



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

City Chambers
DUNDEE
DD1 3BY

3rd December, 2024

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

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I would like to invite you to attend a meeting of the above Joint Board which is to be held remotely on Wednesday, 11th December, 2024 at 10.00 am.

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

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at committee.services@dundeecity.gov.uk by 12 noon on Monday 9th December, 2024.

Yours faithfully

DAVE BERRY
Acting Chief Officer

AGENDA

1 APOLOGIES

2 DECLARATION OF INTEREST

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

3 MINUTE OF PREVIOUS MEETING

(a) The minute of previous meeting of the Integration Joint Board held on 23rd October, 2024 is attached for approval. - **Page 1**

(b) ACTION TRACKER - **Page 9**

The Action Tracker (DIJB63-2024) for meetings of the Integration Joint Board is attached for noting and updating accordingly.

4 APPOINTMENT OF CHIEF OFFICER DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (DIJB72-2024)

Following the retiral of the previous postholder, the Integration Joint Board is asked to note that recruitment and selection processes are being undertaken to identify a successor and to agree that the voting members of the Integration Joint Board be authorised to act as an Appointments Committee with powers to shortlist and interview candidates on a date to be confirmed and, if so minded, to make an appointment to the post and that the Chief Executive of NHS Tayside (or their nominee) and the Chief Executive of Dundee City Council (or their nominee) act as Advisers to the Committee.

5 PERFORMANCE AND AUDIT COMMITTEE CHAIR'S ASSURANCE REPORT - Page 11

(Report No DIJB67-2024 by the Chair of the Performance and Audit Committee, copy attached – for information and record purposes).

6 IN PATIENT LEARNING DISABILITY TRANSITION UPDATE - Page 13

(Report No DIJB74-2024 by the Chief Officer, copy attached – for noting).

7 WINTER RESILIENCE PLAN NHS TAYSIDE AND PARTNER ORGANISATIONS 2024/25 - Page 21

(Report No DIJB62-2024 by the Chief Officer, copy attached – for decision).

8 DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK – ANNUAL UPDATE - Page 67

(Report No DIJB73-2024 by the Chief Officer, copy attached – for decision).

9 FINANCIAL MONITORING POSITION AS AT OCTOBER 2024 - Page 87

(Report No DIJB68-2024 by the Chief Finance Officer, copy attached – for noting).

10 FINANCIAL RECOVERY PLAN UPDATE 2024/25 - Page 99

(Report No DIJB70-2024 by the Chief Finance Officer, copy attached – for decision).

11 DUNDEE IJB 2025/26 BUDGET OUTLOOK - Page 105

(Report No DIJB69-2024 by the Chief Finance Officer, copy attached – for noting).

12 PERFORMANCE AND AUDIT COMMITTEE ANNUAL REPORT 2023/24 - Page 109

(Report No DIJB66-2024 by the Chief Finance Officer, copy attached – for noting).

13 REVISED PERFORMANCE AND AUDIT COMMITTEE TERMS OF REFERENCE - Page 113

(Report No DIJB64-2024 by the Chief Finance Officer, copy attached – for noting).

14 BEST VALUE ARRANGEMENTS & ASSESSMENT 2024/25 - Page 119

(Report No DIJB65-2024 by the Chief Finance Officer, copy attached – for noting).

15 MEETINGS OF THE INTEGRATION JOINT BOARD 2024 – ATTENDANCES - Page 143

A copy of the attendance return (DIJB71-2024) for meetings of the Integration Joint Board held to date over 2024 is attached for information.

16 IJB DEVELOPMENT SESSIONS 2024

The IJB is asked to note that the following Development Session has been arranged:

Wednesday 18th December at 10.00am– Budget – Conference Room 1, Claverhouse office, Jack Martin Way

17 PROGRAMME OF MEETINGS OF INTEGRATION JOINT BOARD AND PERFORMANCE AND AUDIT COMMITTEE – 2025

(a) INTEGRATION JOINT BOARD

It is proposed that the programme of meetings for the Integration Joint Board over 2025 be as follows:-

Wednesday 19th February - 10.00am
 Wednesday 26th March - 10.00am (Budget Meeting)
 Wednesday 16th April - 10.00am
 Wednesday 18th June -10.00am
 Wednesday 20th August - 10.00am
 Wednesday 22nd October - 10.00am
 Wednesday 10th December - 10.00am

(b) PERFORMANCE AND AUDIT COMMITTEE

It is proposed that the programme of meetings for the Performance and Audit Committee over 2024 be as follows:-

Wednesday 29th January - 10.00am
 Wednesday 21st May - 10.00am
 Wednesday 24th September - 10.00am
 Wednesday 19th November - 10.00am

18 DATE OF NEXT MEETING

The next meeting of the Dundee Integration Joint Board will be held remotely on Wednesday 19th February, 2025 at 10.00am.

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

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

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

(b) CONTACTS – FOR INFORMATION ONLY

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

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



At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 23rd October, 2024.

Present:-

Members

Role

Bob BENSON	Nominated by Health Board (Non-Executive Member)
Ken LYNN	Nominated by Dundee City Council (Elected Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Colleen CARLTON	Nominated by Health Board (Non Executive Member)
David CHEAPE	Nominated by Health Board (Non-Executive Member)
Dave BERRY	Acting Chief Officer
Suzie BROWN	Registered Nurse
Christina COOPER	Third Sector Representative
Dr Emma FLETCHER	Director of Public Health
Christine JONES	Acting Chief Finance Officer
Glyn LLOYD	Chief Social Work Officer
Jim McFARLANE	Trade Union Representative
Raymond MARSHALL	Staff Partnership Representative
Dr Sanjay PILLAI	Registered Medical Practitioner (not providing primary medical services)
Dr David SHAW	Clinical Director
Martyn SLOAN	Person providing unpaid care in the area of the local authority
Dr David WILSON	NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))

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

Robin FALCONER	Health and Social Care Partnership
Jenny HILL	Health and Social Care Partnership
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Kathryn SHARP	Health and Social Care Partnership
Angie SMITH	Health and Social Care Partnership

Bob BENSON, Chairperson, in the Chair (for Articles I to III).

Ken LYNN, Chairperson, in the Chair (for Articles IV to XVII)

The Chair took the opportunity to express, on behalf of the Integration Joint Board, best wishes to Vicky Irons, Chief Officer who had now retired from her post.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Member

Role

Siobhan Tolland	Nominated by Dundee City Council (Elected Member)
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II DECLARATION OF INTEREST

There were no declarations of interest.

III MEMBERSHIP OF DUNDEE CITY INTEGRATION JOINT BOARD – REAPPOINTMENTS AND APPOINTMENT

(a) NHS TAYSIDE - REAPPOINTMENTS

The Integration Joint Board agreed to note that at the meeting of NHS Tayside Board held on 29th August, 2024 it was agreed that the undernoted members who were due for reappointment in October 2024 be given a further period of appointment as members of Dundee Integration Joint Board.

<u>Role</u>	<u>Member</u>
Nominated by Health Board	Bob Benson *
Nominated by Health Board	David Cheape *
Registered nurse	Susie Brown**
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson **
Registered medical practitioner not providing primary medical services	Dr Sanjay Pillai **

* Denotes Voting Member

** Denotes Non Voting Member

(b) NHS TAYSIDE – APPOINTMENT

The Integration Joint Board agreed to note that at the meeting of NHS Tayside Board held on 29th August, 2024 it was agreed that Colleen Carlton be appointed as a replacement Voting Member for Beth Hamilton.

(c) MEMBERSHIP - REAPPOINTMENTS

The Integration Joint Board agreed to a further term of appointment to the Integration Joint Board for the undernoted membership:-

<u>Role</u>	<u>Member</u>
Staff Partnership Representative	Raymond Marshall **
Staff of the constituent authorities engaged in the provision of services provided under integration functions	Jim McFarlane **
Third sector bodies	Christina Cooper **
Service users	Vacant **
Person providing unpaid care in the area of the local authority	Martyn Sloan **
Director of Public Health	Dr Emma Fletcher **
Clinical Director	Dr David Shaw **

** Denotes Non Voting Member

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

- (i) to note that Liz Goss had tendered her resignation from the position of Service User rep on the IJB. Thanks were expressed to Liz for her input to the IJB; and
- (ii) to note that options were being explored into whether a change would be made to the recruitment process for the Service User position.

III CHAIRPERSON AND VICE-CHAIRPERSON

(a) CHAIRPERSON

The Integration Joint Board agreed to note that the term of office of Chairperson held by NHS Tayside had lapsed and that in terms of Standing Orders this would now require to be filled by a Voting Member from Dundee City Council.

The Integration Joint Board agreed to note the position and that Councillor Ken Lynn had been nominated as Chairperson.

(b) VICE-CHAIRPERSON

The Integration Joint Board agreed to note that the term of office of Vice-Chairperson held by Dundee City Council had lapsed and that in terms of Standing Orders this would now require to be filled by a Voting Member from NHS Tayside Board.

The Integration Joint Board agreed to note the position and that Bob Benson had been nominated as Vice-Chairperson.

V PERFORMANCE AND AUDIT COMMITTEE (PAC) APPOINTMENT OF MEMBERSHIP AND CHAIRPERSON

Reference was made to Article VIII of the minute of meeting of the Integration Joint Board held on 30th August, 2016 wherein it was agreed to establish a Performance and Audit Committee as a Standing Committee of the Integration Joint Board.

(a) MEMBERSHIP

The Terms of Reference indicated that the Integration Joint Board should appoint the Committee which would consist of not less than six members of the Integration Joint Board. The Committee would include at least four Integration Joint Board Voting Members (on the basis of two from NHS Tayside and two from Dundee City Council).

The Integration Joint Board agreed to note the position and agreed to the appointment of Councillor Tolland, Councillor McHugh, Bob Benson and David Cheape as Voting Members on the Performance and Audit Committee and Sanjay Pillai, Raymond Marshall and Martyn Sloan as Non Voting Members on the Performance and Audit Committee.

(b) CHAIRPERSON

The Committee would be chaired by a person not being the Chairperson of the Integration Joint Board and would be nominated by the Integration Joint Board. The Terms of Reference for the PAC specified that the Chair of the PAC would be the Vice-Chairperson of the Integration Joint Board.

The Integration Joint Board agreed to note that the Vice-Chairperson of the Integration Joint Board, Bob Benson would serve as Chairperson of the Performance and Audit Committee.

VI MINUTE OF PREVIOUS MEETING

(a) The minute of meeting of the Integration Joint Board held on 21st August, 2024 was submitted and approved.

(b) ACTION TRACKER

The Action Tracker DIJB57-2024 for meetings of the Integration Joint Board was submitted and noted.

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

- (i) to note that in relation to action 11 that although a report on dentistry had been requested, it would be contained within the upcoming Development Session on Primary Care as it was felt that more time could be dedicated to the issue. There was potential for a follow up report to be provided if this was necessary;
- (ii) to note that in relation to action 13, the Chief Officer had discussed with Roger Mennie and it was recommended that rather than bring the unapproved PAC minute to the IJB, all members of the IJB would receive a copy of the minute once approved by the PAC. In relation to the PAC Chair's Assurance report, it was recommended that this continued to be provided. Both recommendations were agreed.

VII PERFORMANCE AND AUDIT COMMITTEE

(a) DRAFT MINUTE OF PREVIOUS MEETING OF 25TH SEPTEMBER, 2024

The draft minute of the previous meeting of the Performance and Audit Committee held on 25th September, 2024 was submitted and noted for information and record purposes.

(b) CHAIR'S ASSURANCE REPORT

There was submitted Report No DIJB58-2024 by Ken Lynn, Chairperson of the Performance and Audit Committee, providing an Assurance Report to the Integration Joint Board on the work of the Performance and Audit Committee.

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

VIII DRAFT DUNDEE SUICIDE PREVENTION DELIVERY PLAN 2024-2026

There was submitted Report No DIJB56-2024 by the Chief Officer providing an update on progress made in developing Dundee's Suicide Prevention Delivery Plan and seeking endorsement of the draft plan prior to its submission to Dundee Chief Officers Group for approval.

The Integration Joint Board agreed:-

- (i) to note recent developments in arrangements for the governance and leadership of suicide prevention activity in Dundee, aligned to Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032 (section 4.2.1 of the report);
- (ii) to note progress made to develop Dundee's Suicide Prevention Delivery Plan, including through stakeholder engagement (sections 4.2.2. to 4.2.4 of the report);
- (iii) to note that the draft Suicide Prevention Delivery Plan would be submitted to Dundee Chief Officers Group for approval on 24th October, 2024, after which implementation and monitoring of the plan would be led by Dundee's Adults at Risk and Children at Risk Committees (section 4.2.5 of the report); and
- (iv) to endorse the draft Suicide Prevention Delivery Plan contained within appendix 1 of the report.

IX FINANCIAL MONITORING POSITION AS AT AUGUST 2024

There was submitted Report No DIJB61-2024 by the Chief Finance Officer providing an update of the projected financial position for delegated health and social care services for 2024/2025.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the projected operational financial position for delegated services for the 2024/2025 financial year end as at 31st August, 2024 as outlined in Appendices 1, 2, and 3 of the report;
- (ii) to note the ongoing actions being taken by Officers and Senior Management to address the current projected financial overspend position through the development of a Financial Recovery Plan, as detailed in 4.5 of the report; and
- (iii) to note the deterioration in Risk profile assessment (as detailed in section 6.0 of the report) due to the worsening financial position.

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

- (iv) to note that there were a number of developments underway in relation to the GP Out of Hours Service to help the urgent unscheduled care service work be more efficient; and
- (v) to note that in relation to paragraph 4.3.9, it stated that the Council pay award had been agreed via COSLA, however Jim reported that it hadn't yet been agreed and there was industrial action taking place.

X FINANCIAL RECOVERY PLAN 2024/25

There was submitted Report No DIJB54-2024 by the Chief Finance Officer seeking approval to implement a financial recovery plan in order to bring the delegated budget into financial balance by the 2024/2025 year end.

The Integration Joint Board agreed:-

- (i) to note the significant financial challenges currently faced by Dundee IJB and recognised this was part of a broader national issue around financial sustainability of health and social care, as highlighted in the recent Accounts Commission report on IJB financial performance;
- (ii) to note and acknowledge that measures needed to deliver financial recovery and financial sustainability were likely to conflict with the priorities and desired 'scale and pace' of the IJB's Strategic Plan;
- (iii) to approve the content of the report detailing progress and implications as a result of actions by Officers and Senior Management to address the projected financial overspend position for 2024/2025;
- (iv) to instruct the Chief Officer and Chief Finance Officer to submit the financial recovery plan to the partner bodies for noting as set out in the Integration Scheme; and
- (v) to request an update on the financial impact of the recovery plan from the Chief Finance Officer at the December IJB meeting.

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

- (vi) that the Chief Finance Officer would try to obtain information from NHS Tayside about the translation of absence levels into costs and would share this with members;
- (vii) to note that IJB members would continue to be involved throughout the budget setting process and that different options would be laid out; and

- (viii) that consideration would be given to providing a report on comparative absence rates at a later date.

XI DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP DELIVERY PLAN, OCTOBER 2024 – MARCH 2026

There was submitted Report No DIJB53-2024 by the Chief Officer seeking endorsement of Dundee Health and Social Care Partnership's Delivery Plan for the period October 2024 to March 2026.

The Integration Joint Board agreed:-

- (i) to note the work undertaken to develop the first Dundee Health and Social Care Partnership Delivery Plan, in response to the strategic priorities and shifts commissioned by the IJB via the Plan for Excellence in Health and Social Care in Dundee (section 4.1 and 4.2 of the report); and
- (ii) to endorse the Dundee Health and Social Care Partnership Delivery Plan, October 2024 to March 2026 (attached as appendix 1 to the report).

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

- (iii) that further consideration would be given to the presentation of the Delivery Plan along with Design Services colleagues and any further feedback was welcomed; and
- (iv) that, at the suggestion of the Chief Social Work Officer, consideration would be given to bringing a report on the What Matters To You initiative to a future meeting.

XII DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022-2025

There was submitted Report No DIJB55-2024 by the Chief Officer informing of further progress achieved in the development and implementation of Dundee Health and Social Care Partnership Workforce Plan 2022-2025.

The Integration Joint Board agreed to note the progress achieved over the last six-month period in relation to implementation of priorities within the Dundee Health and Social Care Partnership Workforce Plan.

XIII A CARING DUNDEE 2 – STATUTORY REVIEW

There was submitted Report No DIJB52-2024 by the Chief Officer informing that the Dundee Carers Partnership had commenced work to support the statutory review of a Caring Dundee 2.

The Integration Joint Board agreed:-

- (i) to note the requirement, under Section 33 (3) of the Carers (Scotland) Act 2016, to carry out a statutory review of A Caring Dundee 2 by 21st April, 2025 (section 4.1 of the report);
- (ii) to note the planned approach and timescale for completion of the statutory review of A Caring Dundee 2, led by Dundee Carers Partnership and supported by the Strategic Planning Advisory Group (section 4.2 and appendix 1 of the report); and
- (iii) to instruct the Chief Officer to bring forward a report setting out the recommendations of the statutory review of A Caring Dundee no later than 21st April, 2025.

XIV AUDIT SCOTLAND REPORT ON INTEGRATION JOINT BOARDS FINANCE AND PERFORMANCE 2024

There was submitted Report No DIJB59-2024 by the Chief Officer advising of Audit Scotland's recent published national report on Integration Joint Boards Finance and Performance 2024.

The Integration Joint Board agreed:-

- (i) to note the content, key messages and recommendations contained in the national Audit Scotland report on Integration Joint Boards Finance and Performance 2024 attached as Appendix 1 to this report; and
- (ii) to instruct the Chief Officer to ensure the recommendations in the report are adopted on a local basis and provide evidence in the achievement of these through the Annual Governance Statement.

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

- (iii) that consideration would given to taking this report to a future PAC meeting.

XV MEETINGS OF THE INTEGRATION JOINT BOARD 2024 – ATTENDANCES

There was submitted a copy of the Attendance Return DIJB60-2024 for meetings of the Integration Joint Board held to date over 2024.

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

XVI IJB DEVELOPMENT SESSIONS

The IJB noted that the following Development Sessions had been arranged:

Wednesday 30th October at 10.00am– Understanding Data – Meeting Room 1.1, Dundee House
 Wednesday 6th November at 10.00am – Risk – Meeting Room 1.1, Dundee House
 Wednesday 13th November at 10.00am– Primary Care – Committee Room 1, 14 City Square
 Wednesday 27th November at 2.00pm – Budget - Meeting Room 1.1, Dundee House
 Tuesday 3rd December at 10.00am – Social Care Commissioning – Conference Room 1, Claverhouse office, Jack Martin Way
 Wednesday 18th December at 10.00am– Budget – Conference Room 1, Claverhouse office, Jack Martin Way

XIX DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Dundee Integration Joint Board would be held remotely on Wednesday 11th December, 2024 at 10.00am.

Bob BENSON, Chairperson
 Ken LYNN, Chairperson

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DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 23RD OCTOBER 2024

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Original Timeframe	Status	Comment
1	29/03/23	V	MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN	that the Chief Officer would co-ordinate a range of options for IJB members to visit mental health services Replacement action agreed by IJB on 23 October 2024: Develop a programme of service visits for IJB members, alongside the Chief Officer, as part of the 2025 IJB development programme.	Chief Officer	June 2023 June 2024 January 2025	In progress	Committee Services in the process of scheduling 2025 meeting dates, after which dates for development sessions and service visits will be set and issued.
2	21/06/23	VIII	ANNUAL COMPLAINTS PERFORMANCE	that, on the suggestion of the Chair, some investigation be made into carrying out benchmarking against other HSCPs and/or family groups	Lead Officer (Strategic Planning and Business Support)	December 2023 June 2024 December 2024	Abandoned	Complaints Officer reviewed available information from other HSCP's, and due to the SPSO dropping their requirement for detailed reporting requirements, this is not possible to do.
3	13/12/23	V	DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK	that the developed measures would be brought back to the IJB in the next quarter.	Senior Manager, Service Development and Primary Care	December 2024	Ongoing	Report to be submitted for meeting of IJB on 11 December 2024.
4	13/12/23	V	DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK	that in relation to the mapping event for children and young people services, consideration would be given to providing feedback from the event to a future IJB meeting.	Head of Health and Community Care Services	December 2024	Ongoing	Report to be submitted for meeting of IJB on 11 December 2024.

7	19/06/24	IV(a)	PERFORMANCE AND AUDIT COMMITTEE MINUTE	that a discussion would take place with Audit colleagues about whether the unapproved PAC minute should be submitted to the IJB and a recommendation brought back.	Chief Officer	October 2024	Complete	Agreed following discussion at IJB on 23 rd October 2024 that: 1. Approved PAC minute will be circulate to all IJB members as soon as it is available. 2. IJB will continue to receive a PAC Chair's Assurance Report.
8	19/06/24	XII	ANNUAL REPORT OF THE DHSCP CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP 2023-2024	that a premises update report on DDARS would be brought to a future IJB meeting.	Chief Officer	December 2024 February 2025	In progress	Full property strategy update to be submitted to first IJB meeting in 2025.
9	23/10/24	X	FINANCIAL RECOVERY PLAN 2024/25	that data on the translation of absence figures into costs would be sought from NHS Tayside.	Chief Finance Officer	December 2024	In progress	Work is ongoing with NHS Tayside colleagues to identify if requested information is available.
10	23/10/24	X	FINANCIAL RECOVERY PLAN 2024/25	that consideration would be given to providing a report on comparative absence rates	Chief Finance Officer	March 2025	In progress	
11	23/10/24	XI	DHSCP DELIVERY PLAN OCTOBER 2024-MARCH 2026	that further consideration would be given to the presentation of the Delivery Plan with Design Services colleagues	Head of Service, Strategic Services	December 2024	Complete	Design changes will be incorporated when the Delivery Plan is next refreshed – this will be completed following agreement of the IJB's financial recovery plan.
12	23/10/24	XI	DHSCP DELIVERY PLAN OCTOBER 2024-MARCH 2026	That consideration would be given to bringing a report on the What Matters to You initiative to a future meeting.	Chief Officer/Chief Social Work Officer	December 2024	Complete	This has been added to the list of items to be scheduled for 2025.
13	23/10/24	XIV	AUDIT SCOTLAND REPORT ON INTEGRATION JOINT BAORDS FINANCE AND PERFORMANCE 2024	That consideration would be given to taking this to a future PAC meeting.	Chief Officer	December 2024	Complete	This has been added to the list of items to be scheduled for 2025.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
11TH DECEMBER 2024

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

REPORT BY: CHAIR, PERFORMANCE AND AUDIT COMMITTEE

REPORT NO: DIJB67-2024

This assurance report relates to the meeting of the Performance and Audit Committee (PAC) of the 20th November 2024.

Issues to highlight to the Board

- Committee welcome Elaine Torrance, Independent Convenor of Dundee Adults at Risk Committee / Independent Chair of Dundee Children at Risk Committee to present the Protecting People Annual Report 2023-2024. Committee commented on the report being well-written and easy to read. Members noted the progress made in developing an effective partnership response to the needs of at-risk children and adults during 23/24.
- Audited Annual Accounts for 2023/24 and Auditors Annual Report were presented, and committee welcomed Rachel Browne from Audit Scotland who confirmed an Unmodified Opinion on the Annual Accounts. The Annual Accounts document was circulated separately and approved remotely by PAC members. Committee acknowledged the work undertaken by HSCP staff and Audit Scotland to complete the Accounts and Audit report.
- Committee welcomed Peter Allan, Community Planning Manager with Dundee City Council, who presented the Annual Report for 2023/24 on City Plan for Dundee 2022-2032. Subsequent conversations included discussion about return to work and employability support for individuals in the city, including school-leavers moving towards economically-active destinations.
- The Health and Social Care Partnership's quarter 1 (2024-25) Performance Report was presented and scrutinised by the Committee, with key analytical messages highlighted. Committee members had a range of questions for officers in terms of the information presented, but this was supported following the recent development session to assist members understand the background work and analysis undertaken when preparing the report.
- The Clinical, Care and Professional Governance Assurance report was presented to the Committee. Clinical and operational risks in DDARS, Dietetics, Learning Disabilities and Psychological Therapies were noted. The Committee was given satisfactory responses to the questions posed. The Committee was content with the Reasonable level of assurance of clinical and care governance arrangements in place that the report provided.
- The Health and Social Care Partnership's quarter 2 (2024/25) Feedback Report was presented and scrutinised by the Committee. The report highlighted a continuing trend of relatively low number of complaints in both health and social care services, along with progress towards completing and closing these within timescales.
- The IJB's Strategic Risk Register Update report highlighted 6 risks with a High-Risk Category score (at 20 or 25). These are Staff Resource, Lack of Capital Investment in H&SC Integrated Community Facilities (including Primary Care), Unable to Maintain IJB Spend, National Care Service, Restrictions on Public Spending, and Primary Care Sustainability. Committee also noted a new Strategic Risk relating to Information Governance has been added, and 3 risks have been archived as these are now considered to be operational risks.

- Committee welcomed Glyn Lloyd, Chief Social Work Officer who presented the Chief Social Work Officer report 2023/24. Committee noted the work undertaken to support children and young people, adults and older people and those supported through the community justice system. Committee also acknowledged much of the work undertaken during this period was under the leadership of the previous Chief Social Work Officer who retired in February, and paid tribute to her leadership.
- An updating report on the Governance Action Plan progress was presented detailing the list of outstanding recommendations – 17 of which have now been marked as complete and a further 7 have been abandoned as either no longer relevant or unachievable with current systems and resources. The remaining 29 remain outstanding, with 25 demonstrating some level of progress.
- The Committee tracked progress of the Internal Audit Plan, noting that most planned work has a green RAG status with work on the outstanding Workforce now commencing. No additional reports undertaken on behalf of Partner bodies were included with this report.

Bob Benson
Chair

20 November 2024



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 11TH DECEMBER 2024

REPORT ON: IN PATIENT LEARNING DISABILITY TRANSITION UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB74-2024

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide an update to Dundee IJB on the progress being made with the Inpatient Learning Disabilities Transition Programme.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the progress being made with the Inpatient Learning Disability Transition Programme as outlined in this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The financial framework associated with the move to a single site model for Inpatient Learning Disability Services is currently being developed through a distinct finance workstream in the working group overseeing the service changes. This will include exploring the disinvestment and reinvestment opportunities associated with the service changes. The infrastructure costs of implementing the service changes will be funded by NHS Tayside given these are not delegated to the IJBs.

4.0 MAIN TEXT

- 4.1 Dundee Integration Joint Board received, noted and supported report DIJB50-2024, Tayside Inpatient Learning Disability Service Progress Report at its meeting of the 21 August 2024 (Article XIV of the meeting refers). This report advised the IJB of the operational decision taken by NHS Tayside's Executive Leadership Team to progress the move to a single site for Tayside Inpatient Learning Disability Services in line with the strategic direction previously agreed by the Tayside Integration Joint Boards.
- 4.2 The report set out a number of recommendations which NHS Tayside's Executive Leadership Team (ELT) had agreed to including the requirement to expedite the move of Inpatient Learning Disability Services to a single site at Murray Royal Hospital.
- 4.3 The table below provides an update status for each of the agreed recommendations

Number	Recommendation	Update
1	Agree with the recommendations from the Board Medical Director and Nurse Director that	NHS Tayside fully support the decision to relocate Inpatients from Strathmartine to improved

	Strathmartine is an unsustainable clinical environment to provide best quality care.	accommodation at Murray Royal Hospital, Perth. The Learning Disability Task & Finish Group has a well-established programme structure in place to oversee the effective delivery of this programme.
2	Agree that the concerns raised in relation to the Strathmartine environment should be considered alongside the concerns raised by the Care Assurance Review of the Learning Disability Assessment Unit (LDAU) at Carseview (considered by ELT on April 29) in relation to professional practice issues and professional nursing conduct concerns.	<p>Oversight of the actions required in relation to the Strathmartine Environment and the LDAU Care Assurance were brought together into a single assurance process led by the Board Nurse and Medical Directors. The LD Assurance Meeting met fortnightly with representation from Estates and Property,</p> <p>Finance, Human Resources, Service and Professional Leads. At the meeting agreement was reached to align the oversight of the Strathmartine Environmental Actions with the governance arrangements for the Task and Finish Group through the Chief Executive Team, Care Governance Committee and Integration Joint Boards. The LD Assurance Group will continue to meet to oversee the actions from the LDAU Care Assurance Review with the next meeting. Action notes and an action plan for the LD Assurance Group has been maintained via the Board Nurse Directors Office. The LDAU improvement plan has transferrable learning across the LD inpatient service and whole service themes will be identified and actioned.</p>
3	Agree that, because of these collective concerns, the move of inpatients from Strathmartine and the Learning Disability Assessment Unit at Carseview to Murray Royal Hospital should be expedited to achieve the co-location of all learning disability inpatients on a single site.	The Property & Design workstream have met regularly with clinical colleagues on site at Murray Royal Hospital to collaboratively agree accommodation requirements for patients currently located at Strathmartine. The clinical staff have signed off the outline design. The next stage is to appoint a design team and develop more detailed designs which will allow costs and timescales to be estimated for the construction works at Murray Royal Hospital.

		Discussions are underway to identify property requirements and potential options to accommodate the inpatients currently in the Learning Disability Assessment unit at Carseview.
4	Agree that any impact of this move on our workforce will be considered in full partnership and according to Once for Scotland workforce policies	The workforce workstream has defined their aim and deliverables and have commenced discussions and engagement in line with the Organisational Change Policy. One to one sessions are being planned with staff and management support is being secured to facilitate and support these engagement opportunities. A briefing paper will be developed by the service manager to ensure that consistent messages are provided to staff. The workforce workstream members include representatives from staffside, HR, LD services and union.
5	Approve the requirement to fund ongoing environmental improvement works at Strathmartine whilst the move to a single site is progressed.	<p>The LD Inpatient Transition programme is mainly driven by the need for patients and staff to work in a safe environment which is conducive to enhancing the wellbeing of patients in a safe therapeutic environment. Separate work continues to review and improve the building environment at Strathmartine and this is being carried out and monitored through the weekly LD Assurance Group meetings.</p> <p>To date, repair and maintenance works have been carried out at Strathmartine to improve the condition and functionality of the site, in particular to the flats. A number of reviews were undertaken under the broad headings of; day to day maintenance; mental welfare commission findings; infection prevention and control, and new works (upgrades) which culminated in a comprehensive list of individual repairs and upgrades.</p>

		<p>The list identified 569 individual requirements and as of 25th October 2024, 277 are complete, 154 are in progress and the remaining 138 are being programmed for delivery through engagement with clinical colleagues and contractors.</p> <p>The Learning Disability Inpatient Transition Task & Finish Group links in with the Whole Systems work and keeps them informed of plans and progress.</p>
6	<p>Agree that the newly-formed Inpatient Learning Disability Transition Task & Finish Group aligns to Priority 10 (whole system redesign of learning disability services) within the Whole System Change Programme and becomes a fully-resourced priority workstream for delivery. This will ensure that the existing governance arrangements for the Mental Health and Learning Disability Programme Board are maintained</p>	<p>The LD Service Redesign priority within the Mental Health & Learning Disability Whole System Change Programme will continue in parallel to the LD Inpatient Transition programme delivery of a single site for LD In Patient Services. The timescales for the wider redesign of LD Services are likely to run beyond the delivery of the single site however there will be clear governance arrangements, links and engagement maintained between both programmes of work. Considering this, recommendations 6 and 7 will be removed from future update reports.</p>
7	<p>Agree to commission a reprioritised Priority 10 to deliver short-term objectives to deliver safe patient care across the whole system, alongside a longer-term vision and models of care for learning disability services in Tayside.</p>	<p>As above, this recommendation sits within the scope of the MH & LD Whole systems programme and will be removed from future reporting.</p>
8	<p>Agree to endorse and co-deliver the stakeholder engagement plan to brief key stakeholders relating to Tayside Learning Disability Services.</p>	<p>The Communications workstream has met and a workshop is being arranged November 2024, to develop a draft Communications plan. Invitations for this workshop will be extended to colleagues from other workstreams to develop and agree an overarching communications plan.</p> <p>Representatives from NHST, Staffside, HSCPs and third sector Advocacy services are members of this workstream.</p>

		<p>Further consideration has been given to ensure that the optimum way of engaging with patients and or parents/carers to have representation and participation on the other workstreams/groups.</p> <p>The draft Communications plan will be presented to the LD Task & Finish Group for approval.</p> <p>To maximise communication and engagement across all the LD Inpatient Programme workstreams, the LD Task & Finish Group agreed that alternative fortnightly meetings would be for the Workstream Leads to meet and share information from their area of responsibility.</p>
9	<p>Agree that a further progress report on Learning Disability Services, including an implementation plan with comprehensive workforce plan undertaken in partnership, and timelines to deliver single site accommodation, is presented to ELT in September 2024 for whole system assurance and to identify any further support for delivery.</p>	<p>A Programme Execution Plan is being developed and due to be completed by the end of November 2024. Now that each workstream has identified their aims and deliverables, the workstream leads, with support from the Programme Manager will collaboratively agree a project plan with activities, key milestones and estimated timelines. This plan will be used to monitor future progress or slippage and enable the LD Task & Finish Group or workstream leads to agree potential corrective measures, if required</p>

A subgroup of members from the Learning Disability Transition Task & Finish Group (LD TT&F) Group met to develop and agree objectives for the LD Transition Programme. The six objectives were subsequently approved by the LD TT&F Group and are detailed below

- 1 *Relocate current inpatients from Strathmartine to Murray Royal Hospital or individual community placements by August 2025 (phase I).*
- 2 *Ensure that the new accommodation is adapted to be safe, modern and provides a therapeutic environment, meeting the clinical needs of the patients, H&S and Infection Control requirements.*
- 3 *Develop and implement a robust Communications and Engagement Strategy for patients, staff, carers and those who may be impacted, utilising accessible and easy read formats. Ensure suitable forums are created and relevant media/advocacy is used to seek feedback and meaningful engagement.*

- 4 *Relocate all inpatients from the Learning Disability Assessment Unit (LDAU) in Carseview to Murray Royal Hospital or individual community placements by August 2025 (Phase II).*
- 5 *Ensure that the workforce is available and in place, with relevant knowledge and experience to support the transition and ongoing care of inpatients to new accommodation and community settings.*
- 6 *Ensure that suitable resources are in place, in terms of staff, finances, professionals and support to effectively deliver this programme of work*

The Learning Disability Inpatient Transition Task & Finish Group are also developing a Programme Execution Plan which describes the: -

- Background, aims and objectives
- Scope
- Communications Strategy
- Risks (strategic/operational)
- Roles and Responsibilities
- Project controls – Actions, Issues, change etc
- Programme structure and relationships with other programmes of work
- Plan with key dates and deliverables

A SLWG has met to develop an Equality Impact Assessment (EQIA) and the draft document shall be presented to the LD Task & Finish Group for approval and included within the Programme Execution Plan.

5.0 POLICY IMPLICATIONS

A full EQIA will be undertaken by the Inpatient Learning Disability Transition Task and Finish group and will be shared with the IJB once complete.

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

10.0 BACKGROUND PAPERS

None

Dave Berry
Acting Chief Officer

DATE: 28 November 2024

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 11TH DECEMBER 2024

REPORT ON: WINTER RESILIENCE PLAN NHS TAYSIDE AND PARTNER ORGANISATIONS 2024/25

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB62-2024

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to present to Dundee Integration Joint Board the Winter Planning arrangements for NHS Tayside and Health & Social Care Partnerships for 2024/25 (attached as Appendix 1).
- 1.2 A whole system Health and Social Care approach to develop an integrated plan is essential. The Tayside and Fife Health and Social Care Partnerships, the Scottish Ambulance Service (SAS), 3rd Sector, as well as staff side/partnership representation have been involved in the development of the plan to ensure timely access to the right care, in the right place, first time. Third sector involvement is through the Health and Social Care Partnerships

2.0 RECOMMENDATIONS

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

- 2.1 Approves and endorses the Winter Resilience Plan (NHS Tayside and Partner Organisations) 2024/25 for submission to the Scottish Government.
- 2.2 Notes ongoing whole system collaboration in preparation for anticipated winter challenges.

3.0 FINANCIAL IMPLICATIONS

- 3.1 Similar to the previous 2 years, funding for 2024/25 is integrated across all Urgent and Unscheduled Care programmes to provide a holistic fund to support shared decision making and collaborative working that systematically works through the priorities. Therefore, there is no separate "Winter" funding allocation.

The IJB enhanced the external social care budget by £1546k in 2024/25 to support demographic pressures plus a shift of resources of £3500k from underspends/savings across the Partnership budgets – total additional investment of £5046k recurrently. Furthermore, the IJB previously set aside £1m of reserves to support winter pressures - £744k was utilised in 23/24 and the balance of £246k is assumed to be utilised during 2024/25.

4.0 MAIN TEXT

- 4.1 The aim of the 2024/25 Winter Resilience Plan is to demonstrate collective and collaborative engagement between Acute Services and Health and Social Care Partnerships to improve capacity and system resilience through aligned planning. Setting critical improvement actions to effectively manage the challenges associated with the winter period whilst continuing to deliver against the national and local targets and standards for Health and Social Care. Using

data modelling and learning from previous years to inform a system response to anticipated pressures.

NHS Tayside Winter Resilience Planning will continue to build upon the design and delivery of a whole system framework for predicting, responding to, and managing peak periods of unscheduled activity. This will include a focus on whole system communication and response to support both unscheduled demand and urgent, cancer and planned elective care as possible.

- 4.2 The 2024/25 Winter Plan has been informed by external and internal sources, with a focus on delivery of the agreed Scottish Government Winter Plan priorities, with an emphasis on prevention to reduce avoidable demand:

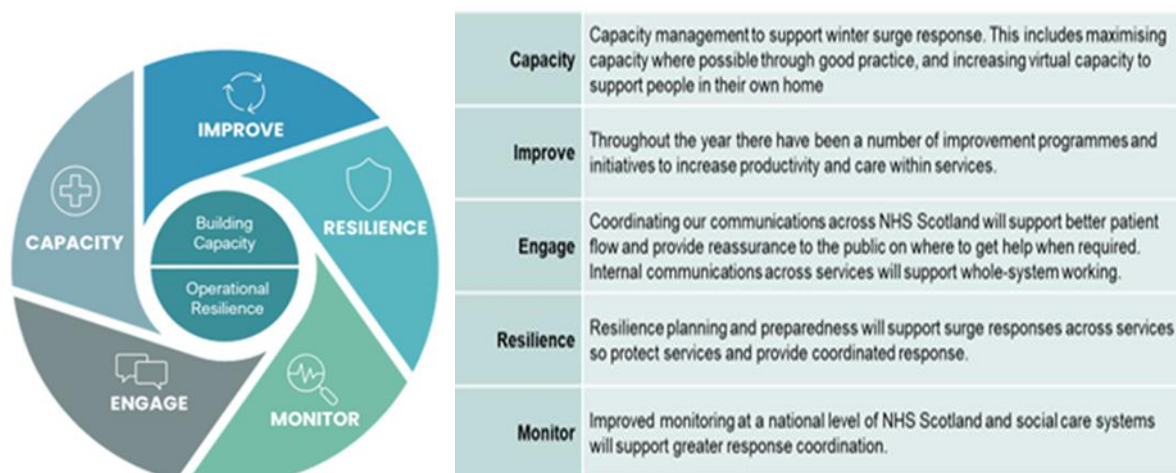
Priority One: Prioritise care for all people in our communities, enabling people to live well with the support they choose and utilise effective prevention to keep people well, avoiding them needing hospital care.

Priority Two: Ensure people receive the right care, in the right place at the right time, this includes prioritising care at home, or as close to home as possible, where clinically appropriate.

Priority Three: Maximise capacity and capability to meet demand and maintain integrated health, social care and social work services, protecting planned and established care, to reduce long waits and unmet need.

Priority Four: Focus on supporting the wellbeing of our health and social care workforce, their capacity and improving retention, as well as valuing and supporting Scotland's unpaid carers.

NHS Tayside continue to develop a multi-disciplinary approach to building capacity and maintaining operational resilience aligned to national strategy:



- 4.3 The scope of the NHS Tayside Winter Resilience Plan is whole system with a focus on the following key areas in line with the Scottish Government Winter Preparedness Checklist - Areas of Assurance:

- Overview of Preparedness and Business Continuity
- Urgent and Unscheduled Health and Social Care, and Planned Care
- Primary Care, Mental Health and Social Care
- Health and Social Care Workforce and Staff Wellbeing

- 4.4 Section 5 of the Winter Plan details the specific actions for the Health and Social Care Partnerships. This year's winter period is expected to be busier due to increased demand across all health and social care services. The primary focus continues to be ensuring that individuals receive appropriate care, in a timely manner, in the most suitable setting, with the goal of preventing unnecessary hospital admissions and promoting swift discharge when

readiness permits. This approach contributes to improved health outcomes and maximises resource utilisation.

4.5 Key actions for Dundee Health and Social Care Partnership are:

- Partnership Oversight Report published weekly to monitor pressure areas and feed into the whole system heat map
- Business Continuity Plans in place across all services, including adverse weather conditions response
- GAP community discharge hub in place (Business as Usual)
Enhanced recruitment into social care regarded as 'Business as Usual'
- An intensive programme of improvement has achieved a significant reduction in unmet care need hours through working with care providers to enhance efficiency. The focus is now on sustaining performance.
- A promotion campaign is being undertaken to encourage social care support workers to access vaccination services.
- A Self-Directed Support event was held for frontline staff on 4th September to raise awareness and identify opportunities for using different SDS options to deliver care at home.
- The Spasticity Service is now fully operational as a means of supporting further rehabilitative approaches for stroke and neurology patients in a community setting.
- There is ongoing development of the Community Rehabilitation Service as a means of shifting rehabilitation closer to community settings.
- An improvement programme is being progressed across Dundee Enhanced Care at Home Team (DECAHT) focusing on:
 - Streamlining the process for transfer of care between in-patient services and DECAHT to support care closer to home
 - Participating in optimising access workstream to ensure appropriate use of services to optimise early access to preventative approaches
 - Reviewing practice-based MDTs to support early appropriate referral
 - Promoting joint working between cluster consultants and GPs/ Community services to support care at home
 - Implementing remote prescribing to reduce unnecessary travel time and optimise capacity
 - Working collaboratively across MFE pathway to implement medication reviews for those most at risk of negative impact of polypharmacy
 - Ongoing review of patient pathways within the service to reduce risk, reduce duplication and improve the quality of service provided
 - Supporting the completion of RESPECT documentation to ensure that ceilings of care are agreed with the patient and shared across the MFE pathway
 - Continuing to embed the Cluster model to ensure MDT working across the MFE pathway
- Lead ANP structure now established to support development of whole system pathways of care
- Implementation of locality working model in community nursing to reduce unnecessary travel time and optimise capacity
- Discharge to Assess social care service has been re-focused on front door frailty wards within Ninewells. The service Team Leader works collaboratively with the ward multi-disciplinary team to prioritise how the service is most appropriately allocated to support early discharge and assessment in a home environment.
- An improvement programme is in progress across Royal Victoria Hospital site to reduce average length of stay whilst ensuring high quality care, focusing on:
 - Refreshing practice related to setting planned date of discharge
 - Implementation of the bed request function on Trakcare
 - Spread of 'Early Expectation meetings' to discuss discharge planning across Medicine for the Elderly
- Redesign of rehab model on the RVH site aligned to excellence in care standards
- The Stroke Neuro Rehabilitation Pathway Redesign is in progress, aiming to deliver an interdisciplinary approach to deliver an outcomes focused personalised rehabilitation pathway.
- Dundee remains committed to meet RAG status green (6 or less acute delays and 25 or less

total delays) and maximum 2 patients waiting step down bed from acute per day, as per previous RAG agreed delays position via Tayside DWD programme. Dundee remains committed to progressing RVH LOS towards 28 days for MFE and Orthogeriatrics, and LOS target of 42 days for stroke and neuro rehab.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

Chief Finance Officer, Head of Service - Health and Community Care, Dundee City Council Management Team and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

10.0 BACKGROUND PAPERS

None

DATE: 11 November 2024



NHS Tayside

Winter Resilience Plan

2024/25

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Executive Summary

NHS Tayside, the Health and Social Care Partnerships of Angus, Dundee and Perth & Kinross, Scottish Ambulance Service and other key stakeholders have continued to take a collaborative approach towards preparedness and planning for winter 2024/25 supported by Tayside Urgent and Unscheduled Care Board (UUCB) and the Winter Resilience Delivery Group.

The NHS Tayside Winter Resilience Plan is underpinned by the Unscheduled Care Collaborative and Redesign of Urgent Care Programme, taking full account of the Scottish Government's Winter 2024/25 Preparedness Programme and Checklist.

The Winter Resilience Plan has been developed based upon the key areas highlighted in the checklist to ensure early prevention and response, to minimise potential disruption to services and ensure that we continue to provide safe and effective care of our population and timely access to services.

Improvement work continues with our Partner organisations to optimise hospital attendances, manage and avoid admissions, while our acute service areas focus on the flow through acute care, cancer, mental health and outpatient services, to deliver against national standards.

The focus on improved resilience over the festive period taking account of learning from previous winters will ensure arrangements are in place to mitigate disruption to critical services. The plan will be underpinned by full business as usual continuity arrangements and daily management of safety, capacity and flow through the NHS Tayside Safety and Flow Triggers and Escalation Framework with senior clinical and management leadership and multi-professional input to the safety and flow huddle infrastructure seven days per week.

The Winter Resilience Plan will be supported by a suite of data and information tools including use of Command Centre, Safe Care and the Winter Planning Heatmap. This will be further supported by a weekly look back to encourage system learning and continuous improvement.

A whole system Health and Social Care approach to develop an integrated plan is essential. The Tayside and Fife Health and Social Care Partnerships, the Scottish Ambulance Service (SAS) as well as staff side/partnership representation have been involved in the development of the plan to ensure timely access to the right care, in the right place, first time. Third sector involvement is primarily through the Health and Social Care Partnerships.

Executive Leads for Winter

Chief Officer, Acute Services, NHS Tayside
 Chief Officer, Angus, Health & Social Care Partnership
 Chief Officer, Dundee, Health & Social Care Partnership
 Chief Officer, Perth & Kinross, Health & Social Care Partnership

1. Introduction

1.1 Aim

The aim of the 2024/25 Winter Resilience Plan is to demonstrate collective and collaborative engagement between Acute Services and Health and Social Care Partnerships to improve capacity and system resilience through aligned planning. Setting critical improvement actions to effectively manage the challenges associated with the winter period whilst continuing to deliver against the national and local targets and standards for Health and Social Care. Using data modelling and learning from previous years to inform a system response to anticipated pressures.

NHS Tayside Winter Resilience Planning will continue to build upon the design and delivery of a whole system framework for predicting, responding to, and managing peak periods of unscheduled activity. This will include a focus on whole system communication and response to support both unscheduled demand and urgent, cancer and planned elective care as possible.

1.2 Planning Approach

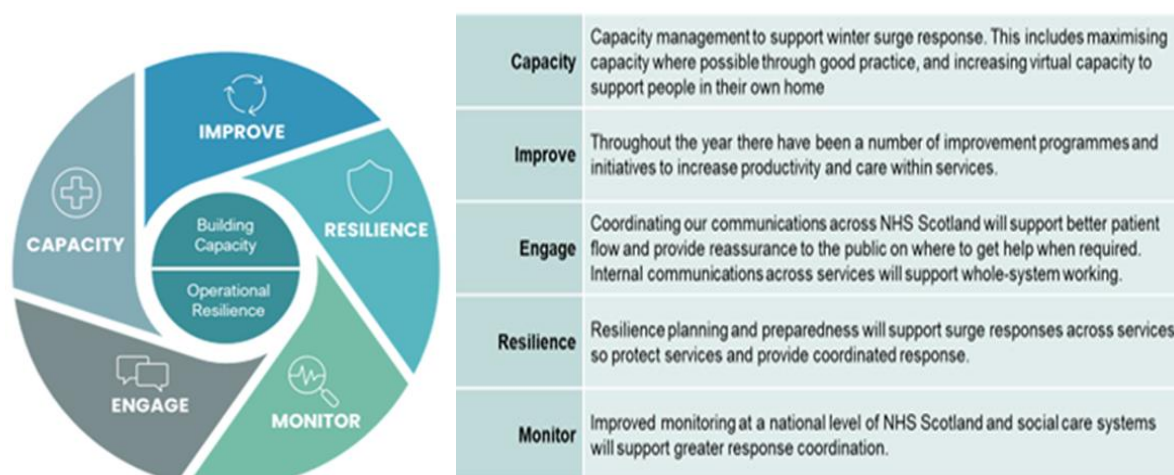
The 2024/25 Winter Resilience Plan has been informed by external and internal sources, with a focus on delivery of the agreed Scottish Government Winter Plan priorities, with an emphasis on prevention to reduce avoidable demand:

Priority One: Prioritise care for all people in our communities, enabling people to live well with the support they choose and utilise effective prevention to keep people well, avoiding them needing hospital care.

Priority Two: Ensure people receive the right care, in the right place at the right time, this includes prioritising care at home, or as close to home as possible, where clinically appropriate.

Priority Three: Maximise capacity and capability to meet demand and maintain integrated health, social care and social work services, protecting planned and established care, to reduce long waits and unmet need.

Priority Four: Focus on supporting the wellbeing of our health and social care workforce, their capacity and improving retention, as well as valuing and supporting Scotland's unpaid carers. NHS Tayside continue to develop a multi-disciplinary approach to building capacity and maintaining operational resilience aligned to national strategy:



The scope of the NHS Tayside Winter Resilience Plan is whole system with a focus on the following key areas in line with the Scottish Government Winter Preparedness Checklist - Areas of Assurance (Scottish Government Checklist included as Appendix 1):

Section 1: Overview of Preparedness and Business Continuity

Section 2: Urgent and Unscheduled Health and Social Care, and Planned Care

Section 3: Primary Care, Mental Health and Social Care

Section 4: Health and Social Care Workforce and Staff Wellbeing

1.3 Finance

NHS Tayside received a letter dated 17th July 2024 from Scottish Government outlining the funding allocation of £2.5m for 2024/25. The letter stated that funding must be used to support delivery of the Boards improvement plan for urgent and unscheduled care, with a focus on the improvement impact around length of stay which will bring improved occupancy and flow.

Similar to last year, this funding for 2024-25 has been utilised to support costs already embedded & integrated into core service delivery to support delivery of Unscheduled Care and the associated outcomes and measures as described in the letter. This has been agreed through the local Urgent & Unscheduled Care Board and provides the Board with the greatest opportunity to maximise delivery against the core set of measures.

Therefore, for the third year in a row there is no separate “Winter” funding allocation. The Winter Plan Leadership team are working with operational leads to understand any additional costs in the system and how these can be mitigated, and further detail will be provided once this work has been concluded.

Any additional costs will require to be balanced against the financial, operational & performance risks of the Health Board.

1.4 Approval of Plan

The process and timeline for preparation, review and approval of this plan:

Action	Date Due
Care Group plans pulled together and shared at Winter Resilience ODG	28 August 2024
Angus Integration Joint Board	30 th August 2024

Divisional plans pulled together and shared at Winter Resilience OGD	11 September 2024
H&SCP plans pulled together and shared at Winter Resilience OGD	11 September 2024
Acute Divisional Plans reviewed at Acute Services level and shared at SLT	20 September 2024
Perth & Kinross Integration Joint Board	2 October 2024
Draft Winter Resilience Plan 2024/25 reviewed whole system at OLT	4 October 2024
H&SCP Plans and Acute Services Plan reviewed at Tayside Urgent & Unscheduled Care Programme Board	8 October 2024
NHS Tayside Winter Resilience Plan 2024/25 presented for approval to ELT	14 October 2024
H&SCP Plans reviewed within respective Management structure and IJBs	30 October 2024
NHS Tayside Winter Resilience Plan 2024/25 presented for approval to Tayside NHS Board	31 October 2024

The Health & Social Care Partnerships have contributed to the overarching plan and have taken their HSCP specific plans through their respective IJB's in October.

1.5 Governance Arrangements

Development, delivery, and monitoring of the Winter Resilience Plan is a key responsibility of the Urgent and Unscheduled Care Board and the Winter Resilience Delivery Group. The Urgent and Unscheduled Care Board is co-chaired by the Associate Director for Medicine and the operational leads for Urgent & Unscheduled Care, from each of the three HSCPs.

- The Winter Resilience Operational Delivery Group has whole system representation.
- An Urgent and Unscheduled Care Programme Team is in place led by a programme manager, these posts form part of the support team for unscheduled care, continuous improvement and the implementation and evaluation of the Winter Resilience Plan.
- Resilience and Business Continuity arrangements and management plans are in place and a Winter Planning Tabletop Exercise is planned for 13 November.
- NHS Tayside's Board Assurance Framework has a corporate whole system risk related to capacity and flow.
- Whole system Safety and Flow Huddle process including key partners 365 days per year. This will be extended through the winter period, where required, to include members from our HSCPs.
- A Communication Strategy for winter is in place and will inform the public and staff on our planning for winter, public health messages and where to go for access to services.

2. Lessons Learned from Previous Winter 2023/24

Key themes, learning and actions from local reviews across Tayside and from a whole system winter debrief session was held on Friday 26th April. This was well attended with representation from across acute services, Health & Social Care Partnerships and other partner organisations such as the Scottish Ambulance Service. The Board Room was at full capacity with 54 people.

Key priorities for winter 24/25 were identified as follows:

- Planning for winter surge should cover the period December – February, but with an assumed peak early January.
- Planning to commence earlier than in previous years i.e. commence in the summer.
- Of high importance is the recognition and support of the requirement for a winter surge ward for medical and surgical unscheduled admissions. This was felt to be essential based on the lived experience of participants.
- Improvement required around escalation plans which enable a rapid reaction to avoid amber to black (as per Heat Map).
- Maximise use of the Surgical Assessment Unit (SAU) on the Ninewells site.
- Cohort specialties as far as possible, mainly Medicine for the Elderly, Respiratory and Vascular from winter 23/24 experience.
- Develop clear Guidance for when to step up/step down tactical cell meetings.
- Add radiology (CT) waits to Heat Map.
- Minimise short notice cancellations through better planning and improved communication.
- Protect urgent surgical elective capacity by optimising theatre scheduling.
- Maximise specialty seasonal working patterns.
- Improve communication, processes and sharing of data to allow Patient Transport to be mapped to need. This includes NHST Patient Transport Service, SAS and OOH Transport vehicles, as well as British Red Cross support.
- Maintain/Improve delayed discharge position across HSCPs, as was achieved during winter 23/24.
- Improve access for staff regarding vaccination roll out.
- Continue to progress increased 7-day working over winter for support team services who do not do this already.

3. Winter Resilience Plan 2024/25

The Tayside Winter Resilience Plan 2024-25 is set out using the key headings aligned to the Scottish Government Winter Preparedness Checklist:

Section 1: Overview of Preparedness and Business Continuity

Section 2: Urgent and Unscheduled Health and Social Care, and Planned Care

Section 3: Primary Care, Mental Health and Social Care

Section 4: Health and Social Care Workforce and Staff Wellbeing

An overview of the work progressing in each of these areas to support delivery of our Winter Resilience Plan aim is provided below. Detailed operational-level divisional and partnership plans are progressing to support delivery of the strategic ambitions. An example of this is attached in Appendix 1 and 2.

Through the Winter Resilience Operational Delivery Group, the performance and delivery of the operational plans and actions will be reviewed using RAG status methodology and exception reporting, seeking solutions from across the system and progress of the escalation framework as appropriate.

3.1 Resilience Preparedness

NHS Tayside and its partner organisations have robust business continuity management arrangements and plans in place. Tayside wide groups involving all partner organisations such as the Local Resilience Partnership (LRP) meet regularly with a LRP Emergency Response Generic Multi-Agency Coordination Plan in place which describes the framework to be followed should an incident occur. The purpose of the LRP Emergency Response Generic Multi-Agency Coordination Plan is to provide a framework within which those who are responsible for the co-ordination and management of the successful resolution of an incident work together efficiently and effectively. The content aligns with the revised Preparing Scotland – Responding to Emergencies Guidance (2017).

The LRP links directly with the NHS Tayside Public Health Team around the co-ordination, command, control and communication requirements in the event of a high consequence infectious disease winter pressure being triggered.

3.2 Adverse Weather

An NHS Tayside Adverse Weather Plan is in place which provides a framework for ALL staff to follow in the event of extreme bad weather. An annual tabletop exercise is undertaken to test the efficacy of arrangements in place including:

- Link to HR policies/Once for Scotland Policy: NHSScotland Once for Scotland Policy DL (2022) 35 Interim National Arrangements for Adverse Weather
- Links to existing business continuity plans and the NHS Tayside Strategic Business Continuity Plan
- Ownership - operational rather than service specific
- Duty Manager/Director/Executive awareness of status – linked into daily huddle meetings/Whole System Safety and Flow Framework
- Safety and Flow Hub Action Card.
- Accommodation arrangements for 'essential' staff in the event of adverse weather
- Structure to monitor requests for extremis assistance
- Early and continued engagement with Tayside Local Resilience Partnership
- Organisational procedure for requesting 4x4 assistance reviewed and policy in place

3.3 Scottish Ambulance Service (SAS) Resilience Planning

The Scottish Ambulance Service maintains a comprehensive contingency planning framework to manage the consequences of when the level of demand exceeds the ability of the Service to meet it. The Generic Capacity Management Contingency Plan and Resource Escalatory Action Plan (REAP) Guidance Document are used for this purpose. The Capacity Management Contingency Plan may need to be implemented in circumstances when there is: increased demand, reduced capacity or reduced wider NHS services over festive periods.

SAS manages capacity and contingency through the REAP, which establishes levels of 'stress' within service delivery, whether from increased demand or reduced resource, and identifies measures to be implemented to mitigate the impact of such stress. Measures are service-wide and include activity from the Operational Divisions, Ambulance Control Centres (ACCs), National Risk and Resilience Department (NRRD), and Airwing.

The REAP – attached as Appendix 4 – provides the actions to cope with increased demand at any point, with SAS making decisions regarding what is relevant for the circumstances. For example, cancelling all non-essential meetings to allow the managers to provide support and concentrate on the management of resources / shift coverage etc.

The REAP is followed with a few additional directives for adverse weather:

- Ensuring there are shovels on each vehicle
- Additional supplies of consumables, grit/salt for the stations etc
- Map out where staff reside so that they can be directed to their nearest station rather than their base station if they can't make it there
- List and map all 4x4 vehicles so that they can be allocated to transport essential staff and patients e.g. renal/ oncology patients
- Liaise with the Health Board around activity and ensure any resources freed up from cancellations are used as additional staff on vehicles that require to go out in the severe weather to give us resilience

3.4 System Wide Escalation and Flow Huddle Framework

The Whole System Safety and Flow Triggers and Escalation Framework continues to evolve and assist in the management of health and social care capacity across Tayside and Fife when the whole system, or one constituent part of the system is unable to manage the demand being placed upon it.

The aim of this Framework is to provide a consistent approach to provision of care in times of pressure by:

- Enabling local systems to maintain quality and safe care
- Providing a consistent set of escalation levels, triggers and protocols for local services to align with their existing business as usual and escalation processes
- Setting clear expectations around roles and responsibilities for all those involved in escalation in response to surge pressures at local level, within local authorities, and partner agencies

The Safety & Flow Huddle process is fundamental in identifying triggers and supporting the subsequent escalation processes required in response to system pressures.

There are currently four huddles per day on the Ninewells and PRI hospital sites with a whole system huddle at 9am each day that includes Mental Health and SAS colleagues, through winter 2024/25 members of our HSCP and Primary Care/Out of Hours teams will join this to encourage whole system awareness and escalation as required.

Flow Hubs on the Ninewells and PRI sites are well established and continue to support real time flow management through collaborative working.

The Tayside Tactical Cell will be operationalised as required by any Duty Director or Chief Officer as we move into the peak winter period. This whole-system real time forum to support immediate system pressures worked well through previous winters.

3.5 Speciality-Level Escalation Plans/Winter Action Cards

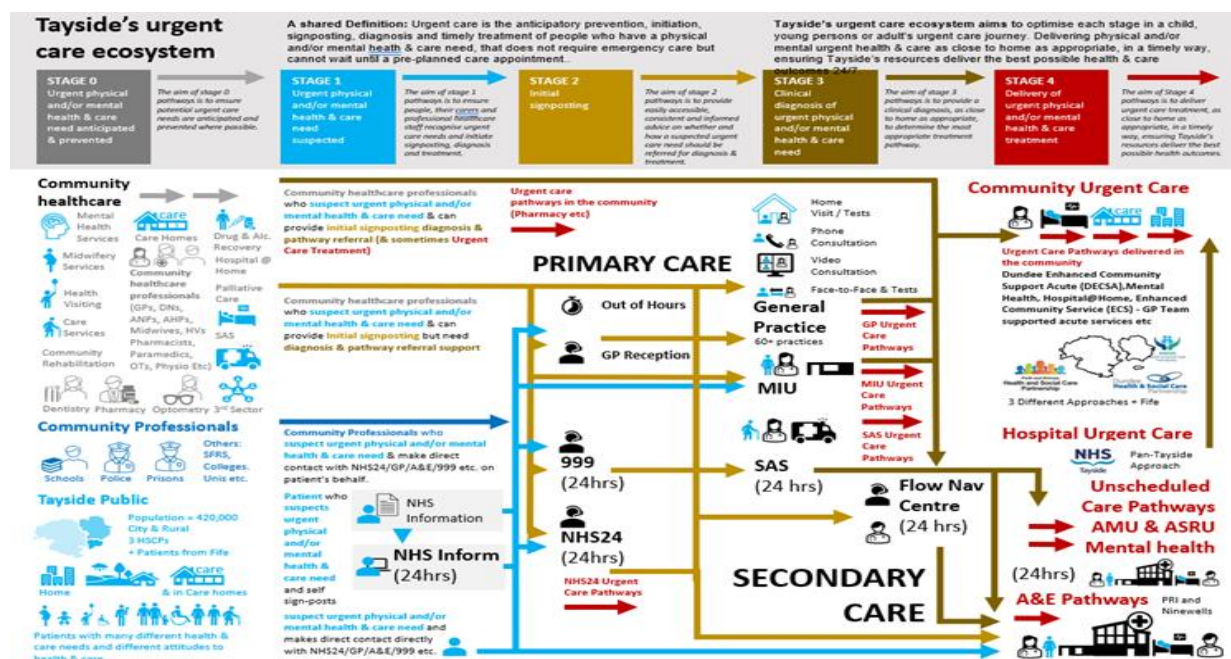
Winter Planning action cards and escalation plans are being progressed across all key speciality areas to support consistent and effective decision making. These will support both the frontline teams and Safety and Flow Leadership teams in delivering a consistent and agreed approach to implementation of escalation measures.

The action cards/escalation plans will all be stored within a dedicated winter plan section in the NHS Tayside Resilience App for ease of access in and out of hours.

3.6 Site Escalation Framework

Site Escalation Frameworks are being developed for both Ninewells Hospital and Perth Royal Infirmary, which are in the final stages of planning and approval through the relevant governance structures, and will be available by 31st October 2024.

4. Urgent & Unscheduled Care



The vision for the Urgent and Unscheduled Care Board is to work across health and social care to sustainably improve the timeliness, quality and experience of care for people accessing urgent and unscheduled care across Tayside. Three key strategic aims have been agreed supported by key enablers and are detailed below:

1. Optimising Access to Urgent Community Care & Acute Hospitals
2. Optimising In-Patient Flow / Discharge Without Delay
3. Performance 95

Each strategic priority has an associated workstream with key stakeholders and deliverables. They are supported by workplan/change packages and dashboards to demonstrate outcomes.

Key Enablers:

1. Digital Strategy
2. Realistic Medicine
3. Whole System Resilience
4. Whole System Financial Framework

1. Robust responsive operational management

Tayside acute hospital sites (PRI and Ninewells Hospital) have robust operational clinical leadership and management arrangements in place 24 hours a day, 7 days a week. This ensures there is a strong, real-time understanding of the status of each site to support the delivery of high-quality, safe, and timely care and patient flow.

Each site has a dedicated Safety and Flow Hub supported by a Professional Nursing Lead and a Senior Manager is also available to support both sites based at Ninewells. The team is supported by a Duty Director.

Medical input is provided through the Clinical Care Group structure, providing subject expertise which informs and supports further decision-making. Senior nursing staff attend the site huddles throughout the day and provide an updated status on admissions, discharges, bed occupancy and escalate issues/concerns for support as required.

The team is available on site 8am to 7.30pm and located in the Patient Safety and Flow Hub on each site. In the out-of-hours period, a Duty Manager is on-call for each acute site to immediately respond to issues, supported by a Duty Director. The team is also supported by an Executive on Call.

2. Improve morning and weekend discharges and optimising patient flow (Discharge Without Delay (DWD))

The hospital discharge team participate in the acute site huddles each morning and provide a detailed briefing to the Safety and Flow Team each day. NHS Tayside continues to have a strong focus on the DWD programme and has made significant investment in this.

Focussed workstreams continue to support Planned Date of Discharge (PDD) delivery on all inpatient wards in Tayside, including Community Hospitals. This includes seven-day planning, weekend discharges and improving performance of discharges as early in the day as possible.

The Optimising Patient Flow workstream aims to deliver flow performance in all Tayside inpatient ward / speciality in line with Upper Quarter Length of Stay. A structure of Division/HSCP Flow meetings have been established to identify any barriers impacting on flow and implement improvements across patient pathways to address these.

This programme (aligned to other work) is aimed at significantly contributing towards the 4 partner agencies equally delivering on pre-agreed flow performance targets. Service and workforce plans this winter are based on meeting these upper quartile targets:

Medicine Ninewells LOS <4days
 Perth Medicine LOS <5days
 Surgical LOS < 4.5 days
 Ortho LOS < 7 days
 Step-down hospital LOS <28 days
 Delayed discharge position RAG GREEN for acute but also total delays

These performance targets are all reliant and interdependent of all agencies working together and delivering against their specific actions.

3. Rapid assessment and streaming out of ED

Tayside acute services operate several “front doors” with acute admissions being referred directly into medical and surgical receiving areas, as well as directly to speciality wards, including stroke medicine, paediatrics, renal medicine, neurology, haematology, oncology and specialist surgery.

Some key areas are supported by a framework of pre-hospital decision support which facilitates Prof-to-Prof communication between Primary Care, SAS, Out of Hours Service, NHS 24 and hospital clinicians to ensure Right Care, Right Place. This provides a senior clinical decision maker at the point of referral to ensure that patients are placed on the correct pathway first time and that alternatives to admission are considered.

The medicine pathway from ED to AMU involves a direct nurse-to-nurse referral to ensure there are minimal delays to patients moving from ED into Medicine pathways.

Work is progressing to develop this within Surgery and Orthopaedics Pathways to reduce delays. Critically unwell patients are referred clinician to clinician to ensure safe transfer for ongoing management.

4. Monitor breach by reason, time and cause

All ED breaches are reviewed daily by the ED team, as well as being visible through the Command Centre at Executive level. A flash report is provided daily to detail all breach reasons and highlight any key themes and learning. Any themes identified are raised with Departments and Divisions to ensure improvement actions are identified. An 8 /12 breach report is also produced on a weekly basis and shared at Executive level.

5. Emergency Department Duty Consultant

There is an EPIC in charge from 0800 – 0100 Monday to Friday and 0800-2200 on weekends at the Ninewells site. This role is supported by a Stream 2 (Majors) Consultant 0800-0000 (Monday -Sunday).

In Ninewells Emergency Department, there is an 8 bedded Ward (Emergency Department Observation Unit), and Ward/FNC Consultant 0800-1700 and dedicated FNC Consultant 1400-2200 (Monday-Friday). The PRI site has a Consultant Monday-Friday 0900-1700. The Tayside Emergency Department provides a consultant-led pre-hospital Trauma Team and a Consultant-led Major Trauma response.

4.1 Target Operating Model

Aligned to the national approach, utilising performance data in our planning and preparedness, a target operating model for unscheduled care delivery has been progressed in NHS Tayside.

With the support of our Health & Business Intelligence (HBI) team, demand and capacity modelling has provided the basis for understanding and anticipating the required unscheduled acute hospital capacity through the anticipated winter peak periods, based on the principles of 95% occupancy levels and a 10% reduction in patient Length of Stay.

This has allowed our Clinical Care Group teams to work collaboratively to define a target operating model for both the Ninewells and PRI hospital sites to support increased unscheduled admissions while maintaining urgent and cancer care delivery.

The success of the target operating model is based upon consistent reduced length of stay and green status delayed discharge position. Whole system collaboration to achieve this will be critical.

5. Health & Social Care Partnerships

The winter period presents a significant challenge to health and social care services due to increased demand and seasonal pressures. Health and Social Care Partnership's Winter Plan aims to ensure the delivery of safe, effective, and person-centred care, while also supporting the wellbeing of our staff and community. Our approach is grounded in three key principles and focused on four priority areas, ensuring that we continue to meet the needs of our community during this critical time.

To ensure comprehensive preparation for winter, key risks such as increased respiratory illness, potential staff shortages, and severe weather conditions, have all been considered and have guided our planning.

The plans are also cognisant of the ongoing plans to deliver care closer to home, take preventative action to increase in vaccine uptake, and minimise delays in transfer of care to evaluate our success throughout the winter period.

Key Principles:

1. Applying the Getting it Right for Everyone Principles:

Our commitment is to deliver care that is person-centred and responsive to the individual needs of everyone in our community. This principle guides our planning and service delivery decisions. We are committed to tailoring care to individual needs by further expanding the use of preventative and proactive care approaches, future care plans, self-directed support options, and specific interventions for vulnerable groups such as older adults and individuals with chronic illnesses.

2. A Partnership Approach Across the Whole System:

We emphasise collaboration across all sectors—health, social care, third sector, and community services—to provide integrated, seamless care that meets the needs of individuals and families.

3. Implementing Local and National Actions Proven to Improve Patient Flow:

We are dedicated to using evidence-based strategies, such as Discharge Without Delay principles, to enhance patient flow, reduce hospital admissions, and ensure timely, appropriate care in the community.

We will develop a resource allocation process for care home placements to ensure those in greatest need and to support hospital discharge will be allocated care home placements.

Consistent and sustainable performance against the following key performance indicators will be essential:

1. RAG acute delays green

Angus ≤ 3 delays
Dundee ≤ 6 delays
P&K ≤ 5 delays

2. Total reportable delays green

RAG status key:

	Red	Amber	Green
A	>30	15-30	≤ 15
D	>50	25-50	≤ 25
P&K	>50	25-50	≤ 25
T	>130	65-130	≤ 65

3. Community hospital LOS 28 days or less

5.1 Angus Health and Social Care Partnership

Winter Planning Priorities:

Priority One: Prioritising Care for All People in Our Communities

Angus HSCP aims to enable people to live well and remain healthy within their communities, using effective prevention and early intervention strategies. We will:

- **Strengthen Community-Based Support:** Enhance access to community health and social care services to prevent unnecessary hospital admissions and support individuals at home.
- **Enhance Chronic Disease Management:** Proactively manage long-term conditions with regular reviews and personalised care plans, reducing the risk of complications during winter. Our primary care networks will proactively identify and reach out to patients with chronic illnesses, ensuring early intervention and tailored care plans to prevent complications during the winter months.
- **Health Promotion and Prevention Initiatives:** Increase outreach and education on vaccinations, cold weather preparedness, and self-care, targeting vulnerable populations.
- **To manage potential surges in respiratory illnesses,** we will increase capacity at respiratory clinics and hold stock of essential supplies, including portable oxygen and PPE, in anticipation of heightened winter demand.

Priority Two: Ensuring People Receive the Right Care, in the Right Place, at the Right Time

- We strive to ensure that care is delivered as close to home as possible, with the right support available when and where it is needed. This includes:
- **Home Care Services:** Strengthen and expand the contracted home care support to enable people to remain in their own homes, reducing the need for unnecessary hospital-based care through ensuring Resource Allocation process uses Eligibility Criteria effectively so care is contracted, or signposting referrals are made timeously. To strengthen our home care workforce, we will focus on workforce strategies, and training programs to support a sustainable and well-prepared team throughout the winter period.
- **Effective Triage and Care Navigation:** Utilise robust triage systems to direct people to the most appropriate services, including telehealth, community pharmacies, and primary care.
- **Rapid Response and Reablement Teams:** There is the ability to flex staff including AHPs across the partnership and prioritise as required provide urgent support in the community and reablement services to facilitate timely hospital discharges and prevent admissions.

Priority Three: Maximising Capacity to Meet Demand and Maintaining Integrated Health and Social Care Services

To ensure we can respond effectively to increased demand, we will:

- **Maximise Workforce Capacity:** Utilise additional staffing opportunities, to meet surge demands in critical areas. We will build a robust recruitment pipeline for essential roles

and a focus on professional development to ensure that temporary staffing solutions are used sparingly.

- Protect Planned and Scheduled Care: Maintain the delivery of routine and planned care wherever possible to prevent a backlog of unmet need.
- Integrated Care Pathways: Strengthen collaboration between hospital, primary care, and community services to ensure smooth transitions and continuity of care.

Priority Four: Supporting the Wellbeing and Capacity of Our Health and Social Care Workforce

- A resilient and supported workforce is essential for delivering high-quality care. To support our staff, we will:
- Staff Wellbeing: Provide mental health support, stress management resources, and wellbeing initiatives to help staff cope with increased pressure during the winter months.
- Flexible Working Arrangements: Where possible, offer flexible shifts and working conditions to support staff work-life balance and reduce burnout.
- Recognition and Support for Unpaid Carers: Acknowledge the crucial role of unpaid carers and provide resources, training, and respite options to support them in their roles.
- We will leverage predictive analytics to anticipate patient surges and utilise real-time dashboards to monitor resource allocation, ensuring a data-driven response to fluctuating demand.
- A robust data-sharing agreement between health and social care services will enable seamless communication and rapid information flow, ensuring timely interventions for those who need them most.
- Collaboration with Third Sector and Voluntary Organisations:
- We will work closely with third sector and voluntary organisations to expand our non-clinical support capacity, including community outreach, patient transport services, and social care support for vulnerable individuals.

General

- Daily Situation Reports: Implement a daily monitoring system to track service capacity, demand, and emerging issues, allowing for rapid response and resource allocation. Our daily situation reports will track key metrics such as hospital bed availability, staff sickness levels, flu incidence rates, and care home occupancy, enabling rapid responses to emerging issues.
- Maintain monthly unmet need reporting to Scottish Government and share relevant local data on levels of unmet need aligned to our Eligibility Criteria to ensure resources are aligned to need.
- Participate in meetings with partners across health, social care, and third-sector services to ensure coordinated planning and response. To ensure transparency and adaptability, we will create a feedback loop where data and insights from our daily reports and real-time monitoring will be shared with both staff and the public to improve service delivery.
- Continuous Evaluation and Adaptation: Monitor the impact of our winter plan through key performance indicators (KPIs) and adapt strategies as necessary based on real-time data and feedback.
- Robust business continuity arrangements in place to ensure we continue to provide health and social care services throughout the winter period.

Angus Health and Social Care Partnership is committed to delivering person-centred, integrated, and high-quality care throughout the winter period. By adhering to the principles and focusing on these four priorities, we aim to support the health and wellbeing of our

community, reduce hospital pressures, and ensure that our workforce remains resilient and well-supported. We will navigate the winter challenges and continue to provide excellent care to the people of Angus.

5.2 Dundee Health and Social Care Partnership

Key areas highlighted as part of the system wide winter planning Dundee Health and Social Care Partnership include:

- Partnership Oversight Report published weekly to monitor pressure areas and feed into the whole system heat map
- Business Continuity Plans in place across all services, including adverse weather conditions response
- GAP community discharge hub in place (Business as Usual)
- Enhanced recruitment into social care regarded as 'Business as Usual'
- An intensive programme of improvement has achieved a significant reduction in unmet care need hours through working with care providers to enhance efficiency. The focus is now on sustaining performance.
- A promotion campaign is being undertaken to encourage social care support workers to access vaccination services.
- A Self-Directed Support event was held for frontline staff on 4th September to raise awareness and identify opportunities for using different SDS options to deliver care at home.
- The Spasticity Service is now fully operational as a means of supporting further rehabilitative approaches for stroke and neurology patients in a community setting.
- There is ongoing development of the Community Rehabilitation Service as a means of shifting rehabilitation closer to community settings.
- An improvement programme is being progressed across Dundee Enhanced Care at Home Team (DECAHT) focusing on:
 - Streamlining the process for transfer of care between in-patient services and DECAHT to support care closer to home
 - Participating in optimising access workstream to ensure appropriate use of services to optimise early access to preventative approaches
 - Reviewing practice-based MDTs to support early appropriate referral
 - Promoting joint working between cluster consultants and GPs/ Community services to support care at home
 - Implementing electronic prescribing to reduce unnecessary travel time and optimise capacity
 - Working collaboratively across MFE pathway to implement medication reviews for those most at risk of negative impact of polypharmacy
 - Ongoing review of patient pathways within the service to reduce risk, reduce duplication and improve the quality of service provided
 - Supporting the completion of RESPECT documentation to ensure that ceilings of care are agreed with the patient and shared across the MFE pathway
 - Continuing to embed the Cluster model to ensure MDT working across the MFE pathway
- Lead ANP structure now established to support development of whole system pathways of care
- Implementation of locality working model in community nursing to reduce unnecessary travel time and optimise capacity
- Discharge to Assess social care service has been re-focused on front door frailty wards within Ninewells. The service Team Leader works collaboratively with the ward multi-disciplinary team to prioritise how the service is most appropriately allocated to support early discharge and assessment in a home environment.

- An improvement programme is in progress across Royal Victoria Hospital site to reduce average length of stay whilst ensuring high quality care, focusing on:
 - Refreshing practice related to setting planned date of discharge
 - Implementation of the bed request function on Trakcare
 - Spread of 'Early Expectation meetings' to discuss discharge planning across Medicine for the Elderly
- Redesign of rehab model on the RVH site aligned to excellence in care standards
- The Stroke Neuro Rehabilitation Pathway Redesign is in progress, aiming to deliver an interdisciplinary approach to deliver an outcomes focused personalised rehabilitation pathway.
- Dundee remains committed to meet RAG status green (6 or less acute delays and 25 or less total delays) and maximum 2 patients waiting step down bed from acute per day, as per previous RAG agreed delays position via Tayside DWD programme. Dundee remains committed to progressing RVH LOS towards 28 days for MFE and Orthogeriatrics, and LOS target of 42 days for stroke and neuro rehab.

5.3 Perth & Kinross Health and Social Care Partnership

The key developments within the P&K Health and Social Care Partnership to support appropriate care, in a timely manner, in the most suitable setting are;

Perth and Kinross Health and Social Care Partnership have nationally performed well over the last year, with us consistently having less delayed discharges than our comparators.

Our geography and demography mean that locally set targets remain challenging for us to achieve, however PKHSCP remains committed to the best possible results over the winter period.

Priority 1: Prioritise care for all people in our communities, enabling people to live well with the support they choose and utilise effective prevention to keep people well, avoiding them needing hospital care.

- A new Care at Home contract commenced in September and has increased the number of providers by seven, with an even distribution across all localities and are implementing an Alliance based approach to their delivery, we anticipate a further uptake in care and reduction in unmet need both in the hospital and community.
- We are increasing efficiency and capacity in our Care at Home services through the implementation of PinPoint, for both internal and external Care at Home, which plots care geographically in a live system, targeting unmet need.
- Implementing Advanced Nurse Practitioner (ANP) single point of triage for urgent care. Advanced nurse practitioners are highly qualified, senior nurses who have completed extra training and academic qualifications to be able to clinically assess, diagnose, refer and treat patients.
- Exploring ways to build Advanced Practice capability within our existing community teams for example non-medical prescribing and Advanced Clinical Assessment.
- We will work closely with our home safety partners, community wardens and community organisations to provide simple home safety and winter resilience advice.
- We will review, update and test Business Continuity Plans.
- We will review and update lists of particularly vulnerable people across P&K.

Priority 2: Ensure people receive the right care, in the right place at the right time, this includes prioritising care at home, or as close to home as possible, where clinically appropriate.

- Ambulatory Care: working in partnership with Acute colleagues to support the opening of our Ambulatory Care area at PRI. Ambulatory Care allows patients to have diagnostic tests (including imaging) and a full clinical assessment prior to being admitted. If admission to hospital is not clinically necessary, patients can then go home with advice and supports in place.
- We are targeting bed occupancy and LOS for MFE and Community Hospitals
- We are developing a new Home First to Rehab Pathway, our initial focus is Perth City, targeting where we have a shortage of rehab beds.
- We are reviewing our assessment activity to ensure Care at Home as a lone service is not the default, that assessments are holistic.
- We are targeting our workforce to support Community Hospitals in discharging people to their own home as timeously as possible, Community Hospital length of stay under 28 days has consistently been achieved since mid-summer and we will work towards lowering this length of stay over the winter period.
- We are piloting a Trusted Assessor role for Care Home placements.
- We have sought additional funding to continue the use of our commissioned Early Discharge Project till end March 2025.
- We are maintaining a small number of interim beds within our two internal Care Homes, and one externally block booked Care Home wing, these are available in exceptional circumstances only.
- We are maintaining four extra unfunded beds in Stroke, this is a challenging situation for us, with staffing precarious and will need reviewed as we move forwards.
- We are looking to utilise under-occupied internal Care Home capacity to provide additional rehab capacity.
- We are looking to work with our externally commissioned Perth City Care Homes to provide additional rehab capacity.

Priority 3: Maximise capacity and capability to meet demand and maintain integrated health, and social care and social work services, protecting planned and established care, to reduce long waits and unmet need.

- We are establishing integrated teams in Perth & Kinross, Perth City being the first of which to be introduced in the coming weeks. They will respond to a wide range of issues in the community and will send the most appropriate professional(s) as required. This will include urgent response and where possible the teams will support individuals to retain their independence and prevent hospital admission by providing a range of early interventions and support.
- The integrated locality teams will also have a role in facilitating early supported discharge to assist capacity and flow at PRI and within our community hospitals.
- The HSCP are running an ongoing programme of recruitment campaigns utilising multiple social media platforms and billboards with our most recent campaign achieving a reach of 18,516.
- The HSCP participated in a national project delivered by NHS Education for Scotland's Centre for Workforce Supply Social Care, Scottish Government, COSLA and Social Care Providers to identify opportunities to internationally recruit Social Care Workers, six staff were recruited from the Philippines. This experience has helped develop an ethical pathway for overseas recruitment which can be used in future if required.
- We have improved our Social Work recruitment pathway, recruited a dedicated Student Placement officer who has increased the number of Social Work Student placements within the HSCP significantly, with us then going on to recruit 11 of those students.

Priority 4: Focus on supporting the wellbeing of our health and social care workforce, their capacity and improving retention, as well as valuing and supporting Scotland's unpaid carers.

- Continue the work of the What Matters to You programme and promote a culture of collaboration and understanding and maintain staff wellbeing and resilience through the challenging winter period and beyond.
- Encouraging staff uptake of Covid and flu vaccinations, and sharing information on how they can access the vaccinations service; and
- Ensuring community staff have appropriate warm, safe uniforms for the winter period.

5.4 Primary Care and Out of Hours

Primary Care and OOH services will continue to collaborate across partnerships and interfaces to maximise the efficiency and effectiveness of community care. This will be driven by strong collaboration both at the partnership level and with NHS Tayside. Our commitment is to deliver high-quality community-based care through multidisciplinary teams, both during regular hours and OOH, wherever this is the safest and most appropriate option for patients.

Primary Care

Access to General Practice:

Access to General Practice (GP) during the winter period will be based on the national access principles:

- **Inclusivity and Equity:** Ensure access is equitable for all individuals, based on Realistic Medicine principles and Value-Based Health & Care. Care will be person-centred, focusing on individual needs rather than a one size fits all approach.
- **Choice and Flexibility:** Patients will have a reasonable choice regarding how they access services, including in person, telephone, and digital consultations.
- **Compassionate and Person-centred Services:** Services will remain sensitive, compassionate, and considerate of everyone's needs and circumstances.
- **Care in the Right Place by the Right Person:** Efforts will be made to connect patients with the most appropriate healthcare professional within the right time frame, ensuring efficient use of resources.

Supplementary Principles:

- **Empowerment and Self-Management:** Encourage patients to manage their health through selfcare, using online resources like NHS Inform.
- **Direct patients to other primary care services** such as Community Pharmacies, Optometry, or Dental services where appropriate.
- **Prioritisation of Urgent Care:** In periods of high demand, practices will ensure that urgent care needs are prioritised.
- **Transparency and Communication:** Patients will receive clear, transparent information on accessing the most appropriate care.
- **Role of Administrative Staff:** Practice administrative staff (e.g., receptionists) will guide patients to the right service, a practice known as "Care Navigation." Staff will be trained to offer informed signposting to ensure patients are seen by the most

suitable service provider, whether within or outside of the practice. The "Care Navigation Toolkit" provides further guidance on this process.

- Multidisciplinary Team (MDT) Approach: Receiving care from various healthcare professionals (such as nurses, pharmacists, and other specialists) rather than solely from GPs will become standard practice.
- Continuity of Care for Complex Needs: Patients with complex health needs or frailty will receive continuity of care from a known and trusted healthcare professional to provide holistic, ongoing support. Practices will ensure familiarity between patients and their care providers to build trust and enhance care quality.
- Holistic Healthcare: General Practice will adopt a holistic approach, addressing not just physical symptoms but also considering psychological, social, and lifestyle factors that impact health.
- Use of Digital Resources: Where appropriate, digital tools such as online consultations, electronic prescriptions, and health monitoring will be used to provide convenient access to care. Provisions will be made for patients who are less digitally literate, ensuring equitable access for all.
- Patient Feedback and Improvement: Practices will continue to actively seek informal and formal feedback on patients' experiences, using this input to make real-time improvements to services.

Public Holiday Planning for Primary Care Providers

General Practice:

Ensure that continuity plans are in place, particularly during public holidays. Practices will communicate well in advance about closures and provide clear signposting to alternative services such as NHS 24 (111) and NHS Inform.

Pharmacies:

Community pharmacies will operate on a festive rota to ensure availability during holiday periods. They will inform patients about closures and direct them to alternative resources where necessary, such as NHS Inform and emergency contacts.

Optometry Services:

Optometrists are reminded of their obligation to act as the first point of contact for eye issues, including emergencies. If unable to provide care, optometry practices will coordinate with other providers or hospital eye services in rare cases.

Dental Services:

Dental practices are responsible for emergency care for NHS patients during holidays. If needed, they will work with the Public Dental Service (PDS) to ensure emergency coverage, and patients will be triaged to the appropriate service.

Capacity Surge Plans

Surge Staffing Plans

Providers will consider how best to prepare for unexpected staff shortages (due to illness or extreme weather conditions). This could include locum staff, bank nurses, etc. to fill gaps. They should prioritise care for those with the most urgent care needs in such circumstances.

Where capacity is reached despite this, practices should escalate both to Primary Care Services given the contractual implications and for GP Practices to their respective HSCP Primary Care Team to consider how to support operationally.

Out of Hours (OOH) Services

We anticipate a 15% increase in OOH activity this winter and have prepared accordingly.

Key Actions and Commitments:

1. Predictive Modelling and Staffing:

- Complete predictive modelling for the winter period (November 2024 - March 2025) to ensure multidisciplinary team (MDT) staffing levels meet the expected demand.
- Leverage a 75% salaried workforce during this period, with the relevant rate of pay over the festive period

2. Enhanced Clinical Support:

- Ensure the availability of senior clinical decision-makers on weekend and public holiday shifts to facilitate effective clinical operational management and support.
- Consider re-instating the short 3-hour mid-week shifts (Mon-Thurs) in Dundee PCEC over the winter period (Oct-Mar) to manage the additional workload with winter illnesses.
- Consider this year the very peak winter to be between mid-December- Mid March (11 weeks) and over this period have 1 extra evening shift Saturday and Sunday in Dundee and Perth.

3. Service Escalation and Contingency Planning:

- Review and update service escalation and contingency plans to respond swiftly and effectively to any emerging challenges.
- Increase the use of Near Me video consultations where clinically appropriate to maintain accessibility and reduce the need for in-person visits.

4. Paediatric Care Provisions:

- Prepare for increased paediatric contacts during the winter period by ensuring sufficient GP coverage and utilising the Paediatric Advanced Nurse Practitioner during busier periods.

5. Weather-Related Procedures:

- Continue to adhere to robust procedures for managing inclement weather to ensure continuity of care.

6. Collaboration with NHS 24 and Pharmacy First:

- Work closely with NHS 24 and Pharmacy First to direct patients to the most appropriate care settings, reducing unnecessary pressure on emergency and OOH services.

7. Professional-to-Professional Support:

- Maintain the provision of professional-to-professional advice to support clinical decision-making and patient care.

8. Support for Care Homes:

- Provide timely responses to calls from care and nursing homes, ensuring prompt and appropriate care for residents.

9. Integration with Mental Health Services:

- Continue to work with mental health services to ensure good access to crisis teams and mental health support during the winter period.

10. System Planning and Heat Mapping

- Continue to populate and utilize heat maps to support comprehensive system planning and resource allocation.

A detailed OOH Winter Action Plan has been submitted to the Scottish Government, in conjunction with the Winter Checklist response, outlining our strategies and preparedness for the upcoming winter season.

This proactive approach will ensure that the service is well-equipped to meet the needs of the community, support the whole system and provide the highest standard of care throughout the challenging winter months.

6. Planned Care

Throughout the winter period, NHS Tayside will continue to maximise theatre efficiency by focussing on treating urgent and cancer patients as a priority, and longer waiting routine elective cases where feasible.

To support delivery of the Unscheduled Target Operating Model, the surgical teams will focus on increased delivery of day case procedures through the peak unscheduled demand periods to minimise the need for inpatient beds.

Surgical teams will continue to optimise the elective only theatre resource at of Stracathro.

Key activities progressing to support elective care preparedness across main hospital sites include:

- Theatre scheduling to determine the management of the unscheduled care/cancer and clinically urgent procedures as a priority
- Reduction in non-urgent elective surgery to create unscheduled care capacity, optimising day surgery
- Continue elective care prioritisation meetings to align to available capacity
- Optimisation of the Surgical Assessment Unit (SAU) on the Ninewells Hospital site to ensure that admission and discharge here for Surgical Division day-cases is the norm, minimising unnecessary inpatient bed use.
- SAU to support admission of elective patients who will be cared for in a critical care unit to minimise unnecessary inpatient bed use
- SAU to use remaining capacity to support elective admissions who will transfer to a ward area post operatively.

- Reduced elective medicine activity through peak winter period to support flow

NHS Tayside will continue to refer patients to Golden Jubilee and NHS Highland through the NTC Programme allocation for Orthopaedic and General Surgery procedures. We will also continue to link with the National Elective Co-ordination Unit (NECU) for any national capacity to support long waiting patients.

7.COVID-19, RSV, Seasonal Flu, Norovirus, Staff Protection & Outbreak Resourcing

7.1 Infection Prevention and Control

The Infection Prevention and Control Team (IPCT) will continue to follow the National Infection Prevention and Control Manual (NIPCM) with regard to Winter 24/25. The delivery of Infection Prevention and Control education during this period will be in line with ARHAI Scotland and NHS Education for Scotland and focus on key Infection Prevention and Control principles.

The IPCT will provide proactive surveillance of respiratory and GI infections. The Senior management Team will be actively involved in the Winter Preparedness Group and cascade relevant local and national intelligence within the organisation.

7.2 Health Protection Team

The Health Protection Team in NHS Tayside are planning for winter and are working with care homes to ensure readiness for winter and potential surges of COVID-19, other respiratory viruses such as flu and RSV, and gastrointestinal infections including norovirus. Outbreak plans are in place for outbreaks including respiratory viruses and norovirus.

7.3 Vaccination Programme

The NHS Tayside central vaccination service provides access to winter vaccinations for staff across Tayside in -

- Staff only appointment-based clinics on acute sites
- Appointments for staff in all community clinics central and more rural locations
- Opportunities for drop-in vaccinations at all clinics (workplaces and community)
- Peer vaccination for both flu and COVID being rolled out across acute areas again this year to support further opportunities for staff; the number of peer immunisers recruited this year has hugely increased, from fewer than 10 in 2023/24 to over 70 in 2024/25
- Occupational Health teams supporting vaccinations on Ninewells site for staff to access vaccination later in programme to support mop-up

Clinics are advertised on internal Staffnet, local social media and through regular staff bulletins as well as posters on wards with links to relevant information on NHS Inform.

A staff vaccination tracker will be shared and collated to provide individual areas as well as a whole system overview of uptake.

The public winter vaccination programme for COVID and flu commenced on 16th September 2024 in line with national programme directions and schedules. In accordance with JCVI guidance, the majority of vaccinations, especially for those most vulnerable, will be delivered

from October, in order to optimise protection over the winter period. The programme will include appointed and drop-in community clinics, outreach and pop-up clinics in underserved communities, clinic and school-based vaccinations for all 2–5 year olds, and primary and secondary school age children, and care home and domiciliary vaccinations.

The 2024/25 programme has been planned so as to ensure everyone eligible will be offered an appointment no later than 15th December 2024, to provide the best possible protection over the winter and in advance of the main festive period. COVID and flu uptake in Tayside has consistently been above the Scottish average, and we aim to replicate and further build on this track record in 2024/25.

8. In Patient Mental Health

The whole system mental health change programme has a number of active workstreams which serve to revise the Model of Care and support people to receive care in the most appropriate place, and in doing so supports the ability to maintain capacity and flow. The winter peaks in demand experienced by other parts of the system are not the same in mental health; however occupancy levels remain in excess of 85% and therefore robust plans are required to maintain efficiency.

The following mechanisms are in place to support:

- Business Continuity Plan in place
- Use of command centre data to support planning
- Use of safecare to support safe staffing and system wide support
- Escalation SOP for staffing deficits
- Safety and Capacity huddles embedded
- BD involvement in whole system huddles
- Discharge Co-ordinator in place to support PDD
- Review of all inpatient stays exceeding 90 days
- Rapid Run-Downs in place across GAP estate which involve community and inpatient teams
- Hope Point in Dundee operational in 2024, supporting individuals who present in distress
- Optimisation of Early Supported Discharge
- Out of hours site co-ordinators support ability to communicate and create capacity
- Support NHST vaccination programme
- Introduction of revised admissions pathway to support step up/step down approach
- Boarding SOP developed to maximise capacity within existing footprint
- Review of all out of sector and out of specialty patients currently in GAP

9. Communication Strategy

The NHS Tayside Communications Team has a comprehensive communications strategy to cover the winter months. This includes planned staff and public communications on vaccination, prevention and self-care of seasonal illness and accessing services over the festive period.

The team works with the clinical lead for winter to produce regular videos with key messages for the public, focusing on topics relevant to the current situation in hospitals and the community. In addition, there are assets to be used as needed for incidents such as adverse weather.

As in previous years, the Communications Team supports the organisation's preparations for winter through the local and national winter campaigns, tailoring the national key messages for the local situation and a local audience throughout the winter period. This is targeted at staff, patients, and the public alike. Social media is the most effective channel for instant updates to information and will be used extensively, along with media releases, website updates, radio updates and sharing of messages with local partners for onward distribution.

The Communications Team updates the 'Keep Well in Winter' pages on the NHS Tayside website and the 'Winter Zone' on Staffnet with all relevant winter information. Ready Scotland is also promoted on the front page of its website.

The team will continue sharing the Right Care, Right Place messages around how and where to access the right healthcare for people's needs e.g., 111 for urgent care, A&E when life-threatening, and what to do when GP surgeries are closed, e.g. NHS 24 and community pharmacies. This is supported by regular social media and website posts to share information and signpost to available services.

10. Workforce

The aim is to have the appropriate levels of staffing in place across the whole system to facilitate efficient and effective patient care, to ensure consistent discharge during weekends and the holiday periods.

As such system-wide planning is in place to ensure the appropriate levels of cover needed to effectively manage predicted activity across the wider system and discharge over the festive holiday periods.

Examples of this include:

- Infection, Prevention and Control Teams (IPCT) rotas organised to ensure appropriate levels of cover in particular to days following the festive break/public holiday periods
- Nursing rosters are managed in accordance with NHS Tayside Roster policy, Health roster are provided six weeks in advance. Patient demand and acuity is managed in accordance with Safecare to support reallocation of staff
- Whilst every effort has been made cross system to ensure capacity for increased winter activity can be absorbed within the funded footprint, it is recognized there may be a period where unfunded capacity is required.
- Due to ongoing nursing workforce challenges, the senior nursing team will ensure in the event of requiring to utilise unstaffed beds, that a robust risk assessment of staffing to support realignment of resource is undertaken to safely care for patients using the toolkit available including Safecare; Roster perform and collapsible hierarchy models.
- To manage staffing gaps in ward areas, proposed focused update for staff being moved or deployed through the clinical educators/Practice Education Facilitator with familiarisation to new areas, documentation and ways of working before winter and if possible aligning individual staff to identified wards where they will have confidence to be redeployed during the winter months
- Development of action card to aid decision-making to support implementation of collapsible hierarchy aligned to increased demand or reduced resource

10.1 Allied Health Professions (AHP)

The Allied Health Professions (AHP) directorate team have worked collaboratively with services managers and professional leads from across all professions and organisations to

plan for a system of mutual support and professional prioritisation to maintain essential functions of AHP services whenever possible throughout winter 2024/2025. This guide details the escalation plans as agreed by all professions, with the understanding this is subject to ongoing review for service demand and capacity.

The majority of AHPs in Tayside are employed by NHS Tayside (each council also employs Occupational Therapists) but the professions are operationally managed across the three health and social care partnerships and the clinical care groups of NHS Tayside. Some professions already work within the structure of a single Tayside wide service whilst Occupational Therapy and Physiotherapy are managed across all parts of the system. All AHPs working within integrated systems, already work to the principles within the AHP professional and operational interface guidance document which aims to support the role of the operational leader, the individual and the professional lead to navigate matters such as professional issues, practice development, personal development, workforce issues and capability.

This escalation plan simply applies the understanding of utilising the professional leadership available to support operational management decisions and actions to the challenges of workforce planning and winter contingency escalation.

It is well documented through strategic risks and all organisational structures that some of the professions are experiencing staffing shortages and are listed on the national shortage occupation list (SOL).

Whilst teams already work well within multi-disciplinary structures for support and shared working, some essential tasks require the expertise of an individual from a specific registered profession.

This plan offers a clear process for considering mutual support as one solution to workforce or capacity challenges across the system. Whilst each operational area has systems for supporting workforce needs, we have recent and ongoing experience of areas having significant challenges with minimal solutions available to them. There is an established AHP bank but this has limited staff available at this point due to the National shortage of AHPs. Work is ongoing to further develop this. This solution limits the need to escalate to costly agency or bank recruitment and offers robust evidence of alternative solutions being considered before an agency solution is used.

Services can identify their workforce challenge and raise it to the Tayside AHP command group. This group will seek to agree any staffing capacity that can be released to support the need across Tayside in collaboration with service leads and professional leads. The plan employs a 5 tier escalation process and the group would seek support from services in lower tiers on a flexible, temporary or short term basis. A comprehensive communication strategy will be employed to ensure all parties are kept informed of progress.

10.2 Nursing & Medical Workforce

As part of the Winter plan staffing the unfunded beds ,or surge beds, within the Acute in-patient wards, will be supported by incorporating the over recruited Newly Graduated Practitioners (NGPs) as approved earlier this year by the Executive Leadership team; these NGPs will be blended with existing registered nurse teams, to ensure staff have the requisite knowledge and skills to deliver safe patient care. In addition, the Nurse Bank will support supplementation of the HCSWs required to staff the surge beds.

10.3 Pharmacy Workforce

Pharmacy will endeavour to deliver the full range of range of services over the winter period. In those situations when demands exceed capability, pharmacy will work collaboratively via the safety huddle to:

- Prioritise workload taking into due consideration of NHST priorities of unscheduled, cancer care and planned care.
- Explore cross cover options across the service with a primary focus on high-risk patients with complexed medication needs and discharging of patients to maintain flow.
- Explore agency options including bank and locum staff.
- Consider other options to meet patient demands and maintain staff wellbeing including reviewing workload deadlines as well as reviewing hours of operation across a 7-day period as appropriate.

10.4 Staff Wellbeing

It is recognised that our staff are our greatest asset as we approach the winter period. Supporting their wellbeing requires to be a priority as part of our preparedness. The Staff Wellbeing Service and the Department of Spiritual Care will support staff in a proactive and timely manner.

We will meet weekly with the winter planning group:

- Giving the opportunity for managers to bring issues concerning staff support to our attention
- To remind managers that the support is available for them also
- To give reminders of how the service can be accessed over all inpatient sites 24/7

As a service we will undertake:

- To provide regular check ins with all wards and areas over Tayside
- To provide opportunities for proactive support to areas in need
- To develop resources to help staff over winter and share these through comms
- To support the work of the Staff Wellbeing Champions

10.5 Volunteer Service

Discharge services, supported by volunteers, can provide vital support to individuals when leaving the hospital environment. Historical research illustrates that, when receiving support from volunteer discharge services, patients feel safer, less lonely, less frightened, more reassured and more supported.

Following on from the 18-week pilot of a volunteer discharge support service in 2022/23, funding has been secured from the Charitable Foundation to support a volunteer led service that supports patients for up to five consecutive days following discharge. The service will be managed by two Discharge Support Volunteer Co-ordinators, interviews are being held on 23 September 2024 with a view to start dates in November 2024. The funding is for 18 months to take in two winter periods.

The service involves telephone calls being made to the patients which include questions regarding their wellbeing, any medical needs or concerns and to make recommendations of community support services. Additionally, volunteers are able to provide support to the family members/carers of the patient to ensure that they are managing well with caring for their loved one post discharge.

The volunteer discharge service is an excellent example of where volunteers can make a positive difference to patients and their loved ones.

11. Digital & Technology

The use of information and data is critical for effective forecasting of unscheduled and elective winter demand and capacity planning.

11.1 Command Centre & Heat Map

The Command Centre continues to evolve to meet planning and management of flow including: bed reconfiguration: viral illness rate and impact on resource availability; 4 hour wait position.

The HEAT map has been revised and extended to include diagnostic measures. Reporting on these additional measures will commence end of October 2024.

This will be generated and widely circulated on a weekly basis to inform the whole system position. This will be reviewed weekly through the Winter Resilience Operational Delivery Group and subsequent escalation, or de-escalation of plans agreed and implemented. The HEAT Map will also be available within the Safety & Flow Hub for the purpose of daily management of capacity and flow and to support planning for the week.

11.2 Resilience App

To support winter planning arrangements, a section on 'Whole System Pressure' was added to the NHS Tayside Alert App during 2023/24. Key documents such as our escalation plans and SOPs and will be available to all Safety & Flow staff who are responsible for managing optimal patient flow as well as our Mental Health H&SCP/ Primary Care & OOH colleagues who contribute to the safe and efficient management of our unscheduled care pathways. The Risk & Resilience Planning team supported the development of the broadcast group and maintain documentation upload.

This development supports accessibility to information in and out of hours as well as off site, and provides greater consistency in approach and decision-making, allowing the most efficient use of available resource.

11.3 Outcome and Performance measurement

The following measures will provide an overview of the whole system temperature and specific areas of pressure/challenge. The data will be reviewed daily and weekly through the Safety & Flow Huddles, the Winter Resilience Operational Delivery Group and Tactical Cell meetings as required:

- 4 hours from arrival to admission, discharge or transfer for A&E treatment (95%)
- Earlier in the Day Discharges - Hour of Discharge (inpatient wards)
- Weekend Discharge Rates - Day of Discharge weekday v's weekend discharges
- Reduction in delayed discharges to meet green RAG status
- Early initiation of flu vaccination programme to capture critical mass of staff
- Achieve target operating model for unscheduled admissions, achieving and maintaining Upper Quartile Average Length of Stay Targets
- Use of information and intelligence from Primary Care, OOH Services and NHS 24 to predict secondary care demand.
- Standardised approach to speciality – level escalation plans
- Monitor planned care cancellation rates

Performance against these measures will be provided within the Board Business Critical weekly reports and updates to the Board Business Critical Gold forum.

The 24/25 Winter Plan, inclusive of the actions relating to prevention and management of seasonal illness, reflects the collective actions NHS Tayside and its partner organisations will take to achieve our intention to provide a consistent high quality of service for all our patients throughout winter and beyond.

Appendix 1- Scottish Government Winter Readiness Checklist



Return Due: 16 October 2024

WHOLE SYSTEM CHECKLIST RETURN - AREA DETAILS	
Board	NHS Tayside
Please select Health Board from drop down above	
Partnerships	Angus, Dundee City, Perth & Kinross
Board Chief Executive	Nicky Connor
Chief Officers	Jillian Galloway, Dave Berry (acting), Jacquie Pepper
Number of integration partnerships	3
Submitted by	Please complete
Approved by	Please complete
Date of approval	Please complete

SUMMARY DASHBOARD							
#	Area	Progress	Status	Partial	No	Yes	n/a
1		0	Incomplete	1	0	4	0
2		In progress	Incomplete	0	0	4	1
3		0	Incomplete	0	0	0	0
4		0	Incomplete	0	0	5	0

Appendix 2 – Ninewells Hospital, Medicine Division Winter Resilience Plan

	Sep24	Oct24	Nov24	Dec24	Jan-midFeb25	Feb-Mar25
Total Funded beds	275	275	275	275	275	275
Total beds required (90% Occ) PRAG status based on Winter 23/24	275	275	286	288	317	285
Medicine Winter Surge Beds			14	16	26	16
Surge beds available (+/-)	0	0	3	3	-16	6
Milestones:						
Bed base (Cohorting of patients into surge beds controlled within Medicine)	Wd33 MfE footprint operational		Winter beds available to open as per demand: Stroke Wd6, Wd32, Wd33	Winter beds available to open as per demand: MfE Wd5	Increase Winter surge beds: MfE Wd5, CIU 6 + 7 day working	Decrease Winter beds: Stroke Wd6, MfE Wd5, CIU (back to 6 beds M-F)
Escalation Plans/Surge Ward		Specialty & Divisional Plans in place	Monitoring PRAG status at Specialty & Division level via Weekly Medicine Flow meetings			
			Step up Medicine daily Huddles in AMU, if required			
					Surge wd open if required	
ADP Priorities	Optimising Flow – planning and implementation			Achieve and maintain optimal flow as far as possible (AMU 80% occ; Wds 90% occ + UQ ALOS)		
	Optimising Access – planning and implementation			Reduce admissions/attendances by 5%		
Infection Prevention control	Face Fit Testing as appropriate					
	Peer vacc for Flu + optional covid					
	Viral isolation plan in place					
Multidisciplinary Workplace Planning		Surge bed staffing plans in place		CIU 7 day rota in place		
Elective Step-down tbc				Resp CIU	Gen Med peripheral Resp, CIU, Cardiology	

Appendix 3 – Perth Royal Infirmary, Medicine Division Winter Resilience Plan

Plan / Month	September		October		November		December		January – Mid February		Mid February – March	
Anticipated RAG Status												
Substantive												
Bed Base - PRI	120	90%	120	90%	120	90%	120	90%	120	90%	120	90%
Winter Bed Base	120	90%	129	90%	134	90%	139	90%	140	90%	125	90%
Surplus / Shortfall	0	90%	-9	90%	-14	90%	-19	90%	-20	90%	-5	90%
Additional Impact (-6 beds Tay Ward)			-15		-20		-25		-26		-11	
Bed Base / Key Requirements Ninewells	Create capacity in morning to support early flow from AMU (inc. appropriate sitting out of patients). Morning 'Board Rounds' in place across all wards. All Medicine wards achieve Target LOS. All Medicine wards to achieve 90% occupancy / AMU 85%.						Reduction in Admissions / Attendances - Achieved (5%)					
Increasing Bed Base within PRI Acute			Surgery	6	Surgery	12	Surgery	18	Surgery	18	Surgery	12
Dependencies	P&K HSCP Winter plan - work to reduce delays to Green RAG status and establish step down rehab model for Perth city patients. (RAG : green<25 amber <50 red>50). <u>10-12 beds TBC</u>											
Acute Medicine Action Plan	Engagement - MDT to discuss winter planning opportunities	Working with Consultant Connect - OOH, SAS, NHS24, HSCP to create a SPOC referral into community Links Teams. Admission avoidance (JW). TOC - Perth City										
	Capacity for COVID testing overnight confirmed	Optimise pathways for Ambulatory Assessment Area (PRI) (JW/CCG1/HSCP)										
		Ward 1 - Rehab/Stroke Acute Model to be operationalised: - Separation of acute and rehab patients - additional and continuity of nursing numbers - Faster turnover in the acute bays										
		Nursing establishment is supported at safe staffing levels. RN and HCA uplift				P&K HSCP to establish step down rehab model for Perth City Patients						
		Discussions/planning for nursing model, medical model and AHP support for any move into additional Surgical beds. Discussions with Specialist Surgery ongoing re cohorting of patient and safe staffing. Guidance to be completed										
		Review Pan-Tayside Call Handling and ensure protocols clearly defined										
Requirements	Staffing Plan											
	Communication Plan											

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Generic Contingency Plan – Capacity Management
Incorporating the
Resource Escalatory Action Plan - REAP

Version 9.2

November 2023

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Scottish Ambulance Service

Generic Capacity Management Contingency Plan
And
Resource Escalatory Action Plan (REAP)

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Scottish Ambulance Service

Generic Capacity Management Contingency Plan

Introduction

1. There is a need to maintain a comprehensive contingency planning framework to manage the consequences for the Scottish Ambulance Service of a level of demand being at a point where it exceeds the ability of the Service to meet it. This may arise when, whether in isolation or in combination, there is a rise in demand or a reduction in the capacity. This situation could be triggered through pressures exerted directly on the Scottish Ambulance Service or through referred impact of pressures exerted elsewhere within the health system. Should such a situation arise, health care provision may need to be planned or delivered differently, services prioritised or re-scheduled and partnership working, including mutual aid, extended or special contingency arrangements invoked.

2. The Capacity Management Contingency Plan may need to be implemented in circumstances when there is:

a. **Increased Demand.** There is a significant surge in demand for services provided by the Service, NHS 24, an NHS Board or Social Care for which that organisation does not have the capacity to compensate immediately. A flu outbreak, extreme weather challenge or significant major incident could escalate to the point where the Scottish Ambulance Service, NHS 24, an NHS Board or Social Care is unable to sustain or provide a normal level of service.

b. **Reduced Capacity.** There is a significant reduction in the capacity of the Service, NHS 24, an NHS Board or Social Care, which severely restricts its ability to respond to patient demand or deliver care. Understaffing, major staff sickness, localised IT system failures, or wider failures of service continuity, including external suppliers of goods and services, could escalate to the point where the Scottish Ambulance service, NHS 24, an NHS Board or Social Care is unable to sustain or provide a normal level of service.

c. **Reduced wider NHS services over Festive Periods.** Routine practice closure for 4 consecutive days on two consecutive weeks will occur in certain years. In addition to pressures due to capacity challenges within NHS out of hours services, trends for 999 calls indicate that demand may rise from between 10% - 150% above normal Friday night levels at certain times over that period. The patient care consequences and potential for uncompensated major incident at special events over the festive period and certain other times also contribute to the pressures on the Service.

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Capacity Management - Planning Rationale

3. In order to plan effectively for the impact of increased demand, reduced resources or other unanticipated disruption, including significant systems or infrastructure failure, an assessment of existing demand and capacity is necessary together with an accurate assessment of the impact and range of consequences likely to impinge on service delivery. At given levels of escalation, a pre-determined consistent framework for action is required to support decision making and to manage and preserve the mission critical aspects of the operational service.

4. Managers, with the assistance of risk, resilience and business continuity colleagues have considered the likely consequences of any realistically foreseeable occurrence on service delivery, and identified the actions that could both, reasonably be taken in advance of an adverse situation to reduce the impact, and best maintain critical services should the situation come to fruition.

5. Generic action in preparation for a capacity management challenge is varied depending on the foreseeable risks but may include participating in immunisation programmes, issue of PPE or other buffer stocks, predetermined increases in operational or other staffing or deployment of special resources such as personnel, vehicles (including four-wheel drive) or equipment, to cover anticipated pressures. Preparation may also include training of additional staff or volunteers in specific priority duties and effective, planned communication with external stakeholders.

6. A common understanding of these planning assumptions and the development of consistent inter-agency contingency plans, escalation triggers, communications and management policies will reduce any adverse effect of disruptive challenge.

7. The Service will continue to develop policies to underpin its ability to enhance capacity or reduce demand at times of peak pressure or specific rising tide incidents. The introduction of alternative arrangements for service delivery during periods of escalation, i.e. The Scottish Ambulance Escalation Plan or Pandemic Escalation Plan will identify alternative methods to ensure the delivery of safe and situationally appropriate patient care during periods of increased pressure.

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Scottish Ambulance Service

Resource Escalatory Action Plan - REAP

Introduction

8. Unlike the operational model used within some other emergency services, it is recognised that ambulance services work operationally at, or near, capacity, especially in urban areas, for much of the time. This high level of utilisation severely limits surge capacity thereby causing a degree of vulnerability in the delivery of patient care.

9. The Scottish Ambulance Service will continue to deliver the best level of patient care within resource for the population of Scotland when experiencing capacity pressures. This is in keeping with the ethos and strategy of the Service and recognises the need to maintain public confidence and the Service' good reputation.

Background

10. The Scottish Ambulance Service manages capacity and contingency through its Resource Escalatory Action Plan (REAP). The REAP establishes levels of 'stress' within service delivery, whether resultant from increased demand or reduced resource, and independent of cause, and identifies measures to be implemented to mitigate the impact of such stress. Measures are Service wide and include activity from the Operational Regions, Ambulance Control Centres (ACCs), National Risk and Resilience Department (NRRD), and Airwing.

REAP

11. **REAP Levels.** There will be an overall REAP level for the Service. During periods of normality the REAP Level is 1. During times of service delivery stress this level may rise up to the highest defined level, 4. REAP Levels, their service delivery impact, and associated colour coding are given in Table 1.

REAP Level 4	Critical Impact / Service Failure
REAP Level 3	Significant Impact
REAP Level 2	Moderate Impact
REAP Level 1	Normal Service Delivery

Table 1 - Scottish Ambulance Service REAP Levels

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12. **REAP Level Triggers.** A number of factors could cause stress to Service Delivery. The most common are categorised into Staff, Fleet, Supply, Demand, System Pressures, and Weather factors. For these factors a set of pre-determined triggers have been established to assist decision making in identifying and declaring a REAP Level. Of note is that, although it is expected that the majority of events able to cause service delivery stress would fall into one of these categories, the absence of a suitable category, or indeed an appropriately defined trigger, should not prevent the declaration of a specific REAP Level if necessary. Secondly, there may be good reason for a specific REAP Level not to be declared, even though an associated trigger has been activated. These triggers are simply to guide and support decision making and should not be followed dogmatically. REAP Level Triggers are given in Table 2.

13. **Declaration of REAP Levels.** REAP levels for the Service will be declared by the Chair of the Service Delivery conference call on a Wednesday and revised weekly or as disruptive challenges dictate. Each Operational Region, ACC, and department, as required, will declare a REAP level, which will contribute to the national REAP level. The national Service, REAP level will not necessarily be the worst of Regional REAP levels or, indeed, an aggregate of them. It will be a subjective view, based on all contributory factors, and on the Service's national ability to meet demand with the resources it can call upon. When moving to REAP level 3 the Chair of the Daily Service Delivery conference call should seek approval from the on-call Strategic Manager. When moving to REAP level 4 approval should be given by the on-call Executive Director.

Triggers	Staff	Demand	System Pressure	Fleet	Supply	Weather
REAP 1	Operational shift coverage over a 24hr period \geq 95.0%	Demand is over forecast by \leq 10.0% of normal base line level OR BAU – Levels within the National Escalation Plan are used sporadically to manage on day system pressures	Average local Hospital turnaround times \leq 30 mins (Where periods extend and cause concern)	Local Emergency Fleet provision is at establishment	Essential supplies being delayed by \leq 7 Days	Be aware weather warnings issued from Met Office
REAP 2	Operational shift coverage over a 24hr period between 95.0 - 90.0%	Demand is over forecast by >10.0 - 15.0% of normal base line level OR Levels of the National Escalation Plan are used for prolonged periods in some sub regions to manage sustained	Average local Hospital turnaround times >30 but <60 mins (Where periods extend and cause concern)	Local Emergency Fleet provision reduced by 2 by workshop area	Essential supplies being delayed by >7 - 14 Days	Be prepared weather warnings issued from Met Office

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		periods of pressure				
REAP 3 (On-Call Strategic Manager Approval)	Operational shift coverage over a 24hr period between 90.0 - 80.0% AND/OR Utilisation rate >65%	Demand is over forecast by >15.0 - 20.0% of normal base line level OR There is limited opportunity to deescalate levels within National Escalation Plan, which is in place to manage pressure within regions or sub regions	Average local Hospital turnaround times >60 but < 90 mins (Where periods extend and cause concern) OR National average weekly hospital turnaround of over 60 minutes or hospital turnaround times > 2hrs at two or more sites in one region for a sustained period (3+ hours).	Local Emergency Fleet provision reduced by 3 by workshop area	Essential supplies being delayed by >14 - 21 Days	Take Action weather warning issued from Met Office
REAP 4 (On-Call Executive Approval)	Operational shift coverage over a 24hr period < 80.0% AND/OR Utilisation rate >80%	Demand is over forecast by >20% of normal base line level OR There is no opportunity to deescalate levels within National Escalation Plan, which is in place to manage pressure regionally or nationally	Average local Hospital turnaround times > 90 mins (Where periods extend and cause concern) OR National average weekly hospital turnaround of over 90 minutes or hospital turnaround times > 5 hrs at two or more sites in one region for a sustained period (4+ hours).	Local Emergency Fleet provision reduced by 4 by workshop area	Essential supplies being delayed by > 21 Days	Weather conditions have a significant and sustained impact on critical infrastructure

Table 2 – REAP Level Triggers

14. REAP Mitigation Measures. During periods of increasing demand, the Service will consider a variety of operational, tactical and strategic measures to address the prevailing situation. These measures are designed to safeguard the most critical and vulnerable patients, by re-deploying resources in order to protect mission critical activities. Decisions will be made at a strategic (Service) level. This may result in resources being redeployed from a geographic area or activity of lower priority to one with a greater need. Suggested Mitigating Measures at each REAP Level are given at Table 3. Once again, this table is for guidance only and should not be followed dogmatically. Pressure may be higher in one part of the country and normal in another,

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for example. There may be additional or alternative measures that can be used to manage the situation, and it may be useful to implement several measures at the same time. Operational Regions, ACC and Departments should also refer to their own Capacity Management Plans. For ease of use, tables 1, 2 and 3 are available in Annex A which can be printed as an aide memoire card.

Actions	Staff	Demand	System Pressure	Fleet	Supply	Weather
REAP 1	Business As Usual					
REAP 2 (Consider Capacity Management Meeting / Arrange staffing for possible establishment of Regional Cells)	Maximise ALL non-critical resources to operational shifts. Utilise Emergency Drivers and Bank Staff.	Preparation and consideration to implement Escalation Plan Level 1 with all appropriate actions implemented	Increase frequency of Local Management Discussions / Interventions with Integrated Health & Social Care Partners and Acute Units	Prioritise workshop capacity to maximise patient carrying fleet capacity.	Each Regional Hub holds 3 months of stock, and each Ambulance Station holds 3 weeks stock. This is relation to the core critical station consumable products circa 200 products. Hubs to monitor stock levels in anticipation that stock may need to be redistributed.	Managers to monitor local predicted impacts and gain assurance from key services in relation to preparedness. Consider the requirement to link in with LRP's and NRRD Resilience Leads
REAP 3 (Consider opening Regional Cells / Consider opening NCCC if there is an operational need)	Postpone ALL non critical activities/ meetings that do not directly assist in resolving or managing the current/imminent pressures.	Implementation and action review of Escalation Plan Level 1. Preparation and consideration to implement Escalation Plan Level 2 with all appropriate actions implemented.	Facilitate deployment of key staff and managers (Local ASM/HoS in hours & CTL during the on call period with escalation as required to the on call team) to site in response to pressures. Consider Review of attendance at nursing homes without FNC/doctor approval.	Consider Redeployment of ALL resources to core business (Ambulances/ Lease Cars/4x4). Consider LRP liaison and engagement.	Invoke plan with National Distribution Centre, 3 rd party suppliers and engage with SAS Clinical team to source alternative products/suppliers if required. To ensure essential patient care supplies	Managers to ensure ALL appropriate actions are invoked. Ensure that specialist transport arrangements (4x4) are prioritised.
REAP 4 (Consider Opening NCCC / Potential MACA Request)	Consider all appropriate clinical staff to be redeployed to frontline duties. Consider Managers and support staff to be redeployed to directly assist	Implementation and action review of Escalation Plan Level 2. Preparation and consideration to implement Escalation Plan Level 3	NCCC to coordinate Service Priorities and resources ensuring appropriate deployment of National Assets	Consider Extended hours of operation across 7 days. Ensure all conveying resource in the system is made available for front line use	As per REAP 3, in conjunction with colleagues from Clinical Governance/H & S/Infection Control/IT Systems.	NCCC to seek, prioritise and coordinate all available national resources to respond to Service need.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 11TH DECEMBER 2024

REPORT ON: DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK – ANNUAL UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB73-2024

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide an update on the implementation of the Dundee Primary Care Mental Health and Wellbeing Framework and seek approval for the continued implementation of the Dundee Primary Care Strategic Delivery Plan for Mental Health and Wellbeing, 2024 -2027. The Delivery Plan supports key elements of the Framework and identifies important priorities for action.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the Dundee Primary Care Strategic Delivery Plan for Mental Health and Wellbeing, 2024-2027 (attached as Appendix 1).
- 2.2 Notes the progress to date in implementing the Dundee Primary Care Strategic Delivery Plan for Mental Health and Wellbeing, 2024-2027 and the key achievements as described in Section 4.
- 2.3 Instructs the Chief Officer to provide a further report on progress made against delivering the Dundee Primary Care Strategic Delivery Plan for Mental Health and Wellbeing, 2024-2027 to a future IJB.

3.0 FINANCIAL IMPLICATIONS

- 3.1 There are currently no additional financial implications directly associated with this report.
- 3.2 The financial arrangements for the current provision are funded through the Scottish Government's Primary Care Improvement Fund, Mental Health Action 15, and core service funds. Additional funding had been expected through the Scottish Government's Mental Health and Wellbeing in Primary Care fund from 2022/23 and other sources to support this work, however that additional funding has not materialised and is no longer available.
- 3.3 Further financial restrictions have been placed on the pace and scale of this work during 2024/25 due to reductions (or flat-cash settlements) to national funding allocations alongside the wider financial challenges being faced by public sector organisations resulting in planned spend being contained within existing available resources.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The Scottish Government and COSLA Mental Health and Wellbeing Strategy (2023) has highlighted how mental health has and always will be an essential part of General Practice, with

mental health issues a common feature of consultations. It is estimated that one third of GP consultations have a mental health component with the rate higher in areas of high deprivation. The IJB previously considered papers setting out the context and needs pertaining to mental health and wellbeing developments within Primary Care. This resulted in the approval by the IJB of the Dundee Primary Care Mental Health and Wellbeing Framework (attached Appendix 1). This paper provides an update to this work.

4.1.3 Local strategic planning is in conjunction with the Strategic Planning Advisory Group, Mental Health and Wellbeing Strategic Planning and Commissioning Group, Mental Health and Wellbeing in Primary Care Strategic Planning Group, the Primary Care Improvement Group and their associated strategic plans. Regular reporting and monitoring structures are in place and aligned with the financial framework as well as the strategic and operational groups that are established. Liaison with Scottish Government Primary Care colleagues around this programme of work is ongoing.

4.1.4 The Dundee Primary Care Mental Health and Wellbeing Framework comprises of five distinct services working alongside and within GP practices. These are shown in the table below.

Service	Who are we for	Staff teams
Patient Assessment and Liaison Mental Health Service (PALMS)	People requiring mental health support or advice: <ul style="list-style-type: none"> • Mental health coping strategies. • Self-help materials. • Signpost to local community supports. • Referral to specialist services. • One thirty-minute appointment (triage). 	8 WTE Community Mental Health Nurses (covered by 10 staff members) 0.6 WTE Clinical /Counselling Psychologist.
Sources of Support: Primary Care Link Workers	People with social, economic, and non-medical issues impacting their mental health and wellbeing; no or little existing support in place can receive up to 20 weeks case management: <ul style="list-style-type: none"> • Support and advice on a range of issues. • Help to navigate services/ community groups that offer support. 	8 WTE Primary Care Link workers, 2.5 WTE Support workers, 1 WTE Administrator, 1 WTE Team Leader.
Community Listening Service	People requiring emotional listening support: <ul style="list-style-type: none"> • Space to talk about any challenges including loss, relationships, or other difficult life issues. • Up to six – 50-minute appointments. 	12 Volunteers in Dundee, 1 Co-ordinator and 1 Administrator Tayside.
Distress Brief Intervention	People experiencing emotional distress who require: <ul style="list-style-type: none"> • Emotional support, Signposting/Initiating further support and/or Self-help resources • Up to 14 days support, approximately 3-5 sessions, daily support can be provided if required, support provided by a Peer Practitioner 	6 Mental Health and Wellbeing Peer Practitioners, 1 Service Manager for Tayside.
Council Advice Services Welfare Advice and Health Partnerships	People with financial or socioeconomic problems: <ul style="list-style-type: none"> • Access to Welfare Rights support/income maximisation checks, form filling or appeal representation. Crisis Grant and Community Care Grant funding. • Help with debt counselling/money advice. • Access to energy advisers regarding utility debt, access to grant funding. 	In 11 GP practices. Directly based in 11 GP practices with referral system for other practices to community based service.

4.2 Progress during 2023-2024

4.2.1 There has been positive progress and development over the last 12 months.

4.2.2 A programme management approach supports planning, co-ordination, leadership, management, and governance through collaboration with all key stakeholders. Strategic and Operational groups with the necessary membership meet regularly to support this. The Programme Manager and Dundee GP lead for Mental Health a specific role in championing

mental health in Primary Care. They have been and will continue to be key to ensuring that all key partners include Primary Care in their planning.

4.2.3 The Dundee Primary Care Mental Health and Wellbeing Strategic Delivery Plan, 2024-2027, has been developed (following a 6-month consultation and co-production period with key stakeholders). This was agreed by the Dundee Primary Care Mental Health and Wellbeing Strategic Planning Group in March 2024. This Plan is supported by an Action Plan spanning 18 months until September 2025 with activities that will enable the Strategic Plan to be delivered (See Appendix 1).

4.2.4 The Plan sets out a collaborative vision ***‘to provide mental health and wellbeing services in Primary Care that enable people to access the right support, at the right time, in the right place, by staff who are knowledgeable and skilled’***. Three priority action areas have been identified:

- Awareness and Navigation
- Service Delivery and Development
- Measuring Outcomes and Success

Three workstreams are now established to take forward related actions. Current key achievements from each are presented below.

4.2.5 Awareness and Navigation

To raise awareness and improve navigation for the public and practitioners of what is available for mental health and wellbeing care or support within Primary Care and local communities. We have:

- Developed comprehensive information about Dundee Primary Care Mental Health and Wellbeing services available and how to access these. This is available on the NHS Tayside website. In addition, (on this website,) we have included a wide-ranging directory of local and national services available to support mental health and wellbeing, such as counselling, financial, and domestic violence information. Launched on 16 November 2024 this co-produced resource is supported by a co-ordinated Communications Plan over the coming months to enable awareness raising for the public and practitioners alongside testing of its content to enable evaluation and refinement as necessary. The website can be viewed [here](#).
- Participated in a local Mental Health Awareness Campaign with Public Health and Community Health colleagues to enable leaflets with accessible information, self-help and details of the NHS Tayside website / services to be created and distributed widely across the city.
- Installed TV screens into GP practices with information to promote Primary Care Mental Health and Wellbeing services (including Hope Point). The information used for this will be shared more widely in other settings going forward.
- Held training for reception and administrative staff in practices to support the development of their role as care navigators. They have a critical and demanding role assessing who is the best first point of contact for any issue that presents to the practice team, which may not be in the practice. Supporting this role is important as many practices are seeing a high turnover in their administrative staff as this becomes an increasingly complex role, with very high public expectations. Further improvement work around care navigation is planned.
- Held two Protected Learning Events with over 100 Primary Care staff where mental health and wellbeing, and suicide awareness and prevention have been a key area of focus.
- Commenced an improvement project with RefGuide to ensure accurate information about Mental Health and Wellbeing Services (e.g. Hope Point, Community Mental Health Team, Tayside Adult Autism Consultancy Team) is available to GPs in order to improve workflow management and consistency of referrals; as well as opening and improving communication between Primary Care and other Mental Health services. This is via an internal NHS Tayside site that provides GPs with key information necessary to make referrals to specialist and community services. This work is ongoing, however around 14 services have been added in recent months. We have also developed illustrative navigation pathways for Primary Care clinicians for quick and easy reference to support the more detailed Refguide guidance.

- Established a Multi-Agency Children and Young People's Mental Health and Wellbeing Group with a wide range of partners. This group will support sharing of information and developments across services, promote a shared understanding of a whole system approach underpinned by the principles of Getting it Right for Every Child (GIRFEC), and clarify an easy to navigate mental health and wellbeing pathway for children and young people, including for those in crisis. When established this information will be promoted widely to young people, parents and practitioners in other services. Primary Care representation is also established at the Dundee GIRFEC Delivery Group.
- Enhanced connections between Primary Care, Third Sector, Community Health Partnerships, and local communities by facilitating regular learning and networking forums raising awareness of developments within Primary Care and promoting collaborative working to reduce health and wellbeing inequalities.
- Liaised with local initiatives to prevent suicide by participating in the Tayside Multi-Agency Suicide Review Group, the Tayside Suicide Prevention Steering Group, and the Dundee Suicide Prevention Steering Group. We have also established peer support for GPs impacted by patient suicide which was developed and is undertaken by the GP lead for mental health.
- Developed a navigation tool for the Scottish Ambulance Service to inform them of what is available within Primary Care for mental health and wellbeing. This can support care of patients who do not need to go to hospital following an ambulance response.

4.2.6 Service Delivery and Development

Service delivery and development focuses on optimising what we offer, ensuring efficiency using the resources available and seeking further funding and workforce development. We will further identify areas of need and develop the services offered across the mental health and wellbeing multi-disciplinary team ensuring these are prevention, early intervention, and inequalities focused. A summary from each service is presented below:

Patient Assessment and Liaison Mental Health Service (PALMS)

- Having recruited to full funded establishment in 2021, the Patient Assessment and Liaison Mental Health Service (PALMS) currently has a 2.0wte vacancy factor. There is also one 0.6wte Agenda for Change band 6 maternity leave, due to return end of 2024 and one 0.3wte band 8b maternity leave until February 2025. Long-term absences due to sickness and career break over the course of the last year have impacted on PALMS capacity and service delivery with a number of practices receiving limited or no service. Short-term funding has been secured until March 2026 from the Primary Care Improvement Fund to employ a 1.0wte band 3 Administrator. This role will support essential administrative and co-ordination tasks for PALMS and facilitate the service model test of change utilising a Hub and Spoke design.
- The proposed service model change to a Hub and Spoke will provide cross-over for planned and unplanned leave, as well as increase access to overall appointments for all Practices across the week without the need for additional funded posts. This should result in increased efficiency and better, more equitable use of limited resource, minimise the impact of staff absence, and improve staff morale, job satisfaction and retention through increased team contact in a shared base.
- New referral pathways from PALMS are now established with the CONNECT Early Intervention in Psychosis Team, Psychiatry of Old Age and Older People Psychology, low intensity group therapies within Dundee Adult Psychological Therapies Service, and Penumbra's Distress Brief Intervention Service.
- The upper age criteria has been removed giving access to PALMS to all adults aged 18+(16-17 if no longer in full-time education) as long as they meet inclusion criteria (i.e. not already engaging with a mental health service, not presenting in crisis, and not presenting with primary query of cognitive decline).
- Over the last year PALMS staff have worked to deliver a programme of service promotion including updating promotional materials, engaging with third-sector partners, attending stakeholder days and pop-up stalls in non-primary care health venues to raise patient

awareness of the service. It is hoped this will increase patients' awareness and help them to consider PALMS before presenting in practice requesting GP appointments.

Sources of Support

- The social prescribing Primary Care Link Workers are fully recruited to and continue to support all practices. There remains a waiting time of six weeks to access the service.
- Short term funding is secured until March 2026 from the Primary Care Improvement Fund to employ a full-time Associate Practitioner. This will reduce waiting times for patients to be seen by a Primary Care Link Worker and enhance opportunities for patients to access community resources with support from Associate Practitioners.
- Quality improvement work focussing on increased definition of the roles and responsibilities, decision making and accountability of the Link Worker and Associate Practitioner. A complexity tool is currently being tested with staff to gather information that details the broad ranging areas of support provided (e.g. adult support and protection, suicide risk assessment and safeguarding).

Welfare Advice and Health Partnership

- Dundee City Council Advice Services / Brooksbank Centre and Services offer welfare rights and financial advice or support within 11 GP practices. Those who do not presently have an onsite service are still offered this in other locations and this is an area that is looking to be developed further given the pressing need. Improvement work is underway to enable welfare advisors to access appropriate NHS IT services to support their work in medical priority applications for patients.
- Short term funding has been secured for 24/25 and 25/26 from Scottish Government to allow the funding of a FTE Welfare Advice and Health Partnership adviser based within Brooksbank to support the partnership. Funding reduces in April 2026 at which point the FTE post will only be partly funded, with funding disappearing entirely in April 2027.
- In the current financial climate, socio-economic issues contribute to patients' stress and mental health issues. The Welfare Advice and Health Partnership aims to take these issues away from health professionals allowing them to concentrate on clinical care. The service allows access to medical records with express client consent allowing more benefit decisions to be correctly made first time and mitigating against poverty impacts and associated health impacts stemming from these. Advice delivered in Primary Care is also less stigmatising for individuals and also attracts a large proportion of customers (89%) who would not normally approach advice agencies.

Distress Brief Intervention (DBI)

- The DBI team within Dundee will be fully staffed in the near future with one staff member currently in pre-employment and awaiting a start date.
- Current contract is secured until 31st March 2025. DBI continues to hold regular steering group meetings with funders and key individuals from the Referral Pathways attending.
- Taking a whole system approach, PALMS, Sources of Support and various GP surgeries within Dundee can now access DBI for patients they are in contact with over the course of their work. Currently, all PALMS staff, and all Sources of Support staff have completed the Level 1 referrer commitments and refer into DBI regularly.
- Five of the seven GP surgeries within Cluster 1 and five of the six surgeries within Cluster 3 have completed the Level 1 referrer commitments to date.
- Cluster 4 are next to be offered the opportunity to refer into the service with Westgate being the first surgery to undertake the Level 1 referrer commitments at the start of November 2024.
- Dundee continue to utilise the service to a high level in comparison to neighbouring HSCPs – demonstrating the high demand for and value of the service.

Community Listening Service

- The NHS Community Listening Service covers all GP practices in the health board either with a weekly or fortnightly embedded Community Listener, or with remote or ad hoc face to face appointments booked through our central office.
- The team of Community Listeners are volunteers drawn from a wide range of backgrounds within healthcare and other professions. They must successfully complete an intensive NES

training programme in Spiritual Care to be placed in a GP practice in this role, and they are provided with ongoing support and supervision both individually and in groups. If running at full capacity, an intervention with the Listening service costs roughly £10 - £15 per episode of care, including the cost of DNAs which are around 15 - 20%.

- Community Listener numbers are down in Dundee due to six volunteers either retiring or reducing the number of practices they cover within the last year, meaning any new recruits are replacements rather than starting in a previously vacant practice. However, the awareness and use of the central office number for arranging ad hoc appointments when a practice is vacant is good.
- Nine of 19 practices have an embedded Listener, with a further 3 pending.
- Improvement work is underway for the Listening Service to gain access to Vision 360 to enable remote appointment booking by the service's Support Officer into all Tayside GP practices. This would enable a similar framework to the Community Care and Treatment Team and significantly reduce the burden on patients to make appointments via their GP practice should they be directed to our central office number. The decision is currently with the Digital Directorate.
- The Listening Service Coordinator from NHS Tayside is leaving in December 2024. The three HSCPs have confirmed funding for this post.

4.2.7 Measuring Outcomes and Success

Measuring outcomes and success focuses on further developing and implementing mechanisms for governance, reporting, and evaluation of the mental health and wellbeing framework, ensuring local plans are being delivered and progress towards outcomes is assessed and shared with stakeholders regularly. To achieve this, we have:

- Established a working group to focus on this area.
- Established a reporting framework detailing who, when and what format we will report progress and risks regularly. We have comprehensive action trackers and progress reports relating to the Delivery Plan. This is presented to the Primary Care Mental Health and Wellbeing Strategic Planning Group as well as several linked strategic groups within NHS Tayside, and the Dundee Health and Social Care Partnership.
- Developed in draft a Quality Assurance Framework for the entire multi-disciplinary team with an agreed core dataset featuring anonymised demographic data, service contact, interventions, and pathways, service user experience and outcomes, and process measurement.
- We have begun testing the core dataset and digital dashboard with Sources of Support and are in planning with the other core services involved.
- Commenced work with colleagues to create a digital dashboard that collects the agreed core dataset and measures from each of the services identified and collates this to be presented in an easy-to-understand and dynamic format. This will further enable analysis of the patient journey, service performance and utilisation, service user experience, areas of need, development or improvement.
- Developed a draft Primary Care Mental Health and Wellbeing Governance Framework clearly identifying accountability and reporting structures as well as key partnerships.

4.3 Plans for 2025 - 2026

- 4.3.1 We will continue to progress the Dundee Primary Care Mental Health and Well-being Delivery Action Plan 2024-2027.
- 4.3.2 We will introduce Care Opinion to collect service user experience across services involved in the multi-disciplinary team.
- 4.3.3 We will continue to rollout Distress Brief Intervention Level 1 referrer training to all Dundee GPs.
- 4.3.4 We will develop a digital hub (website) to support early intervention and prevention, co-produced with key stakeholders and a collaboration between Dundee City Council with the Health & Social Care Partnership. Building on a [model established in NHS Lothian](#) this will be a bright, accessible website that will provide evidence-based high-quality information about mental health and wellbeing, psycho-social approaches to self-help, and guided self-management (e.g. managing anxiety, low mood, chronic pain, loss and bereavement), green health approaches (e.g. activity, exercise, outdoors) and workplace wellbeing support. This local digital hub will

include a searchable directory that links mental health and wellbeing issues with local and national supports available. The expected launch date for this website will be July 2025.

- 4.3.5 We will evaluate the benefits of the additional Associate Practitioner post within Sources of Support. If successful in reducing waiting times and increasing supported access to community resources, we will explore avenues to enable funding to be extended.
- 4.3.6 We will introduce the Hub and Spoke model to PALMS and evaluate the benefits and challenges to this development, refining as necessary. If successful we will explore avenues to enable funding to be extended for the Administrator role.
- 4.3.7 We will continue to focus on how we maximise what we can deliver with current funds, identifying how pathways can be developed that support care, and identifying any key gaps, for both adults and children.
- 4.3.8 We will create stronger links with NHS Tayside Out of Hours Service to ensure that patients have access to the full range of options available in hours, accepting some options may not be available immediately,
- 4.3.9 We will continue to ensure Primary Care is represented in all planning forums for mental health and wellbeing particularly where new models of care are being developed.

4.4 Next steps

- 4.4.1 The Primary Care Mental Health and Wellbeing Strategic Group will continue to support and monitor the development of the programme and its impact. Actions will be progressed as outlined in Appendix 1 to implement the plan.

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	Failure to maximise support for people through Primary Care Mental Health and Wellbeing services will lead to further deterioration and poorer outcomes for people who may benefit from this and potentially the need for higher levels of support and care.
Risk Category	Operational.
Inherent Risk Level	Likelihood (4) x Impact (4) = Risk Scoring (16)
Mitigating Actions (including timescales and resources)	Progress being made in development and implementation of a delivery plan, also maximising the use of available financial resources wherever possible.
Residual Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6)
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6)
Approval recommendation	That the risk should be accepted.

Risk 2 Description	Failure to optimise the development of a Primary Care Mental health and Wellbeing MDT approach will increase demand on GPs and specialist parts of the system with an overall detrimental outcome to patients and staff.
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Risk Category	Operational.
Inherent Risk Level	Likelihood (4) x Impact (4) = Risk Scoring (16)
Mitigating Actions (including timescales and resources)	Progress being made in development and implementation of a delivery plan, also maximising the use of available financial resources wherever possible.
Residual Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6)
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6)
Approval recommendation	That the risk should be accepted.

7.0 CONSULTATIONS

7.1 The Chief Officer, Clinical Lead for Mental Health & Learning Disability Services, and Dundee GP lead for Mental Health were consulted in the preparation of this report.

8.0 DIRECTIONS

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

9.0 BACKGROUND PAPERS

None.

Chief Officer: Dave Berry

DATE: 12 November 2024

Emma Lamont, Programme Manager, Mental Health & Wellbeing in Primary Care Services, Dundee Health & Social Care Partnership

Shona Hyman, Senior Manager Service Development and Primary Care, Dundee Health & Social Care Partnership

Arlene Mitchell, Locality Manager, Mental Health & Learning Disabilities, Dundee Health & Social Care Partnership



Dundee Primary Care Strategic Delivery Plan

For Mental Health and Wellbeing, 2024-2027

Introduction and Overview

This Strategic Delivery Plan sets out Dundee Health and Social Care Partnership's vision, principles, aims, and outcomes. It describes our priority actions for the next three years while implementing a Primary Care Framework that will contribute to improving the mental health and wellbeing of people living in Dundee. This plan is supported by an action plan that will detail specific actions and activities we expect to undertake during the first 18 months. Thereafter, these will be reviewed, and further actions identified and undertaken for the second 18 months of this three-year plan. This Plan is informed by the [Scottish Government and COSLA Mental Health and Wellbeing Strategy \(2023\)](#), the [Mental Health and Wellbeing in Primary Care – Outcomes and Measures Framework Guidance 2023](#), and the relevant National Outcomes they have identified.

Vision

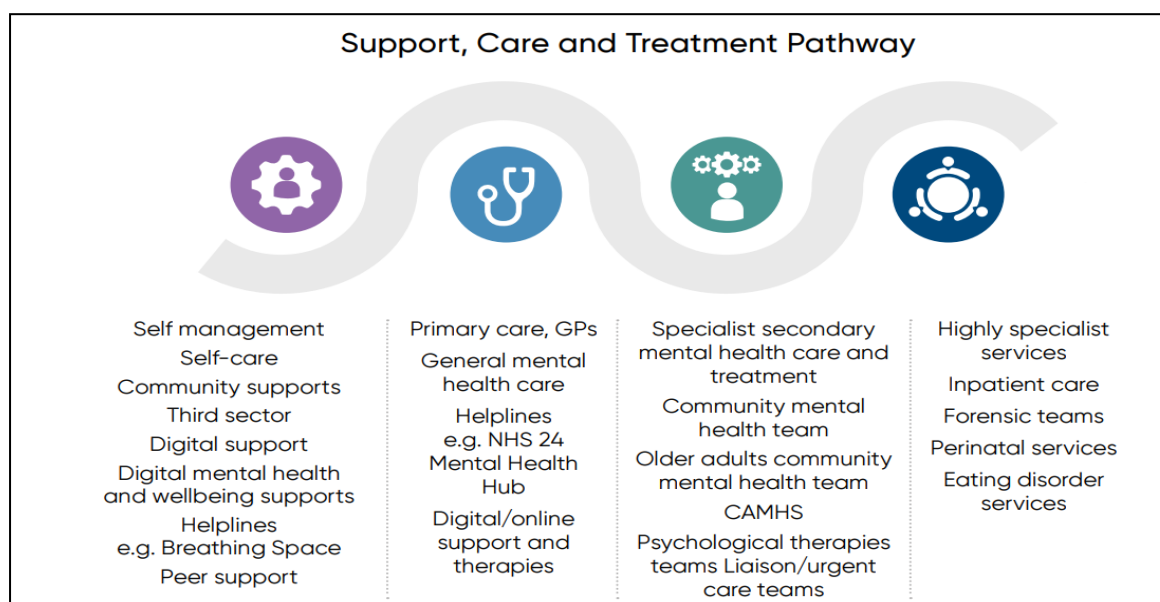
'Our vision is to provide mental health and wellbeing services in Primary Care that enable people to access the right support, at the right time, in the right place, by staff who are able to deliver this.'

The Role of General Practice and Primary Care in Mental Health and Wellbeing

The Scottish Government and COSLA Mental Health and Wellbeing Strategy (2023) has highlighted how mental health is an essential part of General Practice, with mental health issues a common feature of consultations. It is estimated that one-third of GP consultations have a mental health component – approximately 8 million consultations a year – with a higher rate in areas of high deprivation. Many GPs are reporting higher numbers of mental health-related consultations following the pandemic and the associated stresses, isolation, and loneliness. A key challenge is ensuring that accessible, high-quality, comprehensive mental health and wellbeing services are available for all communities, including through GP

practices when they are the most appropriate route. This also means ensuring communication needs are met, such as through the use of interpreters and digitally accessible information, and that people receive an improved experience and better outcomes. The Mental Health and Wellbeing Strategy (Scottish Government & COSLA 2023) emphasises access to mental health and well-being support, care, and treatment including in Primary Care settings. This highlights the need to ensure services and clinical models are fit for purpose, with a continually improving response when anyone asks for help with their mental health. They advise that this includes round-the-clock support for anyone experiencing or affected by a mental health crisis. Support, care, and treatment should be available in a range of accessible formats, both digital and non-digital. Figure 1 below indicates Primary Care and General Practice's place in the overall mental health and wellbeing support, care, and treatment pathway.

Figure 1: Scottish Government and COSLA Mental Health and Wellbeing Strategy (2023-2033)



Process of Development of this Delivery Plan

The Primary Care Programme planners held a series of development, engagement, and consultation activities to create this strategic delivery plan. This was with key stakeholders from the Primary Care Mental Health and Wellbeing Strategic Group, the Operational Group, core staff groups, service users, public partners, and community forums. The aim has been to gather views on our vision, aims, outcomes, priorities, and actions to take forward over the next three years. This has been summarised in the Outcomes Framework in Appendix 2, page 11. The actions will involve communities, people with lived experience, and practice evidence. To ensure this is ongoing and further strengthened, part of the work will be to develop a plan of engagement for the lifetime of this plan.

Our Principles

This Strategic Delivery Plan is based on these core principles:

- All parts of the system should enable support and care that is person-centred.
- Focus is on prevention and early intervention and seeking to promote positive mental health and wellbeing.
- Seeking to prevent mental health issues occurring or escalating, addressing underlying causes, adversities, and inequalities wherever possible.
- Trauma Informed Practice will be evident throughout.
- Digital approaches to self and supported management of distress and mental health conditions will be an integral part of the Service with the caveat that those who are digitally excluded need to be engaged positively in different ways.
- People presenting in the Out of Hours period will have access to the full range of options available in hours, accepting some options may not be available immediately.
- There will be sufficient staff, with appropriate knowledge and skills, to deliver safe and effective support.
- Experience and effectiveness will be measured.

Aims and Outcomes

- We will provide mental health and wellbeing services in Primary Care that enable people to access the right support, at the right time, in the right place, by staff who are able to deliver this.
- This will be achieved through the implementation of the Primary Care Mental Health and Wellbeing (MHWB) Framework that utilises a multi-disciplinary team alongside collaboration with communities, third sector, and specialist services (Appendix 1).
- In doing so, we aim to achieve the outcomes described in the Dundee Primary Care Mental Health and Wellbeing Services Outcomes Framework shown in Appendix 2. These are grouped in three high level categories: people, workforce, services, support.

Realising the Plan

Delivery of this Plan requires bringing together existing services and additional new work through three Priority Actions: **Awareness and Navigation; Service Delivery and Development; Measuring Outcomes and Success**, outlined on in the Plan shown on page 4. Three workstreams relating to these will be established with identified leads and members. These will meet regularly, work collaboratively, and report to the Strategic Group on a bi-monthly basis highlighting progress, challenges, and risks.

The Dundee Primary Care Mental Health and Wellbeing Strategic Delivery Plan 2024-2027

	Priority Actions	Workstream members
1	AWARENESS AND NAVIGATION Focusing on early intervention, prevention, and mental health promotion we will raise awareness and improve navigation of what is available for MHWB support in our local communities ensuring people know how to access this. We will ensure we enable co-production, utilising the expertise of communities and lived experience to inform local planning, design, and evaluation.	Arlene Mitchell (Sponsor), Emma Lamont (Lead), Katy Mitchell, Lucie Jackson, Anne Winks, Rebecca Adams, Craig Mason, Mary Gibson, Aled Bartley Jones, Sheila Allan, Frank Weber/ Nadine Cousins, Imran Arain, Peter Allan
2	SERVICE DELIVERY AND DEVELOPMENT We will optimise what we have to ensure efficiency using the resources available and seek further funding and workforce development. We will recognise that maintaining what is currently offered will be a success. We will further identify areas of need and develop the services offered across the MHWB multi-disciplinary team ensuring these are prevention, early intervention, and inequalities focused.	Operational group: Shona Hyman (Sponsor), Emma Lamont (Lead), Katy Mitchell, Lucie Jackson, Theresa Henry, Rebecca Adams, Craig Mason, Mary Gibson, Helen Nicholson Langley, Frank Weber / Nadine Cousins, Oonagh McPherson, Duane Patterson
3	MEASURING OUTCOMES AND SUCCESS Further develop and implement mechanisms for governance, reporting, and evaluation of the MHWB framework, ensuring local plans are being delivered and progress towards outcomes is assessed. We will share with stakeholders regularly.	Linda Graham (Sponsor), Emma Lamont (Lead), Katy Mitchell, Lucie Jackson, Theresa Henry, Rebecca Adams, Craig Mason, Mary Gibson, Robbie MacAulay, Lynsey Webster, Matthew Kendall, Krista Reynolds, Nadine Cousins, Sheila Allan, Frank Weber, Allison Lee

Action Plan (March 2024-September 2025)

Priority Action 1 Awareness and Navigation	Focusing on early intervention, prevention, and mental health promotion we will raise awareness and improve navigation of what is available for MHWB support in our local communities ensuring people know how to access this. We will ensure we enable co-production, utilising the expertise of communities and lived experience to inform local planning, design, and evaluation.
Actions	First 18 months activities (March 2024- September 25)
1.1 Ensure we enable co-production, utilising the expertise of communities and lived experience to inform local planning, design, and evaluation.	<ol style="list-style-type: none"> 1. Work with DVVA and ensure there is an engagement plan for co-production at every stage of this work. 2. Work with partners to engage with established community groups and forums and involve them in co-production work and priority actions.
1.2 Raise awareness and improve navigation and knowledge of what is available for the public, patients, staff, and services.	<ol style="list-style-type: none"> 1. Scope out with partners what is currently available in terms of digital approaches for Dundee (websites / Support and Connect/ FORT / DVVA/ Recovery Roadmap/social media). 2. Work collaboratively to increase awareness, knowledge, choice, and navigation of what is available and how to access these for the public, patients, staff, and wider community/specialist organisations. This will be through website development or involvement. 3. Through consultation with Practice Reception Staff, revise and adapt the GP resource pack to better meet their needs for navigation. 4. Identify opportunities for improvement / training on how to navigate patients into the relevant services to ensure they access the right service/support from the right person, at the right time. (PALMS, Sources of Support).

	<ol style="list-style-type: none"> 5. Explore opportunities to further promote healthy lifestyle activities, community groups and resources linked to primary care and mental health and wellbeing. 6. Create or revise service leaflets, posters, and digital information for display in GP practices and community facilities (library, community gardens, food banks, etc). 7. Create and implement for GP's a Staffnet RefGuide page for Dundee Primary Care MHWB provision and a link to the Staffnet page for each service involved (PALMS, Sources of Support, DBI, Listening, Welfare Rights). 8. Display information about the services on TV screens in GP practices to promote these to the public (only Sources of Support, PALMS). 9. Sources of Support: review patient information sheet, GP referrers information sheet, and update GPs with new information and forms. 10. Welfare Rights: Create debt advice material and a mental health debt pack and distribute widely.
1.3. Provide opportunities for learning and networking for staff, and wider community/specialist services through planned events.	<ol style="list-style-type: none"> 1. Undertake a learning needs assessment for staff within primary care, wider community, and specialist services 2. Work with partners to plan and deliver mental health networking roadshows and education events with statutory and third-sector organisations. 3. Plan and deliver staff development/training and sharing practice opportunities for the Primary Care MHWB team (inc. reception staff and GPs). 4. Liaise with children and young people services to increase understanding and collaboration.

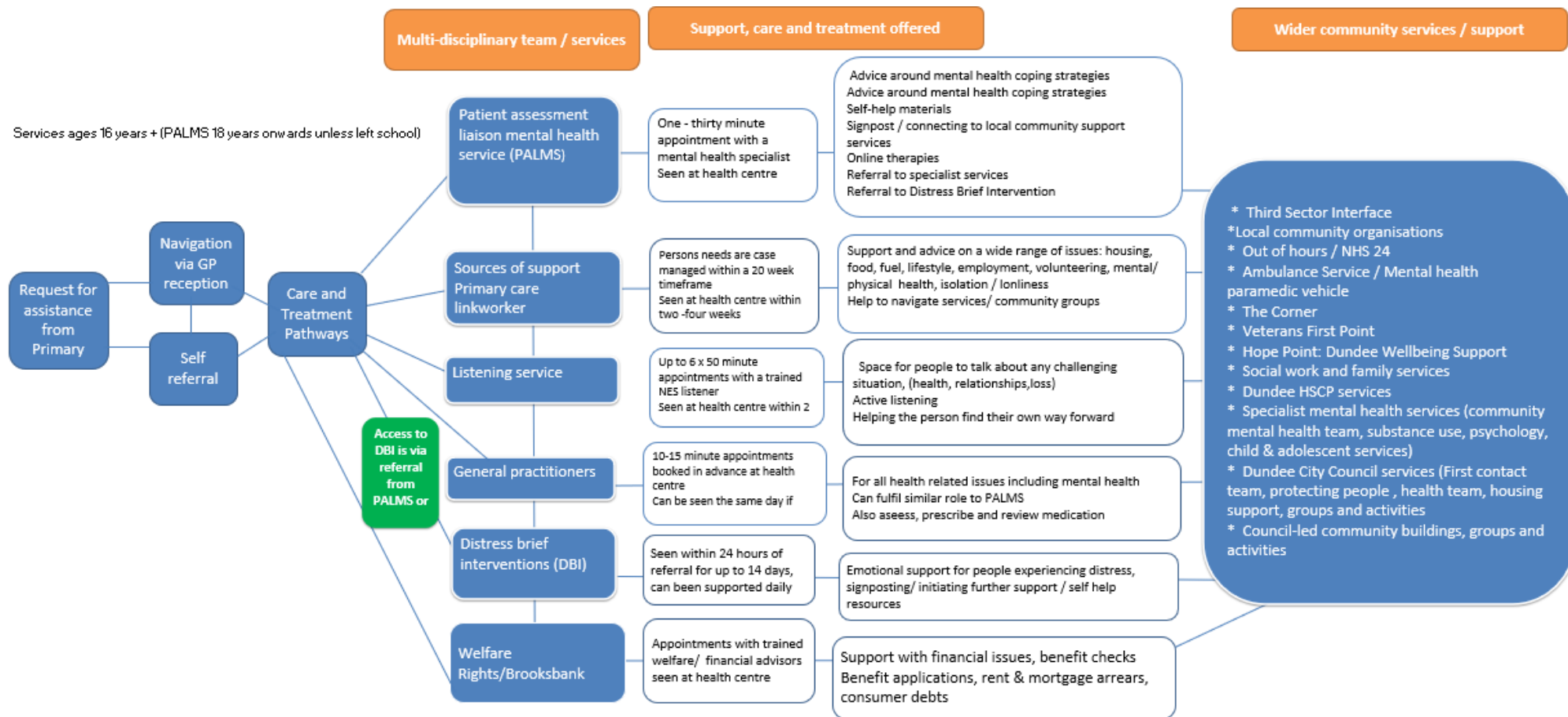
Priority Action 2 Service Delivery and Development	We will optimise what we have to ensure efficiency using the resources available and seek further funding and workforce development. We will recognise that maintaining what is currently offered will be a success. We will further identify areas of need and develop the services offered across the MHWB multi-disciplinary team ensuring these are prevention, early intervention, and inequalities focused.
Actions	First 18 months activities (March 2024-September 2025)
2.1. Further identify areas of need and develop the services offered across the MHWB multi-disciplinary team ensuring these are prevention, early intervention, and inequalities focused.	<ol style="list-style-type: none"> 1. Identify a potential role for Occupational Therapy utilising the best evidence from literature and learning from what is currently available (such as the Lanarkshire model) in other areas. 2. Design and plan low-intensity psychological therapy/groups to compliment the work of PALMS. Seek a funding source to staff and deliver these. 3. Explore and implement new models to optimise efficiency and improve access across the city. 4. Explore and establish where appropriate Vision 360 bookings across the services providing support. 5. Proactively target outpatient secondary physical healthcare services such as cancer care and offer early intervention of support from Listening Service and Welfare Rights support to people who may have mental health and well-being needs. 6. Welfare Rights: Explore new roles to support practices such as an in-house advisor working jointly with practices to access information to support people's welfare applications. 7. Liaise locally with initiatives to address inequalities and collaborate to improve access to mental health care for these groups. 8. Liaise locally with initiatives to prevent suicide and continuously improve the quality of clinical care and support for people who are suicidal, or at risk of suicide and self-harm.

	<p>9. Implement approaches from the Scottish Government Trauma-informed toolkit to ensure trauma-informed practice is evident across the multi-disciplinary team.</p>
<p>2.2. Incrementally develop and increase the Primary Care Mental Health and Wellbeing Multi-disciplinary Team /services offered and implement accordingly.</p>	<ol style="list-style-type: none"> 1. Deliver low-intensity psychological therapy groups to complement the work of PALMS (test of change). 2. Where resources allow and evidence indicates a benefit, develop an Occupational Therapist role within the team. 3. Continue to phase in Distress Brief Interventions first-level referrer training to all GP practices and relevant primary care staff (practice nurses/ Sources of Support). Depending on capacity and funding. 4. Children and young people: map what is available, and gaps, establish opportunities to develop and implement stronger navigation, pathways, and routes to care. 5. Strengthen opportunities for people seeking help via the Scottish Ambulance Service, Out of Hours Services, Police and Community Pharmacies to be navigated towards the Primary Care MDT and wider community support. 6. Support GPs to develop a psycho-social model to prevent people from developing chronic pain through strengthening pathways to the MHWB MDT and raising awareness of the MHWB links to chronic pain. 7. Where resources allow Welfare Rights will expand into all GP practices and explore different models of support (i.e., co-location, remote access) where this cannot be achieved.

Priority Action 3	Further develop and implement mechanisms for governance, reporting, and evaluation of the MHWB framework, ensuring local plans are being delivered and progress towards outcomes is assessed. We will share with stakeholders regularly.
Measuring Outcomes and Success	
Actions	First 18 months activities (March 2024-September 2025)
3.1 Ensure and implement comprehensive mechanisms for governance and reporting for all services.	<ol style="list-style-type: none"> 1. Conduct an Equality Impact Assessment. 2. Agree on formal reporting, and monitoring requirements across teams including reporting risk.
3.2 Evaluate the MHWB in Primary Care framework and model of care.	<ol style="list-style-type: none"> 1. Identify what we currently measure and report on. 2. Co-design a measures framework identifying a suite of key service indicators and embed across services (numbers, Patient experience, Staff experience, staff satisfaction/ confidence, trauma-informed, Care Opinion). 3. Map a series of patient journeys to inform understanding and further improvement and development work. 4. Establish an engaging and informative method of regular reporting.
3.3 Use evidence to ensure we are meeting local needs and plans are being delivered as agreed with the expected outcomes.	<ol style="list-style-type: none"> 1. Ensure a continuous quality improvement approach using improvement methodology, rapid cycle change, PDSA, learning reviews, and related methods. 2. Review the initial 18 months' activities in the Action Plan and examine progress. Plan further activities using the information gleaned and the best evidence from the literature.

Appendix 1

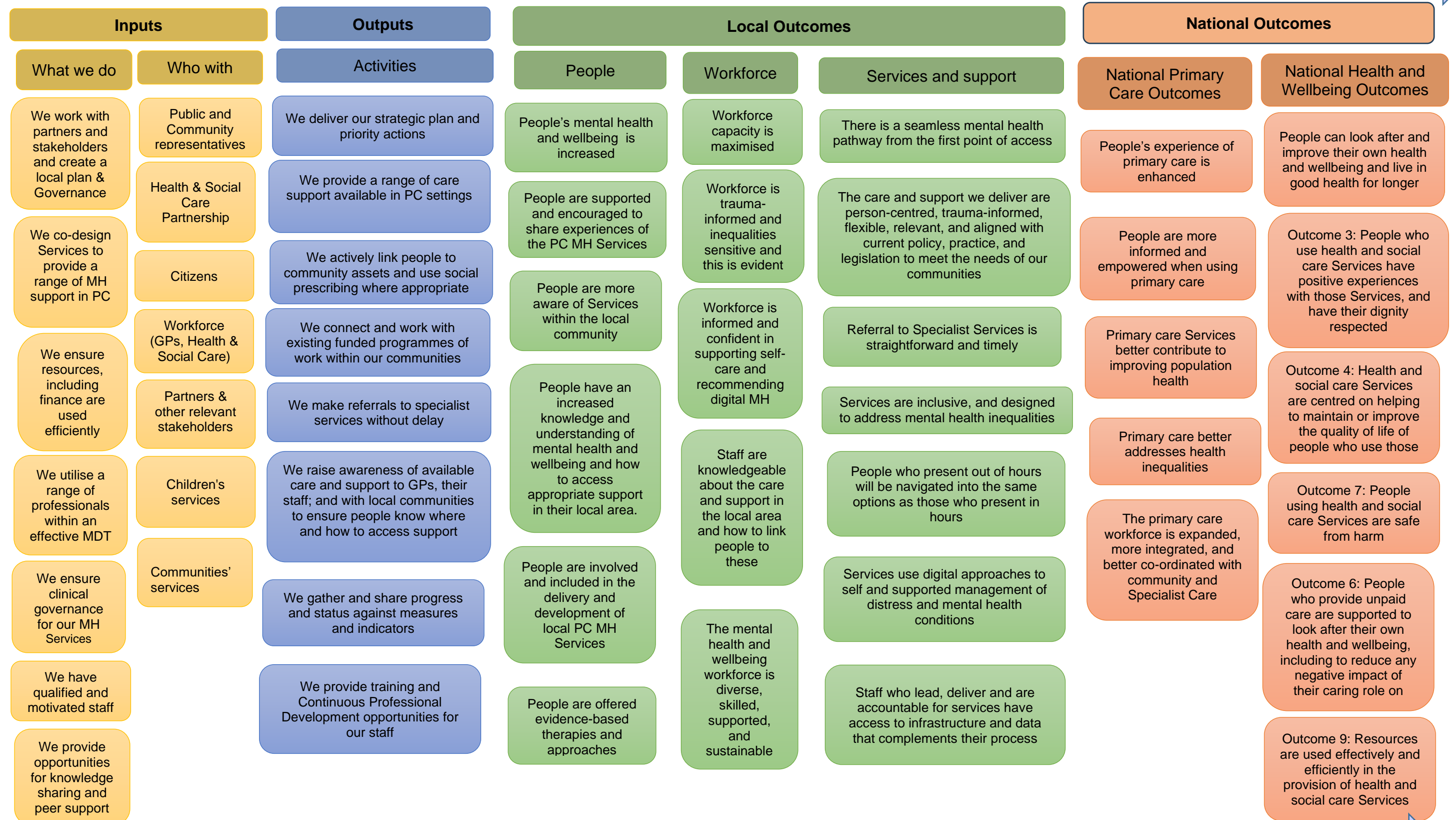
Dundee Primary Care Mental Health and Wellbeing Framework



Appendix 2

Dundee Primary Care Mental Health and Wellbeing Services Outcomes Framework

Vision: To provide mental health and wellbeing services in Primary Care that enable people to access the right support, at the right time, in the right place, by staff who are able to deliver this.



Underlying principles: Dignity and respect, compassion, inclusion, responsive care and support, well-being (Health and Social Care Standards), early intervention and prevention, safe, person-centred, equitable, outcomes-focused, effective sustainable, affordability, and value for money, trauma-informed, co-produced and co-designed.

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
11 DECEMBER 2024

REPORT ON: FINANCIAL MONITORING POSITION AS AT OCTOBER 2024

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB68-2024

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report including the projected operational financial position for delegated services for the 2024/25 financial year end as at 31st October 2024 as outlined in Appendices 1, 2, and 3 of this report.
- 2.2 Note the ongoing actions being taken by Officers and Senior Management to address the current projected financial overspend position through the development of a Financial Recovery Plan, as detailed in 4.5.
- 2.3 Note the deterioration in Risk profile assessment (as detailed in section 6.0) due to the worsening financial position.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The financial position for Dundee Health and Social Care Partnership for the financial year to 31st March 2025 shows a projected operational overspend of £8,773k (£9,005k projected overspend detailed in previous report DIJB61-2024) Article IX of the minute of meeting of 23rd October 2024 – of which £4,000k was anticipated as part of the 2024/25 financial plan however the additional £4,773k is as a result of unplanned and unanticipated cost pressures.
- 3.2 This overspend exceeds the parameters of the IJB's approved 2024/25 financial plan, whereby up to £4m of IJB reserves has been identified to support the IJB's financial position at the year end. The content of this report highlights key reasons for the projected variance and ongoing actions by Officers and Senior Management to address these and improve the position.
- 3.3 The IJB currently holds a further £4,789k in General Reserves, which can be utilised to fund the unplanned and unanticipated projected overspend, however this would still leave a small residual reserves balance of £16k.
- 3.4 In addition, it should continue to be recognised that if the majority of Reserves are utilised in 2024/25, this will significantly impact on financial planning flexibility in future years.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 As part of the IJB's financial governance arrangements, the Integration Scheme outlines that "The Chief Finance Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances."
- 4.1.2 The IJB's final budget for delegated services was approved at the meeting of the IJB held on the 27th March 2024 (Article IV of the minute of the meeting of 27 March refers). This set out the cost pressures and funding available with a corresponding savings plan to ensure the IJB had a balanced budget position going into the 2024/25 financial year. An updated assessment of the status of the savings plan is set out in Appendix 4 of this report.

4.2 Projected Outturn Position – Key Areas

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

4.3 Operational Health and Community Care Services Delegated to Dundee IJB

- 4.3.1 The financial position for services delegated to the IJB details an operational overspend of £4,552k for the financial year.
- 4.3.2 Older People Services contribute a significant portion of this, with a projected overspend of £4,088k. The majority of this is due to Care at Home demands and costs of care packages. It should continue to be noted that as a result of managing this increased Care at Home demand, there are significant and sustained benefits for patients and service users as well as the whole-system health and social care pathways through reduced hospital delayed discharges and reduced social care unmet need in the community. During recent months, Dundee has continued to be amongst the best performing Integration Authority in Scotland for Delayed Discharge performance. Work is ongoing to achieve a balanced position between meeting the whole-system demands and ongoing financial sustainability. However the unsustainable financial impact of this ongoing cost pressure continues to be highlighted to colleagues in Scottish Government.
- 4.3.3 Learning Disabilities services contribute a further £840k overspend to the position, predominantly linked to staffing budgets.
- 4.3.4 Community Nurse Services / AHP / Other Adult Services are showing a projected overspend of £399k, partially linked to planned interim over-recruitment in Community Nursing Teams to help alleviate demand and staffing pressures, which is also anticipated to reduce reliance of bank staff to fill gaps. Community Nursing team managers are being tasked with managing down the overspend.
- 4.3.5 Lead Partner Services managed by Dundee includes overspends within Specialist Palliative Care Services of £363k and Psychological Therapies of £400k. Both are linked mainly to staffing costs and budget holders continue to review options to resolve these positions. Some additional recruitment in targeted priority areas in Psychological Therapies has been agreed to support the waiting list backlog which has recently resulted in Scottish Government implementing an enhanced support arrangement with the service.
- 4.3.6 Other Contractors includes GP Prescribing, General Medical Services and Family Health Services and is currently projecting a combined overspend of £582k. A significant portion of this is linked to the costs of operating the 2C GP Practices. Work is ongoing with service leads to address this.

- 4.3.7 Key drivers of underspends across various services continue to be staffing vacancies, with ongoing challenges of recruitment and retention of staff. This is similar across a number of Medical, Nursing, Allied Health Professionals (AHPs), Social Care, Social Work and other staffing groups and across various bands / grades and skill-mixes. Recruitment activity continues to take place throughout the service areas to ensure patient demand and clinical risk is managed as best as possible. This ongoing recruitment and retention challenge was recognised during the 2024/25 budget setting process with non-recurring slippages / vacancy factor savings targets implemented to reflect the reality of the current position.
- 4.3.8 In addition to the specific service variances already highlighted, key drivers of overspends are mainly as a result of reliance on bank, agency or locum staff (with premium cost implications) to fill vacancies or cover due to staff sickness where patient acuity and / or safe-staffing levels necessitate the use of these additional staff. In addition, under recovery of income for chargeable social care services is also creating a cost pressure across various service budgets.
- 4.3.9 Following national decisions regarding 24/25 Pay Award, the projected spend has been updated to incorporate anticipated implications. Agreed backdated pay awards are being paid to the majority of staff in November 2024, and the anticipated increased cost along with assumed increased funding has been incorporated into the projected position for both Council employed staff and NHS Agenda for Change staff. An offer of 10.5% uplift has been agreed by NHS Consultants and we also continue to assume this will be fully funded.
- 4.3.10 Supplementary spend during the first 7 months of 2024/25 totals £4,419k. This includes £937k on additional part-time hours and overtime, £990k on agency, and £2,491k on bank nursing / sessional staffing. Absence rates for NHS employed staff within HSCP have averaged at 7.42% during the first 7 months of 24/25. The working days lost for DCC employed staff within the HSCP to August 2024 was 11.49%.
- 4.3.11 GP and Other Family Health Services Prescribing continues to be monitored on a local and Tayside-wide basis due to the scale and complexity of the budget. The Prescribing financial plan for Dundee for 2024/25 indicated a projected cost pressure of £1,052k as a result of anticipated volume and pricing growth, and funding was identified and set aside as part of the 2024/25 financial plan to manage this gap. The latest projections are based on 5 months actual data to August 24 and show an anticipated projected overspend of £213k compared to plan, with fluctuations in pricing and volume of prescriptions continuing to show an element of volatility. (It is normal for data to be received 2 months in arrears to allow for national review and verification).

4.4 Tayside-wide Delegated Services

- 4.4.1 Members of the IJB will be aware that Angus and Perth and Kinross IJBs provide Lead Partner (formerly referred to as Hosted Services) arrangements for some services on behalf of Dundee IJB and a number of services are led by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the Lead IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth and Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows net impact of these adjustments to Dundee being a benefit of £361k – this now includes some bridging funds to support the Angus managed Lead Partner services' financial position specifically during this period of review and the development of models of care. The Out of Hours overspend is as a direct result of changes to the patient pathway now embedded in the service model following Covid-19 pandemic and subsequent recovery. Work continues within the service to develop a financial recovery plan and future sustainable service delivery model.
- 4.4.2 Members will also be aware that In-Patient Mental Health services are also a delegated function to Tayside IJB's, having previously been hosted by Perth & Kinross IJB. In early 2020/21, the operational management of these services was returned to NHS Tayside, however under health and social care integration legislation the strategic planning of these services remains delegated to the 3 Tayside Integration Joint Boards. Currently, there is no budget delegated to the IJBs for 2024/25. Due to the IJB's having strategic planning responsibility for the services, there is a requirement to show a delegated budget and spend position in the IJB's annual accounts. Given

the unusual governance position around In-Patient Mental Health Services whereby there is a separation between strategic planning and operational delivery of the service, ongoing discussions are taking place to agree financial risk sharing arrangements amongst the 3 IJB's and NHS Tayside for the current financial year.

4.5 In-Year reductions to Anticipated Funding Allocations

- 4.5.1 The Health and Social Care Partnership receives significant additional in-year funding allocations from Scottish Government, with specific instructions detailing how the funding is to be utilised to support national directives or strategic direction. Examples of this funding over the years has included Primary Care Improvement Fund, National Mission and Medication-Assisted Treatment via Alcohol and Drug Partnership and Action 15 of Mental Health Strategy.
- 4.5.2 While these allocations are issued each year, there is usually a general understanding about the longevity (or end date) of funding in advance to allow time to plan accordingly. For a number of years, the funding allocations would often remain static, meaning any pay uplift or inflation pressures would need to be managed within the flat-cash funding. In more recent years, where annual pay uplift and inflation rates have been more significant, Scottish Government have recognised the increased cost base and allocations had been increased accordingly.
- 4.5.3 Recently, 2 specific allocation letters have been received for 24/25 funding, both of which are advising of a cut in funding compared to 2023/24 funding
- Multi-Disciplinary Team funding was first announced in 2021/22 “to support and strengthen multi-disciplinary working, to support timely discharge from hospital and prevent avoidable admissions to hospital, ensuring people can be cared for at home or as close to home as possible”. Nationally the allocation was set at £40m in 22/23 and increased to £45.7m in 23/24 to reflect pay award cost pressures. The 24/25 letter has advised the total funding is to be reduced back to £40m. This represents a c.14% cut in cash-terms, or £152k for Dundee IJB.
 - Enhanced Mental Health Outcome Framework funding reflects a number of previous funding streams that have been bundled together to allow some flexibility and collaboration across Tayside Mental Health services. The range of priorities encompassed in the letter are varied across NHS Acute services and the 3 Tayside IJB's, including CAMHS, Psychological Therapies, Learning Disability Annual Healthchecks, Perinatal MH and MH Action 15. Due to national funding reduction of 5.48%, and a revision of distribution formula, the impact for Tayside is a cut of 10.19% (or £1,118k) with Dundee IJB share being c.£130k.
- 4.5.4 Further communication with Scottish Government representatives has taken place during recent months to highlight the service and operational impact these cuts will have on services in Dundee and across Tayside.
- 4.5.5 The impact of these unanticipated cuts is included in the reported financial position.

4.6 Actions to resolve Projected Financial Gap

- 4.6.1 A number of actions and options have been introduced or enhanced to address the current year financial position and ensure both a robust understanding of financial drivers as well as implementing actions to improve the projected financial position. An updated on these actions are detailed in the separate report – Financial Recovery Plan 2024/25 (DIJB70-2024).
- 4.6.2 Strategic Prioritisation and endeavouring to protect front-line services that provide support to Dundee's most vulnerable continues to be aim, but this needs to be managed within the available financial resources.

4.7 Reserves Position

- 4.7.1 The IJB's reserves position was reduced at the year ended 31st March 2024 as a result of the operational overspend of £3,744k during 2023/24. This resulted in the IJB having total committed reserves of £11,024k and uncommitted reserves of £6,789k at the start of 2024/25 financial year. Following the IJB's approval to enhance Transformation Funding (report DIJB45-2024) Article VI of the minute of meeting of 21st August 2024.

The Reserves breakdown has been restated. The current reserves position is noted in Table 1 below:

Table 1

Reserve Purpose	Closing Reserves @ 31/3/24 (restated)
	£k
Mental Health	1,036
Primary Care	1,859
Drug & Alcohol	559
Strategic Developments	3,756
Revenue Budget Support	4,000
Service Specific	1,452
Other Staffing	362
Total committed	13,024
General	4,789
TOTAL RESERVES	17,813

4.7.2 Scottish Government funding in relation to Primary Care Improvement Fund, Mental Health Strategy Action 15 Workforce and Alcohol and Drugs Partnerships can only be spent on these areas and reserve balances have been taken into consideration for these funds by the Scottish Government when releasing further in-year funding.

4.7.3 The IJB's Reserves Policy seeks to retain Reserves of 2% of budget (approximately £6.4m) however it is recognised that this is particularly challenging to maintain within the current financial climate with many IJB's across the country having no reserves or below their respective reserves policies.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year.
Risk Category	Financial
Inherent Risk Level	Likelihood 5 x Impact 5 = Risk Scoring 25 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	Regular financial monitoring reports to the IJB will highlight issues raised. Actions to be taken by Officers, Senior Management and Budget holders to manage overspending areas. Transformation and Strategic Delivery Plan to drive forward priorities towards a sustainable financial position Financial Recovery Plan developed to address overspend position.
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Risk Level)

Approval recommendation	While the inherent risk levels are high, the impact of the planned actions reduce the risk and therefore the risk should be accepted.
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7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Christine Jones
Acting Chief Finance Officer

Date: 18 November 2024

		Appendix 1
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT		Oct-24
	Partnership Total	
	Net Budget £,000	Projected Overspend / (Underspend) £,000
Older Peoples Services	77,655	4,088
Mental Health	13,559	86
Learning Disability	36,730	840
Physical Disabilities	8,680	(343)
Drug and Alcohol Recovery Service	6,273	14
Community Nurse Services/AHP/Other Adult	18,087	399
Lead Partner Services	27,668	615
Other Dundee Services / Support / Mgmt	39,063	21
Centrally Managed Budgets	(1,918)	(1,168)
Total Health and Community Care Services	225,796	4,552
Prescribing & Other FHS Prescribing	35,019	213
General Medical Services	31,402	451
FHS - Cash Limited & Non Cash Limited	23,843	(82)
Large Hospital Set Aside	21,711	0
In-Patient Mental Health	0	0
Total	337,771	5,134
Net Effect of Lead Partner Services*	(4,782)	(361)
Financial Plan Gap (integrated budget)	(4,000)	4,000
Grand Total	328,990	8,773
*Lead Partner Services (formerly known as 'Hosted Services') - Net Impact of Risk Sharing Adjustment		

		Appendix 2	
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT		Oct-24	
		Partnership Total	
		Annual Budget £,000	Projected Overspend / (Underspend) £,000
1			
	Psych Of Old Age (In Pat)	5,828	-645
	Older People Serv. - Ecs	287	-25
	Older Peoples Serv. -Community	1,180	65
	Ijb Medicine for Elderly	7,109	-80
	Medical (P.O.A)	828	200
	Psy Of Old Age - Community	2,945	-235
	Medical (MFE)	2,461	0
	Care at Home	29,656	5,376
	Care Homes	29,674	406
	Day Services	1,298	-248
	Respite	520	-122
	Accommodation with Support	1,207	-72
	Other	-5,339	-532
	Older Peoples Services	77,655	4,088
2			
	Community Mental Health Team	4,674	25
	Tayside Adult Autism Consultancy Team	383	10
	Care at Home	1,127	-11
	Care Homes	643	423
	Day Services	65	-4
	Respite	-3	68
	Accommodation with Support	5,818	162
	Other	852	-588
	Mental Health	13,559	86
3			
	Learning Disability (Dundee)	1,720	-30
	Care at Home	-320	518
	Care Homes	3,321	95
	Day Services	9,777	603
	Respite	480	-109
	Accommodation with Support	23,954	-907
	Other	-2,202	670
	Learning Disability	36,730	840
4			
	Care at Home	1,101	151
	Care Homes	2,238	-796
	Day Services	76	-24
	Respite	-25	115
	Accommodation with Support	813	-72
	Other	4,477	283
	Physical Disabilities	8,680	-343
5			
	Dundee Drug Alcohol Recovery	4,778	118
	Care at Home	0	0
	Care Homes	380	224
	Day Services	70	-5
	Respite	0	0
	Accommodation with Support	350	-134
	Other	695	-188
	Drug and Alcohol Recovery Service	6,273	14

		Partnership Total	
		Annual Budget	Projected
		£,000	Overspend / (Underspend) £,000
6			
	A.H.P.S Admin	531	-7
	Physio + Occupational Therapy	7,990	-125
	Nursing Services (Adult)	8,829	530
	Community Supplies - Adult	344	90
	Anticoagulation	504	-40
	Other Adult Services	-112	-49
	Community Nurse Services / AHP / Other Adult Services	18,087	399
7			
	Palliative Care - Dundee	3,751	260
	Palliative Care - Medical	1,691	90
	Palliative Care - Angus	469	33
	Palliative Care - Perth	2,209	-20
	Brain Injury	2,123	75
	Dietetics (Tayside)	4,522	75
	Sexual & Reproductive Health	2,671	-75
	Medical Advisory Service	83	-10
	Homeopathy	40	8
	Tayside Health Arts Trust	84	0
	Psychological Therapies	7,424	400
	Psychotherapy (Tayside)	1,187	-135
	Perinatal Infant Mental Health	503	70
	Learning Disability (Tay Ahp)	910	-155
	Lead Partner Services	27,668	615
8			
	Working Health Services	2	30
	The Corner	682	-45
	Ijb Management	905	-90
	Partnership Funding	28,340	0
	Urgent Care	1,949	-115
	Community Health Team	198	-20
	Health Inclusion	1,275	-150
	Primary Care	1,223	-40
	Support Services / Management Costs	4,488	451
	Other Dundee Services / Support / Mgmt	39,063	21
	Centrally Managed Budget	-1,918	-1,168
	Total Health and Community Care Services	225,796	4,552
	Other Contractors		
	FHS Drugs Prescribing	34,624	1,084
	FHS Drugs Prescribing Cost Pressure Investment	1,052	-1,052
	Other FHS Prescribing	-657	181
	General Medical Services	30,927	264
	Dundee 2c (gms) Services	475	187
	FHS - Cash Limited & Non Cash Limited	23,843	-82
	Large Hospital Set Aside	21,711	0
	Grand H&SCP	337,771	5,134
	Lead Partner Services Recharges Out	-16,173	-352
	Lead Partner Services Recharges In	11,292	91
	Hosted Recharge Cost Pressure Investment	100	-100
	Hosted Services - Net Impact of Risk Sharing Adjustment	-4,782	-361
	Financial Plan Gap (integrated budget)	-4,000	4,000
	Grand Total	328,990	8,773

NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards			Appendix 3
Recharge to Dundee IJB			
Risk Sharing Agreement - October 24			
	Annual Budget £000s	Forecast Over / (Underspend) £000s	Dundee Share of Variance £000s
Lead Partner Services - Angus			
Forensic Service	1,226	107	42
Out of Hours	9,470	1,874	738
Tayside Continence Service	1,555	299	118
Locality Pharmacy	2,873	0	0
Speech Therapy (Tayside)	1,601	10	4
Sub-total	16,726	2,290	902
Apprenticeship Levy & Balance of Savings Target	(277)	(890)	(351)
Total Lead Partner Services - Angus	16,449	1,400	552
Lead Partner Services - Perth & Kinross			
Prison Health Services	5,249	4	1
Public Dental Service	2,855	(597)	(235)
Podiatry (Tayside)	3,844	(347)	(137)
Sub-total	11,949	(940)	(370)
Apprenticeship Levy & Balance of Savings Target	261	(229)	(90)
Total Lead Partner Services - Perth&Kinross	12,210	(1,169)	(460)
Total Lead Partner Services from Angus and P&K	11,292		91

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

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
11 DECEMBER 2024

REPORT ON: FINANCIAL RECOVERY PLAN UPDATE 2024/25

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB70-2024

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATIONS

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

- 2.1 Notes the ongoing financial challenges currently faced by Dundee IJB.
- 2.2 Notes the content of this report detailing progress and implications as result of actions by Officers and Senior Management to address the projected financial overspend position for 2024/25.
- 2.3 Requests a further update on the financial impact of the recovery plan from the Chief Finance Officer at the February 2025 IJB.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The latest financial position for Dundee Health and Social Care Partnership for the financial year to 31st March 2025 shows a projected operational overspend of £8,773k based on expenditure to 31 October 2024 (as detailed in report DIJB68-2024) - previously reported projected overspend of £9,005k (DIJB61-2024) - of which £4,000k was anticipated as part of the 2024/25 financial plan however the additional £4,773k is as a result of unplanned and unanticipated cost pressures.
- 3.2 This overspend exceeds the parameters of the IJB's approved 2024/25 financial plan (DIJB10-2024 Article IV of minute of meeting 27 March 2024 refers), whereby up to £4m of IJB reserves has been identified to support the IJB's financial position at the year end.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 As part of the IJB's financial governance arrangements, the Integration Scheme outlines that "The Chief Finance Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances."
- 4.1.2 The IJB's final budget for delegated services was approved at the meeting of the IJB held on the 27 March 2024 (Article IV of the minute of the meeting of 27 March refers). This set out the cost pressures and funding available with a corresponding savings plan to ensure the IJB had a balanced budget position going into the 2024/25 financial year.

- 4.1.3 The principal reasons for the projected financial variance are detailed in the latest Financial Monitoring Report (DIJB68-2024)
- 4.1.4 It should be noted that the challenges faced by Dundee IJB are similar to those of other IJBs across Scotland, as highlighted in the key messages of the Audit Scotland report on IJBs Finance and Performance 2024, published on 25 July 2024 (report DIJB59-2024).
- 4.1.5 Under the IJB Scheme of Integration (DIJB88-2022, Article VI of the minute of meeting of 14 December 2022 refers), the Financial Recovery plan process is as follows -
- Where an unplanned year end overspend is projected, the Chief Officer and Chief Finance Officer to present a Recovery Plan to IJB and Partner Bodies to address the in-year overspend
 - In the event the recovery plan is unsuccessful and an overspend is evident at year end, uncommitted reserves must firstly be used to address this
 - If after the application of Reserves an overspend is still evident, a revised Strategic Plan must be developed to enable the overspend to be managed in subsequent years.
 - Where an in-year overspend remains, this will be shared in proportion to the spending Direction for each Partner body for that financial year – these additional payments may be recoverable from the IJB over future years.

4.2 Actions to resolve Projected Financial Gap

- 4.2.1 With a projected unplanned overspend of £4,773k, the IJB's remaining General Reserves funding would be almost fully exhausted cover this.
- 4.2.2 A number of actions and options have been introduced across the services with actions being progressed to ensure both a robust understanding of financial drivers and improve the projected financial position and return this back towards Financial Plan. These actions include –
- Enhanced control of Discretionary spend to remove non-essential and non-critical expenditure
 - Minimise Supplementary staffing spend
 - Enhanced Control of Recruitment and Vacancy Management, including review of long-term vacant posts
 - Support efforts to address staff absence levels – Return to Work policies and Wellbeing supports
 - Maximise Income recovery for chargeable services
 - Enhanced monitoring information and increased efficiency in Care at Home
 - Review of low-cost and high-cost Packages of Care
 - Use of equipment or technology to efficiently utilise in-person support
 - Review of Commissioned service contracts to minimise duplication and prioritise investment across the city to match strategic priorities
 - Timely closure of ward 'surge' beds
 - Actively support Transition planning (from Children's Services and LD In-Patient)
 - Continue progress to delivery current year savings plans and transformation plans to deliver a sustainable annual financial position
 - Ongoing review of earmarked Reserves and other non-recurring funding to maximise the benefit to 2024/5 position
- 4.2.3 Spend on Care at Home continues to be in excess of budget, however the growth trend during the recent months is showing signs of slowing. Underlying demand continues to be managed within this resource with delayed discharge from hospital performance continuing to be strong and unmet need for services users awaiting packages of care in line with assessment continuing to be low, indicating improvements in efficiencies. New monitoring processes through enhanced provider returns commenced from October which is ensuring robust and timely information is available to support decision-making and allocation of packages of care. These efforts are beginning to show early signs of improving the position.
- 4.2.4 Work has commenced with colleagues from within the Partnership and wider Council teams to maximise income receipts from all chargeable services and also ensuring that bills are affordable within an individual's eligible income where they have taken up the opportunity to complete a financial assessment (through benefit claim maximisation). While opportunities has been identified and being explored, it is too early for the impact to be seen in the financial position.
- 4.2.5 Enhanced recruitment and vacancy management controls have been implemented to ensure critical and / or patient/service user-facing posts are prioritised. A review of long-term vacant posts has also been undertaken to understand if these remain relevant and required within the staffing establishments.

- 4.2.6 A review of Third Party Commissioned services has commenced to understand where there may be duplication of services across the city or across demographic groups in an effort to ensure best value and that investment is prioritised to ensure the IJB's Strategic Priorities are being appropriately met.
- 4.2.7 While efforts to date are showing signs of stabilising and improving the projected position, there has also been some areas that have experienced further detrimental impact which has partially offset the improvements. This includes a recent notification from Scottish Government that specific in-year funding allocations are being reduced due to financial constraints at national levels. These funding allocations are generally fully committed and therefore the relevant gap is now incorporated into the latest position. Efforts are ongoing to minimise the effect of unexpected deteriorating movements.
- 4.2.8 Further opportunities and efforts continued to be explored by Officers and the Management teams and these will be progressed where appropriate.
- 4.2.9 To support both the 2024/25 position and manage future year pressures, there is a continued focus to ensuring 24/25 recurring savings plans are delivered as anticipated, as well as progressing with Transformation projects and budget planning for 2025/26
- 4.2.10 Within Tayside-wide Lead Partner services, it is noted that GP Out of Hours service is projecting a significant overspend for 24/25. This service is operationally and strategically managed by Angus IJB and is currently progressing a service review. While this is ongoing, Angus IJB have recently agreed to invest some bridging funding support the Angus managed Lead Partner services' financial position specifically during this period of review and the development of models of care.
- 4.2.11 Progress against these actions, along with any further evolving opportunities will continue to be monitored and reported at future IJB meetings.
- 4.2.12 It should be noted that the Financial Recovery Plan has been shared with both Dundee City Council and NHS Tayside, as per Recommendation 2.4 in the previous paper (DIJB54-2024), and updates will continue to be shared with partner bodies.

4.3 Reserves Position

- 4.3.1 The IJB's reserves position was reduced at the year ended 31st March 2024 as a result of the operational overspend of £3,744k during 2023/24. This resulted in the IJB having total committed reserves of £11,024k and uncommitted reserves of £6,789k at the start of 2024/25 financial year. Following the IJB's approval to enhance Transformation Funding (report DIJB45-2024), the Reserves breakdown has been restated. The current reserves position is noted in Table 2 below:

Table 2

Reserve Purpose	Closing Reserves @ 31/3/24 (restated)
	£k
Mental Health	1,036
Primary Care	1,859
Drug & Alcohol	559
Strategic Developments	3,756
Revenue Budget Support	4,000
Service Specific	1,452
Other Staffing	362
Total committed	13,024
General	4,789
TOTAL RESERVES	17,813

- 4.3.2 Scottish Government funding in relation to Primary Care Improvement Fund, Mental Health Strategy Action 15 Workforce and Alcohol and Drugs Partnerships can only be spent on these areas and reserve balances have been taken into consideration for these funds by the Scottish Government when releasing further in-year funding.
- 4.3.3 The IJB's Reserves Policy seeks to retain Reserves of 2% of budget (approximately £6.4m) however it is recognised that this is particularly challenging to maintain within the current financial climate with many IJB's across the country having no reserves or below their respective reserves policies.
- 4.3.4 Ring-fenced Reserves balances continue to be reviewed with budget holders and officers to identify opportunities to ensure these continue to be used in-line with the original allocation letter but also to maximum benefit of the IJB's strategic and financial positions.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year.
Risk Category	Financial
Inherent Risk Level	Likelihood 5 x Impact 5 = Risk Scoring 25 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	Regular financial monitoring reports to the IJB will highlight issues raised. Actions to be taken by Officers, Senior Management and Budget holders to manage overspending areas. Transformation and Strategic Delivery Plan to drive forward priorities towards a sustainable financial position
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Risk Level)
Approval recommendation	While the inherent risk levels are high, the impact of the planned actions reduce the risk and therefore the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Christine Jones
Acting Chief Finance Officer

Date: 27 November 2024

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 11 DECEMBER 2024

REPORT ON: DUNDEE IJB 2025/26 BUDGET OUTLOOK

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB69-2024

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this paper is to provide the Integration Joint Board (IJB) with an overview of the IJB's delegated budget 2025/26.

2.0 RECOMMENDATIONS

It is recommended that the IJB:

- 2.1 Notes the content of this report including the range of estimated cost pressures impacting on the IJB's delegated budget 2025/26 including anticipated funding levels from the partner bodies and resultant projected budget shortfall.
- 2.2 Notes the budget development process for the agreement of the IJB's 2025/26 Revenue Budget as outlined in section 4.8 of this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The range of anticipated additional cost pressures likely to impact on the IJB's delegated budget for 2025/26 as well as the potential implications of new responsibilities and assumed associated Scottish Government funding is set out in sections 4.2 to 4.7 of this report and continue to be assessed and refined by IJB officers. Furthermore, the actual levels of funding to be received from the partner bodies and the detail of the additional Scottish Government funding for IJB's are subject to ongoing discussion and review. Once these are concluded, the Chief Finance Officer will be in a position to present a proposed budget to the IJB at its meeting on 26th March 2025 for consideration. At present, the additional cost pressures are anticipated to be around £22.8m.

4.0 MAIN TEXT

- 4.1.1 Dundee Integration Joint Board was presented with a 5-year financial outlook at the meeting on 21st August 2024 (DIJB32-2024). That report set out the range of potential financial gaps within the IJB's delegated budget over the coming years. Based on a range of assumptions at that time, it was reported that this could potentially result in savings totalling approximately £45m being required over the next five financial years (2024/25 to 2028/29), including a £13.3m gap in 2025/26.
- 4.1.2 The latest financial planning for 2025/26 has involved bringing these assumptions up to date with information that is now known as well as revised assumptions on other elements. These include the impact of agreed 2024/25 pay awards for both NHS and Council employed staff and relevant additional funding, emerging cost pressures experienced in 2024/25 and any ongoing impact, assumptions regarding national policy developments such as the potential for Adult Social Care workforce uplift to minimal hourly pay rate, implications of UK-wide employer

National Insurance changes, anticipated pay awards for 2025/26, prescribing cost pressures (activity volumes and pricing), and any other new commitments.

- 4.1.3 Planning assumptions for 2025/26 currently include a 'flat cash' settlement on both baseline budgets from NHS Tayside and funding from Dundee City Council.
- 4.1.4 As part of the 2024/25 IJB Budget, the IJB agreed to a number of non-recurring savings in addition to the use of reserves to support the financial position. Given the non-recurring nature of these interventions, there is a need to remove these from the 2025/26 budget thereby creating a further in-year pressure of £5.8m.
- 4.1.5 Further details will be forthcoming following the Scottish Government's Budget Statement, which is planned for 4th December 2024. Any further funding announcements as a result of the statement will be incorporated into the development of the 2025/26 Financial Plan and will be subject to discussion at IJB Budget Development Sessions and update reports.

4.2 Financial Outlook

- 4.2.1 The combined impact of the revision of the assumptions and adjustments for known pressures for 2025/26 results in estimated cost pressures of £22.8m, which is hoped will be reduced once funding uplifts and any additional funding for new policies are applied. While this is still an estimated position at this stage, the IJB will need to consider a range of options to ensure it sets a balanced budget by the end of March 2025. The overall position also reflects current years financial pressures which may not be able to be contained due to the demand lead nature of the expenditure.

4.3 Pay Costs

- 4.3.1 The financial outlook makes the same assumptions as the partner bodies in relation to possible pay uplifts for 2025/26, with Dundee City Council assuming a 2.5% uplift and a 0% uplift applied for financial planning purposes for NHS services. It should be noted that Scottish Government has previously given a commitment to fully fund NHS pay increases therefore a breakeven impact is anticipated as a result in a corresponding increase in funding. The reported cost pressure from assumed 2025/26 Council pay awards is £1.1m.
- 4.3.2 As a result of planned UK-wide changes to Employer National Insurance contributions, a new cost pressure of £1.0m has been included for Dundee City Council employed staff. It is currently assumed that additional funding will be forthcoming from Scottish Government to fully fund the additional cost impact for NHS-employed staff. It is hoped that further funding will be announced as part of the Scottish Government Budget statement to off-set this reported cost pressure.

4.4 External Care Provider Costs

- 4.4.1 The IJB commissions a significant amount of services from the independent and third sector. A number of cost pressures are anticipated to impact on the budget required to sustain these services over 2025/26. A main driving factor will be the Scottish Government's continued implementation of Fair Work in adult social care, however we await any announcement regarding an increase in the minimum adult social care rate from current £12 per hour. Again, this is expected to be fully funded by the Scottish Government.
- 4.4.2 Any increase in Adult Social Care pay rate will also drive an increase in the costs of the National Care Home Contract weekly fee rate, which will also consider other inflationary pressures facing the care home sector. This new rate has not been agreed yet for 2025/26, but a high-level assumption has been included in the cost pressure calculation.
- 4.4.3 A significant demand-led cost pressure has emerged during 2024/25 within Care at Home activity, principally due to whole-system working to support Unscheduled Care pathways and minimise Delayed Discharge and unnecessary hospital admissions. Collectively, the commissioned services are providing around 5000 additional hours each week above budgeted provision. The resulting cost pressure of around £6.5m has been included in the reported position.

- 4.4.4 It is acknowledged that the increase to employer National Insurance contributions will also impact on External Providers. At present, this potential cost pressure has not been quantified and has not been included in the overall Cost Pressure total.

4.5 Prescribing

- 4.5.1 Primary care prescribing costs have continued to increase significantly during 2024/25 across Scotland and this is expected to continue over 2025/26 with price and volume increases a major factor in this rise. The national picture suggests a cost pressure of 10% for prescribing should be anticipated in 2025/26, which equates to around £3.4m. Further work continues to be undertaken with Tayside colleagues to evaluate local implications and opportunities, which will hopefully reduce this figure.

4.6 Demographic Pressures

- 4.6.1 Making provision for demographic growth pressures across older people and adult services has been a feature of the IJB's budget for a number of years given the age profile and needs the city's population faces. Funding for demographic pressures is not provided by either of the partner bodies therefore the IJB has to find funding for these within its delegated budget. A provision of over £2m has been made to fund such pressures for 2025/26.

4.7 Financial Recovery 2024/25

- 4.7.1 As a result of the significant increase in projected spend during 2024/25, and resulting unplanned overspend, the IJB has entered into Financial Recovery while will aim to contain spend and return the position to within the agreed financial plan.
- 4.7.2 Latest projections show some signs of progress (albeit partially offset by other emerging issues), and therefore it is likely that a significant portion of the IJB's remaining General Reserves will need to be utilised during 2024/25 to fund the gap. This will mean the IJB can no longer rely on planned utilisation of the remaining Reserves to support the budget planning process for 2025/26.

4.8 IJB's Budget Development Process 2025/26

- 4.8.1 Given the scale of the financial challenge faced by the IJB for 2025/26, a significant amount of work is required over the coming months to enable the IJB to set a balanced budget by the end of March 2025.
- 4.8.2 Five IJB development sessions have been arranged through November to March to explore the implications of the Scottish Government's Budget, the proposed funding settlements from the partner bodies and the range of interventions the IJB will need to take to achieve financial balance. Furthermore, an updated budget report will be presented to the IJB meeting in February for consideration. It is anticipated that the IJB will meet on the 26th March 2025 to agree its 2025/26 revenue budget

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-11A Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that the IJB will not be able to balance its resources and achieve its strategic objectives should the combination of the level of funding provided through the delegated budget and the impact of the IJB's Transformation Efficiency Programme be insufficient.
Risk Category	Financial
Inherent Risk Level	Likelihood 5 x Impact 5 = 25 (Extreme)
Mitigating Actions (including timescales and resources)	Developing a robust and deliverable Transformation Programme Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget.
Residual Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Planned Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Approval recommendation	Despite the high level of risk, it is recommended that this should be accepted at this stage of the budget process with a reviewed position set out as the proposed budget is set out to the IJB in March 2023.

7.0 CONSULTATION

- 7.1 The Chief Officer, Director of Finance of NHS Tayside, Executive Director (Corporate Services) of Dundee City Council and the Clerk have been consulted on the content of this paper.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

- 9.1 None.

Christine Jones
Acting Chief Finance Officer

DATE: 27 November 2024



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD– 11 DECEMBER 2024

REPORT ON: PERFORMANCE AND AUDIT COMMITTEE ANNUAL REPORT 2023/24

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB66-2024

1.0 PURPOSE OF REPORT

- 1.1 This report provides the Integration Joint Board with an overview of the activities of the Performance and Audit Committee over 2023/24

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of the Performance and Audit Committees' Annual Report for the year 2023/24

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

- 4.1 The Performance and Audit Committee (PAC) was established as a Standing Committee of the Integration Joint Board (IJB) at the IJB meeting of the 30 August 2016 (Item IX of the minute refers) to ensure the IJB met its responsibilities for governance under the Integrated Resources Advisory Group (IRAG) guidance. Following this approval, the PAC first met on 17 January 2017 and has met on a regular basis ever since, with terms of reference stating it must meet at least three times within each financial year.
- 4.2 The purpose of the PAC is to provide independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of governance processes. The PAC also scrutinises performance and best value arrangements. The membership of the PAC consists of not less than six members of the IJB of which four will be voting members. The Chair of the PAC is not the Chair of the IJB and rotates between a voting member from NHS Tayside and a voting member from Dundee City Council and rotates on the same frequency as the Chair of the IJB.
- 4.3 Following a recommendation from Internal Audit, this is the second Performance and Audit Committee Annual Report provided from the committee to the IJB in order to provide oversight and assurance of the activities the PAC has undertaken over the 2023/24 financial year.
- 4.4 Over the course of 2023/24 the PAC met on four occasions. The agendas of these meetings consisted of a core suite of regular reporting to each meeting of the PAC with additional reports presented as necessary or at the request of members of the committee. The PAC also receives annual reports falling as part of their remit. Following each meeting of the PAC, the Chair

provides an assurance report to the next meeting of the IJB. From May 2023 to January 2024 the PAC considered the following:

Item	24/05/2023	27/09/2023	22/11/2023	31/01/2024
Governance & Assurance:				
Strategic Risk Register	✓	✓	✓	✓
Governance Action Plan	✓	✓	✓	✓
PAC Action Tracker	✓	✓	✓	✓
Internal Audit 2023/24 Plan Approval		✓		
Internal Audit Plan Progress Report	✓	✓	✓	✓
Internal Audit Report		✓		
Internal Audit Report – Governance Action Plan	✓			
Internal Audit Report – Operational Planning				✓
Provider Sustainability	✓			
PAC Terms of Reference				✓
PAC Membership		✓		
Performance:				
Quarterly Performance Report	✓	✓	✓	✓
Quarterly Complaints Performance Reporting	✓	✓	✓	
Analytical Review of Emergency Admission Rates	✓	✓		
Care Inspectorate Gratings for Care Homes 2022/23		✓		
Drug and Alcohol Service Indicators		✓	✓	✓
Discharge Management Performance Update – Complex and Standard Delays		✓		
Mental Health Service Quarterly Indicators	✓	✓		✓
Annual Accounts:				
Dundee IJB Audited Annual Accounts and External Auditors Annual Report			✓	
Clinical & Care Governance:				
Dundee HSCP Clinical Care and Professional Governance Assurance Report	✓	✓	✓	✓
Care Opinion Roll-Out				✓

From the above it can be seen that the PAC considered a range of areas including:

- Regular governance reporting updates
- Reports in respect of year end assurances and audited annual accounts
- Regular reporting on internal audit activity
- Regular reporting on risk management and the IJBs Strategic Risk profile
- In depth reporting on specific areas of performance
- Assurances around Clinical Care and Professional Governance.

4.5 The work of the PAC throughout the year helps to inform the IJB's Annual Governance Statement, a key element of the IJB's governance process and part of the IJB's Audit Accounts. This work

also informs both Internal and External Audit opinion on the system of controls the IJB has in place and ultimately whether they think there are appropriate and proportionate governance arrangements to meet regulatory and legislative requirements.

- 4.6 As part of the IJB's 2021/22 Audit Scotland annual report, the external auditors noted three areas of improvement to ensure the terms of reference met best practice guidance as set out in CIPFA's Audit Committees Practical Guidance for Local Authorities and Police (2018). These were:

1) the terms of reference do not cover the core areas of "counter fraud and corruption" and the PAC's role in relation to these.

2) the committee does not undertake an annual evaluation to assess whether it has undertaken its duties in accordance with the terms of reference.

3) there is no formal training programme in place to support board members.

- 4.6.1 The PAC terms of reference have now been revised and updated to reflect this best practice guidance and the other areas of development the PAC has undertaken since 2016. The Integration Joint Board approved the revised terms of reference at its meeting of the 13th December 2023 (Item IV of the minute refers), and will be reviewed at the Integration Joint Board meeting on 11th December 2024.

- 4.7 The commitment of the members of the Performance and Audit Committee as well as the support provided to it by officers including Dundee City Council's Committee Services is acknowledged. Councillor Ken Lynn held the position of Chair of the PAC throughout 2023/24 (with this rotating to NHS Non-Executive Bob Benson from October 2024). Other IJB voting members attending the PAC during 2023/24 were Councillor Dorothy McHugh and NHS Non-Executives Donald McPherson, Anne Buchanan and Sam Riddell.

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 is an annual report of activity 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.

Christine Jones
Acting Chief Finance Officer

Date: 12 November 2024

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
11 DECEMBER 2024

REPORT ON: REVISED PAC TERMS OF REFERENCE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB64- 2024

1.0 PURPOSE OF REPORT

The purpose of this report is to review Terms of Reference for Dundee Integration Joint Board's Performance and Audit Committee.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the reviewed Terms of Reference for the IJB's Performance and Audit Committee as attached as Appendix 1 to this report.

3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Dundee Integration Joint Board established the Performance and Audit Committee (PAC) at its meeting of the 30 August 2016 (Article IX of the meeting refers). At this meeting, the terms of reference for the Performance and Audit Committee were agreed.

- 4.1.2 Over the period since it was established, the PAC had developed the range of issues deemed relevant and appropriate for consideration, either through best practice, internal and external audit recommendations and at the request of members of the PAC and IJB. The PAC terms of reference had not changed over this time.

- 4.1.3 As part of the IJB's 2021/22 Audit Scotland annual report, the external auditors noted three areas of improvement to ensure the terms of reference met best practice guidance as set out in CIPFA's Audit Committees Practical Guidance for Local Authorities and Police (2018). These were:

- 1) the terms of reference do not cover the core areas of "counter fraud and corruption" and the PAC's role in relation to these.

- 2) the committee does not undertake an annual evaluation to assess whether it has undertaken its duties in accordance with the terms of reference.

- 3) there is no formal training programme in place to support board members.

- 4.1.4 The PAC terms of reference were revised and updated to reflect this best practice guidance and the other areas of development the PAC has undertaken since 2016. These were approved by IJB at its meeting of 13 December 2023 (Article IV of the meeting refers)

- 4.1.5 Following the recent rotation of PAC Chair (effective from October 2024), the Terms of Reference have again been reviewed – no material changes are proposed at this time. The ongoing Terms of Reference are attached in Appendix 1.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk Description	Risk that the IJB is unable to demonstrate compliance with best practice in relation to its Performance and Audit Committee.
Risk Category	Governance
Inherent Risk Level	Likelihood 3 x Impact 3 = 9 (High Risk)
Mitigating Actions (including timescales and resources)	Adoption of revised and updated terms of reference
Residual Risk Level	Likelihood 2 x Impact 3 = 6 (Moderate Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = 6 (Moderate Risk)
Approval recommendation	Given the mitigating actions in place the risk should be accepted

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

None.

Christine Jones
Acting Chief Finance Officer

DATE: 14 November 2024

**DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
PERFORMANCE AND AUDIT COMMITTEE
TERMS OF REFERENCE**

1	Introduction
1.1	The Performance and Audit Committee is identified as a Committee of the Integration Joint Board (IJB).
1.2	The Committee will be known as the Performance and Audit Committee of the IJB and will be a Standing Committee of the IJB.
2	Constitution
2.1	The IJB shall appoint the Committee. The Committee will consist of not less than 6 members of the IJB, excluding Professional Advisors. The Committee will include at least four IJB voting members, two from NHS Tayside and two from Dundee City Council. Only voting members of the IJB will be able to vote on the Committee. The Chair of the IJB shall not be a member of the Committee.
2.2	The Committee may at its discretion set up short-term working groups for review work. Membership of the working group will be open to anyone whom the Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Audit and Performance Committee
3	Chair
3.1	The Committee will be chaired by the Vice Chair of the IJB and will rotate between a voting member nominated by NHS Tayside and a voting member nominated by Dundee City Council. In the absence of the Chair, the members present at the meeting will appoint a member to Chair the meeting. The Chair will rotate on the same frequency as the Chair of the IJB.
4	Quorum
4.1	Two voting members of the Committee will constitute a quorum consisting of one member from Dundee City Council and one member from NHS Tayside.
5	Attendance at meetings
5.1	The Chief Officer, Chief Finance Officer, Chief Internal Auditor and other Professional Advisors or their nominated representatives may attend meetings. Other persons shall attend meetings at the invitation of the Committee.
5.2	The external auditor will be invited to attend each meeting.
5.3	The Committee may invite additional advisors as appropriate.
6	Meeting Frequency

6.1	The Committee will meet at least four times each financial year with further meetings, including development events arranged if necessary.
7	Authority
7.1	The Committee is authorised to instruct further investigation on any matters which fall within Paragraph 8.
8	Duties
8.1	The Committee will review the overall Internal Control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement.
	Specifically, it will be responsible for the following duties:
	1. The preparation and implementation of the strategy for Performance Review and monitoring the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB.
	2. Ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against set objectives, levels and standards of service and to receive regular reports on these and to review progress against the outcomes set out in the Strategic and Commissioning Plan.
	3. To consider the IJB's Annual Performance Report and approve on behalf of the IJB as necessary.
	4. Acting as a focus for Best Value and performance initiatives.
	5. To review and approve the annual Internal Audit plan on behalf of the IJB.
	6. To receive reports, monitor the implementation of agreed actions on Internal Audit recommendations and reporting to the IJB as appropriate.
	7. To receive monitoring reports on the activity of Internal Audit and an annual Internal Audit Report.
	8. To consider External Audit Plans and reports (including the annual accounts and audit certificate), matters arising from these and management actions identified in response including monitoring of implementation of actions.
	9. To support the IJB in ensuring that the strategic integrated assurance and performance framework is working effectively, and that escalation of notice and action is consistent with the risk appetite set by the IJB.
	10. To support the IJB in delivering and expecting co-operation in seeking assurance that lead partner services run by partners are working effectively in order to allow Dundee IJB to sign off on its accountabilities for its resident population.

	11. Review risk management arrangements, receive regular reports on risk management and an annual Risk Management report.
	12. Ensure existence of and monitor compliance with an appropriate Risk Management Strategy.
	13. To consider annual financial accounts and related matters and approve on behalf of the IJB as necessary.
	14. Ensuring that the Senior Management Team of Dundee Health and Social Care Partnership, including Heads of Service, Professional Leads and Principal Managers maintain effective controls within their services which comply with financial procedures and regulations;
	15. To be responsible for setting its own work programme in order to meet its specific duties including any matters which the Chief Officer believes would benefit from investigation.
	16. Promoting the highest standards of conduct by Board Members; and monitoring and keeping under review the Code of Conduct maintained by the IJB.
	17. Will have oversight of Information Governance arrangements as part of the Performance and Audit process.
	18. To be aware of, and act on, Audit Scotland, national and UK audit findings and inspections/regulatory advice, and to confirm that the IJB has brought itself into compliance timeously.
	19. To receive assurances in relation to Clinical Care and Professional Governance through the consideration of a report presented to each meeting of the PAC by the Clinical Director.
	20. To receive and consider performance information in relation to complaints and compliments about services provided by the Health and Social Care Partnership or about the IJB's activities, ensuring the IJB's responsibilities around Duty of Candour are met.
	21. To receive assurances that effective counter fraud and corruption arrangements are in place within the partner bodies governance arrangements.
	22. To establish a formal training programme for PAC members to ensure they are aware of their roles and responsibilities as members of the Committee.
9	Reporting
9.1	The Chair of the PAC will provide an assurance report to the next IJB meeting, outlining the areas of discussion and decisions made at the PAC meeting.
9.2	The PAC will present an annual report to the IJB to reflect the activities undertaken over the year in line with its remit and terms of reference.

10	Review
10.1	The Terms of Reference will be reviewed when the Chair rotates to ensure their ongoing appropriateness in dealing with the business of the IJB.
10.2	As a matter of good practice, the Committee should allow for periodic review utilising best practice guidelines and external facilitation as required.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
11TH DECEMBER 2024

REPORT ON: BEST VALUE ARRANGEMENTS & ASSESSMENT 2024/25

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB65-2024

1.0 PURPOSE OF REPORT

The purpose of this report is to provide assurance that the Integration Joint Board and partners have arrangements in place to demonstrate that Best Value is being achieved.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report and the full Best Value assessment as set out in Appendix 1 to this report
- 2.2 Notes that the outcome of this assessment provides assurance that Best Value is being achieved through the Integration Joint Board's governance arrangements and activities.

3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

4.1 Background

- 4.1.1 It is the duty of the Integration Joint Board to secure Best Value as prescribed in Part 1 of the Local Government in Scotland Act 2003. Best Value is defined as the 'continuous improvement in the performance of the organisation's functions'.
- 4.1.2 The IJB's first Best Value Self Assessment report was presented to the Performance and Audit Committee in September 2020 (Article XXIII of the minute refers) with an updated assessment presented to the IJB in December 2023 (Article XI of the minute refers). This will now be subject to annual review.
- 4.1.3 The Best Value framework developed by the Scottish Government was revised in 2020 and has been applied to the IJB's governance arrangements and activities in order to demonstrate that the IJB is delivering Best Value and is securing economy, efficiency, effectiveness and equality in service provision.
- 4.1.4 This review of the IJB's systems and processes is currently being undertaken. The outcome of this assessment is attached as Appendix 1 to this report and concludes that Dundee IJB has sufficient evidence to determine that Best Value is being achieved.

5.0 POLICY IMPLICATIONS

This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has

not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

Risk Description	Risk that the IJB is unable to demonstrate it delivers best value across its activities
Risk Category	Governance
Inherent Risk Level	Likelihood 3 x Impact 5 = 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	Implementation of a Best Value framework with associated actions
Residual Risk Level	Likelihood 2 x Impact 4 = 8 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = 6 (Moderate Risk)
Approval recommendation	Given the mitigating actions in place the risk should be accepted

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

None.

Christine Jones
Acting Chief Finance Officer

DATE: 17 November 2024

Theme 1: Vision and Leadership

Effective political and managerial leadership is central to delivering Best Value, through setting clear priorities and working effectively in partnership to achieve improved outcomes. Leaders should demonstrate behaviours and working relationships that foster a culture of cooperation, and a commitment to continuous improvement and innovation.

In achieving Best Value, an Integration Joint Board will be able to demonstrate the following:

- Members and senior managers have a clear vision for their area that is shared with citizens, key partners and other stakeholders.
- Members set strategic priorities that reflect the needs of communities and individual citizens, and that are aligned with the priorities of partners.
- Effective leadership drives continuous improvement and supports the achievement of strategic objectives.

Theme 1	Measure/Expected Outcome	Evidence/Outcome
1	The IJB's vision for its area is developed in partnership with its citizens, employees, key partners and other stakeholders.	<p>The IJB vision is set out in the Strategic Commissioning Framework. In June 2023 the IJB agreed the new, replacement plan. You can read The Plan for Excellence in Health and Social Care in Dundee: Strategic Commissioning Framework 2023 – 2033 on our website.</p> <p>This Plan describes our 6 strategic priorities for the next ten years and the key actions required to deliver on our ambitious vision for the city. This Plan is also influenced by a series of Partnership strategies, each of which respond in detail to different needs across the city. These local strategies are led by Strategic Planning Groups, which comprise of people who use services, their carers and people delivering services (from the HSCP, NHS, Council and other agencies in the Third and Independent Sector)</p>
2	Members set strategic priorities that contribute to achieving the IJB's vision, reflect the needs of communities and individual citizens, and are aligned with the priorities of partners. They take decisions that contribute to the achievement of those priorities, in particular when allocating resources and in setting and monitoring performance targets.	<p>Dundee City Integration Joint Board's Strategic and Commissioning Plan sets out the context within which integrated services in Dundee operate. The IJB 2023-2033 Strategic Commissioning Framework can be accessed here.</p> <p>The strategic and commissioning plan is informed by the strategic needs assessment for health and social care, which is updated regularly (update completed in June 2023). The overarching strategic needs assessment is supported by more focused assessments for specific care groups and specific localities.</p> <p>The strategic and commissioning plan is aligned to the Dundee City Plan (local outcome improvement plan for community planning partners). This includes a health, care and wellbeing theme that is led by the Health and Social Care Partnership</p> <p>In October 2024 The Dundee Health and Social Care Partnership's delivery set out the plan for the 18 months from October 2024 to March 2026, which will support the achievement of the ambition, strategic priorities and changes within Dundee Integration Joint Board's (IJB) Strategic Commissioning Framework 2023-2033. This working document that will be monitored by the Partnership and the IJB throughout the year to check that actions are progressing and having the positive impact that has been planned. Where things are not going as planned, or where new risks or challenges emerge the delivery plan will be adjusted in agreement between the Partnership and the IJB.</p>

Theme 1	Measure/Expected Outcome	Evidence/Outcome
3	The IJB's vision and strategic priorities are clearly communicated to its citizens, staff and other partners.	The Strategic Commissioning Framework is accessible through the Dundee Health and Social Care Partnership (HSCP) website . A summary version of the plan has been produced to aid public accessibility here
4	Strategic plans reflect a pace and depth of improvement that will lead to the realisation of the IJB's priorities and the long-term sustainability of services.	The Strategic Commissioning Framework focuses on 6 strategic priorities which are: <ul style="list-style-type: none"> • Inequalities -Support where and when it is needed most. • Self Care -Supporting people to look after their wellbeing. • Open Door -Improving ways to access services and supports. • Planning together -Planning services to meet local need. • Workforce -Valuing the workforce. • Working together -Working together to support families. The 2023-2033 plan is consistent with the aspirations set out within the City Plan for Dundee 2017-26 and NHS Tayside Annual Operating plan and medium term plan.
5	Service plans are clearly linked to the IJB's priorities and strategic plans. They reflect the priorities identified through community planning, and show how the IJB is working with partners to provide services that meet community needs.	<p>The Strategic Planning Groups have developed strategic plans. The following strategic plans have been approved by the IJB:</p> <ul style="list-style-type: none"> • A Caring Dundee 2: A Strategic Plan for Supporting Carers in Dundee 2021-24 https://www.dundeehscp.com/sites/default/files/publications/a_caring_dundee_2_.pdf - This Plan follows on from the foundations laid by the previous local Carers Strategy; building on the achievements of this and continuing to maintain A Caring Dundee. This Strategy provides a framework for a Delivery Plan that will be developed with local Carers and agencies to ensure that the Strategic Vision becomes a reality. While also acknowledging that a growing number of Carers have continued to give vital care and support to partners, family members and friends. • Dundee Alcohol and Drug Partnership's Strategic Framework 2023-2028 – This plan sets out a commitment to work together to prevent harm and support recovery. We have developed a performance management framework, investment plan and strategic risk register to support the implementation of the strategic framework and delivery plan. • Dundee Mental Health and Wellbeing Strategic Plan 2019-2024 - Our vision is that the people of Dundee will have positive wellbeing and a good quality of life to help prevent mental health problems occurring, and that those with mental ill health will get the respect, support, treatment and care they require to recover without fear of discrimination or stigma <p>An example of collaborative work between IJBs would be the Tayside Primary Care Strategy 2024-2029. The development of the Tayside Primary Care Strategy has been jointly commissioned by the Chief Officer of Angus Health and Social Care Partnership (AHSCP) and NHS Tayside Medical Director to support the delivery of excellent, high quality, accessible and sustainable primary care services for the population of Tayside. AHSCP, Dundee and Perth & Kinross HSCPs have a role in working with the NHS Tayside Board and Primary Care</p>

Theme 1	Measure/Expected Outcome	Evidence/Outcome
		Contractors to promote the sustainability of primary care services, for example responding to business continuity difficulties and workforce planning.
6	Priority outcomes are clearly defined, and performance targets are set that drive continuous improvement in achieving those outcomes.	<p>The vision sits alongside Scotland's long term aim for people to live longer, healthier lives at home or in a homely setting. Scotland's National Health and Wellbeing Outcomes guide our work:</p> <p>Outcome 1: People can look after and improve their own health and wellbeing and live in good health for longer.</p> <p>Outcome 2: People, including those with disabilities or long-term conditions, or who are frail, can live, as far as reasonably practicable, independently and at home or in a homely setting in their community.</p> <p>Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.</p> <p>Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.</p> <p>Outcome 5: Health and social care services contribute to reducing health inequalities.</p> <p>Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.</p> <p>Outcome 7: People using health and social care services are safe from harm.</p> <p>Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.</p> <p>Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.</p> <p>You can see the Partnership's quarterly performance reports on our website. https://www.dundeehscp.com/publications</p> <p>Performance against the national health and wellbeing indicators (aligned to the national outcomes) is scrutinised by the Performance and Audit Committee on a regular basis. Additional indicators contained within the managing performance under integration suite are also reported quarterly.</p> <p>Historically measuring performance under integration indicators have been subject of target setting, however the IJB agreed that this was not appropriate for 2022/23 due to the pandemic and the Scottish Government also did not require Partnership's to set targets (as had been the case in previous years).</p>
7	There are clear and effective mechanisms for scrutinising performance that enable the taking of informed decisions and the measuring of impacts and service outcomes.	<p>During 2024-25 the Performance and Audit Committee (PAC) of the Integration Joint Board (IJB) continued to be responsible for scrutinising the performance of the Partnership in achieving its vision and strategic priorities, including overseeing financial performance and other aspects of governance activities.</p> <p>The PAC receives quarterly local performance reports, including benchmarking data from other Health and Social Care Partnerships across Scotland.</p>

Theme 1	Measure/Expected Outcome	Evidence/Outcome
8	There is a corporate approach to continuous improvement, with regular updating and monitoring of improvement plans.	Benchmarking with other Partnerships assists the interpretation of data and identifies areas for improvement. Partnerships with similar traits, including population density and deprivation have been grouped into 'family groups', which consist of eight comparator Partnerships. Dundee is placed in a family group along with Glasgow, Western Isles, North Lanarkshire, East Ayrshire, Inverclyde, West Dunbartonshire and North Ayrshire. You can see the Partnership's quarterly performance reports on our website. https://www.dundeehscp.com/publications
9	The IJB and its partners agree on how the key elements of Best Value will contribute to achieving the commonly agreed local priorities and outcomes. These key elements include the need to: • secure continuous improvement, in particular for those services aligned to the IJB's priorities • provide customer- and citizen-focused public services, which meet the needs of diverse communities • achieve the best balance of cost and quality in delivering services (having regard to economy, efficiency, effectiveness and equalities) • contribute to sustainable development • encourage and support innovation and creativity.	In the Annual Performance Report 2023-24 (currently unaudited) we reorganised our focus to have a more direct connection with the 6 Strategic Priorities as set out in the Dundee Strategic and Commissioning Framework 2023-33. We have organised our Performance under these 6 Strategic Priorities and the performance and actions reported, link across to each of the 8 Best Value themes and 9 National Health and Wellbeing Outcomes.
10	Members and senior managers communicate the approach to Best Value methodically throughout the IJB in terms that are relevant to its staff and set out clear expectations of them. The IJB has a positive culture in which its people understand its vision and objectives and how their efforts contribute to their achievement, and they are engaged with and committed to improvement.	The Partnership has been part of and has contributed to the statutory Best Value Audit of Dundee City Council which was published in September 2020. The Accounts Commission is the public spending watchdog for Local Authorities and is responsible for assessing Best Value. The Council's audit focused on their vision and strategic direction, performance, planning for use of resources, delivery of services with partners and continuous improvement. The Accounts Commission found that whilst the Council and its partners have a clear and ambitious vision for Dundee, that there is a need to accelerate the pace of change in addressing complex and deep-rooted challenges such as poverty and drug and alcohol use. The Commission also noted risks in relation to the financial sustainability of the IJB and the likelihood that this would be further exacerbated by the impact of the pandemic. A Best Value thematic review was completed 2022/23 where it was acknowledged that progress had been made since the audit but further recommendations and agreed action points were set out. The IJB members sign off audit reports and have sight of Audit Scotland reports and are aware of and promote best value
11	Members and senior managers are self-aware.	Reliance is placed on the established and documented systems of performance and

Theme 1	Measure/Expected Outcome	Evidence/Outcome
	They commit to training and personal development to update and enhance their knowledge, skills, capacity and capabilities to deliver Best Value and perform their leadership roles, and they receive sufficient support to do so.	development reviews embedded within each partner for all senior managers. Seven IJB development events have currently been held/scheduled through 2024-25, covering topics such as Understanding data, Primary care and Social care commissioning
12	Leadership is effective and there is good collaborative working. Members and senior managers have a culture of cooperation and working constructively in partnership, informed by a clear understanding of their respective roles and responsibilities and characterised by mutual respect, trust, honesty and openness and by appropriate behaviours.	Several IJB development events have been held. Members & senior managers often come together to focus on specific issues such as budget and risk so they have a clear understanding of their role as a member.

Theme 2 – Governance and Accountability

Effective governance and accountability arrangements, with openness and transparency in decision-making, schemes of delegation and effective reporting of performance, are essential for taking informed decisions, effective scrutiny of performance and stewardship of resources.

In achieving Best Value, an integrated Joint Board will be able to demonstrate the following:

- A clear understanding and the application of the principles of good governance and transparency of decision-making at strategic, partnership and operational levels.
- The existence of robust arrangements for scrutiny and performance reporting.
- The existence of strategic service delivery and financial plans that align the allocation of resources with desired outcomes for the short, medium and long terms.

Theme 2	Requirement	Evidence/Outcome
1	Members and senior managers ensure accountability and transparency through effective internal and external performance reporting, using robust data to demonstrate continuous improvement in the IJB's priority outcome measures.	Data is routinely reported through quarterly performance reports and the statutory Annual Performance Report (both internally and externally, as detailed in Theme 1.
2	Management information and indicators that allow performance to be assessed are widely and consistently used by the IJB. Senior management regularly receives information that is used to inform members about performance.	Data is routinely reported through quarterly performance reports and the statutory Annual Performance Report (both internally and externally, as detailed in Theme 1. Each month a senior management summary is sent out detailing the financial position with key areas of concern noted before figures are taken to the IJB on a quarterly basis
3	Performance is reported to the public, to ensure that citizens are well informed about the quality of services being delivered and what they can expect in future.	Performance and Audit committee minutes and papers are available on the HSCP and Dundee City Council websites. The Annual Performance Report is published on the Partnership website and a summary version is produced and published to aid public accessibility.
4	Learning from previous performance, and from the performance of other local authorities, informs the review and development of strategies and plans to address areas of underperformance.	Across public protection responsibilities, including adult support and protection as delegated function, extensive arrangements are in place through learning review process and regional and national networks to share learning to support improvement. National networks are utilised to share best practice and gain learning from other partnership areas, this includes Chief Officers and CFO networks, integration managers networks and networks focused on specific care groups, such as the Scottish Government's carers leads meeting.
5	Key organisational processes are linked to, or integrated with, the planning cycle; these include strategic analyses, stakeholder consultations, fundamental reviews, performance management, staff appraisal and development schemes, and public performance reporting.	The Strategic Commissioning Framework and the corresponding delivery plan are part of our continued conversation with the people of Dundee and our partners. We will work through established community and citywide engagement structures, listening to the voices of people using services, carers, volunteers, the third and independent sectors to plan flexible,

Theme 2	Requirement	Evidence/Outcome
		<p>sustainable services. As part of our commitment to collaboration, the Partnership will monitor progress of this Plan on an ongoing basis, and will report through the Integrated Strategic Planning Group, to the IJB and other partner bodies.</p> <p>Strategic needs assessment processes are linked to strategic planning cycles; with the strategic needs assessment being a key companion document to the strategic and commissioning plan. Stakeholder consultation is a statutory requirement when reviewing or developing strategic plans, as well as a core commitment across all service planning, development and improvement. Further work is required to fully develop and align a performance management framework that explicitly supports the strategic and commissioning plan.</p>
6	<p>The IJB has a responsible attitude to managing risk, and business continuity plans (including civil contingencies and emergency plans) are in place to allow an effective and appropriate response to planned and unplanned events and circumstances.</p>	<p>The IJB's Strategic Risk Register is reported to the IJB.</p> <p>The IJB also has oversight of each partner's risks as they relate to the delegated functions.</p> <p>A risk section is included within each IJB and Performance and Audit Committee Report to provide oversight to the Board or Committee of the risks associated with the decisions they are being asked to make. These risks are reflected within the IJB's risk register and monitored through the Pentana risk management system</p> <p>The risk management strategy sets out escalation process.</p>
7	<p>Key discussions and decision-making take place in public meetings, and reasonable measures are taken to make meeting agendas, reports and minutes accessible to the public, except when there are clear reasons why this would be inappropriate.</p>	<p>IJB meetings are open to the public. IJB and Performance and Audit committee minutes and papers are available on the HSCP website.</p> <p>As they now meet virtually the recordings are also available on the website</p>
8	<p>The IJB's political structures support members in making informed decisions.</p>	<p>The IJB members when acting on IJB business act in the interest of the IJB and not their political affiliation</p>
9	<p>The scrutiny structures in the IJB support members in reviewing and challenging its performance.</p>	<p>The IJB standing orders and the Terms of Reference of the Performance and Audit Committee can be accessed here. A review is due to go to the December 2024 IJB along with this report</p>
10	<p>Members and senior managers promote the highest standards of integrity and responsibility, establishing shared values, mutual trust and sound ethics across all activities. Effective procedures are in place to ensure that members and staff comply with relevant codes of conduct and policies. This includes ensuring that appropriate policies on fraud prevention, investigation and whistleblowing are established and implemented.</p>	<p>The Code of Conduct, Register of Interests and Register of Gifts and Hospitality are in place for the IJB.</p> <p>Reliance is placed on each partner's arrangements for the investigation of fraud, whistle blowing and procurement processes.</p> <p>Reliance is placed on the policies and procedures in place for partnership staff to report breaches of the IJB/partner's values. This includes whistleblowing policies, competency-based recruitment, induction courses, online training, and mechanisms to raise concerns/seek feedback, including confidential routes and the promotion of equality and dignity at work.</p>

Theme 2	Requirement	Evidence/Outcome
11	Members and senior managers understand and effectively communicate their respective and collective roles and responsibilities to members and staff. They understand that effective delegation enables and supports the IJB's ability to achieve Best Value.	The induction process provides an overview of responsibilities. The scheme of delegation assists that decisions are made by those best placed to make those decisions
12	An information governance framework is in place that ensures proper recording of information, appropriate access to that information including by the public, and legislative compliance.	Dundee IJB has adopted the Model Publication Scheme 2014 which has been produced and approved by the Scottish Information Commissioner. It is approved until 31 May 2018 and updated 26 March 2021. The IJB has recently had submitted it's Records Management plan to the NRS (National Records Scotland). The IJB handles very little personal data but is registered with the Information Commissioners Office
13	Technological innovation and digital transformation are promoted and used to ensure accessibility of performance information and public accountability	IJB and Performance and Audit committee minutes and papers are available on the HSCP and Dundee City Council websites. All formal meetings are recorded electronically. Annual Accounts and Performance reports are published on the website. Partners social media accounts are relied on to promote key IJB publications and information
14	Members and employees across the IJB understand and implement their responsibilities in relation to its Standing Orders and Financial Regulations.	The Financial Regulations were revised in 2024 and sets out the respective responsibilities and duties of the Chief Officer and the Chief Finance Officer of the Integration Joint Board. Scheme of delegation (revised in 2024) sets out the powers conferred to the IJB by the Public Bodies (Joint Working) (Scotland) Act 2014 and what is delegated to the IJB from the partners The IJB places reliance on the robust frameworks of corporate governance within each partner to provide assurance to the IJB that there are effective internal control systems in operation to meet the strategic commissioning intentions and to comply with all relevant legislation, policies and guidance, as appropriate. The Annual Governance Statement is published in the IJB Annual Accounts drawing on a wide range of evidence to inform the view on the implementation of the directions.
15	There are clear governance and lines of accountability when delivering services via a third party, and there is evidence of the application of the principles within the 'Following the Public Pound' guidance when funding is provided to external bodies.	Services delivered through third parties are bound by a contractual agreement. A contract monitoring process examines actual against planned outcomes. The IJB benefits from a dedicated Social Care Contracts Team that forms part of the delegated workforce. Working in partnership with corporate procurement teams in both Dundee City Council and NHS Tayside the delegated team provides expert advice and support for procurement functions as well as strategic commissioning.

Theme 3 – Effective Use of Resources

Making the best use of public resources is at the heart of delivering Best Value. With clear plans and strategies in place, and with sound governance and strong leadership, an integrated Joint Board will be well placed to ensure that all of its resources are deployed to achieve its strategic priorities, meet the needs of its communities and deliver continuous improvement.

In achieving Best Value, an integrated Joint Board will be able to demonstrate the following:

- It makes best use of its financial and other resources in all of its activities.
- Decisions on allocating resources are based on an integrated and strategic approach, are risk-aware and evidence-based, and contribute to the achievement of its strategic priorities.
- It has robust procedures and controls in place to ensure that resources are used appropriately and effectively, and are not misused.
- It works with its partners to maximise the use of their respective resources to achieve shared priorities and outcomes.

Theme 3	Requirement	Evidence/Outcome
Staff	<ol style="list-style-type: none"> 1. A workforce strategy is in place that sets out expectations on how the IJB's staff will deliver its vision, priorities and values. 2. The strategy is translated into workforce plans, covering employee numbers, skills, knowledge, competencies and organisational structures, that demonstrate how staff will be deployed to deliver the services planned for the future. Plans are regularly reviewed at appropriate intervals according to a clear review cycle. 3. All employees are managed effectively and efficiently, and know what is expected of them. Employee performance is regularly assessed through performance appraisal, with individuals and teams being supported to improve, where appropriate. 4. Members and senior managers understand and demonstrate that effective delegation is an important contribution to the IJB's ability to achieve Best Value. 5. The contribution of staff to ensuring continuous improvement is supported, managed, reviewed and acknowledged. 6. The IJB demonstrates a commitment to fairness, equity and safety in the workplace; it adopts relevant statutory guidance through progressive workplace policies and a commitment to best practice in 	<p>The Workforce Plan 2022-25 was published in July 2022.</p> <p>We have an established Workforce and Organisational Development Strategy to ensure that the Partnership recruits, develops and retains the right people, in the right place, at the right time to deliver positive outcomes for the people of Dundee. The strategy covers all employees within service areas within the remit of the Partnership. This includes those employed by NHS Tayside, Dundee City Council, third and independent sectors, volunteers, peer mentors and unpaid carers.</p> <p>Our Action Plan is organised under the Scottish Government's 5 Pillars – Plan, Attract, Train, Employ and Nurture. Underpinning each of these actions are a number of agreed policy directions of travel:</p> <ul style="list-style-type: none"> ✓ We will continue to develop our understanding of our evolving workforce requirements for key risk areas such as Primary Care, Social Care, Mental Health and Addictions services. ✓ We will continue to develop new job roles such as advance practitioners and Band 4 practitioners across physical health, mental health and District nursing ✓ We will continue to develop integrated roles ✓ We will continue to promote Health and Social Care as a career choice for young people ✓ We will continue to support the health and wellbeing of staff across the Partnership

Theme 3	Requirement	Evidence/Outcome
	<p>workplace relationships.</p> <p>7. Leaders ensure that there is the organisational capacity to deliver services through effective use of all employees and other resources. They communicate well with all staff and stakeholders, and ensure that the organisation promotes a citizen- and improvement-focused culture that delivers meaningful actions and outcomes.</p>	<p>✓ We will continue our workforce development including developing innovative approaches that support integrated leadership development and trauma informed practice</p> <p>✓ We will build capacity in support functions to ensure operational services are supported effectively</p> <p>✓ We will continue to explore the use of digital and other technology to improve workforce and service users experience</p> <p>✓ We will continue to find positive ways to support staff who are carers</p> <p>In December 2023 an update was provided to the IJB to reflect changes in strategy, policy and workforce demographics.</p> <p>Partner processes are used to communicate with staff and provide learning and workforce development opportunities</p>
Asset management	<p>1. There is a corporate approach to asset management that is reflected in asset management strategies and plans, which are subject to regular review.</p> <p>2. There is a systematic and evidence-based approach to identifying and managing risks in relation to land, buildings, plant, equipment, vehicles, materials and digital infrastructure.</p> <p>3. The IJB actively manages its asset base to contribute to its objectives and priorities.</p> <p>4. Fixed assets are managed efficiently and effectively, taking account of availability, accessibility, safety, utilisation, cost, condition and depreciation.</p>	<p>Whilst no assets are delegated to the IJB, we recognise the need to continue to improve the way that people move between large hospitals and the community, how we would redesign models of non-acute hospital-based services and re-invest in community-based services including our response to protecting people concerns.</p> <p>Fixed assets including land, property, IT, equipment and vehicles are managed efficiently and effectively by each partners and are aligned appropriately to shared priorities.</p>
Information	<p>1. Information is regarded as a strategic resource and is managed accordingly.</p> <p>2. There is a clear digital strategy in place, which includes resilience plans for information systems.</p> <p>3. Information is shared appropriately, and the IJB seeks to develop data compatibility with its partners.</p>	<p>Reliance is placed on the processes and controls for information sharing which have been established by each partner. This includes:</p> <ul style="list-style-type: none"> • compliance with General Data Protection Regulations • the arrangements for the Data Protection Officer, Senior Information Risk Owner • learning from events to raise the level of resilience across the partnership e.g. the response by the DCC partner to IT disruption due to power failure. <p>All IJB formal board meetings and committees are minuted and made public for transparency</p>
Financial management	<p>1. There is clear alignment between the IJB's budgets and its strategic priorities.</p> <p>2. Regular monitoring and reporting of financial outturns</p>	<p>The IJB Scheme of Delegation and Financial Regulations are in place ensuring an effective framework for budgetary control.</p>

Theme 3	Requirement	Evidence/Outcome
& planning	<p>compared with budgets is carried out, and corrective action taken where necessary to ensure the alignment of budgets and outturns.</p> <p>3. Financial plans show how the IJB will fund its services in the future. Long-term financial plans that include scenario planning for a range of funding levels are prepared and linked to strategic priorities.</p> <p>4. An appropriate range of options is considered when taking decisions, and robust processes of option appraisal and self-assessment are applied.</p> <p>5. The IJB has clear plans for how it will change services and realise efficiencies to close future budget gaps.</p> <p>6. Members and senior managers have a clear understanding of likely future pressures on services and of how investment in preventative approaches can help alleviate those pressures, and they use that understanding to inform decisions.</p> <p>7. Financial performance is systematically measured across all areas of activity, and regularly scrutinised by managers and members.</p> <p>8. There is a robust system of financial controls in place that provides clear accountability, stakeholder assurance, and compliance with statutory requirements and recognised accounting standards.</p> <p>9. The IJB complies with legal and best practice requirements in the procurement and strategic commissioning of goods, services and works, including the Scottish Model of Procurement. There is clear accountability within procurement and commissioning arrangements.</p> <p>10. There are clear and effective governance and accountability arrangements in place covering partnerships between the IJB and its arm's-length external organisations (ALEOs), including for performance monitoring and the early identification of any significant financial and service risks; there is evidence of the application of the principles of 'Following the Public Pound.'</p> <p>11. The IJB has a reserves policy that supports its future financial sustainability, and its reserves are held in accordance with that policy.</p>	<p>IJB financial monitoring reports are presented to the IJB Committee.</p> <p>The IJB's financial monitoring position is also reported regularly to the partner agencies</p> <p>Level of financial detail reported to the IJB increased on areas with significant variances or risk. Explanations within the monitoring reports to members in relation to changes to the approved budget was incorporated</p> <p>Reliance is placed on the financial monitoring and financial planning arrangements which have been established by each partner to achieve financial balance.</p> <p>Reliance is placed on the strategies for procurement and the management of contracts (and contractors) which have been established by each partner to demonstrate appropriate competitive practice. A Social Care Procurement Policy is in place which sets out the framework within which the service purchases care services. This combines the fundamentals of the corporate procurement strategy with social care specific issues. The service hosts the social care contracts team which ensures this policy is adhered to.</p> <p>The IJB has no Arms Length external organisations. External service providers have social care contracts in place along with a contracts monitoring process.</p> <p>The reserves policy is audited annually as part of the annual accounts process</p>

Theme 3	Requirement	Evidence/Outcome
Performance management	<p>1. Effective performance management arrangements are in place to promote the effective use of the IJB's resources. Performance is systematically measured across all areas of activity, and performance reports are regularly scrutinised by managers and elected members. The performance management system is effective in addressing areas of underperformance, identifying the scope for improvement and agreeing remedial action.</p> <p>2. There is a corporate approach to identifying, monitoring and reporting on improvement actions that will lead to continuous improvement in priority areas. Improvement actions are clearly articulated and include identifying responsible officers and target timelines.</p> <p>3. The IJB uses self-evaluation to identify areas for improvement. This includes the use of comparative analyses to benchmark, monitor and improve performance.</p> <p>4. The IJB takes an innovative approach when considering how services will be delivered in the future. It looks at the activities of other organisations, beyond its area, to consider new ways of doing things. A full range of options is considered, and self-assessment activity and options appraisal can be demonstrated to be rigorous and transparent.</p> <p>5. Evaluation tools are in place to link inputs, activities and outputs to the outcomes that they are designed to achieve. There is evidence to demonstrate that improvement actions lead to continuous improvement and better outcomes in priority service areas.</p> <p>6. The IJB seeks and takes account of feedback from citizens and service users on performance when developing improvement plans.</p> <p>7. Improvement plans reflect a pace and depth of improvement that will lead to the realisation of the IJB's priorities and the long-term sustainability of services.</p> <p>8. Performance information reporting to stakeholders is regular and gives a balanced view of the IJB's performance, linked to its priority service areas. The information provided is relevant to its audience, and clearly demonstrates whether or not strategic and operational objectives and targets are being met.</p>	<p>The IJB can demonstrate that continuous improvement is incorporated into its strategy and plans. Areas for improvement have been identified through the governance self-assessment process and Annual Internal Audit Report. Progress against these is monitored by the Performance and Audit Committee.</p> <p>An audit of performance management was undertaken during 2020/21 and reported in November 2021. This identified significant strengths in relation to performance management arrangements, with areas for improvement to be taken forward in 2021/22 and through the review of the strategic and commissioning plan.</p> <p>IJB's outcomes are monitored across a set of performance indicators that has been developed to cover the delegated functions and the nine national health and well-being outcomes. These performance measures are reported to the Performance and Audit Committee.</p> <p>A range of additional datasets and performance monitoring arrangements have been developed during the pandemic period, for example regular datasets relating to care home oversight, unmet need within social care and delayed discharge.</p> <p>In 2021/22 the IJB was a partner within the Alcohol & Drug Partnership's self assessment of progress against the recommendations of the Dundee Drug Commission.</p> <p>The HSCP uses a comprehensive performance monitoring system - Pentana to support recording and reporting on performance for some suites of indicators.</p> <p>HSCP participate in Local Government Benchmarking Framework and provide input to monitoring of the Council Plan, City Plan and NHST Annual Operational Plan.</p> <p>Performance data is validated by Public Health Scotland (PHS).</p> <p>Internal Audit and External Audit conduct periodic reviews of the accuracy of reporting.</p> <p>Dedicated Local Intelligence Support Team Analysts and the HSCP's internal performance management resources are sourcing, linking and interpreting data in order to better understand and project patterns of service demand. This analytical work is providing insights into delivering better plans, designing improved service user pathways and contributing to the achievement of the Health and Social Care outcomes.</p>

Theme 3	Requirement	Evidence/Outcome
	9. The IJB demonstrates a trend of improvement over time in delivering its strategic priorities.	<p>Feedback from citizens is obtained in a variety of ways, this includes through complaints and compliments as well as feedback through engagement activities. During 2020/21 engagements activities included carers engagement and large-scale public surveys undertaken with the Dundee Partnership to evidence the impact of the pandemic on citizens.</p> <p>Quarterly performance reports are presented to the Performance and Audit Committee. An Annual Performance Report is produced, and the Carers Partnership also now produce an annual performance report. The CSWO report and the annual report of the Adult Support and Protection Committee both contain information relating to delegated services and are presented to the IJB.</p> <p>A review of IJB and Performance and Audit Committee reports provides evidence of performance against:</p> <ul style="list-style-type: none"> • objectives, targets and service outcomes • past performance • improvement plans • other relevant bodies <p>being used but not all together all the time.</p>

Theme 4 – Partnerships and Collaborative Working

The public service landscape in Scotland requires local authorities to work in partnership with a wide range of national, regional and local agencies and interests across the public, third and private sectors. An integrated Joint Board should be able to demonstrate how it, in partnership with all relevant stakeholders, provides effective leadership to meet local needs and deliver desired outcomes. It should demonstrate commitment to and understanding of the benefits gained by effective collaborative working and how this facilitates the achievement of strategic objectives. Within joint working arrangements, Best Value cannot be measured solely on the performance of a single organisation in isolation from its partners. An integrated Joint Board will be able to demonstrate how its partnership arrangements lead to the achievement of Best Value.

In achieving Best Value, an integrated Joint Board will be able to demonstrate the following:

- Members and senior managers have established and developed a culture that encourages collaborative working and service provision that will contribute to better and customer-focused outcomes.
- Effective governance arrangements for Community Planning Partnerships and other partnerships and collaborative arrangements are in place, including structures with clear lines of responsibility and accountability, clear roles and responsibilities, and agreement around targets and milestones.

Theme 4	Requirement	Evidence/Outcome
1	Members and senior managers actively encourage opportunities for formal and informal joint/integrated working, joint use of resources and joint funding arrangements, where these will offer scope for service improvement and better outcomes.	The Dundee City IJB was established during 2015/2016. Integrated delivery of health social care services commenced on 01 April 2016. 2024/2025 is the ninth year of operation for the IJB. Partnership working is supported through active participation in and leadership of the Dundee Partnership, including themes for health, care and wellbeing. Key partnerships are also in place in relation to public protection responsibilities through the Chief Officers Group and public protection committees.
2	The IJB is committed to working with partner organisations to ensure a coordinated approach to meeting the needs of its stakeholders and communities. This includes: <ul style="list-style-type: none"> • scenario planning with partners to identify opportunities to achieve Best Value • collaborative leadership to identify Best Value partnership solutions to achieve better outcomes for local people • proactively identifying opportunities to invest in and commit to shared services • integrated management of resources where appropriate • effective monitoring of collective performance, including self-assessment and reviews of the partnership strategy, to ensure the achievement of objectives • developing a joint understanding of all place-based capital and revenue expenditure. 	Partnership working is supported through active participation in and leadership of the Dundee Partnership, including themes for health, care and wellbeing. Key partnerships are also in place in relation to public protection responsibilities through the Chief Officers Group and public protection committees. Close working and collaboration with the third and independent sector is in place.
3	Members and senior managers identify and address any	Barriers to joint working previously identified within the MSG self-

Theme 4	Requirement	Evidence/Outcome
	impediments that inhibit collaborative working. The IJB and its partners develop a shared approach to evaluating the effectiveness of collaborative and integrated working.	assessment have been reflected in ongoing work to review the Dundee Integration Scheme. Reliance is placed on the personal development, performance appraisal and formal supervision processes in place within each partner to ensure all employees are managed effectively and efficiently, know what is expected of them and are assisted to maximise their full potential. This also includes the learning and professional development required to support statutory and professional responsibilities and achieve organisational objectives and quality standards. Staff governance arrangements are well embedded across the partnership and recognise the contribution to ensuring continuous improvement and quality.
4	In undertaking its community planning duties the IJB works constructively with partners to agree a joint vision for the Community Planning Partnership and integrates shared priorities and objectives into its planning, performance management and public reporting mechanisms. Service plans clearly reflect the priorities identified through community planning, and show how the IJB is working with partners to provide services that meet stakeholder and community needs.	The Chief Officer chairs the Health, Care and Wellbeing Executive Board of the Dundee Partnership. The Partnership also hosts the strategic support team for public protection arrangements. The Partnership participates in performance reporting arrangements for community planning / city plan – including both performance data and narrative updates on progress achieved against priorities. The IJB Strategic Commissioning Plan is consistent with the priorities set out within the City Plan for Dundee 2017-26 and the NHS Tayside Annual Operating plan. These priorities are also consistent with and support the Scottish Government nine National Health and Wellbeing Outcomes which apply across all health and social care services. Hosted services arrangements are in place with Perth and Angus Health & Social Care Partnerships

Theme 5 – Working with Communities

Local authorities, both individually and with their community planning partners, have a responsibility to ensure that people and communities are able to be fully involved in the decisions that affect their everyday lives. Community bodies – as defined in the Community Empowerment Act 2015 (section 4(9)) – must be at the heart of decisionmaking processes that agree strategic priorities and direction.

In achieving Best Value, an Integration Joint Board will be able to demonstrate the following:

- Early and meaningful engagement and effective collaboration with communities to identify and understand local needs, and in decisions that affect the planning and delivery of services.
- A commitment to reducing inequalities and empowering communities to effect change and deliver better local outcomes.
- That engagement with communities has influenced strategic planning processes, the setting of priorities and the development of locality plans.

Theme 5	Measure/Expected Outcome	Evidence/Outcome
1	Members and senior managers ensure that meaningful consultation and engagement in relation to strategic planning take place at an early stage and that the process of consultation and engagement is open, fair and inclusive.	<p><u>Dundee Health and Social Care Participation and Engagement Strategy</u> sets out the approach that the IJB will deploy in working with key stakeholders to strategically develop Health and Social Care services in Dundee. Extensive consultation was undertaken to develop the Strategic Commissioning Framework including events and surveys of which is documented in an <u>involvement report</u>.</p> <p>Local Health and Wellbeing networks feed into strategic planning groups to reflect views of the community, particularly those that are more disadvantaged</p> <p>The performance framework has been developed to support the implementation of the strategic commissioning intentions.</p> <p>The IJB has approved a Communication and Engagement Strategy (DIJB49-2019 – IJB meeting of the 17 December 2019)</p>
2	Members and senior managers are proactive in identifying the needs of communities, citizens, customers, staff and other stakeholders; plans, priorities and actions are demonstrably informed by an understanding of those needs.	<p>The overarching strategic needs assessment is maintained through regular reviews. Care group needs assessments have also been developed to support service planning and improvement.</p> <p>We have published Locality Profile information about the people who live in each of the eight Community Planning Partnership areas. This information helps inform planning in these areas and supports us to analyse if progress has been made towards the Partnership outcomes for people living in these areas.</p> <p>The IJB Performance and Audit Committee receive regular Performance Reports, with statistics comparing Dundee with other areas and including differences in Local Community Planning Partnership areas. This information is analysed, and comparisons made between areas of deprivation regarding important statistics like: Emergency Hospital Admissions rates; number of bed days; and amount of Delayed Discharge. This information informs plans to address health inequalities.</p>

Theme 5	Measure/Expected Outcome	Evidence/Outcome
		HSCP officers are represented on Local Community Planning Partnerships. Data in locality health profiles is being linked with that from other sources (benefits and housing) to enhance understanding of issues affecting residents in more deprived areas, specifically the Local Fairness Initiative datazones. The HSCP is heavily involved in the PHS Partnership Pathfinder which is focusing on poverty and attempting to support identification of short term inequalities indicators for the city
3	Communities are involved in making decisions about local services, and are empowered to identify and help deliver the services that they need. Suitable techniques are in place to gather the views of citizens, and to assess and measure change in communities as a result of service interventions.	The IJB has actively involved and consulted with stakeholders on the development of the 2 previous Strategic Commissioning Plans (2016/21 and 2019/22), the new Strategic Commissioning Framework (2023-2033) and the implementation of transformational changes. Reliance is also placed on the participation and engagement arrangements each of the partners has in place. Three Local Health and Wellbeing Networks (HWBN) comprising of residents and local staff are the agreed mechanism for the IJB and SPGs to gain a community and wider stakeholder perspective in the development and implementation of plans. The recently formed Community Health Advisory Forum(CHAF) with residents from all deprived parts of the city are now being consulted on a range of strategic and service developments
4	Active steps are taken to encourage the participation of hard-to-reach communities.	The IJB's equalities outcomes were reset for 2023-2027. The engagement programme related to the Strategic and commissioning Framework 2022/23 see involvement report. Included engagement with people from protected Characteristic groups and the equality outcomes align with the priorities in the Framework. Links with HWBNs/ CHAF for the views of people affected by poverty. HSCP is also represented on Dundee's Fairness Leadership Panel with a focus on the impact of poverty on mental health and wellbeing
5	The IJB and its Community Planning Partnership work effectively with communities to improve outcomes and address inequalities.	The IJB has set equality outcomes and publishes a mainstreaming update report at least every 2 years. The report for 2023 is available here . Officers participate in the equality mainstream groups within both NHST and DCC as well as advancing the IJB's only equalities activities. Significant contributions have been made to arrangements within NHST and DCC for their BSL action plans. Inequalities is one of the 6 strategic priorities within the strategic and commissioning plan. The range of work taken to address inequalities is evidenced in the Annual Performance Report. HSCP is represented on LCPPs, which comprise officers, elected members and local people
6	A locality-based approach to community planning has a positive	Locality managers' portfolios currently include a combination of service

Theme 5	Measure/Expected Outcome	Evidence/Outcome
	impact on service delivery within communities, and demonstrates the capacity for change and for reducing inequality in local communities by focusing on early intervention and prevention.	<p>specific responsibilities which are city wide (e.g., older people care at home, learning disabilities) as well as an overview of the needs of their locality areas as part of the transition to full locality based integrated health and social care services.</p> <p>A dedicated officer focusing on community health inequalities complements the integrated responsibilities to address inequalities and focus on early intervention and prevention in HSCP locality managers roles.</p>
7	Members and senior managers work effectively with partners and stakeholders to identify a clear set of priorities that respond to the needs of communities in both the short and the longer term. The IJB and its partners are organised to deliver on those priorities, and clearly demonstrate that their approach ensures that the needs of their communities are being met.	<p>The IJB Strategic Commissioning Framework set out the intention to review the way care is delivered in a number of settings. The IJB relies on the frameworks established by each partner to undertake rigorous reviews and option appraisal processes of all areas of partnership activity from a whole system perspective. There are clear processes for stakeholder engagement in reviews.</p> <p>The HSCP involvement in Dundee Partnership ensures strategic and cross cutting engagement in the priority areas for improvement identified in the City Plan, including reducing inequalities in income, attainment and health</p>
8	The IJB engages effectively with customers and communities by offering a range of communication channels, including innovative digital solutions and social media.	<p>HSCP website is a useful source of information and easily accessible reference point. Reliance is placed on the provision of communication support by NHST and DCC.</p> <p>Dundee Carers Centre is contracted to provide carers with information and advice and the Carers of Dundee website is maintained by Dundee carers centre with a wide, extensive amount of information for carers and those they support.</p> <p>Information related to the IJB is shared on social media channels supported by its community partners to ensure wide access to health related information</p>
9	The IJB plays an active role in civic life and supports community leadership.	<p>The Engage Dundee survey was developed in partnership between Public Health Scotland, HSCP, Community Learning and Developments, NHST, Dundee City Council and the Third Sector. It went live in Oct/ Nov 2023 and explores the impact of the cost of living crisis on Dundee residents, including on their health and wellbeing. Figures will be used to shape local, service and strategic responses.</p> <p>The information from this survey was presented to the IJB at the June 2024 meeting.</p>

Theme 6 – Sustainable Development

Sustainable development is commonly defined as securing a balance of social, economic and environmental wellbeing in the impact of activities and decisions, and seeking to meet the needs of the present without compromising the ability of future generations to meet their own needs. The United Nations Sustainable Development Goals provide a fuller definition and set out an internationally agreed performance framework for their achievement. Sustainable development is a fundamental part of Best Value. It should be reflected in an integrated Joint Board's vision and strategic priorities, highlighted in all plans at corporate and service level, and a guiding principle for all of its activities. Every aspect of activity in an integrated Joint Board, from planning to delivery and review, should contribute to achieving sustainable development.

In achieving Best Value, an integrated Joint Board will be able to demonstrate the following:

- Sustainable development is reflected in its vision and strategic priorities.
- Sustainable development considerations are embedded in its governance arrangements.
- Resources are planned and used in a way that contributes to sustainable development.
- Sustainable development is effectively promoted through partnership working.

Theme 6	Measure/Expected Outcome	Evidence/Outcome
1	Leaders create a culture throughout the IJB that focuses on sustainable development, with clear accountability for its delivery across the leadership and management team.	The No Poverty, Zero Hunger and Good Health & Wellbeing Sustainable Development Goals of the Scottish Government are strongly reflected within the Strategic Commissioning Framework (SCF) of the IJB. The National Performance Framework (NPF) is the main mechanism for localising and implementing the SDG's, including the National Health and Wellbeing Outcomes and Indicators that are fully incorporated into the SCF. Delivery and accountability of the SCF is the main focus of the leadership and management team as evidenced in all reports to the IJB and Performance and Audit Committee. Outcomes focused on sustainable development and tackling poverty and inequality are reflected across all of the strategic priorities contained within the SCF. Sustainable development is key to the IJB achieving its own priorities
2	There is a clear framework in place that facilitates the integration of sustainable development into all of the IJB's policies, financial plans, decision making, services and activities through strategic-, corporate- and service-level action. In doing so, the IJB will be able to demonstrate that it is making a strategic and operational contribution to sustainable development.	HSCP work closely with its parent bodies to support the implementation of the relevant climate change plans and strategies of DCC and NHST. Financial sustainability is a key priority for the IJB and the partners and work continues to be progressed to develop medium to longer term financial planning. A five-year financial framework (2024/25 to 2028/29) was approved in August 2024. This will be updated annually as part of the 2025/26 budget setting process and reflecting the impact of current pressures. The impact on Equalities and Partnership goals, with particular focus on Human Rights, is included in all reports presented to the IJB.
3	The IJB has set out clear guiding principles that demonstrate its, and its partners', commitment to sustainable development.	Reliance is placed on the arrangements each partner has to progress sustainability action plans.

Theme 6	Measure/Expected Outcome	Evidence/Outcome
4	There is a broad range of qualitative and quantitative measures and indicators in place to demonstrate the impact of sustainable development in relation to key economic, social and environmental issues.	The National Performance Framework is Scotland's Wellbeing framework and the Sustainable Development Goals of the Scottish Government share the same aims contained in this. The IJB's outcomes are monitored across the set of performance indicators that has been developed to cover the delegated functions and the nine national health and well-being outcomes.
5	Performance in relation to sustainable development is evaluated, publicly reported and scrutinised.	The IJB report on the Public Bodies Climate Change Duties 2017: can be accessed here .



Theme 7 – Fairness and Equality

Tackling poverty, reducing inequality and promoting fairness, respect and dignity for all citizens should be key priorities for local authorities and all of their partners, including local communities.

In achieving Best Value, an integrated Joint Board will be able to demonstrate the following:

- That equality and equity considerations lie at the heart of strategic planning and service delivery.
- A commitment to tackling discrimination, advancing equality of opportunity and promoting good relations both within its own organisation and the wider community.
- That equality, diversity and human rights are embedded in its vision and strategic direction and throughout all of its work, including its collaborative and integrated community planning and other partnership arrangements.
- A culture that encourages equal opportunities and is working towards the elimination of discrimination.

Theme 7	Measure/Expected Outcome	Evidence/Outcome
1	The IJB demonstrates compliance with all statutory duties in relation to equalities and human rights.	The IJB is fully compliant with their statutory equality duties. During 2023/24 there has been a specific focus in ensuring compliance with, and improving the quality of, equality impact assessments supporting IJB decision-making. This has included changes to processes, templates and briefings / educational sessions for both IJB members and supporting officers. Both the IJB's Equality Outcomes and Mainstreaming Update reports are up-to-date: Board Equality Mainstreaming Report 2023-2027. In addition to maintaining their own equality framework, the IJB also co-operates with and places reliance on each partner's Equality and Diversity framework. Equality and diversity is at the center of all that the IJB and the partners do – this is reflected in the outcomes contained within the Strategic Commissioning Framework. The approach to equality and diversity covers both as a service provider and in support of the health and social care workforce is supported by the equality and diversity frameworks and actions against general and specific duties are monitored. Information is available in accessible formats, plain English approaches are increasingly being adopted and reasonable requests for adapted versions of any work will be met. Interpreting services are available via NHS Tayside (supplemented by external providers where required). All budgets, policies and service changes are subject to Equality and Diversity Impact Assessment which highlights any specific adjustments required
2	The IJB is taking active steps to tackle inequalities and promote fairness across the organisation and its wider partnerships, including work and living conditions, education and community participation.	The Dundee Integration Joint Board Equality Mainstreaming Report 2023-2027 details its Equality Outcomes and how these will be measured so that everyone in Dundee to have the highest achievable level of health and wellbeing.

Theme 7	Measure/Expected Outcome	Evidence/Outcome
3	The IJB and its partners have an agreed action plan aimed at tackling inequality, poverty and addressing fairness issues identified in local communities.	The IJB is committed to engagement. The Dundee Health and Social Care Partnership Participation and Engagement Strategy outlines the approach that the IJB will deploy in working with key stakeholders to strategically develop health and social care services in Dundee.
4	The IJB engages in open, fair and inclusive dialogue to ensure that information on services and performance is accessible to all, and that every effort has been made to reach hard-to-reach groups and individuals.	The Dundee Health and Social Care Partnership Participation and Engagement Strategy complements the well-developed methods of participation and engagement adopted by DCC, NHST and the Third and Independent sectors. Although the strategy provides a consistent approach, alternative forms of engagement are adopted to involve individuals, groups and communities who may be harder to reach.
5	The IJB ensures that all employees are engaged in its commitment to equality and fairness outcomes, and that its contribution to the achievement of equality outcomes is reflected throughout its corporate processes.	Reliance is placed on NHS Tayside and DCC's programme of training and awareness raising.
6	The IJB engages with and involves equality groups to improve and inform the development of relevant policies and practices, and takes account of socio-economic disadvantage when making strategic decisions	Engagement and consultation processes are in place and the IJB liaises with the Scottish Government and the Scottish Health Council. All major change programmes are delivered within the parameters recommended in the relevant best practice guidance.
7	The equality impact of policies and practices delivered through partnerships is always considered. Equality impact information and data is analysed when planning the delivery of services, and measuring performance.	Equality and diversity impact assessment is an integral part of the IJB's and the partner's processes in particular policy or service change proposals. Equality and Diversity Impact Assessment Guidance and Forms are available for staff. Training and support is also available on request. In 2022-23 a revised format for Integrated Impact assessments was developed and learning sessions delivered. These are still under review. See equality matters pages on Dundee HSCP website for European Human Rights Commission information
8	The IJB's approach to securing continuous improvement in delivering on fairness and equality priorities and actions is regularly scrutinised and well evidenced.	Dundee IJB has its own mainstreaming equality duties. Reliance is placed on the arrangements each partner has in place to mainstream equality and diversity. The equality outcomes help the IJB and the partners understand the impact on equality groups. Mainstreaming Reports published by the partners include the equality outcomes. Further work which continues to be progressed to embed equalities matters across the HSCP. The IJB Equality Outcomes and Mainstreaming Equality Framework sets out the priorities for addressing equality issues. Regular monitoring and reporting on progress against the agreed equality outcomes is performed.

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2024 TO DECEMBER 2024

Organisation	Member	Meeting Dates January 2024 to December 2024							
		31/01*	21/02	27/03	17/04	19/06	21/08	23/10	11/12
NHS Tayside (Non Executive Member) (Chair)	Bob Benson					✓	✓	✓	
Dundee City Council (Elected Member) (Vice Chair)	Cllr Ken Lynn	A	✓	✓	✓	✓	✓	✓	
Dundee City Council (Elected Member)	Cllr Siobhan Tolland	✓	✓	A	✓	✓	✓	A	
Dundee City Council (Elected Member)	Cllr Dorothy McHugh	✓	✓	✓	✓	✓	✓	✓	
NHS Tayside (Non Executive Member)	Donald McPherson	✓	✓	✓					
NHS Tayside (Non Executive Member)	Sam Riddell	✓	✓	✓					
NHS Tayside (Non Executive Member)	Beth Hamilton	✓	✓	✓	✓	✓	✓		
NHS Tayside (Non Executive Member)	Colleen Carlton							✓	
NHS Tayside (Non Executive Member)	David Cheape				✓	✓	✓	✓	
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓	✓						
Dundee City Council (Chief Social Work Officer)	Glyn Lloyd			A	✓	✓	A	✓	
Chief Officer	Vicky Irons	A	A	A	A	A	A		
Chief Finance Officer/Acting Chief Officer	Dave Berry	✓	✓	✓	✓	✓	✓	✓	
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))	Dr David Wilson	A	✓	A	✓	✓	✓	✓	
NHS Tayside (Registered Nurse)	Suzie Brown	✓	✓	✓	✓	✓	✓	✓	
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Dr James Cotton	✓	A						
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Dr Sanjay Pillai			A	✓	✓	A	✓	
Trade Union Representative	Jim McFarlane	✓	✓	✓	✓	A	✓	✓	
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	A	A	A	A	✓	✓	
Voluntary Sector	Christina Cooper	A	✓	✓	A	✓	✓	✓	
Service User Representative	Liz Goss	✓	✓	✓	✓	✓	✓		
Person Providing unpaid care in the area of the local authority	Martyn Sloan	✓	✓	✓	A	✓	A	✓	
NHS Tayside (Director of Public Health)	Dr Emma Fletcher	A	✓	A	✓	A	✓	✓	
Clinical Director	Dr David Shaw	✓	A	A	✓	A	✓	✓	
Acting Chief Finance Officer	Christine Jones			✓	✓	✓	✓	✓	

- ✓ Attended
 A Submitted Apologies
 A/S Submitted Apologies and was Substituted
 No Longer a Member and has been replaced / Was not a Member at the Time

*Special Meeting

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