital funding from the statutory partner bodies and Scottish Government to invest in existing and potential new developments to enhance community based health and social care services. This could potentially be exacerbated by the transitional period until the establishment of a National Care Service due to the uncertainty of funding and ownership of assets by the local authority and Health Board.</p>	Dundee HSCP Chief Officer and Chief Finance Officer	4	4	16	→	To be developed	28/10/2022
<p>Cost of Living Crisis</p> <p>The cost of living and inflation will impact on both service users and staff , in addition to the economic consequences on availability of financial resources. The uncertainty of the fuel cost crisis is yet to be fully felt.</p>	Dundee HSCP Chief Officer and Chief Finance Officer	4	4	16	→	To be developed	28/10/2022
<p>Viability of External Providers</p> <p>Previous assessments have been affected by the Covid Pandemic, however the increase in energy prices in addition to fuel costs for staff travel in addition to staff pay pressures is already impacting this sector with concerns that a number will not be able to sustain their activities.</p>	Dundee HSCP Chief Officer	4	4	16	→	<ul style="list-style-type: none"> • Maintain regular communication with third sector essential service providers 	28/10/2022
<p>Impact of Covid 19</p> <p>The continuing focus on vaccination for staff will maintain the impact on delivery of services.</p>	Dundee HSCP Chief Officer	4	4	16	→	<ul style="list-style-type: none"> • Remobilisation plans 	28/10/2022
<p>Mental Health Services</p> <p>Tayside Mental Health Strategy continues to make progress, developments such as the Community Wellbeing Centre will enhance community supports for people with mental health issues.</p>	Dundee HSCP Chief Officer	4	4	16	→	<ul style="list-style-type: none"> • Community Wellbeing Centre development • Tayside Mental Health Strategy 	28/10/2022
<p>Capacity of Leadership Team</p> <p>Leadership team continue to be impacted by workload pressures of the wider workforce recruitment challenges. This is likely to be exacerbated as preparations for the intro of the NCS develop over the coming period.</p>	Dundee HSCP Chief Officer	3	4	12	→	<ul style="list-style-type: none"> • Restructure • Sharing of Management Team duties 	28/10/2022

<p>Governance Arrangements being Established fail to Discharge Duties</p> <p>Further progress made on ensuring actions on Governance Action Plan have been completed. External audit plan for 2021/22 noted a reduction in the key areas of assessment due to reduced risk associated with governance. Further refinement of the Governance Action Plan is being undertaken to reduce duplication of actions.</p>	Dundee HSCP Chief Officer	3	4	12	→	<ul style="list-style-type: none"> Implementation of Governance Action Plan 	28/10/2022
<p>Increased Bureaucracy</p> <p>Potential for additional bureaucracy through Scot Gov Covid enquiry and National Care Service development.</p>	Dundee HSCP Chief Officer	3	3	9	→	<ul style="list-style-type: none"> Support and roles 	28/10/2022
<p>Employment Terms</p> <p>Realistically won't be resolved within the suggested remaining IJB timeframe existence, but acknowledge this has an impact on the integration of Health and Social Care services.</p>	Dundee HSCP Chief Officer	3	3	9	→	<ul style="list-style-type: none"> Align conditions wherever possible 	28/10/2022
<p>Category One Responder</p> <p>The Category One Responder Action Plan was presented to and approved by the IJB on the 26th October 2022.</p>	Dundee HSCP Chief Officer	2	4	8	↓	<ul style="list-style-type: none"> 4 actions 	28/10/2022

Archived

No risks have been archived since the last Risk Register update.							
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Risk Status	
↑	Increased level of risk exposure

→	Same level of risk exposure
↓	Reduction in level of risk exposure
x	Treated/Archived or Closed

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Roger Mennie
Head of Democratic and Legal
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Dundee City Council

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18th November, 2022

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

Dear Sir or Madam

PERFORMANCE AND AUDIT COMMITTEE

I refer to the agenda of business issued in relation to the meeting of the above Performance and Audit Committee which is to be held remotely on Wednesday 23rd November, 2022 and now enclose the undernoted items of business which were not received at the time of issue. Please also note change in title of report for item number 5.

Yours faithfully

VICKY IRONS

Chief Officer

AGENDA

5 AUDIT SCOTLAND ANNUAL REPORT AND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2021/22 - Page 1

(Report No PAC 40-2022 by the Chief Finance Officer, copy attached).

13 GOVERNANCE ACTION PLAN PROGRESS REPORT - Page 101

(Report No PAC 38-2022 by the Chief Finance Officer, copy attached).

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REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 23 NOVEMBER 2022

REPORT ON: AUDIT SCOTLAND ANNUAL REPORT AND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2021/22

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC40-2022

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to present the Integration Joint Board's (IJB) Draft Audited Annual Statement of Accounts for the year to 31 March 2022 for approval, to note the draft external auditor's report in relation to these accounts and approve the response to this report.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee:

- 2.1 Notes the contents of the attached Audit Scotland cover letter (attached as Appendix 1) and the draft external auditor's report (attached as Appendix 2) including the completed action plan outlined on pages 28-29 of the report, and in particular that Audit Scotland have indicated they will issue an unqualified audit opinion on the IJB's 2021/22 Annual Accounts;
- 2.2 Endorses this report as the IJB's formal response to the external auditor's report;
- 2.3 Instructs the Chief Finance Officer to provide an update on progress of the action plan noted in Appendix 1 of the external auditor's report by February 2023;
- 2.4 Approves the attached Audited Annual Accounts (attached as Appendix 3) for signature and instructs the Chief Finance Officer to return these to the external auditor;
- 2.5 Instructs the Chief Finance Officer to arrange for the above Annual Accounts to be published on the Dundee Health & Social Care Partnership website by no later than 30th November 2022.

3.0 FINANCIAL IMPLICATIONS

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

4.0 MAIN TEXT

4.1 Background

4.1.1 The IJB's Draft Annual Accounts 2021/22 were presented to the IJB at its meeting of the 22nd June 2022 having been submitted to Audit Scotland by the Chief Finance Officer on the 24 June 2022 (Article XII of the minute of the meeting refers). The IJB is required to prepare financial statements for the financial year ending 31 March 2022 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 It is acknowledged that the Covid-19 crisis has caused significant disruption to the provision of services and the governance arrangements around those services. Accordingly, provisions made in the Coronavirus (Scotland) Act 2020 in relation to the publication of statutory reports provide some flexibility around reporting requirements and timescales associated with the statutory accounts process as set out within the Local Authority Accounts (Scotland) Regulations 2014. This particularly relates to the potential postponement of the publication of the 2021/22 audited accounts with a 2 month extension available to the 30 November 2022. In order to facilitate a comprehensive audit under the current Covid-19 restrictions, Audit Scotland and the IJB agreed to utilise this extension.
- 4.1.3 Audit Scotland's Annual Audit Plan for 2021/22 in relation to Dundee Integration Joint Board was presented to the Performance and Audit Committee meeting of the 20th April 2022. This described how the auditor would deliver their audit to the IJB, outlined their responsibilities and their intended approach.
- 4.1.4 It should be noted that the Annual Accounts 2021/22 remain in draft format until they are formally signed off by the Chair of the IJB, Chief Officer and Chief Finance Officer therefore the attached version may be subject to change. Any significant changes will be noted at the next available formal governance meeting of the IJB or PAC.

4.2 External Auditors Report

- 4.2.1 Audit Scotland has now completed their audit work and, in accordance with auditing standards, are required to report the outcome of their work in relation to their review of the financial statements, prior to formally issuing their audit opinion. This requirement has been addressed in the attached External Auditor's Report.
- 4.2.2 The report summarises the findings in relation to the overall audit of the IJB for the year ended 31 March 2022. It describes the scope of audit work undertaken during 2021/22 and the issues arising from that work are divided into four key audit dimensions:
- Financial Sustainability
Financial Management
Governance and Transparency
Value for Money
- 4.2.3 The main elements of Audit Scotland's audit work in 2021/22 have been:
- an audit of the IJB's 2021/22 annual accounts including the issue of an independent auditor's report setting out their opinions.
 - consideration of the four audit dimensions noted in 4.2.2 above.
- 4.2.4 In addition to the members of the IJB, the external auditor's report is also addressed to the Controller of Audit of the Accounts Commission for Scotland.
- 4.2.5 In relation to the four key audit dimensions noted above, Audit Scotland has identified no major issues and are of the opinion that the financial statements give a true and fair view of the state of the IJB's affairs and of its net expenditure for the 2021/22 financial year. A number of recommendations have been made which are reflected in the action plan. Audit Scotland has issued an unqualified independent auditor's report on the Dundee Integration Joint Board's Accounts for 2021/22.

4.3 Key Messages Arising from the External Audit Report

- 4.3.1 Audit Scotland has noted a number of judgements in relation to the audit dimensions as set out in Parts 2 and 3 of their report.

Under financial management and sustainability:

- Joint Board's across Scotland were operating in a volatile and challenging environment in 2021/22. The Dundee City Integration Joint Board had to prioritise its health and social care

response to the Covid-19 pandemic against the backdrop of workforce and financial challenges that impacted on its capacity to progress its planned service developments.

- Budget monitoring arrangements are appropriate, and some improvements have been made to the reporting of expenditure against Covid-19 and Scottish Government funding streams.
- Covid-19 had a significant impact on the 2021/22 year-end budget position. The Joint Board received £17.4 million of Covid-19 related funding in 2021/22 and utilised £7.9 million. This £9.5 million of unspent Covid-19 funding, and lower than anticipated activity, contributed to an overall underspend of £25.2 million for 2021/22.
- £29.1 million of the Joint Board's general fund balance at 31 March 2022 has been earmarked to fund expenditure in future years. However, the availability of these funds may be impacted if the Scottish Government look to recover prior year unspent Covid-19 funding from IJBs during 2022/23.
- In June 2022 the Joint Board approved its second five-year financial framework covering the period 2022/23 to 2026/27. This projects a potential funding gap of £25.2 million up to the end of 2026/27.
- Staff pay awards are expected to be higher than those currently included in the framework. This will add to the Joint Board's future budgetary pressures.

Under governance, transparency and best value:

- The Joint Board had appropriate governance arrangements in place to support scrutiny of decision-making during 2021/22 and conducted its business in an open and transparent manner
- Planned improvements in governance and scrutiny arrangements should be concluded. Individual member training needs assessments, and personal development plans, are to be developed for new and continuing board members.
- Arrangements are in place to demonstrate Best Value, but a formal reporting cycle is still to be introduced.
- The Joint Board has effective arrangements in place for managing and scrutinising performance and publishing an annual performance report.
- The performance data in the annual performance report shows a mixed picture, with performance against 8 of the national indicators better than last year and 8 worse than last year. Longer-term performance data highlights the extent of the challenges facing the Joint Board in restoring performance to pre-pandemic levels with performance against 13 of the national indicators worse than in 2015/16.

4.4 Action Plan

- 4.4.1 Audit Scotland's 2021/22 recommendations for improvement and associated response by the IJB are noted in the Action Plan set out in Appendix 1 of the Audit Scotland Report.

It is recommended that the Chief Finance Officer provides an update on the progress of the agreed actions to meet these recommendations prior to the end of the current financial year in order to support the 2022/23 audit process.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that failure to progress the Audit Scotland recommendations may weaken the IJB's governance arrangements and result in a negative future years audit opinion
Risk Category	Financial / Governance
Inherent Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (which is High Risk Level)
Mitigating Actions (including timescales and resources)	The development and implementation of the action plan as set out in Appendix 1 to the Audit Scotland Report by the timescales as stated will reduce the risk
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the nature of the risks, these are deemed to be acceptable

7.0 CONSULTATIONS

7.1 The Chief Officer, External Auditor and the Clerk have been consulted in the preparation of this Report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

DATE: 17 November 2022

Performance and Audit Committee

23 November 2022

Dundee City Integration Joint Board Audit of 2021/22 annual accounts

Independent auditor's report

1. Our audit work on the 2021/22 annual accounts is now substantially complete. Subject to receipt of a revised set of annual accounts for final review, we anticipate being able to issue unqualified audit opinions in the independent auditor's report on 24 November 2022 (the proposed report is attached at [Appendix A](#)).

Annual audit report

2. Under International Standards on Auditing in the UK, we report specific matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action. We present for the Performance and Audit Committee's consideration our draft annual report on the 2021/22 audit. The section headed "Significant findings from the audit in accordance with ISA 260" sets out the issue identified in respect of the annual accounts.

3. The report also sets out conclusions from our consideration of the four audit dimensions that frame the wider scope of public audit as set out in the Code of Audit Practice.

4. This report will be issued in final form after the annual accounts have been certified.

Unadjusted misstatements

5. We also report to those charged with governance all unadjusted misstatements which we have identified during the course of our audit, other than those of a trivial nature and request that these misstatements be corrected.

6. We have no unadjusted misstatements to be corrected.

Fraud, subsequent events and compliance with laws and regulations

7. In presenting this report to the Performance and Audit Committee we seek confirmation from those charged with governance of any instances of any actual, suspected or alleged fraud; any subsequent events that have occurred since the date of the financial statements; or material non-compliance with laws and regulations affecting the entity that should be brought to our attention.

Representations from Section 95 Officer

8. As part of the completion of our audit, we are seeking written representations from the Section 95 Officer on aspects of the annual accounts, including the judgements and estimates made.

9. A draft letter of representation is attached at [Appendix B](#). This should be signed and returned to us by the Section 95 Officer with the signed annual accounts prior to the independent auditor's report being certified.

Appendix A: Proposed Independent Auditor's Report

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

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Dundee City Integration Joint Board for the year ended 31 March 2022 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22 (the 2021/22 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2021/22 Code of the state of affairs of the body as at 31 March 2022 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2021/22 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 10 April 2017. The period of total uninterrupted appointment is six years. I am independent of the body in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the body. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the body's current or future financial sustainability. However, I report on the body's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

Risks of material misstatement

I report in my Annual Audit Report the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Chief Finance Officer and Performance and Audit Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the body's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the body's operations.

The Performance and Audit Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- obtaining an understanding of the applicable legal and regulatory framework and how the body is complying with that framework;
- identifying which laws and regulations are significant in the context of the body;
- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the body's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report

I have audited the part of the Remuneration Report described as audited. In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Finance Officer is responsible for other information in the annual accounts. The other information comprises the Management Commentary, Statement of Responsibilities, Annual Governance Statement, and the unaudited part of the Remuneration Report.

My responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Fiona Mitchell-Knight
Audit Director
Audit Scotland
8 Nelson Mandela Place
Glasgow
G2 1BT

[DocuSign date]

Appendix B: Letter of Representation (ISA 580) - to be reproduced on client's letterhead

Fiona Mitchell-Knight, Audit Director
Audit Scotland
8 Nelson Mandela Place
Glasgow
G2 1BT

Dear Fiona,

Dundee City Integration Joint Board Annual Accounts 2021/22

1. This representation letter is provided in connection with your audit of the annual accounts of Dundee City Integration Joint Board for the year ended 31 March 2022 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the remuneration report, management commentary and annual governance statement.

2. I confirm to the best of my knowledge and belief and having made appropriate enquiries of the Board, Dundee City Council and NHS Tayside, the following representations given to you in connection with your audit of Dundee City Integration Joint Board's annual accounts for the year ended 31 March 2022.

General

3. Dundee City Integration Joint Board and I have fulfilled our statutory responsibilities for the preparation of the 2021/22 annual accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit. All transactions undertaken by Dundee City Integration Joint Board have been recorded in the accounting records and are properly reflected in the financial statements.

4. I confirm that the effects of uncorrected misstatements are immaterial, individually and in aggregate, to the financial statements as a whole. I am not aware of any uncorrected misstatements other than those reported by you.

Financial Reporting Framework

5. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22 (2021/22 accounting code), mandatory guidance from LASAAC, and the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003 and The Local Authority Accounts (Scotland) Regulations 2014.

6. In accordance with the 2014 regulations, I have ensured that the financial statements give a true and fair view of the financial position of the Dundee City Integration Joint Board at 31 March 2022 and the transactions for 2021/22.

Accounting Policies & Estimates

7. All significant accounting policies applied are as shown in the notes to the financial statements. The accounting policies are determined by the 2021/22 accounting code, where applicable. Where the code does not specifically apply, I have used judgement in developing and applying an accounting policy that results in information that is relevant and reliable. All accounting policies applied are appropriate to Dundee City Integration Joint Board's circumstances and have been consistently applied.

8. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. Judgements used in making estimates have been based on the latest available, reliable information. Estimates have been revised where there are changes in the circumstances on which the original estimate was based or as a result of new information or experience.

Going Concern Basis of Accounting

9. I have assessed Dundee City Integration Joint Board's ability to continue to use the going concern basis of accounting and have concluded that it is appropriate. I am not aware of any material uncertainties that may cast significant doubt on Dundee City Integration Joint Board's ability to continue as a going concern.

Liabilities

10. All liabilities at 31 March 2022 of which I am aware have been recognised in the annual accounts.

11. There are no plans or intentions that are likely to affect the carrying value or classification of the liabilities recognised in the financial statements.

Fraud

12. I have provided you with all information in relation to

- my assessment of the risk that the financial statements may be materially misstated as a result of fraud
- any allegations of fraud or suspected fraud affecting the financial statements
- fraud or suspected fraud that I am aware of involving management, employees who have a significant role in internal control, or others that could have a material effect on the financial statements.

Laws and Regulations

13. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

Related Party Transactions

14. All material transactions with related parties have been appropriately accounted for and disclosed in the financial statements in accordance with the 2021/22 accounting code. I have made available to you the identity of all the Dundee City Integration Joint Board's related parties and all the related party relationships and transactions of which I am aware.

Remuneration Report

15. The Remuneration Report has been prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014, and all required information of which I am aware has been provided to you.

Management commentary

16. I confirm that the Management Commentary has been prepared in accordance with the statutory guidance and the information is consistent with the financial statements.

Corporate Governance

17. I confirm that the Dundee City Integration Joint Board has undertaken a review of the system of internal control during 2021/22 to establish the extent to which it complies with proper practices set out in the Delivering Good Governance in Local Government: Framework 2016. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.

18. I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2022, which require to be reflected.

Balance Sheet

19. All events subsequent to 31 March 2022 for which the 2021/22 accounting code requires adjustment or disclosure have been adjusted or disclosed.

Yours sincerely

Dave Berry

Chief Finance Officer

[DocuSign date]

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Dundee City Integration Joint Board

Proposed 2021/22 Annual Audit Report



Prepared for Dundee City Integration Joint Board and the Controller of Audit
23 November 2022

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Key messages

2021/22 annual accounts

- 1 Our audit opinions on the annual accounts of the Dundee City Integration Joint Board are unmodified. The financial statements give a true and fair view and were properly prepared in accordance with the financial reporting framework.
- 2 The 2021/22 annual accounts were submitted for audit in line with the agreed timetable, and signed off following completion of the audit in November 2022.

Financial management and sustainability

- 3 Joint Board's across Scotland were operating in a volatile and challenging environment in 2021/22. The Dundee City Integration Joint Board had to prioritise its health and social care response to the Covid-19 pandemic against the backdrop of workforce and financial challenges that impacted on its capacity to progress its planned service developments.
- 4 The Joint Board has appropriate and effective financial management arrangements in place and financial systems of internal control operated effectively. Budget monitoring arrangements are appropriate and some improvements have been made to the reporting of expenditure against Covid-19 and Scottish Government funding streams.
- 5 Covid-19 had a significant impact on the 2021/22 year-end budget position. The Joint Board received £17.4 million of Covid-19 related funding in 2021/22 and utilised £7.9 million. This £9.5 million of unspent Covid-19 funding, and lower than anticipated activity, contributed to an overall underspend of £25.2 million for 2021/22.
- 6 £29.1 million of the Joint Board's general fund balance at 31 March 2022 has been earmarked to fund expenditure in future years. However, the availability of these funds may be impacted if the Scottish Government look to recover prior year unspent Covid-19 funding from IJBs during 2022/23.
- 7 In June 2022 the Joint Board approved its second five-year financial framework covering the period 2022/23 to 2026/27. This projects a potential funding gap of £25.2 million up to the end of 2026/27. Management should ensure that appropriate arrangements are in place to monitor and report to the Joint Board on the achievement and impact of transformational changes to service delivery models, and future savings plans.

- 8 Staff pay awards are expected to be higher than those currently included in the framework. This will add to the Joint Board's budgetary pressures.

Governance, Transparency and Best Value

- 9 The Joint Board had appropriate governance arrangements in place to support scrutiny of decision-making during 2021/22 and conducted its business in an open and transparent manner.
- 10 Members training and development should be supported on an ongoing basis.
- 11 Arrangements are in place to demonstrate Best Value, but a formal reporting cycle is still to be introduced.
- 12 The Joint Board has effective arrangements in place for managing and scrutinising performance and publishing an annual performance report. The performance data in the annual performance report shows a mixed picture, with performance against 8 of the national indicators better than last year and 8 worse than last year. Longer-term performance data highlights the extent of the challenges facing the Joint Board in restoring performance to pre-pandemic levels with performance against 13 of the national indicators worse than in 2015/16.
- 13 The Scottish Government's proposals for a new National Care Service have the potential to significantly change the way that social care services are structured and operate.

Introduction

Scope of our audit

1. This report summarises the findings arising from the 2021/22 audit of Dundee City Integration Joint Board (the Joint Board). The scope of the audit was set out in our Annual Audit Plan presented to the April 2022 meeting of the Integration Joint Board. This report comprises the findings from:

- our audit of the Dundee City Integration Joint Board's annual accounts
- our consideration of the wider dimensions of public sector audit (financial management, financial sustainability, governance and transparency, and value for money) as set out in the [Code of Audit Practice 2016](#).

Continuing impact of Covid-19

2. As highlighted in our Annual Audit Plan, in common with all public bodies, the Joint Board continues to deal with the operational and financial impact of the Covid-19 pandemic. Known risks related to the pandemic were included in our plan, and we have adapted our audit work during the year to address any new risks that have emerged.

Adding value through the audit

3. We aim to add value to the Joint Board and help promote improved standards of governance, better management and decision-making, and more effective use of resources, by:

- identifying and providing insight on significant risks, and making clear and relevant recommendations for improvement that are accepted by management
- providing clear and focussed conclusions on the appropriateness effectiveness and impact of corporate governance, performance management arrangements and financial sustainability
- reporting our findings and conclusions in public
- sharing intelligence and good practice through our national reports and briefing papers as outlined at [Appendix 3](#).

Auditor independence

4. Auditors appointed by the Accounts Commission must comply with the [Code of Audit Practice 2016](#) and relevant supporting guidance. When auditing the financial statements auditors must comply with professional standards issued by

the Financial Reporting Council and those of the professional accountancy bodies.

5. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can also confirm that we have not undertaken any non-audit related services and therefore the 2021/22 audit fee of £27,960, as set out in our Annual Audit Plan, remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

Responsibilities

6. The Joint Board has responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices. The Joint Board is also responsible for compliance with legislation and putting arrangements in place for governance and propriety that enable it to successfully deliver its objectives.

7. Our responsibilities as independent auditors are established by the Local Government in Scotland Act 1973, the [Code of Audit Practice 2016](#), International Standards on Auditing in the UK, and supplementary guidance.

8. As public sector auditors we give independent opinions on the annual accounts. We also review and provide conclusions on the effectiveness of the Joint Board's performance management arrangements, suitability and effectiveness of corporate governance arrangements, its financial position and financial sustainability, and the arrangements in place for securing Best Value.

9. Further details of the respective responsibilities of management and the auditor can be found in the [Code of Audit Practice 2016](#).

Audit reporting

10. This report raises matters from our audit of the annual accounts and consideration of the wider dimensions of public sector audit. Weaknesses or risks identified are only those which have come to our attention during our normal audit work and may not be all that exist. Communicating these does not absolve management from its responsibility to address the issues we raise and to maintain adequate systems of control.

11. An agreed action plan setting our specific recommendations, responsible officers and dates for implementation is included at [1.](#)

12. This report is addressed to both the members of the Joint Board and the Controller of Audit and will be published on Audit Scotland's website: www.audit-scotland.gov.uk.

External audit appointment for 2022/23 to 2026/27

13. The Accounts Commission is responsible for the appointment of external auditors for local government bodies. External auditors are appointed from either Audit Scotland's Audit Services Group or private firms of accountants. The financial year 2021/22 is the last year of the current audit appointment round.

14. The procurement process for the new round of audit appointments covering 2022/23 to 2026/27 was completed in May 2022 and Audit Scotland has again been appointed as the external auditor for Dundee City Integration Joint Board. Although Audit Scotland remain the board's external auditors, to maintain the independence and objectivity of the audit team, the engagement lead and other staff working on the audit will be changed for the 2022/23 audit. The outgoing audit team will work with officers and the new audit team to ensure a smooth transition.

15. The new auditors will follow a new [Code of Audit Practice](#) which applies to public sector audits for financial years starting on or after 1 April 2022. It replaces the Code issued in May 2016.

Acknowledgment

16. The audit team would like to thank all management and staff of Dundee City Integration Joint Board for their cooperation and assistance over the period of the audit appointment.

1. Audit of 2021/22 annual accounts

The annual accounts are the principal means of an organisation accounting for the stewardship of resources and its performance in using those resources.

Main judgements

Our audit opinions on the annual accounts of the Dundee City Integration Joint Board are unmodified. The financial statements give a true and fair view and were properly prepared in accordance with the financial reporting framework.

The 2021/22 annual accounts were submitted for audit in line with the agreed timetable, and signed off following completion of the audit in November 2022.

Our audit opinions on the annual accounts are unmodified

17. The annual accounts for the year ended 31 March 2022 were approved by the Performance and Audit Committee on 23 November 2022. We reported in the independent auditor's report that:

- the financial statements give a true and fair view and were properly prepared in accordance with the financial reporting framework
- the audited part of the remuneration report, management commentary and the annual governance statement were all consistent with the financial statements and properly prepared in accordance with relevant regulations and guidance.

The 2021/22 annual accounts were submitted for audit in line with the agreed timetable and signed off in November 2022

18. We received the unaudited annual accounts on 24 June 2022 in line with the agreed audit timetable. The annual accounts submitted for audit, and supporting working papers, were of a good standard. Finance staff provided good support to the audit team which helped ensure the final accounts audit process ran smoothly.

19. The original audit timetable set a target date for the certification of the 2021/22 annual accounts of 31 October 2022. However, due to pressure on audit resources we agreed with management in September that we would delay the sign off of the annual accounts by the end of November 2022.

Our audit approach and testing reflected the overall materiality level of £3.0 million

20. Materiality can be defined as the maximum amount by which auditors believe the financial statements could be misstated and still not be expected to affect the perceptions and decisions of users of the financial statements. The assessment of what is material is a matter of professional judgement. A misstatement or omission, which would not normally be regarded as material by value, may be important for other reasons (for example, an item contrary to law). In forming our opinion on the financial statements, we assess the materiality of uncorrected misstatements, both individually and collectively.

21. Our initial assessment of materiality was carried out during the planning phase of the audit and was based on the financial results reported in the 2020/21 audited Annual Accounts. These materiality levels were reported in our Annual Audit Plan presented to the Integration Joint Board in April 2022.

22. On receipt of the unaudited 2021/22 Annual Accounts, we recalculated our materiality levels based on the financial results reported for the year ended 31 March 2022. Our audit approach and testing were adapted to reflect the recalculated materiality levels and our final materiality levels are detailed in [Exhibit 1](#).

Exhibit 1 Materiality values

Materiality level	Amount
Overall materiality: This is the figure we use in assessing the overall impact of potential adjustments on the financial statements. It has been set at 1% of net expenditure for the year ended 31 March 2022.	£3.003 million
Performance materiality: This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality, this would indicate that further audit procedures should be considered. Using our professional judgement, we calculated performance materiality at 60% of overall materiality.	£1.802 million
Reporting threshold: We are required to report to those charged with governance on all unadjusted misstatements more than our 'reporting threshold' amount. This has been calculated at 4 per cent of overall materiality.	£0.120 million

Source: Audit Scotland

Our audit identified and addressed the significant risks of material misstatement

23. The concept of audit risk is of central importance to our audit approach. During the planning stage of our audit, we identified one significant risk of

material misstatement which could impact on the annual accounts. [Exhibit 2](#) details the work we undertook to address this risk and our conclusions from this work. We also identified three wider audit dimension risks for this year's audit as part of our responsibilities under the [Code of Audit Practice 2016](#). The audit findings on these risks are included within the relevant sections of this report and are summarised at [Appendix 2](#). These risks influenced our overall audit strategy and the allocation of staff resources to the audit.

Exhibit 2

Significant risk of material misstatement reported in the 2021/22 Annual Audit Plan

Audit risk	Audit response to risk	Results and conclusions
<p>1. Risk of material misstatement due to fraud caused by the management override of controls</p> <p>As stated in International Standard on Auditing (UK) 240, management is in a unique position to perpetrate fraud because of management's ability to override controls that otherwise appear to be operating effectively.</p>	<p>Assurances were obtained from the auditors of Dundee City Council and NHS Tayside over the completeness, accuracy and allocation of income and expenditure.</p> <p>Consideration was also given as to whether any unusual material transactions were identified through our audit testing for any evidence of management override of controls.</p>	<p>Results: Assurances were provided and reviewed by us. No issues were reported related to the completeness, accuracy and allocation of income and expenditure which would have an impact on the processing of IJB transactions or our audit approach.</p> <p>We did not identify any unusual material transactions during the course of the audit.</p> <p>Conclusion: No evidence of management override of controls was identified through our audit procedures.</p>

Source: Audit Scotland

We reported one significant finding from the audit to those charged with governance prior to the annual accounts being approved and certified

24. International Standard on Auditing (UK) 260 requires us to communicate significant findings from the audit to those charged with governance, including our view about the qualitative aspects of the body's accounting practices, to those charged with governance prior to the annual accounts being approved and certified.

25. The significant finding from the 2021/22 financial statements audit is summarised in [Exhibit 3](#). Our audit also identified some other presentation and disclosure issues which were discussed with management. These were all adjusted in the annual accounts and none of these were significant enough to require to be separately reported under ISA 260.

Exhibit 3

Significant findings from the audit of the annual accounts in line with ISA 260

Issue	Resolution
<p>1. Significant increase in reserves</p> <p>IJBs across Scotland have recorded large increases to their reserves position in 2021/22.</p> <p>The balance held in reserves for future spending increased by £25.169 million during the year, from £13.829 million at 31 March 2021 to £38.998 million at 31 March 2022.</p> <p>This significant increase is mainly due to a combination of funding received from the Scottish Government in the year, some of which was late, which has been carried forward for use in 2022/23, and the release of funding previously withheld by the Scottish Government until reserve balances were used. This funding is included as an underspend against budget for the partner bodies in the annual accounts as the funding is paid to the Joint Board through the partner bodies.</p>	<p>For information only</p> <p>Further comment on the reserves position is detailed in paragraphs 44. to 47.</p>

Source: Audit Scotland

We have no unadjusted errors to report

26. It is our responsibility to request that all misstatements above the reporting threshold are corrected. There were no misstatements above our reporting threshold identified during the audit and therefore we have no unadjusted errors to report.

Some progress was made on prior year recommendations

27. The Joint Board has made some progress in implementing our prior year audit recommendations. For actions not yet implemented, revised responses and timescales have been agreed with management, and are set out in [1.](#)

2. Financial management and sustainability

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively. Financial sustainability looks forward to the medium and long term to consider whether the Board is planning effectively to continue to deliver its services into the future.

Main judgements

Joint Board's across Scotland were operating in a volatile and challenging environment in 2021/22. The Dundee City Integration Joint Board had to prioritise its health and social care response to the Covid-19 pandemic against the backdrop of workforce and financial challenges that impacted on its capacity to progress its planned service developments.

The Joint Board has appropriate and effective financial management arrangements in place and financial systems of internal control operated effectively. Budget monitoring arrangements are appropriate, and some improvements have been made to the reporting of expenditure against Covid-19 and Scottish Government funding streams.

Covid-19 had a significant impact on the 2021/22 year-end budget position. The Joint Board received £17.4 million of Covid-19 related funding in 2021/22 and utilised £7.9 million. This £9.5 million of unspent Covid-19 funding, and lower than anticipated activity, contributed to an overall underspend of £25.2 million for 2021/22.

£29.1 million of the Joint Board's general fund balance at 31 March 2022 has been earmarked to fund expenditure in future years. However, the availability of these funds may be impacted if the Scottish Government look to recover prior year unspent Covid-19 funding from IJBs during 2022/23.

In June 2022 the Joint Board approved its second five-year financial framework covering the period 2022/23 to 2026/27. This projects a potential funding gap of £25.2 million up to the end of 2026/27. Management should ensure that appropriate arrangements are in place to monitor and report to the Joint Board on the achievement and impact of transformational changes to service delivery models, and future savings plans.

Staff pay awards are expected to be higher than those currently included in the framework. This will add to the Joint Board's future budgetary pressures.

Joint Board's across Scotland were operating in a volatile and challenging environment in 2021/22. The Dundee City Integration Joint Board had to prioritise its health and social care response to the Covid-19 pandemic against the backdrop of workforce and financial challenges that impacted on its capacity to progress its planned service developments.

28. The impact on public finances of the Covid 19 pandemic has been unprecedented, which has necessitated both the Scottish and UK governments providing substantial additional funding for public services as well as support for individuals, businesses, and the economy.

29. Joint Board's across Scotland were operating in a volatile and challenging environment in 2021/22. The Dundee City Integration Joint Board had to prioritise its health and social care response to the Covid-19 pandemic against the backdrop of workforce and financial challenges that impacted on its capacity to progress its planned service developments.

30. It is likely that the financial and service pressures created by the pandemic will be felt well into the future. Additionally, the impact of the cost of living crisis on public sector budgets is likely to lead to a reduction in the levels of funding and support in coming years. This will present a major challenge for Joint Board's in delivering sustainable health and social care services in line with their Strategic and Commissioning Plan.

Budget monitoring arrangements are appropriate and improvements have been made to the reporting of expenditure against Covid-19 and Scottish Government funding streams

31. The Joint Board does not have any assets, nor does it directly incur expenditure or employ staff, other than the Chief Officer and Chief Finance Officer. All funding and expenditure for the Joint Board is incurred by partner bodies and processed in their accounting records.

32. Financial monitoring reports are submitted to each meeting of the Joint Board. These include the forecast year-end outturn against the council, health, and partnership total. The financial monitoring reports also provide information on the projected costs and funding related to Covid-19 and the associated mobilisation plan financial returns, and information on other Scottish Government funding initiatives such as the primary care improvement fund.

33. We highlighted in our 2020/21 Annual Audit Report that the final financial monitoring report for the year could have more clearly detailed Dundee City Integration Joint Board's specific Covid-19 and other funding streams, associated expenditure, and unused elements that have subsequently been transferred to the IJBs reserves. We therefore recommended that the format of

the year-end financial monitoring report to the Board should be updated for 2021/22 to improve the clarity of reporting of earmarked funding initiatives.

34. From review of the final financial monitoring report for 2021/22 we noted that the spend against earmarked additional funding for Covid-19 and in-year additional funding from the Scottish Government is reported. Further developments to financial reporting should be considered going forward to ensure the reports are providing members with a full picture of the Joint Board's financial position and financial challenges, ensuring reports remain relevant and reflective of emerging scenarios.

Financial systems of internal control operated effectively during 2021/22

35. The Joint Board does not have its own financial systems and instead relies on Dundee City Council and NHS Tayside for its key financial systems such as the ledger and payroll, and the financial information used for budget setting and financial monitoring purposes.

36. As part of our audit approach, we sought assurances from the external auditor of Dundee City Council and NHS Tayside and confirmed there were no weaknesses in the systems of internal controls for either the council or the health board that impact on the 2021/22 Joint Board audit.

Internal Audit concluded that reliance could be placed on the Joint Board governance arrangements and systems of internal controls for 2021/22

37. Internal audit provides the Board and the Chief Officer with independent assurance on the Joint Board's overall risk management, internal control, and corporate governance processes. Internal audit is provided by FTF Audit and Management Services (FTF), supported by Dundee City Council's internal audit section. The audit is overseen by FTF's Chief Internal Auditor (CIA).

38. In our Annual Audit Plan we noted that we did not intend to place formal reliance on internal audit's work for our financial statements' responsibilities during 2021/22, but that we would consider aspects of internal audit's work in respect of our wider audit dimension responsibilities.

39. The Internal Audit Annual Report was considered by the Joint Board in June 2022 and provided the opinion that reliance could be placed on the Joint Board governance arrangements and systems of internal controls for 2021/22. We confirmed as part of the audit that internal audit's opinion was accurately reflected in the Annual Governance Statement in the 2021/22 Annual Accounts.

40. Whilst sufficient internal audit work has been undertaken related to 2021/22, we note that similar to previous years, there has been some slippage in the delivery of the internal audit plan. We will continue to monitor progress in the delivery of internal audit plan as part of the 2022/23 external audit.

Covid-19 had a significant impact on the 2021/22 year-end budget position. The Joint Board received £17.4 million of Covid-19 related funding in 2021/22 and utilised £7.9 million. This £9.5 million of unspent Covid-19 funding, and lower than anticipated activity, contributed to an overall underspend of £25.2 million for 2021/22.

41. The Joint Board incurred net expenditure of £300.261 million in 2021/22 against its final budget of £325.430 million (representing partner funding contributions of £228.944 million from NHS Tayside and £96.486 million from Dundee City Council), resulting in a reported underspend of £25.169 million for the year. This reflected a £7.839 million net operational underspend, £9.511 million of unspent Covid-19 funding, and £7.819 million of unspent earmarked funding.

42. The net operational underspend of £7.839 million comprised a £5.969 million underspend on social care services and a £1.870 million underspend on health services. The social care services underspend was attributable to lower activity within community based social care services during the year due to the impact of the pandemic, including underspends of £0.393 million on learning disability services, £0.567 million on older people care home placements, and £3.400 million of underspends due to reduced activity and related staff costs savings across all social care services. The health services underspend was due to underspends totalling £2.089 million against the overall GP and other prescribing budget, partly offset by overspends against other health services budgets.

43. During 2021/22 the Joint Board received £17.433 million of Covid-19 related funding. This was allocated by the Scottish Government to fully fund all known additional pandemic response costs, and to provide financial cover for unanticipated costs. £7.922 million of this funding was spent during 2021/22 (£2.950 million on social care services and £4.972 million on health services), with the remaining £9.511 million carried forward in reserves to be spent in 2022/23.

£29.1 million of the Joint Board's general fund balance at 31 March 2022 has been earmarked to fund expenditure in future years. However, the availability of these funds may be impacted if the Scottish Government look to recover unspent Covid-19 funding from IJBs during 2022/23.

44. The Joint Board holds a general fund reserve, which is used to smooth financial variations over the years. The 2021/22 underspend resulted in the general fund balance increasing by £25.169 million during the year, from £13.829 million at 31 March 2021 to £38.998 million at 31 March 2022.

45. At 31 March 2022 the Joint Board has earmarked £29.065 million (£11.735 million at 31 March 2021) of the general fund balance to be used to fund expenditure in future years, leaving an uncommitted general fund balance of £9.933 million (£2.904 million at 31 March 2021).

46. In September 2022, the Scottish Government commenced discussions with IJBs regarding the possible clawback of ring fenced Covid-19 reserves to meet 2022/23 national health and social care Covid-19 expenditure pressures. These discussions are at an early stage so further information will be required to support the Joint Board in making informed decisions on the use of reserves.

47. There are ongoing sustainability challenges of using reserves to fund recurring expenditure, exacerbated by recovery and renewal from the pandemic. In this regard, members will need to take difficult decisions in the future, recognising that a clear plan and effective management of the Joint Board's reserves will be key to maintaining financial sustainability.

The Joint Board has not identified any savings requirement to deliver a balanced budget of £279.6 million for 2022/23

48. The budget for 2021/22 showed that £2.042 million of savings needed to be achieved to balance the budget. In June 2022 it was reported to the Board that all of these savings had been delivered in full during the year.

49. The Joint Board approved its 2022/23 budget in March 2022. This set out an overall budget of £279.6 million, comprising funding contributions of £181.2 million from NHS Tayside and £98.4 million from Dundee City Council. Due to the Joint Board's healthy funding and reserves position for 2022/23 it did not need to identify additional savings for 2022/23 to provide a balanced budget.

50. Similar to previous years, the annual budget excluded the figures for large hospital set aside and hosted services, which are traditionally confirmed at a later stage in the financial year. The financial monitoring report at August 2022 sets out an updated overall budget of £288.5 million, comprising funding contributions of £189.2 million from NHS Tayside and £99.3 million from Dundee City Council.

In June 2022 the Joint Board approved its second five-year financial framework covering the period 2022/23 to 2026/27. This projects a potential funding gap of £25.2 million up to the end of 2026/27.

51. In June 2022 the Joint Board approved its second five-year financial framework covering the period 2022/23 to 2026/27. This projected an estimated funding gap of £25.189 million over the five years. It also highlighted that the current financial uncertainty means these estimates will require to be revisited when there is more clarity over future demand and funding, including any clawback of unspent Covid-19 funding by the Scottish Government (paragraph [46.](#)).

52. Staff pay awards are expected to be higher than those currently included in the framework. This will add to the Joint Board's future budgetary pressures.

Management should ensure that appropriate arrangements are in place to monitor and report to the Joint Board on the achievement and impact of transformational changes to service delivery models, future savings plans and reserves

53. As detailed at paragraph [51.](#) above, the Joint Board are projecting an estimated funding gap of £25.189 million over the next five years. The five-year financial framework highlighted the scale of this financial challenge and the importance of the Joint Board focusing on the need to change and transform services and not rely on short term measures to balance the budget. It also recommended a range of principles, set within an overarching financial framework, to be adopted which will support the Joint Board in balancing demand and improving health and social care outcomes for Dundee citizens while delivering a balanced budget.

54. Internal audit reported in the financial governance section of its 2021/22 Annual Report that: *“There was no detailed monitoring of the position of individual savings initiatives to clearly show identified versus realised savings”* during 2021/22. Internal audit was informed that this was due to the fact that the initiatives in 2021/22 were mainly considered low risk (and non-recurrent) savings where outcomes are already known. However, given the scale of the savings required in future years, we would reiterate internal audit’s recommendation that: *“Reporting should be clarified to ensure a distinction between realised savings to date and a best estimate of the full year amount, allow savings to date to be compared against trajectory, clarify the amounts achieved recurrently or non-recurrently and the source of the savings.”* It will also be vital to ensure that appropriate arrangements are in place to monitor and report to the Joint Board on the achievement and impact of transformational changes to service delivery models and the use of reserves.

Recommendation 1

Management should ensure that appropriate arrangements are in place to monitor and report to the Joint Board on the achievement and impact of transformational changes to service delivery models, and future savings plans. This should be undertaken alongside developing a reserves strategy which sets out how and when monies will be spent, taking cognisance of any Scottish Government clawback arrangements if clarified.

Standards of conduct and arrangements for the prevention and detection of fraud and error are appropriate

55. The IJB does not maintain its own policies relating to the prevention and detection of fraud and error but instead depends on those in place at its partner bodies. We considered the arrangements in place at Dundee City Council and NHS Tayside and found them to be adequate. The Joint Board has a Code of Conduct in place which members are required to adhere to, and the members’ registers of interest are publicly available on the Joint Board’s website. We note

however that the Joint Boards website does not always hold the current and updated member's register.

56. Appropriate arrangements are in place for the prevention and detection of fraud and error. We are not aware of any specific issues we require to bring to your attention.

3. Governance, transparency and Best Value

Governance and transparency relate to the effectiveness of scrutiny and oversight, and transparent reporting of information. Best Value is about using resources effectively and continually improving services.

Main Judgements

The Joint Board had appropriate governance arrangements in place to support scrutiny of decision-making during 2021/22 and conducted its business in an open and transparent manner.

Members training and development should be supported on an ongoing basis.

Arrangements are in place to demonstrate Best Value, but a formal reporting cycle is still to be introduced.

The Joint Board has effective arrangements in place for managing and scrutinising performance and publishing an annual performance report. The performance data in the annual performance report shows a mixed picture, with performance against 8 of the national indicators better than last year and 8 worse than last year. Longer-term performance data highlights the extent of the challenges facing the Joint Board in restoring performance to pre-pandemic levels with performance against 13 of the national indicators worse than in 2015/16.

The Scottish Government's proposals for a new National Care Service have the potential to significantly change the way that social care services are structured and operate.

The Joint Board had appropriate governance arrangements in place to support scrutiny of decision-making during 2021/22

57. Board members and management are responsible for establishing arrangements to ensure that the Joint Board's business is conducted in accordance with the law and proper standards, that public money is safeguarded, and for monitoring the adequacy and effectiveness of these arrangements.

58. We have reviewed and monitored the operation of the governance arrangements during the course of the audit appointment and concluded that they are appropriate to support good governance and transparency.

59. Due to the ongoing impact of Covid-19 pandemic all meetings of the Joint Board and Performance and Audit Committee were held remotely via Microsoft Teams throughout 2021/22. We have not noted any adverse impact on the level of scrutiny due to these meetings being held remotely.

The Annual Governance Statement is consistent with the financial statements and has been prepared in accordance with relevant regulations and guidance

60. As part of our financial statements audit, we are required to provide an opinion as to whether the Annual Governance Statement is consistent with the financial statements and has been prepared in accordance with relevant regulations and guidance.

61. Our review of the Annual Governance Statement in the Joint Board's 2021/22 Annual Accounts assessed the assurances which are provided to the Chief Finance Officer regarding the adequacy and effectiveness of the Joint Board's system of internal control which operated in the financial year, and the accuracy and completeness of the other information included in the statement.

62. We are content that the Annual Governance Statement in the audited 2021/22 annual accounts accurately reflects the operation of the Joint Board's governance arrangements during the year.

Management should support members training and development on an ongoing basis

63. There have been a number of changes in membership of the Joint Board during 2022/23, with some resulting from the local government elections in May 2022. Following their appointment to the Joint Board, new members received an induction programme to explain their key roles and responsibilities as a board member, with some briefing sessions also being provided.

64. Management should support members training and development on an ongoing basis. This will enable management to support new and continuing board members in undertaking their important role and responsibilities, and to assist members in staying abreast of developments impacting on health and social care services. We will continue to monitor developments in this area.

The Performance and Audit Committee should review its terms of reference to reflect best practice guidance for audit committees

65. As part of our planning work for the 2021/22 audit we reviewed the terms of reference and operation of the Performance and Audit Committee (PAC) against the *CIPFA Audit Committees: Practical Guidance for Local Authorities and Police (2018)* best practice guidance and noted three areas for improvement:

- the terms of reference do not cover the core area of "counter fraud and corruption" and the PAC's role in relation to these
- the committee does not undertake an annual evaluation to assess whether it has undertaken its duties in accordance with the terms of reference
- there is no formal training programme in place to support board members (see commentary and recommendation at paragraphs [63.](#) and [64.](#)).

Recommendation 2

The Performance and Audit Committee should review its terms of reference to ensure it is operating in accordance with best practice guidance for audit committees.

The Joint Board conducts its business in an open and transparent manner

66. Transparency means that the public have access to understandable, relevant and timely information about how the Joint Board is taking decisions and how it is using resources such as money, people and assets.

67. There is evidence from several sources which demonstrate the Joint Board's commitment to openness and transparency:

- Members of the public can attend the virtual meetings of the Joint Board. Recordings of these meetings, and the minutes and supporting papers, are also available on the Joint Board's website.
- The Joint Board's website allows the public access to a wide range of information including the registers of board members interests, and details of current projects and initiatives. In addition, the home page provides links to Covid-19 information, service information, and performance information.
- The Joint Board makes its annual accounts available on its website. These include a management commentary which adequately explains the Joint Board's financial performance for the year.

68. Overall, we concluded that the Joint Board continues to conduct its business in an open and transparent manner.

The registers of interests on the Joint Board's website require to be updated to reflect the current board membership

69. As highlighted in our 2021/22 Annual Audit Plan, the register of interests included on the Dundee City Integration Joint Board website does not reflect the current board membership. We noted that registers of interests for the voting board members are available on their employers' websites (i.e. Dundee City

Council or NHS Tayside) but these require to be uploaded to the Joint Board's website, along with the registers of interests for non-voting board members.

Work is progressing to strengthen the Joint Board's risk management arrangements

70. We previously reported that progress had been slow to implement the improvement actions related to risk management identified by internal audit in September 2018. However, we reported in our 2020/21 Annual Audit Report that risk management arrangements had matured, and further improvements were planned.

71. We note that work is progressing to develop the risk management policy and the Joint Board's risk appetite, both of which have been informed by IJB development sessions and associated feedback. It is intended that a risk appetite will be set for the Joint Board by autumn / winter 2022.

Arrangements are in place to demonstrate Best Value, but a formal reporting cycle is still to be introduced

72. Best Value is about using resources effectively and continually improving services and Integration Joint Boards have a statutory duty to put arrangements in place to secure Best Value. To achieve this, IJBs should have effective processes for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account.

73. We reported in our 2020/21 Annual Audit Report that arrangements are in place to demonstrate Best Value. However, we also recommended that the Best Value reporting frequency and intervals should be clarified, and arrangements should be established to obtain formal assurances from the Council and the Health Board for the Joint Board's future Best Value assessments.

74. Management determined an annual Best Value reporting cycle would be introduced in 2021/22, forming part of the annual accounts process. It was also intended that a 2021/22 Best Value review report would be presented to the Performance and Audit Committee. However, we note that this is still to be put in place.

Recommendation 3

Management should progress its Best Value plans during 2022/23 to ensure reporting mechanisms are in place to demonstrate and report on the Joint Boards arrangements to secure Best Value.

The risk share arrangement in the new Integration Scheme is intended to provide greater accountability for IJBs in delivering health and social care services within budget

75. The Dundee City Integration Joint Board's Integration Scheme requires to be updated every five years, i.e. by September 2020. A review of the scheme was concluded in September 2020 in line with the legislative requirements. The review identified that revisions to the Integration Scheme were required and that a more comprehensive review and consultation process was required to support the creation of the new Integration Scheme. The production of the revised integration scheme was completed during 2021/22 and was submitted for ministerial approval by the end of June 2022. Whilst ministerial approval is awaited, it is anticipated that the revised scheme will be approved.

76. The revised integration scheme includes a risk share arrangement that requires Dundee City Council and NHS Tayside to absorb a share of any Joint Board overspends in proportion to their respective budget contributions for the year. This is consistent with the risk share arrangement included in the previous integration scheme, but the new scheme also includes an additional condition stating that:

“Where the parties make additional payments to cover an overspend then the parties will discuss whether recovery of those additional payments in future years from the IJB should be pursued. In the event that the parties agree that the recovery of additional payments is to be pursued this will be over a maximum period of 3 years on a basis and repayment profile to be agreed between the parties, in consultation with the IJB. Consideration of whether to recover additional payments made by the parties will be informed by an assessment of the reasons for these payments and the implications for the parties and IJB of doing so.”

77. This new arrangement is intended to provide greater accountability for IJBs in delivering health and social care services within budget. Dundee City Integration Joint Board, Dundee City Council and NHS Tayside should continue to work together to deliver health and social care services as efficiently and effectively as possible.

Management should ensure improvement actions, including new and those carried forward from prior years are considered for their continued relevance, actioned and concluded

78. The Joint Board over recent years has made improvements to its governance action plan process. However, the Joint Board has experienced delays, some of which are significant in progressing its improvement and governance actions. This remains to be the case.

79. Related to the ministerial approval of the Joint Board's revised integration scheme, the Joint Board's supporting governance documents and processes, including its: standing orders; scheme of delegation; and financial regulations

should be reviewed against the revised integration scheme and updated as necessary. These should then be made available on the Joint Board's website.

Recommendation 4

Management should identify the governance changes needed following ministerial approval of the Joints Boards revised integration scheme, alongside its existing governance action plan's outstanding actions. As part of this process management should review actions: for their currency; against strategic priorities and risk profile; and against its capacity to deliver.

The Joint Board has effective arrangements in place for managing and scrutinising performance and publishing an annual performance report

80. The Performance and Audit Committee (PAC) consider performance monitoring at each meeting. Reports are split between national performance indicators and local performance indicators. The committee also routinely consider more detailed reports on specific areas of concern such as readmissions, complex delayed discharges, and falls, to support an improved understanding of underlying challenges and the development of more detailed improvement plans.

81. The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Joint Board to produce an annual performance report covering areas such as assessing performance in relation to national health and wellbeing outcomes, financial performance, and best value, reporting on localities, and the inspection of services.

82. The Joint Board published a high level public facing annual performance report for 2021/22 on the 29th of July to meet the statutory deadline of 31 July. This reflected agreement by the Joint Board in April 2022 that the principal purpose of the annual performance report should be to evidence to the public in an open, transparent and accessible way how resources have been used to meet the health and care needs of the population and to improve outcomes. The Board noted the performance report at the August 2022 Board meeting. The annual performance report provides information on the National Health and Wellbeing Outcomes and information at Partnership and locality level in relation to financial planning and performance, best value and scrutiny and inspection.

83. The report provides a comprehensive and balanced overview of the year under review, and the direction of travel. Similar to previous years, the Joint Board has effective arrangements in place for managing and scrutinising performance. It is reflective of where improvements in reporting can be made and intend to implement improvements where possible, subject to the limitations and competing demands.

The performance data in the annual performance report shows a mixed picture, with performance against 8 of the national indicators better than last year and 8 worse than last year. Longer-term performance data highlights the extent of the challenges facing the Joint Board in restoring performance to pre-pandemic levels with performance against 13 of the national indicators worse than in 2015/16.

The 2021/22 annual performance report includes performance data for the national indicators and details the Joint Board's performance against each indicator in terms of its performance in comparison to the 2015/16 base year, its performance in comparison to the prior year, and its performance in comparison to the Scottish average.

84. Review of the national indicators' performance data reported identified that:

- performance against 8 of the indicators was better than last year, 8 worse than last year, 1 at the same level, and 1 not reported
- performance against 6 of the indicators was better than the Scottish average, 10 worse than last year, 1 at the same level, and 1 not reported.

85. The longer-term performance data in the annual performance report highlights that performance against 13 of the national indicators is worse than in the 2015/16 base year, with only 4 reporting better performance than in the base year. This highlights the extent of the challenges facing the Joint Board in restoring performance to pre-pandemic levels.

The Scottish Government's proposals for a new National Care Service have the potential to significantly change the way that social care services are structured and operate

86. Following the publication of the [Independent Review of Adult Social Care](#) in February 2021, work is currently under way nationally to develop and implement a new National Care Service (NCS). The Scottish Government expects the new NCS to be operational by 2026. These proposals have the potential to significantly change the way that social care services are structured and operate.

87. In its January 2022 [Social Care](#) briefing Audit Scotland noted stakeholders concerns about the extent of the proposals for reform and the time it will take to implement them. Many of the current issues experienced by the social care sector, for example workforce pressures, cannot wait for the Scottish Government to implement a new NCS.

88. The Joint Board continues to monitor developments as a result of the review and has engaged in discussions around the implementation of the review with partners and stakeholders, in the context of its assessment that the recent NCS legislation is one of its three highest scoring strategic risks. Further

updates will be provided to members as the proposals develop over the coming year.

The Dundee Partnership is committed to improving mental health services across Tayside

89. The Independent Inquiry into Mental Health Services in Tayside published its final report, titled [Trust and Respect](#), in February 2020.

90. In response to the findings in the report, Dundee City Integration Joint Board and its partners developed a Living Life Well strategy for mental health and wellbeing in Tayside. It set out collective ambitions across Tayside for mental health services.

91. In July 2021 a [Progress Report](#) by the Independent Inquiry Review Team was published. This reported on some positive progress and the commitment and dedication of staff, partner organisations and others seeking to make a difference for patients and the wider community in Tayside. Areas where further progress is needed were also reported.

92. In October 2021, the Minister for Mental Wellbeing and Social Care appointed an independent group to provide oversight and assurance on the implementation of the Trust and Respect recommendations. The Oversight and Assurance Group (OAG) is working with the Tayside Executive Partnership (TEP) (consisting of the Chief Executives of NHS Tayside and the three local councils, and the Divisional Commander of Police Scotland) to support progress and ensure that the recommendations from the independent inquiry are fully implemented.

93. The OAG is a time-limited group established for a 12-month period. It is providing quarterly reports to the Minister for Mental Wellbeing and Social Care. In February 2022 it published its first [Quarterly Report](#) covering the period from November 2021 to January 2022. The update highlighted some disparity between the assessments of the OAG and the TEP of the progress made in addressing the recommendations of the Trust and Respect report. However, it also noted that the OAG were encouraged by the openness shown by partners and by the time they have devoted to how they can better work together to deliver the changes required. It also noted that it is assured that colleagues in Tayside are committed to working with it to better understand each other's perspectives with a shared interest in improving mental health services and outcomes for communities in Tayside.

94. Since the first quarterly report was published, the TEP has had the opportunity to present further evidence to the Oversight Group as part of the next phase of the group's review to gain further understanding of the work which has been done by the partners across Tayside. The OAG has also met with community and inpatient mental health teams across Tayside, as well as visiting third sector organisations and meeting people with lived experience.

95. The Dundee Partnership, including the Joint Board is committed to progressing actions on delivering improved outcomes for citizens impacted by

poor mental health with this being included as a top priority in the new Dundee City Plan 2022-2032.

96. Reflective of its place in the Dundee Partnership and service delivery challenges around this area, the Integration Joint Board's strategic risk register continues to include the Dundee Drug and Alcohol Recovery Service as one of its highest scoring strategic risks, and a further strategic risk related to wider Mental Health Services. We will continue to monitor this area.

National performance audit reports

97. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2021/22 a number of reports were published which may be of interest to the Joint Board. These are detailed in [Appendix 3](#).

98. The IJB should continue to consider and review relevant reports published by Audit Scotland, and develop locally agreed actions, where appropriate.

Appendix 1. Action plan 2021/22

2021/22 recommendations

Issue/risk	Recommendation	Agreed management action/timing
<p>1. Transformational change and related reporting</p> <p>Reporting arrangements on the progress and impact of transformational changes on service delivery models requires to be developed. A reserves strategy should be developed to set out how and when monies will be spent.</p> <p>Risk: Temporary solutions are relied upon to bridge funding gaps and service changes are unsuccessful, which do not address the longer-term financial pressures of the Joint Board.</p>	<p>Management should ensure that appropriate arrangements are in place to monitor and report to the Joint Board on the achievement and impact of transformational changes to service delivery models, and future savings plans. This should be undertaken alongside developing a reserves strategy which sets out how and when monies will be spent, taking cognisance of any Scottish Government clawback arrangements if clarified.</p> <p>Paragraph 54.</p>	<p>As part of the 2023/24 IJB Budget development process transformational change will be a main feature in achieving financial balance and monitoring of progress and impact of change will be developed further to ensure the IJB assurance of the effectiveness of its transformation plan. A reserves strategy will be incorporated as part of the IJB's Budget and an updated 5 Year Financial Framework to be agreed at the March IJB meeting.</p> <p>Responsible officer: Chief Finance Officer</p> <p>Agreed date: August 2023</p>
<p>2. Performance and Audit Committee</p> <p>The Performance and Audit Committee's terms of reference does not fully accord with best practice guidance for audit committees.</p> <p>Risk: The Performance and Audit Committee fails to discharge its remit fully.</p>	<p>The Performance and Audit Committee should review its terms of reference to ensure it is operating in accordance with best practice guidance for audit committees.</p> <p>Paragraph 65.</p>	<p>Terms of reference to be reviewed accordingly.</p> <p>Responsible officer: Chief Finance Officer</p> <p>Agreed date: March 2023</p>
<p>3. Best Value</p> <p>Management determined an annual Best Value reporting cycle would be introduced in 2021/22, forming part of the</p>	<p>Management should progress its Best Value plans during 2022/23 to ensure reporting mechanisms are in place to demonstrate and report on the Joint Boards</p>	<p>Best Value reporting to be developed and presented to the IJB before the end of the 2022/23 financial year.</p>

Issue/risk	Recommendation	Agreed management action/timing
<p>annual accounts process. It was also intended that a 2021/22 Best Value review report would be presented to the Performance and Audit Committee. However, we note that this is still be put in place.</p> <p>Risk: The Joint Board is unable to demonstrate it is meeting its Best Value duty.</p>	<p>arrangements to secure Best Value.</p> <p>Paragraph 74.</p>	<p>Responsible officer: Chief Finance Officer</p> <p>Agreed date: March 2023</p>
<p>4. Governance and improvement actions</p> <p>Following ministerial approval of the revised integration scheme, the Joint Boards governance arrangements will require to be reviewed alongside its existing governance action plan outstanding actions.</p> <p>Risk: Governance arrangements do not support effective decision making.</p>	<p>Management should identify the governance changes needed following ministerial approval of the Joints Boards revised integration scheme, alongside its existing governance action plan's outstanding actions. As part of this process management should review actions: for their currency; against strategic priorities and risk profile; and against its capacity to deliver.</p> <p>Paragraph 79.</p>	<p>Once Integration Scheme has ministerial approval any required changes to the IJB's Standing Orders, financial regulations and scheme of delegation will be presented to the IJB. Work continues with the support of Internal Audit to review the existing governance action plan.</p> <p>Responsible officer: Chief Finance Officer</p> <p>Agreed date: March 2023</p>

Follow-up of prior year recommendations

Issue/risk	Recommendation	Agreed management action/timing
<p>PY 1. Financial monitoring reports</p> <p>Financial monitoring reports to the Board provide some information related to earmarked funding initiatives. However, for each of the specific funding streams the report (in particular the year end report) does not detail the associated expenditure and unused elements</p>	<p>The year end financial monitoring report to the Board should be updated to improve the clarity of reporting of earmarked funding initiatives.</p>	<p>Closed - financial reporting to the Joint Board was enhanced during 2021/22. The year end monitoring report noted the spend against earmarked additional funding for Covid19 and in-year additional funding from the Scottish Government. Further developments should continue to be considered.</p>

Issue/risk	Recommendation	Agreed management action/timing
<p>subsequently transferred to the Joint Boards reserves.</p> <p>Risk: Members may not be able to fully scrutinise the financial information and future spending plans associated with specific funding streams and strategic priorities.</p>		
<p>PY 2. Five year financial framework</p> <p>The IJBs five year financial framework is yet to be updated to reflect the impact of the Covid-19 pandemic.</p> <p>Risk: The IJB does not have accurate financial information to support long-term budget and strategic priorities.</p>	<p>The IJB should review its five year financial framework. Service delivery models need to support the IJBs Covid-19 recovery plans and ensure financial sustainability for its services.</p>	<p>In progress – in June 2022 the Joint Board approved its second five year financial framework (2022/23 to 2026/27). It indicated an estimated funding gap of £25.189 million over the five years. The framework partly addresses the estimate of the increased demand for health and social care services because of Covid-19 as distinct from underlying increases in demographic demand.</p> <p>Refer to point 1.</p>
<p>PY 3. Governance and improvement actions</p> <p>From its inception the IJB has experienced significant delays in progressing its improvement and governance actions. Outstanding governance and improvement actions have been reviewed and consolidated for their continued relevance.</p> <p>Risk: Slippage in implementation may lead to governance arrangements not supporting effective decision making.</p>	<p>The PAC and Board as necessary, should continue to be updated on implementation progress across all governance and improvement areas. This should include keeping improvement actions under review for their continued relevance and priority.</p>	<p>In progress – the Joint Board over recent years has made improvements to its governance action plan process. Also, that since its inception the Joint Board has experienced significant delays in progressing its improvement and governance actions. This remains to be the case.</p> <p>Refer to point 4.</p>
<p>PY 4. Risk management</p> <p>Further improvement actions remain to be progressed</p>	<p>The Board and PAC should continue to be updated on progress on the delivery</p>	<p>Closed - work is progressing to develop the risk management policy and the</p>

Issue/risk	Recommendation	Agreed management action/timing
<p>associated with the IJBs risk management arrangements, including reviewing the IJB's risk management policy and developing further an understanding of the IJBs risk appetite.</p> <p>Risk: Until risk management arrangements have matured further there is a risk that exposure to risks may not be fully understood, highlighted, appropriately mitigated through management controls, and scrutinised.</p>	<p>against the remaining risk management improvement actions and updates to the Strategic Risk Register.</p>	<p>Joint Board's risk appetite, both of which has been informed by Joint Board development sessions. There is an intention to set a risk appetite for the Joint Board by autumn / winter 2022.</p>
<p>PY 5. Best value</p> <p>The IJB put in place arrangements to demonstrate Best Value however the reporting frequency and arrangement to obtain formal assurances from the Council and the Health Board have not been clarified.</p> <p>Risk: The IJB is unable to demonstrate it is meeting its Best Value duty.</p>	<p>The Best Value reporting frequency and interval should be clarified, and arrangements established to obtain formal assurances from the Council and the Health Board for the IJBs future Best Value assessments.</p>	<p>In progress – management had intended to introduce an annual best value reporting cycle, forming part of the 2021/22 annual accounts process. It was intended that a 2021/22 Best Value review report would be presented to the PAC.</p> <p>Refer to point 3.</p>

Appendix 2. Wider audit dimension risks

The table below sets out the risks we identified for the 2021/22 audit relating to our wider responsibility under the Code of Audit Practice 2016 and how we addressed each risk in arriving at our conclusion.

Audit risk	Assurance procedure	Results and conclusions
<p>1. Covid-19 recovery and transformation</p> <p>The Joint Board continues to deal with the operational and financial impact of the Covid-19 pandemic, alongside its ongoing service pressures. Major challenges include:</p> <ul style="list-style-type: none"> • financial sustainability of services • capacity to deliver services • recruitment, wellbeing and retention of staff. <p>The Joint Board's longer-term plans to transform services are key to sustainability of the services. Links between the recovery plans and the board's financial planning, its Strategic and Commissioning Plan, and workforce planning are essential.</p> <p>Risk: The Joint Board does not deliver against its Strategic and Commissioning Plan priorities.</p>	<p>Monitor progress with the development and reporting against the Joint Board's updated Five-Year Financial Framework.</p> <p>Monitor reporting against accumulated reserves and earmarked funding.</p> <p>Review progress against strategic objectives within the Joint Board's 2021/22 Annual Performance Report.</p>	<p>Results: In June 2022 the Joint Board approved its second five-year financial framework covering the period 2022/23 to 2026/27. 2022/23 reflects a balanced budget, with the remaining four years projecting a potential funding gap of £25.2 million up to the end of 2026/27. The Joint Board continues to recognise staff resourcing as one of its three highest scoring strategic risks.</p> <p>Conclusion: Management should ensure that appropriate arrangements are in place to monitor and report to the Joint Board on the achievement and impact of transformational changes to service delivery models, and future savings plans.</p> <p>Refer to Appendix 1, point 1.</p>
<p>2. Integration scheme</p> <p>Work by the partners to progress the production of a revised Integration Scheme has progressed more slowly than planned in part due to pandemic pressures.</p> <p>A draft of the proposed revised integration scheme for the Joint Board has been submitted to the Tayside Chief Executives Group for</p>	<p>Monitor progress in the approval and implementation of the revised Integration Scheme.</p> <p>Review updated governance documents and assess whether they accurately reflect</p>	<p>Results: A revised Integration Scheme for the Joint Board was submitted for approval to the Scottish Ministers by the end of June 2022, and Ministerial approval is awaited.</p> <p>Conclusion: Upon approval the Joint Board's supporting governance documents such as its:</p>

Audit risk	Assurance procedure	Results and conclusions
<p>consideration, prior to public consultation, preceding submission to Scottish Ministers for approval by the end of June 2022.</p> <p>When the revised integration scheme is approved by the partner bodies, changes to the Integration Scheme will need to be reflected in the Joint Board's supporting governance documents such as its: standing orders; scheme of delegation; and financial regulations.</p> <p>Risk: The Integration Scheme and supporting governance documents do not reflect the current operation of the Joint Board.</p>	<p>the terms of the revised Integration Scheme.</p>	<p>standing orders; scheme of delegation; and financial regulations should be reviewed and updated as necessary.</p> <p>Refer to Appendix 1, point 4.</p>
<p>3. Board membership changes and development</p> <p>The membership of the Joint Board will be changing during 2022 due to routine membership changes and the local government elections in May.</p> <p>This makes the development of an effective induction and ongoing development programme for all Joint Board members more urgent. Previous plans to develop a programme of development and training opportunities have not progressed as planned. This has been a recognised priority for a number of years.</p> <p>Risk: There is a risk that leadership and governance arrangements are not effective if members are not sufficiently trained and supported.</p>	<p>Monitor progress with the establishment of an induction and development programme for Joint Board members.</p>	<p>Results: There have been a number of changes in Joint Board membership during 2022/23. Following their appointment new members received an induction programme, with some other briefing sessions also being provided.</p> <p>Conclusion: Management should support members training and development on an ongoing basis. This will enable management to support new and continuing board members in undertaking their important role and responsibilities, and to assist members in staying abreast of developments impacting on health and social care services.</p> <p>Refer to paragraphs 63. to 64.</p>

Appendix 3. National performance reports

May

[Local government in Scotland Overview 2021](#)

June

[Covid 19: Personal protective equipment](#)

July

[Community justice: Sustainable alternatives to custody](#)

September

[Covid 19: Vaccination programme](#)

January

[Planning for skills](#)

[Social care briefing](#)

February

[NHS in Scotland 2021](#)

March

[Local government in Scotland: Financial Overview 20/21](#)

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Dundee City Integration Joint Board

2021/22 Annual Audit Report - Proposed

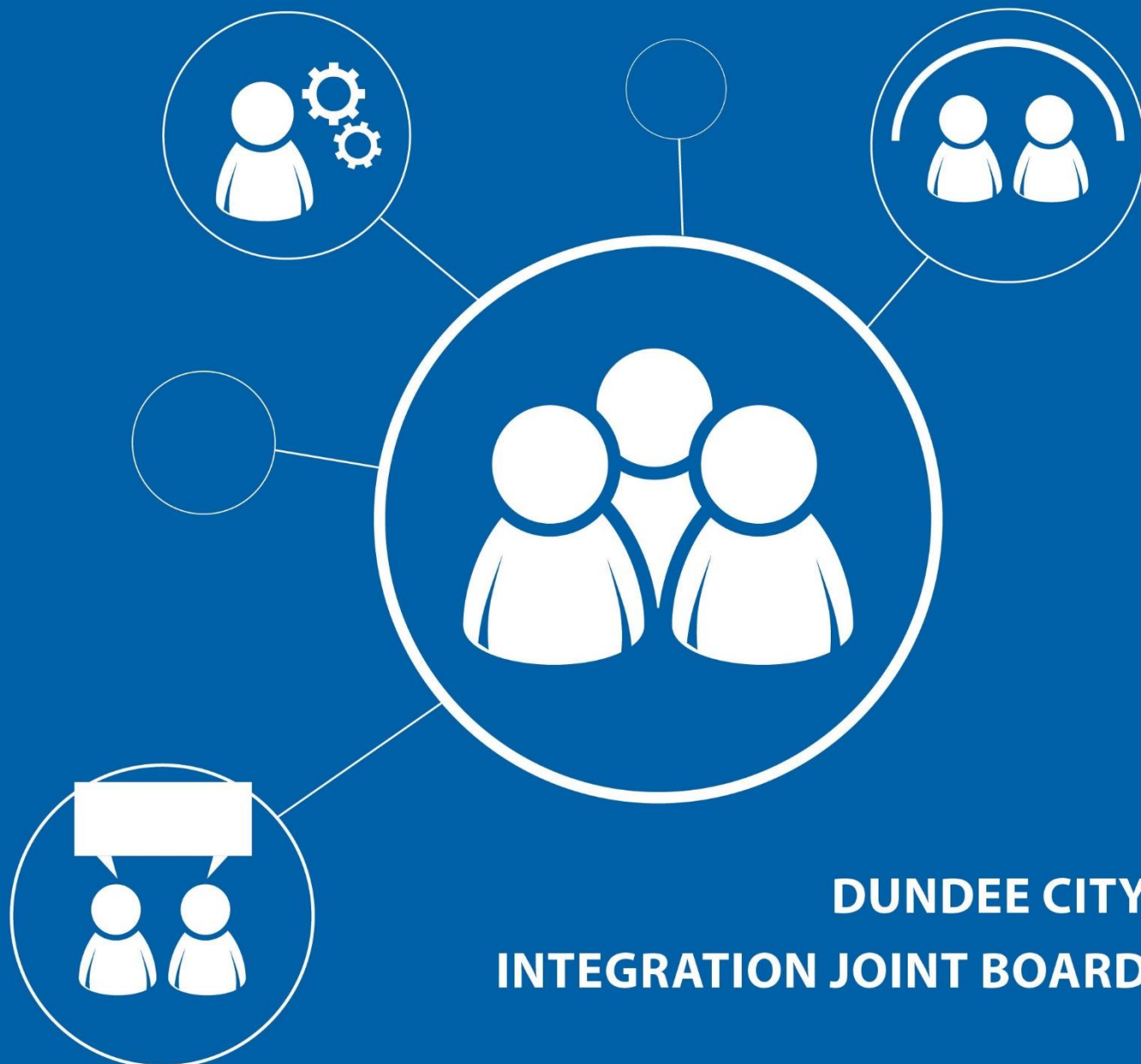
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Phone: 0131 625 1500 Email: info@audit-scotland.gov.uk
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**DUNDEE CITY
INTEGRATION JOINT BOARD**

**ANNUAL ACCOUNTS
2021-22**

Audited

Dundee City Integration Joint Board
Annual Accounts 2021-22
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Introduction

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

Following approval from Dundee City Council and NHS Tayside, the Dundee Integration Scheme, the formal legal partnership agreement between the two parent organisations, was submitted to the Scottish Ministers in August 2015. On 3 October 2015 Scottish Ministers legally, established Dundee's Integration Joint Board as a body corporate by virtue of the Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Amendment (No 3) Order 2015. The Integration Scheme was subsequently amended and approved by the Scottish Government with effect from 3rd April 2018 to take account of The Carers (Scotland) Act 2016.

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

This publication contains the financial statements for Dundee City Integration Joint Board for the year ended 31 March 2022. The Management Commentary highlights the key activities carried out to date and looks forward, outlining the anticipated financial outlook for the future and the challenges and risks facing health and social care services over the medium term.

Role and Remit of Dundee City Integration Joint Board

Dundee City Integration Joint Board has responsibility for planning and providing defined health care and social care services for the residents of Dundee encompassing an area of 60 square kilometres and a population of around 149,000. These services are provided in line with the Integration Joint Board's Strategic and Commissioning Plan 2019-2022 which can be found here:

https://www.dundeehscp.com/sites/default/files/publications/dhscp_strategic_plan_2019-2022.pdf.

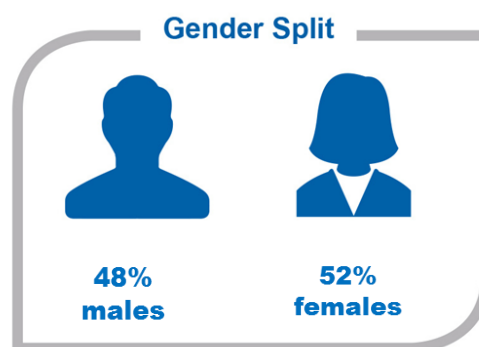
Population, health and deprivation impact directly on demand for health and social care services and can often result in higher support levels being required. Dundee has high levels of inequalities within the city with significant variances across locality areas, driven by high levels of deprivation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

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

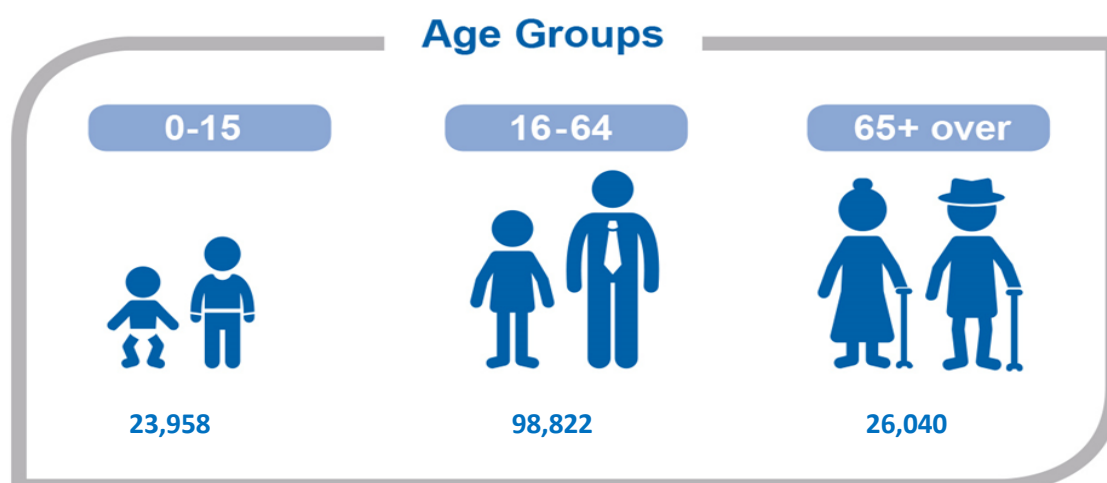
POPULATION PROFILE AND PROJECTIONS



(Source: [National Records of Scotland](#), 2021)



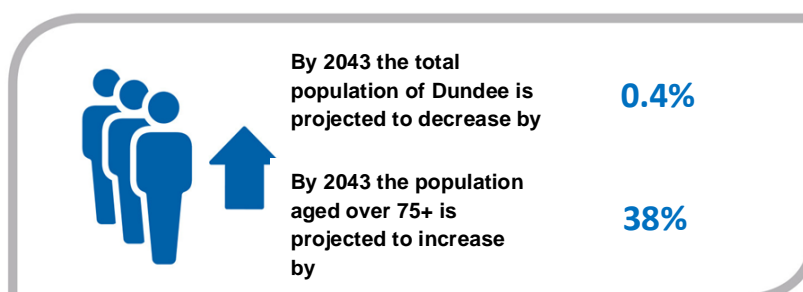
(Source: [National Records of Scotland](#), 2021)



(Source: [National Records of Scotland](#), 2021)

Projected Population

Like other parts of Scotland, Dundee is expected to see a significant rise in the number of older people with an increase of **38%** in those over 75 anticipated over the next 20 years.



Life Expectancy

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



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

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

(Source: NRS Life Expectancy for areas within Scotland 2018-20)

Deprivation

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



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

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

Drug Use



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

1,600 (70%) male and

700 (30%) are female

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

Homelessness



1,010 households assessed as homeless in 2019/20

58% of households have at least one identified support need

(Source: Homelessness in Scotland 2019 to 2020, Scottish Government)

Physical Disability



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

7% of Dundee's population.

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

Membership of Dundee City Integration Joint Board

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

The table below notes the membership of Dundee City Integration Joint Board in 2021/22:

Voting Members:

Role	Member
Nominated by Tayside Health Board	Trudy McLeay (until 31/3/2022) Pat Kilpatrick (from 01/04/2022)
Nominated by Tayside Health Board	Jenny Alexander (until 23/06/2021 but remains as Proxy Member) Anne Buchanan (from 23/06/2021)
Nominated by Tayside Health Board	Donald McPherson Norman Pratt (Proxy Member) (Resigned 28/04/22)
Councillor Nominated by Dundee City Council	Councillor Ken Lynn
Councillor Nominated by Dundee City Council	Bailie Helen Wright (until 04/05/2022) (Proxy member from 23/05/2022) Councillor Dorothy McHugh (from 23/05/2022)
Councillor Nominated by Dundee City Council	Councillor Lynne Short (until 04/05/2022) (Proxy member from 23/05/2022) Councillor Siobhan Tolland (from 23/05/2022) Councillor Steven Rome (Proxy Member until 04/05/2022) Councillor Roisin Smith (Proxy member from 23/05/2022)

Non-voting members:

Role	Member
Chief Social Work Officer	Diane McCulloch (Dundee City Council)
Chief Officer	Vicky Irons
Proper Officer Appointed under section 95 (Chief Finance Officer)	Dave Berry
Registered medical practitioner whose name is included in the list of primary medical performers prepared by the Health Board	Vacant (until 27/10/2021) Dr David Wilson (from 28/10/2021)

Registered nurse who is employed by the Health Board	Vacant (until 25/08/2021) Sarah Dickie (from 26/08/2021)
Registered medical practitioner employed by the Health Board and not providing primary medical services	Dr James Cotton
Staff of the constituent authorities engaged in the provision of services provided under integration functions	Raymond Marshall (NHS Tayside Staff Side Representative) Jim McFarlane (Dundee City Council Trade Union Representative)
Director of Public Health	Dr Emma Fletcher
Clinical Director	Vacant (until 26/10/2021) Dr David Shaw (from 27/10/2021)
Third Sector Representative	Eric Knox (until 31/03/2022) Christina Cooper (from 01/04/2022)
Service user residing in the area of the local authority	Linda Gray (until 07/02/2022) Vacant (from 08/02/2022)
Persons providing unpaid care in the area of the local authority	Martyn Sloan

The Chair of Dundee City Integration Joint Board rotates on a two-yearly basis with the Chairs position transferring in October 2020 to Councillor Ken Lynn with Trudy McLeay, non-executive member of NHS Tayside Board acting as Vice Chair. Following Trudy McLeay's resignation, Pat Kilpatrick acted as Vice Chair until 26 October 2022 when she became Chair with Ken Lynn becoming Vice Chair from that date.

There was a change to the position of Registered nurse who is employed by the Health Board with effect from 26 August 2021 following the appointment of Sarah Dickie with Wendy Reid stepping down from the role. In addition, the vacant position of Registered Medical Practitioner for Primary Care was filled by Dr David Wilson in October 2021.

The Chief Officer provides the strategic leadership and direction to Dundee City Integration Joint Board. The Chief Officer is supported by the Head of Finance and Strategic Planning (as Chief Finance Officer). In relation to the Chief Officer's role as Executive Director of Dundee Health and Social Care Partnership, they are also supported by the Head of Finance and Strategic Planning in addition to two Heads of Service of Health and Social Care Services following the creation of an additional Head of Service Post at the end of 2020/21 to enhance senior management capacity.

Impact of the COVID-19 PANDEMIC

The COVID-19 pandemic has been the biggest public health challenge facing society, including our health and social care system, in our lifetimes. The impact on the health and social care needs of the population, how supports and services are delivered, on health inequalities and on the health and wellbeing of the health and social care workforce and of unpaid carers has been substantial and wide ranging.

Services delegated to Dundee City Integration Joint Board as delivered through Dundee Health and Social Care Partnership (DHSCP) form a critical part of the overall health and social care system, particularly the wide range of community-based health, social care and social work supports and services. Partnership services have not only supported efforts to

rapidly increase the availability of beds in the acute sector to respond to COVID-19 positive patients requiring hospital admission, but have also been integral to providing responses to COVID-19 positive people in the community, both within their own homes and within residential settings such as care homes. As well as working to establish new COVID-19 pathways and responses, a range of services and supports have been the subject of rapid redesign to enable continued operation in the context of social distancing regulations and public health advice. This has included significant mobilisation and redeployment of the workforce across partner bodies such as Dundee City Council, NHS Tayside and the Voluntary Sector. Continuing issues such as securing adequate supplies of PPE and the provision of COVID-19 testing facilities have required a response from DHSCP. DHSCP has been integral to the provision of support and advice to care homes and other care providers including establishing a regular care provider information and advice bulletin and a system of financial sustainability payments in line with national guidance.

A range of essential, non-Covid services have also continued to be delivered, including face-to-face contact on a risk assessed basis to ensure the most vulnerable in the city continue to receive the support they need. In addition, the Partnership has made a significant contribution to wider Dundee Community Planning Partnership efforts to respond to community support needs, such as responses to shielded people requirements, food distribution and a range of public protection responses. These have had to be provided against a context of a change in the traditional working environment with the closure of, or restrictions to accessing office bases for large parts of the year and continued home working for a significant proportion of the workforce.

Changes to operational arrangements have been overseen and supported by an established incident control structure overseen by DHSCP's Silver Command which interfaces with associated response structures developed within NHS Tayside, Dundee City Council and the Tayside Local Resilience Partnership.

In recognition of the additional demands experienced by Health and Social Care Partnership's across the country, the Scottish Government have continued to make available additional funding to support additional costs incurred as a response to the COVID-19 crisis as they had done in 2020/21. During 2021/22, DHSCP was provided with additional funding of £17.4m to fully cover all known additional pandemic response costs and provision for unanticipated costs. This funding has resulted in the creation of an earmarked COVID-19 reserve of £15.6m within the IJB's balance sheet at the year-end in line with the Scottish Government's expectations which must be utilised to offset any additional pandemic response costs incurred during 2022/23.

Over the course of 2021/22 Partnership services have continued to provide a pandemic response, particularly during periods of surge in infection rates, whilst also consolidating adaptations to services and practice to become mainstream, long-term models of service provision. The enduring nature of the pandemic has meant that recovery activity in many aspects of the Partnership's work have been focused on establishing a 'new normal' across integrated health and social care services and supports rather than returning to pre-pandemic ways of working. This is reflected in the status updates provided against actions within the remobilisation implementation plan with the majority of actions either having been completed or being ongoing aspects of what have become embedded mainstream ways of working. The [2021/22 Annual Performance Report](#) for the Partnership provides a fuller overview of key developments during 2021/22 and the impact they have had on people who use health and social care services, unpaid carers and the workforce.

A key element of the Integration Joint Board's longer-term recovery planning is to understand the legacy impact of COVID-19 on the health and care needs of the population, including

demand for post COVID-19 recovery and rehabilitation services, the increasing prevalence of mental health and substance use issues and the impact of increased poverty and health inequalities. The Integration Joint Board is currently reviewing the impact of these on the delivery of the Strategic and Commissioning Plan including carrying out an updated Strategic Needs Assessment of the population needs.

Moving into 2022/23 there is no requirement placed on NHS Boards, Local Authorities or IJBs by the Scottish Government to continue to maintain specific COVID-19 remobilisation plans. Public sector bodies are instead beginning to return to mainstream planning arrangements and cycles, incorporating any further specific remobilisation actions within this approach. Therefore, the IJB has agreed that the Partnership should no longer maintain a separate COVID-19 remobilisation plan and that any remaining specific remobilisation actions be incorporated within either the Partnership's strategic and commissioning plans (overarching and care group specific) or individual service plans.

The future delivery of health and social care services will build on new ways of working which have been required to be implemented as part of the COVID-19 response, such as increased use of technology to carry out virtual consultations, a blended approach to home and office working, more outreach working and greater opportunities for mobile working.

Operations for the Year

As highlighted in the previous section, the impact of the COVID-19 crisis has continued to dominate the operations of Dundee City Integration Joint Board over the entire 2021/22 financial year. As in financial year 2020/21, the service landscape was subject to large scale disruption with the continued enforced closure and restricted opening of a range of services such as day care, high staff absences due to COVID-19 infections, recruitment challenges, changes to the way in which service users and patients were supported through the use of new technology, the intensive focus on supporting care homes and the expansion of other services such as care at home. However despite the emergency nature of the response, these services continued to be underpinned by principles of the Dundee City Integration Joint Board's [Strategic and Commissioning Plan 2019-2022](#). This sets out the context within which integrated services in Dundee operate and is shaped around the Health and Social Care Partnership's vision that "Each Citizen of Dundee will have access to the information and support that they need to live a fulfilled life."

This Strategic and Commissioning Plan focusses on the four strategic priorities of tackling health inequalities, early intervention and prevention, localities and engaging with communities and developing models of support / pathways of care. These priorities are supported by ensuring services provided embed a focus on carers, build capacity, provide person centred care and support and resources are managed effectively.

In February 2022 the Dundee City Integration Joint Board agreed to extend the 2019-2022 plan for a further one-year period to cover April 2022 to March 2023. The review of the plan found that the vision and priorities for integrated adult health and social care continue to reflect the needs of the population and current local and national policy and strategic priorities. However, the review also identified that the action lists supporting each of the strategic priorities within the 2019-2022 plan require to be updated in order to reflect the current areas of focus that have emerged over the last three years, including from the pandemic ([Strategic and Commissioning Plan Extension](#)). These priorities are consistent with and support the Scottish Government's nine National Health and Wellbeing Outcomes which apply across all health and social care services. These are:

Table 1 National Outcomes

Outcome 1. Healthier Living	People are able to look after and improve their own health and wellbeing and live in good health for longer
Outcome 2. Independent Living	People, including those with disabilities, long term, conditions, or who are frail, are able to live as far as reasonably practicable, independently at home or in a homely setting in their community.
Outcome 3. Positive Experiences and Outcomes	People who use health and social care services have positive experiences of those services and have their dignity respected.
Outcome 4. Quality of Life	Health and social care services are centred on helping to maintain or improve the quality of life of service users.
Outcome 5. Reduce Health Inequalities	Health and social care services contribute to reducing health inequalities.
Outcome 6. Carers are Supported	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
Outcome 7. People are Safe	People who use health and social care services are safe from harm.
Outcome 8. Engaged Workforce	People who work in health and social care services feel engaged with the work they do, are supported to continuously improve the information, support, care and treatment they provide
Outcome 9. Resources are used Efficiently and Effectively	Resources are used effectively and efficiently in the provision of health and social care services

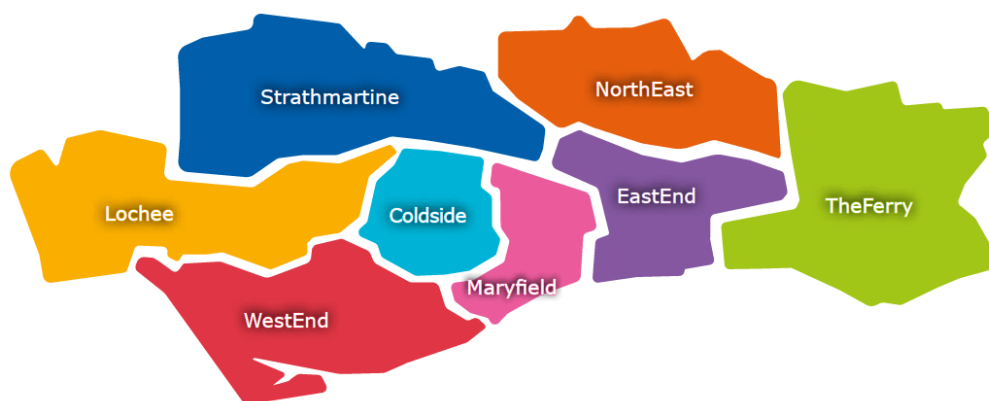
Over 2022/23 these priorities will be delivered through continued implementation of programmes of transformation. During this time a new Strategic and Commissioning plan for 2023-26 will be developed in order to further reflect the current needs on services provided by Dundee Health and Social Care Partnership.

Operational Delivery Model

During 2021/22, Dundee Health and Social Care Partnership's operational delivery model continued to embed a model of fully integrated health and social care services to support the delivery of the Dundee City Integration Joint Board's strategic priorities. Service managers have responsibility for both council and NHS services as part of their portfolios with a specific focus on service user categories (e.g. older people, mental health). In order to ensure Dundee Health and Social Care Partnership is able to respond effectively to a range of strategic challenges, including tackling Dundee's substance use problem and prevalence of poor mental health, the service has enhanced its senior management team capacity through the establishment of an additional Head of Operational Services post. This has resulted in the overall responsibility for the delivery of operational services to be split into two with one Head of Service focussing on primarily Older People's pathways with the other post's focus on Adult services, including mental health and substance use services. Further restructuring of services below this level will be progressed over the course of 2022/23.

Dundee Health and Social Care Partnership delivers its services across the city's eight Local Community Planning Partnership Areas, each with its' own particular social and demographic profile which require tailored responses to meet their specific health and social care needs. The partnership also provides health services on behalf of Angus and Perth and Kinross Integration Joint Boards under lead partnership arrangements (e.g. palliative care services) with reciprocal arrangements provided by those Integration Joint Boards (e.g. Out of Hours, Prisoner Healthcare services.)

Map of Eight Local Community Planning Partnership Areas



Scrutiny and Performance

The Integration Joint Board's Performance and Audit Committee (PAC) provides the opportunity for committee members to better understand the needs of communities and to monitor and scrutinise performance of delegated services against delivering the strategic priorities through a range of performance indicators and benchmarking. Throughout 2021/22, the Integration Joint Board's Performance and Audit Committee received performance reports which quantified Dundee's health and social care challenges in relation to the baseline data against a range of performance indicators, designed to capture the progress made under integration over time. This includes nationally and locally set indicators, a number of which are reflected at locality level to assist the Dundee City Integration Joint Board in determining the areas of greatest need and to inform the targeting of resources. Dundee's 2021/22 performance against a range of national indicators is reflected in **Table 2**. Further information regarding the performance of Dundee Integration Joint Board can be found within the [2021/22 Annual Performance Report](#).

Table 2

National Indicator	Dundee 15/16 (Baseline Year)	Dundee 2020/21	Dundee 2021/22	Scotland 2021/22
Emergency admissions rate to hospital per 100,000 people aged 18+	12,168	11,640	12,320	11,636
Emergency bed days rate per 100,000 people aged 18+	146,192	95,744	105,538	109,429
Readmissions to acute hospital within 28 days of discharge rate per 1,000 population	122	152	139	110
Falls rate per 1,000 population aged 65+	25	32	32	23
Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (Delayed Discharge bed days)	832	327	799	761

Source: [DHSCP Performance National Health and Wellbeing Indicators 2021-22](#)

Transforming Services

Transforming services is key to the Dundee City Integration Joint Board continuing to improve outcomes for service users and performance and service redesign opportunities connected to the overarching strategic priorities. While some of these transformation plans were put on hold during 2021/22 due to the challenges of responding to the COVID-19 pandemic, the changing nature of the response has required some services to continue to evolve at a quicker pace than under normal circumstances. This included increased use of mobile working practices with the adoption of new digital technology and applications such as Near Me to enable non-contact consultations for health professionals. The expansion of the use of Microsoft teams and mobile technology has enabled Health and Social Care Partnership staff to work more flexibly across different locations as well as supporting home working. Additional Scottish Government funding provided during 2021/22 has also supported developments around interim step-down care both in external and council operated care homes, creation of multi-disciplinary teams and the recruitment of health care support workers to further transform service provision. With the exception of interim step-down provision, this funding is recurring and will provide continuing support for services. Progress continues to be made in relation to more efficient and effective prescribing which has seen GP prescribing expenditure for Dundee remain below the Scottish average per weighted patient. The challenge for the Dundee City IJB is to be able to continually develop and sustain levels of change at scale and pace to meet the growing demographic needs with continuing financial restrictions.

The key transformation programmes the Integration Joint Board has oversight of are as follows:

- Primary Care Improvement Plan
- Reshaping Non-Acute Care
- Unscheduled Care
- Drug Death Action Plan for Change (Dundee Partnership)
- Living Life Well – Tayside Mental Health and Wellbeing Strategy (Tayside Mental Health Alliance)
- Transforming Public Protection (Dundee Partnership)

Although impacted on due to the COVID-19 pandemic, a programme of service development and change is underway in relation to the provision of substance use services and supports to respond to the recommendations of the Dundee Drugs Commission Report “[Responding to Drug Use with Kindness, Compassion and Hope](#)” (updated in March 2022).

Following the publication of the final report of the Independent Inquiry into Mental Health Services in Tayside, “[Trust and Respect](#)” (published in February 2020), agreement was reached that the operational management of in-patient mental health services in Tayside transferred from the Tayside Integration Joint Boards, hosted by Perth & Kinross IJB, to NHS Tayside. The Tayside IJBs remain critical to the response to the recommendations of the inquiry through the redesign of community based mental health services as set out in the Tayside Mental Health and Wellbeing Strategy. A follow up report by Dr David Strang published in July 2021 ([Independent Inquiry into Mental Health Services in Tayside Progress Report](#)) highlighted the importance of Tayside having realistic timescales with regard to the scale of the task ahead with work now underway to better prioritise the required developments in response to this.

In October 2021, the Minister for Mental Wellbeing & Social Care, Kevin Stewart, appointed an independent group to provide oversight and assurance on the implementation of the Trust and Respect recommendations. The Oversight and Assurance Group (OAG), chaired by Fiona Lees, former Chief Executive of East Ayrshire Council, is working with TEP to support progress and ensure that the recommendations from the independent inquiry are fully implemented. OAG is a time-limited group established for a 12-month period. It is providing quarterly reports to the Minister for Mental Wellbeing & Social Care, with the first of these covering November 2021 to January 2022, published in February 2022.

A summary of the key achievements over 2021/22 is as follows:

- Introduced new models of mental health and wellbeing support under banner of a tiered approach to the redesign of mental health services – primary crisis, community and early intervention
- Due to the increased frailty and decreased acuity and mobility of our already dependent population, provision of further assistance with an intermediate care unit for step up and step-down support at Turriff House
- Progress made towards recommendations of the Drug Commission through the response to non-fatal overdoses and assertive outreach work.
- An Interim suite at Menzieshill Care Home has been opened to alleviate pressure caused with the Pandemic circumstances

- Provided a more flexible provision for equipment to enable at home care and independent living
- Successfully trialled the 'SARASteady' sit-to-stand aid to support lone workers and unpaid carers to use
- Continued to adapt services to respond to the challenges of the COVID-19 pandemic

Feedback from service users across the Partnership

"My 85 year old mother received great service from the Dundee enhanced community support acute team. The nurses /doctor were all very friendly and helpful could not fault them they made a big difference to my mother ... 10 out of 10 thank you very much"
(regarding Community Support Acute Team)

"I was referred to them by my GP and the pain clinic.... Communication was good with them keeping me informed. The staff were all very nice and helpful, treating me as an adult and not as a patient to be talked at as has happened to me in the past."
(regarding Dundee Enhanced Community Support Acute)

"Please know the job you have done has made a huge impact on our lives forever"
"Thank you from the bottom of our hearts for the amazing time and effort you have put in"
(regarding the Community Nursing Service)

Analysis of Financial Statements 2021/22

The Annual Accounts report the financial performance of Dundee City Integration Joint Board. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to the Dundee City Integration Joint Board for the delivery of its vision and its core objectives. The requirements governing the format and content of local authorities' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code 2021/22). The 2021/22 Accounts have been prepared in accordance with this Code.

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

The 2021/22 Annual Accounts comprise: -

- a) Comprehensive Income and Expenditure Statement – This statement shows that Dundee City Integration Joint Board made an overall surplus of £25,169k in 2021/22 (surplus of £13,337k in 2020/21) on the total income of £325,430k (£305,957k in 2020/21).
- b) Movement in Reserves – Dundee City Integration Joint Board has year-end reserves of £38,998k (£13,829k in 2020/21), of which £9,933k is General Reserve (£2,094k in 2020/21). These are held in line with the Dundee City Integration Joint Board's reserves policy. Reserves were applied during the year to cover outstanding liabilities

to Dundee City Council, NHS Tayside and the activities of the Integration Joint Board. Dundee Integration Joint Board reserves have been increased due to significant levels of additional funding received at the year end from the Scottish Government.

- c) Balance Sheet – In terms of routine business Dundee City Integration Joint Board does not hold non-current assets.
- d) Notes - Comprising a summary of significant accounting policies, analysis of significant figures within the Annual Accounts and other explanatory information.

The Annual Accounts for 2021/22 do not include a Cash Flow Statement as Dundee City Integration Joint Board does not hold any cash or cash equivalents.

Financial Position at the End of March 2022

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

	NHS Tayside Funding	Dundee City Council Funding
	£000	£000
Initial Agreed Funding	123,821	82,671
PCIF / Action 15 Mental Health / ADP Adjustments	3,798	1,014
Hospital & Community Health Services	2,179	
Family Health Services Drugs Prescribing	-3,986	
General Medical Services	28,682	
Family Health Services – Cash and Non-Cash Limited	21,491	
Net Effect of Hosted Services	8,490	
Large Hospital Set Aside	18,200	
Additional DCC Funding – Pension Adjustment		7,856
Social Work & Social Care Funding		5,959
21/22 Scottish Government COVID-19	2,950	4,973
Impact of Transfer of SG Allocation Funding	2,662	-2,662
Adjustments to Committed Reserves	20,656	-3,325
Revised Partners Funding Contribution	228,944	96,486

The IJB reported a year end underlying underspend of £7,839k for 2021/22, arising from an underlying underspend of £5,969k in social care budgets and an underlying underspend of

£1,870k in health budgets. This net underspend has been utilised to create the Uncommitted Reserve within the Balance Sheet.

Within the Dundee City Council underspend position, lower activity within community based social care services due to the impact of the pandemic led to an underspend in services including learning disability services which had an underspend of £393k and older people care home placements with an underspend of £567k. Also, as a result of the continued pandemic impact (including Omicron outbreak) during winter months and challenges in recruitment to these additional posts, much of the new 21/22 funding was not utilised prior to year-end resulting in an additional underspend of £3,400k.

The NHS underspend position is mainly due to underspends within the overall GP and other prescribing budget of £2,089k.

During 2021/22, the IJB received £17,433k and utilised £7,922k of the additional COVID-19 funding which was allocated by Scottish Government to fully cover all known additional pandemic response costs and provision for unanticipated costs. A breakdown of this expenditure is detailed below: -

Mobilisation Expenditure Area	COVID-19 Additional Expenditure (2020/21) £k	COVID-19 Additional Expenditure (2021/22) £k
Additional Care Home Placements	336	0
PPE	157	192
Additional Staff Cover / Temporary Staff	2,817	2,659
Provider Sustainability Payments	4,379	2,538
IT / Telephony	50	0
Additional Family Health Services Contractor Costs	678	143
Additional Family Health Services Prescribing Costs	0	226
Loss of Charging Income	1,350	1,028
Additional Equipment and Maintenance	189	336
Primary Care	0	197
Additional Services within Remobilisation Plan	0	484
Other Costs	114	119
Anticipated Underachievement of Savings	200	0
Total Projected Mobilisation Costs	10,271	7,922
NHS Tayside spend	3,522	2,950
Dundee City Council spend	6,749	4,972

The impact of the overall financial position for integrated services in Dundee for 2021/22 has resulted in the level of reserves held by Dundee City Integration Joint Board increasing to £38,998k at the year ended 31 March 2022 (as against £13,829k at the year ended 31 March 2021). This is reflected in the Movement in Reserves Statement.

	Opening Committed Reserves	Closing Committed Reserves @ 31/3/22
	£k	£k
Primary Care	2,424	4,995
Mental Health	527	1,825
ADP	358	1,220
Service Specific	129	1,947
Community Living Change Fund	613	613
COVID-19	6,084	15,595
NHST - shifting balance of care	1,600	1,600
Analogue to Digital Grant	0	876
Other Staffing	0	394
Total Committed Reserves	11,735	29,065
Plus Uncommitted Reserves	2,094	9,933
Total Reserves	13,829	38,998

The reserve balance of £38,998k at the year ended 31 March 2022 is greater than the planned level of reserve of 2% of the Dundee City Integration Joint Board's net expenditure as set out within its reserves policy however it is important to acknowledge that the majority of these reserves are committed for specific initiatives linked to the funding streams detailed in the above table and are not available for more flexible use. It should also be noted that the committed reserve for the continuing COVID-19 response is the only funding available to the Integration Joint Board to support additional COVID-19 expenditure during 2022/23 for all delegated services, including unscheduled care as the Scottish Government has confirmed there will be no further financial support available.

Achieving long-term financial sustainability and making best use of resources is critical to delivering the Dundee City Integration Joint Board's Strategic and Commissioning Plan's priorities. In response to the growing demand for health and social care and financial constraints, the Dundee City IJB recognises that continuous service redesign and further integration of services is critical.

Key Risks and Uncertainties

The continuing impact of the COVID-19 pandemic on the delivery of community-based health and social care services over the course of the last year has been significant. Services have had to adapt and change the way essential services to the most vulnerable citizens are delivered while ensuring staff and service users are protected. The lessons learned from the COVID-19 pandemic continue to be assessed by DHSCP and have been reflected in the Remobilisation plan to inform the nature of the longer-term response to living with COVID-19 on a longer-term basis. Key risks have been identified with mitigation plans developed to reduce those risks in a range of areas including a reduction in the workforce due to illness, access to appropriate PPE, the risk of services becoming overwhelmed, lack of access to clinical space and the impact on the welfare of staff. These have been reflected in the IJB's risk register. Information continues to be gathered in relation to the legacy impact of the

outbreak on the health of the population with anticipated higher demand for mental health and substance misuse services, health inequalities and other factors relating to increased levels of deprivation. This will assist in informing the IJB of the scale of the new challenge it faces as part of its remobilisation plan and in shaping its future Strategic and Commissioning Plan priorities.

There is also further considerable uncertainty as to the impact of the COVID-19 pandemic on public finances. The consequences of potential further restrictions to public funding against an already challenging financial environment including the global impact of the Russian invasion of Ukraine, energy cost increases and impact on inflation resulting in the cost of living crisis, are very likely to adversely affect the IJB's delegated budget. If post COVID-19 demand levels increase there is a risk that the Dundee City Integration Joint Board will not have sufficient long-term financial resilience to meet these demands without additional funding being made available. While the IJB has developed a five-year financial framework, which projects a potential funding gap of around £25.189m over the period 2022/23 to 2026/27, the current uncertainty around funding and demand means this estimate will require to be re-set in line with the most current predictions as they become available.

With the focus of DHSCP over the course of 2021/22 being a response to the COVID-19 pandemic, much of the planned transformation of services was put on hold. This has impacted on the IJB's future budget planning process which although was agreed without a need for any financial savings in 2022/23 due to the provision of additional Scottish Government funding, is likely to have a considerable projected deficit from 2023/24 onwards. As DHSCP takes forward its remobilisation plan into the mainstream strategic plan throughout 2022/23, this will need to take into consideration significant changes in service delivery. There is a risk that this transformation will not be sufficiently progressed to support the 2023/24 savings programme required.

There are financial sustainability risks with third and independent sector contractual arrangements with care providers across the country who provide services on our behalf highlighting contractual payment levels which are insufficient for them to meet their increasing running and business costs as a result of high inflation levels. While the implementation of a national approach to uplifts to contract values to ensure delivery of Fair Work conditions in 2021/22 and 2022/23 has provided some level of stability, these local challenges will continue to be monitored and responded to through the contract monitoring process accordingly.

Progress in implementing the IJB's Primary Care Improvement Plan has also been impacted on by the COVID-19 pandemic, however, challenges still exist in relation to the ability of DHSCP to recruit or develop the workforce to deliver all the expectations of the plan through the introduction of new multi-disciplinary community-based support teams. There are also financial challenges in meeting the Scottish Government's and GP's expectations with the resources provided with potential funding shortfalls identified in future years.

Staffing shortages across Health and Social Care Partnership services have been escalated to the Integration Joint Board's Strategic Risk Register as a risk to delivery of its strategic priorities. This includes recruitment and retention challenges in areas such as social care, community nursing, specialist posts across a range of services such as substance use and mental health services and Primary Care where GP practices in particular continue to face recruitment challenges leading to concerns over sustainability of services. A Workforce Plan has been produced to set out these challenges and the planned response to these however there is a risk that these will be unable to meet the immediate service shortfalls being experienced.

The Dundee Drugs Commission Review “Responding to Drug Use with Kindness, Compassion and Hope” was published in August 2019 which included 16 recommendations for reducing drug deaths and responding to the impact of drug use in the city. In response, an action plan was developed on behalf of the Dundee Partnership which has been implemented and monitored by the Alcohol and Drugs Partnership (ADP) since then. A two year follow up review was published by the Dundee Drug Commission “Time for Kindness, Compassion and Hope: The Need for Action Two Years On” in March 2022. The report took into consideration the impact of COVID-19 and added a further 12 recommendations for the Dundee Partnership to consider. The Commission’s conclusion is that even when considering the significant impact of the COVID-19 pandemic, the extensive and genuine improvement efforts in Dundee to address drug deaths have not gone far enough, deep enough or fast enough. The report states that people who access services and their families reported seeing transient changes rather than sustained improvement to the range and quality of services and supports available. The Dundee Partnership has published a statement of intent in response reasserting its commitment to providing a comprehensive, accessible, trauma-informed and compassionate response by harnessing the collective knowledge, skills and resources available across all community planning partners. The detail of this will be published in a revised Strategic Plan for the Alcohol and Drugs Partnership by December 2022. Services delegated to Dundee Integration Joint Board will play a key role in responding to the recommendations and priorities which will need to be delivered to ensure significant improvements are made.

Delegated services to the Integration Joint Board also continue to be key in responding to the recommendations of the Independent Inquiry into Mental Health Services in Tayside, “Trust and Respect”, published in February 2020 and the subsequent Progress Report published by Dr David Strang in July 2021. This noted evidence of some improvements however Dr Strang highlighted that there is a long way to go to deliver the required improvements. Tayside’s Listen. Learn. Change. Action Plan, produced in response to ‘Trust and Respect’ sets out how these improvements will be implemented and the Integration Joint Board will continue to receive update reports on progress made.

The Independent Review of Adult Social Care was published in January 2021 and has been endorsed by the Scottish Government. The review contains 53 individual recommendations across 8 key themes designed to improve adult social care, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. One of the key areas for consideration in the report was the proposed redesign of the system with proposals for a National Care Service which the Scottish Government has committed to introducing. Over the course of 2021/22, the Scottish Government commenced development work for a National Care Service including undertaking a national consultation process. As part of this, 477 of the 660 responses (72%) agreed that Scottish Ministers should be accountable for the delivery of social care through a National Care Service. The main themes emerging from the responses to this question related to: the need to avoid adding additional bureaucracy; maintaining local accountability; and the role of local authorities. On 20 June 2022 the bill was introduced to the Scottish Parliament. While the extent of implementation of the legislation and associated timescales will become clearer over the coming months, the impact of the review on the IJB and its partners will be significant and will change the service delivery and governance landscape for adult social care.

The emerging cost of living crisis will invariably result in increased poverty within the city and is likely to exacerbate the health inequalities that already exist in the population. This will put further pressure on services to deliver one of the Integration Joint Board’s key priorities of reducing these inequalities.

Over the course of 2021/22, the Integration Scheme governing how the Integration Joint Board operates was required to be reviewed by the statutory bodies (NHS Tayside and Dundee City Council) in line with legislation and this resulted in a number of revisions to the scheme. While most of the revisions are designed to bring the Integration Scheme up to date and reflect the experience of integration to date, there are other changes which may have a significant impact on the Integration Joint Board. The most significant of these is a change to the financial risk sharing arrangements for any residual overspends within the delegated budget where the Integration Joint Board may be required to repay in future years any financial support provided by NHS Tayside and Dundee City Council to balance the budget at the year end. This may impact on the financial sustainability of the Integration Joint Board in future.

Regular identification and assessment of risk such as those uncertainties noted above is part of the Dundee City IJB's risk management strategy with appropriate actions to eliminate or reduce the impact of such risks set out in the Dundee City IJB's risk register when and where necessary.

Conclusion

We are pleased to present the annual accounts for the year ended 31 March 2022 for Dundee City Integration Joint Board. The accounts show that Dundee City Integration Joint Board has benefited from considerable additional Scottish Government funding provided during 2021/22 to support integrated health and social care services through the continuing COVID-19 pandemic and to meet growing demographic demand. In line with health and social care services across the country, recruitment challenges in social care and other professions over the winter period in particular have resulted in slippage in the full deployment of these resources. The net impact of this has led to a considerable increase in the IJB's financial reserves which will support the IJB's financial position throughout 2022/23. While this is welcome, the majority of this resource is committed to delivering on local and national priorities in addition to the continued response throughout 2022/23 to the COVID-19 pandemic for which there will be no further Scottish Government funding received.

Going forward, Dundee City Integration Joint Board has a significant financial challenge ahead to deliver the Strategic & Commissioning Plan in this climate of growing demand and limited resources. Furthermore, the uncertainty caused by the COVID-19 pandemic in relation to how services can be safely delivered, the impact of increased demand for mental health and substance use services and for those recovering from COVID-19 as well as the impact on public sector funding will provide further challenges. In order to meet these challenges, we must ensure the IJB's resources are used effectively, identifying, testing and implementing innovative ways to deliver more personalised and well-co-ordinated services, building the resilience of people and their communities and reducing unnecessary hospital admissions and delayed discharges from hospital. This will require the confidence of professionals and the public to further shift resources from intensive, high cost services to a focus on more preventative service provision to ensure best value for public funds.



Dave Berry CPFA
Chief Finance Officer
Dundee City
Integration Joint Board

Date:



Vicky Irons
Chief Officer
Dundee City
Integration Joint Board

Date:



Pat Kilpatrick
Chair
Dundee City
Integration Joint Board

Date:

Responsibilities of the Dundee City Integration Joint Board

The Dundee City Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the Board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). For this Board, that officer is the Chief Finance Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014, the Coronavirus (Scotland) Act 2020) 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 for signature.

I confirm that these Annual Accounts were approved for signature at a meeting of the Performance and Audit Committee on 23 November 2022.

Signed on behalf of the Dundee City Integration Joint Board

Pat Kilpatrick

Chair

Dundee City Integration Joint Board

Date:

Responsibilities of the Chief Finance Officer

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

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

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

The Chief Finance Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of the Dundee City Integration Joint Board as at 31 March 2022 and the transactions for the year then ended.

Dave Berry CPFA
Chief Finance Officer
Dundee City Integration Joint Board

Date:

Introduction

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

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

Remuneration: Integration Joint Board Chair and Vice Chair

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

Name	Post(s) held	Nominated by
K Lynn	Chair - From 27 October 2020 Vice Chair – From 26 October 2022	Dundee City Council
T McLeay	Vice Chair From 27 October 2020 to 31 March 2022	NHS Tayside
P Kilpatrick	Vice Chair - From 1 April 2022 Chair – From 26 October 2022	NHS Tayside

Dundee City Integration Joint Board does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the Integration Joint Board. The Chair and Vice Chair are remunerated by their relevant Integration Joint Board partner organisation. Dundee City Integration Joint Board does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. No taxable expenses were paid to the Chair or Vice Chair of the Integration Joint Board in 2021/22.

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

Remuneration: Officers of Dundee City Integration Joint Board

Dundee City Integration Joint Board does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Board.

Senior Employees

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the Integration Joint Board has to be appointed and the employing partner has to formally second the officer to the Integration Joint Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the Dundee City

REMUNERATION REPORT

Integration Joint Board. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Total Salary, Fees & Allowances 2020/21 £	Post	Senior Employees	Total Salary, Fees & Allowances 2021/22 £
109,961	Chief Officer	Vicky Irons	117,432
95,828	Chief Finance Officer	Dave Berry	97,316
205,789		Total	214,748

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

Dundee City Integration Joint Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the Integration Joint Board. The following table shows the Dundee City Integration Joint Board's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

REMUNERATION REPORT

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/21 £	For Year to 31/03/22 £		Difference from 31/03/21 £000	As at 31/03/22 £000
V Irons Chief Officer	22,080	19,963	Pension	6	42
			Lump Sum	12	85
D Berry Chief Finance Officer	16,291	16,459	Pension	2	42
			Lump sum	1	61
Total	38,371	36,422	Pension	8	84
			Lump Sum	13	146

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

Exit Packages

There were no exit packages payable during the financial year.

Pat Kilpatrick
Chair
Dundee City Integration Joint Board

Vicky Irons
Chief Officer
Dundee City Integration Joint Board

Date:

Date:

Introduction

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

Scope of Responsibility

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

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

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



The Governance Framework and Internal Control System

Dundee City Integration Joint Board comprises six voting members, three nominated by Dundee City Council and three nominated by Tayside NHS Board, as well as non-voting members including a Chief Officer and Chief Finance Officer appointed by the Integration Joint Board. As a result of the COVID-19 pandemic, all formal IJB governance committees were held online throughout the 2021/22 financial year.

The main features of the governance framework in existence during 2021/22 were:

- IJB voting members briefings held in the early part of the financial year to provide updates on the Health and Social Care Partnership's (HSCP's) response to the Covid19 pandemic with updates also provided at formal IJB meetings.
- Continuation of a silver command group within the HSCP to coordinate the health and social care response to the pandemic with frequency of meetings stepped up or down depending on the stage of the pandemic. HSCP Senior Management active participation in corresponding DCC and NHST command structure responses.

- Consideration by the IJB of the impact of the Covid19 pandemic on the delivery of the Strategic and Commissioning Plan through instructing the IJB's Strategic Planning Advisory Group to assess the situation and report back accordingly.
- The Integration Scheme as the overarching agreement between the Integration Joint Board, NHS Tayside and Dundee City Council as to how the planning for and delivery of delegated health and social care services is to be achieved reflecting a range of governance arrangements required to support this arrangement. This was reviewed by the statutory partners during 2021/22 with a revised scheme submitted to Scottish Ministers for approval at the end of June 2022.
- The senior leadership team of the Health and Social Care Partnership consisting of the Chief Officer, Head of Finance and Strategic Planning (Chief Finance Officer) and two Head of Service of Health and Social Care Services. The Chief Finance Officer has overall responsibility for the Integration Joint Board's financial arrangements and is professionally qualified and suitably experienced to lead the Integration Joint Board's finance function and to direct staff accordingly.
- Formal regular meetings of the senior leadership team including professional advisers.
- Standing Orders, Financial Regulations and a Code of Conduct including the publication of Register of Member's Interests and the nomination of the Clerk to the Integration Joint Board as Standards Officer were all in place during 2021/22.
- The Integration Joint Board met remotely on seven occasions throughout the year to consider its business. Three development sessions were also held remotely as part of the 2022/23 budget development process. A further two development sessions were held on risk management while IJB members also attended briefing sessions on the revision of the Integration Scheme and findings of the Dundee Drugs Commission.
- The Integration Joint Board's Performance and Audit Committee met remotely on four occasions throughout the year to enhance scrutiny of the performance of the Integration Joint Board and audit arrangements in line with regulations and good governance standards in the public sector.
- Internal Audit arrangements for 2021/22 were approved at the Performance and Audit Committee meeting held on the 26 May 2021 including the appointment of the Chief Internal Auditor of FTF Internal Audit and Management Services to the role of Chief Internal Auditor of the Integration Joint Board supported by Dundee City Council's Internal Audit Service. An Internal Audit Plan for 2021/22 was approved drawing on resources from both organisations.
- The assurances provided from internal audit through their independent review work of the Integration Joint Board's internal control systems.
- Assurances were provided to the Performance and Audit Committee in relation to Clinical, Care and Professional Governance through the presentation of a Chairs assurance Report from the Clinical, Care and Professional Governance Group
- The Chief Finance Officer complied fully with the five principles of the role of the Chief Finance Officer, as set out in CIPFA guidance.
- Compliance with CIPFA's Financial Management Code

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2021/22 this included the following:

- A continued focus on considering risk in decision making through the clear identification of risks in relation to Integration Joint Board decisions reflected in reports presented to the Integration Joint Board and Performance and Audit Committee.
- The approval and adoption of a revised Tayside IJB's Risk Management Framework at the meeting of the IJB held on the 21st April 2021.
- The provision of regular strategic risk register updates to the Performance and Audit Committee with an annual risk register report presented to the IJB. In addition, development

sessions held with IJB members to develop an understanding of risk appetite and with a view to setting a risk appetite for the IJB by autumn 2022.

- The approval and progressing in year of the Annual Internal Audit Plan with the presentation of Internal Audit reports and follow up action plans as appropriate. Update reports on progress of the Internal Audit Plan provided at each Performance and Audit Committee.
- The presentation of the IJB's Annual Performance Report
- Continued development of the performance management framework with a range of performance reports published and scrutinised by the Performance and Audit Committee throughout the year, including more detailed reviews of specific areas of concern as requested by the committee such as discharge management, the impact of repeat elective activity on readmission rates and inspections gradings analysis.
- A process of formal regular reporting of financial performance and monitoring to the Integration Joint Board was in place throughout 2021/22.
- The provision of regular budget development reports for 2022/23 to the Integration Joint Board.
- The further enhancement of IJB and Performance and Audit Committee minutes to reflect the nature of discussion and further agreed actions in addition to the availability of online access to and recordings of meetings.
- The introduction during 2021/22 of an Action Tracker to each IJB and Performance and Audit Committee meeting to monitor progress of previously agreed actions.
- The provision of an assurance report from the chair of the Performance and Audit Committee outlining the key issues raised at the previous Performance and Audit Committee meeting to the following Integration Joint Board meeting.
- Reporting on issues relating to the Clinical, Care and Professional Governance Group in the form of the group's Chairs Assurance Report to each meeting of the Performance and Audit Committee in line with the overarching strategy: Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework with no major issues reported.
- Embedding the issuing of directions to NHS Tayside and Dundee City Council reflected in Integration Joint Board reports during the year as appropriate.
- Regular reporting to the Performance & Audit Committee of external scrutiny reports relating to delegated services from scrutiny bodies such as the Care Inspectorate and supporting subsequent action plans.
- Provision of a Governance Action Plan progress report to monitor progress of previous recommended areas of improvement provided to each meeting of the Performance and Audit Committee.
- Assurance provided around the quality of Social Work Services through the Chief Social Work Officer Governance Framework and annual Chief Social Work Officer's Annual Report
- Reporting of Complaints in relation to delegated Health and Social Care services
- Assurances on the procedures, processes and systems of NHS Tayside and Dundee City Council as advised through the partner bodies Annual Governance Statements and Annual Internal Audit Reports and relevant internal and external audit reporting

Review of Adequacy and Effectiveness

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

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

The review of Dundee City Integration Joint Board's governance framework is supported by a process of self-assessment and assurance certification by the Chief Officer. The Chief Officer

completes a “Self-assessment Checklist” as evidence of review of key areas of the Integration Joint Board’s internal control framework. The Senior Management Team has input to this process through the Chief Finance Officer. There were no significant internal control issues identified by the self-assessment review.

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

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

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

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

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

The IJB’s Performance and Audit Committee was presented with one substantive internal audit report during 2021/22 relating to the IJB’s system of Performance Management which provided a reasonable level of assurance. A small number of actions were recommended for the HSCP to take forward to enhance systems and processes which are being progressed and reported to each Performance and Audit Committee as part of the Governance Action Plan.

Two further substantial internal audit reviews commenced during 2021/22 (Viability of External Providers and the IJB as Category 1 Responder) as identified through the IJB’s Strategic Risk Register were not fully concluded by the end of the 2021/22 financial year. The outcome of these will be presented to the Performance and Audit Committee during 2022/23. Furthermore, Internal Audit resources are planned to undertake a joint exercise between Internal Audit and management to review, update and consolidate actions arising from all sources of previous recommendations as well as reprioritising on a risk basis.

It is recognised that progress in delivering a number of actions from previous internal and external audit recommendations has been slower than originally planned, mainly due to lack of capacity within Dundee Health and Social Care Partnership to take these actions forward at the expected pace, particularly over the Covid Pandemic period. In order to make progress, an initial assessment of duplicated actions was made and a revised Governance Action Plan was presented to the September 2021 meeting of the Performance and Audit Committee with progress on actions in the plan now recorded on Dundee City Council’s Pentana Risk Management system to allow for real time updates. This will continue to evolve through

partnering work during 2022/23 with Internal Audit as noted above. In the context of the other controls in place and progress made, this is not deemed to impact on the systems of governance and control within the IJB.

The IJB approved and adopted the Tayside IJB's Risk Management Framework at its meeting of 21st April 2021. This updated the previous framework taking into consideration the experience of integration since the original framework was introduced and included providing clarity on roles and responsibilities for risk management across the IJB and its partner bodies. Further development work was undertaken with IJB members during 2021/22 to develop a better understanding of the importance of setting a risk appetite to inform IJB decision making. It is planned to agree and set out the IJB's risk appetite by autumn 2022.

While most of the revisions are designed to bring the Integration Scheme up to date and reflect the experience of integration to date, there are other changes which may have a significant impact on the IJB. The most significant of these is a change to the financial risk sharing arrangements for any residual overspends within the delegated budget where the IJB may be required to repay in future years any financial support provided by NHS Tayside and Dundee City Council to balance the budget at the year end. This may impact on the financial sustainability of the Integration Joint Board in future.

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

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

The Chief Internal Auditor has carried out his review of the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk management and control. The findings of this review are reflected in the Annual Internal Audit Report 2021/22 presented to the IJB meeting of the 22 June 2022 which supports the outcome of Dundee City IJB's self-assessment process noted above and concludes that although some areas for improvement have been identified these do not impact on the level of assurance provided and reliance can be placed on the Integration Joint Board's governance arrangements and systems of control for 2021/22. These areas of improvement include a resilience planning arrangement not being fully incorporated into the IJB governance structure and a need to obtain assurance from the IJBs partners on any of their resilience arrangements. The other significant improvements were to produce further reports on updates and assurance to the IJB, ahead of the upcoming requirement from the Scottish Government, with an action plan which includes target completion dates within this. A management response, actions and planned completion dates in relation to these areas of improvement have been developed with the progress of these actions monitored through the Performance and Audit Committee as part of the Governance Action Plan update report.

Continuous Improvement

The following areas for improvement have been identified through the self-assessment process and Annual Internal Audit Report. Progress against these will be monitored by the Performance and Audit Committee during 2022/23.

Area for improvement	Lead Officer	Target Completion Date
Under Clinical and Care Governance, review of remits needs to consider information and data sets to be agreed and presented to the Getting it Right for Everyone Group to support the governance of Lead Authority Services	Lead Allied Health Professional/ Head of service Health & Community Care	March 2023
Reporting on workforce issues including the Workforce and Organisational Development Strategy as well as the partnership forum.	Chief Officer	December 2022
Development of Large Hospital Set Aside arrangements in conjunction with the Scottish Government, NHS Tayside and Angus and Perth and Kinross Integration Joint Boards.	Chief Finance Officer	March 2023
Development of improved Lead Authority Services arrangements around risk and performance management for lead authority services.	Chief Finance Officer	March 2023
Further develop performance report information into a delivery plan framework to ensure IJB fulfils its remit in delivering the direction of travel within the Strategic Commissioning Plan.	Chief Finance Officer	March 2023
Liaise with partner organisations to ensure an agreed budget is approved prior to the start of the year.	Chief Finance Officer	March 2023
Combine financial and performance reporting to members in the context of the IJB's Strategic Risks.	Chief Finance Officer	March 2023
Review reserves to ensure they are adequate	Chief Finance Officer	June-2022
Implementation of and reporting on all outstanding recommendations arising from the Ministerial Steering Group report on Health & Social Care Integration following publication of revised Integration Scheme	Chief Officer	October-2022
Further development of governance arrangements considering agreed governance principles and updated advice from the Scottish Government Health & Social care Division	Chief Officer	February 2023
Embed a programme of development and training opportunities for Board members.	Chief Officer	February 2023
Update the Board and PAC on progress in delivering against the remaining actions in the risk maturity action plan following adoption of Tayside IJB's Risk Management Framework.	Chief Finance Officer	February 2023
Work to fully implement the actions in the Workforce and Organisational Development Strategy. Strive towards ensuring that the DH&SCP culture becomes fully embedded. Engage staff in developing and	Lead Allied Health Professional/ Head of service Health & Community Care /	December 2022

maintaining the partnership culture as well as sharing and embedding the guiding principles.	Chief Finance Officer	
Clarification of deputising arrangements for the Chief Officer to be presented to the IJB following publication of the revised Integration Scheme	Chief Officer	December 2022
Review attendance at groups based on agreed principles. Attendance at partner groups should be based on a consideration of whether this is necessary to provide assurance to allow the partner body to fulfil their agreed responsibilities in line with their accountabilities	Chief Officer	February 2023
Develop a best practice guidance document to ensure the operation of all groups conforms to the various principles detailed in the Governance Mapping report.	Chief Finance Officer	February 2023
Review the strategic risk in relation to Increased Bureaucracy.	Chief Finance Officer	September 2022
Work with statutory partners to develop a Memorandum of Understanding detailing all key corporate support services to be provided to DH&SCP by Dundee City Council and NHS Tayside	Chief Finance Officer	March 2023
Review and implement recommendations from the Internal Audit Review of the IJB's Transformation Programme	Chief Finance Officer	March 2023
Review and implement the recommendations from the Internal Audit Review of Performance Management arrangements	Chief Finance Officer	March 2023
Develop further Strategic Plan Performance Measures for implementation of the IJB's revised Strategic Plan 2023-2026	Chief Finance Officer	April 2023

Conclusion and Opinion on Assurance

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

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

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

Pat Kilpatrick
Chair
Dundee City Integration Joint Board

Vicky Irons
Chief Officer
Dundee City Integration Joint Board

Date:

Date:

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COMPREHENSIVE INCOME & EXPENDITURE STATEMENT

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

2020/21		2021/22
Net Expenditure (Income) £000		Net Expenditure (Income) £000
85,756	Older People Services	83,526
22,761	Mental Health	24,843
37,401	Learning Disability	37,980
8,133	Physical Disability	9,317
6,825	Substance Misuse	7,107
17,351	Community Nurse Services / AHP* / Other Adult Services	18,259
11,842	Community Services (Hosted)***	12,328
3,251	Other Services / Support / Management	6,681
31,053	Prescribing	31,126
28,136	General Medical Services (FHS**)	28,950
22,174	FHS – Cash limited & Non-Cash Limited	21,607
274,683	Net Cost of Operational Services during the Year	281,724
329	IJB Operational Costs	337
17,608	Large Hospital Set Aside	18,200
292,620	Total Cost of Services	300,261
(305,957)	Taxation and Non- Specific Grant Income (Note 5)	(325,430)
(13,337)	(Surplus) or Deficit on Provision of Services	(25,169)
(13,337)	Total Comprehensive Income & Expenditure	(25,169)

Notes

* AHP – Allied Health Professionals

** FHS – Family Health Services

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

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

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MOVEMENT IN RESERVES STATEMENT

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

Total Reserves 2020/21 £000	Movements in Reserves	General Fund Balance Total Reserves £000
492	Opening Balance at 31 March 2021	13,829
13,337	Total Comprehensive Income and Expenditure	25,169
13,337	Increase/(Decrease)	25,169
13,829	Closing Balance at 31 March 2022	38,998

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BALANCE SHEET

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

31 March 2021 £000		Notes	31 March 2022 £000
13,886	Short Term Debtors	Note 6	39,038
13,886	Current Assets		39,038
(57)	Short Term Creditors	Note 7	(40)
(57)	Current Liabilities		(40)
13,829	Net Assets		38,998
13,829	Usable Reserve: General Fund	Note 8	38,998
13,829	Total Reserves		38,998

The unaudited accounts were issued on 24 June 2022 and the audited accounts were authorised for issue on the date noted below

Dave Berry, CPFA
Chief Finance Officer
Dundee City Integration Joint Board

Date:

1. Significant Accounting Policies

General Principles

The Financial Statements summarise Dundee City Integration Joint Board's transactions for the 2020/21 financial year and its position at the year-end of 31 March 2022. The Dundee City Integration Joint Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22, supported by International Financial Reporting Standards (IFRS), and statutory guidance issued under Section 12 of the Local Government in Scotland Act 2003.

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

Accruals of Income and Expenditure

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

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

Funding

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

Cash and Cash Equivalents

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

Employee Benefits

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

Reserves

The Dundee City Integration Joint Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March 2022 shows the extent of resources which the Dundee City IJB can use in later years to support service provision.

Indemnity Insurance

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

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

2. Critical Judgements and Estimation UncertaintyCritical Judgements in Applying Accounting Policies

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

The value of the Large Hospital "set aside" expenditure reported within the total Integration Joint Board expenditure is £18.2m. This figure for 2021/22 has been agreed with NHS Tayside and will be included in both the NHS Tayside and Dundee City IJB annual accounts. The figure is calculated on the basis of activity and costs extracted from local datasets, previous national data sets not available due to COVID-19. In line with national guidance issued, bed day rates were adjusted to reflect a direct cost per occupied bed day, uplifted for inflation. As such, the sum set aside included in the accounts will not reflect actual hospital usage in 2021/22. This is a transitional arrangement for 2021/22 agreed locally between NHS Tayside and the three Tayside Integration Joint Boards and with the Scottish Government. Work is progressing at a national and local level to refine the methodology for calculating and planning the value of this in the future.

On behalf of all IJBs within the NHS Tayside area, Dundee City IJB acts as the lead partner under hosting arrangements for a range of services including Palliative Care, Brain Injury, Dietetics, Sexual and Reproductive Health and Psychology. It commissions services on behalf of the three Tayside IJB's and is responsible for the strategic planning and operational budget of those hosted services. The Dundee City IJB reclaims the cost of these services using an agreed methodology based around population shares from the other IJB's. Dundee City IJB

NOTES TO THE FINANCIAL STATEMENTS

is not responsible for covering the full cost of any overspends in these areas, nor do they retain the benefits of any underspends. The Dundee City IJB will also receive a corresponding charge from the other Tayside IJB's for the services they host on Dundee's behalf. This arrangement is treated as an agency arrangement.

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

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

3. Events after the Reporting Period

It is considered that there have been no events occurring between 1 April 2022 and the date the accounts were authorised for issue that would have an impact on the 2021/2022 financial statements.

4. Expenditure and Income Analysis by Nature

2020/21 £000	Description	2021/22 £000
177,123	Services commissioned from NHS Tayside	178,649
115,168	Services commissioned from Dundee City Council	121,275
300	Other IJB Operating Expenditure	309
29	Auditor Fee: External Audit Work	28
(221,572)	Partners Funding Contributions – NHS Tayside	(228,944)
(84,385)	Partners Funding Contributions – Dundee City Council	(96,486)
(13,337)	(Surplus) or Deficit on the Provision of Services	(25,169)

5. Taxation and Non-Specific Grant Income

2020/21 £000	Description	2021/22 £000
(221,572)	Funding Contribution from NHS Tayside	(228,944)
(84,385)	Funding Contribution from Dundee City Council	(96,486)
(305,957)	Taxation and Non-Specific Grant Income	(325,430)

The funding contribution from the NHS Board shown above includes £18.2m in respect of 'set aside' resources relating to acute hospital and other resources (Large Hospital Set Aside). Dundee City Integration Joint Board has responsibility for the strategic planning of the amount

NOTES TO THE FINANCIAL STATEMENTS

set aside based on the local population's consumption of these resources. NHS Tayside has the responsibility to manage the costs of providing these services. The value of the set aside is calculated on the basis of activity and costs extracted from local datasets, previous national data sets not available due to COVID-19. The methodology of calculating future values of the Large Hospital Set Aside is being developed locally and nationally.

6. Debtors

2020/21 £000	Description	2021/22 £000
5,265	NHS Tayside	27,792
8,621	Dundee City Council	11,246
13,886	Total Debtors	39,038

7. Creditors

2020/21 £000	Description	2021/22 £000
16	NHS Tayside	0
41	Other Bodies	37
0	Other Government Bodies	3
0	Dundee City Council	0
57	Total Creditors	40

8. Usable Reserve: General Fund

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

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

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

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

NOTES TO THE FINANCIAL STATEMENTS

The movement reflects the impact of funding for specific initiatives carried forward to 2022/23. The reserves balance of £29,065k has been committed by the Dundee City Integration Joint Board through the planned reinvestment of Scottish Government ring fenced funding in line with the conditions of this funding for Primary Care Improvement Plan, Action 15 Mental Health Strategy and Alcohol and Drug Partnership, as well as COVID-19 additional expenditure.

Committed reserves relate to reserves that have been earmarked for specific purposes. At 31 March 2022, the IJB reserves are reporting a number of committed reserves that have increased in size. The Scottish Government has allocated funding that has led to the creation of new reserves. In addition, the Scottish Government has agreed that any unused Scottish Government Covid 19 funds held by IJBs at the year-end should be retained for future application. A detailed breakdown of these reserves is noted below:

Committed Reserves	Balance At 01-Apr-20 £000	Movement 2020/21 £000	Balance At 01-Apr-21 £000	Movement 2021/22 £000	Balance at 31-Mar-22 £000
Mental Health	36	491	527	1,298	1,825
Primary Care	176	2,248	2,424	2,571	4,995
Service Specific	0	129	129	1,818	1,947
Community Living Fund	0	613	613	0	613
NHST - Shifting Balance of Care	0	1,600	1,600	0	1,600
ADP	280	78	358	862	1,220
COVID-19	0	6,084	6,084	9,511	15,595
Analogue to Digital Provision	0	0	0	876	876
Other Staffing	0	0	0	394	394
Total Committed Reserves	492	11,243	11,735	17,330	29,065
Total Uncommitted Reserves	0	2,094	2,094	7,839	9,933
Total - General Fund Balances	492	13,337	13,829	25,169	38,998

9. Related Party Transactions

The Dundee City Integration Joint Board has related party relationships with NHS Tayside and Dundee City Council. In particular the nature of the partnership means that the Dundee City Integration Joint Board may influence, or be influenced by, its partners. The following transactions and balances included in Dundee City Integration Joint Board's accounts are presented to provide additional information on the relationships. Dundee City Integration Joint Board is required to disclose material transactions with related parties – bodies or individuals

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that have the potential to control or influence Dundee City Integration Joint Board or to be controlled or influenced by Dundee City Integration Joint Board. Related party relationships require to be disclosed where control exists, irrespective of whether there have been transactions between the related parties. Disclosure of these transactions allows readers to assess the extent to which the Dundee City Integration Joint Board may have been constrained in its ability to operate independently or might have secured the ability to limit another party's ability to bargain freely with Dundee City Integration Joint Board.

Dundee City Integration Joint Board Members

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

Officers

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

Key Management Personnel

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

Transactions with NHS Tayside

2020/21 £000	Description	2021/22 £000
221,572	Funding Contributions received from the NHS Tayside Board	228,944
(177,123)	Net Expenditure on Services Provided by the NHS Tayside Board	(178,649)
44,449	Net Transactions with NHS Tayside	50,295

NHS Tayside did not charge for any support services provided in the year ended 31 March 2022 (2021: nil)

NOTES TO THE FINANCIAL STATEMENTS

Balances with NHS Tayside

2020/21 £000	Description	2021/22 £000
5,265	Debtor balances: Amounts due from the NHS Board	27,792
(16)	Creditor balances: Amounts due to the NHS Board	0
5,249	Net Balance with the NHS Board	27,792

Transactions with Dundee City Council

2020/21 £000	Description	2021/22 £000
84,385	Funding Contributions received from Dundee City Council	96,486
(115,497)	Net Expenditure on Services Provided by Dundee City Council	(121,613)
(31,112)	Net Transactions with Dundee City Council	(25,127)

Dundee City Council did not charge for any support services provided in the year ended 31 March 2022 (2021: nil).

The Net Expenditure on Services Provided by Dundee City Council figure includes IJB Operating Expenditure of £337k.

Balances with Dundee City Council

2020/21 £000	Description	2021/22 £000
8,621	Debtor balances: Amounts due from Dundee City Council	11,246
0	Creditor balances: Amounts due to Dundee City Council	0
8,621	Net Balance with Dundee City Council	11,246

10. Value Added Tax (VAT)

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

11. Agency Income and Expenditure

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

NOTES TO THE FINANCIAL STATEMENTS

As was the case in 2020/21, National Services Scotland (NSS) have been supplying PPE to Scottish Health Boards free of charge during the financial year 2021/22. In addition to this the Health Boards also provided PCR and LFD testing kits to Dundee Health and Social Care employees throughout the year. The value of this PPE and PCR/LFD testing kits issued to the Dundee HSCP in 2021/22 was £0.585m and £3.660m respectively. The IJB is acting as an agent regarding these transactions and therefore there is no impact on the figures within the Comprehensive Income and Expenditure Statement.

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

2020/21 (£000)	Description	2021/22 (£000)
13,079	Expenditure on Agency Services	13,109
(13,079)	Reimbursement for Agency Services	(13,109)
0	Net Agency Expenditure Excluded from CIES	0

12. Provisions

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

13. Accounting Standards that have been issued but not adopted

There were no relevant accounting standards that have been issued but are not yet adopted in the 2021/22 Code of Practice on Local Authority Accounts in the United Kingdom.

Independent Auditor's Report

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

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Dundee City Integration Joint Board for the year ended 31 March 2022 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22 (the 2021/22 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2021/22 Code of the state of affairs of the body as at 31 March 2022 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2021/22 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 10 April 2017. The period of total uninterrupted appointment is six years. I am independent of the body in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the body. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

INDEPENDENT AUDITOR'S REPORT

These conclusions are not intended to, nor do they, provide assurance on the body's current or future financial sustainability. However, I report on the body's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

Risks of material misstatement

I report in my Annual Audit Report the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Chief Finance Officer and Performance and Audit Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the body's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the body's operations.

The Performance and Audit Committee is responsible for overseeing the financial reporting process

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- obtaining an understanding of the applicable legal and regulatory framework and how the body is complying with that framework;
- identifying which laws and regulations are significant in the context of the body;
- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the body's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or

INDEPENDENT AUDITOR'S REPORT

the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report

I have audited the part of the Remuneration Report described as audited. In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Finance Officer is responsible for other information in the annual accounts. The other information comprises the Management Commentary, Statement of Responsibilities, Annual Governance Statement, and the unaudited part of the Remuneration Report.

My responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Fiona Mitchell-Knight

Audit Director

Audit Scotland

8 Nelson Mandela Place

Glasgow

G2 1BT

Date:

Fiona Mitchell-Knight

Audit Director

Audit Scotland

8 Nelson Mandela Place

Glasgow

G2 1BT

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REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 23 NOVEMBER 2022
REPORT ON: GOVERNANCE ACTION PLAN PROGRESS REPORT
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC38-2022

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Performance and Audit Committee with an update on the progress of the actions set out in the Governance Action Plan.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of the report and the progress made in relation to the actions set out in the Governance Action Plan as outlined in Appendix 1.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Governance Action Plan was first presented and approved at the PAC meeting of the 25th March 2019 (Article VIII of the minute of the meeting refers) in response to a recommendation within Dundee Integration Joint Board's Annual Internal Audit Report 2017/18. This action plan enables the PAC to regularly monitor progress in implementing actions and understand the consequences of any non-achievement or slippage in strengthening its overall governance arrangements. The PAC remitted the Chief Finance Officer to present an update progress report to each PAC meeting.

4.2 The progress of the actions considered previously in the Governance Action Plan update, and not yet completed are noted in Appendix 1. Work is progressing to clear these outstanding actions. The completed actions previously reported to the Performance and Audit Committee have been removed from Appendix 1 to reduce the amount of information shown.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it relates to the development of an action plan in line with the findings of the Annual Internal Audit Report.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 None.

Dave Berry
Chief Finance Officer

DATE: 17 November 2022

APPENDIX 1

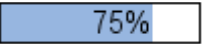
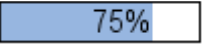
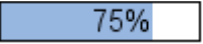
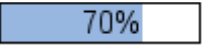
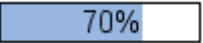
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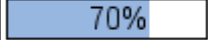
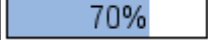
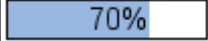
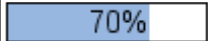
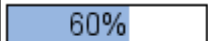
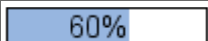
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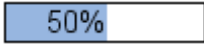


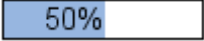



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	Action Code & Title	Progress Bar	Dates Due Date	Dates Original Due Date	Ownership Assigned To	Latest Update
	PAC 13-2022-1 Category 1 Responders – Fully incorporate responder resilience arrangements into the IJB's governance structure.		31-Oct-2022	31-Dec-2021	Kathryn Sharp	Category 1 Responder Action Plan approved by the IJB in October 2022.
	PAC 13-2022-3 Copy of Category 1 Responders – Assurances to be provided to the IJB		31-Oct-2022	31-Dec-2021	Kathryn Sharp	Category 1 Responder Update report and action plan submitted and approved in October 2022. Annual assurance reporting will begin in 2023.
	PAC7-2019-1 Clarification of deputising arrangements for the Chief Officer to be presented to the IJB.		31-Dec-2022	31-Mar-2022	Dave Berry	Awaiting final sign off of the revised Integration Scheme from the Scottish Government
	PAC 36-2020-2 A programme of development and training opportunities for Board members should be progressed.		28-Feb-2023	31-Mar-2022	Kathryn Sharp	Planning for future session, including risk appetite, is ongoing.






Action Code & Title	Progress Bar	Dates Due Date	Dates Original Due Date	Ownership Assigned To	Latest Update
<p>▶ PAC 36-2020-1 Status of savings proposals and transformation should be clearly and regularly reported to members. The impact from Covid-19 and delivering pandemic remobilisation plans will also need to be considered.</p>		31-Dec-2022	31-Mar-2022	Dave Berry	Updated savings and transformation proposals to be put to the IJB as part of the 2023/24 Budget Development process
<p>▶ PAC20-2019-1 The Transformation Programme should be recorded in an overarching document</p>		31-Dec-2022	31-Aug-2021	Dave Berry	A collated transformation programme document will be presented to the IJB as part of the ongoing development of the 2023/24 budget in response to the anticipated future financial challenges
<p>▶ PAC31-2021 - 1 Assurance and performance reports should be related to specific risks and contain a conclusion on whether the controls are operating effectively to mitigate the intended risks</p>		31-Mar-2023	30-Jun-2022	Kathryn Sharp	New approach to performance reporting agreed by PAC in November 2021. This includes a clearer focus on performance reports informing the strategic risk register, as well as prioritisation of performance analysis for areas of identified risk. This new approach is currently being embedded and will continue to strengthen over the remainder of 2022/23.
<p>⊘ PAC 13-2022-2 Category 1 Responders - Arrangements to be put in place for assurances from partner bodies.</p>		31-Oct-2022	31-Dec-2021	Diane Mcculloch	Request to be made formally through Tayside Local Resilience Planning Group to receive appropriate resilience reports
<p>▶ PAC 34-2019-4 Combine financial and performance reporting to ensure that members have clear sight of the impact of variances against budget in terms of service performance.</p>		31-Mar-2023	31-Dec-2021	Kathryn Sharp	Focus of performance reporting has continued to be on developing more in depth analysis for PAC around significant risks such as Drug & Alcohol services and Delayed Discharges

	Action Code & Title	Progress Bar	Dates Due Date	Dates Original Due Date	Ownership Assigned To	Latest Update
▶	PAC20-2019-2 Summary reports on the progress of the Transformation Programme should be prepared and submitted to the PAC for its review. The Terms of Reference of the PAC should be updated to reflect the requirement for the TDG to report to it.		31-Mar-2023	31-Aug-2021	Dave Berry	PAC Terms of reference will be amended alongside IJB Standing Orders once the revised integration scheme has been approved by the Scottish Government
▶	PAC30-2021-4 Review and further develop the IJB's risk management policy		31-Mar-2023	31-Oct-2022	Clare Lewis-Robertson	Work progressing to develop the risk management policy which has been informed by IJB development sessions and associated feedback.
▶	PAC7-2019-4 Development of improved Hosted Services arrangements around risk and performance management for hosted services.		31-Mar-2023	31-Mar-2022	Dave Berry; Kathryn Sharp	Further discussions have taken place between HSCP officers to strengthen these further following the work carried out to revise the Integration Schemes
▶	PAC9-2018-1 Clinical and care governance across delegated services review of remits		31-Mar-2023	30-Sep-2021	Matthew Kendall	Further work on this will tie in with the action on the strengthening of performance reporting for lead partner (hosted) arrangements
⬮	PAC 36-2020-3 The Board and PAC are updated on progress in delivering against the risk maturity action plan.		28-Feb-2023	31-Mar-2022	Clare Lewis-Robertson	Work around risk development sessions has informed members of roles and responsibilities around risk management which is part of the risk maturity action plan.
▶	PAC8-2018-1 Work to fully implement the actions in the Workforce and Organisational Development Strategy		31-Dec-2022	31-Mar-2022	Dave Berry; Diane Mcculloch	Publication of updated IJB Workforce strategy in June 2022 further strengthens the framework to take forward a revised organisational development strategy

Action Code & Title	Progress Bar	Dates Due Date	Dates Original Due Date	Ownership Assigned To	Latest Update
 PAC26-2021-1 Submit a further in-depth analysis of readmissions data		31-Mar-2022	31-Mar-2022	Kathryn Sharp	Agenda note submitted to PAC in July 2022. Contemporary readmissions is not available for further analysis due to ongoing work by NHS Tayside Business unit on coding and recording. However Partnership information staff have planned next steps in the analytical process and will recommence activity as soon as data becomes available. An update is to be provided to PAC in November 2022.
 PAC29-2021-1 Develop a Psychological Therapies Strategic Plan including the introduction of a pan-Tayside Strategic Commissioning Group		30-Jun-2022	30-Jun-2022	Diane Mcculloch	Scoping paper developed and agreed for the strategic group and meeting planned
 PAC31-2021-3 The IJB should monitor whether the Strategic Commissioning Plan is delivering the required outcomes		31-Mar-2024	31-Mar-2024	Dave Berry	Work progressing through the Strategic Planning Advisory Group around developing the monitoring framework for the delivery plan as the "action" list from the Strategic and Commissioning Plan
 PAC7-2019-3 Development of Large Hospital Set Aside arrangements in conjunction with the Scottish Government, NHS Tayside and Angus and Perth and Kinross Integration Joint Boards.		31-Mar-2023	31-Mar-2022	Dave Berry	Impact of the introduction of a National Care Service to be considered on future development of Large Hospital Set Aside arrangements
 PAC7-2019-6 Further develop performance report information into a delivery plan framework		31-Mar-2022	31-Dec-2021	Kathryn Sharp	This is to be delivered via the development of a replacement strategic plan for the IJB for April 2023 onwards. Initial planning through the Strategic Planning Advisory Group has

Action Code & Title	Progress Bar	Dates Due Date	Dates Original Due Date	Ownership Assigned To	Latest Update
					commenced, including a focus on developing a longer-term strategic vision and priorities supported by more agile annual delivery plans.
▶ PAC8-2018-2 Develop a formal Service Level Agreement (SLA) detailing all key corporate support services to be provided to the DH&SCP by DCC and NHST		31-Mar-2023	31-Mar-2022	Dave Berry; Kathryn Sharp	No further work has been undertaken by the partner bodies on this issue at this time. On hold pending clarity on arrangements for a National Care Service
▶ PAC20-2019-3 Terms of Reference documents should be developed / reviewed for all groups that impact on the transformation and service redesign arrangements of the DH&SCP, including the ISPG		31-Dec-2022	31-Mar-2022	Dave Berry	Transformation and service redesign arrangements pulled together for first time and reflected in IJB report around 5 year financial strategy. Next stage is to review all terms of reference
▶ PAC28-2020-1 The DHSCP management team should review attendance at groups based on agreed principles		28-Feb-2023	31-Mar-2022	Dave Berry	Management team continues to assess attendance at meetings based on reducing duplication of attendees, relevance and priorities
▶ PAC31-2021-2 The Finance & Performance Group, when constituted, should consider both finance and performance in the context of the IJB's strategic risks		31-Mar-2023	30-Jun-2022	Dave Berry	Initial planning to develop the triangulation between finance, performance and risk commenced
▶ PAC28-2020-2 A governance mapping best practice guidance document is developed to ensure the operation of all groups conforms to the various principles detailed in the report.		28-Feb-2023	31-Mar-2022	Dave Berry; Diane McCulloch	Work to commence on this as the HSCP moves back into business as usual mode following the Covid19 pandemic

Action Code & Title	Progress Bar	Dates Due Date	Dates Original Due Date	Ownership Assigned To	Latest Update
 PAC31-2021-4 Develop a process to trigger further analytical reports	<div style="border: 1px solid black; background-color: #4F81BD; width: 20%; padding: 2px;">20%</div>	31-Mar-2023	30-Jun-2022	Dave Berry	Initial planning undertaken to consider this development
 PAC31-2021-6 The IJB should direct its partners to undertake a review of the resources required for performance management	<div style="border: 1px solid black; background-color: #4F81BD; width: 20%; padding: 2px;">20%</div>	31-Mar-2023	30-Jun-2022	Dave Berry	Will form part of the development of a memorandum of understanding between the partner agencies and the IJB around Corporate Support

Action Status	
	Cancelled
	Overdue; Neglected
	Unassigned; Check Progress
	Not Started; In Progress; Assigned
	Completed



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

City Chambers
DUNDEE
DD1 3BY

15th November, 2022

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER
REPRESENTATIVES OF THE PERFORMANCE AND
AUDIT COMMITTEE OF DUNDEE CITY HEALTH AND
SOCIAL CARE INTEGRATION JOINT BOARD
(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 remotely on Wednesday, 23rd November, 2022 at 10.00am.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at committee.services@dundeecity.gov.uk by no later than 12 noon on Monday, 21st November, 2022.

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

Yours faithfully

VICKY IRONS

Chief Officer

AGENDA

- 1 APOLOGIES FOR ABSENCE**
- 2 DECLARATION OF INTEREST**

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

3 MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE - Page 1

The minute of previous meeting of the Committee held on 28th September, 2022 is attached for approval.

(b) ACTION TRACKER - Page 5

The Action Tracker (PAC36-2022) for meetings of the Performance and Audit Committee is attached for noting and updating accordingly.

4 PERFORMANCE AND AUDIT COMMITTEE MEMBERSHIP AND CHAIRPERSON

Reference is made to Article V of the minute of meeting of the Integration Joint Board held on 26th October, 2022, wherein the membership of the Performance and Audit Committee was agreed and appointment was made to the position of Chairperson of the Committee.

The Committee is asked to note that the voting membership of the Performance and Audit Committee was agreed as follows:- Councillor Ken Lynn, Councillor Dorothy McHugh, Anne Buchanan and Sam Riddell and that Councillor Ken Lynn was appointed to the position of Chairperson.

5 AUDITED ANNUAL ACCOUNTS 2021/2022

(Report No PAC 40-2022 by the Chief Finance Officer, copy to follow).

6 DRUG AND ALCOHOL SERVICES INDICATORS - Page 13

(Report No PAC33-2022 by the Chief Finance Officer, copy attached).

7 DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX AND STANDARD DELAYS - Page 29

(Report No PAC34-2022 by the Chief Finance Officer, copy attached).

8 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT - Page 43

(Report No PAC31-2022 by the Clinical Director, copy attached).

9 QUARTERLY COMPLAINTS PERFORMANCE – 2nd QUARTER 2022/23 - Page 65

(Report No PAC30-2022 by the Chief Finance Officer, copy attached).

10 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE - Page 75

(Report No PAC32-2022 by the Chief Finance Officer, copy attached).

11 ADULT WEIGHT MANAGEMENT - Page 79

(Report No PAC35-2022 by the Chief Finance Officer, copy attached).

12 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT - Page 87

(Report No PAC29-2022 by the Chief Finance Officer, copy attached).

13 GOVERNANCE ACTION PLAN PROGRESS REPORT

(Report No PAC 38-2022 by the Chief Finance Officer, copy to follow).

14 ATTENDANCE LIST - Page 93

(A copy of the Attendance Return (PAC37-2022) for meetings of the Performance and Audit Committee held over 2022 is attached for information and record purposes).

15 DATE OF NEXT MEETING

The next meeting of the Committee will be notified in due course.

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PERFORMANCE AND AUDIT COMMITTEE
PUBLIC DISTRIBUTION LIST

(a) DISTRIBUTION – PERFORMANCE AND AUDIT COMMITTEE

(* - DENOTES VOTING MEMBER)

<u>Role</u>	<u>Recipient</u>
Elected Member (Chair)	Councillor Ken Lynn *
Elected Member	Councillor Dorothy McHugh *
NHS Non Executive Member	Anne Buchanan *
NHS Non Executive Member	Sam Riddell *
Chief Officer	Vicky Irons
Chief Finance Officer	Dave Berry
Registered medical practitioner employed by the Health Board and not providing primary medical services	James Cotton
Chief Social Work Officer	Diane McCulloch
Chief Internal Auditor	Tony Gaskin
Staff Partnership Representative	Raymond Marshall
Person providing unpaid care in the area of the local authority	Martyn Sloan

(b) DISTRIBUTION – FOR INFORMATION ONLY

<u>Organisation</u>	<u>Recipient</u>
Dundee City Council (Chief Executive)	Greg Colgan
Elected Member – Proxy	Councillor Lynne Short
Elected Member – Proxy	Councillor Roisin Smith
Elected Member – Proxy	Bailie Helen Wright
Dundee City Council (Executive Director of Corporate Services)	Robert Emmott
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
NHS Tayside (Chief Executive)	Grant Archibald
NHS Non Executive Member – Proxy	Jenny Alexander
NHS Tayside (Director of Finance)	Stuart Llyall
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Elaine Holmes
Dundee City Council (Members' Support)	Sharron Wright
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership	Kathryn Sharp
NHS Tayside (Communications rep)	Jane Duncan
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
NHS (PA to Tony Gaskin)	Carolyn Martin
Audit Scotland (Audit Manager)	Anne Marie Machan
Dundee City Council (Secretary to Dave Berry)	Jordan Grant

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At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 28th September, 2022.

Present:-

<u>Members</u>	<u>Role</u>
Pat KILPATRICK(Chairperson)	Nominated by Health Board (Non Executive Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Donald MCPHERSON	Nominated by Health Board (Non Executive Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Dave BERRY	Chief Finance Officer
Tony GASKIN	Chief Internal Auditor
Vicky IRONS	Chief Officer
Diane MCCULLOCH	Chief Social Work Officer
Martyn SLOAN	Person providing unpaid care in the area of the local authority

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

Liz BALFOUR	Health and Social Care Partnership
Matthew KENDALL	Health and Social Care Partnership
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Kathryn SHARP	Health and Social Care Partnership

Pat KILPATRICK, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

There were apologies for absence submitted on behalf of:-

James Cotton	NHS Tayside
Raymond Marshall	NHS Tayside

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE

The minute of meeting of the Committee held on 20th July, 2022 was submitted and approved.

(b) ACTION TRACKER

There was submitted the Action Tracker (PAC28-2022) for meetings of the Performance and Audit Committee.

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

Following questions and answers the Committee further agreed:-

- (i) to note that in relation to actions no 25 and 33 (Delayed Discharge report), a report on capacity issues around community resources was to be tabled at the next IJB meeting along with a full Discharge Management strategic update, as well as a report on Delayed Discharge in a new format to the November PAC meeting;
- (ii) that consideration would be given by the Management Team to using colour coding to indicate on the Action Tracker when actions were overdue; and
- (iii) that consideration would be given by the Management Team to noting the briefing notes, that were issued inbetween PAC meetings, at the next available meeting of the PAC.

IV DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2022/2023 – QUARTER 1

There was submitted Report No PAC20-2022 by the Chief Finance Officer updating the Performance and Audit Committee on 2022/2023 Quarter 1 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. The report also set out a revised approach and format for quarterly performance reports based on feedback received from Integration Joint Board members and internal audit queries.

The Committee agreed:-

- (i) to note the content of the summary report;
- (ii) to note the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 2 and 3) of the report; and
- (iii) to note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3) of the report.

Following questions and answers the Committee further agreed:-

- (iv) that Kathryn Sharp would send information on the descriptions of standard and complex delays to Councillor McHugh;
- (v) that Kathryn Sharp would discuss with Lynsey Webster, Senior Officer, the possibility of including information on bed days lost as well as rates; and
- (vi) that consideration would be given to using more nuanced colour coding in the report.

V FALLS PERFORMANCE

There was submitted Report No PAC21-2022 by the Chief Finance Officer providing a further analysis of falls related admissions and assurance regarding the preventative and pro-active work being undertaken.

The Committee agreed:-

- (i) to note the content of the report and the analysis of falls related hospital admissions detailed in section 5 and Appendix 1 of the report; and
- (ii) to note the current model for prevention and rehabilitation and how this linked with the wider socio-economic situation.

Following questions and answers the Committee further agreed:-

- (iii) that Matthew Kendall would send further information on the falls pathway to Councillor McHugh.

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

There was submitted Report No PAC22-2022 by the Clinical Director providing assurance regarding matters of Government policy directives and legal requirements. This aligned to the safe, effective and person centred quality ambitions of NHS Scotland.

The report was brought to the Committee to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership Integration Scheme. Clinical Governance was a statutory requirement to report, at Board level, from Scottish Government as per NHS MEL (1998) 75. The Performance and Audit Committee was asked to provide their view on the level of assurance the report provided in regard to clinical and care governance within the Partnership. The timescale for the data within the report was from June, 2022 to July, 2022.

The Committee agreed:-

- (i) to note the exception report for the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group as detailed in Section 2 of the report; and
- (ii) to note that the authors were recommending that the report provided reasonable assurance.

Following questions and answers the Committee further agreed:-

- (iii) that Matthew Kendall would send information on the risk matrix to Councillor McHugh; and
- (iv) that consideration would be given to making a special case for additional funding for drug services.

VII DUNDEE INTEGRATION JOINT BOARD AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC23-2022 by the Chief Finance Officer providing an update on the substantive completion of the previous years' internal audit plans as well as progress against the 2022/2023 plan. In addition, the report also included internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs were considered relevant for assurance purposes to the IJB.

The Committee agreed to note the continuing delivery of the audit plans and related reviews as outlined in the report.

VIII CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/OLDER PEOPLE AND OTHER ADULT SERVICES 2021/2022

There was submitted Report No PAC25-2022 by the Chief Finance Officer providing a summary of the gradings awarded by the Care Inspectorate for Dundee registered care homes for adults/older people and other adult services in Dundee for the period 1st April, 2021 to 31st March, 2022.

The Committee agreed:-

- (i) to note the content of the report and the gradings awarded as detailed in the Performance Report which was attached as Appendix 1 to the report and highlighted in section 4.2 of the report;
- (ii) to note the significant changes to the scale and scope of Care Inspectorate led inspections carried out in 2021/2022 due to the COVID-19 pandemic as outlined in section 4.1.2 of the report; and
- (iii) to note the range of continuous improvement activities progressed during 2021/2022 as described in section 4.3 and Appendix 1 of the report.

IX GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC24-2022 by the Chief Finance Officer providing an update on the progress of the actions set out in the Governance Action Plan.

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

X DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE

There was submitted Report No PAC26-2022 by the Chief Finance Officer providing an update in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership.

The Committee agreed:-

- (i) to note the content of the report;
- (ii) to note the extract from the Strategic Risk Register attached as Appendix 1 to the report;
- (iii) to note the Archived Risks detailed in section 6 of the report; and
- (iv) to note the recent work and future work on Pentana Risk Management System in section 7 of the report.

XI ATTENDANCE LIST

There was submitted Agenda Note PAC27-2022 providing attendance returns for meetings of the Performance and Audit Committee held over 2022.

The Committee agreed to note the position as outlined.

XII DATE OF NEXT MEETING

The Committee agreed to note that the next meeting of the Committee would be held on Wednesday, 23rd November, 2022 at 10.00 am.

Pat KILPATRICK, Chairperson.

ITEM No ...3(b).....**PERFORMANCE AND AUDIT COMMITTEE – ACTION TRACKER – 23rd November 2022**

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
1.	26/05/21	III(ii)	MINUTE OF PREVIOUS MEETING – 3RD FEBRUARY 2021	The Partnership to progress public information being placed on the website including information on Voluntary Action Exercise Group.	Chief Finance Officer	Sep 2021	In progress. Further initiatives around sharing of information on range of services / activities available continue to be developed
2.	26/05/21	V(vii)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2020/2021 QUARTER 3 SUMMARY	Kathryn Sharp to undertake further analysis of the position in relation to the figures for the North East area to establish what learning could be achieved for the benefit of the other areas in Dundee.	Strategy and Performance Manager	(June 2022) March 2023	Completion of this analysis is not able to be prioritised within existing resources at the present time due to other competing demands associated with statutory requirements and other analytical requests from the PAC and operational services.

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
3.	26/05/21	VI (iv)	DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX AND STANDARD DELAYS	Jenny Hill to prepare a one page outline document showing an organisational graph of the Partnership for circulation to the full Committee.	Head of Health and Community Care	Sep 2021	In progress – deferred until HSCP restructure confirmed. Expected by February 2023 PAC meeting
4.	26/05/21	VIII(vi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT	Dave Berry to take forward the provision of information on Equality Impact Assessment in New Member Induction Training and the possibility of training not being confined to new members but offered as a refresher for the full membership with Tony Gaskin.	Chief Finance Officer/Chief Internal Auditor	(June 2022) February 2023	In progress – arrangements to be made with DCC to provide training to IJB members based on that previously delivered to Council elected members. This will form part of ongoing work regarding Public Sector Equality Duty (PSED compliance).
5.	29/09/21	VIII(i)	DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT	to note that Tony Gaskin would submit a summary of all reports to the next meeting of the Health Board.	Chief Internal Auditor	November 2021	Complete – Internal Audit Reports shared under agreed protocol
6.	29/09/21	VIII(iii)	DUNDEE INTEGRATION JOINT	to note following enquiry from Bailie Wright the explanation from Tony	Chief Internal Auditor	(February	In progress – Deadline to move to coincide

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
			BOARD INTERNAL AUDIT PLAN PROGRESS REPORT	Gaskin in relation to what was meant by Viability as indicated in the report and that a report on Key Risk Viability would be submitted to the February meeting.		2022) November 2022	with planned completion of Internal Audit Report on provider sustainability – expected November 2022
7.	24/11/21	V(iii)	AUDIT SCOTLAND ANNUAL REPORT AND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2020/2021	to instruct the Chief Finance Officer to provide an update on progress of the action plan noted in Appendix 1 of the external auditor's report by February 2022.	Chief Finance Officer	November 2022	Complete - Reflected in External Auditors Report presented at the November 2022 PAC
8.	24/11/21	V(x)	AUDIT SCOTLAND ANNUAL REPORT AND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2020/2021	to note as advised by Tony Gaskin that the South Lanarkshire area had also done some work in relation to their Strategic Commissioning Plan and the identification of Risks and he would look to get permission from them to share that document with the Committee.	Chief Internal Auditor	Now approved by South Lanarkshire for release	Complete – Document available for distribution if still requested
9.	24/11/21	VII(iv)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – QUARTER	to instruct the Chief Finance Officer to submit a further in-depth analysis of readmissions data, which should include analysis of the data for the specialty with the highest readmission rate (excluding where reasons for poor	Chief Finance Officer	(31 st March 2022) Anticipated	In progress - deferred due to data availability. Agenda note submitted to July 2022 meeting. Data currently expected to

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
			1	performance were due to coding) no later than 31st March, 2022 (sections 5.4 and 6 of the report).		February 2023 PAC	be available from mid-November 2022 allowing report to be prepared for the first PAC in 2023.
10.	02/02/22	IV(xi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP REPORT – 2021/2022 – QUARTER 2	to note the observation from Donald McPherson in relation to the variance between the figures for Delayed Discharge between The Ferry area and the other areas in Dundee and what could be learned from this and that in this respect the advice of the Chief Officer that a full report on Delayed Discharge would be submitted to the next meeting of the Committee.	Chief Officer	(September 2022) November 2022	Complete – report submitted for 23 November 2022.
11.	20/07/22	III(b)(ii)	ACTION TRACKER	that Vicky Irons would be remitted to check and report back to Donald McPherson why the Delayed Discharge report had been deferred from this Committee to the September Committee.	Chief Officer	September 2022	Complete - report on capacity issues around community resources to be tabled at the next IJB meeting along with a full Discharge Management strategic update, as well as a report on Delayed Discharge in a new format to the November PAC.

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
12.	20/07/22	VI(v)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2021/2022 - QUARTER 4	to note that a discussion would be arranged between Pat Kilpatrick, Vicky Irons, Jenny Hill and Diane McCulloch on the work undertaken by the Royal Maudsley on supporting staff through trauma.	Chief Officer	October 2022	Complete – meeting arranged October 2022
13.	20/07/22	VI(vi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2021/2022 - QUARTER 4	that, at request of Councillor McHugh, information would be provided on the support available to care staff.	Chief Officer	October 2022	In progress.
14.	20/07/22	VII(vi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE	that a date for a development session on risk would be arranged.	Chief Finance Officer	December 2022	In progress.
15.	20/07/22	XIII(vi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT	that updates would be provided to the next Committee on the Community Mental Health Service Activity and MAT Standards.	Head of Health and Community Care	November 2022	In progress – drug and alcohol indicator report submitted for 23 November 2022. Draft mental health indicators are under development and planned for submission to first PAC in 2023.

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
16.	20/07/22	XIII(vii)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT	to note that reports on the Adult Weight Management Service and the Dundee Drug and Alcohol Recovery Service (DDARS) would be brought to future Committee meetings.	Head of Health and Community Care	November 2022	Complete – both reports submitted for 23 November 2022.
17.	28/09/22	III(b)(ii)	ACTION TRACKER	that consideration would be given by the Management Team to using colour coding to indicate on the Action Tracker when actions were overdue.	Chief Finance Officer	November 2022	Complete – overdue dates highlighted in red text.
18.	28/09/22	III(b)(iii)	ACTION TRACKER	that consideration would be given by the Management Team to noting the briefing notes, that were issued inbetween PAC meetings, at the next available meeting of the PAC.	Chief Officer	December 2022	In progress – Discussions held with Head of Legal and Democratic Services of Dundee City Council as advisor to the IJB/PAC
19.	28/09/22	IV(iv)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2022/23 – QUARTER 1	that Kathryn Sharp would send information on the descriptions of standard and complex delays to Councillor McHugh.	Service Manager, Strategy and Performance	November 2022	Complete – the definition of complex and standard delays has been explicitly included in the revised discharge management report.

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
20.	28/09/22	IV(v)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2022/23 – QUARTER 1	that Kathryn Sharp would discuss with Lynsey Webster, Senior Officer, the possibility of including information on bed days lost as well as rates.	Service Manager, Strategy and Performance	November 2022	Complete – daily delayed bed days occupied are included in the revised discharge management report format.
21.	28/09/22	IV(vi)	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2022/23 – QUARTER 1	that consideration would be given to using more nuanced colour coding in the report.	Service Manager, Strategy and Performance	March 2023	Ongoing – being considered as part of production of next quarterly performance report.
22.	28/09/22	V(iii)	FALLS PERFORMANCE	that Matthew Kendall would send further information on the falls pathway to Councillor McHugh.	AHP Lead	October 2022	Complete
23.	28/09/22	VI(iii)	CLINICAL, CARE AND PROFESSIONAL GOVERNANCE ASSURANCE REPORT	that Matthew Kendall would send information on the risk matrix to Councillor McHugh.	AHP Lead	October 2022	Complete

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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 23 NOVEMBER 2022

REPORT ON: DRUG AND ALCOHOL SERVICES INDICATORS

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC33-2022

1.0 PURPOSE OF REPORT

The purpose of this report is to seek approval of a proposed suite of indicators summarising performance in Drug and Alcohol Services that will form the basis of future six-monthly performance reports to the Performance and Audit Committee.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the data presented in this report.
- 2.2 Approves the proposed suite of indicators outlined in section 5 and appendix 1 to this report.
- 2.3 Notes the intention to further develop the proposed suite of indicators into a full 6-monthly performance report for submission to PAC on an ongoing basis, in-line with arrangements already in place for Discharge Management (as outlined in section 5.4 of this report).
- 2.4 Notes that work is progressing to develop a proposed suite of indicators for delegated mental health services for presentation to PAC at their meeting in February 2023 (as outlined in section 5.5 of this report).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND INFORMATION

- 4.1 Deprivation is high in Dundee. Dundee has one of the lowest employment rates and highest rates of people who are economically inactive in Scotland. Approximately 24,000 (25.5%) people in Dundee are recorded as economically inactive, this is 2% higher than the Scotland percentage of 23.5%. Health and wellbeing is known to vary by deprivation. Lifestyles that include smoking, unhealthy diet, the consumption of excess alcohol and recreational drugs are more prevalent in the most deprived localities. In general, people whose lifestyles include all or some of these factors have or will have poorer health and can experience a range of other risks to their wellbeing or safety.
- 4.2 Dundee has the second lowest life expectancy in Scotland. In Dundee life expectancy is 76.7 years, whereas it is 79.1 years in Scotland as a whole. Life expectancy varies substantially by deprivation level and the occurrence of morbidity including substance use and mental illness. Life expectancy of a female who lives in one of the least deprived areas in Dundee is almost eighteen years more than a male who lives in one of the most deprived areas.
- 4.3 A significant proportion of the difference in life expectancy between Scotland and many other Partnerships can be accounted for by deaths at a young age from drugs, alcohol and suicide. Substance use disproportionately affects the most vulnerable and socio-economically deprived in Dundee's communities and is associated with other health and social problems, including

poor mental health, crime, domestic abuse and child neglect and abuse. Substance use is recognised both at a national and local level as a major public health and health equity issue.

- 4.4 Dundee has the 4th highest prevalence of drug use in Scotland. There are an estimated 2,300 problem drugs users in Dundee, with two thirds of them being male. Prevalence of drug use is highest in the Coldside and Lochee localities.
- 4.5 Those living in more affluent areas consume more alcohol than those living in the more deprived areas, however the highest rate of alcohol related presentations to A+E are from the most deprived areas.

5.0 DRUG AND ALCOHOL SUITE OF INDICATORS

- 5.1 The PAC currently receives a quarterly report to support scrutiny of the National Health and Wellbeing and Measuring Performance Under Integration Indicators. Through regular discussion of these indicators the PAC requested a wider suite of indicators which are also relevant to local priorities and areas for improvement.
- 5.2 This is the first draft dataset from the additional suite to be submitted to the PAC and it is intended to provide oversight and assurance regarding activity and performance in drug and alcohol services. It contains a brief summary of data; however, subsequent reports will contain a greater explanation and further links to priorities and improvement activities.
- 5.3 Appendix 1 details the proposed suite of indicators for alcohol and drug services, which were developed in collaboration with information and pharmacy colleagues in the Alcohol and Drug Partnership (ADP) and utilises many indicators already developed by the ADP for assurance and scrutiny purposes. In all data reports with public accessibility, content and disaggregation is assessed in order to comply with General Data Protection Regulation and ultimately to ensure that individuals cannot be identified.
- 5.4 Following feedback and approval from the PAC further work will take place to develop these indicators into a standalone performance report which will be submitted every 6 months. This report will follow a similar style and content to the existing Discharge Management report which the PAC has received for several years and will include data, a description of improvement activity and a measurement of the impact of this.
- 5.5 In addition to the suite of indicators for drug and alcohol services officers are also in the process of developing a suite for mental health services which will be available Q4 2022/23.

6.0 WHAT THE DATA IS TELLING US

- 6.1 The number of suspected non-fatal overdose incidents reported by Scottish Ambulance Service and Police Scotland reduced by 21% between Q1 21/22 (71 incidents) and Q1 22/23 (91 incidents).
- 6.2 The proportion of people who started treatment within 21 days of referral has reduced from 96.5% at Q1 21/22 to 66.8% at Q1 22/23. Waiting times performance has been severely impacted by two main factors: staffing capacity to assess new clients whilst safely maintaining the clients already receiving a service; and, a very significant increase in alcohol referrals which has continued to increase since Q1 of 2021/22. As a result, the service is operating a waiting list. At its peak this waiting list was over 300 people and has been reduced to 84 at the time of writing.
- 6.3 The number of individuals starting alcohol treatment reduced considerably between Q1 21/22 and Q2 21/22, however has started to rise again (although numbers were still 5% lower in Q1 22/23 than Q1 21/22). Statutory services are experiencing long waiting times as well as above average numbers of people disengaging prior to treatment.
- 6.4 Both the number of referrals to drug treatment services and the number of individuals starting drug treatment services have decreased since Q1 21/22.
- 6.5 The number of alcohol brief interventions increased by 50% between Q1 21/22 and Q1 22/23. Alcohol Brief Intervention (ABI) delivery was significantly impacted by the pandemic due to the

reduction in face to face contact. That position is now beginning to improve as restrictions have eased. An ABI coordinator has been appointed and is implementing a new training and improvement plan to increase delivery.

- 6.6 The number of unplanned discharges where the service user disengaged has decreased by over 50% between Q1 21/22 and Q1 22/23. Of the people discharged in quarter 1 there were 44 individuals who disengaged from services and would be classed as an unplanned discharge. Of these, 61% were alcohol patients and 39% drug or co-dependent. Of the 44, 20% disengaged before assessment could be completed. In total 47% (21) of patients were within DDARS and 53% (23) in third sector providers.
- 6.7 Naloxone spend has reduced since Q1 21/22. Spend does fluctuate across the year depending on when orders for stock are placed. Nyxoid intranasal kits were introduced around Q4 21/22 and a lot of services ordered stock of these kits for the first time, hence an increase in charges in that quarter. There is a time lag between payment being made for stock ordered and these kits appearing in supply figures.

First supplies are beginning to decrease as services are starting to get towards saturation. Public Health Scotland estimate the reach of Naloxone supplies in Tayside has increased from 80.5% in 20/21 to 93.9% in 21/22 (one of the highest in Scotland). This means partners will start to see replacement kits increasing and first supplies decreasing. Kits last for 2 years so it is likely a dip in supplies will be observed for a short while before we have to start replacing kits.

- 6.8 The total spend on prescriptions generated by the Dundee Drug and Alcohol Recovery Service (DDARS) and Dundee Drug Treatment Service (DDT) has decreased by 17% since Q1 21/22 and this is because the number of people receiving long-acting buprenorphine injections (bupival) has increased.

7.0 RISK ASSESSMENT

Risk 1 Description	Risk of IJB not being sufficiently sighted on performance related to alcohol or drug services in Dundee.
Risk Category	Governance, Political
Inherent Risk Level	Likelihood 3 X Impact 3 = Risk Score 9 (High)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Develop a dataset which will provide a suitable level of detail - Agree on the frequency of reporting - Liaise with the information and pharmacy colleagues in the ADP to ensure timeous reporting
Residual Risk Level	Unlikely 2 x Minor 2 = Risk Score 4 (Moderate)
Planned Risk Level	Unlikely 2 x Minor 2 = Risk Score 4 (Moderate)
Approval recommendation	The PAC is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

8.0 POLICY IMPLICATIONS

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

9.0 CONSULTATIONS

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

10.0 BACKGROUND PAPERS

None.

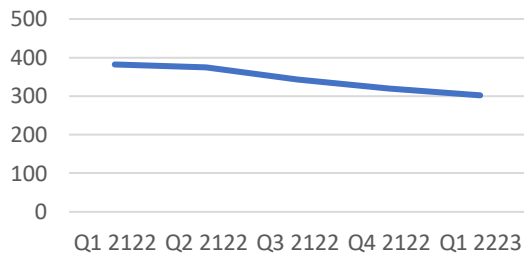
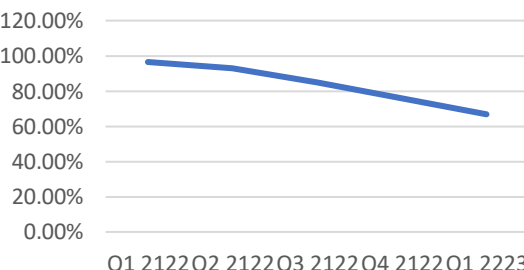
Dave Berry
Chief Finance Officer

DATE: 3 November 2022

Lynsey Webster
Senior Officer, Strategy and Performance

Appendix 1 Drug and Alcohol Services Performance- DHSCP

PAC33-2022

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23 Q1		Comments/Analysis												
1. The number of suspected non- fatal overdose incidents reported by Scottish Ambulance Service (and Police)	382	375	343	319	302	 <table border="1"> <caption>Data for Indicator 1: Suspected non-fatal overdose incidents</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q1 21/22</td> <td>382</td> </tr> <tr> <td>Q2 21/22</td> <td>375</td> </tr> <tr> <td>Q3 21/22</td> <td>343</td> </tr> <tr> <td>Q4 21/22</td> <td>319</td> </tr> <tr> <td>Q1 22/23</td> <td>302</td> </tr> </tbody> </table>	Quarter	Value	Q1 21/22	382	Q2 21/22	375	Q3 21/22	343	Q4 21/22	319	Q1 22/23	302	There have been 71 NFOD incidents reported in quarter 1 2022/23, this compares to 91 in the same quarter last year.
Quarter	Value																		
Q1 21/22	382																		
Q2 21/22	375																		
Q3 21/22	343																		
Q4 21/22	319																		
Q1 22/23	302																		
2. Percentage of people referred to services who begin treatment within 21 days of referral	96.5%	93.1%	85.1%	75.7%	66.8%	 <table border="1"> <caption>Data for Indicator 2: Percentage of people referred to services who begin treatment within 21 days of referral</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q1 21/22</td> <td>96.5%</td> </tr> <tr> <td>Q2 21/22</td> <td>93.1%</td> </tr> <tr> <td>Q3 21/22</td> <td>85.1%</td> </tr> <tr> <td>Q4 21/22</td> <td>75.7%</td> </tr> <tr> <td>Q1 22/23</td> <td>66.8%</td> </tr> </tbody> </table>	Quarter	Value	Q1 21/22	96.5%	Q2 21/22	93.1%	Q3 21/22	85.1%	Q4 21/22	75.7%	Q1 22/23	66.8%	Waiting times performance has been severely impacted by two main factors. Staffing capacity to assess new clients whilst safely maintaining the clients already receiving services and a very significant increase in alcohol referrals which has continued to increase since Q1 of 2021/22. As a result, the service is operating a waiting list. At its peak this waiting list was over 300 people and has been reduced to 100 at the time of writing.
Quarter	Value																		
Q1 21/22	96.5%																		
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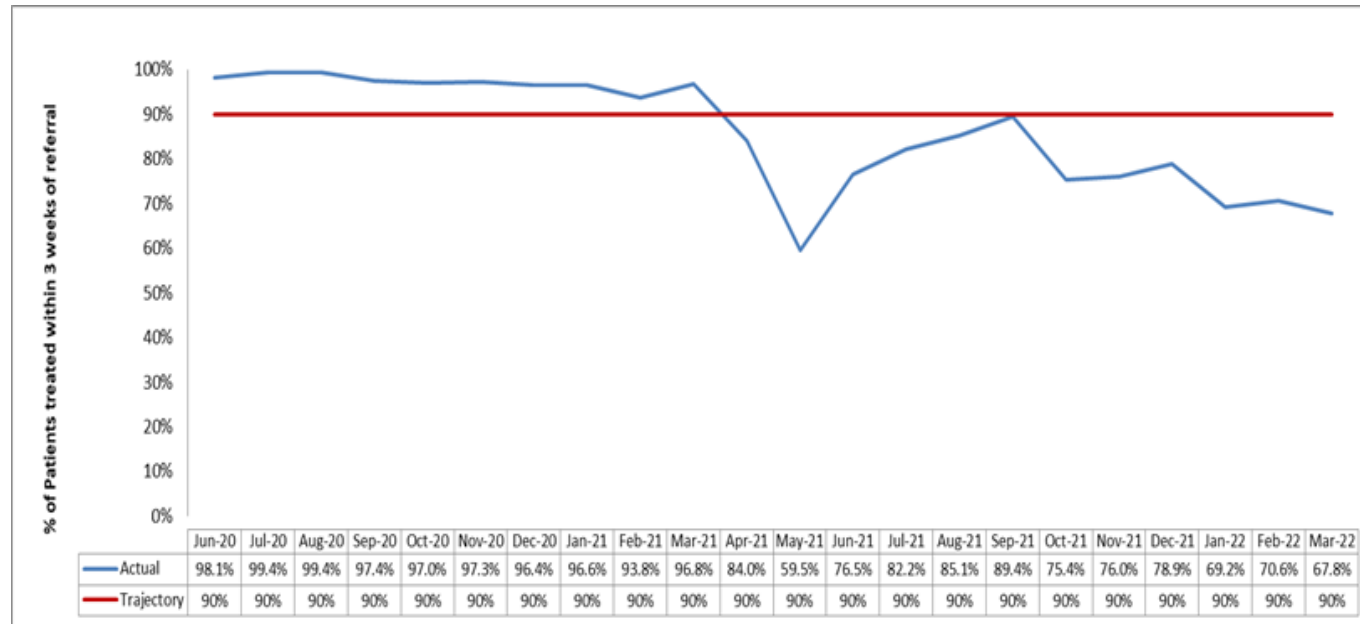
Drug and Alcohol Clients treated within 3 weeks from Referral to Treatment

Measure definition:

The Scottish Government set a standard that 90% of people referred for help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery.

What the data tells us:

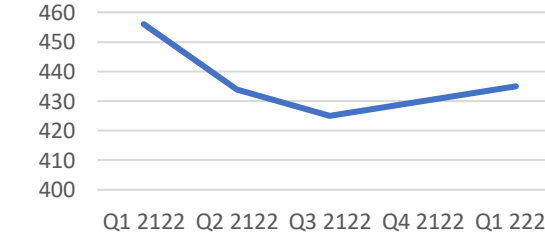
Performance declined in May 2021 to 59.5% but improved month on month reaching 89.4% in September 2021 just below the 90% target. Performance has remained between 75.4%, and the current position has further declined to 67.8% in March 2022.

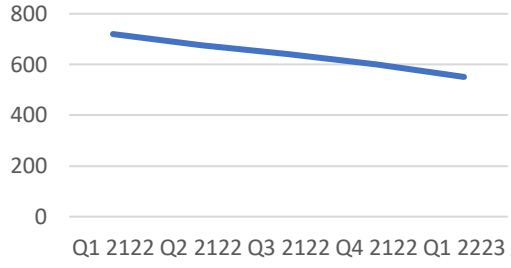
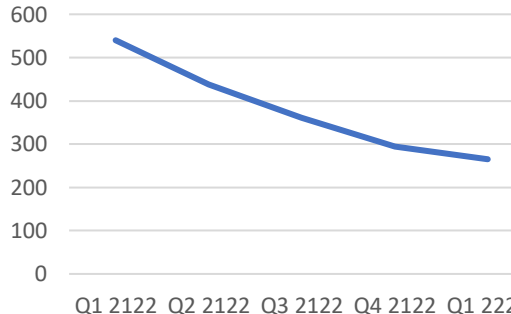


Narrative:

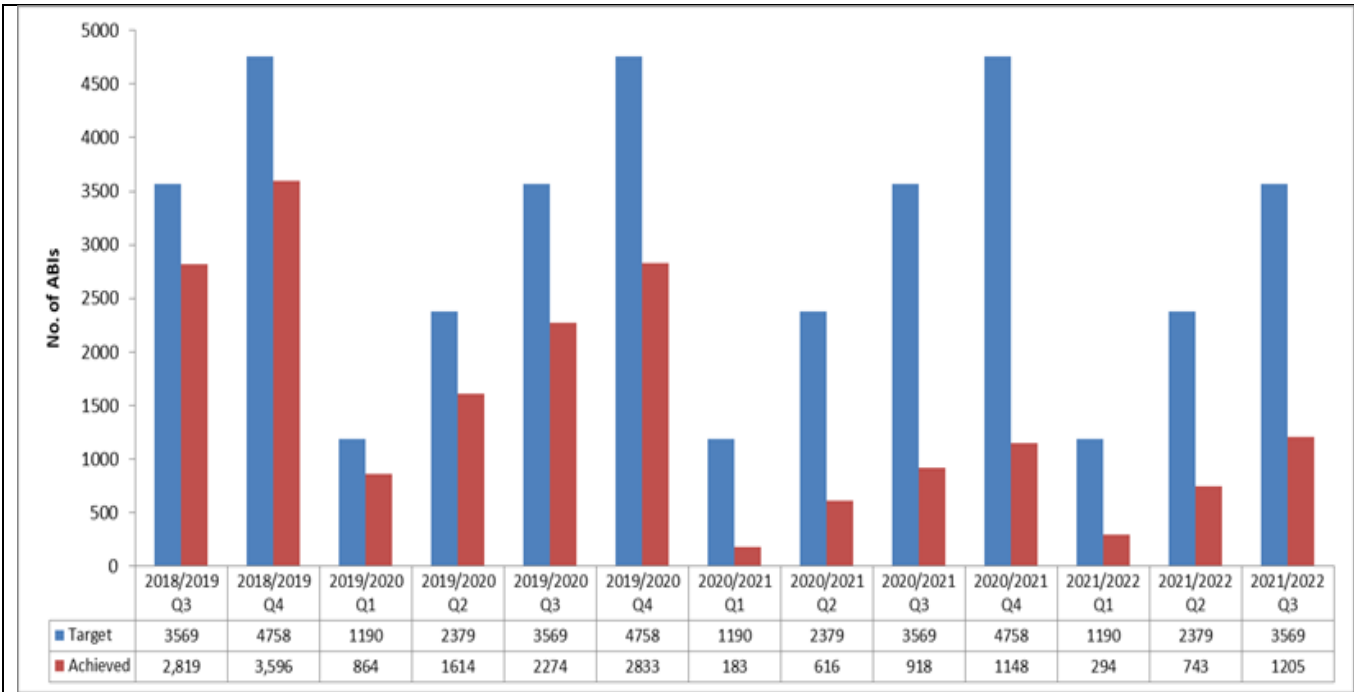
Performance in the drug and alcohol waiting times has declined considerably. This is being driven by waiting lists for alcohol treatment within all three areas of Tayside. Performance for Drug treatment waits (117/138=84.7%) is below target but remains better than for alcohol (121/208=58.1%). There were significant increases in referrals for alcohol treatment due to the pandemic leading to waiting lists; clinical priority is being given to drugs due to the greater acute risk to life. The waiting list has reduced from over 300 people to just over 100. Therefore part of the reason for the decline quarter Q1 2022/23 is completing the long waits for people who have been carried forward from previous reporting periods; it is expected that this will continue for at least the next two quarters while services continue to address this. Improvement plans are in place

Source: NHS Tayside Performance Report Reporting Period to end June 2022

<p>3. Number of referrals to alcohol treatment</p>	<p>626</p>	<p>591</p>	<p>594</p>	<p>619</p>	<p>639</p>		<p>As noted above, over the past two years there has been a significant increase in alcohol referrals likely due to the impact of COVID. It equates to around a 42% increase between 2019/20 and 2021/22. The numbers for Q1 (179) represent 29% of the 2021/22 total which would indicate services may continue to see these increases into this year.</p>
<p>4. Number of individuals starting alcohol treatment per quarter</p>	<p>456</p>	<p>434</p>	<p>425</p>	<p>430</p>	<p>435</p>		<p>The significant increase in referrals has not directly translated into increased treatment starts. This is due to a combination of long waiting times in statutory services and also above average numbers of people disengaging prior to treatment. Further work is required to understand why this is the case.</p>

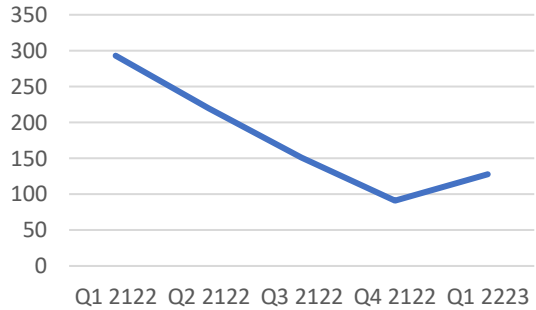
<p>5. Number of referrals to drug treatment</p>	<p>720</p>	<p>676</p>	<p>640</p>	<p>601</p>	<p>551</p>	 <table border="1" data-bbox="1025 210 1534 478"> <caption>Referrals to Drug Treatment</caption> <thead> <tr> <th>Quarter</th> <th>Number of Referrals</th> </tr> </thead> <tbody> <tr> <td>Q1 2122</td> <td>720</td> </tr> <tr> <td>Q2 2122</td> <td>676</td> </tr> <tr> <td>Q3 2122</td> <td>640</td> </tr> <tr> <td>Q4 2122</td> <td>601</td> </tr> <tr> <td>Q1 2223</td> <td>551</td> </tr> </tbody> </table>	Quarter	Number of Referrals	Q1 2122	720	Q2 2122	676	Q3 2122	640	Q4 2122	601	Q1 2223	551	<p>The proportion of drug referrals has overall declined for the past 3 years and the Q1 figure for this year is exactly 24.9% of the 2021/22 implying activity remains on a similar trajectory.</p>
Quarter	Number of Referrals																		
Q1 2122	720																		
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Q4 2122	601																		
Q1 2223	551																		
<p>6. Number of individuals starting drug treatment per quarter</p>	<p>540</p>	<p>438</p>	<p>361</p>	<p>294</p>	<p>265</p>	 <table border="1" data-bbox="1025 539 1534 853"> <caption>Individuals Starting Drug Treatment</caption> <thead> <tr> <th>Quarter</th> <th>Number of Individuals</th> </tr> </thead> <tbody> <tr> <td>Q1 2122</td> <td>540</td> </tr> <tr> <td>Q2 2122</td> <td>438</td> </tr> <tr> <td>Q3 2122</td> <td>361</td> </tr> <tr> <td>Q4 2122</td> <td>294</td> </tr> <tr> <td>Q1 2223</td> <td>265</td> </tr> </tbody> </table>	Quarter	Number of Individuals	Q1 2122	540	Q2 2122	438	Q3 2122	361	Q4 2122	294	Q1 2223	265	<p>The number of treatments starts to referrals within the quarter remains at a steady rate. There is not the same ratio of treatment starts to referrals as alcohol because a significant proportion of the drug referrals (25%) represent transfers from other providers and so do not begin new treatment journeys but are continued care. A further 7% of those referred have started treatment since the quarter ended from these referrals.</p>
Quarter	Number of Individuals																		
Q1 2122	540																		
Q2 2122	438																		
Q3 2122	361																		
Q4 2122	294																		
Q1 2223	265																		

7. Number of alcohol brief interventions (ABI's) provided in Dundee	128.5	147.3	154.3	181.8	192.8	<table border="1"> <thead> <tr> <th>Quarter</th> <th>Number of ABI's</th> </tr> </thead> <tbody> <tr> <td>Q1 2122</td> <td>128.5</td> </tr> <tr> <td>Q2 2122</td> <td>147.3</td> </tr> <tr> <td>Q3 2122</td> <td>154.3</td> </tr> <tr> <td>Q4 2122</td> <td>181.8</td> </tr> <tr> <td>Q1 2223</td> <td>192.8</td> </tr> </tbody> </table>	Quarter	Number of ABI's	Q1 2122	128.5	Q2 2122	147.3	Q3 2122	154.3	Q4 2122	181.8	Q1 2223	192.8	<p>ABI delivery was significantly impacted by the pandemic due to the reduction in face to face contact. That position is now beginning to improve as restrictions have eased. An ABI coordinator has been appointed and is implementing a new training and improvement plan to increase delivery.</p>
Quarter	Number of ABI's																		
Q1 2122	128.5																		
Q2 2122	147.3																		
Q3 2122	154.3																		
Q4 2122	181.8																		
Q1 2223	192.8																		
<p>Measure definition:</p> <p>The number of Alcohol Brief Interventions (ABIs) undertaken across NHS Tayside in a variety of settings, the priority settings being Primary Care, A&E and Antenatal, along with wider settings such as Pharmacy and Social Work. Performance is measured against the annual delivery standard set by the Scottish Government. At least 80% of the ABIs delivered should be in the 'priority settings' noted above.</p> <p>What the data tells us:</p> <p>NHS Tayside continues to fall short of their target numbers worsening from 2018/19. In the first 9 months of 2021/22 NHS Tayside has only delivered 1,639 ABIs compared to a target of 4,758 (34% of the target).</p>																			



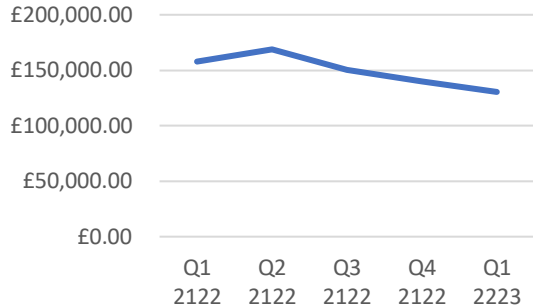
Narrative:

Delivery of ABIs has improved slightly on performance in 2020 however, remains significantly below the standard. An improvement plan is being developed and will initially focus on delivery of further training in primary care, maternity, and other settings, with the offer of both digital and face to face training options. NHS Tayside has not had an ABI trainer for several years. The ABI coordinator has now undertaken a train the trainer's course and will be training further trainers over the coming months. A Train the Trainers course will be offered later in the year to increase trainer capacity across Tayside. It is expected that additional awareness and confidence in delivery of ABI will be achieved through increased access to training will improve ABI delivery across all our settings.

<p>8. Number of unplanned discharges (service user disengaged) recorded in DAISY</p>	<p>293</p>	<p>220</p>	<p>151</p>	<p>91</p>	<p>128</p>	 <table border="1" data-bbox="1025 210 1559 520"> <caption>Unplanned Discharges Data</caption> <thead> <tr> <th>Quarter</th> <th>Number of Discharges</th> </tr> </thead> <tbody> <tr> <td>Q1 2122</td> <td>293</td> </tr> <tr> <td>Q2 2122</td> <td>220</td> </tr> <tr> <td>Q3 2122</td> <td>151</td> </tr> <tr> <td>Q4 2122</td> <td>91</td> </tr> <tr> <td>Q1 2223</td> <td>128</td> </tr> </tbody> </table>	Quarter	Number of Discharges	Q1 2122	293	Q2 2122	220	Q3 2122	151	Q4 2122	91	Q1 2223	128	<p>Of the people discharged in quarter 1 there were 44 individuals who disengaged from services and would be classed as an unplanned discharge. Of these 61% were alcohol patients and 39% drug or co-dependent. Of the 44, 20% disengaged before assessment could be completed. In total 47% (21) of patients were within DDARS and 53%(23) in third sector providers.</p>
Quarter	Number of Discharges																		
Q1 2122	293																		
Q2 2122	220																		
Q3 2122	151																		
Q4 2122	91																		
Q1 2223	128																		
<p>9. Number (rate) of emergency admissions where reason for admission was due to drug use</p>							<p>Information request to BSU required if agreed to report.</p>												
<p>10. Number (rate) of emergency admission bed days where reason for admission was due to alcohol use</p>							<p>Information request to BSU required if agreed to report.</p>												

<p>11. Naloxone Spend in Dundee</p>	<p>£16,354.33</p>	<p>£14,089.92</p>	<p>£10,561.96</p>	<p>£26,411.00</p>	<p>£13,035.00</p>	<table border="1"> <thead> <tr> <th>Quarter</th> <th>Spend (£)</th> </tr> </thead> <tbody> <tr> <td>Q1 2122</td> <td>16,354.33</td> </tr> <tr> <td>Q2 2122</td> <td>14,089.92</td> </tr> <tr> <td>Q3 2122</td> <td>10,561.96</td> </tr> <tr> <td>Q4 2122</td> <td>26,411.00</td> </tr> <tr> <td>Q1 2223</td> <td>13,035.00</td> </tr> </tbody> </table>	Quarter	Spend (£)	Q1 2122	16,354.33	Q2 2122	14,089.92	Q3 2122	10,561.96	Q4 2122	26,411.00	Q1 2223	13,035.00	
Quarter	Spend (£)																		
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Q3 2122	10,561.96																		
Q4 2122	26,411.00																		
Q1 2223	13,035.00																		
<p>12. Naloxone – Resupply Used</p>	<p>NA</p>	<p>74</p>	<p>65</p>	<p>56</p>	<p>56</p>	<table border="1"> <thead> <tr> <th>Quarter</th> <th>Resupply Used</th> </tr> </thead> <tbody> <tr> <td>Q2 2122</td> <td>74</td> </tr> <tr> <td>Q3 2122</td> <td>65</td> </tr> <tr> <td>Q4 2122</td> <td>56</td> </tr> <tr> <td>Q1 2223</td> <td>56</td> </tr> </tbody> </table>	Quarter	Resupply Used	Q2 2122	74	Q3 2122	65	Q4 2122	56	Q1 2223	56	<p>Naloxone kits supplied in Dundee (report from Tayside Take Home Naloxone Programme PHS submissions)</p>		
Quarter	Resupply Used																		
Q2 2122	74																		
Q3 2122	65																		
Q4 2122	56																		
Q1 2223	56																		
<p>13. Total number of Naloxone Kits Issued</p>	<p>NA</p>	<p>557</p>	<p>485</p>	<p>527</p>	<p>375</p>	<table border="1"> <thead> <tr> <th>Quarter</th> <th>Total Kits Issued</th> </tr> </thead> <tbody> <tr> <td>Q2 2122</td> <td>557</td> </tr> <tr> <td>Q3 2122</td> <td>485</td> </tr> <tr> <td>Q4 2122</td> <td>527</td> </tr> <tr> <td>Q1 2223</td> <td>375</td> </tr> </tbody> </table>	Quarter	Total Kits Issued	Q2 2122	557	Q3 2122	485	Q4 2122	527	Q1 2223	375	<p>Naloxone kits supplied in Dundee (report from Tayside Take Home Naloxone Programme PHS submissions)</p> <p>Naloxone spend does fluctuate across the year depending on when orders for stock are placed. Nyxoid intranasal kits were introduced around Q4 21/22 and a lot of services ordered stock of</p>		
Quarter	Total Kits Issued																		
Q2 2122	557																		
Q3 2122	485																		
Q4 2122	527																		
Q1 2223	375																		

							<p>these kits for the first time, hence an increase in charges that quarter. There is a time lag for when we then see these kits appearing in supply figures.</p> <p>First supplies are starting to decrease as saturation point is reached. Public Health Scotland estimate the reach of naloxone supplies in Tayside has increased from 80.5% in 20/21 to 93.9% in 21/22 (one of the highest in Scotland). This means replacement kits will start to increase and first supplies decrease. Kits last for 2 years so it is likely a dip in supply will be observed for a short period before starting to issue replacement kits.</p>
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<p>14. Total Spend on prescriptions generated by Dundee Drug and Alcohol Recovery Service (DDARS(and Dundee Drug Treatment Service (DDT)</p>	<p>£157,687.41</p>	<p>£168,811.77</p>	<p>£150,373.35</p>	<p>£139,819.07</p>	<p>£130,450.50</p>	 <table border="1"> <caption>Quarterly Spend Data</caption> <thead> <tr> <th>Quarter</th> <th>Spend (£)</th> </tr> </thead> <tbody> <tr> <td>Q1 2122</td> <td>155,000</td> </tr> <tr> <td>Q2 2122</td> <td>170,000</td> </tr> <tr> <td>Q3 2122</td> <td>150,000</td> </tr> <tr> <td>Q4 2122</td> <td>145,000</td> </tr> <tr> <td>Q1 2223</td> <td>130,000</td> </tr> </tbody> </table>	Quarter	Spend (£)	Q1 2122	155,000	Q2 2122	170,000	Q3 2122	150,000	Q4 2122	145,000	Q1 2223	130,000	<p>Prescription data for prescriptions generated by DDARS and DTTO, dispensed in community pharmacy (report from prescribing support unit).</p> <p>Oral buprenorphine costs have decreased as services have increased the number of people receiving long-acting buprenorphine injections (buvidal).</p>
Quarter	Spend (£)																		
Q1 2122	155,000																		
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MAT Standards

It is intended that the Medication Assisted Treatment standards measurements will be incorporated into this report in the longer term. However, at this stage in MAT standards development only initial baseline data has been gathered and this has highlighted a number of areas to be developed for future collection. The ADP are actively supporting the MIST team within Scottish Government in the development and design of these indicators and the template will be update once these have been fully agreed.

In order to provide the baseline data below a sample of data for financial quarter 3 Oct-Dec 2021 was extracted from both DAISY and the controlled drugs database.

Indicator	Baseline	Comments/Analysis
<p>MAT 1: All people accessing services have the option to start MAT from the same day of presentation.</p> <p>Measure: Time taken to first prescription from referral received - % same day</p>	25%	The national definitions group for MAT standards met on 01/09/2022 and a draft definition for more accurately measuring MAT 1 has been drafted this is out for consultation.
<p>MAT 2: All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.</p> <p>Measure: Number of people prescribed specific opioid substitution therapy medications</p>	<p>Methadone - 73%</p> <p>Oral Buprenorphine – 21%</p> <p>Injectible Buprenorphine – 6%</p>	

<p>MAT 3: All people at high risk of drug-related harm are proactively identified and offered support to commence, recommence or continue MAT.</p> <p>Measure: People identified with a high-risk event by gender and age group, between October and December 2021</p>	No data	New definitions and guidance for the measurement of MAT 3 were circulated for ADPs on 12/09/2022. A full assessment of this data will be undertaken with Public Health analysts and any adaptations to the current data collection methods will be made where possible.
<p>MAT 4: All people are offered evidence-based harm reduction at the point of MAT delivery.</p> <p>Measure: TBC</p>	No data	Whilst awaiting further guidance from MIST on definitions and potential audit tools, the MAT 4 implementation group will trial locally to initially gather what information is available for this indicator across Tayside in addition to using existing data for the Take Home Naloxone programme and laboratory data for BBV testing.
<p>MAT 5: All people will receive support to remain in treatment for as long as requested.</p> <p>Measure A: Current MAT Caseload, as at end of each reporting period</p> <p>Measure B: Discharges within reporting period; repeat table for each period</p>	<p>Caseload: 1,209</p> <p>Discharges: 112</p>	



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 23 NOVEMBER 2022

REPORT ON: DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX AND STANDARD DELAYS

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC34-2022

1.0 PURPOSE OF REPORT

1.1 To provide an update to the Performance and Audit Committee on Discharge Management performance in Dundee.

2.0 RECOMMENDATIONS

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

- 2.1 Note the current position in relation to complex delays as outlined in section 5, and in relation to standard delays as outlined in section 6.
- 2.2 Note the improvement actions planned to respond to areas of pressure as outlined in section 9.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Background to Discharge Management

4.1.1 A delayed discharge is a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date (Public Health Scotland Delayed Discharges Definitions and Data Recording Manual).

4.1.2 The focus on effective discharge management is reflected through the National Health and Wellbeing Outcomes and associated indicators. There are two indicators that relate directly to effective discharge management:

- National Indicator 19: Number of days people spend in hospital when they are ready to be discharged; and,
- National Indicator 22: Percentage of people who are discharged from hospital within 72 hours of being ready.

4.1.3 Within Dundee key staff work collaboratively with the Tayside Urgent and Unscheduled Care Board in order to deliver on the strategic plan as set out by the National Urgent and Unscheduled Care Collaborative. The focus of this work is to deliver care closer to home for citizens of Dundee and to minimize hospital inpatient stays wherever appropriate.

4.1.4 The Tayside Urgent and Unscheduled Care Board is chaired jointly by the Head of Health and Community Care for Angus Health and Social Care Partnership and the Associate Medical Director for Medicine in NHS Tayside. Membership of the Board is made up of senior staff from key clinical areas. The Dundee position is represented by the Associate Locality Manager for

Acute and Urgent Care. Liaison between the local Board and the national team is undertaken by a Programme Manager within the NHS Tayside Improvement Team.

4.1.5 A large amount of weekly and monthly reporting is provided at management level to monitor, plan and make improvements. This includes:

- weekly ‘RAG’ snapshots across all sites;
- weekly Tayside level ‘Discharge Without Delay’ key measurement which is also used to populate the Local Oversight Reporting suite of measurement;
- monthly ‘Planned Date of Discharge’ report;
- weekly ‘Discharge Without Delay’ Data Template at Tayside level (Appendix 1); and,
- Discharge Without Delay Action plan updated weekly.

In addition, on a weekly basis a snapshot report of the delayed discharge position in Dundee is provided to the Dundee Health and Social Care Partnership Chief Officer, the NHS Tayside Chief Operating Officer and other key senior staff across Dundee Health and Social Care Partnership and NHS Tayside. This information is used to maintain an ongoing focus on enabling patients to be discharged from hospital when they are ready as well as to inform improvements.

5.0 CURRENT PERFORMANCE IN RELATION TO COMPLEX DELAYS

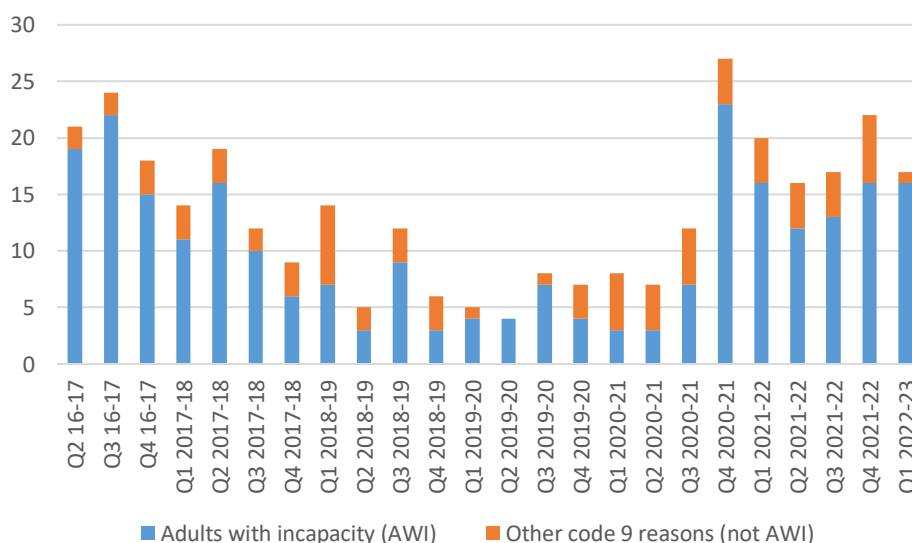
5.1 Complex Delays - Current Situation

5.1.1 A ‘Complex Delay’ (also known as a ‘Code 9’ delay) counts adults aged 18+ who have been delayed in their discharge from inpatient hospital care due to: waiting for a place in a specialist facility and no such facility exists in the partnership area and no interim option is appropriate; awaiting completion of complex care arrangements in order to live in their own home; Adults with Incapacity legislation requirements; or, people exercising their statutory right of choice where no interim placement is possible or reasonable.

Complex delays can be split into two main age groupings, and specific approaches to improvement have been adopted for each.

The position in relation to the 75+ age group is detailed in Chart 1 below:

Chart 1: Number of Complex Delayed Discharges Split by Reason for Delay Age 75+



Source: PHS Delayed Discharge Census

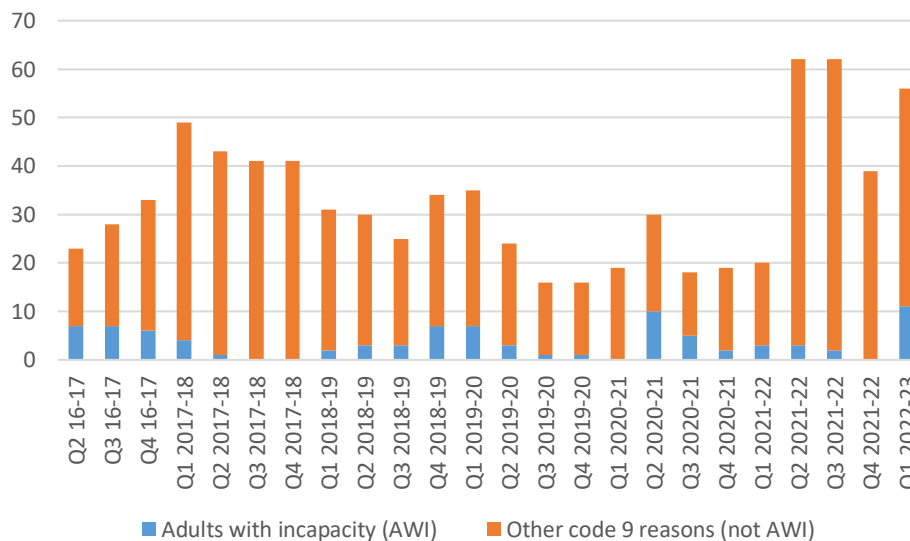
As previously reported, there was a significant improvement in performance in relation to complex delays for the 75+ group between 2016/17 and 2020/21. In part, this reflects the success of the 'Discharge to Assess' model which promotes discharge prior to major assessment decisions being made. The aim of this is to reduce the numbers of patients moving directly to a care home from hospital, and therefore reduces the demand for guardianship applications under the Adults with Incapacity legislation.

Delays linked to Adults with Incapacity guardianship applications in the 75+ age group began to rise during 2021 and they have remained high since. This is largely due to the impact of the COVID-19 pandemic, which increased hesitancy in the general population around the safety of care homes, at a time when the ability to recruit to social care reduced significantly and demand for social care rose sharply. These factors have led to a situation where there has been less resource available to continue with the 'Discharge to Assess' model and a consequent increase in the numbers of patients requiring to move directly to care homes from hospital.

There is a growing number of older adults whose needs cannot be accommodated within the current local care home resource and for whom more complex discharge planning is required. There are plans to remodel local authority care home provision which will ensure older people with the most complex needs receive appropriate care and support, however progression of this has been delayed due to the pandemic.

- 5.1.2 Chart 2 outlines the position for the 18-74 age group. Again, a programme of long-term improvement work between the Partnership and Dundee City Council Neighbourhood Services which was planned to release further housing stock throughout the second half of 2019/20, has been further delayed due to the pandemic. This plan remains in place and will provide accommodation for the majority of these younger adults with complex needs as building restrictions ease.

Chart 2: Number of Complex Delayed Discharges Split by Reason for Delay Age 18-74



Source: NSS ISD Delayed Discharge Census

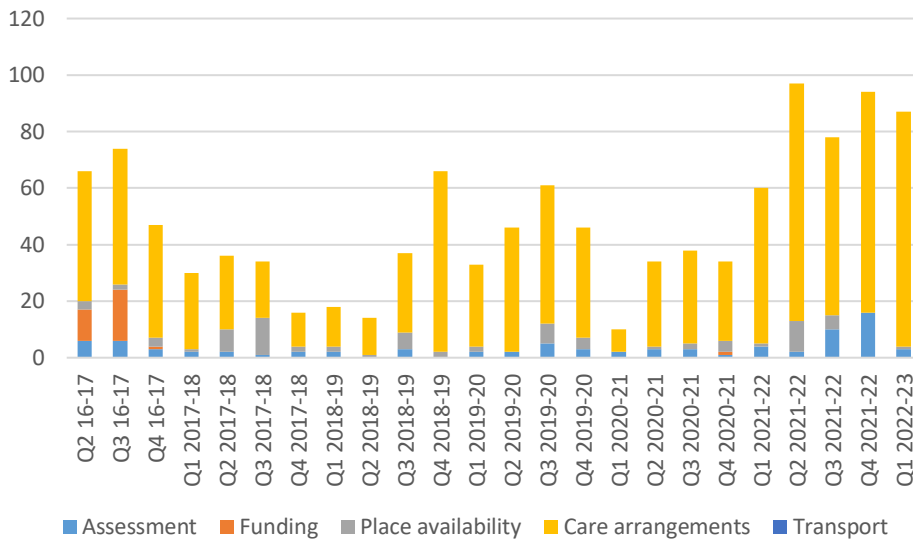
6.0 CURRENT PERFORMANCE IN RELATION TO STANDARD DELAYS

- 6.1 The position in Dundee regarding standard delays has continued to deteriorate over the previous 12 months as a result of the challenges noted above in relation to the matching of social care availability with rising demand. During 2017/18, the introduction of the 'Discharge to Assess' model enabled the majority of patients to be discharged on their Planned Date of Discharge as the assessment of their needs could be undertaken in a community setting.
- 6.2 Throughout 2021/22, local care agencies continued to experience recruitment challenges which has been the main contributor to the increase in standard delays. Although interim care home

placements have been offered to those patients awaiting social care packages to facilitate their discharge from hospital, many patients and their families have chosen not to accept this option.

6.3 As we remobilise post pandemic, social care recruitment is beginning to improve. Additionally, Dundee has entered into a new test of change with British Red Cross aimed at enhancing those improvement measures outlined in previous reports. As a result, a reduction in standard delays is anticipated during quarter 4 2022/23. Chart 3 below shows the deteriorating position in relation to standard delays. Chart 3 also demonstrates that standard delays are now almost exclusively attributable to the non-availability of social care.

Chart 3: Standard Delayed Discharges by Principal Reason for Delay



7.0 OCCUPIED BED DAYS DUE TO DELAYED DISCHARGE

Chart 4 Average daily delayed bed days occupied, age 18-74

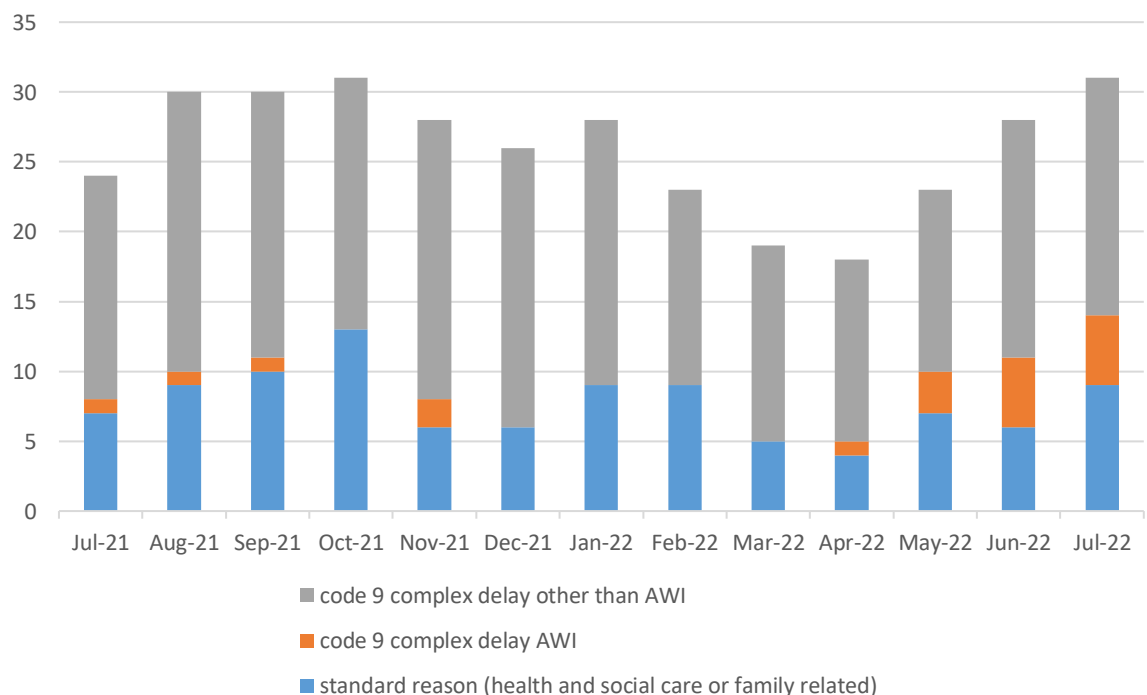
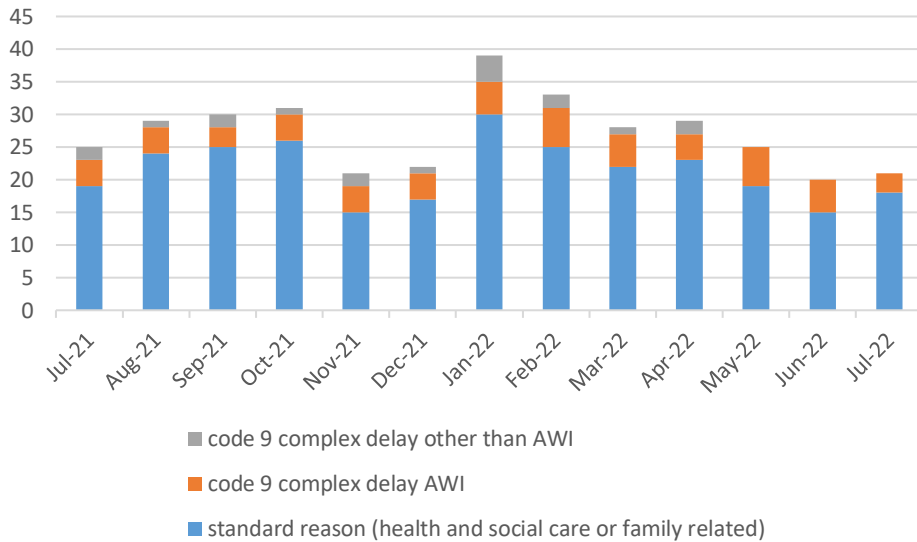
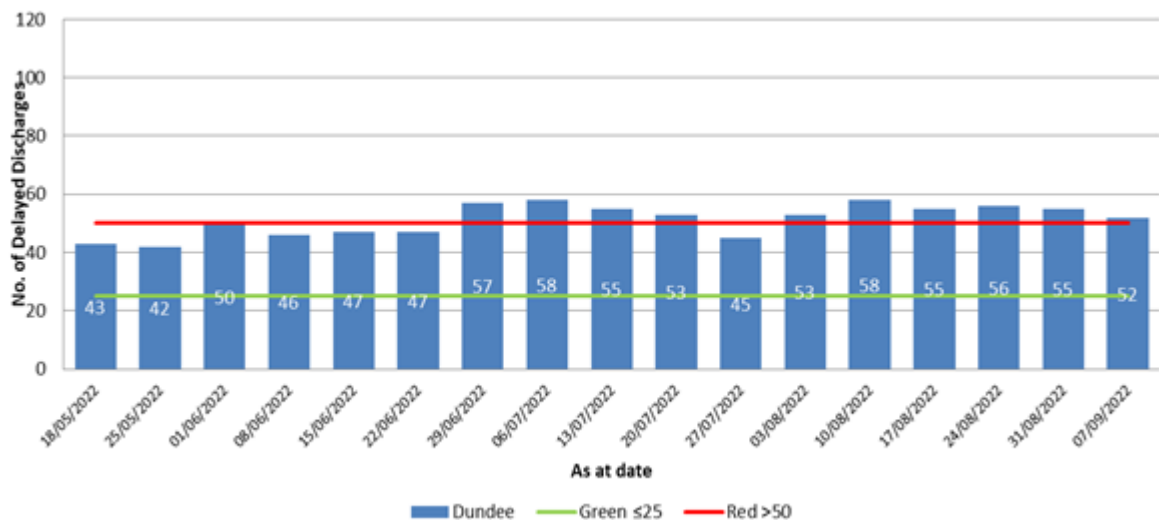


Chart 5 Average daily delayed bed days occupied, age 75+



It can be seen from charts 4 and 5 that the principle reason for delay in the 75+ age group is almost entirely attributable to the demand for social care as a means of supporting people to remain in their own homes.; both the average daily occupied bed days and the number of people delayed are high. whereas, delays for the younger adult age group continue to highlight a lack of availability of more specialised accommodation and support options predominantly for adults with complex mental health issues and/or learning disabilities. Both the average occupied bed days and the number of delays are high.

Chart 6 Dundee Delayed Discharges – Total including complex delays

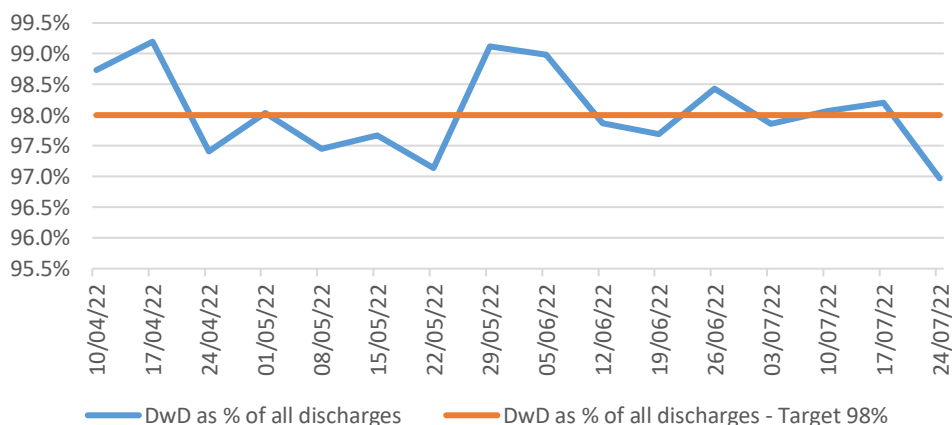


The overall Tayside delay position is presented as part of the Board Business Critical Tayside level report for scrutiny at the Tayside Operational Leadership Group, which is chaired by the Medical Director and attended by senior representatives from each Tayside authority. As part of the Tayside wide strategic approach, local targets with timescales have been set for each Health & Social Care Partnership both for overall reduction in delays and specifically reductions in standard delays within the acute hospital. Chart 6 above demonstrates the improving Dundee performance against the target set to reduce to AMBER status (<50 delays) by end of October 2022.

8.0 DISCHARGE WITHOUT DELAY (DWD)

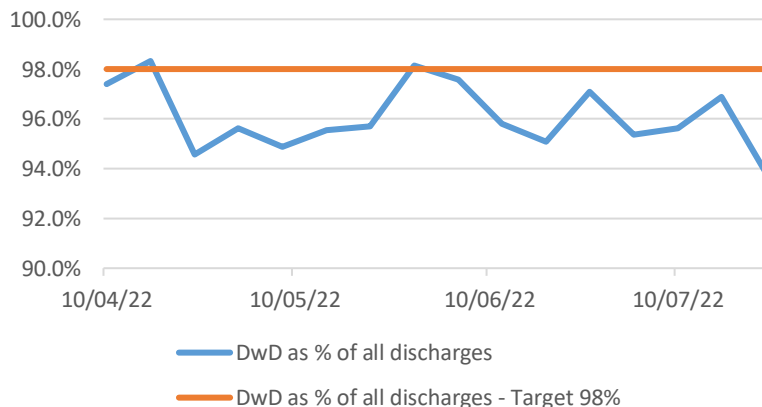
- 8.1 In terms of the national and local urgent and unscheduled care targets, Tayside continues to perform well, sustaining 97% performance across all discharges at a time where we have seen an approximate rise of 20% in numbers of patients.
- 8.2 Work is ongoing to further improve this data, particularly relating to the roll out of Planned Date of Discharge, and targeted improvements relating to morning and weekend discharges. The Partnership’s recent strategic commissioning work is beginning to demonstrate impact with a significant improvement in standard delays. In particular, we have embarked on a test of change with British Red Cross with the aim of reinstating the successful ‘Discharge to Assess’ model in place before the pandemic, but which has not been available throughout the past year due to social care recruitment issues as outlined above. If recruitment does improve, this model not only reduces bed days lost and total numbers of patients delayed, but also promotes improved outcomes for older people who are frequently more able to cope independently when assessed in their own homes.
- 8.3 Charts 7, 8 and 9 demonstrate how the % of discharges without delay can vary by age group and specialty. Whilst overall, 97% of discharges were not delayed, performance particularly for the 65+ age group and Medicine for the Elderly specialty is more challenging due to the reasons already noted in sections 6 and 7 of this report.

Chart 7 % of DWD Discharges 18+ Dundee residents



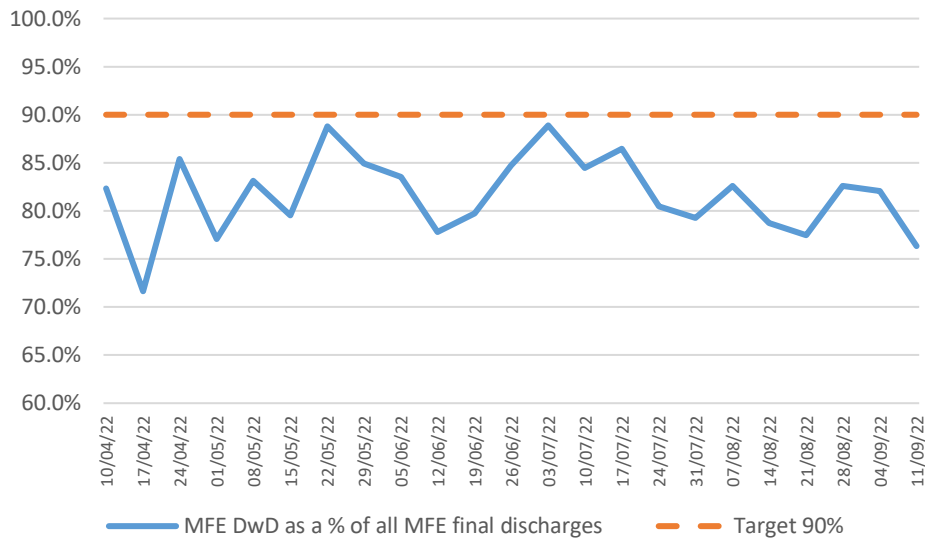
At July 2022 97% of discharges were without delay (target 98%) for the 18+ age group.

Chart 8 % of DWD Discharges 65+ Dundee Residents



At July 2022 94% of discharges were without delay (target 98%) for the 65+ age group.

Chart 9 - % of Medicine for the Elderly (MFE) DWD as a % of all MFE final discharges - Tayside



At 11 September 2022 76.3% of discharges were without delay (target 90%) in Medicine for the Elderly.

9.0 IMPROVEMENT ACTIONS IDENTIFIED TO ADDRESS INCREASE IN STANDARD DELAYS

- 9.1 Since the last report, a locality modelling programme has commenced to ensure best use of existing staff resource across the Partnership. This will create multi-professional teams based within geographical localities, thereby reducing duplication and maximising efficiencies. This will support workforce remodelling and create staff resource to undertake social care review function more robustly. A barrier to this is the increasing vacancy levels within both care management and community nursing teams.
- 9.2 Building on the existing community urgent care services in Dundee, the Partnership has now launched the Dundee Enhanced Care at Home Team (DECAHT), aimed to work in a multidisciplinary way across a single frailty pathway which promotes patient focussed decision making and fewer barriers between stand alone services. The service is GP cluster focussed and multidisciplinary, drawing on the clinical expertise of the Hospital at Home clinicians as well as the cluster geriatricians who are based in inpatient settings but who will provide support and advice to the Advanced Nurse Practice led cluster teams. The service has a single point of access for GP practices, thereby simplifying the referral process and ensuring the patient receives the appropriate level of clinical assessment and input. The service will be supported by the developing Discharge to Assess social care service which will provide wraparound support for people in their own homes during periods of ill health as a means of avoiding hospital admission wherever possible and appropriate. Additionally, a Transitions Team comprising occupational therapy and physiotherapy staff has been developed which will functionally assess patients at the front door assessment areas of the acute hospital or within urgent care, and follow the patient to their own homes to embed the rehabilitation plan within the social care assessment package. Regular whole system multidisciplinary meetings will ensure the patient's care continues to be provided in the right place, at the right time by the right person. In order to make best use of the scarce social care resource, third sector partners are also involved in these discussions.
- 9.3 The implementation of the Eligibility Criteria for social care is now complete and staff across the Partnership have been briefed. This will provide a clearer framework for allocation of social care resource with the aim being to only provide this service to people with a critical or substantial need. In tandem with the developing community rehabilitation focus through the development of the Independent Living Review Team, as well as stronger links with the Third Sector, this is designed to reduce reliance on traditional social care services over time.

- 9.4 The Acute Medicine for the Elderly Unit (AME) continues to support good quality frailty assessment and early discharge for frail older adults. The next phase of development will enhance the communication between AME, Emergency Department, Flow Navigation Centre and DECAHT with the aim of pulling patients appropriately from hospital settings and encouraging admission avoidance whenever possible.
- 9.5 The eight bedded unit within Turriff House has now been opened as a 'step down' alternative to inpatient psychiatric rehabilitation for older people.
- 9.6 In addition to the description of the DECAHT service above, alternative advanced practice models such as advanced paramedic roles, are also being explored with a view to the ongoing multidisciplinary development of the urgent care service.
- 9.7 Care Home Team continues to undertake development work with local care homes as a means preventing admission to hospital when appropriate and a further Nurse Consultant post is in the process of recruitment to support this.
- 9.8 The new stroke pathway has now been identified with the realignment of inpatient AHP staff to promote earlier discharge and community focussed rehabilitation. A programme of intensive improvement work is underway in mental health services, including the roll out of Planned Date of Discharge policy in those areas and the implementation of some processes which have been tested in the acute hospital as a means of promoting more effective and efficient discharge planning.

10.0 SUMMARY

- 10.1 Progress has been made in Dundee in relation to enabling people to be discharged when they are ready but we also recognise that further realignment is now required within social care and rehabilitation services to support the increased demand in community settings. The proposed actions above are targeted at ensuring the whole system is better equipped to manage the increasing demand for community-based support. Whilst there continues to be improvement opportunities as noted above, it is important to note that our increasingly frail, older population will have limited rehabilitation ability and therefore, long term investment in support services will be necessary in order to continue to achieve positive outcomes.

11.0 POLICY IMPLICATIONS

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

12.0 RISK ASSESSMENT

Risk 1 Description	Every unnecessary day in hospital increases the risk of an adverse outcome for the individual, drives up the demand for institutional care and reduces the level of investment that is available for community support.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Weekly review of all delays. - Action plan and monitoring at the Home and Hospital Transition Group. - Range of improvement actions underway to reduce risk of delays.
Residual Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Planned Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Approval recommendation	The PAC is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

13.0 CONSULTATIONS

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

14.0 BACKGROUND PAPERS

14.1 None.

Dave Berry
Chief Finance Officer

DATE: 3 November 2022

Lynne Morman
Associate Locality Manager, Acute and Urgent Care

Lynsey Webster
Senior Officer

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Appendix 1 Discharge Without Delay Data Template – Tayside Level

Measure 1A Patients in Delay - The number of acute, community and Mental Health inpatients with a Delayed Discharge code - Broken down by the partnership from which they reside.

Partnership	ALL DELAYS		
	Acute	Community	Mental Health
Angus	11	10	<10
Dundee City	29	30	16
East Lothian	<10	0	0
Fife	<10	0	0
Perth & Kinross	25	36	14

Partnership	Complex Delays		
	Acute	Community	Mental Health
Angus	<10	0	<10
Dundee City	<10	<10	15
Perth & Kinross	<10	<10	<10

Measure 1B Average Length of Stay (ALOS) of Delayed Inpatients - Average Trak (PAS system) LOS of inpatients in delay, acute, community and mental health (Tayside)

	ALOS - Total Delays	ALOS - Complex Delays
	Community	117.7
Acute	73.8	185.9
Mental Health	977.5	1340.4

Measure 2 Inpatients Discharged Without Delay - The total number of patients discharged from an inpatient hospital stay and the total number discharged from an inpatient hospital stay who were not in delay (Tayside)

	All sites
Total Discharges	1800
Total Discharged not in delay	1777

Measure 3 Proportion of Discharges by Hour - Proportion of patients discharged from acute inpatient hospital stay at three points in the day (Noon, 4pm, 8pm - cumulative) (Time in discharge lounge should be excluded) (Tayside)

	Pre Noon%	Pre 4pm %	Pre 8pm %
Monday	14.7%	48.0%	89.7%
Tuesday	14.6%	62.5%	95.0%
Wednesday	16.6%	57.6%	93.8%
Thursday	14.6%	51.9%	91.9%
Friday	12.9%	52.1%	95.2%
Saturday	19.6%	64.7%	93.5%
Sunday	21.6%	58.6%	92.8%
Weekly average	15.5%	55.6%	93.2%

Measure 4 Social Work / Social Care Referral Dates (Tayside)

This measure will look at the count of Patients who were discharged during the week who were in delay and will count:

- 1 - Have a Referral to SW/SC date before their R4D date
- 2 - Have a referral to SW/SC date equal to their R4D date
- 3 - Have a referral to SW/SC date after their R4D
- 4 - Have no referral made during their inpatient stay

	Acute	Community	Mental Health
Referral to SW/SC prior to R4D date	14	<10	0
Referral to SW/SC equal to R4D date	0	0	0
Referral to SW/SC following to R4D date	0	0	0
Have no referral made during their inpatient stay	<10	0	0

Measure 5a Planned Date of Discharge (PDD) Recorded - A total count of inpatients and a total count of inpatients with a PDD at the Midnight census point on the Sunday of the reporting week - Where there is no PDD field, and Estimated Date of Discharge (EDD) is utilised, this should be used if the field is used to record a PDD (Tayside)

	Acute	Community	Mental Health
Total number of inpatients	849	301	227
Number of PDD's recorded	457	163	86

Measure 5b PDDs lapsed over reporting period - The number of patients who have a PDD which has elapsed at the census point on the Sunday of reporting. (Tayside)Where there is no PDD field, and EDD is utilised, this should be used if the field is used to record a PDD

Acute	Community	Mental Health
125	108	69

Measure 6a ALOS for delayed patients from time of admission to R4D - For acute patients who were discharged during the reporting week who were in delay: Average length of stay from date of admission to most recent date patient marked as R4D (Tayside)

ALOS of DD Discharges - Admission to Ready for discharge	Acute Only
	49.5

Measure 6b ALOS from R4D to discharge - delayed patients discharged in previous 7 days – For acute patients who were discharged during the reporting week who were in delay: average length of stay from the most recent time the patient is recorded as ready for discharge to the time the patient is discharged from Trak (PAS) (Tayside)

ALOS of DD Discharges - Ready for discharge to discharge	Acute Only
	18.3

Measure 7 Re-admission within 7 days of discharge - A count of all patients who were delayed at the point of discharge (From all sites) who went on to be re-admitted to an acute site within 7 days of discharge.(Tayside)

Readmissions Total delayed discharges from previous week	Readmission
	<10 19

Measure 8 Discharge by day of the week - Number of delayed patients discharged by day of the week (Tayside)

	Total Delays
Mon	6
Tue	4
Wed	2
Thu	6
Fri	5
Total discharges for the week	23

Measure 9 Delayed days for current delayed inpatients - The total number of days patients spend delayed in hospital following their ready for discharge date to the census point at midnight of the Sunday reporting week. Total for Acute, Community and Mental Health patients. (i.e. the total number of delayed days for those patients identified in measure 1.a) (Tayside)

	Acute	Community	Mental Health
All Delays	2090	2162	5548
Complex Delays	780	557	5116

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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 23 NOVEMBER 2022

REPORT ON: DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT

REPORT BY: CLINICAL DIRECTOR

REPORT NO: PAC31-2022

1.0 PURPOSE OF REPORT

1.1 This is presented to the Committee for:

- **Assurance**

This report relates to:

- Government policy/directive
- Legal requirement

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person-centred

This report is being brought to the Committee to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL(1998)75. The Performance and Audit Committee is being asked to provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is to September 2022.

2.0 RECOMMENDATIONS

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

2.1 Note the Exception Report for the Dundee Health & Social Care Partnership Clinical, Care & Professional Governance Group as detailed in Section 4.

2.2 This report is being presented for:

- **Assurance**

As Lead Officer for Dundee Health & Social Care Partnership (DHSCP) I would suggest that the level of assurance provided is: Reasonable; due to the following factors:

- There is evidence of a sound system of governance throughout the HSCP.
- The identification of risk and subsequent management of risk is articulated well throughout the majority of services.

- There is ongoing scope for improvement across a range of services, in relation to the governance processes, although this is inextricably linked to the ongoing difficulties with recruitment and retention of staff.
- There is evidence of non-compliance relating to a fully comprehensive governance system across some teams, i.e. contemporary management of adverse events and risks.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Background

The role of the Dundee HSCP Clinical, Care & Professional Governance Group (CCPG Group) is to provide assurance to the Dundee Integration Joint Board (IJB), NHS Tayside Board (through the Care Governance Committee) and Dundee City Council, that there are effective and embedded systems for Clinical, Care and Professional Governance in all services within Dundee HSCP.

4.2 The GIRFE Framework is an agreed tool used by all three HSCPs to ensure consistency of approach between Local Authorities, Tayside NHS Board and the IJBs for the three HSCPs; quality assurance is assessed against an agreed, prioritised common data set for each of the governance domains as detailed below. A GIRFE Steering Group has been established and continues to meet, with representatives from each of the three Partnerships, and part of its remit is to support additional common assurance measures and this template.

4.3 The six domains continue to evolve over time and must be adaptable and responsive to the changes in legislation and external support and monitoring. The domains reflect the principles set out in the Health and Social Care Standards, My support, My life; Scottish Government, 2018 and the Quality of Care Approach, HIS and Care Inspectorate, September 2018. The domains are:

Information Governance
Professional Regulation and Workforce Development
Patient / Service User / Carer and Staff Safety
Patient / Service User / Carer and Staff Experience
Quality and Effectiveness of Care
Promotion of Equality and Social Justice

5.0 ASSESSMENT

a. Clinical and Care Risk Management

a.1 The table below shows the top 6 risks in the Dundee HSCP.

Title of Risk	Priority Level	Inherent Risk Score (without controls)	Current Risk Score (with current controls in place)
Increasing patient demand in excess of resources –DDARS	1	15	25
Risk that current funding would be insufficient to undertake the service redesign of the DDARS	1	20	20
Insufficient numbers of DDARS staff with prescribing competencies	1	25	16
Lack of resource to deliver the benzodiazepine dependence pathway compliant with guidelines	1	20	16
Negative media reporting increasing reputational, clinical and safeguarding risk	1	25	25
Lack of qualified district nurses within Dundee HSCP	2	16	16

Five of the top six risks sit with the Dundee Drug and Alcohol Recovery Service (DDARS). There are ongoing service pressures due to staff turnover that affect all of the key risks identified.

One of these risks continues to show a current risk score in excess of the inherent risk score. This is primarily due to ongoing challenges relating to recruitment and retention into the DDARS service combined with the increased referral rates throughout and beyond the pandemic.

Recent band 5 recruitment saw the withdrawal of all candidates following publication of the Dundee Drugs Commission Report. Internal and external recruitment to this service are increasingly challenging with prospective employees indicating that negative perception of service influences career choices.

Staff morale remains very low. Staff are frequently moved within service to provide cover for absence of staff which has a significant impact on their job satisfaction.

A senior service manager role has been interviewed for to enhance to local leadership for this team and provide support to the two integrated managers currently in post.

Nursing staffing is showing an improving picture for recruitment and retention at the time of writing this report. This will be closely monitored as this has been highly variable over the past 18 months.

Reduction in medical staff has increased the risk due to long-term absence and vacancies. Current medical staff is one consultant and one higher trainee. This has impacted on the ability to provide mental health assessments, increased pressure related to the requirements for same day prescribing, along with reduced availability for support for nursing staff, urgent and batch prescription signing, mentorship for non-medical prescribers and advanced nurse practitioners and support and supervision for medical trainees, GPs with special interest and the specialty doctor.

Consultants also participate in various service and organisation level meetings. Consultants also provide cover to Services like Drug Testing and Treatment Order (DTTO), New Beginnings, Children and Families Team and it is increasingly difficult to fulfil all of these obligations.

Mitigation: Locum medical staff are being sought to cover; there is ongoing advertising/recruitment of vacancies. An SBAR has been developed relating to current staffing risks.

a.2 Lack of available resource to deliver the benzodiazepine-dependent pathway

Many people dying in drugs deaths who are open to DDARS have etizolam present in the PM toxicology. DDARS does not have access to the resources in the community or a stabilisation inpatient facility to deliver prescribed diazepam detoxes.

Clinical risks, including overdose, could be increased by reduced access to prescribed diazepam withdrawals caused by:

- a lack of capacity / staffing resource to monitor for respiratory depression and substance use
- a lack of staffing resource for structured psychological interventions
- biochemistry drug screening not delivering results for substances commonly causing harm in a clinically useful timescale.

The team are currently working towards:

- identifying the model and resources required for residential rehabilitation
- agreeing the multiagency resources required to implement the benzodiazepine pathway
- identifying the minimum resources required for DDARS to manage patients dependent on benzodiazepines in the community.

a.3 Lack of qualified district nurses within Dundee HSCP

The Dundee District Nursing Service has lost a significant number of registered staff over recent months. Three additional staff members have indicated they plan to retire from March 2023. This would leave the service with seven appropriately qualified band 6 nurses across the service in an establishment of 23wte.

This has the potential to place the service at significant risk of operating without sufficient leadership and being unable to deliver safe, high quality care.

The service has put a number of measures in place to mitigate this current risk and to support ongoing development of staff and the delivery of safe, high quality care. These include:

- Employment of trainee district nurses at band 6, a total of seven posts currently.
- Collaborative work with staff to support retention, following period of job evaluation review.
- A Tayside-wide group is reviewing job descriptions at band 5-7 to ensure a Tayside-wide common job description, which will support equitable recruitment to these posts.
- Communication with colleagues across NHS Tayside to plan for support as required.
- A band 7 Team Lead, who has District Nursing experience in the teams at band 6, has been recruited and is due to commence in October (external candidate).
- Consideration is being given to short term contracts for a small number of experienced band 5 nurses in March, as required.

At the current time the service is able to safely deliver high quality care with the mitigations currently in place. The retention and training of the trainee district nurses is critical in ensuring ongoing service delivery throughout 2023. Should the service not be able to retain and adequately train these staff, there will be a risk to delivery of safe care, a risk to the health and wellbeing of existing staff and a risk to supporting patient flow into the community due to lack of service provision.

a.4 Staff Resource

Staff availability continues to be a significant pressure across a wide range of teams and professions within the HSCP. This is managed well on a day to day basis and support is provided between teams, between HSCPs and across professional boundaries as required. This is not sustainable in the long term and staff are increasingly reporting fatigue and impacts on their wellbeing. This links to strategic risk HSCR00b1 which describes the risk across a range of staff groups and the control measures including the development of new models of care, organisational development strategy, service redesign and the ongoing development of the workforce plan.

The mental health services have a range of activities to support recruitment, these include: they are currently developing a financial framework to deliver advanced practice in non-medical consultant

roles, they have a workforce group that is exploring recruitment strategies, they have a standing advert in place for all grades of medical recruitment, are participating in 'Once for Scotland' recruitment drives within psychological therapies and are expanding the Mental Health Officer (MHO) workforce as this is one group where recruitment is less challenging at this time.

The Director of Psychology post was recently re-advertised and a candidate has been recalled for a second interview on 18 November. This post has been advertised a number of times without success.

a.5 Pathways of care – Risk 1113

Risk 1113 relates to pathways of care that are either absent or underdeveloped. The service has a number of mitigations in place which includes the following:

- Dundee Mental Health and Wellbeing Strategic and Commissioning plan in place
- Whole system change programme is in place identifying key clinical pathways for development across the six project areas (Good Mental Health for All; Primary & Community Mental Health; Specialist Adult Mental Health; Children & Young Peoples Mental Health; Learning Disabilities & Mental Health; and Older Peoples Mental Health)
- Leads are in place for five project areas with programme support
- Perinatal and Infant Mental Health Implementation Group in place
- Crisis Care Workstream Group in place
- Adult Neuro Developmental Workstream Group in place
- Early Intervention in Psychosis Implementation Group in place

b. **Clinical & Care Governance Arrangements**

b.1 The arrangements for CCPG in the Dundee HSCP are outlined in Appendix 1: Dundee HSCP Governance Structure.

During this reporting period exception reports were presented to the CCPG Group from the following services:

- Nutrition and Dietetics
- Acute and Urgent Care
- Care Homes
- Community Services
- Drug and Alcohol Recovery Service
- In Patient and Day Care
- Mental Health and Learning Disability Services
- Psychological Therapies
- Health Inequalities

b.2 The Clinical, Care and Professional Governance Forum also met in October 2022, receiving a masterclass in Infection Prevention and Control from the Lead Nurse and Infection Control colleagues. Exception reports were presented across a range of services including:

- Community Nursing
- Out-Patient Physiotherapy and Occupational Therapy
- Psychiatry of Old Age In-Patients
- Psychiatry of Old Age Community
- Specialist Palliative Care
- Medicine for the Elderly

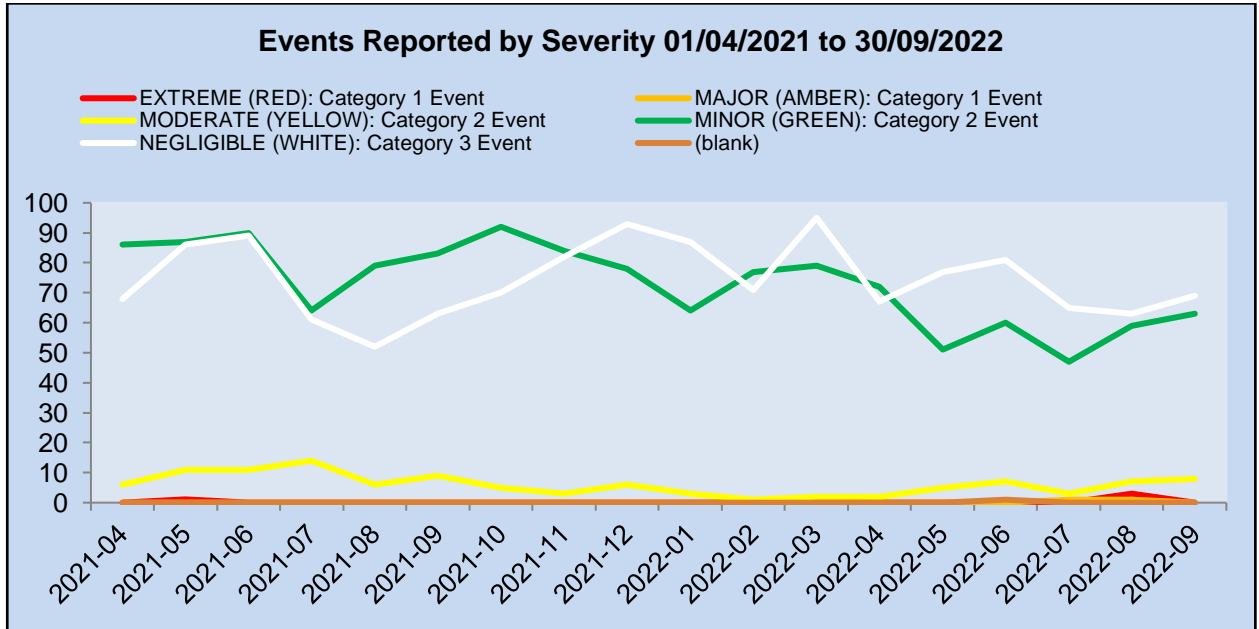
b.3 Lead Partners Services

Each HSCP is a Lead Partner for a number of services. These services report through to the Clinical, Care and Professional Governance Forum/Group for that HSCP. At the Clinical, Care and Professional Governance Forum/Group, the Lead Partner Service reports receive the appropriate level of scrutiny. Systems and processes are being established to ensure that all three HSCPs receive copies of reports from other Lead Partner Services to support integration and effective whole system working. Where concerns are identified there are systems in place to escalate and discuss – for example concerns raised with Nutrition and Dietetics (hosted in Dundee), Speech and

Language Therapy (hosted in Angus) or Podiatry (hosted in Perth & Kinross) would be taken to the Allied Health Professions Leads Meeting or the Allied Health Professions Executive Governance Group Meeting for discussion, with subsequent mitigation being included in future reports.

c. Adverse Event Management

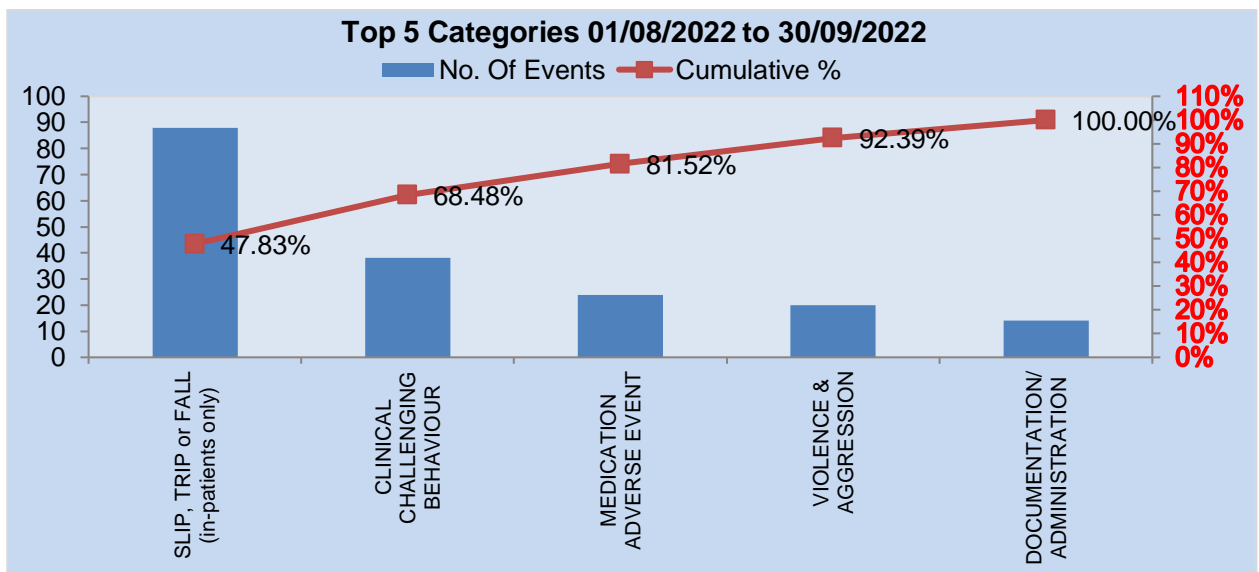
c.1 The following graph shows the impact of the reported adverse events by month over the past 18 months.



This shows an increase in minor, negligible and moderate adverse events and low numbers of events that were major or extreme.

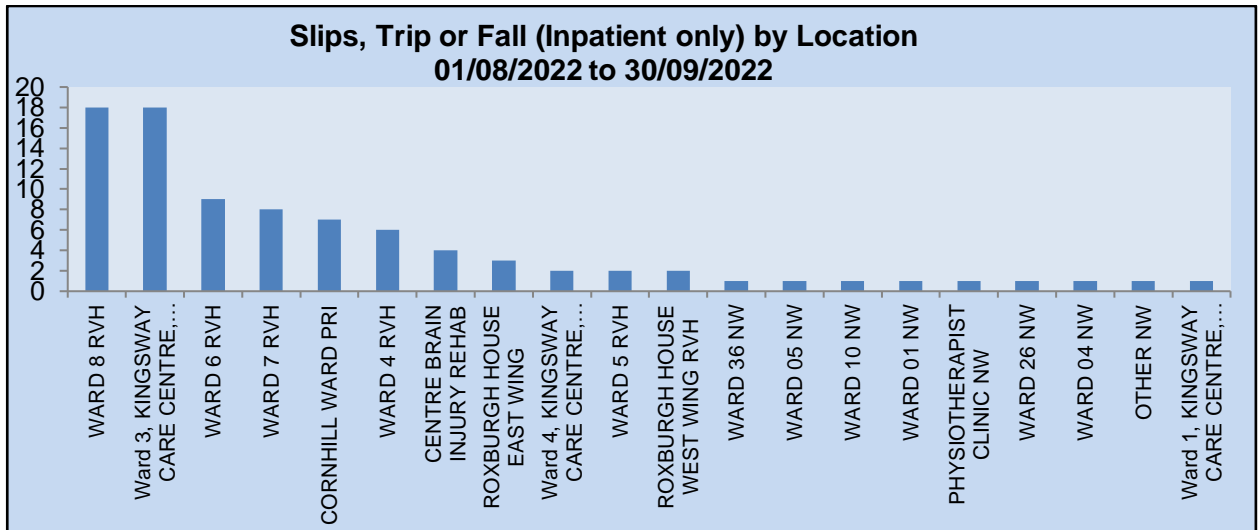
The overall numbers have reduced over the past six months, in particular within our Psychiatry of Old Age settings where staff report there are significantly fewer patients admitted who are responsible for multiple adverse events.

c.2 The following graph shows the Top 5 categories reported between 01/08/2022 and 30/09/2022. These categories account for 184 of the 272 events (68%) reported within the time period.

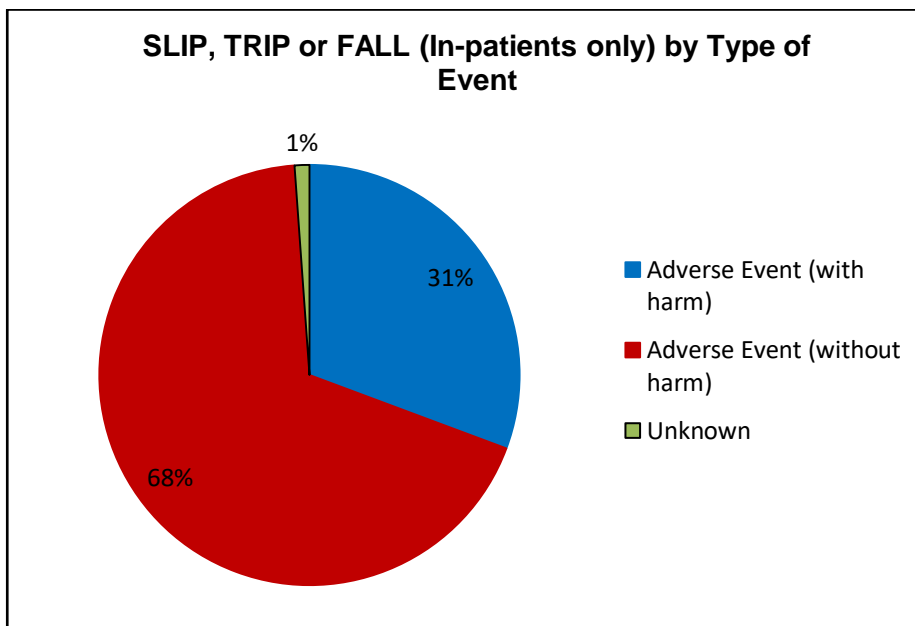


Slips, Trips and Falls

c.3 The following table shows the number of slips, trips and falls (In-patients only) by location. The areas with the highest number of falls were Ward 8 Royal Victoria Hospital (RVH) (18), Ward 3 Kingsway Care Centre (KCC) (18), Ward 6 RVH (9) and Ward 7 RVH (8).

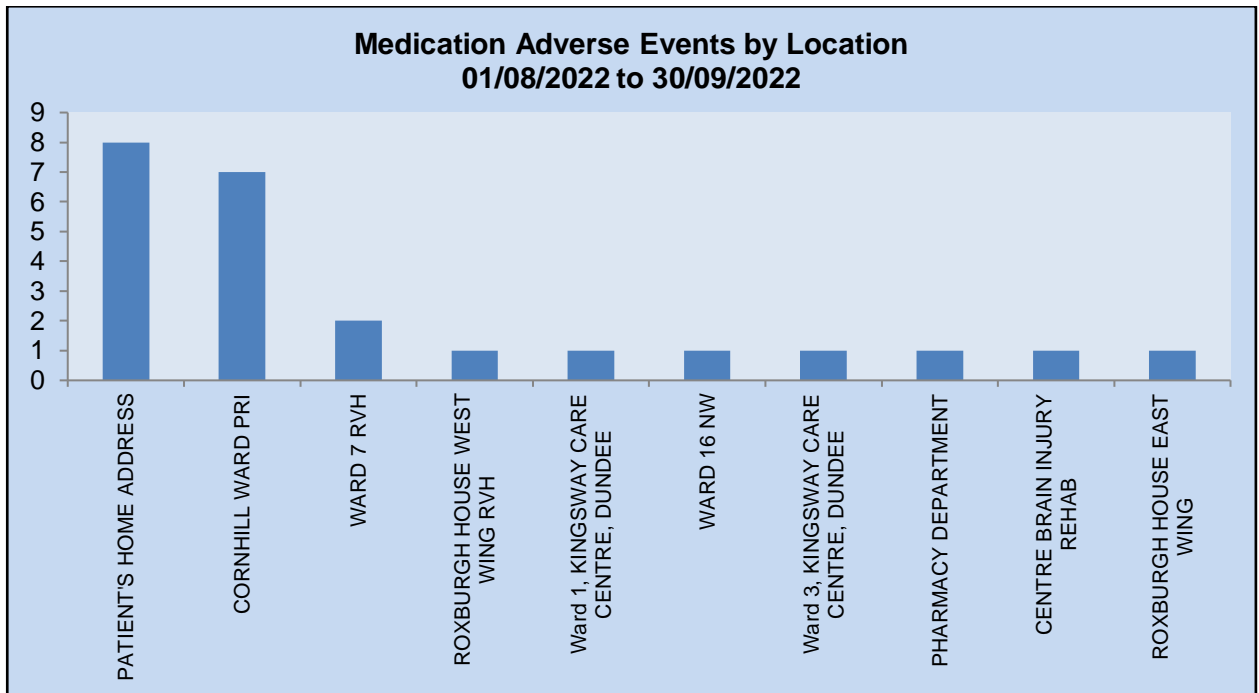


c.4 The chart below shows the type of events reported. Of the events, 60 are reported as adverse events (without harm) and 27 are reported as adverse events (with harm). Reviews are conducted following all falls. The levels of harm remain low with reports indicating harm in the form of bruising, skin flaps and discomfort. No patients required transfer for escalation of care following falls in this reporting period.



Medication Adverse Events

c.5 There were 24 events reported between 01/08/2022 and 30/09/2022.

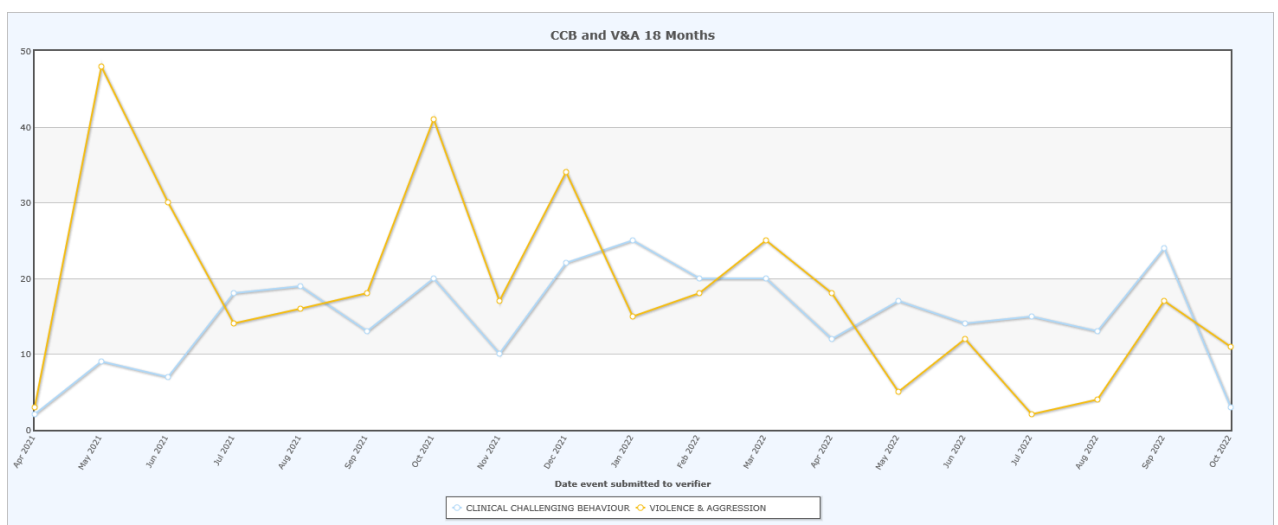


Medication adverse events continue to be monitored within Community Nursing and Palliative Care services as has been noted in previous reports. There are no significant concerns in relation to poor practice or patterns of presenting adverse events. The Palliative Care teams are working closely with Pharmacy and prescribing colleagues to support new staff in the ward environment. Community Nursing colleagues continue to explore systems to support work allocation and electronic patient records to enhance efficiencies.

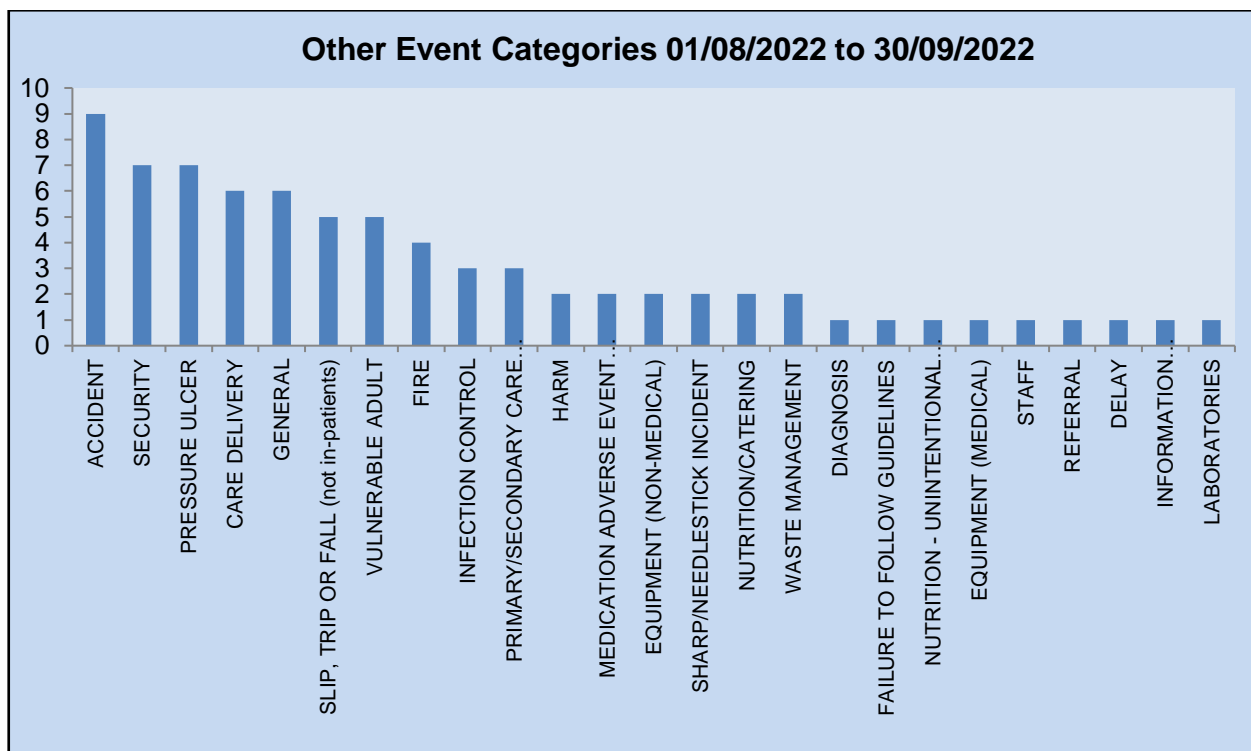
Clinical Challenging Behaviour and Violence and Aggression

c.6 We have seen an increase in more accurate reporting of these events over recent months, although ongoing work is required to sustain this. The majority of both event types are reported through Psychiatry of Old Age Services with evidence of person-centred care provided during these events and positive management and support for staff involved.

The graph below shows both violence and aggression and clinical challenging behaviour adverse events.



c.7 The table below shows the remaining event categories reported during this period.



There is a broad range of 'other' incidents as can be seen on the table above. The weekly Governance Huddle continues to provide oversight to these incidents. It is clear that teams are taking the time to review incidents and take appropriate actions to address. This includes examples of pressure ulcer care from outwith our services that required escalation and a number of vulnerable adult situations that have been well managed and supported through adult support and protection teams.

Adverse Event Management – Systems and Processes

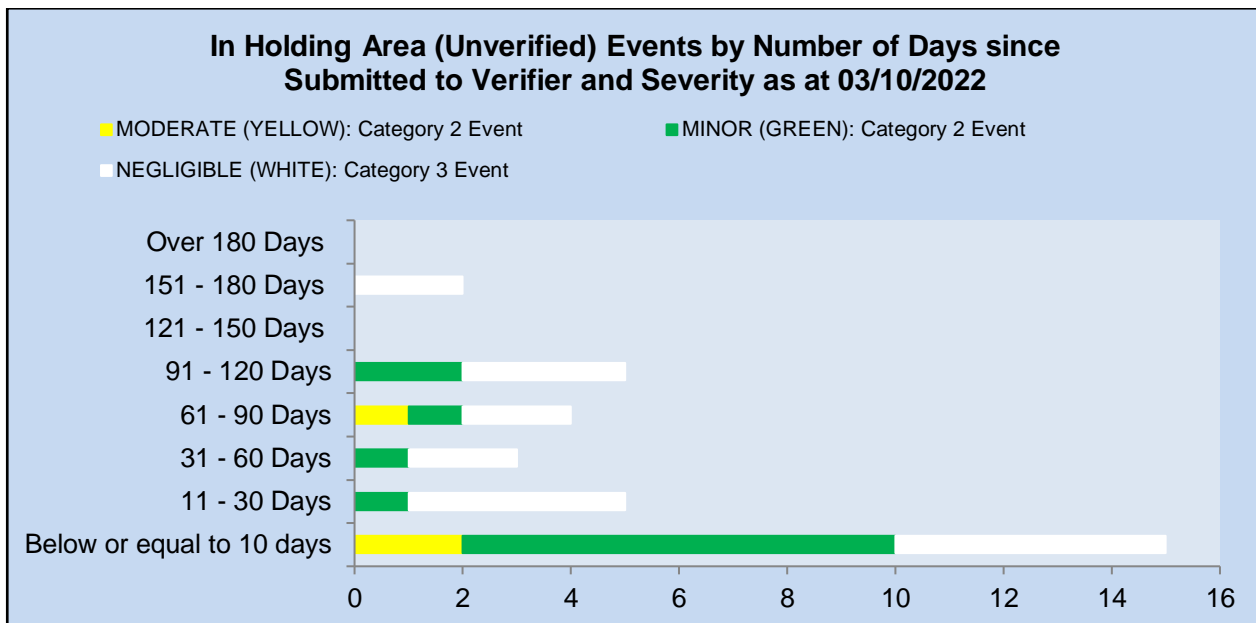
Overdue verified events

- c.8 The table below shows the number of overdue events by the year they were reported. The numbers in brackets represent the number of overdue events by year as included in the last report, demonstrating that the number of historical outstanding reviews continues to gradually reduce. Progress is slower than anticipated due to staffing absences.

Event Severity	2019	2020	2021	2022
EXTREME (RED): Category 1 Event	0(0)	1(1)	0(0)	3(2)
MAJOR (AMBER): Category 1 Event	0	1(1)	0(0)	2(2)
MODERATE (YELLOW): Category 2 Event	0	1(2)	5(8)	14(12)
MINOR (GREEN): Category 2 Event	0	2(2)	3(3)	35(19)
NEGLIGIBLE (WHITE): Category 3 Event	3(3)	9(9)	37(40)	94(85)
(blank)	0	0	0	1(0)
Total	3 (3)	14 (15)	45 (51)	149 (120)

Overdue Unverified Events

- c.9 At the time of data extraction, there were 34 unverified events. Out of the 34, 30 unverified events had exceeded the timescale of 72 hours for verification. The following graph shows the unverified events by the severity and the number of days overdue. Of the 34 unverified events, 31 of these were graded Negligible or Minor. This does show an improving picture although further work is required to reduce this further.

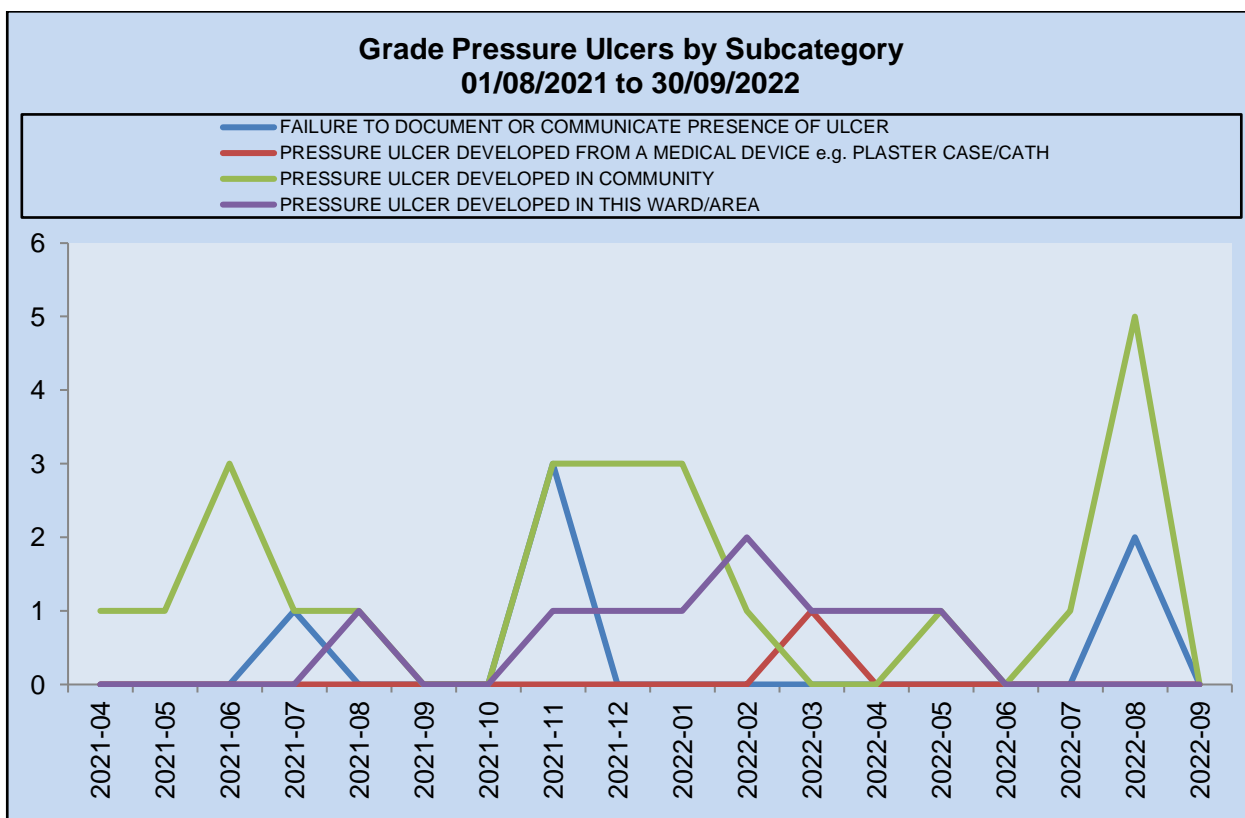


d. Significant Adverse Event Reviews

There is one review currently ongoing within Psychiatry of Old Age services and this will be shared more fully once complete.

e. Pressure Ulcers

The following graph shows the number of pressure ulcers by the subcategory.



The increase in pressure ulcers in August has been reviewed. The pressure ulcers developed in the community were all referred into the HSCP from other parts of the system. Collaborative work was undertaken to enhance referral pathways and escalation of incidents was undertaken where required.

f. Complaints

f.1 The table below shows the number of complaints by service area and how long they have been open.

No. of Open Cases - 22									
Clinical Care Group/Department	Days Band	0-5 Days	6-10 Days	11-15 Days	16-20 Days	>20 Days	>40 Days	>60 Days	Total
Older People Services (Dundee)		1	-	1	-	-	1	1	4
General Practice - Dundee HSCP		-	1	-	-	-	-	-	1
Allied Health Professionals (Dundee HSCP)		-	-	1	-	1	1	1	4
Occupational Therapy (Dundee HSCP)		-	-	1	-	-	-	-	1
Mental Health (Dundee)		2	-	-	2	1	3	2	10
Community Nursing (Dundee HSCP)		-	-	-	-	1	-	-	1
Tayside Sexual and Reproductive Health		-	1	-	-	-	-	-	1
Total		3	2	3	2	3	5	4	22

The longest current complaint is sitting at 101 days within the Psychiatry of Old Age Service. This is a complex complaint spanning a number of teams and includes factors relating to guardianship.

f.2 The table below shows complaint responses in the Dundee HSCP.

Dundee													
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Performance
No. of Complaints Received	11	17	14	13	19	19	16	14	14	16	19	12	
No. of Complaints closed	11	17	14	13	19	19	16	14	14	13	10	7	?
No. of complaints responded to within 20 working days	5	10	8	6	10	12	8	10	10	6	5	6	?
%age closed and responded to within 20 days	45.5%	58.8%	57.1%	46.2%	52.6%	63.2%	50.0%	71.4%	71.4%	46.2%	50.0%	85.7%	↑
Target	68%	68%	68%	68%	68%	68%	68%	68%	68%	68%	68%	68%	?

The table shows a variable performance in relation to the 20 day standard for complaint responses. The HSCP and Complaints and Feedback Team now meet on a fortnightly basis to review all outstanding complaints in an attempt to improve performance for response times and to ensure support is provided to managers in responding to complaints.

Compliments

f.3 Staff continue to receive very positive comments from those they care for, despite all the pressures currently felt across the system. This comment from relatives of a patient in Roxburgh House is typical of the positive messages we receive.

“My family & I would like to thank all of the nursing, medical, support staff and nursing students of Ward 4 Ninewells Hospital and Roxburgh House for their kind, caring and professional care of my dad. NHS Tayside you have amazing wonderful staff working in these areas especially your nurses, health care assistants, support staff and volunteers, who are the faces that family and patients see work hard and are professionals. NHS Tayside should be Proud of them.”

Services continue to use Care Opinion to gain service user feedback with a small number of submissions received across a range of teams.

f.4 A SurveyMonkey form used at The Corner, a service that provides health and wellbeing services for young people, showed very positive feedback with the service being highlighted as making service users feel comfortable and relaxed, the service was very non-judgemental and allowed service users to open up about any concerns or issues they had. Quotes included:

“I am really glad I came here. Really feel understood and in safe hands.”
“It was dead good.”
“Service was amazing and I feel a weight has lifted off my shoulders.”

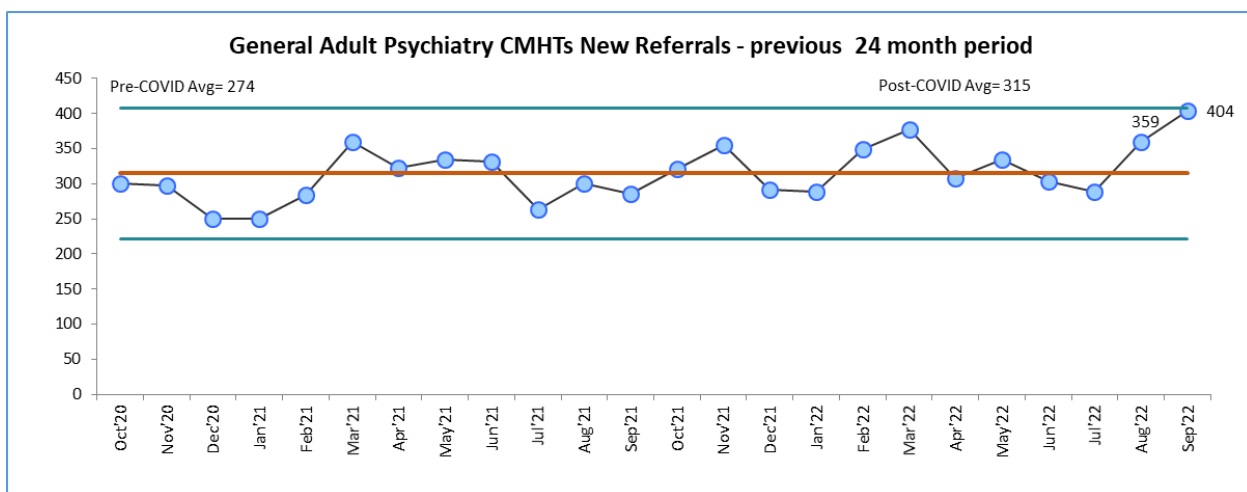
g. External Reports & Inspections

No external reports in this reporting period.

h. Mental Health

Community Mental Health Service Activity

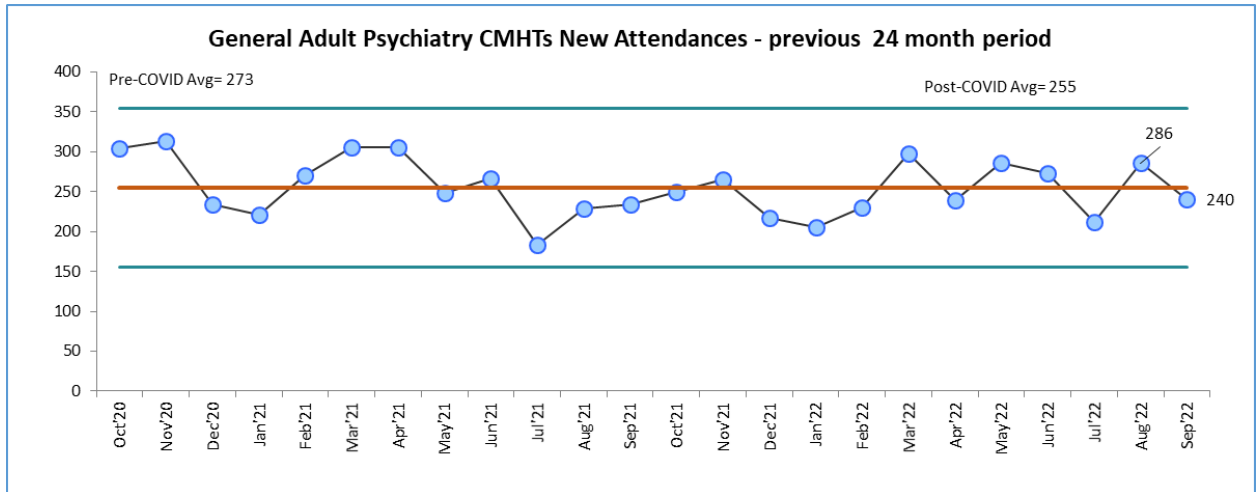
h.1 Number of New Referrals received



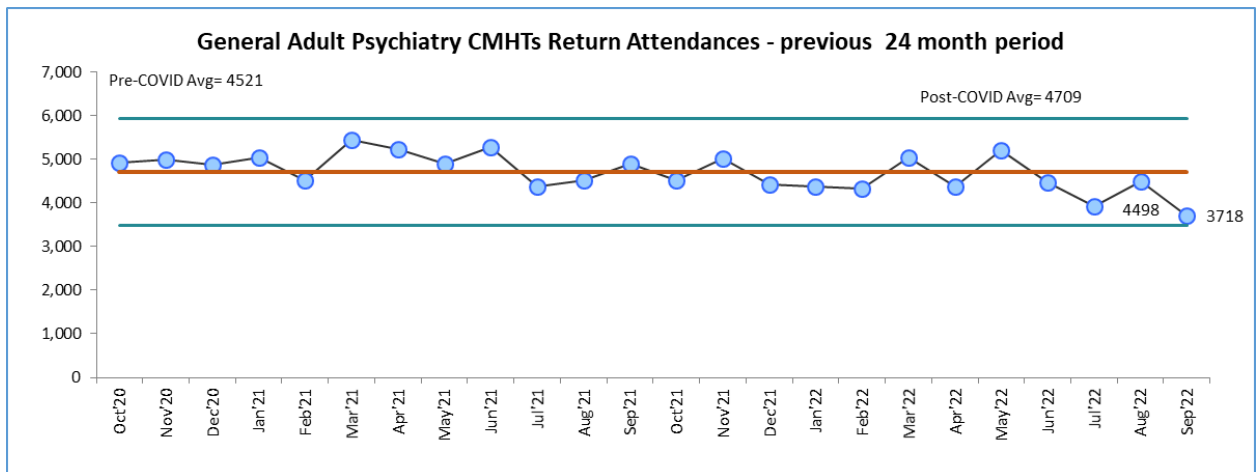
The table shows new referrals into the CMHT which are gradually increasing. The pre-COVID average of 274 has increased to a post-COVID average of 315 monthly referrals.

Latest monthly referrals show 129 more (47%) than pre-COVID monthly average figures.

h.2 Number of New Appointments



This table shows the number of new patient appointments per month. The latest monthly figures show there are 32 fewer (12%) than pre-COVID average monthly attendances.



This graph shows the number of return attendances per month, and shows a gradual reduction from May 2022. The latest monthly figures show there are 803 fewer (18%) than pre-COVID average monthly attendances.

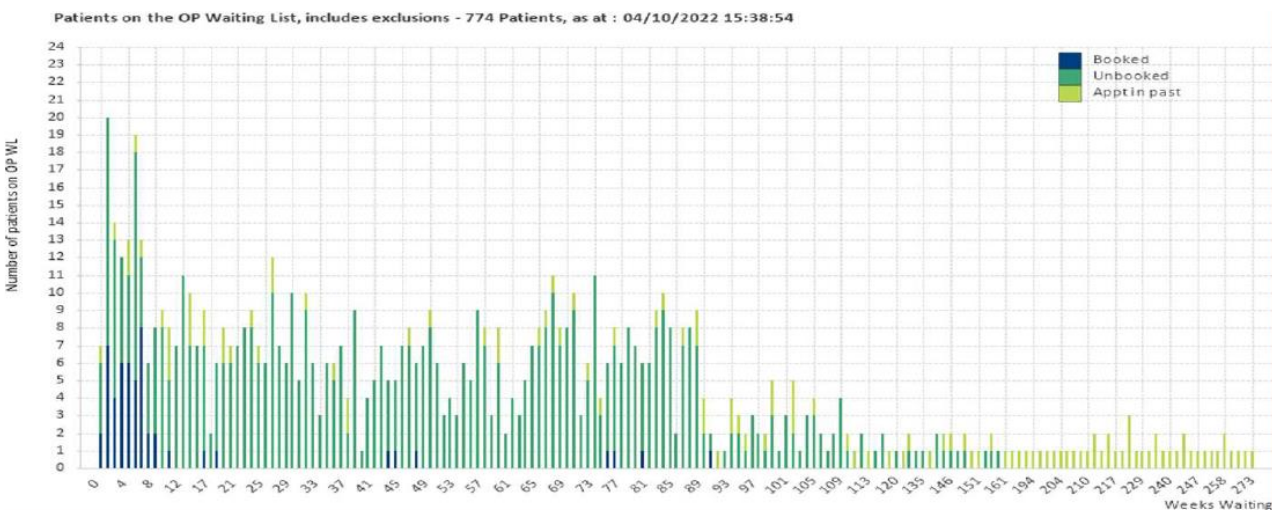
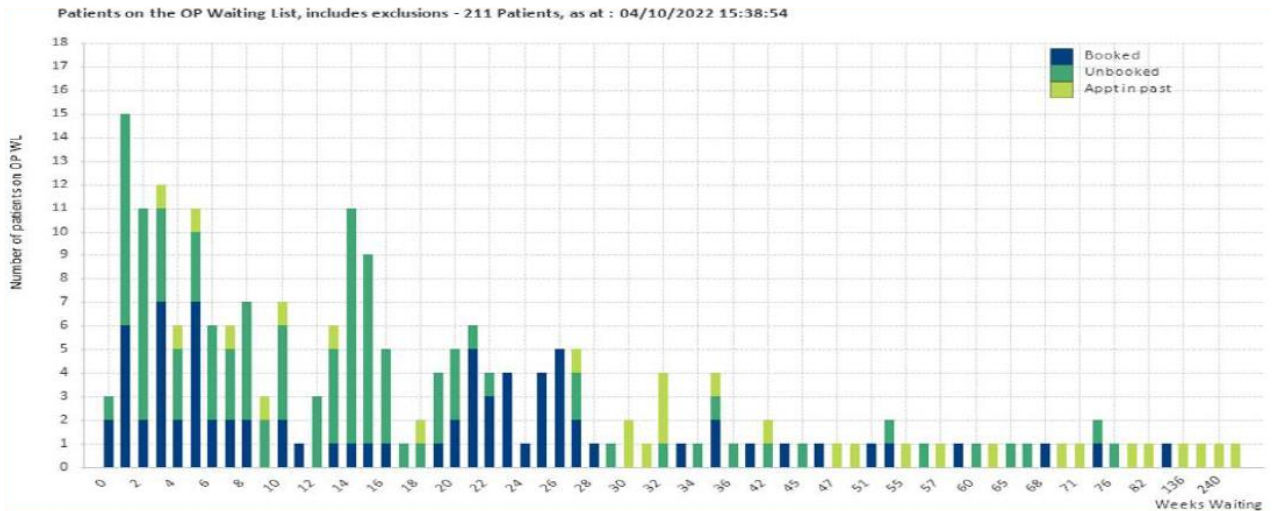
Taken together, these figures indicate that the numbers of people waiting are likely to continue to grow. To help mitigate this, four additional nurses are now in post and Locum Consultant staff have increased the new: return ratio of patients in order to increase the capacity to see new patients. The impact of this will be reduced, however, as CMHTs are now seeing urgent referrals instead of the Crisis Resolution & Home Treatment Team as part of contingency measures to address staffing issues there.

h.3 Total New Patient Waiting List

The following two charts show the waiting lists for the East and West Community Mental Health Teams. Staffing challenges within the HSCP clearly contribute to the current waiting list times. The charts indicate patients who have been booked, who have not been booked and those where a letter has been sent in the post.

It is likely that a further cleanse of Trakcare will remove people from the end of the list (that is, the cases have not been closed off properly).

All referrals are triaged by a multi-disciplinary team. Those cases where it is considered that a routine wait can happen, received information on community based and on-line resources and are given details of the Duty worker system, including encouragement to get in touch should their clinical picture change. Further telephone support is also used as indicated.



i. Medication Assisted Treatment Standards (MAT Standards)

Dundee Drug and Alcohol Recovery Service (DDARS) implemented direct access drop-in on 19 September, resulting in two days of drop-in clinics and one day of planned assessments for people accessing drug and alcohol care and treatment. This development is to support the standards around Medication Assisted Treatment (MAT). The focus is on MAT Standards 1-5 at this time. Service user feedback is being gained along with staff views.

Some challenges have emerged relating to reporting as a result of not having the appropriate IT systems required. Public Health Scotland has developed a spreadsheet which has been adapted locally for use. It has emerged that we are unable to input information as the service does not have the required version of Microsoft Excel. This has been escalated to NHS Tayside IT Department who advise that no other options are available to support this other than full rollout of Office 365. As yet there is no timeframe for when DDARS will have access to this.

The impact of this will be locally and nationally on the ability to report on MAT Standards implementation.

6.0 POLICY IMPLICATIONS

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

7.0 RISK ASSESSMENT

Risk 1 Description	The risk of not providing sufficient assurance through governance assurance routes will reduce confidence in the ability of the HSCP to deliver safe, quality care.
Risk Category	Governance
Inherent Risk Level	Likelihood (2) x Impact (4) = Risk Scoring (8)
Mitigating Actions (including timescales and resources)	Systems in place for all operational teams to provide exception reports to the clinical, care and professional governance group. 'Getting It Right' Group established to support development of reporting framework for HSCP.
Residual Risk Level	Likelihood (2) x Impact (4) = Risk Scoring (8)
Planned Risk Level	Likelihood (1) x Impact (3) = Risk Scoring (3)
Approval recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS

- 9.1 Appendix 1: Dundee HSCP Governance Structure





Dr David Shaw
Clinical Director

DATE: 10 November 2022

Diane McCulloch
Chief Social Work Officer / Head of Health and Community Care

Matthew Kendall, Allied Health Professions Lead

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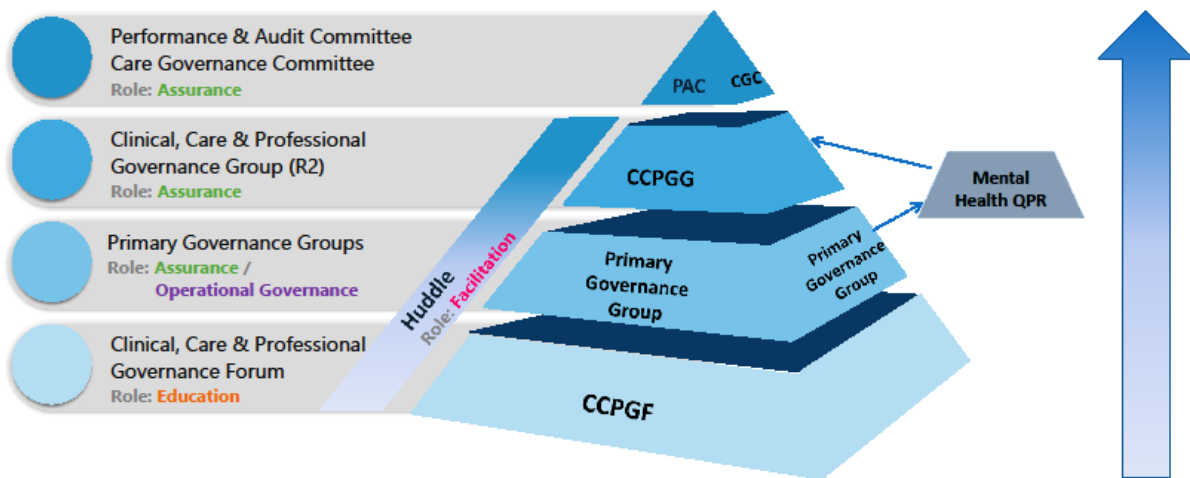
Level of Assurance		System Adequacy	Controls	✓
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously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

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Dundee HSCP Governance Structure

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

DHSCP Clinical, Care & Professional Governance



Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group is responsible for directing, collating and monitoring governance arrangements and ensuring that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within Dundee Health and Social Care Partnership. It is chaired by the Clinical Director, and membership, as referenced in the terms of reference, extends to Head of Health and Community Care Services, Associate Nurse Director, Associate Medical Director, Locality Managers (4), Lead Allied Health Professional, Lead Nurse, Lead Pharmacist, Clinical Governance Lead, Senior Officer – Business Planning and Information Governance, NHS Business Support Representative and Third Sector representative.

Management structures across Dundee HSCP have been redesigned over the past three months and the members of the CCPG Group will be updated to reflect this and the Primary Governance Group Structure which sits beneath the CCPG Group.

At each CCPG Group meeting each Primary Governance Group will present an exception report highlighting key areas of concern across the six domains listed in GIRFE. They will also reference exceptional pieces of work undertaken, current challenges and future potential issues identified through triangulation of data reviewed through Primary Governance Group meetings.

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

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

Further assurance is sought with a range of reports/discussions relating to topics such as professional registration, GDPR, SPSO, contemporaneous issues for example Dundee Drugs Commission review and Trust and Respect Report.

Primary Governance Groups (PGG)

There are currently nine PGGs:

- In Patient Services (MfE, POA, CBIR, Palliative)
- Adult Community Services
- Acute and Urgent Care
- Mental Health
- Learning Disabilities
- Psychological Therapies
- Health Inequalities
- Nutrition and Dietetics
- Dundee Drugs and Alcohol Recovery Services

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

- Provide assurance to the Clinical, Care and Professional Governance Group on the systems and processes for clinical, care and professional governance activities.
- Develop, prioritise, implement, monitor and review the annual work plan for clinical, care and professional governance activities.
- To create the learning environment and conditions within [XXX] Services by dedicating time to allow staff to share learning, tools and other resources and encourage the dissemination of good practice.
- Ensure that clinical and care leadership underpins [XXX] Service assurance processes and that clinical and care leaders are supported to share tools and resources to spread good practice.
- Encourage an integrated approach to quality improvement across [XXX] Services.
- Ensure appropriate actions in relation to clinical, care and professional governance and quality activities are taken in response to internal reports and external reports from bodies such as NHS Healthcare Improvement Scotland, Care Inspectorate, Audit Scotland, Mental Welfare Commission and Scottish Public Services Ombudsman.

- Ensuring that there is a robust reporting and assurance mechanism for [XXX] services which are hosted within the partnership but do not solely operate within Dundee Health and Social Care Partnership.
- Undertake the management, escalation or cascading of issues/risks/concerns as appropriate.
- Collate, review and analyse core and service specific datasets to inform exception report to the CCPGG, reflecting the six domains described in the Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework.
- The exception report should include, but is not limited to:
 - Emergent issues of concern identified
 - Adverse Events:
 - Recurring themes, Major and Extreme Incidents
 - Incidents that trigger Statutory Duty Of Candour
 - All Red Adverse Events
 - Adverse Event Reviews, Significant Case Reviews
 - Complaints
 - Risks
 - Inspection Reports and Outcomes
 - Changes to standards, legislation and guidelines
 - Outcomes of care
 - Adherence to standards
 - Sharing of learning

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

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

Governance Huddle

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

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

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

Clinical, Care and Professional Governance Forum

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

Each forum will also have a dedicated educational element to improve knowledge and understanding of governance systems and processes across the HSCP. Subjects to date have included: Qlikview, Risk Management System, Datix system report building and scorecard development.



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 23 NOVEMBER 2022

REPORT ON: QUARTERLY COMPLAINTS PERFORMANCE – 2nd QUARTER 2022/23

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC30-2022

1.0 PURPOSE OF REPORT

The purpose of this report is to summarise the complaints performance for the Health and Social Care Partnership (HSCP) in the first quarter of 2022/23. The complaints include complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the complaints handling performance for health and social work complaints as set out within this report.
- 2.2 Notes the work which has been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring and reporting.

3.0 FINANCIAL IMPLICATIONS

None

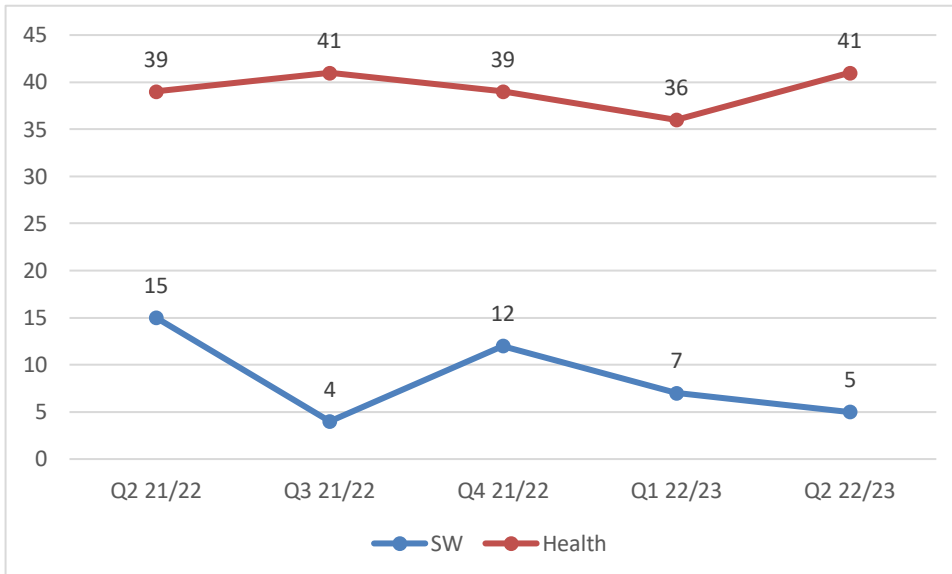
4.0 MAIN TEXT

- 4.1 Since the 1st April 2017 both NHS and social work complaints follow the Scottish Public Service Ombudsman (SPSO) Model Complaint Handling Procedure. Both NHS Tayside Complaint Procedure and the Dundee Health and Social Care Partnerships Social Work Complaint Handling Procedures have been assessed as complying with the model complaint handling procedure by the SPSO.
- 4.2 Complaints are categorised by 2 stages: Stage 1: Frontline Resolution and Stage 2: Investigation. If a complainant remains dissatisfied with the outcome of a Stage 1: Frontline Resolution complaint, it can be escalated to a Stage 2. Complex complaints are handled as a Stage 2: Investigation complaint. If a complainant remains dissatisfied with the outcome of Stage 2: Investigation complaint they can contact the Scottish Public Services Ombudsman who will investigate the complaint, including professional decisions made. Complaints about the delivery of services are regularly presented to the Clinical, Care and Professional Governance Group to inform service improvement.
- 4.3 While the first graph advises the volume of complaints received during the period, this report is based upon complaints closed within the period. SPSO categories are included as appendix 1 at the end of the report. Please note that not all figures will add up to 100% due to missing data or different recordings.

4.4 Complaints Received

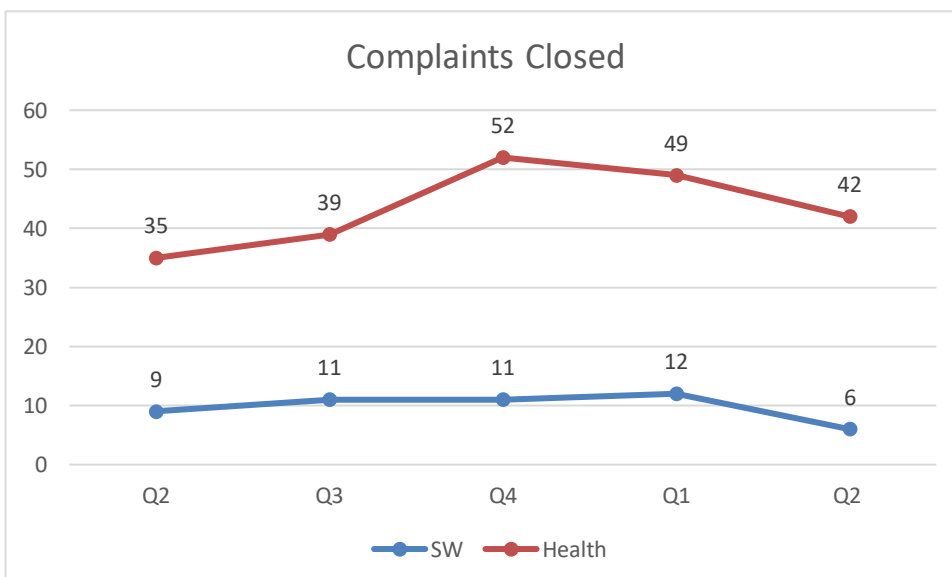
In the second quarter of 2022/23 a total of 5 complaints were received about social work or social care services and a further 41 regarding Health complaints in the Dundee Health and Social Care Partnership.

Number of complaints received quarterly

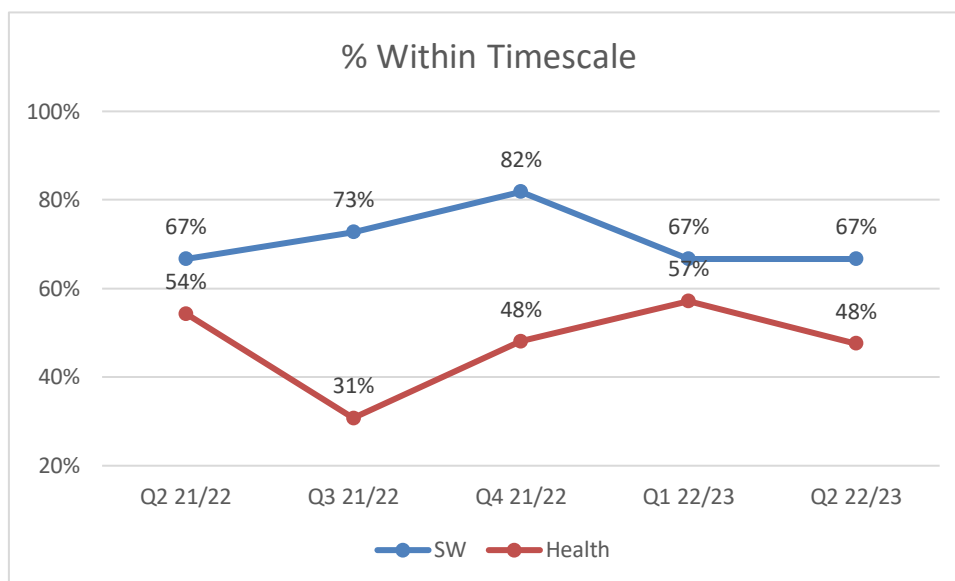


The graph shows that while Social Work and Social Care Services have seen a decline in complaints received for the second quarter in a row, Health complaints have seen a slight increase.

4.5 Complaints Closed & Resolved Within Timescales



During quarter two, six complaints for Social Work and Social Care services were closed and forty two complaints for Health services were closed.



Out of the closed complaints, 67% of Social Work and Social Care and 48% of Health complaints were within the standard timescales.

4.6 Social Work complaints by reason for concern

Complaint themes continue to be monitored for trends and looking at the table below, we can see that for the 3rd quarter running Delays have been the most frustrating element for complainants making complaints.

	Q4 2021/22	Q1 2022/23	Q2 2022/23
Attitude, behaviour or treatment by a member of staff	2	0	2
Delay in responding to enquiries and requests	7	9	4
Dissatisfaction with our policy	0	1	0
Failure to provide a service	1	0	0
Failure to follow the proper administrative process	0	0	0
Failure to meet our service standards	2	2	0

The numbers of social work complaints received this quarter are small.

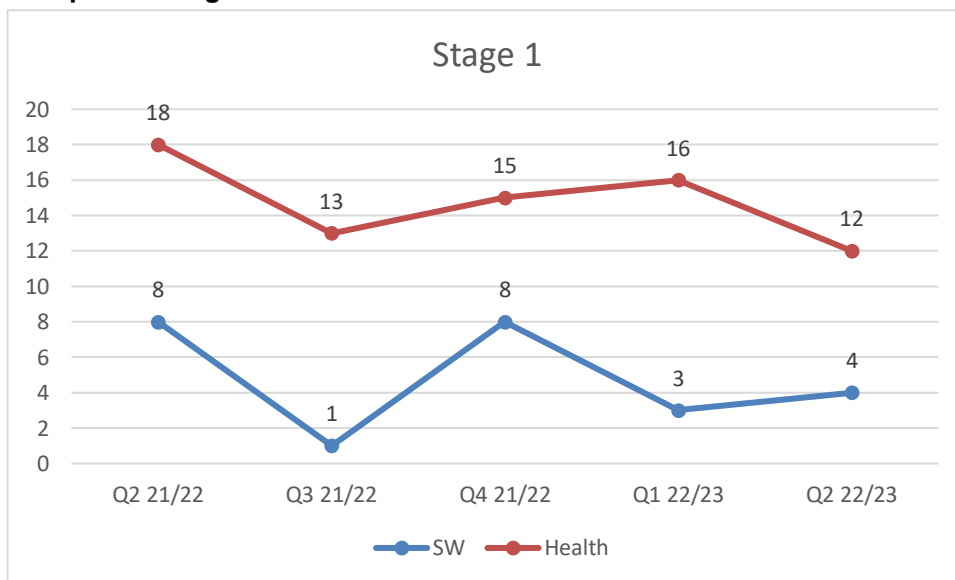
4.7 Health complaints by reason for concern

	Q1 2022/23	Q2 2022/23
Disagreement with treatment / care plan	6	1
Lack of continuity	1	1
Letter wording	1	0
Problems with medication	3	1
Unacceptable time to wait for an appointment	8	3
Lack of support	6	1
Shortage of staff	3	0
Patient not being verbally told	1	0
Email	1	0
Not listening	0	1
Telephone	1	0
Error with prescription	1	0
Poor medical treatment	1	1
Poor aftercare	0	1
Abruptness	1	1
Conduct	1	1
Staff not trained properly	0	1
Waiting too long for results	0	1
Waiting for referral	0	1
Co-ordination of clinical treatment	0	3
Patient has been sent no communication	0	1
Inappropriate comments	0	1
Insensitive to patient needs	0	2
Inefficient	0	1

19 complaints did not have a theme recorded.

A running track of reasons for concern will begin to build each quarter so the PAC can easily see which are the problem areas and require further work.

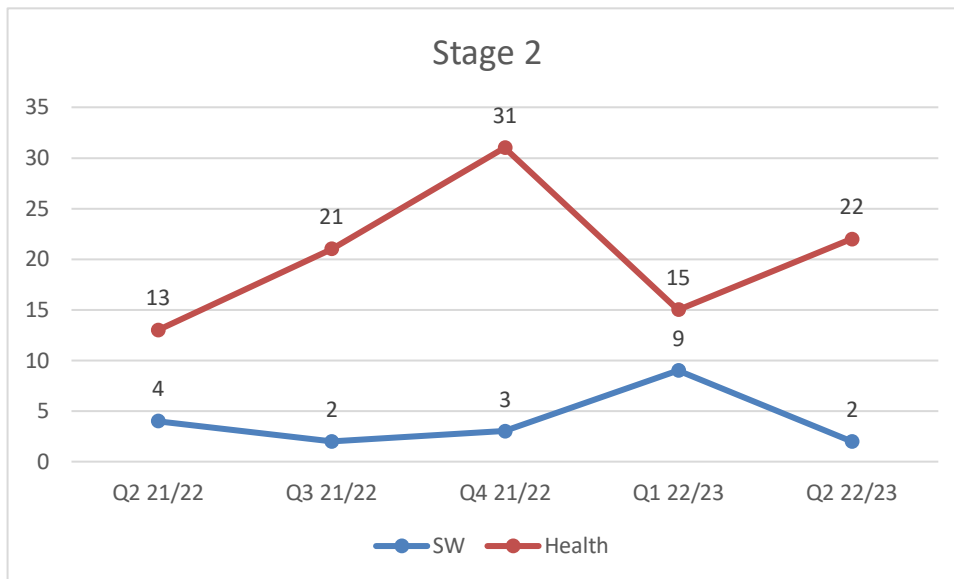
4.8 Complaints Stages



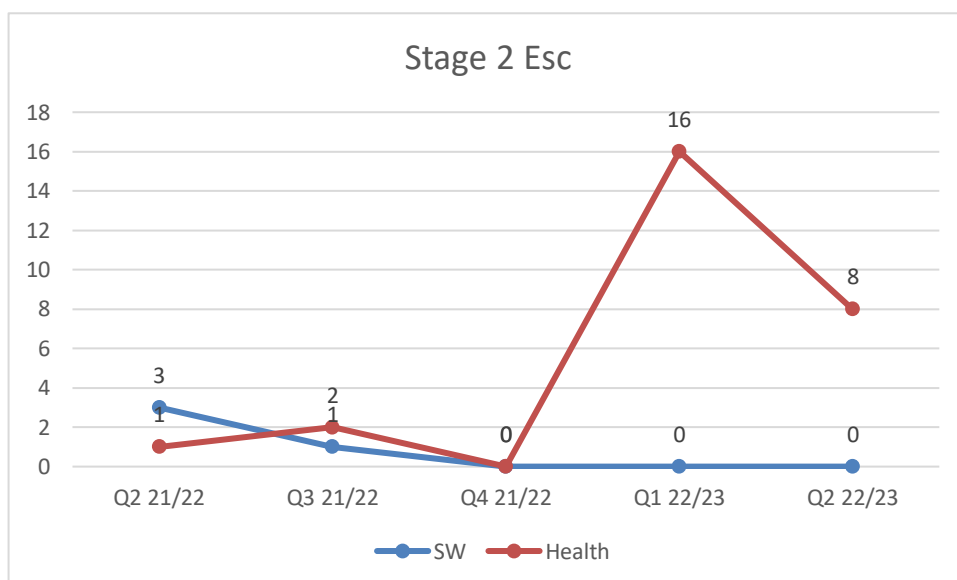
Stage 1 complaints are completed within 5 days or given a maximum extension of a further 10 days.

Numbers fluctuate within Social Work between quarters.

Numbers within Health have dropped this quarter.



Stage 2 complaints are completed within 20 working days and can be extended also. Social Work stage 2 complaints have seen a drop this quarter. Health stage 2 complaints have seen an increase this quarter compared to Q1 of this year.



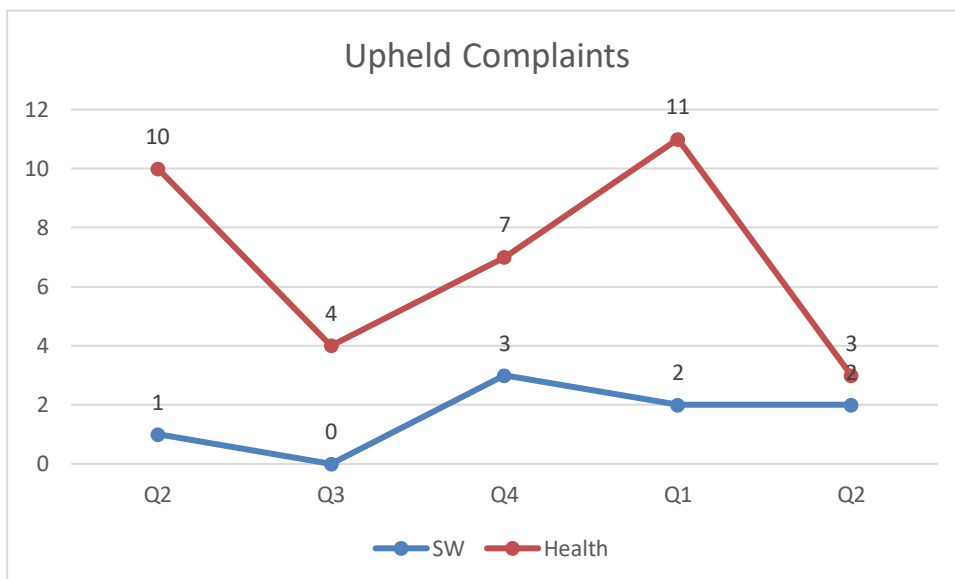
Stage 2 escalated complaints are those which are escalated from stage 1 to stage 2 after being logged and possibly responded to. Health complaints have taken a sharp decrease this quarter by 50%.

Social Work stage 2 escalated complaints have remained at 0 for the third quarter running.

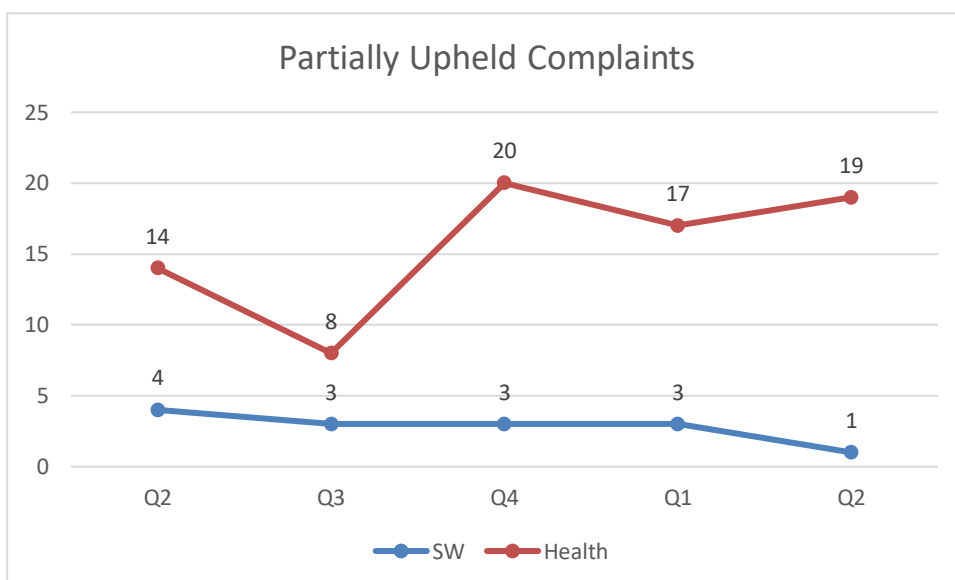
4.9 Complaint Outcomes

Partially upheld and upheld complaints receive planned service improvements logged against them by the allocated complaint investigator and these must be completed within a set timeframe.

These planned service improvements can range from process improvements or re-design to team briefings regarding staff attitude and behaviour.



Upheld complaints have decreased within Health and are at their lowest seen within the last year. Social Work upheld complaints have remained the same as last quarter.



Social Work Partially Upheld complaints have declined this quarter while Health have seen an increase this quarter compared to last.

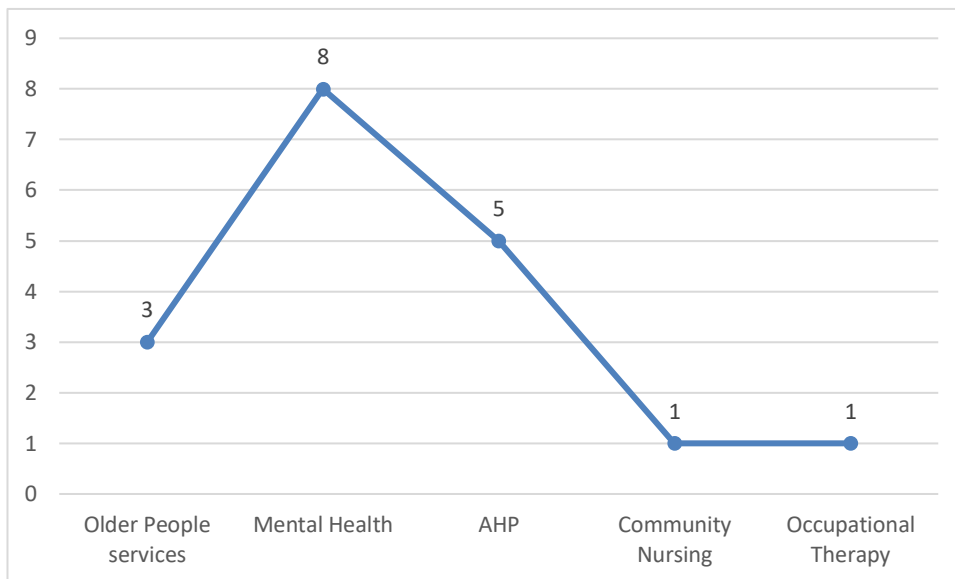
4.10 Planned Service Improvements

There were 25 partially upheld or upheld complaints which have all identified a cause and have service improvements planned to address these. By putting these planned service improvements in place, we look to minimise complaints of the same nature being received.

4.11 Open Complaints

	Total Open	20 days or less	21-39 days	40-99 days	100 days +	180 days +	Average Days
SW	5	1	1	1	1	1	126
Health	18	5	4	9	0	0	40

4.12 Snapshot of Health open complaints across services



The graph above shows the current volume of open complaints within Health as of 21st October 2022.

4.13 Compliments

As well as complaints received, the HSCP receives a range of compliments for the services it delivers. A sample of these are noted below:

Aug 2022: Thank you again for taking the time to meet with us yesterday and also for providing such a great service to our women.

Aug 2022: In May this year my wife was parking the car, as was her regular custom at this point, when she felt what she thought was a muscle wrench across her back. It was extremely painful. We had no choice but to seek help from our medical practice who prescribed painkillers, none of which seemed to help much with the pain. Several different sympathetic doctors in the practice saw my wife over 2 months, eventually arranging an x-ray which showed up multiple thoracic spinal fractures, (and, later, a sternum fracture) obviously explaining the severe pain. But still the range of normal painkillers were failing to cope with the excruciating pain and, eventually, after a home visit by one of the practice doctors, it was decided that my wife needed further investigations. The choice of going into hospital or turning to DECS-A (hospital at home) for the next step was presented to us. Of course, we chose DECS-A and it was a great decision. The whole team, including Consultant Geriatrician, Registrar Physician and highly skilled specialist nurse practitioners gave us phenomenal attention. For the first time we had a coordinated approach and organised investigations (which is no reflection on the care we got from the GP practice) and we began to see progress on both the pain control and general care. The professionalism was very welcome and impressive, especially as it was combined with great warmth and understanding. This is a service that must be supported, not least because it keeps patients at home where they may prefer to be, rather in hospitals. We are massively grateful.

Sept 2022: Just wanted to thank the Enhanced Community Support Team especially X who is a great asset. They have been working with my mum who is very ill suffering with dementia. My mum has had to be admitted to hospital twice and each time once home the team have been very good, they are friendly, thoughtful, approachable and always include all the family.

5.0 IJB Complaints

No complaints about the Integration Joint Board have been received.

6.0 POLICY IMPLICATIONS

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

7.0 RISK ASSESSMENT

This report has not been subject to a risk assessment as it is provided for information and does not require a policy decision from the PAC.

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS

None

Dave Berry
Chief Finance Officer

DATE: 31 October 2022

SPSO Categories

	Social Work				Health			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1a: the total number of complaints received per 1,000 population	0.06	0.04			0.30	0.34		
1b: the total number of complaints closed per 1,000 population	0.10	0.05			0.40	0.34		
2a: the number of complaints closed at stage 1 as % all complaints closed	25%	67%			33%	29%		
2b: the number of complaints closed at stage 2 as % all complaints closed	75%	33%			31%	52%		
2c: the number of complaints closed after escalation as % all complaints closed	0%	0%			33%	19%		
3a: the number of complaints upheld at stage 1 as % of all complaints closed in full at stage 1	33%	25%			44%	25%		
3b: the number of complaints not upheld at stage 1 as % of all complaints closed in full at stage 1	33%	50%			13%	8%		
3c: the number of complaints partially upheld at stage 1 as % of all complaints closed in full at stage 1	0%	25%			44%	67%		
3d: the number of complaints upheld at stage 2 as % of all complaints closed in full at stage 2	11%	50%			20%	0%		
3e: the number of complaints not upheld at stage 2 as % of all complaints closed in full at stage 2	56%	0%			47%	59%		
3f: the number of complaints partially upheld at stage 2 as % of all complaints closed in full at stage 2	33%	0%			33%	41%		
3g: the number of escalated complaints upheld at stage 2 as % of all escalated complaints closed in full at stage 2	0%	0%			6%	0%		
3h: the number of escalated complaints not upheld at stage 2 as % of all escalated complaints closed in full at stage 2	0%	0%			56%	63%		
3i: the number of escalated complaints partially upheld at stage 2 as % of all escalated complaints closed in full at stage 2	0%	0%			31%	25%		
4a: the average time in working days for a full response to complaints at stage 1	31	19			10	19		
4b: the average time in working days for a full response to complaints at stage 2	50	28			31	26		
4c: the average time in working days for a full respond to complaints after escalation	0	0			39	35		
5a: the number of complaints closed at stage 1 within 5 working days as % of total number of stage 1 complaints	0%	50%			6%	83%		
5b: the number of complaints closed at stage 2 within 20 working days as % of total number of stage 2 complaints	22%	0%			33%	36%		

5c: the number of complaints closed after escalation within 20 working days as % of total number of escalated complaints	0%	0%			25%	25%		
6a: number of complaints closed at stage 1 where extension was authorised as % of all complaints at stage 1	33%	50%			6%	8%		
6b: number of complaints closed at stage 2 where extension was authorised as % of all complaints at stage 2	78%	100%			0%	9%		
6c: number of complaints closed after escalated where extension was authorised as % of all complaints escalated	0%	0%			19%	25%		

**Please note all categories add up to 100% due to missing data, the use of resolved outcomes



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 23 NOVEMBER 2022

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC32-2022

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this Strategic Risk Register Update report.
- 2.2 Note the extract from the Strategic Risk register attached at Appendix 1 to this report.
- 2.3 Note the recent work and future work on the Pentana Risk Management System in Section 7 of this report.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

- 4.1 The Dundee HSCP Strategic Risk Register is regularly presented to the NHS Tayside Strategic Risk Management Group and is available to Dundee City Council Risk and Assurance Board through the Pentana system.
- 4.2 Operational Risks are reviewed by the Clinical Care and Professional Governance forum with any significant areas of concern which may impact on the ability of the IJB to deliver its Strategic and Commissioning Plan reported to the PAC through the Clinical Care and Professional Governance Group's Chairs Assurance Report.
- 4.3 Operational Risks which should be escalated are identified through Senior Management meetings, the Clinical Care and Professional Governance forum and through reports to the IJB and PAC.

5.0 STRATEGIC RISK REGISTER UPDATE

5.1 The three highest scoring risks on the Strategic Risk Register remain the same as the previous Risk Register Update in September. They are: Staff Resource - Clinical; Dundee Drug and Alcohol Recovery Service; and the National Care Service.

- 5.2 The Strategic Risk Register extract details the most recent updates and a brief description of the mitigating control factors identified.
- 5.3 All strategic risks are reviewed regularly and mitigating actions recorded and scored. Further development work is underway to link risk with performance as recommended in the Internal Audit Report on Performance Management presented to the PAC at its meeting on 24th March 2021 (Item VI of the minute refers).

6 RISKS

- 6.1 The majority of risks and scores remain the same as the previous update in September.
- 6.2 The Category One Responder risk has decreased as the Category One Responder Action Plan was presented to and approved by the IJB on the 26th October 2022.
- 6.3 An emergent risk that is being scoped for entry on the Strategic Risk Register is the impact of potential nationwide power outages on the delivery of health and social care services. While business continuity plans cover power outages, preparatory contingency work is ongoing with partner agencies to ensure that all potential risks for widespread rolling power outages are covered.

7.0 PENTANA RISK MANAGEMENT SYSTEM

- 7.1 Following on Risk Development Sessions with the Integration Joint Board members, development work on the Pentana Risk Management System is being undertaken.
- 7.2 Developments include linking the risks to the individual Actions in the current Strategic and Commissioning Plan Actions, and Performance Indicators where appropriate.
- 7.3 Documents will be added as links to the risks where they are part of the Control Factor. For example we plan to add the link to the Workforce Strategy document to the Staff Resource risk.
- 7.4 The inherent risks will be revisited to take into account external events which have meant that current scores are higher than previous inherent scores.
- 7.5 The target risk scores will be revisited to take into account the recent development work around risk appetite.
- 7.6 Pentana accounts and familiarisation sessions are being planned for Integrated Joint Board members so they can access the updated Pentana Risk Management System.

8.0 POLICY IMPLICATIONS

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

9.0 RISK ASSESSMENT

- 9.1 This report has not been subject to a risk assessment as it provides the IJB with an overview of the IJBs Strategic Risks.

10.0 CONSULTATIONS

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

11.0 BACKGROUND PAPERS

11.1 None.

Dave Berry
Chief Finance Officer

DATE: 3 November 2022

Clare Lewis-Robertson
Senior Officer, Strategy and Performance

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ITEM No ...11.....



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 23 NOVEMBER 2022

REPORT ON: ADULT WEIGHT MANAGEMENT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC35-2022

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide information and assurance regarding access to Adult Weight Management services in Dundee.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the current service model of the weight management service.
- 2.2 Notes the current waiting list and associated improvement plans.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND INFORMATION

- 4.1 The Dundee City Plan monitors the percentage of Primary 1 children classified as Obese or Overweight and this data is collated and published nationally by Public Health Scotland (PHS). Data has not been widely collected in Dundee and Tayside since 2018/19 due to a transformation in the School Nursing Service. Subsequently Public Health have taken on collecting this data for Tayside, and all eligible P1 pupils across Tayside were weighed and measured last school year (2021/22). Data was submitted to PHS and results are expected in Q4 2022/23. Measurements are currently being collected for school year 22/23. National data published in December 2021 showed a large increase in the number of children at risk of obesity. The most recent 2018/19 data showed that 13.5% of Primary 1 age children in Dundee were at risk of becoming overweight and 11.3% were at risk of obesity.
- 4.2 The Scottish Health Survey is a suite of surveys and linked research used to estimate the prevalence of particular health conditions in Scotland, to estimate the prevalence of certain risk factors associated with these health conditions and to document the pattern of related health behaviours. Latest data for 2019 reported that 63% of Scottish females and 69% of Scottish males are either overweight or obese. Obesity is strongly correlated with deprivation and associated co-morbidities. The survey reported that only 66% of the Scottish population meet national guidelines for physical activity and 55% of the Dundee population have good physical wellbeing. The current activity guidelines advise adults to accumulate 150 minutes of moderate activity or 75 minutes of vigorous activity per week or an equivalent combination of both, in bouts of 10 minutes or more.
- 4.3 Dundee experiences high rates of deprivation, an ageing population, frailty and age-associated conditions being diagnosed earlier in life than in more affluent Partnerships. The cost of living crisis is placing further pressure on families in Dundee, more families than ever are living in food insecurity and links have been made locally regarding the consequences which include the increased risk of poor diet quality and obesity and worsening mental health. The Scottish Health

Survey reported in 2019 that 11% of Dundee's citizens were worried that they would run out of food, compared with 9% of the Scottish population.

4.4 The prevalence of type 2 diabetes in Tayside has shown a year on year increase since 2010. Type 2 diabetes has traditionally been viewed as a progressive and lifelong condition but recent evidence from a primary care-based randomised controlled trial demonstrated that a large proportion of people can achieve durable diabetes remission if they lose and maintain sufficient weight loss within 6 years of diagnosis. Remission is high on the agenda of people with diabetes, and the concept is increasingly recognised within clinical guidelines, and has a central place within the Scottish Government framework guidance. Intensive weight management programmes have not been routine practice within NHS settings, and place new demands on healthcare services.

4.5 Over 1,100 pieces of equipment to support people who are overweight have been issued by the Joint Equipment Store. These include beds, chairs, stools and walking and showering aids.

5.0 TAYSIDE ADULT WEIGHT MANAGEMENT SERVICE

5.1 Tayside Adult Weight Management service (TAWMS) is a Tayside-wide service which delivers a range of patient pathways and interventions. The service is funded from core and external Scottish Government funding.

5.2 Since 2019, in response to the COVID-19 pandemic and the requirement to deliver on several milestones in relation to 'A Healthier Future: type 2 Diabetes prevention, early detection and intervention: Framework' (2018), several milestones were set by the Scottish Government. The service has expanded and implemented new patient pathways and weight management interventions. In early 2020, TAWMS only offered individuals a single tier 3, 12 month group weight management intervention along with a service to patients referred for bariatric surgery.

5.3 The service currently offers the following interventions:

- 12-week digital structured education and lifestyle intervention for people newly diagnosed with type 2 diabetes (T2D) – this programme is commissioned from Oviva
- 9 month digital structured education and lifestyle intervention for people diagnosed with prediabetes
- 12 month T2D remission programme – this programme is commissioned from Oviva
- Tier 2 programme commissioned from Second Nature – this is a digital lifestyle weight management intervention which is app-based
- 12 month TAWMS tier 3 programme
- Pre- and post-operative assessment and support for bariatric patients.

5.4 Tier 2 and Tier 3 Weight Management Services for Adults

In 2019 NHS Scotland published the 'Standards for the delivery of tier 2 and tier 3 weight management services for adults in Scotland':

5.5 *Tier 2* definition:

"Multicomponent overweight and obesity management intervention for adults usually delivered in groups with healthy weight specialists from a range of professional backgrounds. Referrals are triaged at a single point of entry to the pathway by a specialist clinician."

5.6 *Tier 3* definition:

"Management of more complex cases (e.g. higher grades of obesity and obesity with associated comorbidities, psychosocial difficulties and/or additional needs), which may require a variety of interventions to be delivered by specialist multidisciplinary teams composed of weight management dietitians, psychology, physiotherapy and physical activity specialists. Referrals are triaged at a single point of entry to the pathway by a specialist clinician."

5.7 TAWMS is working towards achieving the minimum standards for the delivery of tier 2 and tier 3 weight management services and has recently undertaken and completed an adult healthy weight standards gap analysis exercise with a linked plan on how gaps will be addressed. This was reported to the Scottish Government in October 2022 with positive improvement noted, although it is recognised there is still improvement required.

5.8 Tier 3 Weight Management Services

Over the last two and a half years, the structure of TAWMS tier 3 weight management intervention has undergone radical change as a result of the COVID-19 pandemic. Prior to March 2020, patients attended 12 month group programmes which were delivered across Tayside. In March 2020 weight management-related work was categorised as non-urgent and all clinical activity was suspended and staff were deployed to areas with the greatest clinical need. As services resumed, TAWMS were challenged with the following:

- Rewriting and remodelling the tier 3 programme so that it could be delivered digitally
- Establishing Information Governance (IG) permissions to deliver digital groups
- Re-engagement with patients whose intervention was suspended
- Delays in recruitment of additional staff

5.9 The service remobilised in November 2020, initially with patients whose programme had been suspended because of the pandemic. Unfortunately, it took several months to finalise permissions to use MS Teams for group interventions. Therefore, instead of 10-15 patients in a 1-1.5 hour group session, patients were seen at one to one Near Me or telephone appointments, which significantly reduced the throughput of patients.

5.10 TAWMS tier 3 weight is currently delivered:

- remotely via a model of a blended approach using digital groups and 1:1 coaching sessions
- 1:1 phone calls for patients who do not have access to technology or require 1:1 support
- Oviva Way to Wellness digital programme.

5.11 The Tier 3 TAWMS intervention comprises of:

- 1 hour assessment
- Phase 1: 12 fortnightly appointments
- Phase 2: 6 monthly appointments

5.12 Tier 3 New Initiatives

- The service has recently moved to patient-focussed booking to support a reduction in DNA numbers.
- We are currently testing a weight management group for patients living with diabetes that will focus on diabetes education as well as weight management.
- We are currently testing a low carbohydrate group for individuals living with type 2 diabetes. This group has had excellent patient engagement and initial data such as weight loss is very encouraging.

5.13 Outcomes for Tayside Adult Weight Management Service – Oct 2019-Sept 2022

Patients opted in - 371

Number of patients starting phase 1 - 196

Number of patients at end of phase 1 (attended session 12) - 87

Number of patients starting phase 2 - 29

Number of patients end of phase 2 (attended session 6) - 24

Average reported weight loss at 6 months (87 patients) - 5.3%

Average reported weight loss at 9 months - 5.6%

Average reported weight loss at 12 months (24 patients) - 5%

Notes:

- The period Oct 2019–Sept 2022 includes the period during the COVID-19 pandemic when the service was suspended from March to November 2020. The significant difference between the number of patients who opted into the service and then did not progress to start the programme can be explained in part by the suspension of services.
 - The number of new patients invited to the engage with the service has been significantly impacted by the fact that we had to re-engage with patients (explained above) and until March 2022 all patient appointments were one to one because of the restrictions placed by Information Governance in relation to digital group work.
 - TAWMS is currently undertaking analysis of the data for new patients from March 2022, as this will provide a more accurate indication of outcomes.
 - All weights are self-reported.
- 5.14 Additional feedback was also collected specifically from patients at the end of the phase one, 1:1 programme (6 months) which was the initially delivered following the suspension of services due to the pandemic. Sixty evaluations were undertaken, 47 (78%) were completed and 12 were not completed because patients did not attend their last appointment. One patient was unwell at their last appointment and the clinician did not think it was appropriate to prolong the appointment to answer questions.
- 5.15 Start weight and final weight were available for 58 patients, all weights were self-reported. The average weight loss was 7.7kg, ranging from +4.1kg to 20kg, two patients increased their weight. The average percentage weight loss was 6.2%, ranging from +2.9–20%. Thirty-eight (63%) patients achieved a percentage weight loss of at least 5%, and 7 (12%) patients achieved greater than 10% weight loss.
- 5.16 To address waiting times, NHS Tayside procured 201 Oviva Digital Way to Wellness places, 101 in 2019/20 funded from slippage in core Nutrition and Dietetic budget generated from staff vacancies, and 100 in 2020/21 funded by Scottish Government. No further funding was made available in 2021/22 or 2022/23, therefore patients no longer have access to this programme.

Table 1: Oviva Way to Wellness. Evaluation data summary for 41 patients who have completed the Oviva Way to Wellness Programme since August 2020 (data provided by Oviva).

Average weight reduction from baseline at 6 months	8.8kg*
Average weight reduction from baseline at 12 months	12.5kg*
Average % weight reduction from baseline at 12 months	10.2%*
Number of eligible referrals attended the programme	84%
Patients supported in 3 different languages	Polish, Urdu, Spanish

*Reported weights

- 5.17 Tier 2
- TAWMS are currently funded to deliver tier 3 weight management interventions and not tier 2. We have recently secured additional fixed term funding to tackle waiting times. A proportion of this funding has used to procure and test a tier 2 service in partnership with commissioned services i.e. Second Nature and Football Fans in Training. Second Nature is a digital education and lifestyle intervention delivered via an app, and Football Fans in Training is a face to face intervention delivered by the SPFL Trust, by Arbroath, Dundee United, St Johnstone, Brechin, Forfar and Montrose football clubs.
- 5.18 When patients are referred to the weight management service, the referrals are vetted and prioritised using criteria including clinical need and complexity. The tier 2 service is initially being prioritised for patients who have been waiting the longest and are deemed not to require the support of specialist weight management service (tier 3). In addition to addressing the waiting list the test of change will help to establish criteria for patients who need to manage their weight, but do not require the specialist multidisciplinary team tier 3 approaches, thereby enabling patients to access the most appropriate weight management intervention. We are currently testing an enhanced 30 minute triage appointment, to ensure patients are ready and suitable for our tier 2 interventions. Additional tier 2 funding is available from the Type 2 Diabetes Framework, but this is only for patients at risk of type 2 diabetes.

6.0 TYPE 2 DIABETES

6.1 In Tayside, we now have an operationalised referral and treatment pathway to provide a 12 week structured education and lifestyle intervention for people newly diagnosed with T2D. Referrals to this programme were initially accepted solely from primary care clinicians, however, recently, significant efforts have been made to improve the enrolment process, and to reduce barriers to access and individuals can now also self-refer via links posted through social media.

6.2 Since the programme began in May 2020, the following outcomes have been reported:

- Over 700 patients have been referred, with 77% of people taking up the offer
- Of those who begin the programme, 83% complete
- Average weight loss from baseline is 4.3kg (4.1% body weight)
- HbA1c reduces by 15 mmol/mol on average (effects of medication have not been adjusted for – this will be investigated further). HbA1c is a blood test that measures how well diabetes is controlled – average blood glucose levels for the last two to three months
- 49% of attendees are male
- 34% of attendees come from the most deprived areas (SIMD 1 and 2)
- 2.2% of attendees are of Asian ethnicity
- Participants confidence to self-manage the condition from pre- to post-programme rise on average from 6/10 to 8/10
- 94% rate themselves as 'likely' or 'extremely likely' to recommend the service to friends/family.

6.3 In Tayside, we are now delivering a 12 month T2D remission programme in a group setting, jointly led by health psychology and dietetics. This is an entirely new service. The delivery model being used maximises access to specialist clinicians, provides best value and introduces crucial peer support. In particular, across Scotland, access to psychology services in weight management is limited, yet it is well recognised to be a crucial feature of specialist weight management interventions.

Preliminary results are encouraging, though dropout rates and alternative approaches to targeting remission require full consideration. An operationalised T2D remission pathway that primary care colleagues can refer into will be available by Q4 2022/23.

6.4 Research stretching back over 20 years has convincingly demonstrated that modest weight loss in the region of 5-7% body weight is effective in reducing progression to T2D by around 60%. However, until recently, this had not resulted in diabetes prevention programmes being delivered within NHS settings. In Tayside, we now have an operationalised referral and treatment pathway to provide lifestyle interventions for people with 'prediabetes' or a history of gestational diabetes – this is a new service to proactively reduce risks. It is a 9-month programme which combines tailored support from a specialist dietitian, with Smartphone technology using an App, to help people to lose weight. We work in partnership with Oviva to provide this service. This has been operational since September 2021, with 131 people enrolled so far. It is too early to evaluate outcomes, but this will take place in due course. Referrals to this programme are currently accepted from primary care clinicians, and via self referral through social media adverts for women with a history of gestational diabetes.

7.0 ACCESS TO SERVICES

7.1 The majority of patients for the tier 3 adult weight management service are referred through SCI Gateway by GPs. When patients are referred they are vetted and prioritised based on clinical presentation. At the start of the COVID-19 pandemic the waiting list was approximately 250, in October 2022 this has increased to 1500. The reasons for the increase are:

- Suspension of service from March to November 2020
- One to one appointments instead of group sessions
- Significant increase in referrals to the service.

Table 2: Referrals from 2019 to October 2022, reported by NHS Tayside Business Unit.

2019	2020	2021	2022
426	360	942	1,249

7.2 Waiting Times for Adult Weight Management Service (as at end of September 2022)

Average wait time: 215 days (30 weeks)

Longest wait time: 599 days (85 weeks)

8.0 WORKFORCE

8.1 TAWMS is supported by a multidisciplinary team consisting of clinical psychology, physiotherapy, dietitians, support workers and administrative staff. The workforce numbers 11.6 whole time equivalent staff.

9.0 AREAS TO SUPPORT IMPROVEMENT OF WAITING TIMES

- Appointment of two fixed term band 5 dietitians to deliver tier 2 assessments and additional tier 3 groups
- Commissioning of tier 2 services from Second Nature and Football Fans in Training
- Remodelling of tier 3 services to increase capacity
- Implementation of patient-focussed booking, to reduce Did Not Attends
- Based on patient feedback we are aiming to test a blended model of face to face group sessions with one to one digital coaching sessions. We are currently challenged with setting up face to face groups because many of the venues used pre-COVID are no longer available. We have identified Kirkton Community Centre for this test which will start in January 2023.
- Further building on use of digital solutions for service delivery.

10.0 NEXT STEPS

- Prompted by the dropout statistics, developing a rolling programme in which patients are able to join at any group session, thereby enabling maximum capacity to be utilised and reducing waiting times for new referrals.
- Using the data from the tier 2 test of change streamline pathways to direct patients to the most appropriate intervention.

11.0 RISK ASSESSMENT

Risk 1 Description	As a result of increasing demand (and the pandemic impact) for the adult weight management service patient waiting times are increasing, response times for priority referrals is increasing and the wellbeing of staff is being negatively impacted.
Risk Category	Quality (or care) / Clinical
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk Scoring 16
Mitigating Actions (including timescales and resources)	Additional staffing resources (2 band 5 posts) appointed for 12 month contracts Remodelling of tier 2 and tier 3 services to provide enhanced, person centred care. Enhanced digital solutions for service delivery. Development of T2D Services in line with Scottish Government Strategy
Residual Risk Level	Likelihood 4 x Impact 3 = Risk Scoring 12
Planned Risk Level	Likelihood 4 x Impact 2 = Risk Scoring 8

Approval recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.
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12.0 POLICY IMPLICATIONS

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

13.0 CONSULTATIONS

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

14.0 BACKGROUND PAPERS

None.

Diane McCulloch
Head of Service

DATE: 9 November 2022

Matthew Kendall
Allied Health Professions Lead

Linda McGrath
Community Food and Health Service Lead, Tayside Nutrition and Dietetic Service, NHST

Lynsey Webster
Senior Officer, Strategy and Performance

Will Cook
Consultant Dietician in Public Health

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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 23 NOVEMBER 2022

REPORT ON: DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC29-2022

1.0 PURPOSE OF REPORT

- 1.1 This paper provides the Performance and Audit Committee (PAC) with an update on the substantive completion of the previous years' internal audit plans as well as progress against the 2022/23 plan. This report also includes internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs are considered relevant for assurance purposes to Dundee IJB.

2.0 RECOMMENDATIONS

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




- 2.1 Notes the continuing delivery of the audit plans and related reviews as outlined in this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

- 4.1 The PAC approved the Integration Joint Board's 2022/23 Annual Internal Audit Plan at its meeting on 20 July 2022. The Public Sector Internal Audit Standards (PSIAS) require that the Chief Internal Auditor (CIA) reports periodically to the Audit Committee (the PAC in the case of Dundee City IJB) on activity and performance relative to the approved annual plan. We have previously set out that audit work is planned so as to allow the Chief Internal Auditor to provide the necessary assurances prior to the signing of the accounts.
- 4.2 Acknowledging the slippage in the delivery of the audit plan, and working with our partners in Dundee City Council, we are committed to ensuring that internal audit assignments are reported to the target Performance & Audit Committee. Draft reports have now been issued for all outstanding audits. Discussions have also taken place between NHS and Council internal audit colleagues as well as IJB Chief Finance Officer to plan for the remainder of 2022/23 internal audit assignments. Following a suggestion at the September 2021 PAC (Article VIII of the minute of meeting of this Committee of 29th September 2021 refers) the progress of each audit has been risk assessed and a RAG rating added showing an assessment of progress using the following definitions:

Risk Assessment		Definition
Green		On track or complete
Amber		In progress with minor delay
Red		Not on track (reason to be provided)

4.3 An update on the progress of all the IJB's Internal Audits is shown in Appendix 1.

4.4 In order that all parts of the system receive appropriate information on the adequacy and effectiveness of internal control within their purview, including controls operated by other bodies which impact on their control environment, an output sharing protocol was developed and approved by all partners' respective audit committees which covers the need to share internal audit outputs beyond the organisation that commissioned the work, in particular where the outputs are considered relevant for assurance purposes. No reports are considered relevant at this time.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS


7.1 The Chief Finance Officer, Regional Audit Manager, Chief Internal Auditor and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.






Dave Berry
Chief Finance Officer


Date: 10/11/2022

Outstanding								
Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
D06-21	Audit Follow Up/ Governance Action plan	Joint exercise between Internal Audit and management to review & update and consolidate actions arising from all sources of previous recommendations as well as reprioritising using a RAG status.	September 2024 February 2023* 	✓	✓	✓		
D05-22	Viability of External Providers	Review the controls established to manage Strategic Risk HSCP00d1. A review of the IJB's approach to continually assess the viability of its contracted social care providers as essential partners in delivering health and social care services and the priorities set out in the IJB's Strategic and Commissioning Plan. The review will consider the steps taken to engage with providers around the IJB's strategic direction and how the IJB provides ongoing support to them, including the process invoked should there be concerns over financial or operational sustainability.	November 2024 February 2023**	✓	✓	✓	✓	Reduced Assurance (Note: this is a Dundee City Council category, equivalent to 'Moderate')

*: Additional work was performed to ensure the audit adds value and the Governance Action Plan is complete with no duplication. Fieldwork is now complete and a draft report has been issued. We will present the finalised audit report to the next PAC meeting alongside a detailed Audit Follow Up position on all previous Internal Audit recommendations.

** : Whilst a draft report has been issued, further discussions are needed to fully agree the content and actions for the report

2022/23:								
Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
D01-23	Audit Planning	Agreeing audit universe and preparation of strategic plan	Complete 	✓	✓	✓	✓	N/A
D02-23	Audit Management	Liaison with management and attendance at Audit Committee	Ongoing 	✓	✓			
D03-23	Annual Internal Audit Report (2021/22)	CIA's annual assurance statement to the IJB and review of governance self-assessment	Complete 	✓	✓	✓	✓	N/A
D04-23	Governance & Assurance	Ongoing advice in relation to governance and assurance arrangements to support the response to the Dundee Drugs Commission	Ongoing 	✓				
D05-23	Workforce	Related risk: Staff Resource	May 2023 	✓				

2022/23:								
Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
		Scope: coherent, co-ordinated, adequate and effective approach to managing significant workforce risks. Strategic & operational responses across the totality of the workforce, including contracted services and 3rd sector						
D06-23	Operational planning	Related risk: All Planning and monitoring implementation of actions to deliver strategic priorities, including those arising from remobilisation and service plans	May 2023 					

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PERFORMANCE AND AUDIT COMMITTEE – ATTENDANCES - JANUARY 2022 TO DECEMBER 2022

COMMITTEE MEMBERS - (* - DENOTES VOTING MEMBER – APPOINTED FROM INTEGRATION JOINT BOARD)

Organisation	Member	Meeting Dates 2022				
		2/2	23/3 [^]	20/7	28/9	23/11
NHS Tayside (Non Executive Member)	Trudy McLeay **	✓				
NHS Tayside (Non Executive Member)	Pat Kilpatrick**			✓	✓	
Dundee City Council (Elected Member)	Helen Wright *	✓				
Dundee City Council (Elected Member)	Siobhan Tolland			✓	✓	
Dundee City Council (Elected Member)	Lynne Short *	✓				
Dundee City Council (Elected Member)	Dorothy McHugh			✓	✓	
NHS Tayside (Non Executive Member)	Donald McPherson *	✓		✓	✓	
Chief Officer	Vicky Irons	✓		✓	✓	
Chief Finance Officer	Dave Berry	✓		A	✓	
NHS Tayside (Registered Medical Practitioner – not providing primary medical services)	James Cotton	✓		✓	A	
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓		✓	✓	
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	A		A	A	
Carers' Representative	Martyn Sloan	✓		✓	✓	
Chief Internal Auditor ***	Tony Gaskin	✓		✓	✓	

✓ Attended

A Submitted apologies

A/S Submitted apologies and was substituted

No longer a member and has been replaced / was not a member at the time

* Denotes Voting Members

** Denotes Office Bearer. Periods of appointment are on fixed terms in accordance with legislation. At meeting of the Integration Joint Board held on 27th October, 2020, Trudy McLeay was appointed as Chair (the Chair of the Committee cannot also be the Chair of the Integration Joint Board).

*** The Chief Internal Auditor is a member of the Committee and is not a member of the Integration Joint Board.

**** Audit Scotland are not formal members of the Committee and are invited to attend at least one meeting of the Committee a year.

(Note: First meeting of the Committee was held on 17th January, 2017).

(Note: Membership are all members of the Integration Joint Board (only exceptions are Chief Internal Auditor and Audit Scotland).

[^] This meeting was not required to be held.