



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

City Chambers
DUNDEE
DD1 3BY

6th December, 2022

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, 14th December, 2022 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 5pm on Friday, 9th December, 2022.

Yours faithfully

VICKY IRONS
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 NHS TAYSIDE – VOTING MEMBER AND PROXY MEMBER

It is reported that at the meeting of NHS Tayside Board held on 27th October 2022 it was agreed that Sam Riddell be nominated as a Voting Member on the Integration Joint Board and that Donald McPherson who previously held that position be appointed as a Proxy Member of the Integration Joint Board as replacement for Professor Graeme Martin.

The Integration Joint Board is asked to note the position.

4 MINUTE OF PREVIOUS MEETING

(a) The minute of previous meeting of the Integration Joint Board held on 26th October, 2022 is attached for approval. - **Page 1**

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

The Action Tracker (DIJB91-2022) for meetings of the Integration Joint Board is attached for noting and updating accordingly.

5 PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 23RD NOVEMBER, 2022 - **Page 13**

(Copy attached for information and record purposes).

(b) CHAIR'S ASSURANCE REPORT

(Report No DIJB93-2022 attached for information and record purposes). - **Page 19**

6 APPROVAL OF DUNDEE HEALTH AND SOCIAL CARE INTEGRATION SCHEME (DIJB88-2022)

In December 2020, the Integration Joint Board was informed that NHS Tayside and Dundee City Council had completed the statutory review of the Dundee Health and Social Care Integration Scheme (required by section 44 of the Public Bodies (Joint Working) Scotland Act 2014) and had agreed that a revised scheme should be prepared (Article X of the minute of the meeting of the Dundee Integration Joint Board held on 15 December 2020 refers). Further updates were provided to the Integration Joint Board in August 2021, February 2022 and June 2022 on the progress of work to prepare a revised scheme, consult on the revised draft and submit this to Scottish Ministers for approval (Article VI of the minute of the meeting of the Dundee Integration Joint Board held on 25 August 2021, Article XV of the minute of the meeting of the Dundee Integration Joint Board held on 23 February 2022, Article X of the minute of the meeting of the Dundee Integration Joint Board held on 22 June 2022 refers).

Dundee City Council and NHS Tayside submitted the revised scheme to Scottish Ministers for approval prior to the end of June 2022. On 21 November 2022 the corporate bodies received notification from the Scottish Government that the Dundee Health and Social Care Integration Scheme has received Ministerial approval.

The approved scheme has been published on the Dundee Health and Social Care Partnership website at: [DUNDEE HEALTH AND SOCIAL CARE INTEGRATION SCHEME 2022 \(dundeehsc.com\)](https://www.dundeehsc.com).

The Integration Joint Board is asked to note the updated position.

7 CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2021/2022 - Page 21

(Report No DIJB83-2022 by the Chief Social Work Officer, copy attached).

8 DUNDEE INTEGRATION JOINT BOARD PROPERTY STRATEGY - Page 77

(Report No DIJB84-2022 by the Chief Officer, copy attached).

9 WINTER PLAN - NHS TAYSIDE AND PARTNER ORGANISATIONS - Page 117

(Report No DIJB86-2022 by the Chief Officer, copy attached).

10 MANAGEMENT OF SOCIAL CARE CAPACITY AND FLOW - Page 169

(Report No DIJB94-2022 by the Chief Officer, copy attached).

11 GENERAL PRACTICE PROVISION IN DUNDEE – PROPOSAL TO CONSOLIDATE TO ONE SITE BY FAMILY MEDICAL GROUP PRACTICE - Page 187

(Report No DIJB87-2022 by the Chief Officer, copy attached).

12 FINANCIAL MONITORING POSITION AS AT OCTOBER 2022 - Page 203

(Report No DIJ85-2022 by the Chief Finance Officer, copy attached).

13 DUNDEE INTEGRATION JOINT BOARD BUDGET DEVELOPMENT 2023/2024 (DIJB89-2022)

Annual work has commenced in relation to the development of the IJB's delegated budget for 2023/24. A more detailed update will be provided in February 2022, with the Chief Finance Officer presenting a proposed budget for consideration at a special meeting in March 2022.

As in previous years, 3 development sessions are also planned with IJB Members between January 2023 and March 2023 to discuss in detail the implications of the Scottish Government's budget on the IJB's resources, the impact of budget pressures, budget development progress as well as opportunities and priorities under consideration during the budget setting process.

The UK Government Autumn Statement 2022 was presented on 17th November 2022. It is anticipated the Scottish Government will publish its spending plans for 2023/24 on 15th December 2022 with the detail behind that communicated to local authorities, Health Boards and Integration Authorities over the following week.

Discussions are underway between officers of the Health and Social Care Partnership and both Dundee City Council and NHS Tayside colleagues to understand the likely implications and underlying cost assumptions for the delegated budgets, and the range of potential cost pressures that the IJB is likely to face in 2023/24 and beyond is being developed.

The IJB was presented with the 5 Year Financial Framework at its meeting of 22nd June 2022 (Article XV of the minute refers.) This noted that based on a range of assumptions around cost pressures such as pay awards, living wage increases, inflation, demographic growth and likely funding from NHS Tayside, Dundee City Council and the Scottish Government, the IJB's delegated budget could have a financial gap of around £8.642m in 2023/24. Given these estimates were made prior to higher levels of inflation and subsequent pay awards it is expected that this financial gap will be higher than initially estimated.

The Integration Joint Board is asked to note the ongoing work to date and that a more detailed report will be presented in the February 2023 meeting.

14 DUNDEE INTEGRATION JOINT BOARD RESERVES STRATEGY - Page 213

(Report No DIJB90-2022 by the Chief Finance Officer, copy attached).

15 MEETINGS OF THE INTEGRATION JOINT BOARD 2022 - ATTENDANCES (DIJB92-2022)
- Page 219

A copy of the attendance return for meetings of the Integration Joint Board held to date over 2022 is attached for information.

16 PROGRAMME OF MEETINGS OF INTEGRATION JOINT BOARD AND PERFORMANCE AND AUDIT COMMITTEE - 2023

(a) INTEGRATION JOINT BOARD

It is proposed that the programme of meetings for the Integration Joint Board over 2023 be as follows:-

Wednesday 22nd February, 2023 - 10.00am
Wednesday 29th March, 2023 - 10.00am (Budget Meeting)
Wednesday 19th April, 2023 - 10.00am
Wednesday 21st June, 2023 -10.00am
Wednesday 23rd August, 2023 - 10.00am
Wednesday 25th October, 2023 - 10.00am
Wednesday 13th December, 2023 - 10.00am

(b) PERFORMANCE AND AUDIT COMMITTEE

It is proposed that the programme of meetings for the Performance and Audit Committee over 2023 be as follows:-

Wednesday 1st February, 2023 - 10.00am
Wednesday 24th May, 2023 - 10.00am
Wednesday 27th September, 2023 - 10.00am
Wednesday 22nd November, 2023 - 10.00am

17 DATE OF NEXT MEETING

The next meeting of the Dundee Integration Joint Board will be held remotely on Wednesday 22nd February, 2023 at 10.00am.

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST
(REVISED DECEMBER 2022)

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

<u>Role</u>	<u>Recipient</u>
VOTING MEMBERS	
Non Executive Member (Chair)	Pat Kilpatrick
Elected Member (Vice Chair)	Councillor Ken Lynn
Elected Member	Councillor Siobhan Tolland
Elected Member	Councillor Dorothy McHugh
Non Executive Member	Anne Buchanan
Non Executive Member	Sam Riddell
NON VOTING MEMBERS	
Chief Social Work Officer	Diane McCulloch
Chief Officer	Vicky Irons
Chief Finance Officer (Proper Officer)	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson
Registered Nurse	Sarah Dickie
Registered medical practitioner (not providing primary medical services)	Dr James Cotton
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)	Vacant
Proxy Member (NHS Appointment for Voting Member)	Jenny Alexander
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)	Grant Archibald
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Chief Executive)	Greg Colgan
Dundee City Council (Executive Director of Corporate Services)	Robert Emmott
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Legal Manager)	Kenny McKaig
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke

Dundee City Council (Members' Support)	Elaine Holmes
Dundee City Council (Members' Support)	Sharron Wright
Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Jordan Grant
Dundee Health and Social Care Partnership	Christine Jones
Dundee Health and Social Care Partnership	Kathryn Sharp
Dundee City Council (Communications rep)	Steven Bell
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Gillian Robertson
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Audit Manager)	Anne Marie Machan



At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 26th October, 2022.

Present:-

Members

Role

Ken LYNN (<i>Vice Chairperson</i>)	Nominated by Dundee City Council (Elected Member)
Pat KILPATRICK (<i>Chairperson</i>)	Nominated by Health Board (Non Executive Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Donald McPHERSON	Nominated by Health Board (Non-Executive Member)
Anne BUCHANAN	Nominated by Health Board (Non Executive Member)
Dave BERRY	Chief Finance Officer
Diane McCULLOCH	Chief Social Work Officer
Sarah DICKIE	Registered Nurse
Jim McFARLANE	Trade Union Representative
Dr James COTTON	Registered Medical Practitioner (not providing primary medical services)
Dr David WILSON	NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers)
Christina COOPER	Third Sector Representative
Martyn SLOAN	Person providing Unpaid Care in the area of the local authority
Dr Emma FLETCHER	Director of Public Health
Dr David SHAW	Clinical Director

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

Christine JONES	Dundee Health and Social Care Partnership
Jenny HILL	Dundee Health and Social Care Partnership
Shona HYMAN	Dundee Health and Social Care Partnership
Dr Matthew KENDALL	Dundee Health and Social Care Partnership

Ken LYNN, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Members

Role

Vicky IRONS	Chief Officer
Raymond MARSHALL	Staff Partnership Representative

II DECLARATION OF INTEREST

There were no declarations of interest.

III CHAIRPERSON'S REMARKS

Prior to Pat Kilpatrick taking the Chair Councillor Ken Lynn paid tribute to the achievements made by the Partnership over the period of his Chairmanship and the work undertaken and that he looked forward to working with the incoming Chair. Pat Kilpatrick echoed these sentiments.

IV CHAIRPERSON AND VICE-CHAIR PERSON**(a) CHAIRPERSON**

The Integration Joint Board agreed to note that term of office of 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 NHS Tayside Board had nominated Pat Kilpatrick as Chairperson whereupon Pat Kilpatrick took the Chair.

(b) VICE-CHAIRPERSON

The Integration Joint Board agreed to note that term of office of Vice-Chairperson held by NHS Tayside Board 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 Dundee City Council had nominated Councillor Ken Lynn as Vice-Chairperson.

V PERFORMANCE AND AUDIT COMMITTEE – APPOINTMENT OF MEMBERSHIP AND CHAIR

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. The Terms of Reference were also agreed.

(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 noted the position.

(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 Integration Joint Board agreed that the membership be on the basis of Councillor Lynn, Councillor Tolland, Councillor McHugh and Sam Riddell who was to replace Donald McPherson as a voting member on the Integration Joint Board and that Councillor Lynn be appointed as Chairperson of the Committee.

VI MINUTE OF PREVIOUS MEETING

(a) The minute of meeting of the Integration Joint Board held on 24th August, 2022 was submitted and approved.

(b) ACTION TRACKER

The Action Tracker DIJB80-2022 for meetings of the Integration Joint Board was submitted and noted.

VII PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 28TH SEPTEMBER, 2022

The minute of the previous meeting of the Performance and Audit Committee held on 28th September, 2022 was submitted and noted for information and record purposes.

(b) CHAIR'S ASSURANCE REPORT

There was submitted Report No DIJB81-2022 by Pat Kilpatrick, 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 MANAGEMENT OF DELAYED DISCHARGES

There was submitted Report No DIJB75-2022 by the Chief Officer setting out the actions being undertaken to manage and reduce the numbers of delayed discharges attributed to Dundee Health and Social Care Partnership across hospitals in Tayside. Locally, a RAG matrix had been established which laid out the daily position in relation to delayed discharges and the targets agreed. The current position in relation to complex and standard delays in Dundee was 22 and 33 respectively, totalling 55 with a target of 50 by end of October. In relation to the national Urgent and Unscheduled Care Collaborative, measurement of the Tayside 'Discharge Without Delay' rate was also measured on a weekly basis against a target of 98%. Current performance was 97.7% across Tayside.

The Integration Joint Board agreed:-

- (i) to note the work being undertaken to address delayed discharges;
- (ii) to note the work of the Urgent and Unscheduled Care Board and the associated change projects; and
- (iii) to note performance against the Discharge Without Delay indicators remained high at 97.7%.

IX DUNDEE AND ANGUS STROKE REHABILITATION PATHWAY REVIEW

There was submitted Report No DIJB78-2022 by the Chief Officer, providing the Integration Joint Board with an update of progress made to redesign the Dundee and Angus Stroke Rehabilitation Pathway, previously reported to the Integration Joint Board in report DIJB44-2021 on 25th August 2021. The development of the pathway emphasised the support and commitment to delivering effective, high quality, specialist care within the community setting.

The Integration Joint Board agreed:-

- (i) to note the redesigned service delivery and financial model of the Inpatient Dundee and Angus Stroke Rehabilitation Pathway as outlined in the report;
- (ii) to note the transition of the stroke rehabilitation inpatient beds from Angus to Dundee with establishment of a person centred, stroke specific community rehabilitation pathway which aligned to the national Progressive Stroke Pathway and Tayside patient feedback;
- (iii) to note the decommissioning of Ward 7 Stroke at Stracathro Hospital (10 beds); and
- (iv) to note the developing plans for the community-based model to be brought to the Integration Joint Board in February 2023.

X DUNDEE PRIMARY CARE IMPROVEMENT PLAN UPDATE

There was submitted Report No DIJB77-2022 by the Chief Officer, providing an update on the implementation of the Dundee Primary Care Improvement Plan for 2021/2022 and seeking approval for the continued implementation of the Dundee Primary Care Improvement Plan for 2022/2023.

The Integration Joint Board agreed:-

- (i) to note the progress to implement the Dundee Primary Care Improvement Plan 2021/2022 as detailed in Appendix 1 of the report and the key achievements as detailed in 4.3.3 of the report;
- (ii) to approve the proposed actions for Dundee Health & Social Care Partnership for 2022/2023 as described in Appendix 1 of the report and noted the proposed allocation of funding as detailed in Section 3 of the report;
- (iii) to note the updated funding position from Scottish Government for 2022/2023 and intended use of Reserves during 2022/2023, as detailed in Section 3 of the report;
- (iv) to note that aspects of the Plan were not fully implemented by March 2022, and that practices would receive transitional payments for services they were still delivering;
- (v) to instruct the Chief Officer to issue directions to NHS Tayside to implement the specific actions relevant to them in Appendix 1 of the report;
- (vi) to note the previous agreement to delegate the monitoring of the Dundee allocation of the Primary Care Improvement Fund as noted in Section 4.2 of the report; and
- (vii) to instruct the Chief Officer to provide a further report on progress made in the forthcoming year of delivering the Dundee Primary Care Improvement Plan to a future Integration Joint Board.

XI GENERAL PRACTICE PREMISES STRATEGY

There was submitted Report No DIJB76-2022 by the Chief Finance Officer setting out the position and ambition for GP premises. It identified the priorities, provided criteria on the management and investment in GP property and included recommendations and actions across the next 20 years.

The Integration Joint Board agreed:-

- (i) to approve the Dundee General Practice Premises Strategy as detailed in Appendix 1 of the report;
- (ii) to approve the release of £150,000 of funding from reserves to support the establishment of a premises programme manager post over a 22 month period as detailed in section 4.6.5 of the report; and
- (iii) instruct the Chief Officer to bring back progress reports to the Integration Joint Board on a six monthly basis.

XII CARERS DELIVERY PLAN AND PERFORMANCE FRAMEWORK

There was submitted Report No DIJB72-2022 by the Chief Officer presenting and seeking approval for the Dundee Carer's Strategy Delivery Plan and proposed Performance Framework to the Integration Joint Board.

The Integration Joint Board agreed:-

- (i) to note the Delivery Plan as detailed in Appendix 1 of the report as a working document which would be updated on an ongoing basis in response to newly identified opportunities for improvement and development in line with the agreed Carers Strategy – A Caring Dundee 2; and
- (ii) to approve the Performance Framework as detailed in Appendix 2 of the report which outlined the proposed approach to performance management of services and supports to Carers by Dundee Integration Joint Board.

XIII DUNDEE CITY PLAN 2022/2032

There was submitted Report No DIJB70-2022 by the Chief Officer seeking the Integration Joint Board's endorsement of the Dundee City Plan 2022/2032 following its approval by the Dundee Partnership Management Group on 1st September 2022.

The Integration Joint Board agreed:-

- (i) to note the content of the report;
- (ii) to endorse the Dundee City Plan for 2022/2032, as detailed in Appendix 1 of the report; and
- (iii) to note arrangements that were in place within Dundee Health and Social Care Partnership to support and actively contribute to delivery of priorities and outcomes contained within the Dundee City Plan as detailed in section 4.3 of the report.

XIV STRATEGIC COMMISSIONING PLAN

There was submitted Report No DIJB74-2022 by the Chief Officer updating the Integration Joint Board on the proposed process and timescale for development of a replacement strategic commissioning plan for April 2023 onward, including review of the Board's Equality Outcomes.

The Integration Joint Board agreed:-

- (i) to note the content of the report;
- (ii) to endorse the proposed approach and timeline for development of a replacement strategic plan and Equality Outcomes as detailed in sections 4.2, 4.3 and Appendix 1 of the report;
- (iii) to note the factors that presented a risk to delivery of a replacement strategic commissioning plan that was of a high quality and within the required timescale as detailed in section 4.4 of the report;
- (iv) to instruct the Chief Officer to provide a further update on the progress of work to develop the strategic commissioning plan and Equality Outcomes no later than 31st December 2022; and
- (v) to instruct the Chief Officer to review and update the strategic risk register to reflect the risk identified in section 6 of the report.

XV FINANCIAL MONITORING POSITION AS AT AUGUST 2022

There was submitted Report No DIJB79-2022 by the Chief Finance Officer providing the Integration Joint Board with an update of the projected financial monitoring position for delegated health and social care services for 2022/2023 including an overview of the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the overall projected financial position for delegated services to the 2022/2023 financial year end as at 31st August 2022 as detailed in Appendices 1, 2, and 3 of the report;
- (ii) to note the costs and financial risks associated with Dundee Health and Social Care Partnership's continued response to the COVID-19 crisis as detailed in section 4.5 of the report; and
- (iii) to note that officers within the Health and Social Care Partnership would continue to carefully monitor expenditure throughout the remainder of the financial year.

XVI IMPLEMENTATION OF THE PUBLIC SECTOR EQUALITY DUTY

There was submitted Report No DIJB71-2022 by the Chief Officer informing the Integration Joint Board of the outcome of audit activity undertaken by the Equality and Human Rights Commission with regard to compliance with the Public Sector Equality Duty, actions taken in response to findings and planned improvements to be undertaken.

The Integration Joint Board agreed:-

- (i) to note the content of the report;
- (ii) to note the feedback received from the Equality and Human Rights Commission following their recent Integration Joint Board compliance audit, including concerns regarding the sufficiency of information contained within Integration Joint Board's Integrated Impact Assessments as detailed in section 4.2 of the report;
- (iii) to note the improvements already made to the publication of the Integration Joint Board equality information and, in partnership with Dundee City Council, to the Integrated Impact Assessment process and tools as detailed in section 4.2.2, 4.3.1 and 4.3.3 of the report;
- (iv) to note further planned improvement activity in relation to the completion of Integrated Impact Assessments, including learning and development and quality assurance actions as detailed in section 4.3.5 of the report; and
- (v) to instruct the Chief Officer to submit a further report updating the Integration Joint Board on the progress of improvement actions no later than 28th February 2022.

XVII CATEGORY 1 RESPONDER ACTION PLAN

There was submitted Report No DIJB73-2022 by the Chief Officer providing an overview of recent key developments in the implementation of the Integration Joint Board's duties as a Category 1 Responder under the Civil Contingencies Act 2004, and submitting for approval an Integration Joint Board Category 1 Responder Action Plan.

The Integration Joint Board agreed:-

- (i) to note the content of the report., including progress made in developing arrangements to support the Integration Joint Board to fulfil their duties as Category 1 Responders as detailed in section 4.2 of the report;
- (ii) to approve the Dundee Integration Joint Board Category 1 Responder Action Plan contained within Appendix 1 of the report;

- (iii) to instruct the Chief Finance Officer to update the Integration Joint Board's Strategic Risk Register to reflect the current risk level and mitigating actions as detailed in section 6 of the report; and
- (iv) to instruct the Chief Officer to submit the first Integration Joint Board Category 1 Responder Assurance Report for 2022/2023 to the Integration Joint Board no later than 30th June 2023.

XVIII MEETINGS OF THE INTEGRATION JOINT BOARD 2022 - ATTENDANCES

There was submitted a copy of the Attendance Return DIJB82-2022 for meetings of the Integration Joint Board held to date over 2022.

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

XIX DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Dundee Integration Joint Board would be held remotely on Wednesday 14th December, 2022 at 10.00am.

Pat KILPATRICK, Chairperson.

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ITEM No ...4(b).....

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 26TH OCTOBER 2022

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Original Timeframe	Status	Comment
1.	23/06/21	VII(iv)	LEADERSHIP OF PUBLIC PROTECTION ARRANGEMENTS	Training on Trauma Informed Leadership to be extended to the membership of the Integration Joint Board;	Strategy and Performance Service Manager	30 th July 2021	In progress	Ongoing discussions with Improvement Service. Timescale tied to national developments; recent confirmation that planning is now progressing with a date to be confirmed in early 2023. Links to on-line training have been circulated and recording of briefing provided to DCC elected members shared.
2.	25/8/21	IV (ii)	SUICIDE PREVENTION STRATEGIC UPDATE	to remit to the Chief Officer to submit a report to a future Integration Joint Board meeting regarding the outcomes of the suicide prevention stakeholder event planned for November 2021 as outlined in section 4.3.4 of the report.	Chief Officer	June 2022 (Awaiting external production of report)	Complete	Notes from the 'Suicide prevention is Everyone's Business' event were shared and outputs have informed Tayside wide priorities for action.
3.	25/08/21	IV(iii)	SUICIDE PREVENTION STRATEGIC UPDATE	to remit to the Chief Officer to submit the draft Dundee Suicide Prevention Strategic and Commissioning Plan for approval once this has been refreshed as outlined in section 4.3.5 of the report.	Chief Officer	August 2022	In progress	'Creating Hope Together', Scotland's Suicide Prevention Strategy was published in 2022. This will inform a further draft of a Dundee Suicide Prevention Plan and will be submitted to the IJB once co-produced.
4.	25/08/21	IV(iv)	SUICIDE PREVENTION STRATEGIC UPDATE	to remit to the Chief Officer to submit the draft Tayside Suicide Prevention Action Plan 2021/2024 for approval once this had been finalised as outlined in section 4.3.5 of the report.	Chief Officer	August 2022	In progress	'Creating Hope Together', Scotland's Suicide Prevention Strategy was published in 2022. This will inform an updated version of a Tayside Suicide

								Prevention Action Plan and will be submitted to the IJB once co-produced.
5.	27/10/21	IX(vi)	MENTAL HEALTH AND WELLBEING PLANNING IN LIGHT OF THE IMPACT OF COVID 19 ON CITIZENS IN DUNDEE	to note following enquiry from Councillor Short that the Chief Officer would examine the possibility of briefings being held for the membership of the Integration Joint Board on protected characteristics	Chief Officer	15 th December 2021	In progress	This is being considered as part of improvement work following the report to October 2022 on IJB Public Sector Equality Duty Compliance. An update report including plans for briefing of IJB members is to be provided no later than the end of February 2023.
6.	22/06/22	VII(ii)	COMMUNITY CUSTODY UNIT	to note following enquiry from Donald McPherson on measurement of delivery of service the advice of Diane McCulloch that the Scottish Prison Service would attend a future meeting to further outline the model of delivery.	Chief Officer	December 2022	In progress	Future suitable date to be agreed. Centre now opened.
7.	22/06/22	VIII(vi)	REDUCING HARM ASSOCIATED WITH DRUG USE	to instruct the Chief Officer to submit the replacement strategic framework and delivery plan to the Integration Joint Board following approval by the Dundee Partnership.	Chief Officer	December 2022	In progress	The strategic framework and delivery plan for the ADP is currently being finalised. It is planned that the documents will be submitted to the IJB in February 2023.
8.	24/08/22	VII	QUARTERLY COMPLAINTS PERFORMANCE 1ST QUARTER 2022/2023	Following questions and answers the Integration Joint Board further agreed to note following enquiry from Donald McPherson that at next reporting period further examination would be given to clarification of information provided in relation to complaints received and breakdown of these over the quarters indicated.	Chief Finance Officer	December 2022	In Progress	Further analysis being prepared accordingly
9.	24/08/22	X	COMMUNITY WELLBEING CENTRE UPDATE	Following questions and answers the Integration Joint Board further agreed to note that further information would be given in future reports to show care	Locality Manager	October 2022	Complete	Tender programme is now complete, and provider identified.

				pathways and assurance in terms of governance of the matter. The need for availability of staffing and quality of staff to provide service was also highlighted as a consideration in the tendering process.				Future reports will include desired information
10.	24/08/22	XI	VETERANS FIRST POINT TAYSIDE	Following questions and answers the Integration Joint Board further agreed to note that consideration would be given to arranging a development session on what was provided as wider support for veterans.	Locality Manager	December 2022	In progress	Session to be arranged within schedule for 2023.
11.	24/08/22	XII(iv)	LEARNING DISABILITY STRATEGIC PLAN	to remit the Chief Officer to submit a further report to the Integration Joint Board in December 2022 outlining a Commissioning Plan which would accompany the Strategic Plan.	Locality Manager	December 2022	In progress	Strategic Plan has been formatted and circulated. Work to produce commissioning plan continues, this will be submitted to the IJB once completed.

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At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 23rd November, 2022.

Present:-

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

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

Kara BROWN	Audit Scotland
Jenny HILL	Health and Social Care Partnership
Christine JONES	Health and Social Care Partnership
Matthew KENDALL	Health and Social Care Partnership
Clare LEWIS-ROBERTSON	Health and Social Care partnership
Anne Marie MACHAN	Audit Scotland
Lynne MORMAN	Health and Social Care Partnership
Kathryn SHARP	Health and Social Care Partnership
Lynsey WEBSTER	Health and Social Care Partnership

Ken LYNN, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

There were apologies for absence submitted on behalf of:-

Anne Buchanan	NHS Tayside
James Cotton	NHS Tayside
Raymond Marshall	NHS Tayside

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE

The minute of meeting of the Committee held on 28th September, 2022 was submitted and approved.

(b) ACTION TRACKER

There was submitted the Action Tracker (PAC36-2022) for meetings of the Performance and Audit Committee.

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

IV PERFORMANCE AND AUDIT COMMITTEE MEMBERSHIP AND CHAIRPERSON

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

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

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

There was submitted Report No PAC40-2022 by the Chief Finance Officer presenting the Integration Joint Board's (IJB) Draft Audited Annual Statement of Accounts for the year to 31st March, 2022 for approval, to note the draft external auditors report in relation to these accounts and approve the response to this report.

The Committee agreed:-

- (i) to note the contents of the attached Audit Scotland cover letter (attached as Appendix 1 to the report) and the draft external auditor's report (attached as Appendix 2 to the report) including the completed action plan outlined on pages 28-29 of the report, and in particular that Audit Scotland had indicated they would issue an unqualified audit opinion on the IJB's 2021/2022 Annual Accounts;
- (ii) to endorse the report as the IJB's formal response to the external auditor's report;
- (iii) to instruct the Chief Finance Officer to provide an update on progress of the action plan noted in Appendix 1 of the external auditor's report by February 2023;
- (iv) to approve the attached Audited Annual Accounts (attached as Appendix 3 to the report) for signature and instructed the Chief Finance Officer to return these to the external auditor; and
- (v) to instruct the Chief Finance Officer to arrange for the above Annual Accounts to be published on the Dundee Health & Social Care Partnership website by no later than 30th November, 2022.

Following questions and answers the Committee further agreed:-

- (vi) to record thanks to Anne Marie Machan and her team as this was the final audit that they would carry out for the IJB;
- (vii) to note that further budget development sessions would be arranged by Dave Berry for IJB members; and
- (viii) to note that further information would be issued to IJB members in relation to the Register of Interests.

VI DRUG AND ALCOHOL SERVICES INDICATORS

There was submitted Report No PAC33-2022 by the Chief Finance Officer seeking approval of a proposed suite of indicators summarising performance in Drug and Alcohol Services that would form the basis of future six-monthly performance reports to the Performance and Audit Committee.

The Committee agreed:-

- (i) to note the data presented in the report;
- (ii) to approve the proposed suite of indicators outlined in section 5 and Appendix 1 of the report;
- (iii) to note the intention to further develop the proposed suite of indicators into a full 6-monthly performance report for submission to the Performance and Audit Committee on an ongoing basis, in-line with arrangements already in place for Discharge Management (as outlined in section 5.4 of the report); and
- (iv) to note that work was progressing to develop a proposed suite of indicators for delegated mental health services for presentation to the Performance and Audit Committee at their meeting in February 2023 (as outlined in section 5.5 of the report).

Following questions and answers the Committee further agreed:-

- (v) to note that it was unlikely that mid year data could be provided in relation to drug deaths as the data was controlled by Public Health; and
- (vi) to note that the pandemic may have been a contributing factor in the significant rise in alcohol referrals received.

VII DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX AND STANDARD DELAYS

There was submitted Report No PAC34-2022 by the Chief Finance Officer updating the Performance and Audit Committee on Discharge Management performance in Dundee.

The Committee agreed:-

- (i) to note the current position in relation to complex delays as outlined in section 5 of the report, and in relation to standard delays as outlined in section 6 of the report; and
- (ii) to note the improvement actions planned to respond to areas of pressure as outlined in section 9 of the report.

Following questions and answers the Committee further agreed:-

- (iii) that arrangements would be made to show actual numbers in the charts, where possible, in future reports; and
- (iv) that Lynne Morman would check if the data on the number of patients being discharged without a care package was being tracked.

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

There was submitted Report No PAC31-2022 by the Clinical Director providing assurance regarding matters of Government policy directives and legal requirements. This aligned to the safe, effective and person centred quality ambitions of NHS Scotland.

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

assurance the report provided in regard to clinical and care governance within the Partnership. The timescale for the data within the report was to September, 2022.

The Committee agreed:-

- (i) to note the Exception Report for the Dundee Health & Social Care Partnership Clinical, Care & Professional Governance Group as detailed in Section 4 of the report; and
- (ii) to note that the authors were recommending that the report provided reasonable assurance.

Following questions and answers the Committee further agreed:-

- (iii) that Matthew Kendall would ensure that original data was available for future reports to ensure that better quality charts were produced.

IX QUARTERLY COMPLAINTS PERFORMANCE – 2nd QUARTER 2022/23

There was submitted Report No PAC30-2022 by the Chief Finance Officer summarising the complaints performance for the Health and Social Care Partnership (HSCP) in the first quarter of 2022/2023. The complaints included complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

The Committee agreed:-

- (i) to note the complaints handling performance for health and social work complaints as set out within the report; and
- (ii) to note the work which had been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring and reporting.

Following questions and answers the Committee further agreed:-

- (iii) to note that any GP complaints in the report would only relate to 2C practices.

X DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE

There was submitted Report No PAC32-2022 by the Chief Finance Officer updating the Performance and Audit Committee in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership.

The Committee agreed:-

- (i) to note the content of the Strategic Risk Register Update report;
- (ii) to note the extract from the Strategic Risk register attached at Appendix 1 to the report; and
- (iii) to note the recent work and future work on Pentana Risk Management System noted in Section 7 of the report.

Following questions and answers the Committee further agreed:-

- (iv) to note that consideration was being given to adding a risk around the national power outages; and
- (v) to note that work was continuing to link the Strategic Plan with the Risk Register.

XI ADULT WEIGHT MANAGEMENT

There was submitted Report No 35-2022 by the Chief Finance Officer providing information and assurance regarding access to Adult Weight Management services in Dundee.

The Committee agreed:-

- (i) to note the current service model of the weight management service; and
- (ii) to note the current waiting list and associated improvement plans.

Following questions and answers the Committee further agreed:-

- (iii) to note that an update report would be brought to a future Committee.

XII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC29-2022 by the Chief Finance Officer providing the Performance and Audit Committee with an update on the substantive completion of the previous years' internal audit plans as well as progress against the 2022/2023 plan. The report also included internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs were considered relevant for assurance purposes to Dundee IJB.

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

XIII GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC38-2022 by the Chief Finance Officer providing the Performance and Audit Committee with an update on the progress of the actions set out in the Governance Action Plan.

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

XIV ATTENDANCE LIST

There was submitted Agenda Note PAC37-2022 providing attendance returns for meetings of the Performance and Audit Committee held over 2022.

The Committee agreed to note the position as outlined.

XV DATE OF NEXT MEETING

To be advised.

Ken LYNN, Chairperson.

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ITEM No ...5(b).....



**REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD -
14 DECEMBER 2022**

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

REPORT BY: CHAIR, PERFORMANCE AND AUDIT COMMITTEE

REPORT NO: DIJB93-2022

This assurance report relates to the meeting of the Performance and Audit Committee (PAC) of the 23rd November 2022.

Issues to highlight to the Board

- This was my first meeting back as chair following the change of Chair and Vice Chair with effect from October under the terms of the Integration Scheme. With Pat Kilpatrick becoming Chair of the IJB, it becomes my role to chair the PAC. I welcomed everyone to the meeting and introduced Sam Riddell, to his first meeting following his appointment to the IJB as an NHS Non-Executive rep.
- The IJB's Annual Audited Accounts and Annual External Auditors Report for 2021/22 were introduced by the Chief Finance Officer and Anne Marie Machan of Audit Scotland. The Chief Finance Officer noted this was the final audit this Audit Scotland team would be carrying out as new auditors would be in place for the next audit process and he thanked them for all their support over the last few years. He also thanked the finance team for producing the accounts. In introducing the audit report, Anne Marie also thanked officer from the IJB for their input over the years. The Committee was pleased to see there were no significant issues raised within the accounts or by Audit Scotland on the governance and business of the IJB over 2021/22. The audited accounts were approved for signing and for issue.
- With Drug and Alcohol services being one of the IJB and PAC's main areas of focus, the PAC was presented with a suite of performance indicators to adopt to support service scrutiny. The Committee was supportive of the proposals outlined in the report and by officers. One area of increasing concern noted is the number of alcohol referrals coming through the system and this will be closely monitored.
- The Committee was also presented with a more detailed report on another key issue for the IJB – Delayed Discharges. Performance continues to be impacted on by the legacy of the covid19 pandemic, increase demand for services and the availability of staff however the Committee was advised of a range of improvement actions underway such as the launch of the Dundee Enhanced Care at Home Team which works across a single frailty pathway in a multi-disciplinary way and the opening of an eight bedded step-down unit in Turriff House.
- A further service specific report was provided on the Adult Weight Management services which included information on the performance and waiting times while noting the service challenges. Given Dundee experiences high rates of deprivation and earlier frailty in the population and with the cost of living crisis, links have been made to the increased risk of poor diet and obesity as well as worsening mental health which is why this service is so important. The Committee was pleased to see the improvement plans put in place in respond to these challenges.

- The 2nd quarterly complaints performance report for 2022/23 was provided to the Committee which shows a relatively stable position in relation to the number of complaints received and the closure of complaints within the prescribed timescales. Given the pressures on health and social care services it was positive to see a reduction in the number of complaints received for health services relating to an unacceptable time to wait for an appointment.
- The Clinical Care and Professional Governance Assurance report presented to the Committee provided a reasonable level of assurance of arrangements in place.
- The Committee was presented with an updated Strategic Risk Register which continues to note that clinical staff resources, the Dundee Drug and Alcohol Recovery Service and the National Care Service all continue to be the highest scoring risks on the register despite the mitigating actions set against each one. It was also noted that there was one reduced risk around the IJB as Category 1 Responder following the agreement of the action plan at the IJB meeting of the 26th October.
- The Committee tracked progress of both the Internal Audit Plan and the Governance Action Plan with reports on both of these presented to the meeting.

**Ken Lynn
Chair**

06 November 2022



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
14 DECEMBER 2022

REPORT ON: CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2021-22

REPORT BY: CHIEF SOCIAL WORK OFFICER

REPORT NO: DIJB83-2022

1.0 PURPOSE OF REPORT

1.1 This report brings forward for information the Chief Social Work Officer's Annual Report for 2021-22, attached as appendix 1.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report and the Chief Social Work Officer's Annual Report for 2021-22, attached as appendix 1.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

.1 The requirement that every local authority has a professionally qualified Chief Social Work Officer (CSWO) is set out in Section 5 (i) of the Social Work (Scotland) Act 1968, as amended by Section 45 of the Local Government (Scotland) Act 1994. Associated regulations state that the CSWO should be a qualified Social Worker and registered with the Scottish Social Services Council (SSSC).

4.2 The CSWO provides a strategic and professional leadership role in the delivery of Social Work services, in addition to certain functions conferred by legislation directly on the officer. The overall objective of the role is to ensure the provision of effective, professional advice and guidance to Elected Members and officers in the provision of Social Work and Social Care services.

The Public Bodies (Joint Working) (Scotland) Act 2014 provides for the delegation of certain Social Work functions to an integration authority but the CSWO's responsibilities in relation to local authority Social Work functions continue to apply to services which are being delivered by other bodies under integration arrangements. Responsibility for appointing a CSWO cannot be delegated and must be exercised by the local authority itself. The CSWO also has a role in providing professional advice and guidance to the Integration Joint Board (IJB).

4.3 National guidance requires that the CSWO produces and publishes an annual summary report for local authorities and IJBs on the functions of the CSWO and that the approved report is forwarded to the Scottish Government to contribute towards a national overview of Social Work services. The information in this report complements other more detailed service specific reports on Social Work and Social Care services which have been reported in other ways.

- 4.4 As can be seen in this year's report (attached as Appendix 1), Social Work and Social Care services have continued to deliver quality support which improves lives and protects vulnerable people. Alongside responding to many challenges across the wider public sector and Social Work specific landscape services have continued to both respond to both the direct and indirect impacts of the COVID-19 pandemic.

There are a number of highlights in the report alongside a description of ongoing challenges and priorities ahead. Some specific achievements include:

- The Social Work and Social Care response to the COVID-19 pandemic, including supports to vulnerable people, to carers and to the workforce. Across Children and Families Social Work Services data indicates that patterns of referral and response activity are returning to pre-pandemic levels, with fewer extreme highs and lows of demand. In Community Justice Social Work, the service has responded positively to the increase in court business that took place during 2021/22. In adult health and social care, services continue to be at different stages of remobilisation, with some still impacted by national public health guidance / restrictions and enhanced oversight. During 2021/22 all social care packages that were adjusted due to the COVID-19 response were re-started or adjusted back to normal arrangements. The Council's Learning and Organisational Development Service has continued their leading role in responding to the health and wellbeing needs of the workforce and in supporting reflection and recovery from the pandemic period.
- An ongoing range of self-evaluation activities the findings of which have provided assurance about the quality and impact of services and informed improvement activities. For example, quality assurance work undertaken by Children and Families has demonstrated the availability and impact of effective early help to children, young people and families and the proportionate response to risk across child protection arrangements. Self-assessment exercises were completed to inform both the Joint Inspection of Service for Children and Young People at Risk of Harm and the review undertaken by the Dundee Drugs Commission.
- Social work services had a central role in the Joint Inspection of Services for Children and Young People at Risk of Harm, which provided strong external validation of internal self-assessment findings that identified key strengths in relation to collaborative working, workforce and leadership commitment, and the consistency of high-quality support and relationships with children and families both before and through the pandemic period.
- A diverse range of positive collaborations between Social Work and Social Care services delivered by the Council and Health and Social Care Partnership and commissioned services in the third and independent sectors. This includes partnership working in relation to the development of A Caring Dundee 2 (Dundee's Carers Strategy) and linked investment in services, work across the Dundee Partnership to design and deliver the Community Wellbeing Centre and to progress improvements in drug and alcohol services, such as expanded Naloxone distribution. Partnership work was also central to the opening of the Bella Community Custody Unit, the response to Unaccompanied Asylum Seeking Children and people displaced from Ukraine.
- The continued development and implementation of a range of learning and development activities to support the Social Work and Social Care workforce to undertake reflective practice, continuous learning and improvements and provide opportunities to develop leadership skills, enhance professional qualifications and undertake protection duties.
- Positive performance across a range of statutory Social Work functions includes:
 - In Children's Services, the overall number of care experienced children and young people has reduced significantly, and the service has continued to see high levels of engagement with care experienced young people via throughcare and aftercare supports. The length of time children were supported on the Child Protection

Register returned to pre-pandemic levels, as did the number of Child Protection Orders granted.

- In Community Justice Social work, the successful completion rate of Community Payback Orders returned to be above the national average. The number of hours of Unpaid Work imposed by the courts more than doubled in comparison with 2020/21, with many Unpaid Work projects benefiting schools and communities.
- In the Health and Social Care Partnership, although the ongoing impact of the pandemic led to a deterioration in performance against some national indicators for delayed discharge, across the whole year 98% of hospital discharges in Dundee were not associated with a delay. The number of emergency bed days, including those for mental health admissions, continued to reduce from previous years and the Partnership performed well in the Health and Social Care Experience Survey questions related to independent living, having a say in how care is provided and overall quality of care.

4.5 Ongoing challenges facing Social Work and Social Care services throughout 2021/22 included the continued impact of the pandemic on service delivery arrangements, workforce wellbeing and the needs of citizens. Retention and recruitment challenges have emerged as a significant risk, including within commissioned services. These are challenges that are shared nationally and there has been a focus both locally and nationally on risk mitigation. For example, during the year there was a focus on investing in the young workforce, reviewing recruitment approaches and developing approaches to succession planning. In common with other public services, Social Work and Social Care were challenged by financial pressures, although additional funding made available to meet the costs of responding to the pandemic provided some assistance with this.

4.6 The 2021/22 annual report is also forward looking and identifies the key challenges and opportunities for the coming year across Children's Services, Community Justice and Health and Social Care. The report identified the following improvement priorities to be progressed by Social Work and Social Care services during 2022/23:

- **PARTICIPATE** in the co-design process for the National Care Service, reflecting local knowledge and experience.
- **DEVELOP** enhanced ways to co-produce services and supports to ensure that we remain person-centred and responsive to local communities.
- **SUPPORT** our social work and social care workforce to recover from the impact of the pandemic and to maintain good health and wellbeing.
- **ENHANCE** our focus on prevention of risk and harm by working collaboratively across the whole GIRFEC pathway for children and young people.
- **FOCUS** on the continued implementation of Our Promise to Care Experienced Children, Young People and Care Leavers 2019-2023.
- **FURTHER** progress recovery of Community Justice Services as part of a whole systems remobilisation of community justice services across Scotland.
- **CONTINUE** to focus on driving forward improvements in mental health and wellbeing and drug and alcohol services through collaborative working, including working with people with lived experience to fully implement existing action plans and consider any emerging challenges.
- **CONTINUE** work to further roll out our approach to trauma informed practice and leadership and to enhance whole family approaches to protecting people.

- **ACCELERATE** work to embed personalised approaches across all service areas, including specific work to enhance our approach to outcome-based assessment and supporting people to access Self-Directed Support.
- **CONTINUE** to work with partners across the whole health and social care system, including acute care services, to achieve an unscheduled care response that delivers the right care, in the right place, at the right time, first time.
- **REFRESH** the Chief Social Work Officer Governance Framework to ensure that post-pandemic it continues to support proportionate oversight, reporting and continuous improvement in social care and social work services.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

- 9.1 The Role of the Chief Social Work Officer – Scottish Government Publication July 2016. Guidance for local authorities and partnerships to which local authorities have delegated Social Work functions.

Diane McCulloch
Chief Social Work Officer

DATE: 9 November 2022

Kathryn Sharp
Service Manager, Strategy and Performance

Alison Leuchars
Senior Service Manager, Children and Families Service, Dundee City
Council

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Dundee City Council

Chief Social Work Officer
Annual Report

2021-22





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1 Introduction

My last annual report had a clear focus on the outstanding role that social care and social work services and professionals had played in responding to the COVID-19 pandemic. I am pleased to say that in reporting on activity over the last 12 months (from April 2021 to March 2022) that, despite the ongoing impact of the pandemic on the population of Dundee, we have also started to see indicators of recovery across social work and social care services.

Across Children and Families Social Work Services, including our Social Work Out-of-Hours Service, our data indicates that patterns of referral and response activity are returning to pre-pandemic levels, with fewer extreme highs and lows of demand. I am assured by quality assurance activity across the service that has evidenced the availability and impact of effective early help available to children, young people and families and of proportionate responses across our child protection arrangements. There has also been a positive reduction in the number of children and young people experiencing care, either at home or in alternative settings. The new Kinship Team has been an invaluable new resource, providing ongoing support for kinship carers of over 400 children and young people. The service has also continued to see high levels of engagement from care experienced young people with throughcare and aftercare supports.

Social work services had a central role in a Joint Inspection of Services for Children and Young People at Risk of Harm carried out last year by the Care Inspectorate and their scrutiny partners. This provided strong external validation of our own self-assessment findings that identified key strengths in relation to collaborative multi-agency working, workforce and leadership commitment and the consistency of high-quality support and relationships with at risk children and families both before and throughout the pandemic period.

In Community Justice Social Work, the service has responded positively to the increase in court business that took place during 2021/22. The proportion of people completing Community Payback Orders remained in-line with the national average position. The number of hours of Unpaid Work imposed by the courts more than doubled in comparison with 2020/21, with many Unpaid Work projects benefiting local schools and communities. Partners celebrated the opening of the Bella Community Custody Unit, demonstrating their commitment to supporting reform in the criminal justice system response to vulnerable women.

Across adult health and social care services a focus remained on reducing unscheduled care and tackling health inequalities. Although the ongoing impact of the pandemic led to a deterioration in performance against some national indicators for delayed discharge, across the whole year 98% of hospital discharges in Dundee were not associated with a delay. The number of emergency bed days, including those for mental health admissions, continued to reduce from previous years. These positive developments reflect the continued remobilisation of social care services and supports and a focus on enhanced capacity in services supporting independent living. Some progress continued to be made in supporting the uptake of Self-Directed Support, with the Health and Social Care Experience Survey evidencing good performance in Dundee in relation to indicators related to support for independent living, having a say in how Care is provided and organised, and the overall quality of care provided.

The Dundee Carers Partnership played a crucial role during 2021/22 in recognising and responding to the needs of unpaid carers. A commitment to engagement and co-production supported the development and publication of A Caring Dundee 2 and agreements regarding the investment of over £1 million of additional resources to support the implementation of priorities from this strategic plan.

In mental health and drug and alcohol services there was continued progress in supporting recovery orientated systems of care and support. Work began on the design and delivery of a city centre Community Wellbeing Centre for those experiencing mental health distress, the Non-Fatal Overdose Team won a COSLA Excellence Award and positive progress was made in enhancing assertive outreach activity as well as in the distribution of Naloxone. In adult support and protection progress was made in supporting a range of partners to appropriately identify and refer adults at risk, with Health and Fire and Rescue Services making particular progress.

Across all social work and social care services there has been a continued commitment to reflective practice, continuous learning and improvement. In protecting people work has been undertaken to modernise case review processes and focus on the dissemination and implementation of learning. The Council's Learning and Organisational Development Service has also worked closely with social work and social care services to support improvement activities, offering opportunities to the workforce to further develop their leadership skills, enhance professional qualifications and undertake protection duties. This service has also had a leading role in responding to the health and wellbeing needs of the workforce and in supporting reflection and recovery from the pandemic period.

Although much has been achieved during the last year, 2021/22 has been a very complex and challenging year for all social work and social care services. Services continue to be at different stages remobilisation, with some still impacted by national public health guidance / restrictions and enhanced oversight whilst others have made significant progress towards recovery. Workforce wellbeing and recruitment and retention challenges that have emerged during the pandemic have been a significant risk across all social work and social care services, including commissioned services. These challenges are shared nationally and social work leaders from Dundee have been engaged in activities through national networks to learn from best practice and develop innovative responses.

In my last report, I reflected that the impact of the pandemic on Dundee citizens has been significant and has compounded existing inequalities and adversities within the city; this year's annual report again emphasises the positive contribution social work and social care services have made to mitigating this impact. As with the rest of Scotland, we continue to face challenges in both our recruitment and retention of our workforce and this will be a priority for us going forward. As we move out of the of the pandemic period, we will take significant and invaluable learning with us, which will continue to shape our delivery models, our approach to staff support and development and our vision for future collaborative service delivery within our wider partnership.

Finally, I would like to express my gratitude and pride in our staff working in social work and social care services across all of Dundee. Their commitment to delivering exceptional, person centred care and support, against what has continued to be both professionally and challenging times, has to be recognised. To do this, while continuing to listen to the voices of those we work with, for and alongside is commendable. I am confident that as we progress towards further change with the introduction of the National Care Service, that the values which are present across our workforce, will continue to be the driving force for change at a local level.

Diane McCulloch
Chief Social Work Officer



2 Governance and Accountability Arrangements

The Role of the CSWO

The role of the Chief Social Work Officer (CSWO) is outlined in Section 5 (1) of the Social Work (Scotland) Act 1968, as amended by Section 45 of the Local Government (Scotland) Act 1994. The role is undertaken by the most senior registered Social Work manager and has responsibilities to promote leadership, standards and accountability for all Social Work services, including commissioned services. Statutory guidance outlines requirements of the CSWO to:

- Report to Elected Members and the Chief Executive any significant, serious or immediate risks or concerns arising from his or her statutory responsibilities.
- Provide appropriate professional advice in the discharge of the Local Authorities functions as outlined in legislation, including where Social Work services are commissioned.
- Assist Local Authorities and their partners to understand the complexities and cross-cutting nature of Social Work, including corporate parenting and public protection.
- Promote the values and standards of professional Social Work, including all relevant National Standards and Guidance and adherence to Scottish Social Services Council Codes of Practice.
- Establish a Practice Governance Group or link with relevant Clinical and Care Governance Arrangements designed to support and advise managers in maintaining high standards.
- Promote continuous improvement and identify and address areas of weak and poor practice in Social Work services, including learning from critical incidents and significant case reviews.
- Workforce planning, including the provision of practice learning experiences for students, safe recruitment practice, continuous learning and managing poor performance.
- Make decisions relating to the placement of children in secure accommodation and other services relating to the curtailment of individual freedom.
- In co-operation with other agencies, ensure on behalf of the Local Authority that joint arrangements are in place for the assessment and risk management of certain offenders who present a risk of harm to others.

In Dundee, the role of CSWO currently lies with the Head of Service for Health and Community Care (within the Dundee Health and Social Care Partnership). The Head of Service for Integrated Children's Services and Community Justice Social Work undertakes a deputising role as required. The CSWO Governance Framework sets out the ways in which they will discharge the requirements of the role and provide assurances to Elected Members throughout the year.

Overview of Governance Arrangements

The CSWO has direct access to Elected Members, the Chief Executive, Chief Officer of the Integration Joint Board, Executive Directors, Heads of Service, managers and front-line practitioners both within the Council and Health and Social Care Partnership, and with partner agencies in relation to professional Social Work issues. They attend a broad range of Council and Health and Social Care Partnership leadership and strategic partnership meetings with varying terms of reference as follows:

- Reporting to the Chief Officer of the Integration Joint Board (IJB) and regular meetings with the Chief Executive.
- Member of the Integration Joint Board and IJB Performance and Audit Committee.
- Member of the Tayside Clinical Care Professional Governance Forum, alongside CSWOs from Angus and Perth and Kinross.

- Member of Executive Boards which oversee the implementation of local community planning priorities (shared between the CSWO and their depute).
- Member of the Adult Support and Protection (ASP) Committee, providing advice on Social Work matters relating to vulnerable adults.
- Member of the Alcohol and Drug Partnership (ADP), providing advice on Social Work matters relating to substance misuse.
- Member of the Child Protection Committee (CPC), providing advice on Social Work matters relating to children and young people at risk of harm.
- Member of the Dundee Violence Against women Partnership (DVAWP), providing advice on Social work matters.
- Member of the Chief Officer Group for Protecting People, contributing leadership and oversight on all public protection matters.
- Links to the Tayside Strategic Children and Young People Collaborative through the Depute CSWO.

In addition, the CSWO has provided professional advice to a range of enhanced governance and planning arrangements during the pandemic including Dundee City Council Incident Management Team, the Clinical Care Home Oversight Group and Local Resilience Partnership (particularly in relation to Care for People matters).

The CSWO is also supported by a CSWO Governance Group which brings together the Senior Officers (or their representatives) with responsibilities for all Social Work functions across the city, alongside supporting officers. Their main function is to support the CSWO to discharge their statutory duties and to develop, maintain and oversee the implementation of the Dundee City Council Chief Social Work Governance Framework. In 2018, the Group supported the CSWO to develop a Governance Framework that explicitly described the arrangements in place to support and enable the CSWO to carry out their role effectively. This included:

- Professional advice including where services are commissioned;
- Assisting partners to understand the complexities of Social Work;
- Values and standards of Social Work;
- Practice governance;
- Continuous improvement;
- Supporting evidence informed decision making;
- Workforce planning, learning and recruitment;
- Making decisions relating to the curtailment of individual freedom;
- Assessment and management of certain offenders who present a risk of harm; and,
- Reporting significant serious or immediate risks.

Following the pandemic, it has been recognised that there is a need to refresh the framework to reflect changes in approach and learning since March 2020. Some early work has begun, which requires to be completed during 2022/23 to further contribute towards proportionate oversight, reporting and continuous improvement going forwards.

3 Service Quality and Performance

3.1 Overview of Key Performance Information and Service Improvements

Children's Services

Following approval by Elected Members of Our Promise to Care Experienced Children, Young People and Care Leavers 2021-23 in June 2021, developments and trends during the last 12 months of post-pandemic recovery show a return to more “normal” business with fewer extreme highs or lows. Upon publication of the plan, the Independent Care Review noted that the Council and partners are very much ‘on the journey’ in implementing The Promise.

- The length of time children were supported on the Child Protection Register (CPR) returned to pre-pandemic level, with 95% de-registered after less than 12 months (the same as 2019-20 and higher than 2020-21 when it was 84%). During the pandemic, children had been on the CPR longer to retain oversight of risks during the more challenging circumstances. The increase in the proportion de-registered within 12 months indicates that support was effective in keeping children safe from harm.
- The number of Child Protection Orders (CPOs) remains relatively high at 36 but again is the same as 2019-20 and lower than the height of the pandemic in 2020-21 (when it was 44). Regular updates are provided to the Child Protection Committee on the number of CPOs and quality assurance activity has confirmed that they have all been a proportionate response to the nature and level of immediate risk, whilst emphasising the importance of continuing to work with partners to strengthen preventative support.
- The number of children experiencing care at home or away from home has reduced from around 480 in 2020 and 2021 to 435 in 2022. This corresponds with the development of wider preventative support developed in partnership with other services, including the Third Sector. However, it is also subject to several nuances within this cohort of care experienced children and young people, such as the number at home with parents reducing; the numbers in kinship care increasing; and limited changes to the numbers in internal and external foster care.
- School Attendance for care experienced pupils has also returned to pre-pandemic levels with 87.7% attendance in 2021-22 compared with 87.6% in 2018-19 (academic years). Compared to the average of all pupils (88.8%) the gap has narrowed. For children and young people in foster care attendance is on average better than for their peers. Going forwards, the service is focused on further improvements as a key priority, with a recent Zero-based Design project leading to the implementation of 10 further improvement actions.
- There are currently 144 young people receiving aftercare support from the Throughcare and Aftercare Team (very close to last year’s 148), including 28 in Continuing Care. This equates to 79% of all young people eligible (young people are under no obligation to continue receiving support from the team) and compares well to the national rate of 67%. It reflects the very high levels of support provided by the team during the pandemic, when face-to-face contact levels with care leavers were consistently much higher than the national average.

JOINT INSPECTION OF SERVICES FOR CHILDREN AND YOUNG PEOPLE AT RISK OF HARM

The Council's Children and Families Social Work service was one of the core agencies praised by Inspectors in their recent "Joint Inspection of Services for Children at Risk of Harm", which was published in January 2022. The Inspectors reviewed 60 files relating to vulnerable children, all of whom had been supported by Children's Social Work teams. In addition, they also undertook various other scrutiny activities, including staff focus groups, staff surveys, consideration of our supporting quality assurance evidence and interviews with Chief Officers. Much of the supporting evidence was provided by Social Work and other Council staff.

The overall finding of the Joint Inspection related to the impact of support and concluded that services were "Good", meaning that strengths clearly outweigh areas for improvement. In their conclusions they noted the strong culture of collaborative working throughout Dundee, with partners demonstrating that they can work together to make improvements to services. They also noted the commitment of staff and senior leaders to improve supports for children, young people and their families. Levels of support were seen to be consistent before and during the pandemic and relationships between families and staff were seen as overwhelmingly positive.

The inspection team also commented on significant investment in Children's Social Work improvement activity and concluded that capacity for further improvement was good. They identified 4 areas for improvement in support for older young people at risk of harm; accessibility of supports for children and young people with mental and emotional wellbeing needs; participation of children, young people, parents and carers in child protection processes and service planning; and measurement of outcomes and impacts. As a key member of the Child Protection Committee, the service is progressing these in partnership with other services.

TRANSFORMING PUBLIC PROTECTION AUDITS

The Transforming Public Protection audits, which focus on the quality of chronologies, assessments, plans and support, have now been completed over several cycles and are fully embedded as normal practice. The audits are undertaken by pairs of managers in the service focussing on key areas of practice and development to ensure appropriate service provision. Reports are completed on a quarterly basis highlighting themes and trends across these key areas.

It was reassuring to note that the strengths and areas for improvement identified in these internal audits were consistent with those of the Joint Inspection team. Considerable progress has been made in the quality of assessments and the workforce reported that they felt confident in this area. Whilst chronologies and plans were also improving, there was a shared recognition that they could improve further alongside an acknowledgement that systems are now in place to make progress here as well.

REVIEW OF ADOLESCENT SERVICE

The Joint Inspection similarly reinforced concerns identified through internal self-evaluation and the findings of Initial and Significant Case Reviews in relation to older young people aged 13-17 years. Whilst a number of improvement actions were already being progressed, it cemented a partnership commitment to review multi-agency support. The Children's Social Work service has therefore since coordinated a collaborative review of approaches, which has highlighted a requirement to:

- reduce the number of case handover points;
- maximise available resources within and between services;
- target services to a high priority group of vulnerable young people;
- develop consistent multi-agency approaches towards thresholds and proportionate support; and,
- continue to develop highly skilled workforce, using a co-located/integrated model as far as possible
- promote improved outcomes for young people and young adults including employability.

Proposals to deliver adolescent services within the context of an “integrated young people’s service”, with a core remit of “Young People at Risk of Harm” aged 14-21 years are being progressed through relevant channels with oversight from both the Children and Young People Executive Board and the Child Protection Committee.

ADOLESCENT MULTI-AGENCY SENIOR MANAGER OVERSIGHT MEETING

As a more immediate measure in response to case review findings and the areas for improvement confirmed in the Joint Inspection, Children’s Social Work has coordinated high-level meetings on the ‘critical few’ young people considered by partners to present high risks of significant harm to themselves and/or others. This work has been particularly important in the post-pandemic period and includes a focus on young people in or at risk of entering secure care. It has proved to be extremely effective in the risk assessment and care planning of some of our most vulnerable young people.

DOMESTIC ABUSE TEST OF CHANGE

As over 50% of children on the Child Protection Register have experienced domestic abuse, the service is piloting a domestic abuse test of change. This involves a dedicated Team Manager appointed to lead on workforce capacity building in the field of Domestic Abuse, in order to enhance the service’s ability to respond effectively to both perpetrators and victims. The post has initially focused on consistent cascading of the Safe and Together model, specialist risk assessment training, improvement to multi-agency risk management processes and full alignment with wider perpetrator programmes and victim support initiatives being progressed across the city.

PAUSE

During 2021-22, we have continued to fund the Pause programme. Pause is run in Dundee by Tayside Council on Alcohol (TCA) and works with women who had had 2 or more children removed from their care for reasons relating to the presence of significant risks to the child. The model of intervention involves an 18-month intensive support programme with each woman to build relationships and help tackle the various issues that had impacted on their lives. The programme has continued to intensively support 21 women throughout 2021-22, with a total of 55 women having now been supported in some way via the Pause programme since its inception in 2019.

PREVENT MULTI-AGENCY PANEL (PMAP)

PMAP is underpinned by UK legislation, the Counter Terrorism and Security Act 2015, in particular and other elements of legislation have a significant impact on PMAP delivery. The first Scottish PMAP duty guidance was published in February 2021 and sets out a comprehensive framework for PMAP delivery. In Dundee we have developed systems and processes to ensure we are well positioned to respond as and when required.

DEVELOPMENT OF A KINSHIP CARE TEAM

A dedicated team has been established to provide targeted support to kinship carers. These include not only carers currently caring for 105 children and young people but also those carers with whom an additional 300 children are living with but are no longer on statutory orders or require direct social work support. Research shows that children who are unable to remain with their birth parents, benefit greatly when cared for by a family member or a close family friend.

This team therefore has a clear focus on all aspects of care-planning related to carers and children’s journeys, including assessment; preparation; training; and ongoing support. This team are working in partnership with TCA Kith n Kin Kinship family service through a co-location model and with a focus on enhancing and developing the role of a Kinship Hub. There is a particular focus on separation, loss and other forms of trauma across the extended family, including the impact of substance use.

CHILDREN WITH DISABILITIES

The conversion of Gillburn House from a short-break facility accessed by around 17 families progressed well, with the house presently caring for 4 young people who were at risk of or returned from external residential care. Whilst alternative short-breaks were disrupted during the pandemic, which had a particular impact of children with disabilities due to their increased vulnerability, home based support was provided and community-based support for around 140 families has now also resumed. For children with a disability at risk of harm, a dedicated team coordinates support.

SECURE CARE

Six young people required support in secure care during the reporting period which is the same as 2020/21. We have undertaken an internal audit of all secure care cases in order to apply best practice and Tayside Regional Improvement Collaborative (TRIC) partners are presently finalising a self-evaluation against the new national Secure Care Standards. These have been developed with the close involvement of young people with experience of secure care and place emphasis on the importance of pro-active engagement with at risk young people, including proper notification and explanation of these highly intrusive decisions.

Going forwards, other national and local activity in relation to secure care involves participation in a national Care Inspectorate Thematic Review of the secure care pathway. We have submitted details of 7 young people for possible deeper dive by inspectors, with five of these having been in secure care at some point between March and July 2022 and two where secure care had been considered. The thematic review will last for a year into summer 2023 and the findings will inform further developments both nationally and locally.

PERMANENT ALTERNATIVE CARE AND ADOPTION

In respect of care experienced children and young people who cannot return to their birth parents/ carers and require permanent alternative care or adoption, there was an increase from 14 to 22 new Permanence Orders in 2021-22, 10 of which included authority to adopt. This is again a return to pre-pandemic levels and is associated with the Children's Hearings returning to normal business and able to make decisions on more cases. In total, 110 children and young people were on Permanence Orders on 31st March 2021. It represents 27% of all care experienced children and young people.

PERMANENCE AND CARE EXCELLENCE (PACE)

To promote appropriate and timely decision making in relation to care experienced children and young people, the PACE project continues into the fourth year with the focus of 2022-23 being the improvement of timescales for obtaining Court Orders to secure children in their permanent homes. The timescales for undertaking rehabilitation assessments has been maintained at over 80% meeting timescales despite the pandemic. The project has now been extended to children who are placed in kinship care with improvement work being undertaken alongside the development of the new Kinship Care Team.

UNACCOMPANIED ASSYLUM SEEKING CHILDREN (UASC)/UKRAINE RESPONSE

In response to the National Transfer Scheme (NTS), a working group involving key partners from the Council, NHS Tayside, Further and Higher Education and the Third Sector was established to plan and coordinate a local approach. Building on the experience gained through the resettlement and integration of foreign nationals arriving in the city through different processes, the group is now well established and has extended its remit to include oversight of the response to the conflict in Ukraine.

In this context, Dundee was well positioned to take the first slot on the new NTS rota in October 2021. Since then, we have welcomed 6 young people through the scheme and accommodated another 2 young people over and above our requirement in order to assist other local authorities. We have also supported another young person who arrived through the spontaneous arrival route.

As all the young people are classed as being supported by the care system, they are allocated a case responsible Social Worker to coordinate their assessment and support. As this represents a significant additional requirement, a dedicated Social Worker and Support Worker model is currently being progressed to support individual young people and continue to strengthen the Council response to UASC overall.

Regarding our wider humanitarian support activities based around our temporary hotel accommodation for families, we are cognisant of the need to support and protect all children and young people, including those who are accompanied. If additional need is identified, staff will follow established processes. We are also developing opportunities for these children and young people, with a member of staff dedicating time to developing a programme of activities which reflect their needs.

The service has also worked in partnership with colleagues from the Health and Social Care Partnership to develop a protocol which outlines arrangements for host families receiving Ukrainian children, young people and parents/carers into their homes. There is also a requirement for a home visit to any prospective host family to ensure the accommodation is suitable and an Enhanced Disclosure screening process for host families. A protocol has been put in place to follow up any concerns or issues arising out of this assessment process.

Following their arrival, to ensure that prospective host families can provide a safe and supportive home for refugees, the service is providing further assistance, including access to appropriate services. Equally, support is available to intervene in the event of any concerns which arise once the refugee has been placed with the host family.

SERVICES FOR CHILDREN, FAMILIES AND VULNERABLE ADULTS IN THE EVENING AND AT WEEKENDS

The social work Out of Hours Service (OOHS) continued to be provided for both Angus and Dundee, with a primary function of providing an immediate social work response to vulnerable children, young people and adults who are in crisis. The service is provided within all relevant statutory, regulatory and policy frameworks. Referrals generally relate to urgent child welfare and protection or adult support and protection concerns; Mental Health Officer attendance requests; information requests and requests for advice or guidance. The service prioritised circumstances where children or adults are reported to be at risk of imminent harm and provision over the past year has included:

- Organising the implementation of care at home services for vulnerable adults.
- Sourcing and supporting the provision of respite care for adults unable to remain at home.
- Implementing and supporting safety plans to allow families to remain at home together.
- Providing guidance and support to stakeholders such as Police, Health and Third Sector.
- Providing financial assistance and support to vulnerable adults and families.
- Providing evening and weekend support to unaccompanied asylum-seeking children.

Whilst the priority of the service is to provide a crisis response, the service also routinely supports the work of daytime staff by undertaking evening/weekend visits to families already receiving support from social work services. This improves the level of support that is provided to service users and ensures that any safeguarding issues are dealt with immediately. During the year to March 2022, the total number of visits to vulnerable service users was 1255, which was a 26% increase on the previous year but is more in line with typical pre-pandemic annual visit numbers.

Community Justice

Partners continue to develop a range of interventions across the criminal justice system in order to ensure that timely, proportionate and effective responses can be delivered. At the start of the system in terms of the involvement of the Community Justice Service, when comparing the first 5 months of 2021 and 2022 the number of people referred by the Crown Office Procurator Fiscal Service (COPFS) for a Diversion from Prosecution scheme has increased from 69 to 75. Diversion cases were managed according to the same risk and need criteria as Orders made in Court, with an agreed level of face-to-face contact.

In relation to Court business, Community Justice Social Work Reports and sentencing decisions:

- In relation to Court Reports, there was a total of 252 recommendations for Community Payback Orders (CPOs), a 37% increase on the previous year. Specifically, CPOs with Unpaid Work and no supervision requirement increased the most, with a rise of 61% on last year. This reflects both an increase in Court business and the greater capacity of the service to supervise a higher number of Unpaid Work Orders as public health requirements continued to relax
- A total of 353 Community Payback Orders (CPOs) were imposed, up from 204 in 2020-21 though still below a high of 532 in 2019-20. Overall, 72% of all Community Payback Orders were successfully completed in 2021-22. This is a 5% decrease on the previous year's figure of 77% but remains an increase from 68% in 2019-20. The national average CPO completion rate has consistently been around 70% over the last 10 years.
- A total of 30,591 unpaid work hours were imposed by Courts in 2021-22, compared with 14,461 in 2020-21. From October 2022, pre-pandemic national timescales for the completion of UPW hours will also return.
- In respect of Drug Treatment and Testing Orders and a CPO with a Drug Treatment requirement, the Court imposed 16 Orders compared with 9 the year before. However, given the profile of often acquisitive substance use related offences this appears to remain relatively low and joint work between the co-located Social Work and NHS Tayside staff at Friarfield House on thresholds for statutory intervention is taking place
- As of 31 March 2022, there were 139 Registered Sex Offenders subject to statutory supervision in the community under Multi Agency Public Protection Arrangements (MAPPA) across Tayside, 52 of whom reside in Dundee.
- There were 7 new Supervised Released Orders (SROs), a reduction from 12 in the two previous years. These orders are imposed for prison sentences of less than 4 years where the person is deemed to require supervision on release
- There were 150 people serving prison sentences of more than 4 years who will be subject to statutory supervision on release, compared with 151 people the year before. The service coordinates throughcare whilst individuals are in prison and on their return to the community. This represents a volume of cases not impacted by the reduction in court business. A high level of monitoring and prioritised service delivery was required to manage and support people released on licence.
- Dundee continues to implement the Whole System Approach, with Adolescent Team workers and Community Justice workers undertaking 16-17-year-old Diversion and compiling court reports for all young people (including those who are care experienced). Two custodial sentences were issued to people aged between 16 and 20 years during 2021/22, compared to four the previous year.

The service continued to receive consistently positive feedback from both the individuals carrying out Unpaid Work and from the recipients. In 2021/22 the Unpaid Work Team carried out work across the City supporting vulnerable groups, community projects and schools. The team was busy constructing raised beds and planters in various locations (Sheltered Housing Complexes, Schools and other Community Areas) for the growing of produce that will benefit those living in the local communities. Other work included the continued support for a local charity shop in removing items they are unable to sell; designing and constructing a chicken run for a local School; painting the perimeter fence at a Day Centre; creating a seating area at a nearby Community Centre; painting play equipment at play parks across the entire city; assisting local allotment associations; regular grass cutting for vulnerable residents; assisting a local charity to move premises while disposing of items they were unable to take; making movable storage boxes for a primary school; helping a local community garden replace existing raised beds with more sustainable beds. The Team also continued with litter picking across various locations.

COMMUNITY CUSTODY UNIT

The Bella Community Custody Unit (CCU) is now open and currently has 8 women in residence, with one recently released on Home Detention Curfew. Two part-time social workers have been employed to provide Prison Based Social Work support for the women.

Initial considerations for the population of the CCU environment worked on the principle that the female population in custody largely consisted of short-term offenders convicted for less serious sentences – public disorder; petty theft and crimes of dishonesty.

However, robust analysis of this data by the Scottish Prison Service identified that 40% of the female prison population were either untried or awaiting sentence; with 31% being Life sentence, life recall or Long-Term Prisoners. This means that only about one third of the current female population in custody are short term – and of that only 17% met the CCU criteria of having minimum 3 months to serve. The Scottish Prison Service are therefore reviewing the criteria for entry into the Bella CCU.

There is ongoing engagement between partner agencies, 3rd sector and voluntary organisations to establish a wide range of support and contacts for the women within the Bella Centre. There have been many visitors to the centre and feedback has been very positive. The women are enjoying their new environment and want to become fully embedded in the local community. Feedback from visitors, staff and women at the centre has been extremely positive.

Adult Health and Social Care Services

In adult health and social care performance has continued to be monitored and scrutinised on a quarterly basis. A number of performance indicators relate to processes and pathways that continue to be affected by the pandemic and therefore caution continues to be applied when undertaking analysis. Throughout the year, as well as monitoring performance across key indicators, we have continued to work across our services to better understanding poor performance against national indicators, particularly those for falls, readmissions and gradings achieved in Care Inspectorate inspections of social care and social work services. This has included further analysis of local data and benchmarking against other Partnerships in Scotland. We have also focused on better understanding national indicators as a single measure in a wider system of health and social care and identifying other measures that might better demonstrate changes in performance and quality.

- In Dundee life expectancy is 74 years for males and 79 for females, whereas in Scotland as a whole it is 77 years for males and 81 for females. Dundee has the second lowest life expectancy in Scotland for males and fifth lowest for females. Life expectancy varies substantially by the level of deprivation in the geographical area of the population and the occurrence of health conditions and disability.

COMMUNITY HEALTH INEQUALITIES

The Partnership's Community Health Inequalities Social Prescribing Service has been responding to increased demand associated with the cost of living crisis. Nursing teams have focused on using their learning from the pandemic to change and improve services, particularly to help them to address unmet health and wellbeing needs including services and support for people who are homeless. Referrals to the Sources or Support Social Prescribing service have seen a steady increase (844 referrals across 4 cluster areas) following pandemic remobilisation, offering a blended approach to patient consultations. Eight link workers and two support workers take referrals from health professionals in a primary care / GP setting for patients with poor mental health and wellbeing affected by their social circumstances. Link workers support patients to access services, activities and organisations that can help tackle the causes and consequences of their distress.

- Locally there has been improved performance in the length of time people spend in hospital when they have been admitted in an emergency. There has been a year on year reduction in the rate from 2015 (142,784) to 2020 (98,945) with the pace of reduction increasing during the years when there were COVID-19 emergency measures. The rate increased slightly to 105,538 during 2021 as hospitals became more accessible again.
- We have reduced the number of nights people are admitted to hospital due to their mental health, by 9,934 since 2015/16. This is a 22% reduction.
- In 21/22 Dundee was the 13th poorest performing Partnership in Scotland in relation to the number of hospital bed days taken up by people who had a delayed discharge who were aged 75 and over. Lost bed days are counted from the day the patient was assessed as medically fit to return home to the date they were discharged. In 21/22, for every 100 people aged 75 and over, 79.9 bed days were lost due to a person experiencing delayed discharge. This is a deterioration on the 2020/21 figure, when there were 32.7 days lost for every 100 people aged 75 and over.
- Despite challenges maintaining good performance against the National Health and Wellbeing Indicator for bed days lost to delayed discharge during the pandemic period, Dundee has continued to perform similar to the Scottish average. Data also shows that 98% of hospital discharges in Dundee were not associated with a delay. A large programme of work is in place across all ward areas in Tayside to roll out and embed the Planned Date of Discharge Policy, which promotes more effective multidisciplinary working and improved discharge planning practice.

DISCHARGE MANAGEMENT

Under the banner of “Home First”, the Partnership has developed a single point of referral for Enhanced Community Support and Dundee Enhanced Community Support Acute and are working to develop an Urgent Care Triage tool and common assessment documentation with Scottish Ambulance Service and advanced paramedics to contribute to avoidable admissions.

The redesign of urgent care and the implementation of the Flow and Navigation Centre (FNC) Model has improved decision making support from the Scottish Ambulance Service, Primary Care, Out-Of-Hours, NHS24 and other partners. This is increasingly ensuring that the most appropriate source of care, in the most appropriate place is used to respond to people's needs or that an appropriate digital solution, such as NearMe, is provided.

During 2021/22 all social care packages that were adjusted due to the COVID-19 response were re-started or adjusted back to normal arrangements. Work has progressed to remobilise both day support and respite services and a variety of short-break arrangements have been used in Community Mental Health and Learning Disability Services.

- Dundee has a high rate of readmissions to hospital, where the patient had been discharged within the last 28 days. In 2021 13.9% of people discharged from hospital following an emergency admission, were readmitted within 28 days. Dundee has the third highest 28-day readmission rate in Scotland. We have undertaken significant analysis of re-admissions data as they apply to the model of service within Tayside in order to gain better understanding of the underlying causes of high levels of readmission.
- People in Dundee have a high rate of hospital admissions as a result of falls, with a rate of 31.8 admissions for every 1,000 of the 65 and over population. In 2021 Dundee was the poorest performing Partnership in Scotland. An analysis of falls rates by neighbourhoods within localities has been completed to aid planning of improvement actions.

SUPPORT FOR INDEPENDENT LIVING

To support independence at home the Independent Living Review team (ILRT) was set up to review packages of care and support in the community as delays in providing packages of care and support in acute care were causing delayed discharges. In 2021/22, the team provided support to 2,312 service users in their own homes and it is estimated that this service is contributing to an annual saving of almost £1 million.

The Equipment Stores as part of the Community Independent Living service provides prescribed equipment on loan to support independence at home. In 2021/22 the service provided over 22k pieces of equipment with an average of 1.4 days taken to deliver these.

The Partnership has reviewed models of care home-based services, including respite care and intermediate care for people living with mental health challenges. A new unit is now operational within Turriff House Care Home which provides assessment and rehabilitation in a more homely setting whilst improving the long term outcomes for individuals and ensure the correct level of care is provided in an appropriate environment and at the right time. Since the unit reopened last November, 8 people have been admitted under the 'Step Up' pathway and 5 people have been admitted under the 'Step Down' pathway. 4 people have been supported to return to their own home. The Partnership has reduced the number of nights people are admitted to hospital due to their mental health, by 9,934 since 2015/16; this is a 22% reduction.

- The National Health and Care Experience Survey 2020/21 reported that 26.8% of Dundee respondents who provided unpaid care felt supported to continue in their caring role; this is lower than the Scottish average of 29.7%.

SUPPORT FOR UNPAID CARERS

A Caring Dundee 2: A Strategic Plan for Working Alongside, Supporting and Improving the Lives of Carers 2021-24 and an associate Carers Strategic Needs Assessment were developed during 2021/22 on behalf of the IJB by the multi-agency Dundee Carers Partnership. This followed engagement with unpaid carers across the city, especially listening to how the COVID-19 pandemic has impacted on their lives and the lives of the people that they care for. Information from the performance reports of the Dundee Carers Partnership (2017-2019 and draft 2020-2021), as well as a recent desktop review of carers and COVID research and the findings from the Carers COVID Engagement in Dundee have been fully considered in the development of A Caring Dundee 2. A Caring Dundee 2 sets out the approach and actions by which the Dundee Carers Partnership will deliver on their vision and outcomes for carers of all ages who are living in Dundee and who are caring for people in Dundee. It describes how implementation of the Carers (Scotland) Act 2016 will progress further using the learning from carers

experiences and seeking to mitigate the impact of the COVID pandemic on carers in the city as well as continuing to support existing plans for carers.

To support the implementation on A Caring Dundee 2 and duties under the Carers (Scotland) Act the Integration Joint Board (IJB) agreed investments of over £1 million for 2021/22 and 2022/23. Investments, recommended to the IJB by the Carers Partnership, included enhancing the capacity within the NHS Tayside Listening Service, bereavement services and young carers health checks. A number of projects focused on communication, awareness raising and engagement were also allocated funds. Significant investment has been directed to the Health and Social Care Partnership itself to enhance implementation of Carers Act duties, including adult carer support planning and to support joint work with colleagues to improve the implementation of Self-Directed Support.

Within this overall strategic and financial framework, the Young Carer Sub-Group of the Carers Partnership has been developing a range of resources, services and supports to identify and improve outcomes for young carers. A full summary of their activity has been published in their sub-group report. This includes the launch of the 'Are you a young carer?' leaflet and the introduction of 7 Community Learning and Development Young Carer Champions across Youth Work services. Every school across the city now has a link worker from Dundee Carers Centre and a school-based co-ordinator and there are 24 secondary school Young Carer Ambassadors. A new schools information portal has also been developed as part of the Carers of Dundee website. School based developments have supported the identification of 537 Young Carers, with more than 300 Young Carers receiving support from Dundee Carers Centre.

- Of the people who died during 2021 calendar year, 91.6% of time in the last 6 months of life was spent at home (similar to the 2020 financial year). This is considered to be a positive result (1.5% higher than the Scottish average) and could not be achieved without a strong partnership between acute hospital and community workforce, the third and independent sectors and patients and their families and carers.
- The table below shows the number of people who received Self-Directed Support Options 1 and 2 in the past five years. The amount spent on delivering services and supports under options 1 and 2 has increased considerably from just over £1.8 million five years ago to £5.6 million in 2021/22. Since the implementation of the Social Care - Self-Directed Support (Scotland) Act 2013 the number of packages of care for people choosing Option 1 has increased year on year. Option 2 increased from £96K in 2015-16 to £1.7M in 2021-22.

	2017-18		2018-19		2019-20	
Option	No. of people	Cost	No. of people	Cost	No. of people	Cost
Option One Total	74	£1,522,411	103	£1,875,293	122	£3,432,428.45
Option One - Adults only	65	£1,413,325	79	£1,640,764	81	£2,701,004.72
Option One - Children only	9	£109,068	24	£234,529	41	£731423.7344
Option Two	39	£287,817	70	£613,366	161	£2,062,732
	2020-21		2021-22			
Option	No. of people	Cost	No. of people	Cost		
Option One Total	143	£3,782,570.43	187	£4,286,293		
Option One - Adults only	88	£2,682,716.27	109	£2,762,147		
Option One - Children only	55	£1099854.159	78	£1,524,145		
Option Two	123	£1,663,544	102	£100,935		

PERSONALISATION OF CARE AND SUPPORT

Encouraging people to have choice and control over the services and supports they receive has continued to be a priority. Self-Directed Support is available to adults and children/families with assessed social care needs. The number of people and families choosing Option One and Option Two is an indicator that people have taken the opportunity for choice and control of their own services. The 2021/22 Health and Care Experience Survey, which is used to report National Indicators 1-9, found that Dundee performed better than the Scottish average in relation to indicators focused on: support to live independently, having a say in how care and support are provided, co-ordination of care and support and the overall perception of quality of care and support. These indicators reflect focussed improvement work that has been progressed over the last two years to enhance the personalisation of health and social care services and supports, as well as the continuous focus on improving the range and quality of supports targeted to enable people to live independently in their own home for longer.

Within Children and Families Services, where there is an assessed need for services for children with a disability, a full discussion with parents and unpaid carers about all 4 Self Directed Support options takes place. Dundee Carers Centre are contracted to provide support to people choosing Option 1. In children's services, 'Option 1' supports continue to increase in number and as a proportion of the total number of services. There has been year on year increase for children with disability opting for Option 1 services.

Mental Health

- There was a total of 97 emergency detentions of people in hospital in 2021/22 (100 in 2020/21) and an average of 98 detentions a year in the last 5 years.
- There was a total of 166 short-term detentions of people in hospital in 2021/22 (155 in 2020/21) and an average of 160 a year in the last 5 years.
- There were 41 Compulsory Treatment Orders in 2021/22 (45 in 2020/21). With an average of 42 Compulsory Treatment Orders in the past five years.
- In 2021/22, 69 Social Circumstance Reports were completed (83 in 2020/21). Of the total, 43 Social Circumstance Reports resulted in someone being subject to a short-term detention (54 in 2020/21) and 27 led to Compulsory Treatment Order (28 in 2020/21).
- There were 13 people who were subject to Compulsion Orders with Restriction and 2 people to Treatment Orders during 2021/22. This has remained stable in comparison with previous years. There were 14 Compulsion Orders (12 orders in 2020/21) and 6 Assessment Orders (no change since 2020/21).
- In 2021/22, there were 44 new Local Authority Guardianship Orders made.

COMMUNITY MENTAL HEALTH SERVICES AND SUPPORTS

Partners have continued to work together to improve the range of services and supports for people with mental health and wellbeing challenges. During 2021/22 work began with stakeholders, including people with lived experience on mental health challenges, to develop the city centre Community Wellbeing Centre that is planned to open in Autumn 2022. This has included workstreams focused on developing pathways and connections, the building facilities and aesthetics and communications and engagement. Since November 2021 a Stakeholder Group has been in operation and has been fully involved in co-producing the service specification for the Centre; with tendering activity to secure a suitable service provider commencing in 2022/23. Alongside the development of the Centre progress has been made in other areas to enhance supports that will ultimately be linked to the Centre once it is operational. This includes developments with the Scottish Ambulance Centre and the appointment of a manager within Penumbra for the Distress Brief Interventions service.

A successful pilot has been undertaken with Scottish Ambulance Service (SAS) and Dundee Health and Social Care Partnership to establish a Paramedic Mental Health Response Vehicle (PMHRV). The PMHRV is jointly staffed by a paramedic and an experienced mental health nurse meaning that they can attend to aspects of physical healthcare as well as conducting a specialist mental health assessment. Following the pilot period, the service is now operating 7 nights a week and during weekend days. Early outcomes indicate that most people have been successfully helped in their own home environment without the need for more intensive mental health assistance. Data from the first few months shows that the number of mental health emergency admissions fell by 51%.

Advanced Nurse Prescribers and Specialist Mental Health Pharmacists have been a positive addition to Community Mental Health Teams, increasing the capacity to prescribe medication and attend to physical aspects of mental healthcare, which supports resources within General Practice. Mental Health and Learning Disability Teams have also benefitted from increased numbers of Social Workers and Support Workers. There are now also General Practitioner Leads for Mental Health in place for each of the three Tayside Partnerships with a role in ensuring that all mental health developments are 'whole system' and cognisant of the specific needs of, and contributions that can be made from, primary care and to contribute to primary care development work and more specialist mental health

redesign work. A plan has been submitted to the Scottish Government describing how a share of the national pandemic recovery funding totalling £120m will be used to strengthen mental health and wellbeing responses across primary care.

DEVELOPING OUR STRATEGIC PRIORITIES FOR LEARNING DISABILITY AND AUTISM

During 2021/22 the Learning Disability and Autism Strategic Planning Group, which includes Advocators who are employed to represent the views of people with learning disabilities, reconvened following the pandemic with a focus on co-producing a new strategic plan. The group has planned a range of activities to work alongside both people with learning disabilities and carers and has also been informed by an updated strategic needs assessment. The Strategic Planning Group has recognised that there is evidence from Dundee Carers Partnership COVID Engagement Report and the Dundee Partnership Engage Dundee report that many carers of people with learning disabilities have experienced a negative impact, including the loss of formal and informal supports and services for the person they support. As a response to the priorities for people with learning disabilities set out in Living Life Well, a project team has been established to enable a collaborative approach to developments that require a pan Tayside focus. The overarching focus of the project is Balance of Care/ Right Support, Right Time, Right Place.

SUPPORTING DRUG AND ALCOHOL RECOVERY

During 2021/22 the Health and Social Care Partnership Clinical, Care and Professional Governance Group has continued to maintain oversight of a range of risks associated with the Dundee Drug and Alcohol Recovery Service. Whilst some of these risks relate to clinical functions within the service others include demand in excess of resource and insufficient funding to undertake the redesign of DDARS services. Staff recruitment and retention challenges have also had a significant impact on the service throughout the year.

Over the last 2 years considerable progress that has been made in key areas to reduce harm associated with drug use, including drug deaths. This has included:

- development and evaluation of a multi-agency, rapid response to non-fatal overdose (recently recognised as a sector leading approach in the COSLA Excellence Awards 2022);
- enhanced capacity to delivery assertive outreach services through collaboration with third sector services, Dundee Drug and Alcohol Recovery Service (DDARS) and the SafeZone Bus;
- establishing the Navigator Programme based in Ninewells Accident and Emergency to work alongside medical and nursing teams to offer support to people who have multiple and complex needs, including drug and alcohol use;
- strengthening the approach to reviewing drug related deaths and non-datal overdoses to include early trends monitoring, and commencing comprehensive clinical toxicology testing within NHS Tayside;
- extending the availability and reach of naloxone across statutory services (including the Police carrying naloxone kits), third sector partners and non-drug treatment services. A peer naloxone training and supply project has also been established through collaboration between the Scottish Drugs Forum and Hillcrest Futures;
- increased staffing within the DDARS service, including Non-Medical Prescribing nurses (3 of whom have been placed within the Children and Families Service) and 5 Band-5 nurses;
- progressing the implementation of MAT (Medication Assisted Treatment) standards, with key developments in relation to the agreement of a detailed project plan for a Shared Care Model in Dundee, implementation of harm reduction interventions as part of the treatment process, an

expansion in the role of Community Pharmacies in treatment and care through implantation of an enhanced contract, development of a multi-agency residential rehabilitation pathway with additional funding to support implementation led by a third sector service, and the development and testing of models for independent advocacy;

- agreeing of a clear Tayside wide pathway for the transition of substance use supports for people leaving prison and returning to the community and securing additional resource within third sector services to support implementation over a two-year period;
- enhancing our focus on prevention through the development of an Alcohol and Drug Prevention Framework that will be launched in the summer, alongside participation in the Planet Youth pilot;
- strengthening support for vulnerable families and vulnerable women, including additional investment in Children and Families Service supports to kinship carers, progressing a range of activities to support mainstreaming of gender sensitive services and supports and securing funding over a five-year period to establish a women's hub;
- establishing a peer support programme for Dundee, extending the number of SMART Recovery Groups operation in the city and partnering with national organisations to develop and test approaches to ensure meaningful involvement of people with lived / living experience in our strategic and service improvement activities; and,
- establishing a multi-agency Commissioning Sub-group of the Alcohol and Drugs Partnership, chaired by the Dundee Health and Social Care Partnership Chief Finance Officer, to further strengthen financial governance and develop an investment and commissioning plan.

In 2021 there was a further reduction in the number of drug related deaths in Dundee, from 57 deaths in 2020 to 52 deaths in 2021. There has also been a year-on-year reduction in the number of people experiencing a non-fatal overdose for the last three years, from an average of 11 people per week to an average of 6 people per week.

Adult Support and Protection

Across the Partnership a number of actions have been taken to improve responses to people at risk of harm. This has included introducing new ways of assessing risk of harm to adults who have vulnerabilities and providing support to the workforce to start using the new tools and systems in their practice. The Partnership has also been part of a number of reviews of circumstance where people have experienced harm, including where people have died in fires. Learning about what could be done differently in the future has been shared with the workforce and work is being done to improve the way that Partnership services work with the Scottish Fire and Rescue Service, carers and other services to reduce risks associated with fires.

- In 2021/22, 3,085 adult protection referrals were received which represents a 30% increase on the previous year. Sixty-one of these resulted in an adult protection investigation and 58 initial case conferences were undertaken. Most referrals (1327 – 80%) continue to be made by Police Scotland, although it is notable that referrals from the NHS continue to increase year on year, by 44% compared to last year. It is also notable that referrals from the Scottish Fire Service increased by 90% (97 from 57), which is thought to reflect the awareness raising activity that has taken place during this time.
- Of the 61 investigations undertaken, welfare for adults, including older people, continued to be the highest single area of harm.

- To replace the Early Screening Group and to cope with the high volume of referrals a screening pilot was introduced in March 2021 and adopted fully by all teams from October 2021. Of the 3,085 referrals 77% were screened out by team managers before the duty to inquire stage. Proportionally, a similar number of referrals lead to an adult support and protection investigation as in 2020/21 (2.3% to 2.5%) and to case conference (1.9% to 2.0%). The most common outcome for those screened out (54%) was 'Existing support services have been informed of the concern and will manage appropriately (Least restrictive approach)'. The change in approach has allowed council officers to concentrate on those cases which presented the greatest risk of harm. Despite a fewer number being taken to Duty to Inquire a similar proportion of cases went to ASP investigation, Case conference and beyond. In addition to this, work on new risk assessment and chronology templates is planned to roll out to Adult Support and Protection teams in the financial year 2022/23.

TRAUMA INFORMED PRACTICE

A significant amount of work has been undertaken around 'trauma informed practice' including a test of change in care homes, a test of change focused on embedding trauma informed principles, tools and models to existing learning and development activity across the city and a test of change focused on enhancing responses to domestic abuse. The Care Home Team test of change had a focus on trauma principles and aimed to collate stories on the impact of COVID for care homes, residents, next of kins and staff across the city. This work was underpinned by a request from the Care Home Safety Huddle and findings from a National Trauma Deep Dive event for Health and Social Care. A stakeholder engagement and feedback session took place in October 2021 with care homes across the city, followed by an accessible trauma informed survey. Survey data, stories and experiences were then analysed and findings shared with Health and Social Care Partnership and the Care Home Safety Huddle. A Care Home Trauma Deep Dive learning exchange event was used to share local findings, stories, next steps, national and local trauma developments, improvements and resources as well as available supports and offers to the workforce. In Children's and Community Justice Services, staff in the Young People's Houses have initially been prioritised to receive training alongside continued support from Educational Psychology colleagues. All other teams will be receiving training in 2022-23.

ENHANCED CAPACITY FOR RESPONDING TO OUR MOST VULNERABLE CITIZENS

As part of a £270,000 package of support to violence against women services, the Partnership and Dundee City Council supported temporary enhanced capacity in third sector specialist services. This has directly impacted on reduced waiting lengths for access to services. At Dundee Women's Aid waiting times for refuge accommodation reduced from 49 days to 0 days and for outreach support from 102 days to 39 days (1 March 2021-30 June 2021 compared to 1 July 2021 - 31 October 2021). At the Women's Rape and Sexual Abuse Centre waiting times for therapeutic and counselling support reduced from 162 days (end of June 2021) to 28 days (end of November 2021).

Dundee's Housing First Pathfinder has now finished and learning from this has been used to develop a new triage system and better screening within Neighbourhood Services, Housing Options Service. A Housing Options Social Worker has been appointed and will work within the new system until the end of 2022/23.

Protecting People

CASE REVIEW ACTIVITY

Case reviews (to become known as learning reviews) are multi-agency reviews of cases where a person (or people) has died or experienced significant harm or risk of significant harm and there is additional learning to be gained that may inform improvements in the protection of people at risk of harm.

During 2021/2022 Dundee Child Protection Committee (CPC) undertook 2 Initial Case Reviews which did not progress to a Learning Review but did identify common areas of learning that have informed a significant multi-agency development plan around the key themes identified. In November 2021 a Significant Case Review (SCR) report was published in respect of Young Person K. Associated actions and impact are currently being monitored by way of a Case Review Oversight Group with assurance being offered to the CPC and Chief Officers Group accordingly.

During 2021/22 Dundee Adult Support and Protection Committee undertook 2 Initial Case Reviews. One of these did not progress to a Learning Review but did identify specific and common areas for learning which have informed single and multi-agency development plans around the key themes. One of these has progressed to a learning review which is expected to report towards the end of 2022. Associated actions and impact are currently being monitored by way of the Self Evaluation and Continuous Improvement Group with assurance being offered to the CPC and Chief Officers Group accordingly.

In addition, a thematic review was undertaken in partnership with NHS Tayside, Scottish Fire and Rescue Service, Dundee Health and Social Care Partnership and Stirling University. This was in response to 3 reviews undertaken during the previous year.

The Tayside MAPPA Strategic Oversight Group continued to review the action plans for two SCRs, which were published in May and October 2019. The actions from both reviews have now been fully examined by all agencies involved and all improvement actions have now been embedded into normal working practices.

CASE REVIEW DEVELOPMENTS

During 2021/22 the CPC's Case Review Oversight Group has continued to collectively manage the development of findings and recommendations from learning reviews to agree improvement actions and oversees implementation and evidence of impact. This includes matters relating to the distribution of learning to the workforce and other stakeholders. An integrated format for monitoring learning from reviews has been finalised and has been implemented from 1 April 2022 onwards. The Sub-group has also completed work to identify key themes from historic reviews (those undertaken from 2019/20 through to the end of 2021/22): quality of assessment and planning, information sharing, adverse experiences and trauma-informed responses (previously hostile and non-engaging families), responses to young people (16+), and lack of professional curiosity. The next step is to support partners to evidence improvement activity undertaken and the impact this has had.

We have also continued joint work with partners across Tayside throughout 2021/22 to review our approach to case reviews (including single and multi-agency approaches); this has focused on local processes as well as opportunities for joint working. In response to the publication of revised national guidance for child protection learning reviews Angus and Dundee partnered to procure additional resource to revise local protocols, procedures and supporting documentation and to develop a business case in relation to potential future areas of collaboration in the implementation of reviews. The revised local documents are now being shared with local stakeholders for further refinement before being ratified through local Chief Officer Groups.

DATASETS

The CPC, supported by the Data Sub-Group has continued to maintain and further develop the use of the national minimum dataset at a local level, and Dundee has been one of two early adopters of the updated version, which reflects the new CP Guidance, includes more inputs from other agencies (Police, Health and SCRA), and focuses more on earlier processes pre-registration. The CPC receives regular reports from the Sub-group presenting key data and accompanying analysis. During 2021/22 this has continued to support the CPC to identify areas for further analysis and plan improvement activities. One example of this has been continued high figures around domestic abuse resulting in a linked subgroup to further examine the impact on children and young people experiencing domestic abuse and to identify mitigating action: the CEDAR project (Children Effected by Domestic Abuse Recovery) is beginning to have a positive impact on this group of families. The work of the sub-group also led to an increased focus on earlier processes, including Initial Referral Discussions, and on what supports are in place for children and young people who do not progress through child protection processes, or following de-registration; this work now links with the GIRFEC Delivery Group (Getting it Right for Every Child) which focuses on support for named persons to keep children safe; additional support by other agencies is now more easily accessible through FORT (Fast On-line Referral Tracking).

The Adult Support and Protection Committee (ASPC) has continued to develop both the collation of data and its application towards keeping adults safe from abuse and harm across Dundee. The Self Evaluation and Continuous Improvement group scrutinises key performance data and advises the committee of particular areas for further development / explanation. This sub group is chaired by NHS colleagues and is supported by Police Scotland and Dundee City Council. A national dataset has been piloted in other authority areas and Dundee is preparing to adopt this once it is rolled out nationally. Our use of data also informs practice development on a single agency basis, for example the Health and Social Care Protecting People Oversight Group are using the dataset to improve practice. The current focus is on the impact of recently introduced procedures and practice improvements on the quality of assessment and recording.

Learning from arrangements in place in the CPC, the Violence Against Women Partnership (VAWP) now has in place arrangements to collate key data on a monthly basis and monitor trends by comparing to returns from the previous two years. Contributors to this data set are: third sector women's services, housing, police, MARAC (Multi-agency Risk Assessment Case Conference) and Children & Families. Returns are compiled into quarterly reports and discussed at the VAW Scrutiny group. The small group of individuals interrogate the data, identifying new emerging trends, anomalies and areas of further work for the partnership to progress. The Scrutiny Group report is presented at VAWP meetings on a quarterly basis to update the wider partnership. The data set allows the partnership to monitor emerging trends collectively on a larger scale as opposed to only individual service trends. This has improved the Partnerships insight into key issues facing women presenting to the services and commonalities that are surfacing. Through interrogating areas in the data that are underrepresented such as young women seeking support, the Partnership have generated discussions and areas of future work to focus on. Through the Gendered Services group, which sits under the VAWP and Alcohol and Drugs Partnership, a more in-depth data set will be launched in 2022. This will increase the number of indicators being reported on and will give greater insight into key factors impacting women in Dundee.

Dundee has continued to participate fully in the SOLACE dataset established during the pandemic to monitor key data in relation to public protection functions. Information returns have been routinely shared with members of the Protecting People Committees and Chief Officers Group, supplementing other datasets presented to the groups.

SELF ASSESSMENTS – CHILD PROTECTION AND ALCOHOL AND DRUGS

During 2021/22 social work services contributed to multi-agency self-assessment processes undertaken by the Child Protection Committee, to inform the joint inspection, and the Alcohol and Drug Partnership (ADP), to inform the review of progress since the publication of the Dundee Drug Commission report.

The Alcohol and Drug Partnership self-assessment was undertaken between May and July 2021. The multi-agency process included workforce focus groups, lived experience focus groups, a workforce survey, submission of case studies by service providers, a leadership self-assessment and a review of documents and data. Within the process there was a focus both on social work and social care services for adult drug and alcohol users and also to address risks to children and young people. The self-assessment set out in detail the significant progress that has been achieved across the Dundee Partnership over the last 2 years, progressing the recommendations made by the Commission and implementing the Action Plan for Change in the face of extra challenges presented by the COVID-19 pandemic.

Overall, during the past two years, the ADP has assessed that partners have made reasonable progress in implementation of 12 of the Drug Commission's original recommendations, with partial progress being made against 4 recommendations. Despite the challenges presented by the COVID-19 pandemic during most of this period, the evidence gathered for the self-assessment demonstrates that significant improvements have been made in some areas. This includes the response to non-fatal overdoses and assertive outreach work, extending the naloxone programme, pre COVID-19 introduction of direct access and same-day prescribing, Independent Advocacy, Peer Support programme, developing a gendered approach, progress with trauma-informed approach, anti-stigma work, and improving the governance and function of the ADP. However, the evidence also identified that partners still have significant progress to make in specific areas. These include responding to pressures and capacity issues within treatment services, accelerating progress with whole-system change (including a shared-care model with Primary Care and an integrated approach for substance use and mental health), improving treatment options (including access to residential support), progressing the Dundee Lead Professional model, eliminating stigmatising behaviour from the workforce, enhancing the focus on prevention and the need to improve communications with the workforce and other key stakeholders.

The findings of the self-assessment are currently one of the sources of evidence informing work being undertaken by the Alcohol and Drug Partnership to develop a five-year strategic framework and annual delivery plans for supporting drug and alcohol recovery.

The child protection self-assessment was progressed between July 2021 and October 2022. Similarly to the alcohol and drugs self-assessment, the process included workforce focus groups, evidence gathered from people with lived experience, case studies, and a range of performance information and outcomes from quality assurance activity. The process provided the evidence from which to develop the Child Protection Committee Position Statement that was required as part of the joint inspection process. The Position Statement identified five key strengths:

1. **Providing the right support at the right time:** through our Team Around the Child, MASH (Multi-agency Screening Hub) and initial investigation processes we have worked effectively together to ensure a high quality, timely and effective response to initial concerns. This approach has included a focus on preventing children and young people from requiring formal child protection measures.
2. **Relationships and engagement with children, young people and families:** our workforce has developed the skills and competences required to form trusting and meaningful relationships with children, young people and families.

3. **Pandemic response:** our pandemic response reflects the excellent collaborative working that happens across our partnership. Our strategic risk register and data have guided a response that prioritised those most at risk, including of hidden harm, and that achieved continuity in terms of the quality of service offered and level of face-to-face contact available to children, young people and families.
4. **Shifting culture in relation to quality assurance:** we have made significant progress in embedding a culture of continuous improvement with routine auditing, data scrutiny and self-evaluation taking place across single agencies. The Child Protection Committee data set has been firmly embedded and is informing priorities and improvement plans. Most importantly, workforce engagement in quality assurance and improvement activity has been significantly enhanced.
5. **Collaborative leadership:** our inclusive approach to leadership has enabled us to develop a robust approach to scrutiny and challenge both within and between the Child Protection Committee and the Chief Officers Group. A consistent focus on a shared vision and key cross-cutting priorities for protecting people has been supported by significant investment of resource to enhance services for children at risk of harm and for their parents/carers.

Four key collective priorities for improvement were also identified: enhancing the voice of children and young people in strategic developments; workforce engagement; supports to young people, including transitions; and, co-ordination of quality assurance activities. The findings of the self-assessment process aligned very closely to the findings published in the joint inspection report (set out earlier in this report). This provided reassurance that self-assessment activity had been carried out in a robust, honest and transparent manner.

External Scrutiny

Children's Services

The Coronavirus (Scotland) Act 2020 included provisions which affected the work of the Care Inspectorate in terms of the scale and scope of inspection activity carried out in 2020/21. These changes meant that no inspections were carried out of Children's Services in Dundee during 2020/21 Inspection Year. However, the inspection process has now resumed and 4 out of 6 of our houses have now been inspected. Across several Inspection Focus Areas and Quality Themes, our young people's homes and services were mostly graded as Good, with one Adequate and one Very Good. The quality of our relationships with young people in all our houses was noted as a key strength, with the grades listed below:

- **Fairbairn Young Person's House, Inspected October 2021**
How well do we support children and young people's wellbeing? 4 - Good
How good is our staff team? 4 - Good
How well is our care planned? 4 – Good
- **The Junction Young Person's House, Inspected Feb 2022**
How well do we support children and young people's wellbeing? 5 - Very Good
How well is our care planned? 4 – Good
- **Drummond & Foresters House, Inspected March 2022**
How well do we support children and young people's wellbeing? 3 - Adequate
How good is our leadership? 4 - Good
How good is our staff team? 4 - Good
How good is our setting? 4 - Good
How well is our care planned? 4 – Good

This offers a strong foundation on which to continue to demonstrably improve the quality of care and support in all the houses in the post-pandemic period. To this end, the houses continue to be supported by Educational Psychology colleagues on building the capacity and confidence of the

teams to respond to young people with considerable adverse childhood experiences. It has also commenced some benchmarking with a house run by a Third Sector organisation which has received an inspection grade of Excellent. Some key priorities going forwards include outcome focused Child's Plans, records of staffing levels reflecting risks and needs and incident de-brief.

Adult Health and Social Care

The inspection of adult services has also not yet returned to pre-pandemic arrangements. The Coronavirus (Scotland) Act 2020 included provisions which affected the work of the Care Inspectorate in terms of the scale and scope of inspection activity carried out in 2021/22. In order to robustly assess arrangements to respond to the COVID-19 pandemic in 2020/21, inspections required to place particular focus on infection prevention and control, wellbeing and staffing in care settings. This focus was extended in 2021/22 to include two elements of the additional key inspection question to augment existing frameworks "How good is our care and support during the COVID-19 pandemic?". A small number of services were also evaluated against key question 1 from the existing framework "How well do we support people's wellbeing?"

To reduce pressure on providers fewer inspections were carried out during the year with 18 services in Dundee being inspected a total of 32 times; those identified as high risk or experiencing a COVID-19 outbreak, received one or more inspections as deemed necessary by the Care Inspectorate. None of the services provided directly by the Partnership were inspected during 2021/22.

5 of the 18 services in Dundee which were subject to a Care Inspectorate inspection last year received grades of 'good', 'very good' or 'excellent'. Of the services that were inspected, 7 of the 18 received no requirements for improvement. One Care Home, Balhousie Clements Park received a statutory notice of enforcement due to poor grades. The requirements listed within the improvement notice were met and a compliance letter sent by the Care Inspectorate confirmed the improvement notice was no longer in force.

A summary of inspection gradings for key question 7 is provided below:

Grade	KQ7 - How good is our care and support during the Covid-19 pandemic?		KQ7 - How good is our care and support during the Covid-19 pandemic?	
	Year 2021-2022 (18 services inspected)		Year 2020-2021 (13 services inspected)	
6 excellent	0	0	0	0
5 very good	1	5.5%	0	0
4 good	3	17.0%	3	23.0%
3 adequate	13	72.0%	10	77.0%
2 weak	1	5.5%	0	0
1 unsatisfactory	0	0	0	0

There continues to be a joint commitment to continuous improvement and a proactive approach to improving and sustaining quality which involves care providers, the Care Inspectorate and representatives of Dundee Health and Social Care Partnership. This is particularly evident when significant concerns arise. There have been many benefits of such an approach e.g. effective sharing of information, shared agreement about improvement activity required and monitoring of the same

until such point concerns have been adequately addressed. This pre-existing commitment and relationships between providers, the Care Inspectorate and the Partnership was invaluable through 2021/22 in supporting providers to respond to the COVID-19 pandemic.

There are robust care home oversight arrangements in place for Dundee, having been established during the pandemic based on national requirements. These arrangements include the Care Inspectorate working alongside colleagues from the Partnership, NHS Tayside and other relevant organisations. This means that information regarding the quality and safety of services shared within the care home oversight arrangements directly informs the Care Inspectorate's risk-led approach to inspections. Where concerns do arise these are addressed with urgency, both through provision of support to the provider and contract monitoring arrangements whilst the Care Inspectorate progress matters as the deem appropriate within their inspection programme. The work undertaken within care home oversight arrangements is included in reports made to Clinical, Care and Professional Governance groups, with any significant concerns being escalated to the Partnership's Clinical, Care and Professional Governance Group.

Dundee Drug Commission and Tayside Mental Health Inquiry

During 2021/22 both the Drug Commission and the Mental Health Inquiry reconvened to assess progress made since their original reports.

The Independent Inquiry into Mental Health Services in Tayside Progress Report, published in July 2021, found a great deal of commitment from staff, partner organisations and others seeking to make a difference for patients and the wider community. In particular the mental health discharge hub and planned local mental health response hubs were identified as positive developments. Overall the review report found that partners across Tayside had responded positively to the original Trust and Respect report and had developed early foundations for developing a new approach to delivering mental health services but that there remains much to do to deliver what is required across the whole system of care and support. Following the publication of the review report the Health and Social Care Partnership has worked with other partners to better prioritise the original Listen Learn Change Action Plan and to develop an implementation plan for Living Life Well.

The Dundee Drug Commission update report was published by the Dundee Partnership on 22 March 2022 (full report available at: https://www.dundee.gov.uk/sites/default/files/publications/ddc_review_part_1_the_report_final.pdf). Overall, the Commission concludes that, even when considering the significant impact of the COVID-19 pandemic, the extensive and genuine improvement efforts in Dundee to address drug deaths have not gone far enough, deep enough or fast enough. Despite this overall conclusion, the Commission report does welcome a range of significant developments and recognises that detailed plans have been developed to respond to many of the gaps that they identify within their recommendations. Some of the areas of progress highlighted within the report are which include contributions from social work services include: progress made in relation to rapid responses to non-fatal overdoses, the extension of assertive outreach work and broadening of treatment options offered by the Dundee Drug and Alcohol Recovery Service (DDARS); the implementation of gendered-approaches to service delivery; and, significantly improved engagement with child protection processes. The Commission report also set out 12 further recommendations for implementation over a 5-year period. A number of these areas will require leadership and participation from social work services, including: co-production of a Recovery-Orientated System of Care; a partnership wide approach to tackling stigma; and, the closure of Constitution House and movement of services into multi-agency, community settings. Many of these areas align with the findings of the Alcohol and Drug Partnership's (ADP) own self-assessment.

The ADP, working with the Health and Social Care Partnership, has begun the process of preparing a replacement strategic framework for drug and alcohol recovery. This will replace the ADP's previous strategic plan (2018-2021) and the Action Plan for Change developed in response to

the original report from the Commission. The framework is being developed not only to respond to recommendations made by the Commission over their two reports, but to provide a single, prioritised framework that addresses national policy priorities and local needs. The revised strategic framework and delivery plan are being developed to sit within a wider community planning context that recognises poverty and deprivation and the range of trauma and adversities present across the population that contribute to high levels of drug and alcohol related harm.

Complaints and Compliments

In 2021/22, the total number of social work complaints received was 93, compared with 67 the year before. There were 36 complaints relating to Children's Services, 53 in Dundee Health and Social Care Partnership and 4 in Community Justice. The outcomes were:

- Upheld – 10%
- Partially upheld – 16%
- Not upheld – 53%
- Closed Service Enquiry / Resolved – 20%

Most of the complaints related to 'failure to meet our service standards' and 'treatment by or attitude of a member of staff'.

The agreed timescales for finalising investigations was met in 64% of cases, with delays usually caused by the complexity of the complaint and the investigation taking longer than expected.

Given the total number of Social Work service users of over 9,000, the number of complaints is a small proportion however services do endeavour to use complaints to improve practice and service improvements which are made as a result of complaints are monitored.

In addition to complaints, a range of compliments have also been received from service users and some examples are provided below:

From Children's Services and Community Justice

"The social worker undertook a "first class" Joint Investigative Interview, displaying skill and professionalism, which meant there was no need for re-interview and therefore for the child to have to tell their traumatic story again"

(from Police Scotland)

"It has been really helpful having OOHS input at Core Group meetings, this has also been beneficial for the families involved"

"OOHS is an invaluable service providing support for high risk/vulnerable families. Staff are helpful, responsive, enthusiastic and undertake good assessments."

(feedback regarding the Out of Hours Social Work Service)

"I know I could not have made the changes without the supports from NB, I was given encouragement from start to finish"

"New Beginnings are a fantastic team of people, listening to me, supporting me, giving me hope"

"I didn't realise everything I do can have both a positive and negative effect on my baby's brain development, this knowledge helps me to make better choices and decisions that may affect his experiences"

"I didn't think I would get a chance because I have a learning disability, but you took the time to help me learn, thanks"

"My anxieties about having New Beginnings/Social Work involved were greatly reduced after speaking to other parents about how the positive support had made a massive difference to their parenting"

(feedback regarding the New Beginnings Service)

"I've really enjoyed working with [Pause Practitioner], she has helped me start to believe in myself. She is always just a call away whenever I need her. Her support has been great, and I will miss her when our time is over."

"I wouldn't be here without Pause – they have helped me so much and I will always be very thankful"

(feedback regarding the Pause Service)

*"For us three guys back at the start this all seemed so foreboding,
To my surprise it's been a pleasure and very rewarding.
Mentally you have armed us well, I hope you know,
So here's a big thank you for everything to our Joyce and Jo."*

(extract from poem written by Community Justice service user)

"I felt welcomed from the start... They (staff) have helped me feel confident... They (staff) have made me excel... I can't wait for the future "

"I couldn't fault the placement I was given. Completing my hours gave a feeling of reward, you get a real sense of helping the community ... you're given the opportunity to learn new skills, meet new people ... it was a good experience, it taught me a lot and added a personal journey.' 'You had loads of knowledge of things I needed including the recovery road map."

(feedback from service users undertaking CPO and unpaid work)

From Dundee Health and Social Care Partnership

"Just wanted to thank you so much for an amazingly prompt service. I emailed an order yesterday and my patient CT called today to say it had been delivered. I really appreciate all the help you give us."

(feedback regarding Dundee and Angus Independent Living Centre)

"My elderly stepfather was ill and required hospital admission. Aware that he would be very resistant to this, his doctor recommended care at home by the Dundee Enhanced Community Support Acute Team. This enabled my stepfather to receive the treatment required in his own home. Since he has vascular dementia, the benefits of being treated in familiar surroundings with very little change to his routine made his recovery so much quicker and less distressing for him than being admitted to hospital. The team kept the family informed at all stages from diagnosis, treatment necessary - including suggestions as to how the family could help in his recovery- through to his discharge from their care. Since his routine was still in place, he was able to add a little more 'normality' to his daily routine gradually so that when he was discharged from this service he was already back into his familiar pattern of daily life and, unlike returning from previous stays in hospital, was obviously more energised and less time was required for him to recuperate."

(feedback regarding the Dundee Enhanced Community Support Acute Service)

3.2 Ability to Deliver Statutory Functions and Key Risks to Delivery

Children and Young People at Risk of Harm

During the past year, Social Work services in Dundee continued to maintain high levels of contact with vulnerable families, including children whose names are on Dundee's Child Protection Register. Our regular audit activity has provided assurance to managers that levels of contact with vulnerable children and families matched the level of risk. The Inspection of Dundee's services to children at risk of harm also provided evidence about the impact of such high levels of support. It found that children and young people were overwhelmingly positive about the opportunities they had to build strong relationships with key members of staff, with the majority telling inspectors that they had someone they could speak to that they trusted and this was making them feel safer. Inspectors also observed caring, respectful and meaningful interactions between staff and children and young people that they were supporting.

The Inspection report also highlighted the views of parents and carers about the positive relationships that they had with staff members. For the majority of parents, they indicated that these trusting relationships had helped them to be open, honest and had improved communication.

Care Experienced Children and Young People

The Throughcare and Aftercare Team continued to maintain a high level of contact with Care Leavers after lockdown to support welfare and respond to risk of harm. There was further development and enhancement of partnerships to promote the health, education, employability, housing and social needs of Care Leavers. Promoting the uptake of Continuing Care within high quality placements has continued to be a priority for the service to extend the high level of support offered to Care Leavers within familiar settings up until the age of 21.

In addition to this, the Adolescent Services Review team consulted with some older young people involved with the Throughcare and Aftercare Team. The feedback response was they valued the support and opportunities offered to them by staff and felt that their workers cared about them and listened to their views whilst developing their personalised support plans.

Fostering and Adoption

Recruiting Foster Carers for adolescents, large sibling groups and children with complex additional support needs continues to be a challenge and regular Foster Carer recruitment activity and events has been disrupted by the pandemic. However, we have adopted a new approach and embarked on a digital and social media recruitment campaign, advertising through Twitter, Facebook as well as our own adoption and fostering webpage. An external review of the service approach towards the recruitment, support and retention of foster carers will report in December 2022.

Over the past 12 months both the Fostering and Adoption teams have received 37 initial enquiries, leading to 18 formal notes of interest and from this we are currently progressing 11 new assessments of potential carers. Within this period 2 new adoptive households have been recruited. Over the past 12 months our Fostering Resource and Adoption Teams have continued to support 82 approved Foster Care and Adopting Families caring for 110 Young People.

Offenders Assessed as Very High or High Risk of Harm to Others

All MAPPA (Multi-agency Public Protection Arrangements) meetings have continued to take place twice weekly to review all Level 1 and Level 2/Category 3 cases and new referrals. These meetings are multi-agency and are well attended. As COVID restrictions ease, we are hoping to move to a hybrid model of face to face/Teams teleconferencing meetings. MAPPA Operational Group (MOG) and MAPPA Strategic Oversight Group (SOG) have continued throughout 2021/22 by Teams videoconferencing.

All individuals on Court Orders had their requirements for supervision delivered through adherence to National Outcomes and Standards, with a mixture of office and home visits. All programme requirements such as Moving Forward Making Changes (work with convicted sexual offenders) and Caledonian Programme (work with domestic abuse convictions) have continued through a mixture of groupwork and one to one sessions. Even with on-going restrictions, it has been assessed that no individual will require extra time to complete their programme.

Workers in the Public Protection Team in Community Justice, work closely with colleagues in the Police to create Risk Management Plans, which identify prevention, support and contingency arrangements for the service users they work with. The Team currently have a service user who has an Order of Lifelong Restriction, who has recently been approved to move to the Open Estate and will soon be granted community access. Alongside the MAPPA arrangements, the Risk Management Plans, where appropriate, are shared with the Risk Management Authority.

Mental Health Statutory Provisions

Mental Health Act work has continued to be prioritised by the Mental Health Officer (MHO) Service. The service has continued to undertake all assessments and provide applications and reports to the legal hearings involved in line with the legislation. The demand for the MHO duties under the Mental Health Act has remained relatively similar to recent years and the service has coped well with this demand.

It was identified last year that there had been a reduction in MHO's within Dundee, however this has improved during 2021/22 with one successful candidate completing their MHO Award, whilst also recruiting an additional MHO into the Partnership's social work teams. 2 successful applicants have commenced the MHO Award that begins later in 2022. We have been able to increase the establishment of the MHO dedicated team by one full time equivalent. This post was successfully recruited to. Unfortunately, due to long term absence and subsequent need to recruit, the Partnership has not fully benefitted from this increase as yet.

A new development within the MHO Service is the establishment and recruitment of 2 part time Recovery Support Workers. The workers are now in post and building their involvement with clients, assisting their recovery whilst in hospital and/or in the community.

Adults with Incapacity and Welfare Guardianship

The request for MHO reports for welfare guardianship applications has continued and remains an area where demand is unable to be met by current capacity. The MHO Service continues to allocate these reports to both MHO's within the dedicated team and those in other substantive posts. As an ongoing response to the high demand and waiting list that has remained significant over the reporting period, we have extended the opportunity for MHO's to undertake this work out with their contracted hours for additional payments. There has only been a limited uptake, but remains an option to help reduce the waiting times for reports. The main response to address this demand and reduce the waiting list, was the establishment of a further MHO post as described above. Due to the reasons indicated above, this has not yet made a significant improvement in our ability to respond to the demand, however, the Service is confident that when the team is at full complement, a positive impact will be apparent.

Adult Support and Protection

The COVID-19 pandemic brought into sharp focus the need to safeguard adults with care and support needs who may be more vulnerable to abuse and neglect as others may seek to exploit disadvantages. As we move forward from the pandemic the partnership continues to offer a similar or enhanced level of oversight regarding these duties.

This has included:

- Additional monitoring and oversight on a multi-agency basis with weekly meetings and data collection and analysis shared across the partnership.
- Updating of operational guidance to accommodate the pandemic situation and restrictions. A comprehensive review of operating procedures is planned in anticipation of revised national protocols.
- Continued development and application of the multi-agency corporate “Risk Register” in respect of Protecting People.
- Greater involvement of the multi-agency workforce in learning from case reviews and the improvement of practice
- Establishment of a multi-agency Self Evaluation and Continuous Improvement Group.
- Establishment of a Citizens Engagement and Consultation Group.
- Establishment of Health and Social Care Protecting People Oversight Group

The number of adult concerns reported to the Partnership was higher than 2020/21 and has seen a return to the trajectory of pre-pandemic levels, although ultimately the vast majority of these (77%) did not meet the definition of an adult at risk. Forty four percent were supported by actions other than adult protection and the remaining 23% were progressed by actions in accordance with the Adult Support and Protection (Scotland) Act.

There has been a focus on developing key areas of Adult Support and Protection, primarily;

- Support and training for the role of Council Officer.
- The piloting of new models of screening and risk assessment.
- The appointment of Nurse Advisors within the NHS Adult Protection Team.
- Revised terms of reference of Adult Support and Protection Committee and induction pack developed for new members.

Carers

Throughout 2021/22 the Health and Social Care Partnership, working alongside Dundee Carers Partnership, has continued to prioritise services and supports to meet the needs of unpaid carers. Carers engagement activities have reinforced the significant impact the pandemic has had on the health and wellbeing of many unpaid carers, who have also been further affected by the cost of living crisis. Multi-agency work to understand these needs and reflect these in an updated Carers Strategy is described earlier in this report. The Health and Social Care Partnership has continued to focus on enhance capacity to fully implement the duties contained within the Carers (Scotland) Act, including a focus on identification and assessment of unpaid carers and the use of Adult Carers Support Plans across Partnership services. The recently agreed Carers Investment Plan includes significant additional resource to support enhanced capacity across Care Management Teams to implement carers assessment and support planning duties. It is anticipated that this additional capacity will be recruited during 2022/23.

4 Resources

In 2021/22, the total net Social Work budget of £122,739 was allocated across services as follows:

Service Area	2021/22 Budget £000
Children's Services	£35,158
Community Justice Services	£194 (plus additional Scottish Government Grant Funding of £4,716K)
Adult Social Care Services*	£82,671
Total	£122,739

4.1 Financial Pressures

Children and Families Service – Dundee City Council

In Children's Social Work, in accordance with the principles outlined in the Independent Care Review reports on *The Money* and *Follow the Money*, financial pressures continued to be addressed through a range of measures. The management structure was reviewed, partly to explore potential savings and partly to maximise available resources to lead service initiatives and support best practice. A new structure with less cost is now well embedded and it was noted in the recent Joint Inspection of Child Protection that significant investment had been made in service improvements, with good capacity to build on developments.

Under this new structure, further work has included joint coordination of prevention initiatives with Universal Services and the Third Sector to reduce the need for children and young people to receive alternative care, with overall numbers and therefore associated costs going down. It has also included the continued use of Gillburn Road Young Person's House as a residential home as opposed to a short-break facility, with the number of young people with a disability in external residential care therefore also reducing. The implementation of Functional Family Therapy appears to have helped to stabilise the care at home arrangements for a significant number of young people.

Going forwards, the service is currently working with partners on the targeted deployment of additional Scottish Government Whole Family Wellbeing Funding towards prevention. There have been some delays in returning some children and young people from external residential care into appropriate local care arrangements but additional bedrooms in each of the Young People's Houses and the introduction of a waking nights rota is creating the capacity to bring them back. The service has commissioned an external review of approaches towards the recruitment, retention and support of internal foster carers to enhance their capacity and reduce a reliance on external carers.

Adult Social Care Services - Integration Joint Board

The delegated budget to the Integration Joint Board (IJB) to support the delivery of adult social work and social care services continued to be impacted by the COVID-19 pandemic during 2021-22, as well as increasing levels of demand due to changing demographics and prevalence of people with disabilities, mental health and substance use issues.

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

Services delegated to the Integration Joint Board formed a critical part of the overall health and social care system, particularly the wide range of community-based health, social care and social work supports and services. Additional funding was made available from Scottish Government to fully cover the additional pandemic response costs.

Where possible, a range of essential, non-COVID services also continued to be delivered, including face-to-face contact on a risk assessed basis to ensure the most vulnerable in the city continue to receive the support they need.

With the backdrop of a significantly challenging overall financial settlement, coupled with the impact of COVID-19 pandemic, the IJB reported a year end underlying underspend of £7,839k for 2021/22, arising from an underlying underspend of £5,969k in social care budgets and an underlying underspend of £1,870k in health budgets.

4.2 Financial Modelling for Service Delivery

Children and Families Service – Dundee City Council

As part of its overarching Our Promise and the 5 foundations of The Promise strategy, the Children and Families Services continues to progress a range of initiatives designed to transform the way it manages, delivers and commissions services in partnership with all key stakeholders across the care system. This includes work with Universal Services and the Third Sector on enhanced preventative family-based support, with The Alliance on FORT (Fast On-line Referral Tracking) and a volunteer strategy, with the Scottish Mental Health Foundation on an emotional health and wellbeing capacity building model and with the Hunter Foundation and local communities on What Matters 2 U. Further into the care system, the service is applying similar approach in relation to Kinship Care, Internal Foster Care and Young People's Houses. Going forwards, it is similarly working with other services on the deployment of Whole Family Wellbeing Funding (WFWF), which requires partnerships to build capacity and promote systems change in respect of preventative whole family support. Engagement with both partners and communities will form an integral part of the approach. The aim is to maximise all existing resources and ensure support is accessible, meaningful and effective.

Adult Social Care Services - Integration Joint Board

During 2021/22, Dundee Health and Social Care Partnership's operational delivery model continued to embed a model of fully integrated health and social care services to support the delivery of the Dundee City Integration Joint Board's strategic priorities. Service managers have responsibility for both council and NHS services as part of their portfolios with a specific focus on service user categories (e.g. older people, mental health). In order to ensure Dundee Health and Social Care Partnership is able to respond effectively to a range of strategic challenges, including tackling Dundee's substance use problem and prevalence of poor mental health, the service has enhanced its senior management team capacity through the establishment of an additional Head of Operational Services post.

Transforming services is key to the Dundee City Integration Joint Board continuing to improve outcomes for service users and performance and service redesign opportunities connected to the overarching strategic priorities. While some of these transformation plans were put on hold during 2021/22 due to the challenges of responding to the COVID-19 pandemic, the changing nature of the response has required some services to continue to evolve at a quicker pace than under normal circumstances.

Financial plans to support the priorities will be developed alongside the Transformation Plans.

5 Workforce Planning and Development

5.1 Workforce Planning

To deliver quality outcomes in social care and social work, it is essential that employees are equipped with the skills and knowledge to carry out their roles competently and confidently. Workforce planning is becoming increasingly complex as new structures and different models of integration progresses.

In Social care and social work in Dundee we are committed to the Fair Work First Commitments, for example payment of the Scottish government Living Wage and would aspire to working towards these recommendations.

We have continued to promote fairer working conditions across our contracted services. A number of good practices have been developed alongside stakeholders (living wage, enhanced weekend and public holiday pay, zero-hour contracts, travel costs, equipment costs, safe recruitment check costs) and these continue to be monitored across providers with the intention to incorporate these principles more fully within procurement frameworks and contractual arrangements.

WORKFORCE OVERVIEW

The social care and social work workforce in Dundee consists of 1377 people employed within Dundee City Council Children (382 people) and Families Service and the Dundee Health and Social Care Partnership (995 people).

Just under 10% of the workforce are aged 30 years or under, with almost 50% being aged 51 years or older. The majority of people, 82%, are women.

5.5% of the social work and social care workforce identify as having a disability and 4.43% identify as being of a black or minority ethnic origin. When comparing the social work and social care workforce information against 2011' census information, it is apparent that the workforce is under-represented across many of the protected equality characteristics. For example, Dundee's population comprises of 10.64% people of black and minority ethnic origin and 31.27% of people who have a disability.

Just over 1% of the workforce are employed on a temporary basis, with the vast majority being permanent employees. During 2021/22 136 people left the social care and social work workforce, with 108 new people joining. Turnover (workforce leavers) was slightly higher in adult social care and social work services than in children's and community justice services. 60% of leavers were aged 51 years or above and only 7% of leavers were aged 30 years or under. Just over 30% of new starts were aged 30 years or under, with 23% being 51 years or older. This turnover pattern provides an indication that some progress is being made in addressing challenges related to the ageing workforce and a desire to increase the young workforce.

During 2021/22, 20% of leavers (29 people) were in frontline operational roles requiring a professional social work qualification (up to Team Manager level), with a significant difference between 14% of leavers in adult health and social care and 40% of leavers in Children and Families. 17% of new starts (19 people) joined the organisation in equivalent role. Overall Dundee Health and Social Care Partnership saw the biggest in-year reduction in this staff group with a net loss of 10 people, whilst Children and Families had no loss/gain.

When excluding COVID related absence, across the social work and social care workforce 20.2 days were lost per FTE (full-time equivalent) during 2021/22 (equivalent to 8.78% of total working days). This is higher than the Dundee City Council figure of 12.11 days (5.67% of total working days). In social work and social care there has been a steady increase in working days lost per FTE throughout

2021/22, to a peak in March 2022 when 2280 days were lost in total across the workforce. This pattern is consistent with the Council workforce as a whole. Across the year 19.18% of days lost in social work and social care related to short-term absence and 80.82% related to long-term absence. This differs from the position for the whole Council workforce, where there was significantly lower proportion of days related to long-term absence (69.88%).

The most common reasons for lost days to absence for the social care and social work workforce in 2021/22: anxiety / stress / depression / other psychiatric illness (47.02%); nervous system disorders (17.69%); infectious diseases (5.87%); injury/fracture (5.66%); and, other known causes (4.36%). There is some variation between these causes of absence and those for the Dundee City Council workforce as a whole; whilst the top 5 reasons for absence were the same, a lower proportion of days lost related to anxiety / stress / depression / other psychiatric illness (40.87%). Considering COVID related absence in the social care and social work workforce, 8.98 days were lost per FTE during 2021/22 (equivalent to 3.9% of total working days). This compared to 6.88 days ((3.22%) for Dundee City Council as a whole. The number of days lost in social care and social work had a significant peak in January, February and March 2022 with the average number of days lost per month being 1460; this was consistent with patterns across the Council as a whole. Over the year, 61.29% of days lost to COVID related absence was short-term, with the remaining 38.71% being long-term. Long-term COVID related absence was notably higher in social care and social work than in the Council as a whole (23.26%).

THE FUTURE WORKFORCE

Employees are at the heart of excellent social work and social care delivery. Changing models and changing pressures will require significant remodelling of the workforce - e.g., the introduction of a National Care Service. This comes at a time when employee resilience is stretched, and change can seem overwhelming. In order to design the workforce of the future we require to profile the workforce, redesign job roles, undertake a skills analysis and work in a much more integrated way. The focus will continue throughout this to be on increasing the wellbeing of employees.

In Social Care there is a commitment to invest in the young workforce which has created opportunities, work placements and training opportunities for apprentices within the City Council and externally, including some of our programmes with Dundee and Angus College and Graduate programmes with the local universities.

We will continue to work in partnership with Dundee City Council's Youth Employability Service to develop our apprenticeship offer across Foundation/Modern and Graduate Apprenticeships. We will also continue to support with Work Experience placements and internships for School/College/University/Employability and the workplace training of students.

RECRUITMENT

Over the past year it had become increasingly challenging to appoint to posts within the Council, particularly posts within social work/care sector. This is not just a local issue and is reflected nationally, with COSLA reporting a significant decrease in the number of candidates applying for local authority posts.

Improving the quality of candidates and ensuring long-term recruitment and retention is included in the People Strategy and we are working with services to develop workforce planning strategies required in the next 5 – 10 years to enable us to plan for the future workforce.

We need to be more ambitious about how we recruit, provide opportunity and reward, with retention of transferable skills and capability linked to broader improvement and change. To do this we are/ have:

- Improving our employer branding to better promote the benefits of working with Dundee City Council.
- Developing the employee experience/journey and marketing Dundee City Council as an employer of choice.
- Widening the scope of advertising to include more specialist on-line social media sites to encourage applications.
- Changed the closing day and time for posts from a Friday at 5pm until Sunday midnight to give maximum time for applicants to apply for posts. We also leave adverts open for a longer rolling period to maximise applications
- Working with Scottish Social Service Council to recruit from a portal they have developed
- Using employer sponsorship in line with government guidance
- Working with colleagues nationally with Myjobscotland to develop and improve the portal to make it more user friendly.
- Developing the Young workforce - We have a number of funded programmes in place to support students, internships, graduates and modern apprenticeships. In addition, we are working within schools to update guidance teachers, pupils and parents about the opportunities with Dundee City Council.
- Utilising Grow your own approaches and the intention is to support more employees to gain experience through secondments, projects and service design. We have also supported our employees to gain academic and SVQ (Scottish Vocational Qualifications) qualifications through our own professional development funds and training budgets.
- Maximising strong relationships with higher education through the 3 local Universities and others nationally to create new degrees and qualifications for the future. The local Employability Partnership is closely aligned with the Council People priorities. We work very closely in partnership with Skills Development Scotland and others such as Scottish Social Services Council to develop career routes and occupational standards.
- Developing our existing workforce through effective workforce planning and career planning. This will be further enhanced as we modernise some internal recruitment approaches and the modernisation of more flexible and digital working practices.

5.2 Social Work and Social Care Workforce Development

The Council's commitment to our employees is reflected within Our People and Workforce Strategy 2019– 2022 which was relaunched shortly before the COVID-19 pandemic. This includes our approach to Workforce and Succession Planning, Talent Management and Developing the Young Workforce. Within Social Work, there is a culture of shared learning across professional groups and our partnerships.

Despite the challenges of responding to the COVID pandemic, we have continued to invest in and support all areas of workforce learning and development. This has included redesigning delivery and content of core learning to respond to changes in working practice and to incorporate the advantages of new and innovative digital technologies within our learning offers.

Increasingly we are working across Tayside with our partners in local authorities, NHS Tayside and the private and voluntary sectors. We continue to contribute to and build on collaborative approaches to Learning and Workforce Development with key local and national partners. We have an excellent track record of working alongside practitioners and services to identify and develop the learning they need

to practice safely and professionally. This collaborative approach has continued throughout 2020/21 utilising a range of innovative methods and digital tools where appropriate.

CSWO ROLE IN PROMOTING SOCIAL WORK VALUES AND STANDARDS

The CSWO has a duty to ensure Social Work values and standards as outlined in the Scottish Social Services Council (SSSC) Codes of Practice are promoted. For employers, the Codes include such requirements as making sure people understand their roles and responsibilities, having procedures in place relating to practice and conduct and addressing inappropriate behaviour. For employees, protecting the rights and interests of people using services, maintaining trust and promoting independence. This includes the following:

- Recruitment and selection, including checking criminal records, relevant registers and references.
- Induction, training, supervision, performance management and a range of procedures on such things as risk assessment, records and confidentiality.
- Responding to internal or external grievances or complaints about the conduct or competence of staff.
- Ensuring line managers appropriately support staff and progress self-evaluation activities to identify strengths and areas for improvement.
- Ensuring health and safety policies are in place, including risk assessments and controls for identified hazards such as lone working and moving service users.
- Ensuring that staff required to register with the SSSC do so and are supported to meet the learning and development requirements associated with this.

Within the Health and Social Care Partnership Workforce and Organisational Development Strategy a number of guiding principles to support the workforce to deliver on the ambitions of integrated health and social care were adopted. These locally created principles sit alongside existing legislative and clinical, care and professional governance requirements, as well as the SSSC Codes of Practice. The principles include: inclusivity and equality, visible leadership, collaborative co-production and reflective practice. These continue to be relevant and support the broad social work and social care workforce to reflect on shared values, and how these values support professional and compassionate delivery of services across the city.

EMPLOYEE WELLBEING SUPPORT SERVICE

The Employee Wellbeing Support Service was initially established as the local and organisational response to the COVID-19 pandemic and offers support, guidance, and resources to meet individual needs beyond the pandemic. This service aims to promote positive mental health and wellbeing as a priority for Dundee City Council with compassion and self-care at the heart of the service.

Throughout 2021/22 the Employee Wellbeing Support Service continued to support social work- and social care workforce and wider partners to access additional health, wellbeing and psychological support as and when needed.

The service is currently being redesigned to evolve post-pandemic, and to ensure that workforce wellbeing is at the core.

Wellbeing Ambassadors are now in place to offer peer led advice and information to those working across all social work services. We currently have 4 Wellbeing Ambassadors supporting our social work and social care workforce.

TEAM REFLECTION AND RESILIENCE PROGRAMME

The Employee Wellbeing and Support Service work has expanded to offer access to guided and supported reflective spaces for teams as they continue to recover from the impact of the pandemic, using Trauma Informed approaches. These sessions have been accessed by our social care and social work workforce.

“These sessions offered me and my team the opportunity to come together, reflect on the challenges as well as our strengths as a team, what we have learned from each other and lessons from our experience of the pandemic. This has helped us focus on what matters most for us as a team and the children and families we support”.

“The programme helped me realise just how challenging our journey has been throughout the pandemic, the value of self-care and looking after and supporting each other”

“The session on window of tolerance helped me reflect and understand my own behaviours and triggers and coping strategies, it was emotional but I learned a lot about myself and how I use some of this to support families”

TEAM REFLECTION AND RESILIENCE PROGRAMME

Trauma Risk management, or TRiM, is a trauma-focused peer support system designed to help people who have experienced a traumatic, or potentially traumatic, event. This new model is now in place and will offer support to members of the social work and social care workforce who experience a potentially traumatic event during the course of their work.

IMPLEMENTATION OF TRAUMA INFORMED PRACTICE AND NATIONAL TRAUMA TRAINING PROGRAMME

In May 2021 a virtual learning and knowledge exchange event was held for Trauma Steering Group members. This provided an opportunity to hear from partners within Dundee and beyond who have already embedded trauma informed approaches, to learn from their implementation journey and to identify how this can inform the Dundee Steering Group’s developing implementation plan. Presentations were given by Dundee Women’s Aid, Dundee City Council Community Justice, Dundee City Council Educational Psychology, Dundee Drug and Alcohol Recovery Service Psychology, Barnardo’s Scotland and Argyll and Bute Council.

In March 2022 Dundee hosted a virtual trauma launch event across the city which included participation from social care and social work workforce. Workforce mapping across the different levels of the National Trauma Training Framework has been undertaken, with a range of national and local resources, toolkits and collaborative opportunities available to our workforce.

DIGITAL SKILLS SUPPORT

As part of our ongoing commitment to upskilling the workforce in respect to digital skills, a number of bite-sized digital skills sessions were available throughout 2021/22. These sessions were and continue to be led by Digital Champions (champions include social work and social care employees), supported by the Digital Skills Team within Learning and Organisational Development.

As well as upskilling the workforce, the Digital Skills Team continue to provide enhanced support and advice to the workforce, developing and delivering a range of information and bespoke learning sessions for employees across Children and Family Service and Dundee Health and Social Care Partnership.

The Digital Skills Team provided critical support and to social workers and social care workforce enabling them to access critical statutory learning on new digital platforms and tools such as MS Teams.

LEADERSHIP DEVELOPMENT

Dispersed leadership remains a key priority for our social work and social care workforce. This year we have piloted a new Integrated manager Programme, bringing together participants from across many functions of adult social work and health. There are plans to further progress this model throughout the latter part of 2022.

CONTINUOUS PROFESSIONAL DEVELOPMENT AND SOCIAL WORK PATHWAYS

We continue to invest in our social work and social care workforce to embed a shared learning culture where best practice is promoted, nurtured and shared across the city. We support and promote a range of specialist modules delivered by the Open University, which can be undertaken as a standalone, enhancing existing practice with the potential to progress onto a sponsored social work professional qualification.

In 2021/22 we recruited and sponsored a further four internal candidates to undertake their professional social work qualification.

We promote a range of specialist and enhanced learning opportunities for employees, which has continued throughout 2021/22. Postgraduate Certificate in Child Welfare and Protection, Adult Support and Protection, Mental Health Officer Award and Practice Learning Qualification remain in place and are currently prioritised in relation to our statutory duties and best practice.

“I completed the post grad cert in both personalisation (self-directed support) and Adult Support and Protection with merit. I really enjoyed the course and have spoken about this a lot with my colleagues encouraging them to apply. It gave me the time to reflect on my own work”

(Social Worker in HSCP)

“I shared papers and ideas which were directly relevant firstly for permanence and then latterly for kinship with the rest of the team(s). It was helpful to update on latest research around assessment and intervention. Beyond this I found the areas around direct work with children and families of particular interest and again shared these with the team. We also discussed the wider themes of relationship based social work practice in an environment which is increasingly constrained by organisational input/output models of working. I benefited from securing the time around the teaching days and using a combination of study days, flexi and leave for the assignments. I enjoyed the course and would recommend it to others.”

(Social Worker in Children and families Service undertaking Child Welfare and Protection PG Course)

MENTAL HEALTH OFFICER (MHO) AWARD

We provide a significant investment in developing the MHO workforce across the city. MHO's are social workers with a minimum of two years post qualifying experience who have undertaken an intensive period of study and successfully completed the Mental Health Officer Award (MHOA), thereafter appointed (yearly) to undertake statutory functions within the role MHO by the CSWO.

We continue our membership with the East of Scotland MHO Programme Partnership, financially contributing to a MHO Award Co-ordinator. The Covid-19 pandemic had a significant impact on the delivery of the MHO award for academic year 2020/21. To mitigate risk, Dundee enhanced a proactive award recruitment campaign which commenced in February 2021. Support, mentoring and talent management from the MHO Service has ensured arrangement for both academic years 2021/22 and 2022/23 will be fully utilised to meet workforce demands, with successful candidates already identified and recruitment to undertake the award for both years.

PRACTICE LEARNING OPPORTUNITIES

We have supported ten employees undertake their practice learning qualification in 2021/2022 with University of Stirling and Robert Gordon University. This is a significant investment in our workforce enabling us to offer more practice learning opportunities, develop leadership skills and embed a learning culture throughout the social work and social care workforce.

We have continued to promote and increase practice learning and student placement offers throughout 2021/22 despite the challenges of the pandemic. Learning in practice enables social work students to develop knowledge, skills and experience of working in different social service contexts. It also helps them to apply the learning they have gained at university to the work they are doing in practice, practice learning opportunities can also be valuable learning for a team as a whole.

In 2021/22, we continued to offer practice learning opportunities to students undertaking their social work qualification. As part of our Covid-19 recovery journey, development work was undertaken to increase the number of placements we offer to Universities which included engagement work with practitioners, a Short-Life Working Group and, collaborative work with Dundee University to strengthen relationships between the University and frontline practitioners. Link Worker training via Learning Network West continues to be available to any practitioners who wish to develop their knowledge and understanding of the Link Worker role.

NEWLY QUALIFIED SOCIAL WORK PILOT PROGRAMME

The Scottish Government have commissioned the SSSC to lead on a programme of work to design and test approaches which will support this transition and early career stage development of Newly Qualified Social Workers (NQSW). This will lead to a set of recommendations on how to implement and deliver a sustainable and accessible national approach to a NQSW Supported Year.

In September 2021, we were successful becoming one of the early implementation test sites across Scotland for the next phase of the project. We have focused on developing and delivering a programme which builds on our existing Child Protection and Adult Support and Protection offers for NQSWs, meaningfully engaging with the workforce to co-create a sustainable model of excellence moving forward and influencing the supported year recommendations at a national level.

REGISTRATION OF SOCIAL SERVICES WORKERS

Registration has an important role in improving safeguards for people using services, meeting the requirements of registration also evidences the skills and knowledge of the workforce, ensuring they are qualified and competent.

We continue to offer and significantly invest in a range of learning opportunities, training and accredited qualifications designed to support the social work and social care workforce achieve and maintain the requirements of their professional registration.

We ensure our workforce are fully equipped with the occupational competences to meet management and leadership standards and our statutory requirements. The delivery and access to appropriate registerable qualifications for our workforce remains a key priority.

During reporting period 2021 -22, the following registerable qualifications have been achieved by our workforce.

Qualification	Nos completed (2021 – 2022)
Professional Development Award in Health and Social Care Supervision at SCQF level 7	9
Social Services (Children and Young People) Level 4	3
SQA Level 2 Social Services and Healthcare at SCQF level 6	17
SQA Level 3 Social Services and Healthcare at SCQF level 7	6
Unit 24	3
2 Unit Skill Set	12
Mental Health Officer Award SCQF Level 11	1

PROTECTION

Delivering on programmes relating to the protection of children and adults has remained a priority as in previous years. The delivery of learning and training opportunities was significantly impacted by the COVID-19 pandemic. We have adapted, innovated and where appropriate further developed digital resources to mitigate workforce risks, upskill and enhance protection learning and development activity throughout cross cutting protection themes.

A wide range of Dundee and Tayside Partnership wide child and adult protection learning resources and digital workshop were developed and continue to be available for the multi-agency workforce, enhancing knowledge, skills and competence of the wider workforce and for those with specific responsibilities in relation to child protection. Some of the learning resources developed continue to be available and include Child Protection Tayside Professional Curiosity and Challenge, Tayside Chronologies and Significant Events learning resource, Equal Protection from Assault Child Protection resource, Designated Child Protection Worker among others. As well as a range of available digital and e-learning resources, a range of remote live training, learning opportunities and webinars have been available to the social work, social care and wider multi-agency workforce. These webinars, learning exchange events and digital training sessions have included awareness raising of a range of workforce best practice tools developed by the GIRFEC Delivery Group, trauma learning exchange and lunch time learning sessions, a range of thematic protection sessions i.e. self-neglect and hoarding and delivery of a range of workshops sharing learning from initial and significant care reviews across Tayside.

Adult Support and Protection Week

In February 2022, Dundee coordinated a calendar of events to celebrate and promote national adult support and protection day. These activities and events spanned across 2 weeks offering a range of workshops, webinars and learning opportunities for the social work, social care and multi-agency workforce. Dundee and Tayside events ranged from self-neglect and hoarding, adult protection and trauma, adult protection awareness, learning from thematic reviews of fire deaths, investigative interviewing and financial harm awareness.

Development work has continued with practitioners who have specific Council Officer functions under the Adult Support and Protection (S) Act 2007. Our Adult Support and Protection Council Officer training programme was redesigned and adapted and is now delivered on a Tayside wide basis. A further two cohorts were delivered throughout 2021/22. Our Tayside programme is now recognised as a best practice, collaborative national model, endorsed by the National Adult Support and Protection Coordinator.

Key elements of the programme include:

- The development of an ASP learning tool, enabling practitioners to evaluate and track their knowledge, skills and competence against key adult support protection quality indicators.
- Individual learning plans and supervision tool, line manager input and feedback.
- Accessible learning resource which follows the programme.
- Self-directed learning tasks.
- 9 Practice workshops, running over a 6–8-month period.

Newly Qualified Social Worker (NQSW) Child Protection Programme

Dundee and Angus Council continue to work in partnership to deliver an induction process for supporting newly qualified social workers to feel competent, confident and knowledgeable when working with children and families where there are child protection concerns.

This programme was adapted and initially delivered within a digital workshop format in 2020, following on from a cohort previously established before the Covid-19 pandemic.

This innovative programme model is underpinned by three key components

1. Access to a digital NQSW learning resource, includes individual competency learning audit tool.
2. Practice development workshops, co-facilitated by experienced operational social work managers from Children and Family Service (now delivered remotely).
3. The use of an evidence-based augmented reality stimulation (*Rosie-2) immersing NQSWs into a complex home visit navigating through the home exploring practice issues with accompanying research around disguised compliance, professional curiosity, neglect, and other complex harm among other themes.

TURASLEARN

TURASLearn is NHS Education for Scotland's (NES) learning platform. It provides a wide range of educational resources for the health and social care workforce. Dundee City Council, in partnership with Angus and Perth and Kinross Council's, have worked with NES to develop a Tayside learning platform hosted on TURAS. The Tayside portal enables partners from a range of services across the city from including NHS Tayside employees, third and independent sector employees and volunteers' access to a range of protection learning resources previously unavailable to them.

TURASLearn continues to be promoted across all social work and social care services, both with the organisation and with those who deliver services on behalf of or as part of Dundee Health and Social Care Partnership. It has proved to be an invaluable resource to allow the social care workforce to access additional learning and other resources designed to support their own and others health, psychological wellbeing as well as raise awareness of key learning and protection.

At this time, I have identified a small number of improvement priorities that I will seek to support the social work and social care workforce and out partners to progress over the next 12 months:

Challenges for the Year Ahead 6

PARTICIPATE in the co-design process for the National Care Service, reflecting local knowledge and experience.

DEVELOP enhanced ways to co-produce services and supports to ensure that we remain person-centred and responsive to local communities.

SUPPORT our social work and social care workforce to recover from the impact of the pandemic and to maintain good health and wellbeing.

ENHANCE our focus on prevention of risk and harm by working collaboratively across the whole GIRFEC pathway for children and young people.

FOCUS on the continued implementation of Our Promise to Care Experienced Children, Young People and Care Leavers 2019-2023.

FURTHER progress recovery of Community Justice Services as part of a whole systems remobilisation of community justice services across Scotland.

CONTINUE to focus on driving forward improvements in mental health and wellbeing and drug and alcohol services through collaborative working, including working with people with lived experience to fully implement existing action plans and consider any emerging challenges.

CONTINUE work to further roll out our approach to trauma informed practice and leadership and to enhance whole family approaches to protecting people.

ACCELERATE work to embed personalised approaches across all service areas, including specific work to enhance our approach to outcome-based assessment and supporting people to access Self-Directed Support.

CONTINUE to work with partners across the whole health and social care system, including acute care services, to achieve an unscheduled care response that delivers the right care, in the right place, at the right time, first time.

REFRESH the Chief Social Work Officer Governance Framework to ensure that post-pandemic it continues to support proportionate oversight, reporting and continuous improvement in social care and social work services.

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
14 DECEMBER 2022

REPORT ON: DUNDEE IJB PROPERTY STRATEGY

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB84-2022

1.0 PURPOSE OF REPORT

1.1 This strategy, which is attached as Appendix 1 sets out the ambitions for Dundee health and social care provision to develop premises that enable and support health and social care services where citizens are able to access the services they need within their own community. Equitable access to healthcare, social care and social work services is a vital part of tackling inequalities in need and outcomes associated with poverty, poor social circumstances and protected characteristics and is a requirement of public bodies under the Equality Act (2010) and Fairer Scotland Duty (2018).

2.0 RECOMMENDATIONS

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

- 2.1 Approves the IJB Property Strategy as outlined in this report.
- 2.2 Instructs the Chief Officer to bring back progress reports to the IJB on an annual basis.

3.0 FINANCIAL IMPLICATIONS

3.1 The costs associated with the work will be funded through a combination of mechanisms and funding sources including Government capital funds and specific funding held by the IJB (eg GP Premises funding). As neither property budgets or capital budgets are delegated to the IJB, the IJB will need the support of NHS Tayside and Dundee City Council to deliver the strategy.

4.0 MAIN TEXT

4.1 Dundee City Council and NHS Tayside collectively own, lease or otherwise utilise a significant amount of property, as detailed in Appendix 2. Following the establishment of the Dundee Integration Joint Board (the IJB) and the Health and Social Care Partnership (the HSCP), there is an opportunity and clear need to review the approach taken to strategic planning and utilisation of the estate available to the Partnership, to support the aims of integration and delivery of effective, efficient health and social care services in Dundee.

4.2 A Property Strategy sub-group has been established for the IJB to develop this strategy with the following objectives:

- To gain best value from our use of property

- To ensure that health and social care services are provided in and from accessible, sustainable and fit-for-purpose, modern buildings
- To ensure that health and social care services are provided from premises that create environments that support trauma informed ways of working and reducing inequalities (including protected characteristics, fairness and wider health and social work inequalities)
- To enhance provision of health and social care services in local communities
- To ensure that health and social care services are provided from environments that ensure the wellbeing of our workforce
- To rationalise our estate in order to reinvest savings into frontline services

4.3 The work on the property strategy outlines a range of actions which include the need to:

- Agree a process for loans, leases and funded modifications.
- Agree a programme of works in relation to GP premises, within the context of their local community
- Look at areas that are underserved and explore options
- Build on existing work to use clinical space more creatively
- Scope out the clinical space requirements for planned care provision in the community
- Replace Constitution House
- Scope out space requirements for community-based services
- Scope out the need for clinical space within care homes and day services
- Grow partnership shared work spaces and opportunities for coworking in Dundee as a key part of our premises strategy
- Identify IT solutions to some of the barriers to partnership working

4.4 Considerable progress has been made to invest in premises that will support us to deliver our Strategic Commissioning plan. Work undertaken to date or in progress includes:

- Opening of the Crescent Local Care Centre
- Development of a new business case to meet the needs of the Non-Acute Care in Dundee Programme including the reprovision of accommodation at the Kingsway Care Centre, Royal Victoria Hospital.
- The refurbishment of Broughty Ferry Health Centre (phase 1 complete and phase 2 being scoped)
- The development of clinical space at MacKinnon Health Centre
- The development of a Community Wellbeing Centre in the city centre
- Expansion of the car park at Westgate Health Centre
- A number of small projects in GP practices to increase clinical capacity

4.5 While we have been able to progress much of our action plan by making use of existing space and through our development programme there is however a need to create buildings to support this work. These projects are outlined in appendix 3 Dundee 5 Year Plan.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

6.1 A full risk assessment will be produced as each initiative is brought forward for approval.

7.0 CONSULTATIONS

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

The document was circulated to the following colleagues and groups for review and comment:

- Cluster Leads include GP Sub members 28 July 2022
- DHCSP Management 5 August 2022
- Primary Care & Infrastructure Plan Group 19 August 2022
- Property Strategy Short Working Life Group 23 August 2022
- David Shaw 7 August 2022
- Dundee HSCP Primary Care Clinical Management Team 19 August 2022
- Dave Berry 8 September 2022

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 The GP Premises Strategy provides the list of documents that have informed this strategy.

Vicky Irons
Chief Officer

DATE: 23 November 2022

REPORT AUTHORS

Dr David Shaw, Associate Medical Director, Dundee HSCP
Julia Martineau, Programme Manager Primary Care, Dundee HSCP

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**Dundee
Integration Joint Board
Property Strategy**

2022-2025

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Introduction by Chief Officer

This strategy sets out the ambitions for Dundee health and social care provision to develop premises that enable and support health and social care services where citizens are able to access the services they need within their own community. Equitable access to healthcare, social care and social work services is a vital part of tackling inequalities in need and outcomes associated with poverty, poor social circumstances and protected characteristics and is a requirement of public bodies under the Equality Act (2010) and Fairer Scotland Duty (2018).

Dundee HSCP believes that by working together across organisations citizens will have access to the information and support they need to live a fulfilled life. This includes moving to a locality based model, where general practice is part of a wider health and social care ecosystem enabling people to live independently, safely and well in their communities for as long as possible. Other strategic priorities are tackling health inequalities, enhancing early intervention and prevention and developing models of support / pathways of care that are personalised and support positive outcomes. The details are set out in the Dundee Health & Social Care Partnership Strategic and Commissioning Plan 2019-2022 and extension 2022-2023 and this Strategy outlines how our use of premises will support the delivery of those services.

1. Introduction and Current Position

The Scottish Government's Financial Planning Guidance for Health and Social Care Integration states that:

“The Chief Officer of the Integration Joint Board is recommended to consult with the Local Authority and Health Board partners to make best use of existing resources and develop capital programmes. The Integration Joint Board should identify the asset requirements to support the Strategic Plan. This will enable the Chief Officer to identify capital investment projects, or business cases to submit to the Health Board and Local Authority for consideration as part of the capital planning processes, recognising that partnership discussion would be required at an early stage if a project was jointly funded.”

Dundee City Council and NHS Tayside collectively own, lease or otherwise utilise a significant amount of property across the city where health and social care functions are carried out. Following the establishment of the Dundee Integration Joint Board (the IJB) and the Health and Social Care Partnership (the HSCP), there is an opportunity and clear need to review the approach taken to strategic planning and utilisation of the estate available to the Partnership, to support the aims of integration and delivery of effective, efficient health and social care services in Dundee

In the absence of a collated Health and Social Care strategy, funding allocations from Dundee City Council and NHS Tayside's respective capital plans have until now focussed on individual projects or minor works allocations which have been developed and agreed through the partner bodies own governance systems. The development of the property strategy will enable the health and social care property needs to be considered alongside other non-delegated services requirements by the partner bodies as they make informed decisions about their capital investment priorities.

A Property Strategy sub-group has been established for the IJB, led by the Head of Service, Health and Community Care and supported by key stakeholders from the HSCP, 3rd sector partners, Dundee City Council and NHS Tayside. The review and implementation of the Property Strategy for the IJB will inform the work of this group going forward.

2. Objectives

The key objectives of the Property Strategy are:

- To gain best value from our use of property
- To ensure that health and social care services are provided in and from accessible, sustainable and fit- for-purpose, modern buildings
- To ensure that health and social care services are provided from premises that create environments that support trauma informed ways of working and reducing inequalities (including protected characteristics, fairness and

- wider health and social work inequalities)
- To enhance provision of health and social care services in local communities
 - To ensure that health and social care services are provided from environments that ensure the wellbeing of our workforce
 - To rationalise our estate in order to reinvest savings into frontline services
 - To share our intentions for external scrutiny

3. Principles

A number of principles will be adopted in implementation of the Property Strategy, namely:

1. **Designing and delivering services to meet the needs of citizens, carers and communities:**
For example, in ensuring that decisions regarding the utilisation of property support delivery of the IJB's Strategic Plan, and that our services are based in sustainable premises.
2. **Being open and showing that we are fair when allocating resources:**
Ensuring significant decisions as to resource allocation are taken in the appropriate public forum - through either the IJB, Council or Health Board decision making structure – and are subject to a clear strategic or operational business need being articulated and assessment of impact of fairness and equality.
3. **Delivering services to people in their local communities: and,**
A fundamental aim of the Public Bodies (Joint Working) (Scotland) Act 2014 is to increase the amount of health and social care services delivered in people's own homes and communities as opposed to institutional or residential settings. Supports can be offered in a range of settings such a community settings, cafes and pop up events. We will look to progress these more modern methods of working.
4. **Making best use of the assets available to us:**
We will seek to effectively manage our assets, and rationalise our estate where appropriate. For example, by co-locating health and social care services where this would be of benefit to patients, service users and carers.

4. Strategic Context

Strategic Plan and National Policy

The National Clinical Strategy for Scotland 2016 outlines that the vision for health and social care services in Scotland up to 2030 includes ‘*planning and delivery of primary care services around individual communities*’ and further recognises that *essentially a collaborative endeavour*’ with ‘multidisciplinary teams required to deliver effective care’. The refocusing of the GP role as expert medical generalists builds on core strengths of general practice. This will mean tasks currently done by the GP can be carried out by members of the wider primary care team. The contract delivery is underpinned by a Memorandum of Understanding, now in its second iteration, which runs until 31 March 2023.

Alongside the move to multidisciplinary teams, the National Code of Practice for GP Premises 2018 recommends moving general practice towards a service model that does not require GPs to own their premises. To support this transition, the Scottish Government has established a *GP Premises Sustainability Funding to assist* those who no longer wish to own or lease premises themselves. This is part of the Scottish Government’s long term strategy that ‘no GP contractor will need to enter a lease with a private landlord’. In turn, this will remove a significant barrier to GP recruitment.

Other national policies steer the direction; for example, the six Public Health Priorities (2018) and can shine a light on the Scottish Government direction of travel; for example, the vision set out in Housing to 2040.

These national policies are reflected in the Dundee Integration Joint Board’s Strategic and Commissioning Plan 2019-2022 *Strategic Commissioning Plan and Strategic and Commissioning Plan Extension 2022-2023*. This sets the direction for the Partnership by identifying four strategic priorities.

- Strategic Priority 1 Health Inequalities
- Strategic Priority 2 Early Intervention and Prevention
- Strategic Priority 3 Locality Working and Engaging with Communities
- Strategic Priority 4 Models of Support, Pathways of Care

The strategy is underpinned by a range of Strategic Commissioning plans which sets out a wide-ranging transformation programme. eg A Caring Dundee 2 and the Learning Disability and Autism Strategic and Commissioning Plan

It is within this context that the objectives and principles of our Property Strategy have been developed, and within which decisions relating to use of property and assets will be taken.

5. Strategic Needs Assessment

Dundee Health and Social Care Partnership have undertaken a Strategic Needs Assessment. This highlights the challenges ahead with an ageing population and significant pockets of deprivation within the city. The impact of the current cost of living crisis is emerging and likely to be significant. The challenges for the City have been further exacerbated by the recent Covid 19 Pandemic.

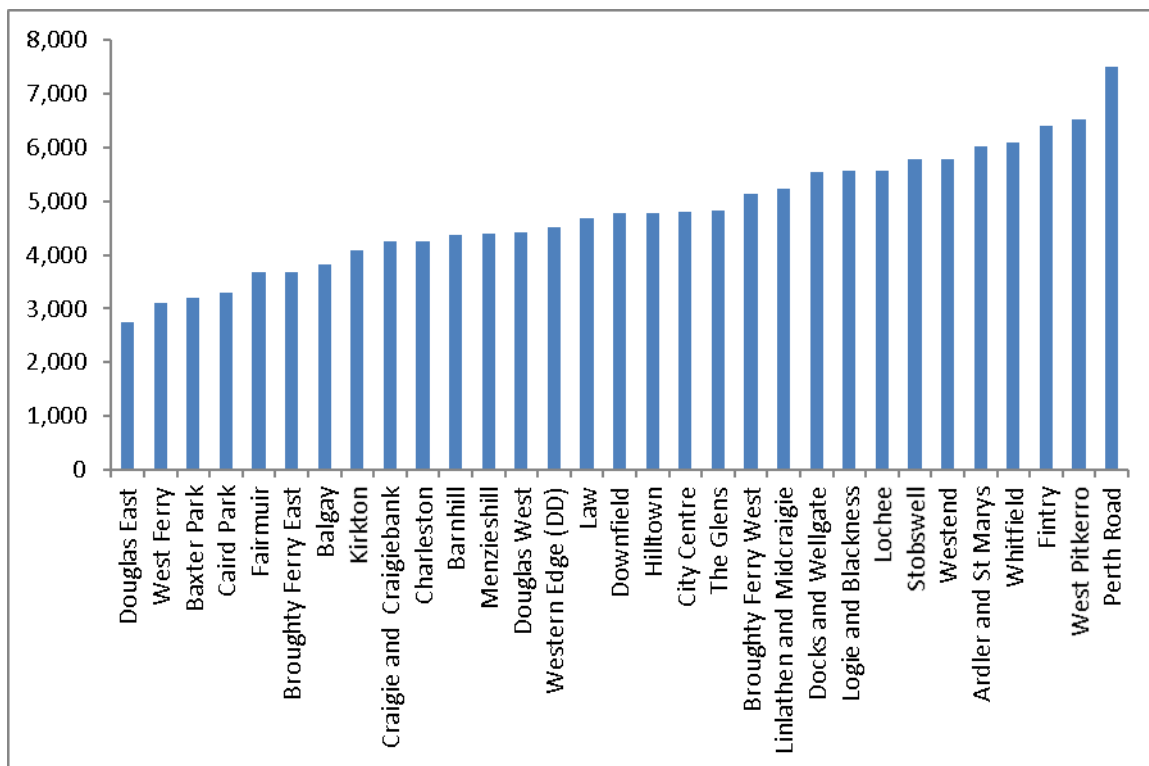
In terms of aging the population of older people is slightly lower than the Scottish

Average at 17% but due to the levels of deprivation many people experience age related issues at a chronologically earlier age. Although lower than the Scottish Average there is an expectation of an increase of 45% in the population aged over 75 years by 2037.

In Dundee there are 188 SIMD data zones of which 70 are ranked within the 20% most deprived in Scotland. (Source SNA).

Only 3 of the 8 Local Community Planning Partnership areas have lower rates than Scotland as a whole for people aged 16-64 who have one or more health condition. Only 1 of the 8 LCPP areas has lower rates than Scotland as a whole for people aged 65+ who have one or more health condition. The Strategic Needs Assessment (SNA) noted the East End and Lochee are the LCPP areas with the highest levels of deprivation and have the highest rates of people experiencing multiple health conditions compared with the more affluent parts of Dundee and Scotland.

The DHSCP Strategic Needs Assessment (SNA) highlights that long term conditions prevalence is higher in Dundee compared with Scotland and the prevalence of 4 long term conditions (cancer, diabetes, depression and asthma) has increased in Dundee. The most predominant conditions are hypertension, diabetes, depression and asthma. The graph below shows.....



In addition, there is a significant level of house building currently underway and also planned for the future, on the edges of the city boundaries. The direct impact of this on a wide range of services is not yet known nor is the impact such population shifts (if any) across the city may have on existing and planned health and social care facilities and infrastructure.

Using information from the Dundee Strategic Housing Investment Plan 2019-2024, the map below shows the new housing planned for Dundee in relation to general practice locations. The boundaries between NHS and Council services are not coterminous.

The Tay Strategic Plan identifies the regeneration/priority areas as:

- Hilltown
- Whitfield
- Lochee
- Mill O'Mains

6. Our Transformation Programme

In order to address the challenges outlined in the DHSCP Strategic Needs Assessment we have a wide ranging Transformation Programme. This is outlined in detail in the Dundee Integration Joint Board's Strategic and Commissioning Plan 2019-2022 and Strategic and Commissioning Plan Extension 2022-2023. A key characteristic of this programme is redesign of services, looking at what services the Council and Health Board deliver, how they are delivered, and where services are delivered from. Fundamental to such redesign activity is consideration of how our use of property supports service delivery and achieving the aims of the transformation programme.

- *Primary Care Improvement Plan*
This plan seeks to modernise Primary Care services based around General Practice and taking a multidisciplinary approach. To make the vision a reality, and to support the role of the GP, Integration Authorities have a statutory role in commissioning primary care services and service redesign that will deliver the primary care improvement plan with its *six priority services*:
 1. Vaccination Transformation Programme
 2. Pharmacotherapy
 3. Community Treatment and Care Services (CTAC)
 4. Urgent Care
 5. Additional Professional Roles (eg First Contact Physiotherapy and Mental Health & Well Being)
 6. Community Link Workers
- *Reshaping Non-Acute Care*
This transformation programme seeks to modernise the way in which inpatient, outpatient and community services are provided across a range of care pathways:
 1. Frailty
 2. Stroke
 3. Neurodisability
 4. Specialist palliative care.

- *Urgent and Unscheduled Care*
This programme seeks in collaboration with NHS Tayside and Perth and Angus Health and social care partnerships to transform the way in which our population access urgent care. Key workstreams are:
 1. Discharge without Delay
 2. Virtual Capacity
 3. Care Closer to Home
 4. Community Focussed Integrated Care

- *Planned Care*
This programme seeks in collaboration with NHS Tayside and Perth and Angus Health and social care partnerships to transform the way in which our population access planned care. Key workstreams are:
 1. Service development with a focus on Patient initiated return, early recovery after surgery, day surgery, DCAQ and waiting list management.
 2. Out Patient redesign incorporating digital solutions and data for delivery.
 3. Ref Guide – Referral guidance system housing condition specific referral algorithms.

- *Drug Death Action Plan for Change (Dundee Partnership)*
This programme outlines the actions agreed in response to the Dundee Drug Commission report Responding to Substance Use with Kindness and Compassion and subsequent review report. The Action Plan for Change is currently being revised through the Dundee Alcohol and Drug Partnership with a view to developing a single prioritised strategic framework and supporting delivery plan for drug and alcohol recovery. This will respond not only to the recommendations of the Drug Commission but also reflect our local needs assessment and response to national policy and standards.

- *Living Life Well - Tayside Mental Health & Wellbeing Strategy (Tayside Mental Health Alliance)*
The Dundee Mental Health and wellbeing strategy?

A cross cutting theme across the transformation programme is the further opportunities presented by digital solutions which enable Mobile Working and work to integrate health and social care information systems, which are critical to the delivery of our strategic plan and better use of property across the HSCP. This work is very much dependent on both IT infrastructure and premises and should consider the needs of all sectors. Dundee City Council continues to develop hybrid working arrangements for its services which will see a continued commitment to providing flexible working arrangements from home, in the workplace and in the community.

One service delivered by DVVA, currently commissioned by the H&SCP has provided a new front door for supports to older people, not necessarily centred around GP and Clinical settings or the first Contact Team. Making use of DIALOP as a new front door for people accessing supports that don't necessarily meet H&SC

eligibility criteria.

7. Links to Partner Organisation Strategies

The Property Strategy of the Dundee IJB does not sit in isolation, and is linked closely to both the Council's Capital Plan 2023-28 and NHS Tayside's Property and Asset Management Strategy 2015-2020. Both of these strategies are focussed on making best use of the significant assets owned by the Council and Health Board, which is in line with the principles and objectives outlined in this document.

Tay Strategic Plan 2016-2036

NHS Tayside's has set out its response to the national vision with the Tay Strategic Plan 2016-2036. This plan, reviewed every 4 years, centres on place and how quality of place is really important for people's quality of life. It states '*community, healthcare, education and sporting facilities are best located at the heart of the communities they serve*' and is an ambition shared in Dundee's property strategy. The plan mentions Dundee's target of 480 new homes per year. Based on an occupation of 2.16 people, that is an additional 1036 people per year.

NHS Tayside Asset Management Update 2020 to 2030

The Asset Plan for Tayside sets out the *current state of primary care premises*, noting the required areas of change as:

- The sustainability of the number of practices
- The anticipated demand to assign leases and properties to the Board
- The significant number of services housed in poor/aged/inappropriate accommodation
- The likely demand for growth to be accommodated in practice with already high demand.

Dundee's Climate Action Plan (2019)

This plan has set a pathway of transition to a net-zero and climate resilient future by 2045. This will be supported through the provision of community servicing GP premises enabling residents to live within a smaller carbon footprint. This influences the premises strategy in a number of ways. For example, access to the city centre for vehicles....etc.

Dundee City Plan 2022-2033

Dundee's City Plan is a key part of the premises jigsaw as here the wider economic, environmental and social aspirations for Dundee are captured. It strengthens the case for Dundee's priorities to be a focus on *health inequalities and person centred care*. Dundee is also exploring a revitalising of the city centre to increase the footfall which is a consideration for the city centre located practices

8. Future Plans

The long term vision of the IJB's Property Strategy is that the property estate available to the IJB will be utilised across the city for provision of health and social care services, with those properties being modern, fit for purpose premises which are utilised to their maximum potential.

There is a significant amount of work already undertaken or underway across the city to rationalise and modernise our property portfolio, including:

- Opening of the Crescent Local Care Centre
- Development of a new business case to meet the needs of the Non-Acute Care in Dundee Programme including the reprovision of accommodation at the Kingsway Care Centre, Royal Victoria Hospital.
- The refurbishment of Broughty Ferry Health Centre (phase 1 complete and phase 2 being scoped)
- The development of clinical space at MacKinnon Health Centre
- The development of a Community Wellbeing Centre in the city centre
- Expansion of the car park at Westgate Health Centre
- A number of small projects in GP practices to increase clinical capacity

9. Governance

Overall responsibility for the implementation of the Dundee IJB Property Strategy rests with the Dundee IJB Property Strategy Group chaired by the Head of Service and with active input and collaboration from Dundee City Council and NHS Tayside.

Financial governance of all matters relating to property is through the existing governance and capital planning arrangements of the Council and Health Board, acting under direction from the Integration Joint Board. The equivalent function on behalf of the IJB is led by the Chief Officer: Finance and Resources, reporting to the IJB Finance and Audit Committee.

As the IJB does not own property of its own, decision making with regards to decommissioning, capital investment etc. rests with the Council and Health Board, albeit with appropriate reference to the needs of the IJB and any specific directions made to either body. An annual report on implementation of the property strategy will be provided to the IJB.

10. Monitoring and Scrutiny

Monitoring and Scrutiny of the IJB's Property Strategy will be primarily carried out by the IJB Finance and Audit Committee, with reference to the full IJB where appropriate. Appropriate links will also be developed with the monitoring and scrutiny arrangements of the Council and Health Board as necessary.

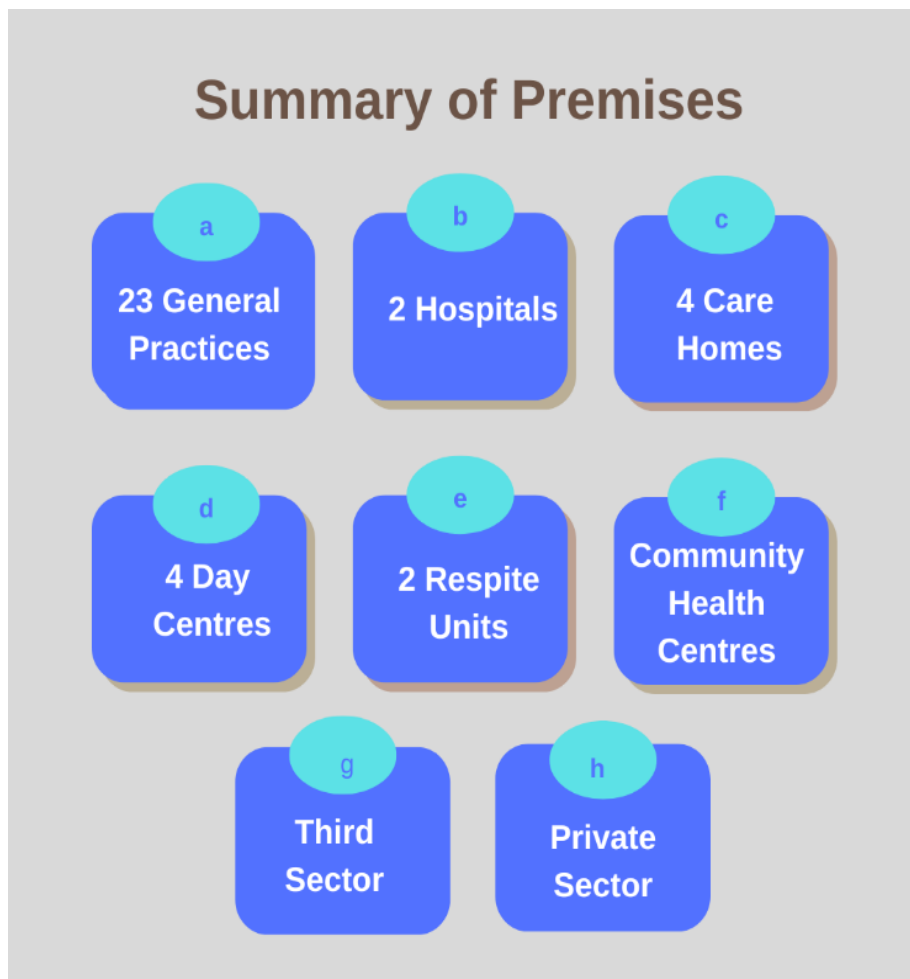
11. Stakeholder Engagement

One of our biggest strengths is our network of employees, partners and collaborators from across Dundee. We often collaborate with cross sector partners including the third and Independent Sector, community development trusts, local employers and community groups and we will continue to provide expertise, specialist skills and/ or capacity to our partners to facilitate the delivery of projects.

Drawing on our teams, we will continue to engage at a local level to ensure that projects are best placed to meet local need and enable local industries and communities to thrive.

12. The Current Position

We have undertaken an assessment of our premises as contained in Appendix 1 on this report. The key issues are the alignment with areas of population density and areas of deprivation with many areas being underserved, the condition of many of the assets and the premises not being fit for purpose.



Dundee has 23 GP practices with Community Services being provided, at least to some extent, from all of them. These practices are in a mixture of NHS Tayside owned and leased, or privately owned or leased buildings. In addition to those services that

are provided from GP practices we have a number of buildings.

We currently have two hospital facilities. These house a range of services for people with cognitive, mental health and physical health needs.

There are also four care homes, four day centres and two respite units.

Clinical community services are provided from a range of other buildings including those specific to that purpose, GP surgeries, and Community Health Centres.

A key partner is the third sector. This sector primarily rent/ lease office/service delivery space in Dundee

We have a range of commissioned services including care homes, respite services, and day services which are often provided in buildings owned by the operator. Social care and community capacity building services, although there has been a move towards colocation, are predominantly provided in rented accommodation across the city.

The intention of in developing this property strategy is to make better use of all the available accommodation across the city to support more locally delivered services, more integrated ways of working and fundamental shift the balance of care, while working within the limitations of the current estate.

General Practice provision in the city has not historically been aligned with localities with the patient population being drawn from across the city. While there has been a move towards a more locally based approach this will take some time to achieve. The current premises we have do not support this with a significant cluster of our GP practices in one area. Much of the estate that the Health and Social Care Partnership operate from has been assessed as requiring significant modernisation and in some cases it may not be economically viable to do this.

The analysis of Dundee premises also highlights many are not fit for purpose and is impacting on opportunities for change or innovation. There is need for remedial work to improve the space available and the amenity. Whilst we have been able to make some moves towards a more locally delivered service, our buildings do not necessarily support this and the current use is often based on historic use.

Key Strategic Issues

Dundee Health and Social Care Partnership have outlined an ambitious change programme, as detailed above, to meet the needs of the city and delivering this will require premises that are in good condition, local to our population and fit for purpose.

Primary Care Improvement Plan

The Primary Care Improvement Plan (PCIP) sets out how the six priority service areas agreed between the Scottish Government, the Scottish GP's Committee of the British Medical Association, Integration Authorities and NHS Boards. The focus for 2021-22 is pharmacotherapy, community treatment and care services and the

vaccination transformation programme. The remaining three areas being urgent care, additional professional roles e.g. First Contact Physiotherapists and Community Link Workers.

There are a number of challenges have emerged in relation to delivering these six priorities, including the modernising of Primary Care and the availability of space. All of which have been limiting factors in meeting the contractual obligations set out in the PCIP. The Dundee Health and Social Care Partnership GP Premises Strategy recognises these and makes a number of recommendations. Some progress has been made in accommodating services in recent months reflecting practices being able to return to normal service post Covid which has freed up some room capacity and as a result of smaller GP practices closing. A programme of works is underway which includes Broughty Ferry Health Centre refurbishment, MacKinnon Centre – change of room usage and Westgate Car Park extension. There are however a number of outstanding issues in relation to the premises and resolving these will support us to meet our obligations under the PCIP.

We need to

- Agree a process for loans, leases and funded modifications.
- Agree a programme of works in relation to GP premises, within the context of their local community
- Look at areas that are underserved and explore options

Reshaping Non-Acute Care

The Kingsway Care Centre was originally constructed in 2013 as a commercial care home but was adapted in 2014 to become predominantly a health facility. It was identified as a temporary solution (two years) pending the construction of a new, purpose-built facility. The unit accommodates both male and female patients and consists of three inpatient assessment wards, two organic and one for functional patients.

All of the inpatient accommodation is on the ground floor with the first floors having been adapted to administration support accommodation. This accommodation provides a base for two community mental health teams, one post-diagnostic support team and a care home support team.

The administration support accommodation, whilst functional, is generally poor. Small bedrooms with en-suite bathrooms still in situ have been converted into two or three person offices.

There are significant risks associated with the inpatient accommodation. Whilst the majority of the wards benefit from single rooms, the remainder of the areas are, at best, poor in terms of meeting the needs of this patient group. The Care Commission and Mental Welfare Commission have identified serious risks in terms of patient observation and ligature points and significant capital investment would be required to fully address both issues.

A long-standing, and as yet unresolved issue, also exists with the leasing arrangements for the facility. As a result of the liquidation of the company that previously owned the unit, the current arrangement permits the service to occupy the facility on a rolling month-to-month basis with the risk of eviction at short notice ever present.

It is likely, should the leasing arrangement be resolved and the risks noted above addressed, that this facility will remain operational for another 3-5 years, pending the delivery of the new facility.

- **Royal Victoria Hospital**

This site has been used to deliver health services since 1899 when the original building was officially opened as a “Home for the Incurables”. The main buildings still in use currently dates back around 50 years and was designed for the delivery of health services at that time.

The hospital consists of a range of disparate buildings on multiple levels,] some connected by elevated walkways. It includes, the Centre for Brain Injury Rehabilitation, the Roxburghe House Specialist Palliative Care Unit, a Day Hospital for Frailty Services and four in-patient wards.

These wards accommodate three assessment and rehabilitation units and a specialist stroke assessment and rehabilitation unit.

The hospital also provides an administration support base for a range of community services including the Dundee Enhanced Community Support (Acute) Service.

The Roxburghe House specialist palliative care unit is the most modern of the buildings on the site and is in reasonable condition.

Similar to the Kingsway Care Centre, the administration support areas are adapted bedrooms and day rooms and whilst functional, do not provide a suitable base to support the delivery of community services.

The Frailty Services day hospital and assessment and rehabilitation wards are poor and, having been assessed internally, are unlikely to meet even minimum Health Improvement Scotland standards.

The adapted area that currently accommodates the Centre for Brain Injury Rehabilitation service is generally recognised as some of the poorest quality accommodation in Tayside. Significant capital investment would be required for the buildings and infrastructure on this site to achieve even minimum compliance and offer facilities appropriate for the delivery of modern health services.

While the accommodation for specialist palliative care services is in good condition and fit for purpose the service delivery model is co-dependent with the other services and will require to move with them.

We need to

- Replace Kingsway Care Centre and Royal Victoria Hospital

Urgent and Unscheduled Care

In order to support the delivery of urgent care at home we require suitable community premises to deliver the service from. We have developed two enhanced care at home teams and an Urgent Care Home team. While an interim solution has been identified in RVH for the West End Enhanced Care at Home team we still have inadequate space for the East team.

We need to

- Identify premises for the Urgent Care at Home team East
- Identify premises for the Urgent Care Home team
- Consider the longer term solution once the plan for Royal Victoria Hospital emerges

Planned Care

As the way in which we deliver planned care becomes more community focussed there will be increased pressure on our clinical space in the community. While we have sought to be more creative in how and when we use space this is likely to be an ongoing challenge.

We need to

- Build on existing work to use clinical space more creatively
- Scope out the clinical space requirements for planned care provision in the community

Drug Death Action Plan for Change (Dundee Partnership) Living Life Well - Tayside Mental Health & Wellbeing Strategy

We need to

- Replace Constitution House
- Scope out space requirements for community based services

Support Services and Administrative/Management Functions

Within the Partnership there are a number of staff who work in supporting and managerial roles, primarily within Finance, Business Support and Strategy and Performance Services but also including managers of operational services and clerical and administrative staff. These staff are primarily based in Claverhouse and 5 City Square but also access other office bases across the city on an infrequent basis. As a consequence of the pandemic the vast majority of these staff have spent significant proportions of their time over the last 2 years working from home utilising digital technology. Whilst office remobilisation has commenced across the workforce, at the present time it remains unclear what models of working will emerge

for this staff group and the demand this will place on available properties. As with operational services, there is a close connection between the property strategy and digital strategy moving forward.

While it is not clear exactly what model will emerge it is clear that the pandemic has changed the way in which we work. It is likely that these support functions will require less individual workspaces, but will also require access to collaborative work space for informal working, meetings and activities such as the delivery of learning and organisational development activities. Property is also required the supports and enables public access for activities relating to co-production and engagement. Accessible venues that can accommodate larger numbers of people are limited and often have to be sourced from the third and private sector. Again, the pandemic and emerging digital options have impacted significantly on the use of these types of space over the last 2 years and there is not yet a clear understanding of models of working/property demand that will be adopted going forward.

Due the nature and complexity of health and social care, the property portfolio must support collaborative working across wider community planning partners. Shared spaces with partners in Children and Families, Neighbourhood Services and Acute Health Services are important to support opportunities for whole system working across strategic planning, finance and business support functions.

Care Homes

A range of permanent care, intermediate care, respite care and day services are provided from within the following buildings. These are:

- Janet Brougham
- Menzieshill House
- Turriff House
- Oakland Day Centre
- MacKinnon Centre
- White Top Centre

These buildings while generally fit for purpose but as we integrate our service models we need to

We need to

- Scope out the need for clinical space within care homes and day services

The Third Sector

The third sector are a key partner our models of care and face challenges with premises. The legal framework including the asset transfer process is complex and difficult to navigate many struggle with. Co working offers a solution, offers financial

benefits and results in integrated teams sharing a wide range of expertise towards a more coordinated model of service delivery.

We need to

- Grow partnership shared work spaces and opportunities for coworking in Dundee as a key part of our premises strategy
- Identify IT solutions to some of the barriers to partnership working

The Independent Sector

The care home private and voluntary sector have been consulted as part of this document and asked to consider requirements. The Dundee Independent Sector lead shared that as premises are privately owned or rented they make full use of all space they have to meet the requirements of the residents and families they serve. They have standards to meet in terms of regulation and inspection which includes residents having opportunities for social and health needs met both within the care home, and out with in their local communities. Space within the care environment is usually at a premium for this reason, but all strive to link with local communities. Some older voluntary care homes which are not purpose built have struggled to meet care inspectorate standards over the past few years and have closed as a result. This has meant that in Dundee we have a several purpose built care homes which can accommodate a large amount of residents.

Conclusion

Dundee City Council and NHS Tayside collectively own, lease or otherwise utilise a significant amount of property. There is a clear need to review the approach taken to strategic planning and utilisation of the estate available to the Partnership, to support the aims of integration and delivery of effective, efficient health and social care services in Dundee.

In looking do this we have sought to ensure we gain best value from our use of property and to ensure that health and social care services are provided in and from accessible, sustainable and fit- for-purpose, modern buildings. We would want to ensure that health and social care services are provided from premises that create environments that support trauma informed ways of working and reducing inequalities (including protected characteristics, fairness and wider health and social work inequalities) as well as supporting the health and wellbeing of our workforce.

In looking at how we do this the property strategy outlines a range of actions which aim to make better use of the estate we currently use, create sustainability and identify gaps. From this we have developed an action plan of prioritised developments. Much has been achieved with other projects in progress and we will seek to continue to develop and deliver on this action plan over the next three years.

Site Name	Area	Ownership	GIA	Address 1	Address 2	Postcode	Locality	Type / Use / Status	Current Users
HSCP Accommodation									
Alloway Centre	Dundee	NHS	1525	1 Alloway Place	Dundee	DD4 8UA	East End	Multi Service	Adult Community Mental Health Teams
Broughty Ferry Health Centre	Dundee	NHS	908	103 Brown Street	Broughty Ferry	DD5 1EP	Ferry	Health Centre	Community Services/GP
Constitution House	Dundee	NHS	1395	55 Constitution Road	Dundee	DD1 1LB	Coldside	Multi Service	Substance Use Services
Dundonald Centre	Dundee	NHS	673	Unit 9a Manhattan Works	Dundonald St	DD3 7PY	Maryfield	Multi Service	Adult Mental Health Services
Hawkhill Day Centre	Dundee	NHS	369	Peddle Street	Dundee	DD1 5LS	West End	Clinic	Learning Disability Services
Kings Cross	Dundee	NHS	17560	274 Clepington Road	Dundee	DD3 8EA	Coldside	Multi Service	Community Services
Kingsway Care Centre	Dundee	Private	4898	7 Kings Cross Road	Dundee	DD2 3PT	Lochee	Multi Service Hospital	Older Peoples Mental Health
Lochee Health Centre	Dundee	NHS	658	Marshall Street	Lochee	DD2 3BR	Lochee	Health Centre	Community Services/GP
Maryfield House	Dundee	NHS	3806	Mains Loan	Dundee	DD4 7AA	Maryfield	Offices	Finance
Ninewells Hospital	Dundee	NHS	212898	Ninewells Avenue	Dundee	DD1 9SY	West End	Acute Hospital	Discharge Hub, Sexual Health Services, MFE, Liaison Team,
Royal Victoria Hospital	Dundee	NHS	17067	Jedburgh Road	Dundee	DD2 1SP	West End	Multi Service Hospital	In patient, out patient and community services
Ryehill Health Centre	Dundee	NHS	1294	St Peter Street	Dundee	DD1 4JH	West End	Health Centre	Community Services
The Corner Administration	Dundee	City Development	105	18 Dock St	Dundee	DD1 3DP	Maryfield	Offices	
The Corner Young Peoples Health Service	Dundee	City Development	122	13 Shore Tce	Dundee	DD1 3DP	Maryfield	Multi Service	Young People
The Crescent	Dundee	City Development		71 Lothian Crescent	Dundee	DD4 0HU	North East	Multi Service	Community Services/GP
Wallacetown Health Centre	Dundee	NHS	2766	Lyon Street	Dundee	DD4 6RB	Maryfield	Health Centre	Community Services/GP
Wedderburn House	Dundee	NHS	2237	1 Edward Street	Dundee	DD1 5NS	West End	Clinic	Adult Mental Health Services
Westgate Health Centre	Dundee	NHS	1564	Charleston Drive	Dundee	DD2 4AD	Lochee	Health Centre	Community Services/GP
Roxburghe House	Dundee	NHS		Jedburgh Road	Dundee	DD2 1SP	West End	Multi Service Hospital	In patient, out patient and community services
Mackinnon Centre	Dundee	City Development		491 Brook Street	Broughty Ferry	DD5 2DZ	Ferry	Day Service and Respite Unit	Adult Services
Turriff House RHE	Dundee	City Development		4 Rannoch Road	Dundee	DD3 8RB	Strathmartine	Residential Care	Older Peoples Services
Wellgate Day Centre	Dundee	City Development		Ladywell Avenue	Dundee	DD1 2LA	Maryfield	Day Centre	Learning Disability Services
Oakland Day Care Centre	Dundee	City Development		33 Morven Terrace	Dundee	DD2 2JU	West End	Day Centre	Older Peoples Services
Employment Support Service	Dundee	Other		Dunsinane Avenue	Dundee	DD2 3PN	Lochee	Supported Employment	Learning Disability Services
White Top Centre	Dundee	City Development		Westfield Avenue	Dundee	DD1 4JT	West End	Day Centre and Respite Unit	Learning Disability Services
Friarfield House	Dundee	City Development		Barrack Street	Dundee	DD1 1PQ	Maryfield	Office	
DAILCEC	Dundee	City Development		Charles Bowman Avenue	Claverhouse West Industrial Estate	DD4 9UB	North East	Office and Joint Store	Community Services and Joint Store
Menzieshill House RHE	Dundee	City Development		201 Earn Crescent	Dundee	DD2 4GD	Lochee	Residential Care	Older Peoples Services
Social Work Offices Claverhouse Ind Park East	Dundee	City Development		Jack Martin Way	Dundee	DD4 9FF	North East	Office	Various
Janet Brougham RHE	Dundee	City Development		1 Banchory Road	Dundee	DD4 7BS	North East	Residential Care	Older Peoples Services
Unit G Records Store	Dundee	City Development		Unit G Records Store	Dundee		North East	Multiple	Community Meals Service
West District Housing Office	Dundee	City Development		West District Housing Office	Dundee		Lochee	Multiple	Social Care Response Service/Telecare
5 City Square	Dundee	City Development		5 City Square	Dundee		Maryfield	Office	Various

Accommodation in Other Localities

Perth Royal Infirmary	Perth	NHST		Taymouth Terrace	Perth	PH1 1NX	Perth	PRI - admin corridor x 6 rooms	Hospital Dietetic Teams
Stracathro Hospital	Angus	NHST			Brechin	DD9 7QA	Angus	Stracathro - Dietetic department x	Hospital Dietetic Teams
Murray Royal Hospital	Perth	NHST		Muirhall Road	Perth	PH2 7BH	Perth	Murray Royal Hospital	Mental Health Dietetic Team
Whitehills Hospital	Angus	NHST		Station Road	Forfar	DD8 3DY	Angus	Whitehills Hospital - 2 rooms	Angus Community Dietetic Teams
Arbroath Infirmary	Angus	NHST		Rosemount Road	Arbroath	DD11 2AT	Angus	Arbroath Infirmary	Angus Community Dietetic Teams
Arbroath Medical Centre	Angus			7 Hill Place	Arbroath	DD11 1AD	Angus	Arbroath Practice	Angus Community Dietetic Teams
Links Health Centre	Angus	NHST		Marine Avenue	Montrose	DD10 8TR	Angus	Montrose H/C	Angus Community Dietetic Teams
Carnoustie Medical Group	Angus	NHST		Parkview Primary Care Centre, Barry Road	Carnoustie	DD7 7RB	Angus	Carnoustie H/C - dietetic office	Angus Community Dietetic Teams
Aberfeldy and Kinloch Rannoch Medial Practice	Perth	NHST		Taybridge Road	Aberfeldy	PH15 2BH	Perth	Aberfeldy H/C	P&K Community Dietetic Teams
Crieff Medical Centre	Perth			Community Nursers, King Street	Perth	PH7 3SA	Perth	Crieff H/C	P&K Community Dietetic Teams
St Margaret's Health Centre	Perth			St Margaret's Drive	Auchterarder	PH3 1JH	Perth	St Margarets Auchterarder	P&K Community Dietetic Teams
Ardblair Medical Practice	Perth			Ann Street, Blairgowries and Rattray	Blairgowrie	PH10 6EF	Perth	Blairgowrie CH	P&K Community Dietetic Teams
Loch Leven Health Centre	Perth			Muir's	Kinross	KY13 8FP	Perth	Kinross H/C	P&K Community Dietetic Teams
Cornhill Macmillan Centre PRI	Perth	NHS		Jeanfield Road	Perth	PH1 1NX	Perth	Multi Service Hospital	
Stracathro Macmillan Centre	Angus	NHS			Brechin	DD9 7QA	Angus	Day Service	Community Macmillan Services

GP surgeries used by a range of staff

Ancrum & Ancrum One Medical Centres	Dundee			12 / 14 Ancrum Road	Dundee	DD2 2HZ	West End	GP	Community Services/GP
Arthurstone Medical Centre (Erskine & Mill))	Dundee			39 Arthurstone Terrace	Dundee	DD4 6QY	Maryfield	GP	Community Services/GP
Coldside Medical Practice	Dundee			129 Strathmartine Road	Dundee	DD3 8DB	Coldside	GP	Community Services/GP
Douglas Medical Centre	Dundee			Balunie Avenue	Dundee	DD4 8XZ	East End	GP	Community Services/GP
Downfield Surgery	Dundee			325 Strathmartine Road	Dundee	DD3 8NE	Strathmartine	GP	Community Services/GP
Grove Medical Practice	Dundee			129 Dundee Road	Broughty Ferry	DD5 1DU	Ferry	GP	Community Services/GP
Hawkhill Medical Practice	Dundee			215 Hawkill	Dundee	DD1 5LA	West End	GP	Community Services/GP
Hillbank Health Centre	Dundee		40	1a Constitution Street	Dundee	DD3 6NF	Coldside	Health Centre	Community Services/GP
Invergowrie Medical Practice	Dundee			82 Main Street	Invergowrie	DD2 5AA	Perth	GP	Community Services/GP
Maryfield Medical Centre	Dundee			28 Mains Loan	Dundee	DD4 7AA	Maryfield	GP	Community Services/GP
Muirhead	Dundee			Liff Road	Muirhead	DD2 5NH	Angus	GP	Community Services/GP
Nethergate Medical Centre	Dundee	Medical Centre Scotland	529	2 Tay Square	Dundee	DD1 1PB	West End	GP	Community Services/GP
Park Avenue Medical Practice	Dundee			Park Avenue	Dundee	DD4 6PP	Maryfield	GP	Community Services/GP
Princes Street Surgery	Dundee			155 Princess Street	Dundee	DD4 6DG	Maryfield	GP	Community Services/GP
Taybank Surgery	Dundee			10 Robertson Street	Dundee	DD4 6EL	Maryfield	GP	Community Services/GP
Taycourt Surgery	Dundee			50 South Tay Street	Dundee	DD1 1PF	West End	GP	Community Services/GP

Terra Nova Medical Practice	Dundee			43 Dura Street	Dundee	DD4 6SW	Maryfield	GP	Community Services/GP
Cairn Centre	Dundee	Leased	98	12 Rattray Street	Dundee	DD1 1NA	Maryfield	Clinic	

Venues used by Social Care Teams

Alpin Glenesk	Dundee	City Development		5 Glenesk Avenue	Dundee	DD3 6AR	Coldside	Sheltered Housing	Social Care
Alva Square	Dundee	City Development		10 Alva Square	Dundee	DD3 6NR	Coldside	Sheltered Housing	Social Care
Balcarres	Dundee	City Development		12 Balcarres Terrace	Dundee	DD4 8QX	West End	Sheltered Housing	Social Care
Baluniefield	Dundee	City Development		211a Balunie Drive	Dundee	DD4 8UY	West End	Sheltered Housing	Social Care
Brington Place	Dundee	City Development		30 Brington Place	Dundee	DD4 7QF	East End	Sheltered Housing	Social Care
Clement Park/Tofthill	Dundee	City Development		14b Clement Park Place	Dundee	DD2 3JN	East End	Sheltered Housing	Social Care
Clepington Road	Dundee	City Development		218 Clepington Road	Dundee	DD3 8BG	Coldside	Sheltered Housing	Social Care
Clyde Place	Dundee	City Development		52 Tummell Place	Dundee	DD2 4EP	Lochee	Sheltered Housing	Social Care
Corso Street	Dundee	City Development		37 Blackness Avenue	Dundee	DD2 1EY	West End	Sheltered Housing	Social Care
Craigie Street	Dundee	City Development		6 Craigie Street	Dundee	DD4 6PF	Maryfield	Sheltered Housing	Social Care
Craigiebank	Dundee	City Development		103 Balgavies Avenue	Dundee	DD4 7QT	East End	Sheltered Housing	Social Care
Craigowan	Dundee	City Development		81a Craigowan Road	Dundee	DD2 4NJ	Lochee	Sheltered Housing	Social Care
Cullen Place	Dundee	City Development		69 Huntly Road	Dundee	DD4 7SY	East End	Sheltered Housing	Social Care
Dryburgh	Dundee	City Development		117 Langshaw Road	Dundee	DD2 2SB	Lochee	Sheltered Housing	Social Care
Fleming Gardens	Dundee	City Development		Hindmarsh Avenue	Dundee	DD3 7LX	Coldside	Sheltered Housing	Social Care
Forthill	Dundee	City Development		3a Forthill Drive	Dundee	DD5 3DY	Ferry	Sheltered Housing	Social Care
Garry Place	Dundee	City Development		78 Garry Place	Dundee	DD3 8QX	Strathmartine	Sheltered Housing	Social Care
Happyhillock	Dundee	City Development		54a Happyhillock Road	Dundee	DD4 8LL	East End	Sheltered Housing	Social Care
Hilltown/Hill Street	Dundee	City Development		51 Hill Street	Dundee	DD3 6QP	Coldside	Sheltered Housing	Social Care
Kirk Street	Dundee	City Development		Ground Fl., Adamson Crt	Dundee	DD2 3EE	Lochee	Sheltered Housing	Social Care
Kirkton	Dundee	City Development		7 Ulverston Terrace	Dundee	DD3 0AB	Strathmartine	Sheltered Housing	Social Care
Lawton Road	Dundee	City Development		11 Lawton Road	Dundee	DD3 6SZ	Coldside	Sheltered Housing	Social Care
Logie	Dundee	City Development		33 Lime Street	Dundee	DD2 2AQ	West End	Sheltered Housing	Social Care
Longhaugh	Dundee	City Development		45 Longhaugh Terrace	Dundee	DD4 9JN	North East	Sheltered Housing	Social Care
Mill O' Mains	Dundee	City Development		16 Foula Terrace	Dundee	DD4 9TB	North East	Sheltered Housing	Social Care
Moncur Crescent	Dundee	City Development		14 Hastings Place	Dundee	DD3 7SB	Coldside	Sheltered Housing	Social Care
Morven Terrace	Dundee	City Development		1b Morven Terrace	Dundee	DD2 2JU	West End	Sheltered Housing	Social Care
Powrie Place/Ann St	Dundee	City Development		3 Powrie Place	Dundee	DD1 2PQ	Coldside	Sheltered Housing	Social Care
St Columba Gardens	Dundee	City Development		25b St Columba Gardens	Dundee	DD3 8DA	Coldside	Sheltered Housing	Social Care
Tullideph	Dundee	City Development		40 Tullideph Place	Dundee	DD2 2PT	West End	Sheltered Housing	Social Care
Watson Street	Dundee	City Development		60 Watson Street	Dundee	DD4 6HE	Maryfield	Sheltered Housing	Social Care
Wedderburn	Dundee	City Development		3 Wedderburn Street	Dundee	DD3 8DA	Coldside	Sheltered Housing	Social Care
Wellgate	Dundee	City Development		24A King Street	Dundee	DD1 2JB	Maryfield	Sheltered Housing	Social Care
Whorterbank	Dundee	City Development		Burnside Court	Dundee	DD2 3AF	Lochee	Sheltered Housing	Social Care
Wolseley Street	Dundee	City Development		4 Strathmore Street	Dundee	DD4 7NH	East End	Sheltered Housing	Social Care
Pine Court	Dundee	Home Scotland		35 Logie Gardens	Dundee	DD2 2QB	West End	Sheltered Housing	Social Care
Muirlands	Dundee	Caledonia		12 Seafiel Lane	Dundee	DD1 4JZ	West End	Sheltered Housing	Social Care
Dickson Ave	Dundee	Caledonia		170 Dickson Ave	Dundee	DD2 4LW	Lochee	Sheltered Housing	Social Care
Magdalen Yard	Dundee	Caledonia		Magdalen Yard Road	Dundee	DD1 4LQ	West End	Sheltered Housing	Social Care
Waverley Court	Dundee	Hillcrest		31 Dundas Street, Broughty Ferry	Dundee	DD5 1EH	Ferry	Sheltered Housing	Social Care
Rockwell Gdns	Dundee	Bield		Rockwell Gardens	Dundee	DD3 6TW	Coldside	Sheltered Housing	Social Care
Wimberley Court	Dundee	Cairn		Wimberley Court, Victoria Road, Broughty Ferry	Dundee	DD5 1DA	Ferry	Sheltered Housing	Social Care

Venues used by Health Inequalities Service

All DCC Community Centres	Dundee								Health Inequalities Service
All hostels and clients own tenancies	Dundee								Health Inequalities Service
Angus Housing Community Lounge	Dundee			Ormiston Crescent, Whitfield	Dundee	DD4 0UD	North East		Health Inequalities Service
Boots Pharmacy Albert St	Dundee			94 Albert Street	Dundee	DD4 6QH	Maryfield		Health Inequalities Service
Boots Pharmacy Lochee High st	Dundee			108 Lochee High Street	Lochee	DD2 3BL	Lochee		Health Inequalities Service
Boots Pharmacy Strathmartine Rd	Dundee			146 Strathmartine Road	Dundee	DD3 7SE	Coldside		Health Inequalities Service
Brooksbank Neighbourhood Centre	Dundee			Pitarlie Road, Mid Craigie Road	Dundee	DD4 8DG	East End		Health Inequalities Service
Carers Centre	Dundee			134 Seagate	Dundee	DD1 2HB	Maryfield		Health Inequalities Service
Charleston Community Centre	Dundee			66 Craigowan Road	Dundee	DD2 4NL	Lochee		Health Inequalities Service
Coldside Library	Dundee			150 Strathmartine Road	Dundee	DD3 7SE	Coldside		Health Inequalities Service
Community Justice	Dundee			Friarfield House, Barrack Street	Dundee	DD1 1PQ	Maryfield		Health Inequalities Service
The Crescent	Dundee			71 Lothian Crescent	Dundee	DD4 0HU	North East		Health Inequalities Service
Douglas Community Centre	Dundee			Balmoral Avenue	Dundee	DD4 8SD	East End		Health Inequalities Service
Families House at Grampian Gardens	Dundee			20 Grampian Gardens	Dundee	DD4 9QZ	North East		Health Inequalities Service
Finmill Centre	Dundee			Findcastle Street	Dundee	DD4 9EW	North East		Health Inequalities Service
Hilltown Community Centre	Dundee			15 Alexander Street	Dundee	DD3 7DL	Coldside		Health Inequalities Service
Jericho House	Dundee			36 Artillery Lane	Dundee	DD1 1PE	West End		Health Inequalities Service
Kirkton Community Centre	Dundee			Derwent Avenue	Dundee	DD3 0AX	Strathmartine		Health Inequalities Service
Landmark Hotel	Dundee			Kingsway West	Dundee	DD2 5JT	Lochee		Health Inequalities Service
Mckinnon Centre	Dundee			491 Brook Street	Broughty Ferry	DD5 2DZ	Ferry		Health Inequalities Service
Menzieshill Community Centre	Dundee			260 Dickson Avenue	Dundee	DD2 4TQ	Lochee		Health Inequalities Service

Mitchell Street Centre	Dundee		Mitchell Street	Dundee	DD2 2LJ	West End	Health Inequalities Service
Signpost Centre	Dundee		Lothian Crescent	Dundee	DD4 0SD	North East	Health Inequalities Service
St Mary's Community centre	Dundee		St Kilda Road	Dundee	DD3 9NH	Strathmartine	Health Inequalities Service
St Mary's Community Church	Dundee		37 St Kilda Road	Dundee	DD3 9ND	Strathmartine	Health Inequalities Service
Street Soccer	Dundee		South Road	Dundee	DD2 4SR	Lochee	Health Inequalities Service
The Hub - Lochee	Dundee		Highgate Centre, 118 High Street	Lochee	DD2 3BL	Lochee	Health Inequalities Service
The Hub - Pitkerro	Dundee		171 Pitkerro Road	Dundee	DD4 8ES	East End	Health Inequalities Service
The Wishart Centre	Dundee		50 Constable Road	Dundee	DD4 6AD	Maryfield	Health Inequalities Service
Wallacetown Health Centre	Dundee		Lyon Street	Dundee	DD4 6RB	Maryfield	Health Inequalities Service
Queens Hotel	Dundee		160 Nethergate	Dundee	DD1 4DU	West End	Health Inequalities Service

Prioritised List of Capital Projects				
	Project	SA Moderated Score (out of 25)	Approx Value (where known)	Timescale required in (where known)
1	Replacement for Constitution House			
2	Whitfield Expansion			
3	Health and Community Care Centre East			
4	Health and Community Care Centre West			
5	Wallacetown Health Centre Refurbishment			
6	Douglas Medical Centre Refurbishment			
7	Ryehill Refurbishment			
8	Turriff House Refurbishment			
9	Oakland Refurbishment			

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Dundee Integration Joint Board IIA Screening Tool and IIA

Pre-Integrated Impact Assessment Screening.

NB For Dundee City Council Committees the Citrix Firmstep Process must be used.

This word document can be completed and information transferred to Firm Step if required.

Title of Report/Project/Strategy	DHSCP Property Strategy
Lead Officer for Report/Project/Strategy	Jenny Hill: Head of Health and Community Care
Officer Completing the Screening Tool	Jenny Hill
Email address of Officer	Jenny.hill@dundeecity.gov.uk
List of colleagues contributing information for Screening and IIA	Property Strategy Short Life Working Group
Screening Completion Date	22/11/22
Senior Officer to be Notified on Completion of Screening Process	Vicky Irons
Email address of Senior Officer	Vicky.irons@dundeecity.gov.uk

Is there a clear indication that an IIA is needed?			
No/Not Sure	Continue Screening Process <i>complete table below</i>	X	Yes Proceed to IIA- <i>section directly below not necessary- remove table</i>

Is the purpose of the Committee document any of the following? <i>NB When yes to any of the following proceed to IIA document.</i>			
	No		Yes
A major Strategy/Plan, Policy or Action Plan		<i>Continue with Screening Process</i>	<i>Proceed directly to IIA</i>
An area or partnership-wide Plan		<i>Continue with Screening Process</i>	<i>Proceed directly to IIA</i>
A Plan, programme or Strategy that sets the framework for future development consents		<i>Continue with Screening Process</i>	<i>Proceed directly to IIA</i>
The setting up of a body such as a Commission or Working Group		<i>Continue with Screening Process</i>	<i>Proceed directly to IIA</i>
An update to a Plan		<i>Continue with Screening Process</i>	<i>Proceed directly to IIA</i>

There a number of reports which do not automatically require an IIA. If your report does not automatically require an IIA you should consider if an IIA is needed by completing the checklist.

These include: An annual report or progress report on an existing plan. A service redesign. A report on a survey, or stating the results of research.

Minutes, e.g. of Sub-Committees. A minor contract that does not impact on the wellbeing of the public. An appointment, e.g. councillors to outside bodies, Senior officers, or independent chairs. Ongoing Revenue expenditure monitoring. Notification of proposed tenders.

Only complete the checklist on the following page whenever your report does not automatically require an Integrated Impact Assessment.

Dundee Integration Joint Board IIA Screening Tool and IIA

Screening Checklist for IIA Completion. When yes to any of the following proceed to IIA document

Will the policy impact on anyone in relation to any of the Protected Characteristics? <i>Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes Proceed to IIA
Will the policy impact on People's Human Rights? <i>For more information on Human Rights visit: https://www.scottishhumanrights.com</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes Proceed to IIA
Will the policy impact on anyone residing in a Community Regeneration Area (CRA)? <i>Within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes Proceed to IIA
Will the policy impact on anyone in more vulnerable types of households? <i>Lone parent families (especially single female parents); households with a greater number of children and/or young children; pensioner households (single or couple)</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes Proceed to IIA
Will the policy impact on anyone experiencing the following issues? <i>Unskilled or unemployed and of working age; serious and enduring mental health; homelessness (potential homelessness); drug and/or alcohol.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes Proceed to IIA
Will the policy impact on anyone in the following more vulnerable groups? <i>Offenders and ex-offenders; looked after children and care leavers; carers.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes Proceed to IIA
Will the policy impact on any of the following? <i>Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes Proceed to IIA
Will the policy impact on Climate Change or Resource Use? <i>Mitigating greenhouse gases; adapting to the effects of climate change. or Energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes Proceed to IIA
Will the policy impact on Transport? <i>Accessible transport provision; sustainable modes of transport.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes Proceed to IIA
Will the policy impact on the Natural Environment? <i>Air, land or water quality; biodiversity; open and green spaces.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes Proceed to IIA
Will the policy impact on the Built Environment? <i>Built heritage; housing.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes Proceed to IIA
Will the policy impact on any of the Corporate Risk factors? <i>Political / reputational risk Economic / financial sustainability / security & equipment risks, Social impact / safety of staff & clients Technological / Business or service interruption Environmental Risk Fulfilling legal / statutory obligations Adequacy of staffing levels & competence</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes Proceed to IIA
<p><i>When no to everything above contact 'Senior Officer to be Notified on Completion' and present a copy of this Screening tool with IJB Report. Otherwise proceed to IIA.</i></p> <p>* Transfer information into the Firm Step Process when report is progressing to Council Committee.</p>	

The following document includes all questions in DCC IIA- The Dundee City Council IIA Guidance document can be found [here](#).

Dundee Integration Joint Board IIA Screening Tool and IIA

Report Author	Jenny Hill
Author Title	Head of Health and Community Care
Dundee Health and Social Care Partnership	
Author Email	Jenny.hill@dundeecity.gov.uk
Author Telephone	01382 434000
Author Address	Claverhouse East Jack Martin Way

IJB Chief Executive	Vicky Irons
Email	Vicky.iron@dundeecity.gov.uk
Telephone	01382 434000
Address	Claverhouse East, Jack Martin Way, Dundee

Document Title	Property Strategy 2022-2025
IJB Report Number	
Document Type	Strategy
New or Existing Document?	New
Document Description	Property strategy
Intended Outcome	To support service delivery through better use of assets and capital planning
Planned Implementation Date	2022
Planned End Date	2025
How the proposal will be monitored and how frequently	Annually
Planned IIA review dates	November 23
IIA Completion Date	
Anticipated date of IJB	15 th December 2022

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

Officer	People/groups	Activity/Activities	Date
Jenny Hill	Property SLWG	Involvement of stakeholders including statutory services/third and independent sector	Ongoing

The Property Strategy is an essential to fully implement actions based on Dundee HSCP Strategic Plan (2019-22, extension document 23). Consultation and involvement related to this SCP has informed progress.

Additional work is underway with public and specific protected characteristic groups and workforce to inform implementation of GP Premises Strategy. Involvement work relating to 2023 Strategic Plan will additionally inform progress of Property Strategy.

Dundee Integration Joint Board IIA Screening Tool and IIA

Equality and Fairness Impact Assessment Conclusion

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

This strategy sets out the ambitions for Dundee health and social care provision to develop premises that enable and support health and social care services where citizens are able to access the services they need within their own community. Equitable access to healthcare, social care and social work services is a vital part of tackling inequalities in need and outcomes associated with poverty, poor social circumstances and protected characteristics and is a requirement of public bodies under the Equality Act (2010) and Fairer Scotland Duty (2018).

The property Strategy is based on movement towards a locally-based model of provision, where general practice is part of a wider health and social care system that is expected to provide the best support and care in local communities.

The conclusion of the assessment is that the Property Strategy supports the delivery of the DHSCP strategic and commissioning plan through better use of buildings and premises to support people in their home area. As the strategy aims to enable and support health and social care services to deliver services which target health inequalities and provide services closer to where people live this will have a positive impact on equality and fairness.

When assessing impacts throughout this document an explanation is required when a positive, negative or not known impact is selected. There may be positive and negative impacts for the protected group described. For not known this should indicate if further research is needed and if not, why not. When there is No Impact identified, no narrative is required.

Equality, Diversity & Human Rights

Age	Yes/No		Explanation, assessment and any potential mitigations
Positive	yes		The intention of this strategy is to use our assets better to meet the ambitions set out in our strategic plan and provide services closer to where people are. Some older people may find travel difficult so it will help that there will be less distance from individuals' homes to the premises they have to visit for Health Care and Social Care and less need or a shorter journey for bus, taxi or car transport. If the premises have more professional/practitioners of different types it could mean fewer visits if appointments arranged consecutively.
No Impact			
Negative			
Not Known			
Disability	Yes/No		Explanation, assessment and potential mitigations
Positive	yes		The intention of this strategy is to use our assets better to meet our strategic plan and provide services closer to where people are. It will help people with poor mobility as there will be less distance from individuals' homes to the premises they have to visit for Health Care and Social Care and mean a shorter journey for bus, taxi or car transport. If the premises have more professional/practitioners of different types it could mean fewer visits if appointments are arranged consecutively.
No Impact			
Negative			
Not Known			
Gender Reassignment	Yes/No		Explanation, assessment and potential mitigations
Positive			
No Impact	Yes		
Negative			
Not Known			

Dundee Integration Joint Board IIA Screening Tool and IIA

Marriage & Civil Partnership	Yes/No		Explanation, assessment and potential mitigations
Positive			
No Impact	YES		
Negative			
Not Known			
Race & Ethnicity	Yes/No		Explanation, assessment and potential mitigations
Positive			
No Impact	YES		
Negative			
Not Known			
Religion & Belief	Yes	No	Explanation, assessment and potential mitigations
Positive			
No Impact	YES		
Negative			
Not Known			

Sex	Yes	No	Explanation, assessment and potential mitigations
Positive			
No Impact	YES		
Negative			
Not Known			
Sexual Orientation	Yes	No	Explanation, assessment and potential mitigations
Positive			
No Impact	YES		
Negative			
Not Known			

Describe any Human Rights impacts not already covered in the Equality section above.

NA

Fairness & Poverty Geography – Describe how individuals, families and communities are affected in each area- particular consideration is needed where there are previously identified areas of deprivation.

Explain Impact / Mitigations / Unknowns (Note: this section of the record asks for a single, collective narrative for each of positive, negative, or not known given as a response in one or more areas)

Strathmartine (Ardler, St. Mary's & Kirkton)	Yes	No	Explanation, assessment and potential mitigations
Positive	Yes		Plans will be made to provide services and supports from the most appropriate bases in each area meaning that many people will be able to access support for their health and care needs closer to home. Care will be taken to ensure the most appropriate/most needed supports and services are available to people in communities who need them
No Impact			
Negative			
Not Known			
Lochee (Lochee Beechwood, Charleston & Menzieshill)	Yes	No	
Positive	yes		
No Impact			
Negative			
Not Known			
Coldside (Hilltown, Fairmuir & Coldside)	Yes	No	
Positive	yes		
No Impact			
Negative			
Not Known			
Maryfield (Stobswell & City Centre)	Yes	No	

Dundee Integration Joint Board IIA Screening Tool and IIA

Positive	yes		most including consideration of impact of Health Inequalities
No Impact			
Negative			
Not Known			
North East (Whitfield, Fintry & Mill O'Mains)	Yes	No	
Positive	yes		
No Impact			
Negative			
Not Known			
East End (Mid Craigie, Linlathen & Douglas)	Yes	No	
Positive	yes		
No Impact			
Negative			
Not Known			
The Ferry	Yes	No	
Positive	yes		
No Impact			
Negative			
Not Known			
West End	Yes	No	
Positive	yes		
No Impact			
Negative			
Not Known			

Household Group- <i>consider the impact on households and families may have the following people included.</i>			
Looked After Children & Care Leavers	Yes	No	Explanation, assessment and any potential mitigations
Positive			
No Impact	yes		
Negative			
Not Known			
Carers	Yes	No	Explanation, assessment and potential mitigations
Positive	yes		Support and services will be provided closer to the carer's home and closer to the home of those they care for meaning less travel.
No Impact			
Negative			
Not Known			
Lone Parent Families	Yes	No	Explanation, assessment and potential mitigations
Positive	YES		Support and services will be provided closer to the family home meaning less travel, less travel costs and taking less time.
No Impact	YES		
Negative			
Not Known			
Households of Single Female with Children	Yes	No	Explanation, assessment and any potential mitigations
Positive	YES		Support and services will be provided closer to the family home meaning less travel, less travel costs and taking less time.
No Impact			
Negative			
Not Known			
Young Children and/or Greater Number of Children	Yes	No	Explanation, assessment and potential mitigations
Positive	Yes		Supports and services will be provided closer to the family home meaning less travel, less travel costs and taking less time.
No Impact			
Negative			
Not Known			
Pensioners – single / couple	Yes	No	Explanation, assessment and potential mitigations
Positive	yes		
No Impact			

Dundee Integration Joint Board IIA Screening Tool and IIA

Negative			Supports and services will be provided closer to their home meaning less travel, less travel costs and taking less time.
Not Known			
Unskilled Workers and Unemployed	Yes	No	Explanation, assessment and any potential mitigations
Positive	YES		Supports and services will be provided closer to their home meaning less travel, less travel costs and taking less time.
No Impact	Yes		
Negative			
Not Known			
Serious & Enduring Mental Health	Yes	No	Explanation, assessment and potential mitigations
Positive			
No Impact	yes		
Negative			
Not Known			
Homeless	Yes	No	Explanation, assessment and potential mitigations
Positive			
No Impact	yes		
Negative			
Not Known			
Households of Single Female with Children	Yes	No	Explanation, assessment and any potential mitigations
Positive			
No Impact	yes		
Negative			
Not Known			
Drug and/or Alcohol	Yes	No	Explanation, assessment and any potential mitigations
Positive	yes		A key priority of this strategy is the replacement of Constitution House as recommended in the Drug Commission Report. Services for this group will be provided closer to their home and in a way which is expected to enhance overall care and wellbeing.
No Impact			
Negative			
Not Known			
Offenders and Ex-Offenders	Yes	No	Explanation, assessment and any potential mitigations
Positive			
No Impact	yes		
Negative			
Not Known			

Socio-Economic Disadvantage- <i>consider if the following circumstances/ conditions may be impacted</i>			
Employment Status	Y	N	Explanation, assessment and any potential mitigations
Positive			
No Impact	y		
Negative			
Not Known			
Education & Skills	Y	N	Explanation, assessment and any potential mitigations
Positive			
No Impact	y		
Negative			
Not Known			
Income	Y	N	Explanation, assessment and any potential mitigations
Positive			
No Impact	Y		
Negative			
Not Known			
Fuel Poverty	Y	N	Explanation, assessment and any potential mitigations
Positive			
No Impact	Y		
Negative			
Not Known			
Caring Responsibilities (including Childcare)	Y	N	Explanation, assessment and any potential mitigations
Positive	Y		
No Impact			
Negative			
Not Known			
Affordability & Accessibility of Services	Y	N	Explanation, assessment and any potential mitigations
Positive	Y		
No Impact			
Negative			
Not Known			

Inequalities of Outcome- <i>consider if the following may be impacted</i>			
Connectivity / Internet Access	Yes	No	Explanation, assessment and any potential mitigations
Positive	yes		
No Impact			
Negative			
Not Known			
Income / Benefit Advice / Income Maximisation	Yes	No	Explanation, assessment and any potential mitigations
Positive			
No Impact	yes		
Negative			
Not Known			
Employment Opportunities	Yes	No	Explanation, assessment and any potential mitigations
Positive			
No Impact	yes		
Negative			
Not Known			
Education	Yes	No	Explanation, assessment and any potential mitigations
Positive			
No Impact	yes		
Negative			

Dundee Integration Joint Board IIA Screening Tool and IIA

Not Known			
Health	Yes	No	Explanation, assessment and any potential mitigations
Positive	Yes		This supports the strategic objectives of the HSCP by better use of buildings. The effective use of buildings will support good access to health care and support.
No Impact			
Negative			
Not Known			
Life Expectancy	Yes	No	Explanation, assessment and any potential mitigations
Positive			Providing facilities closer to the patient's home, may encourage more uptake of preventative health care improving life expectancy.
No Impact	Yes		
Negative			
Not Known			
Mental Health	Yes	No	Explanation, assessment and any potential mitigations
Positive	Yes		It is anticipated that the locally based services will be accessible and encourage confidence for all who access them including those who may have mental health concerns.
No Impact			
Negative			
Not Known			
Overweight / Obesity	Yes	No	Explanation, assessment and any potential mitigations
Positive			
No Impact	yes		
Negative			
Not Known			
Child Health	Yes	No	Explanation, assessment and any potential mitigations
Positive	yes		Locally based provision will have advantages for children and their families.
No Impact			
Negative			
Not Known			
Neighbourhood Satisfaction	Yes	No	Explanation, assessment and any potential mitigations
Positive			
No Impact	yes		
Negative			
Not Known			
Transport	Yes	No	Explanation, assessment and any potential mitigations
Positive			
No Impact	yes		
Negative			
Not Known			

Environment- Climate Change			
Mitigating Greenhouse Gases	Y	N	Explanation, assessment and any potential mitigations
Positive	y		There may be a small positive impact on fuel use to attend premises or for practitioners visiting nearer to their building base.
No Impact			
Negative			
Not Known			
Adapting to the Effects of Climate Change	Y	N	Explanation, assessment and any potential mitigations
Positive			
No Impact	y		
Negative			
Not Known			

Resource Use			
Energy Efficiency and Consumption	Y	N	Explanation, assessment and any potential mitigations
Positive			The work would in due course involve consultation with Zero Waste Scotland
No Impact	Y		
Negative			
Not Known			
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste	Y	N	Explanation, assessment and any potential mitigations
Positive			Consultation would happen in due course with Green Space initiative
No Impact	Y		
Negative			
Not Known			
Sustainable Procurement	Y	N	Explanation, assessment and any potential mitigations
Positive			
No Impact	Y		
Negative			
Not Known			

Transport			
Accessible Transport Provision	Y	N	Explanation, assessment and any potential mitigations
Positive			
No Impact	Y		
Negative			
Not Known			
Sustainable Modes of Transport	Y	N	Explanation, assessment and any potential mitigations
Positive			
No Impact	Y		
Negative			
Not Known			

Air, Land and Water Quality	Y	N	Explanation, assessment and any potential mitigations
Positive			
No Impact	Y		
Negative			
Not Known			
Biodiversity	Y	N	Explanation, assessment and any potential mitigations
Positive			
No Impact	Y		
Negative			
Not Known			
Open and Green Spaces	Y	N	Explanation, assessment and any potential mitigations
Positive			
No Impact	Y		
Negative			
Not Known			

Built Environment			
Built Heritage	Y	N	Explanation, assessment and any potential mitigations
Positive			
No Impact	Y		
Negative			
Not Known			
Housing	Y	N	Explanation, assessment and any potential mitigations
Positive			
No Impact	Y		
Negative			
Not Known			

Dundee Integration Joint Board IIA Screening Tool and IIA

There is a requirement to assess plans that are likely to have significant environmental effects. SEA provides economic, social and environmental benefits to current and future generations. Use the [SEA flowchart](#) to determine whether your proposal requires SEA.

Strategic Environmental Assessment- SELECT One of the following statements		
X	No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005	<i>(No further response needed)</i>
	It has been determined that the proposal will have no or minimal environmental effects. The reason(s) for this determination are set out in the following SEA pre-screening determination section	<i>SEA Pre-Screening Determination: Explain how you made the determination that the Plan, Programme or Strategy will have no or minimal negative environmental effect:</i>
	Screening has determined that the proposal is unlikely to have any significant environmental effects. The reason(s) for this determination are set out in the Screening Report, a copy of which will be available to view at www.dundee.gov.uk/cplanning/sea	<i>Insert the 'Summary of Environmental Effects' from your SEA screening report</i>
	Screening has determined that the proposal is likely to have significant environmental effects and as a consequence an environmental assessment is necessary. A Scoping Report, which will determine the scope of the environmental assessment is being prepared for submission to the statutory Consultation Authorities for consideration	<i>Insert the 'Summary of Environmental Effects' from your SEA screening report</i>
	Screening determined that the proposal was likely to have significant environmental effects and as a consequence an environmental assessment was necessary. An Environmental Report has been prepared for submission to the statutory Consultation Authorities together with a draft Plan, Programme or Strategy for consideration. A copy of the Environmental Report will be available to view at www.dundee.gov.uk/cplanning/sea	<i>Environmental Implications: Describe the implications of the proposal on the characteristics identified:</i>
		<i>Proposed Mitigating Actions: Describe any mitigating actions which you propose to take to overcome negative impacts or implications:</i>

A copy of this document (or when no IIA is needed, the screening tool) must accompany relevant draft IJB Reports at IJB Pre-Agenda stage and at IJB. It should accompany IJB papers and should be published with relevant IJB Report.

Following IJB agreement of report contact Joyce.barclay@dundee.gov.uk to post IIA on DHSCP website.

NB Corporate Risk- is addressed in IJB reports

Administrative Use	<i>Provide a link to relevant IJB Agenda for IJB Report including Agenda record page numbers where report is found.</i>
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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD–14
DECEMBER 2022

REPORT ON: WINTER PLAN - NHS TAYSIDE AND PARTNER ORGANISATIONS

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB86-2022

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 the local Health & Social Care Partnerships for 2022/23. This is an integrated plan which outlines the work ongoing in each of the Tayside Health & Social Care Partnerships and in Acute Services to address the organisational challenges likely to be presented over the winter period.

2.0 RECOMMENDATIONS

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

- 2.1 Approves and endorses the Winter Plan (NHS Tayside and Partner Organisations 2022/23 for submission to the Scottish Government.
- 2.2 Notes ongoing whole system collaboration in preparation for anticipated winter challenges.
- 2.3 Approves the ring fencing of £1m of currently non-earmarked reserves to utilise if required to meet additional costs of winter pressures should these not be contained within the IJB's overall delegated budget.

3.0 FINANCIAL IMPLICATIONS

In previous years, additional funding has been made available through the Unscheduled Care Board to support additional capacity for Winter Pressures. Given the financial pressures faced by NHS Tayside in 2022/23, no additional funding has been made available to the wider system to support increased demand over the winter period. Should the additional cost of services to the IJB not be able to be contained within the current year's revenue budget, it is proposed that the IJB ring fences and utilises some of its current non-earmarked reserves to cover additional costs. It is proposed that the IJB earmarks £1m of reserves for this purpose.

4.0 MAIN TEXT

4.1 The Winter Plan aim is to articulate the strategic actions in place to manage the anticipated demands associated with a challenging winter period of 2022/23. This will be underpinned by Operational Plans for each HSCP and the Acute Care Division. Clear engagement and alignment between Acute Services, the Health and Social Care Partnerships and Scottish Ambulance Service regarding winter planning can be demonstrated across Tayside and this "whole system" ethos is critical to delivery of a successful winter plan.

The Winter Plan is intended to ensure that Tayside is prepared as far as possible for the coming winter period in order to minimise any potential disruption to services and ensure quality of care is maintained at times of pressure.

4.2 This Winter Plan has been informed by external and internal sources; has involved extensive planning, discussions and feedback, including learning from previous experience; has assessed winter risk and developed shared approaches for winter 2022/23. These sources include:

- Urgent & Unscheduled Care National Programme;
- NHS Tayside local Review of Winter 2021/22
- Analysis of available data modelling
- Partners', sectors' and services' winter plans and surge plans
- Tayside local review and learning from Covid-19
- Scottish Government Winter Resilience Overview 2022-23
- Scottish Government's Re-Mobilisation Plan correspondence

4.3.1 Review and local feedback of demand for services so far in 2022 indicates that this winter period creates a number of challenges for all partners delivering access to safe, timely health and social care services. The main challenges are reflected by the Scottish Government's recommended priorities, detailed below:

- Priority 1: Where clinically appropriate, ensure people receive care at home, or as close to home as possible – promoting messaging that supports access to the right care, in the right place, at the right time.
- Priority 2: Focus on the expansion supporting and maintaining our workforce over the course of Winter, through recruitment, retention and wellbeing of our health and social care workforce.
- Priority 3: Support the delivery of health and social care services that are as safe as possible throughout the autumn and winter period, including delivery of a winter vaccination programme for Covid-19 and Flu.
- Priority 4: Maximising capacity to meet demand and maintaining integrated health and social care services throughout autumn and winter.
- Priority 5: Protect planned care with a focus on continuing to reduce long waits.
- Priority 6: Prioritise care for the most vulnerable in our communities.
- Priority 7: Ensure people who provide unpaid care are supported in their caring roles, recognising the value of unpaid care in alleviating pressure across health and social care.
- Priority 8: Work in partnership across health and social care and where necessary with other partners to deliver this plan.

4.4 Section 6.2 of the Winter Plan details the specific actions for DHSCP. The focus of the winter plan is in line with the national direction of ensuring people can access the right care at the right time and in the right place, supporting home or community first, avoiding admissions, facilitating and supporting timely and efficient discharges.

Key actions are:

- Review cross Partnership communication strategy to ensure daily RAG status is accurately reported, understood and actions taken when necessary
- Ensure all service specific business continuity plans are up to date
- Covid/flu vaccination programme communicated and made available across all Partnership staff
- Continuation of improvement work to increase efficiency across social care particularly in relation to interagency communication within geographical areas
- Publication of daily RAG status for delayed discharge performance
- Publication of daily service specific RAG status
- Contribution of RAG information to the Tayside wide heat map in order to further develop our understanding of the whole system performance and pressures
- Continue to develop the Dundee Enhanced Care at Home Team to increase the provision of care delivered closer to home as an alternative to hospital admission.
- Commissioning of Discharge to Assess social care service as a means of supporting early discharge from hospital and more accurate prescription of social care resource
- Linking of AHP transitions service with Discharge to Assess to ensure all social care provision is focused on promotion of independence
- Continued implementation of social care Eligibility Criteria
- Ongoing development of advanced practice roles in community to support clinical care and assessment closer to home

- Additional social care recruitment
- Additional social work recruitment
- Rolling recruitment programme for inpatient AHP staff
- Roll out of Planned Date of Discharge policy across all ward areas
- Surge bed availability on RVH site to support capacity and flow
- Focus on AME unit for early discharge/Discharge to Assess work to support whole system capacity and flow
- 8 bedded unit in Turriff House and 6 bedded unit in Menzieshill House for step down care
- Interim care placements offered for all patients who may be delayed in hospital awaiting other services
- Step down housing contracts in place to support discharge for patients awaiting rehousing
- Ongoing development of relationships with 3rd Sector colleagues particularly in relation to the accurate deployment of social care resource

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 does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 The Chief Officer, 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

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

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

9.0 BACKGROUND PAPERS

None

Vicky Irons
Chief Officer

DATE: 23 November 2022



Winter Preparedness Plan

NHS Tayside and Partner Organisations

2022/23

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Executive Leads for Winter

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Gail Smith, Chief Officer, Angus, Health & Social Care Partnership
Vicky Irons, Chief Officer, Dundee, Health & Social Care Partnership
Jacqui Pepper, Chief Officer, Perth & Kinross, Health & Social Care Partnership

Operational Leads for Winter

Dr Andrew Reddick, Clinical Service Director, Winter & Contingency Planning
Susan Paterson, Associate Director, Women, Children & Families
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Jenny Hill, Head of Service Health & Community Care, Dundee HSCP
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Louise Ewing. General Manager, Inpatient Mental Health, Crisis, IHTT and Liaison

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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 continue to take a collaborative approach towards preparedness and planning for winter 2022/23 through the Tayside Urgent & Unscheduled Care Board and other key strategic and operational fora across these organisations.

The NHS Tayside Urgent & Unscheduled Care Programme Board supports and facilitates the implementation of the National Urgent and Unscheduled Care Programme (refreshed in 2022) across NHS Tayside and the three Health and Social Care Partnerships, with the aim of delivering the right care, in the right place, at the right time, first time, improving patient safety, flow and delivering sustainable performance in unscheduled care.

The Board members have agreed that a whole system Health and Social Care approach to developing an integrated winter plan is essential and this approach has proven successful over recent winter periods. Acute Services, Health and Social Care Partnerships, including Primary Care, the Scottish Ambulance Service (SAS) and staff side partners have been involved in the development of the NHS Tayside Winter plan to ensure timely access to the right care in the right setting is maintained. Third sector involvement has been through the Health and Social Care Partnerships.

Winter planning has become increasingly complex and the requirement to maintain timely access to unscheduled care is now prioritised alongside the ongoing requirement to respond to COVID-19 / Flu and the requirement to maintain planned care. The Tayside Winter Plan has been developed in line with the principles of the national Urgent & Unscheduled Care programme. All three Health and Social Care Partnership plans sit within the overarching Tayside and Partners Winter Plan demonstrating the continued level of partnership and integrated working which has served us well to date. The Tayside Winter Plan articulates the resilience and response NHS Tayside and its partner organisations will have in place to cope with expected winter pressures.

Learning from previous winter responses and further consolidation of the learning from the COVID-19 response and remobilisation activity has informed winter planning this year. Consolidation of the principles of managing unscheduled care and embedding of the proactive planning and response framework used previously remains the cornerstone of our winter plan.

Given the complexity of healthcare delivery it is recognised that it is difficult to prescribe a hospital infrastructure that can respond to the dynamic need of a system recovering from pandemic, and therefore a set of principals based on ARHAI guidance have been provided to support local clinical risk assessment and decision making when delivering care to a person with a suspected viral infection including suspected or confirmed COVID.

Thus, a key focus of the plan is viral management and Tayside teams will again utilise rapid testing for SARS-Cov-2 alongside Influenza and other winter viruses to ensure patients are placed in the most appropriate setting for their care and that potential transmission is minimized.

Predicted and actual demand data will drive our coordinated responses to support safe care for patients, thus maximizing resources over the winter period. Finally, further tranches of the COVID-19 and Influenza vaccination programme continue across Tayside.

The focus of our winter plan is to ensure that our response to increased demand and system pressures are incorporated into “business as usual” systems as far as possible; recognising that increased pressure may be experienced in circumstances other than winter. In addition, linkage between winter plans and business continuity plans is being strengthened to provide a comprehensive plan to NHS Tayside Board, Scottish Government, and our population for winter period December 2022 – March 2023.

1. INTRODUCTION

1.1 Aim

The Winter Plan aim is to articulate the strategic actions in place to manage the anticipated demands associated with a challenging winter period of 2022/23. This will be underpinned by Operational Plans for each HSCP and the Acute Care Division. Clear engagement and alignment between Acute Services, the Health and Social Care Partnerships and SAS regarding winter planning can be demonstrated across Tayside and this “whole system” ethos is critical to delivery of a successful winter plan.

The Winter Plan is intended to ensure that Tayside is prepared as far as possible for the coming winter period in order to minimize any potential disruption to services and ensure quality of care is maintained at times of pressure.

1.2 Rationale and Planning Assumptions

This Winter Plan has been informed by external and internal sources; has involved extensive planning, discussions and feedback, including learning from previous experience; has assessed winter risk and developed shared approaches for winter 2022/23. These sources include:

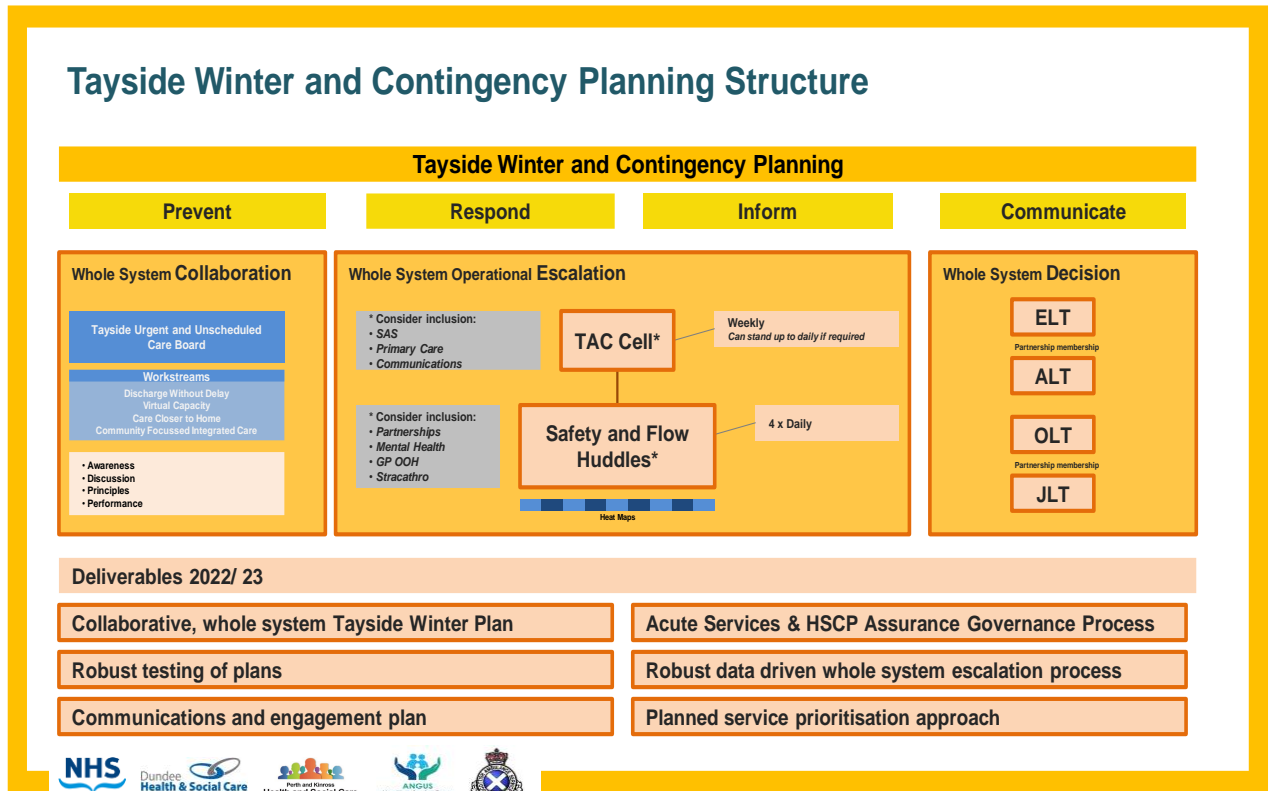
- Urgent & Unscheduled Care National Programme;
- NHS Tayside local Review of Winter 2021/22
- Analysis of available data modelling
- Partners', sectors' and services' winter plans and surge plans
- Tayside local review and learning from Covid-19
- Scottish Government Winter Resilience Overview 2022-23
- Scottish Government's Re-Mobilisation Plan correspondence

Review and local feedback of demand for services so far in 2022 indicates that this winter period creates a number of challenges for all partners delivering access to safe, timely health and social care services. The main challenges are reflected by the Scottish Government's recommended priorities, detailed below.

1.3 Approach

Winter Planning – An Integrated Model

It has been recognised that building responsive escalation frameworks into existing structures ensures improved visibility, wider collaboration and supports the aim of “doing more of what we do well” at times of pressure.



The Tactical Cell meeting frequency will be responsive to whole system pressures and service disruption status

Primary Aim: Business as Usual

A flexible and responsive plan to do more of what we do well



The scope of the plan is whole system with a focus on the following key areas in line with the Scottish Government guidance:

- **Priority 1: Where clinically appropriate, ensure people receive care at home, or as close to home as possible – promoting messaging that supports access to the right care, in the right place, at the right time.**
- **Priority 2: Focus on the expansion supporting and maintaining our workforce over the course of Winter, through recruitment, retention and wellbeing of our health and social care workforce.**
- **Priority 3: Support the delivery of health and social care services that are as safe as possible throughout the autumn and winter period, including delivery of a winter vaccination programme for Covid-19 and Flu.**
- **Priority 4: Maximising capacity to meet demand and maintaining integrated health and social care services throughout autumn and winter.**
- **Priority 5: Protect planned care with a focus on continuing to reduce long waits.**
- **Priority 6: Prioritise care for the most vulnerable in our communities.**
- **Priority 7: Ensure people who provide unpaid care are supported in their caring roles, recognising the value of unpaid care in alleviating pressure across health and social care.**
- **Priority 8: Work in partnership across health and social care and where necessary with other partners to deliver this plan.**

NHS Tayside will deliver these national priorities in line with the operational delivery model described above.

1.4 Finance

NHS Tayside received a letter dated 11th August 2022 which set out plans to launch a National Urgent and Unscheduled Care Collaborative and confirmed the Boards share of the National £50m funding announcement for 2022/23 to be £2.75m.

The importance of the messaging within this letter is relevant as the funding allocation replaces funding for UC – 6 Essential Actions; Redesign Urgent Care and crucially the annual funding for winter planning, as well as the final year agreed funding for the Discharge without Delay and Ambulatory Interface Care Programmes.

This represents a funding reduction to NHS Tayside of £0.704m on the previous year with the £2.75m in totality being aligned to supporting the costs of the Redesign of Urgent Care Programme (RUC). This has left the Board with no funding to invest in improvements to support winter.

Unscheduled Care and Winter Planning funding traditionally has been provided to fund respective programmes of coordinated improvements and historically this process has seen Tayside deliver some very favourable winter performances with minimal surge of bed base allowing scheduled activity to continue uninterrupted.

Given the shortfall of essentially the UC/Winter budget, Tayside will need to deliver a very focused plan building on our DwD foundations and maximising the productive opportunities to such an extent that over winter, our delayed discharge position is RAG status green for all three HSCPs, specifically maximum of 65 delays across Tayside. Specific focus will happen immediately on acute hospital delays with all respective Tayside HSCPs committed to minimal delays and green RAG status, with maximum 15 acute delays across the three partnerships. Trajectories have been agreed. The risks of not delivering on this are prolonged hospital stays due to discharge delay, prolonged time in ED due to limited access to hospital beds with an inevitable deterioration in 4-hour target performance, increased use of unscheduled hospital beds, spilling into elective, and ultimately causing the cancellation of planned care.

The Tayside Unscheduled Care Board provides the governance and oversight of any funding relevant to winter 2022/23. Specific to the DwD funding stream and contained within HSCP reserves was an allocation of £390k carried forward from 2021/22 which has been allocated to support the intended outcomes of the DwD programme, with progress against each measured through the USC Board.

1.5 Approval of Plan

The process and timeline for preparation, review and approval of this plan allows for the following groups to discuss it as demonstrated in the table below:

Table 1.

Date	Format	Committee / Board
4 November	Draft Approval	Operational Leadership Team
Informal ELT 9 November 2022	Approval	Executive Leadership Team
14 December 2022	Approval	Dundee Integrated Joint Board
14 December 2022	Approval	Perth & Kinross Integrated Joint Board
7 December 2022	Approval	Angus Integrated Joint Board
24 November 2022	Final Approval	NHS Tayside Board

1.6 Governance Arrangements

- The Winter Plan will be presented to the Executive Leadership Team for approval
- The Urgent & Unscheduled Care Board is chaired by the Associate Medical Director for Medicine and Head of Service for Health, Angus Health & Social Care Partnership, and will use agreed measures to assess the impact of the plan.
- An Urgent and Unscheduled Care Programme Team is in place supported by a Programme Manager and an Improvement Advisor. These posts form part of the support team for Urgent and Unscheduled care, in continuous improvement approaches and the implementation and evaluation of the winter plan.
- Resilience and Business Continuity arrangements and management plans are in place and have been tested prior to winter.
- NHS Tayside Board Assurance Framework has a corporate whole system risk related to capacity and flow. A scoring system has been developed for the key measures to enable an overall risk score to be presented. This is presented and discussed at each NHS Tayside Board meeting.
- Whole System Tactical Cell with senior clinical and managerial input to review system trends and take account of known system predictors
- Clinically-led and managerially-enabled operational structure for acute services.
- Whole system Safety and Flow Huddle processes including an additional huddle with key partners during pressure periods throughout winter i.e. Public Holidays.
- A Tayside-wide severe weather plan is in place including triggers for multi-agency coordination.
- The Communications Team has a 12 week proactive communications strategy which will inform patients, public and staff on planning for winter, and where to go for services and public health messages.

2. KEY DRIVERS AND APPLICATION OF LEARNING FROM PREVIOUS WINTER EXPERIENCES

Key drivers for winter planning this year include learning from previous winters and building on what has worked well over during the COVID-19 pandemic period. Key themes relate to provision of care in the right place at the right time and maintaining the ability to deliver planned care at times of pressure. Maintaining a whole system approach communication and responding to pressure is a key driver for winter.

The Tayside Winter Plan has again been developed with a commitment to the Urgent and Unscheduled Care Programme, using a collaborative approach across Health and Social Care to whole system planning across the local system and services. Progress of the urgent and unscheduled care local improvement work is continuous, focused on key actions to improve unscheduled care in all settings.

2.1 Striving To Deliver High Quality, Safe, Person-Centred Care

Tayside has been highly commended for use of data to support an integrated approach to delivering unscheduled care pathways. This is evidenced in performance against the 4-hour emergency access standard where NHS Tayside remains the highest performing territorial board in Scotland, within a context of national performance reduction against this standard due to increased pressure and demands in Emergency Departments.

NHS Tayside continuously strives to meet local and national standards which focus on delivering high quality, safe, person-centred care. Acute services continue to work closely and collaboratively with partner agencies, developing approaches to care provision with acute and community services, primary care, Scottish Ambulance Services (SAS) and NHS 24. The approach within our winter plan continues to build on this success.

Specific to this winter plan are the following standards:

- 4 hours from arrival to admission, discharge or transfer for A&E treatment (95%).
- Continue to embed Planned Date of Discharge (PDD) culture
- Earlier in the Day Discharges – 20% of discharges to be prior to 12md.
- Weekend Discharge Rates - Day of Discharge weekday vs. weekend discharges with local target of 20% of all discharges occurring at weekends.
- Length of Stay – optimise patient pathways to ensure timely discharge.
- Reduction in delayed discharges.
- Early initiation of Influenza vaccination programme to capture critical mass of staff within the enhanced Flu Vaccination Programme. The aim is to increase vaccination uptake to 70 -75%. This will include Health Care, Social Care, Care Home staff and Residential staff.
- Site surge plans to optimise care.
- Use of information and intelligence from HPS, Primary Care, OOH Services and NHS 24, coordinated by our Business Unit, to predict demand across the system.
- Standardised approach to departmental action plans.

- Using whole system triggers and escalation with clear and timely communication
- Plans to maintain urgent and urgent suspicion of cancer pathways as clinical priority and subsequently deliver the long waits plan as our next planned clinical priority as set out in our remobilisation plan.
- Maintain achievement of waiting times standards for patients with a newly diagnosed primary cancer
 - 31-day target from decision to treat until first treatment, regardless of the route of referral.
 - 62-day target from urgent referral with suspicion of cancer, including referrals from national cancer screening programmes, until first treatment.

The NHS Tayside Health and Business Intelligence produce and provide data all year round in relation to the above standards and targets.

Initially developed to support planning for Winter 2020/21, the multi source data heat map has become a well embedded tool for use across NHS Tayside. Heat map indicators are being reviewed and refined in advance of the winter period and new maps have been created for mental health and pediatrics to ensure that assessment of system pressure is as comprehensive as possible.

This winter plan reflects the collective actions NHS Tayside and its partner organisation's will take to achieve our intention to provide a consistent high quality of service for all of our patients throughout winter and beyond. This includes actions relating to prevention and management of seasonal illness,

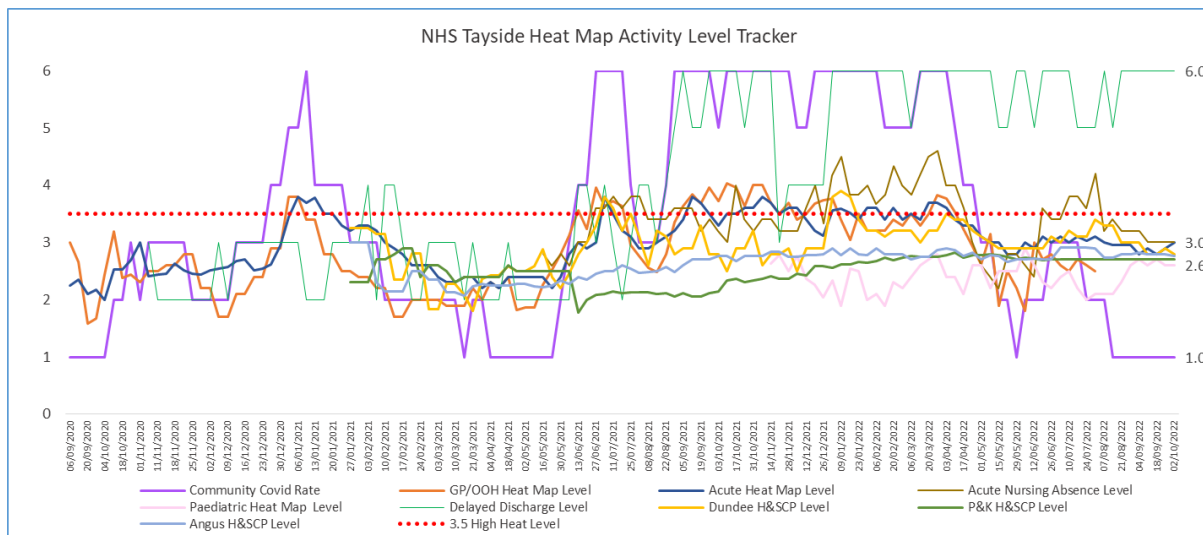
2.2 Lessons Learned From Winter 2021/22

Key themes, learning and actions from local reviews across Tayside have informed the development and approach of the Tayside Winter Plan 2022/23.

NHS Tayside has performed extremely well over the last two winter periods, therefore the focus of preparing for the increased resilience required in our system to deliver the Right Care in the Right Place is underpinned by whole system planning and collaboration; thus preparation for increased demand is built into "business as usual" which ensures Tayside is not only prepared for winter, but for any other unforeseen surge in system pressure.

NHS Tayside has adopted a "Clinically led, managerially enabled" model. In practice this has led to senior doctors, managers and lead nurses working together in a collective and supportive way.

Data demonstrates the anticipated seasonal variation in demand across the system and it is expected that the Heat Map will continue to be a useful strategic planning tool for managing both unscheduled.



Collectively, the data trends support the delivery of key interventions to maintain activity and the delivery of safe care over the winter period.

Priority local actions are outlined below:

Plan

- Continue the use of the Multi Source Data Heat Map
- Develop further Heat Maps for planned care and maternity services
- Business Continuity Plans to be updated and tested
- Service and Site escalation plans to be refined to reflect changes to footprint and management of Covid

Respond

- Refine safety & flow huddles, improving multi agency and partnership engagement
- Develop further data triggers for activity in receiving units
- Update Command Centre system to reflect operational changes to better support real time safety and flow management

Inform

- Establish clear lines of escalation and dissemination, both within care Divisions and HSCPs and in “real time” via the Safety & Flow Hubs
- Develop systems to ensure that demand and pressure are visible to clinical teams in a meaningful way

Communicate

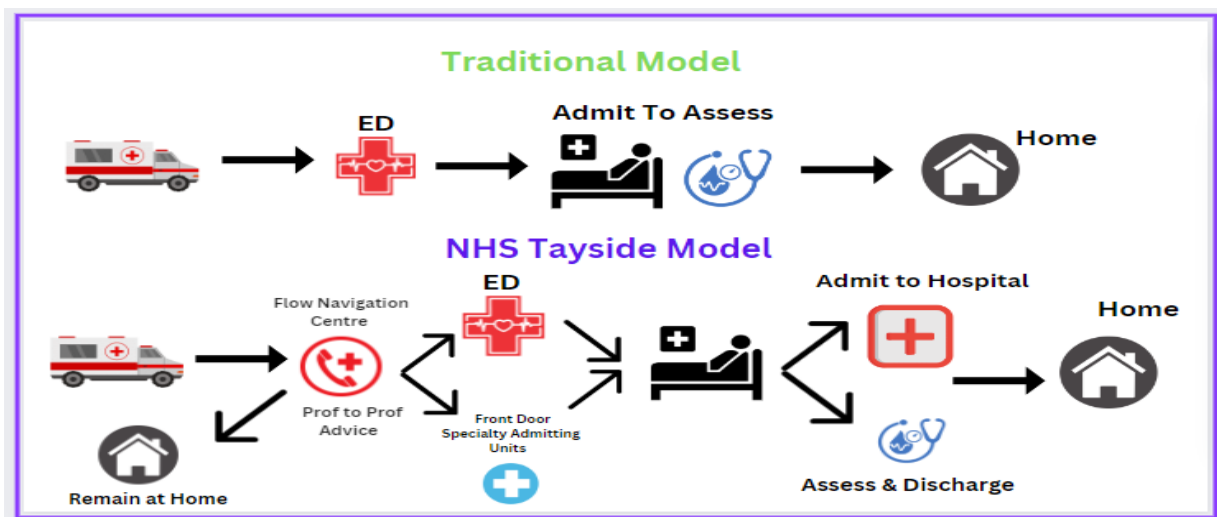
- Utilise various communication strands to ensure visibility of key messages for winter
- Support NHST 12 week winter Communications Plan

3. WINTER PREPAREDNESS PLAN 2022/23

The Tayside Winter Plan 2022/23 is set out in accordance with the key priority articulated by Scottish Government:

Priority 1: Where clinically appropriate, ensure people receive care at home, or as close to home as possible – promoting messaging that supports access to the right care, in the right place, at the right time

Tayside has a strong ethos of providing care in the right place at the right time, first time. This is evidenced by the delivery of integrated care across the health and social care partnerships and primary care in addition to the Redesign of Urgent Care and establishment of the Flow Navigation Centre which facilitates direct access to a senior clinical decision maker for urgent care. With use of professional to professional decision support telephone lines, primary care clinicians and the regional ambulance service can directly access senior clinical decision makers in other specialties to ensure fully informed shared decision making regarding the best place and pathway of care.



Priority 2: Focus on the expansion of our workforce over the course of Winter, through recruitment, retention and wellbeing of our health and social care workforce

Tayside has recognised the challenges facing workforce recruitment and retention. In particular several new roles have been introduced in nursing, AHP and social care to diversify the workforce and attract staff with alternative backgrounds and qualifications. Opportunities for career progression for existing staff have also been progressed.

Priority 3: Support the delivery of health and social care services that are as safe as possible throughout the autumn and winter period, including delivery of a winter vaccination programme for Covid-19 and Flu

The Tayside Vaccination programme continues to progress with the Winter 2022/23 schedule active from 5th September 2022. The Vaccination Programme Board continues to meet to ensure strategic oversight of the Programme

Priority 4: Maximising capacity to meet demand and maintaining integrated health and social care services throughout autumn and winter

The successful “whole system” approach taken to winter planning in Tayside continues this year with the Tayside Winter Plan being co-produced by partner organisations. This is underpinned by a tactical and operational framework which recognises the value of a joint approach

Priority 5: Protect planned care with a focus on continuing to reduce long waits

Work to address the longest outpatient and Treatment Time Guarantee waits will continue over the winter months. Escalation plans have been developed to recognise the importance of maintaining planned care and data is utilised in a proactive way to achieve this

Priority 6: Prioritise care for the most vulnerable in our communities

Access to care in the right place at the right time is facilitated for all Tayside residents. Specific arrangements are in place to ensure that the most vulnerable members of our communities receive the care that best meets their needs and that services work together to ensure that all service users and patients have a voice

Priority 7: Ensure people who provide unpaid care are supported in their caring roles, recognising the value of unpaid care in alleviating pressure across health and social care

Equitable access to care remains a key principle and the role of unpaid carers is recognised and valued by NHS Tayside

Priority 8: Work in partnership across health and social care and where necessary with other partners to deliver this plan

The Tayside Winter Plan describes how partners work together at all levels to deliver the aims and ambitions described within the plan

3.1 Resilience and Business Continuity Plans

NHS Tayside and its partner organisation's 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 throughout the year but during the winter with a particular focus on the Winter Pressure Plan which describes the structure and key areas to be addressed in the Tayside response to extreme winter pressure.

3.2 Adverse Weather

NHS Tayside Adverse Weather Plan has been updated and is in place to support staff, line managers and the Safety & Flow Hubs to take the necessary actions to ensure safe staffing levels are maintained at times of adverse weather. This includes use of weather warnings and alert systems to inform, links to Business Continuity Plans for provision of service in the event of reduces staff availability and practical arrangements regarding supported transport and accommodation.

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)¹ 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 Centre's (ACCs), National Risk and Resilience Department (NRRD), and Airwing.

The REAP provides the actions to cope with increased demand at any point, with SAS making decisions regarding what is relevant for the circumstances for example, the cancellation of 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

¹ Scottish Ambulance Service. 2016.Version 6., Generic Contingency Plan, Capacity Management Incorporating the Resource Escalatory Action Plan – REAP

- 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

Local SAS senior leadership are working with Tayside senior managers to develop a joint escalation plan to support timely access to care for patients. This will be utilised by operational teams and the Safety & Flow Hubs to manage capacity day to day.

3.3.1 Hospital Ambulance Liaison Officer (HALO)

Within Tayside sits the Hospital Ambulance Liaison Officer (HALO) whose role is to work in close liaison with Hospital and Health and Social Care Partners to discuss patient flow, bed status etc in an effort to improve hospital flow and turnaround times. The post holder will report regularly to senior SAS managers to ensure early appraisal of any arising issues in order that plans can be executed or adapted effectively and resources directed appropriately.

The HALO participates in the daily Safety & Flow Huddles and work closely with the Safety & Flow Hubs.

3.4 Escalation Strategy

This year's Winter Plan will see continued collaborative working for winter preparedness as well as building on the established escalation plans currently supporting activity across the system. NHS Tayside continues to develop patient pathways and identify innovative opportunities to redesign services to improve quality and efficiency. Maintaining whole system safety and flow is a key priority and integrated work at between primary and secondary care and the Health & Social Care Partnerships continues to support safe care of patients in the most appropriate setting.

The Whole System Escalation Framework will be reviewed in advance of the winter months building on the planning cycle utilised last winter which articulates the strategic actions to be considered at the different activity levels as defined by the Heat Map.

The Command Centre and Safety & Flow Framework will continue to be fundamental in identifying triggers and supporting the subsequent escalation processes required to enable a dynamic response to system pressures.

3.5 Safety & Flow Framework

The Safety & Flow Escalation Framework provides clear operational guidance for the management of capacity and flow to optimise patient safety and experience.

Maintaining the flow of patients through the acute hospitals is essential to optimising availability of hospital capacity to manage periods of high demand.

This framework includes:

- Roles and responsibilities relating to patient flow, admission and discharge
- Management of the daily site and system wide huddle meetings
- Management of inpatient capacity and demand and process for escalations both inside and outside of the organisation
- The principles of patient flow through the hospital

The aim of this framework is to provide clear guidance and escalation procedures for staff directly involved in the management of patient safety and flow throughout the acute hospital sites to support the following:

- Use of Command Centre data to identify potential challenges with capacity and flow
- Proactive rather than reactive responses
- Defined responsibilities for staff involved in flow management
- Defined responsibilities of staff
- Defined escalation and decision making framework
- Concise and clear actions

This framework enables the effective management of fluctuations in demand and capacity so that associated risks can be mitigated or controlled within acceptable limits. The framework is designed to mitigate the risk of further escalation and ensures an appropriate response from key staff members to contribute to a reduction in escalation status. The framework aims to ensure that every emergency admission is allocated a bed within four hours and that no elective admission is cancelled because of lack of bed availability.

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

The current arrangement reflects daily Safety & Flow Huddles across 7 days, with consistent senior managerial and professional nursing leadership across the acute hospital sites with daily calls facilitating engagement with partner organisations.

There are currently four safety & flow huddles per day across NHS Tayside acute hospital sites with support from the Health and Social Care Partnerships and partner agencies. There are dedicated professional nursing leads on each site, supported by a managerial lead, a Duty Director in hours and a Duty Executive out of hours. This model is in place 7 days a week through the winter period.

A Safety & Flow Hub is located on each acute hospital site with modern video conferencing equipment to facilitate cross site, cross system communication and access to the Command Centre System. There is co-location of the flow team and the hospital at night and hospital at weekend team to identify an area for teams to meet to promote collaborative working.

The aim is to support real time flow management and medium term planning, using data and triggers from the Command Centre Dashboard predictive data. This is used to inform the implementation of escalation plans discussed above to manage the pressures on service capacity.

3.6 Flexible Service Delivery Model

The Tayside winter team developed a preparedness pack to support individual clinical services to develop their local plans and to bring consistency of approach to winter planning. The Service Preparedness Pack will be reviewed for 2022/23 to ensure suitability for use across all Health and Social Care Services. This follows the approach laid out at the start of this plan:

- Prevent illness and admission
- Inform of pressures and escalation
- Response required to maintain Business as Usual
- Communicate: when to de-escalate and recover

The strategic actions aligned to the NHS Tayside response level indicated by the multi-source data heat map are shown below:

Response Level	Descriptor	Proposed Strategic Actions
0	No Disruption	<ul style="list-style-type: none"> • Services operating as normal • Continuous review of bed footprint
1	Increasing Demand	<ul style="list-style-type: none"> • Additional clinical resource (eg: medical clerking shift) • Increased access to diagnostics (evenings) • Support expedited discharge from hospital • Review bed footprint • Review transport arrangements and availability • Communicate escalating tier to partner organisations
2	Minimal service disruption	<ul style="list-style-type: none"> • Prepare escalating bed footprint • Review ability to provide routine outpatient clinics and P3 surgery • Communicate escalating tier to partner organizations • Start planning potential staff redeployment for Stages 3-4
3	Significant Disruption	<ul style="list-style-type: none"> • Consider Non Urgent/non-USC Clinics step down if staff required clinically elsewhere • Consider deferral of some P2 Surgery • Deferral of P3 Surgery • Re-deploy staff to support moving back to Activity Level 2 • Communicate escalating tier to partner organizations • Consider enhanced staff support and wellbeing requirements
4	Extreme	<ul style="list-style-type: none"> • All outpatient activity stood down inc. Virtual • Consider deferral of P2 Surgery if staff required clinically elsewhere • Maintain and protect inpatient bed capacity and theatre access for P1 patients. • Focus resource on delivery of P1 Surgery • Ensure enhanced staff support and wellbeing requirements • Total organizational focus on moving back to Activity Level 3

3.7 Safety and Flow - Using and Applying Information and Intelligence to Planning and Preparedness

The use of information and data is critical for effective forecasting of unscheduled and elective winter demand and capacity planning. Data intelligence from the following services will be considered to inform planning as discussed above:

- OOH
- NHS 24
- General Practice
- NHS Tayside Infection Prevention & Control Team
- ARHAI Scotland (ARHAI)
- Public Health
- NHS Tayside Command Centre Dashboard
- Multi Source Data Heat Map

Public Health will co-ordinate and report HPS data around COVID-19 activity to support better use of data for predictive decision making as part of threat level generation. The Infection and Prevention Control Team (IPCT) also share data from ARHAI Scotland regarding the current epidemiological picture on Covid-19, Influenza and Norovirus surveillance data across Scotland. It is planned that this information will be routinely monitored over the winter period to help us detect early warning of imminent surges in activity.

System Watch along with the development of the Command Centre Dashboard will be used with the above PH and IPCT input locally to support forecasting of demand and capacity, providing triggers for local and system wide escalation. The Command Centre Dashboard has been significantly updated over the course of the last 12 months and now provides a wealth of real time information.

4. MANAGEMENT OF VIRAL ILLNESS

Winter planning considers the required actions to ensure the safe management across Tayside of a large volume Influenza-like-illnesses which will include those patients with potential for COVID-19 and Flu, and other respiratory viral pathogens from primary care to critical care. This will sit alongside an enhanced Influenza vaccination campaign in Tayside, and improved rapid management of seasonal GI viral pathogens such as Norovirus..

4.1 Norovirus

NHS Tayside's Infection Prevention and Control Team (IPCT) ensures that staff have access to and are adhering to the national guidelines on [Preparing for and Managing Norovirus in Care Settings \(scot.nhs.uk\)](https://www.scot.nhs.uk/care-settings/norovirus) along with the ARHAI Scotland National Infection Prevention and Control Manual (Chapter 2 & 3). IPCT provide guidance on the Infection Prevention

Staffnet site. For those staff groups who are unable to access Staffnet (Independent providers / social care teams), this information is available on the ARHAI Scotland website.

4.2 Norovirus Training and Communications

There is an established communications process between the IPCT and the Health Protection Team to optimise resources and response to a rapidly changing Norovirus situation. In addition there is established communication with Health & Social Care Partnership Leads and via Governance Forums to ensure the partnerships are aware of Norovirus publicity materials and are prepared to distribute information internally and locally as appropriate, to support the 'Stay at Home Campaign' message.

IPCT provides regular updates to the NHS Tayside Communication Team regarding ward closures, and advice for staff in relation to infection prevention and control precautions, communicated over winter period.

To further support the communications and training requirements in preparation for Norovirus the following is in place:

- Winter preparedness and raising awareness through education sessions and communication briefs for staff
- Dedicated Transmission Based Precaution education sessions provided as per IPC Annual Training Programme
- Norovirus leaflets and posters provided to NHST by ARHAI Scotland shared across the Health and Social Care Partnerships
- Infection Prevention and Control: NHS Tayside prioritisation flow chart to aid decision making at 'front door'
- Information on Norovirus is sent out to all local care homes by Public Health. The Health Protection and IPC Team support the management of all outbreaks of diarrhoea and vomiting within care homes, and Public Health routinely informs the IPCT, Communication Team and Resilience Teams regarding the closure of homes.

4.3 Norovirus Planning and Control

IPCT plans are in place to support the execution of the Norovirus Preparedness Plan before the season starts. Norovirus Control Measures are accessible to all staff across Health and Social Care Partnerships on NHS Tayside's Staffnet intranet site, or on ARHAI Scotland website.

Communications regarding hospital demand and norovirus related ward closures will be managed through an agreed distribution list which will detail bay or ward closures due to a known or suspected infection is in place.

IPCT join the daily hospital huddles and Infection Prevention & Control is a standing item for discussion.

IPCT will ensure that the health & social care partnerships and NHS Tayside are kept up to date regarding the national Norovirus situation by communicating ARHAI Scotland national prevalence data on a weekly basis. Debriefs will be provided following individual outbreaks or end of season outbreaks to ensure any system modifications required to reduce the risk of future outbreaks. The ARHAI Scotland Hot Debrief tool is currently used with clinical teams for this purpose. Lessons learnt are shared as required across clinical teams and at Safety, Clinical Governance and Risk Meetings and Professional Forums.

To ensure arrangements are in place to provide adequate cover across the whole of the festive holiday period there will be an on-call microbiologist available 7 days per week.

4.4 PPE Procurement (Management of Viral Illness)

Clinical areas must ensure adequate resources are in place to manage potential outbreaks of seasonal respiratory viruses including influenza like illness, Norovirus and Covid-19 that might coincide with severe weather and festive holiday periods.

Key actions for this winter include:

- Staff are face fit tested for FFP3 facemasks and a staff face fitting programme is maintained
- Early procurement stock management of PPE
- Assurance of governance for respiratory powered hoods
- Sign posting to educational resources for donning and doffing of PPE

4.5 An Enhanced Influenza Vaccination and Covid 19 Booster Programme

The roll out of 2022/2023 Enhanced Flu and Covid Booster programme commenced on the 5th September 2022 with Covid and Flu vaccinations being delivered to health and social care staff and those citizens in care homes or domiciliary settings.

Vaccinations to those over 65 commenced on the 19th September 2022 (in age descending order) with all citizens being offered an appointment by the end of October 2022.

Vaccination of those under 65 “at risk” and those aged 50 to 64 years old has now commenced and will continue throughout November and beginning of December 2022. The programme is on schedule to meet the JCVI and SG request to accelerate the programme offering all those eligible the opportunity for vaccination by the 5th December 2022.

To date (30th October) NHS Tayside has delivered over 150k Flu vaccinations and approx 120k covid vaccinations. Vaccination teams are also supporting (in parallel with the Autumn/Winter campaign) the provision of travel and other out of schedule vaccinations. This work also includes assisting sexual health services with the provision of monkeypox vaccinations.

Flu vaccines are also being delivered to pre-school children in community settings and to those aged 5 and above within primary and secondary schools

4.6 Safe Assessment and Admission of Patients with Viral Symptoms

Plans are in development to ensure rapid and safe identification of respiratory infections.

- Rapid testing for respiratory viruses including SARS-CoV2 will be available on both acute hospital sites
- Patient pathways have been revised in line with national guidance around ongoing testing and isolation requirements for Covid-19

4.7 Enhanced Front Door Assessment & Testing

NHSTs Molecular Microbiology Service has created and embedded, “gold standard” PCR based testing for a wide range of viral and bacterial pathogens.

The service, staffed by highly skilled Scientists and developed in close collaboration with colleagues across the organization, IPCT and HPT, is available 24/7, and offers the following testing streams;

➤ *Symptomatic Patients – Respiratory Infection*

Rapid PCR testing for Covid-19, Influenza (+/- RSV) is available for all acute symptomatic admissions to avoid placement in a patient ward bay without confirmation of patient infection status. Rapid testing “hot-labs” have been created, providing 24/7 testing, with results reported within 40 minutes (average) of sample receipt.

PCR testing for an additional 25 viral and bacterial causes of respiratory tract infection is available for use across primary and secondary care. This service development is being expanded to a 7 days a week service, with results available same day.

➤ *Symptomatic Patients – Gastroenteritis*

PCR testing for 25 gastrointestinal pathogens, including those associated with outbreaks, (e.g. Norovirus, Sapovirus), bed-blocking (E. coli O157) and unnecessary admissions & investigations, is being rolled out 7 days a week, with results available the same day. This “1st for Scotland” development aims to improve patient management, support the IPCT and HPT in their work, and aid “front door” and community decision making.

➤ *Asymptomatic Patients – Sars-CoV-2 screening*

Rapid PCR testing for Covid-19 is available for acute asymptomatic admissions to avoid admission to a bay without 1st knowing a patient’s infection status. Rapid testing “hot-labs” have been created, providing 24/7 testing, with results reported within 40 minutes (average) of sample receipt.

Urgent Sars-CoV-2 testing (average time to result 4 hours) and Routine Sars-CoV-2 testing (average time to result 6 hours), are available to service users, ensuring NHSTs Sars-CoV-2 testing times are the most rapid of all large headboards.

Dedicated portering services are in place to ensure efficient delivery of samples the molecular microbiology service, further improving test turn-around-times.

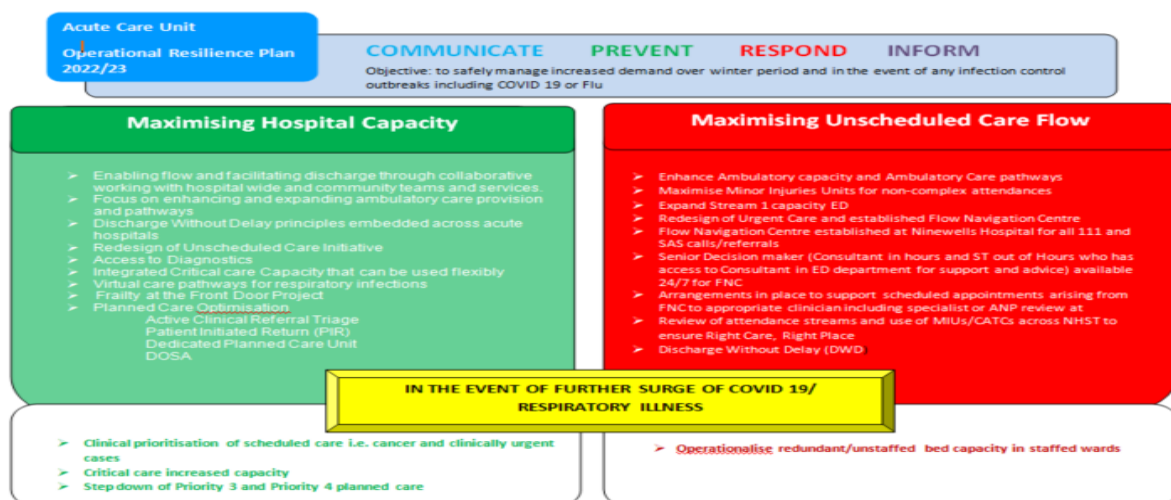
5. ACUTE SERVICES UNSCHEDULED AND PLANNED CARE PREPAREDNESS

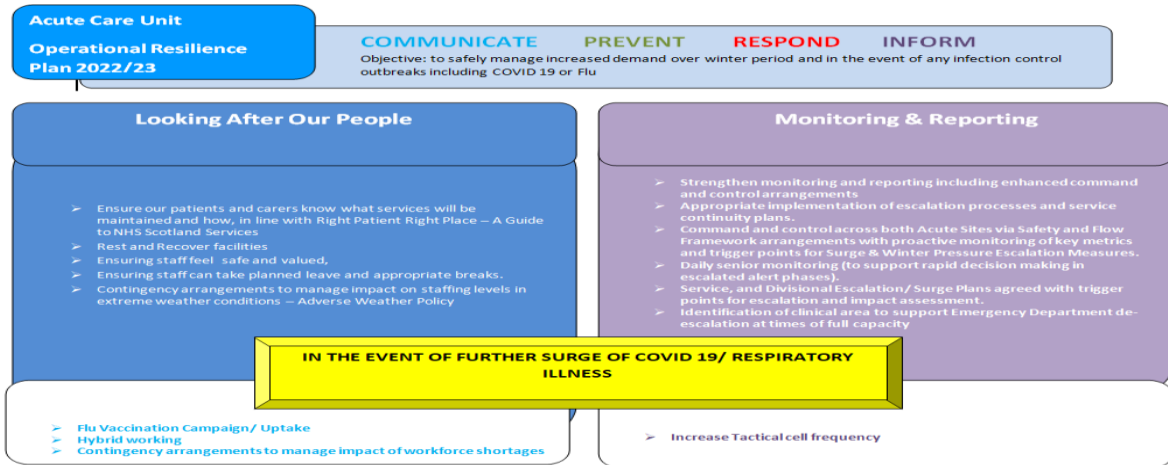
An operational plan for Acute Services for the winter period has been developed to describe arrangements for Unscheduled and Planned Care preparedness and planning for winter.

This includes:

- Capacity and Demand analysis including surge capacity
- Escalation plans for each care division
- Maintaining an ability to deliver a safe viral assessment and admissions pathways for planned and unscheduled care
- Escalation and de-escalation plans which are coproduced between unscheduled and planned care
- Respiratory and Critical Care Pathways planning for the safe coordinated management of Severe respiratory infection within hospital
- Maintain the delivery of as much diagnostic activity and planned care and treatment as possible
- Workforce Planning including Festive duty rosters across primary and secondary care, in and out of hours

The Operational Resilience Plan reflects the Acute Care Unit Winter principles, targets and operational actions to ensure that we deliver the required increased resilience and achieve the Right Care in the Right Place making sure that everyone can access the care they need quickly and safely. It sets out reasonable measures and processes that are required to be in place for patient safety, effective workforce plans, and assurance that contingency plans are in place to address periods of increased unscheduled care demand over the winter and any further surges of respiratory illness including COVID19.



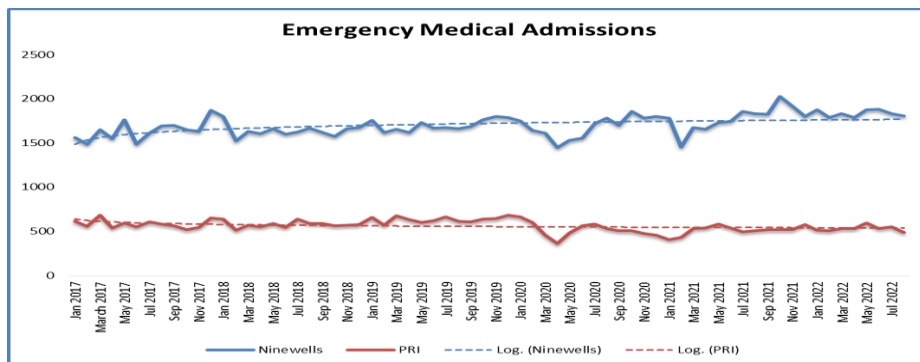


5.1 Bed Modelling & Surge

There has been considerable change to the bed model across Tayside hospitals since March 2019. Firstly to accommodate the Covid pathways and more recently to support increased unscheduled demand while also ensuring capacity for planned care. Bed positions are monitored on a daily basis to ensure a continual ongoing review of the bed requirements and ward configuration throughout the year. As part of the identified escalation plans, inpatient bed configuration will be used most efficiently to accommodate demand as required based on occupancy levels indicated in the daily reporting.

Data demonstrates sustained high levels of demand in Medicine with increasing demand seen in Surgery and Orthopaedics.

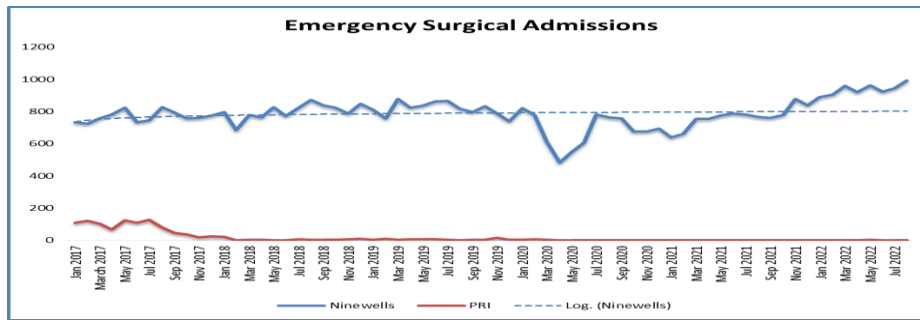
Medical Unscheduled Admissions January 2017 – August 2022



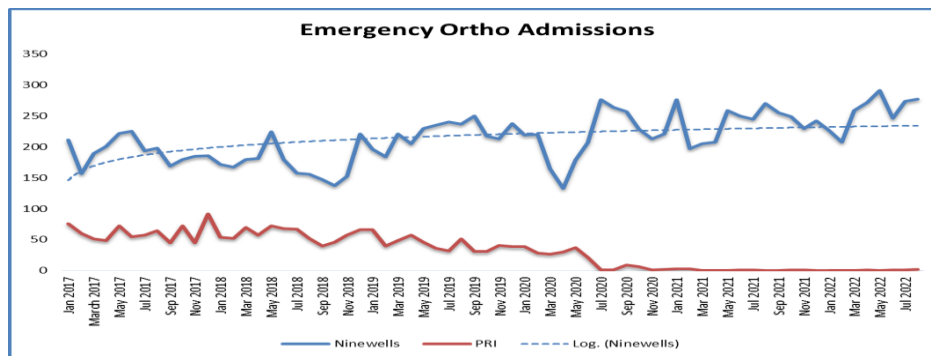
Surgical Unscheduled Admissions January 2017 – August 2022



NB. Acute surgical receiving unit assessment patients were all recorded as inpatient admissions from November '21 onwards



Ortho Unscheduled Admissions January 2017 – August 2022



5.2 Inpatient Modeling & Pathways

The Data Heat Map and further modeling provided by the Health & Business Intelligence Team will remain a key tool for whole system planning and escalation triggering.

Responding to anticipated pressure, a whole system approach will be taken to maintaining the robustness of all elements of the patient pathway; in and out of hospital with the aim of providing care as close to home as possible.

Demand capacity predictions have been completed and used to support proactive capacity planning:

Ninewells Total Unscheduled Admissions – Predicted Demand

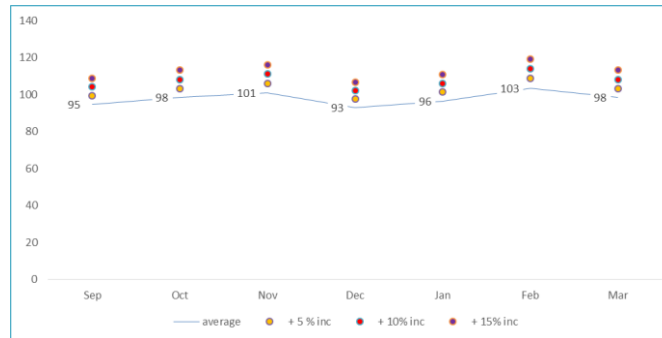
Includes Medical, Surgical and Orthopaedic

Average monthly demand based on actual activity September 2021 – March 2022, divided by number of days in the month



Ninewells Unscheduled Admissions							Per Day		Modelled Increase - per day		
	16/17	17/18	18/19	19/20	20/21	21/22	Average over 3 year period:	Post-Covid average	Based on post-Covid Winter average		
									+ 5 % inc	+ 10% inc	+ 15% inc
Sep		2661	2605	2732	2716	2840	89	95	99	104	109
Oct		2582	2532	2813	2760	3049	85	98	103	108	113
Nov		2576	2600	2798	2669	3027	89	101	106	111	116
Dec		2831	2743	2763	2715	2879	90	93	98	102	107
Jan	2506	2765	2761	2787	2698	2990	89	96	101	106	111
Feb	2365	2374	2560	2638	2311	2897	87	103	109	114	119
Mar	2595	2590	2754	2387	2634	3048	85	98	103	108	113

Daily predicted demand:



PRI Total Unscheduled Admissions – Predicted Demand

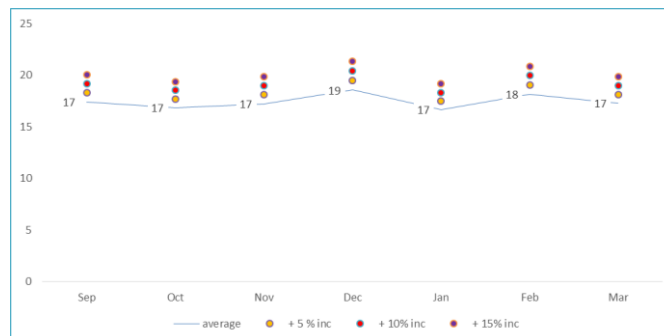
Includes Medical, Surgical and Orthopaedic

Average monthly demand based on actual activity September 2021 – March 2022, divided by number of days in the month



PRI Unscheduled Admissions							Per Day		Modelled Increase - per day		
	16/17	17/18	18/19	19/20	20/21	21/22	Pre-Covid 3 year average	Post-Covid average	Based on post-Covid Winter average		
									+ 5 % inc	+ 10% inc	+ 15% inc
Sep		650	631	645	516	522	21	17	18	19	20
Oct		626	611	670	516	522	21	17	18	19	19
Nov		610	635	702	478	517	22	17	18	19	20
Dec		771	651	723	455	575	23	19	19	20	21
Jan	800	715	724	705	413	516	23	17	17	18	19
Feb	737	562	621	636	433	508	23	18	19	20	21
Mar	835	639	730	489	534	535	24	17	18	19	20

Daily predicted demand:



5.3 Pathways: Building Efficient Pathways to Support Patient Care for Winter

As outlined above, pathways are being developed to safely deliver care closer to home, where possible. This involves collaborative working between secondary care, primary care, SAS and community teams.

Through the work of the Urgent & Unscheduled Care Board and the Planned Care Board, collaborative improvement work is ongoing to ensure that patient pathways are reviewed and

where necessary redesigned to ensure quality and alignment with strategic priorities and aims.

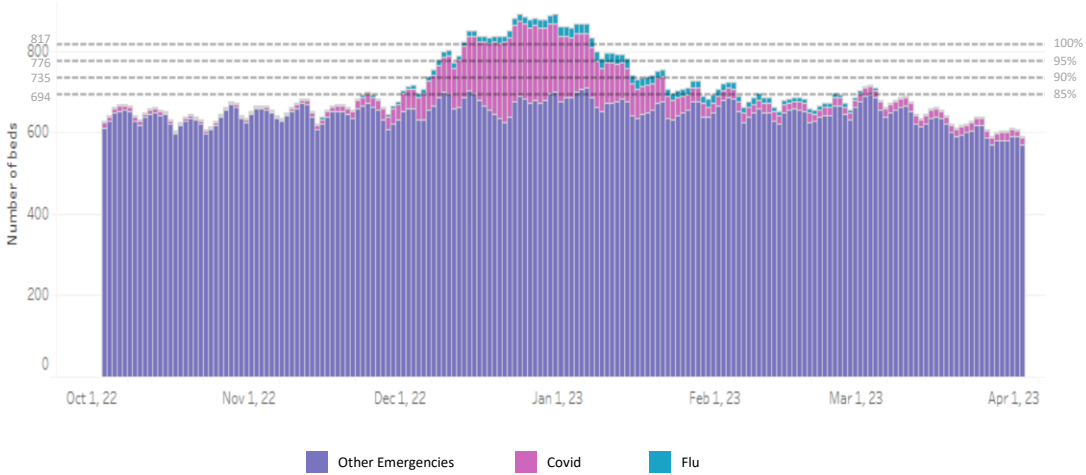
5.4 Respiratory and Critical Care Pathways

The management of Respiratory illness - particularly those patients with severe Influenza and COVID-19 - is a significant consideration for this winter’s plan.

SEIR is an epidemiological model used to predict infectious disease dynamics by compartmentalizing the population into four possible states: Susceptible (S), Exposed (E), Infectious(I), and Removed(R).

The models below demonstrate 2 possible scenarios should viral illness escalate. It should be noted that these models are “worst case” and not “most likely” scenarios.

Scenarios 2: SEIR 13 + Flu Separated

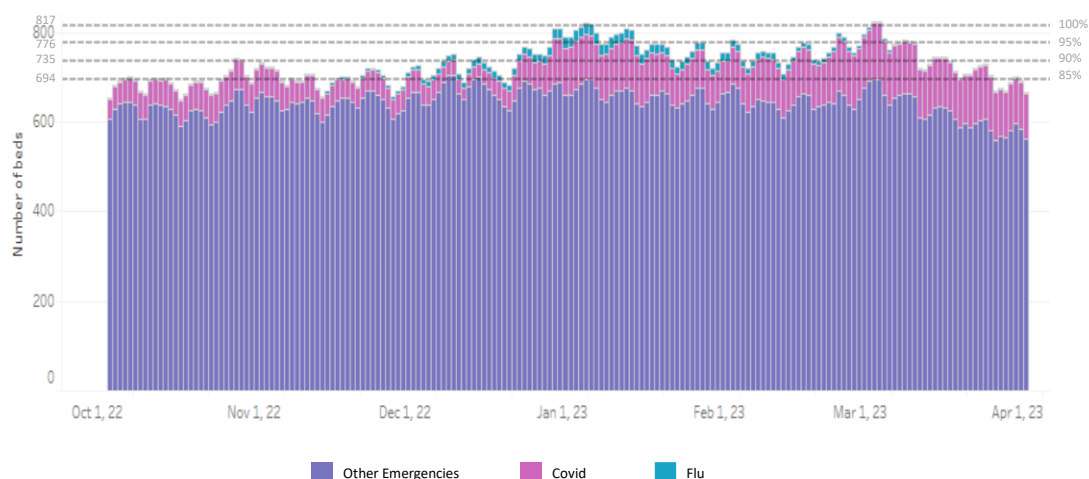


Note: prediction excludes Critical Care, Day Case, Inpatient Electives, Paediatrics, Maternity, Obstetrics

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SEIR 13 is based on the emergence of a new COVID variant on the background of low vaccine uptake and a sustained demand on non viral unscheduled activity.

Scenario 4: SEIR 21 + Flu Separated



Note: prediction excludes Critical Care, Day Case, Inpatient Electives, Paediatrics, Maternity, Obstetrics

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SEIR 21 utilises previous bed occupancy data to model predictions for timings of increased viral admissions. These assumptions are reflecting the significant COVID demand due to Omicron last winter and therefore are likely to be in excess of those anticipated without a similar new variant

As part of "Living with Covid" NHS Tayside have moved to one front door and imbedded a viral pathway within our AMU in Ninewells. Additional respiratory senior decision makers have been identified to provide enhanced cover to this viral pathway both in the AMU and also for the anticipated high level 2 workload that Medical HDU will experience this Winter. A viral pathway has also been developed within the AMU at Perth Royal Infirmary so that Perth and Kinross patients can be cared for as close to home as possible in their base hospital.

The Respiratory Team are also developing virtual care pathways for respiratory infections aimed at admission avoidance and shortening length of stay for those patients that do need admission. These pathways will include acute clinics, ambulatory unit assessments and input from the respiratory Liaison nurse and hospital at home teams. The Covid oxygen therapy at home service and domiciliary oximeter monitoring, which worked so well in Tayside during the Pandemic, will be extended to other conditions causing respiratory failure as part of the efforts to enhance resilience of bed capacity.

Critical Care capacity has developed in a more integrated way with shared facilities that can be used flexibly to accommodate an increase in high dependency or intensive care patients. The temporary conversion of a redundant inpatient ward has created additional intensive care beds thus enabling capacity escalation in response to a further respiratory viral surge.

5.5 Frailty

NHS Tayside will continue to take forward the national initiatives to deliver older people's standards in the community through improving the management of frail patients when they

present to hospital. This will be part of the Frailty at the Front Door Project which is key in supporting the Tayside Winter Plan.

The Ninewells Hospital Acute Frailty Unit (AME) is now well established, significantly contributing to front door discharges, and frailty services are well embedded within Medicine, General Surgery and Orthopaedic Services. An Acute Frailty Unit for Perth is in development with Secondary Care and community teams working closely together.

The service continues to be enhanced through a whole system, integrated approach. Key elements include:

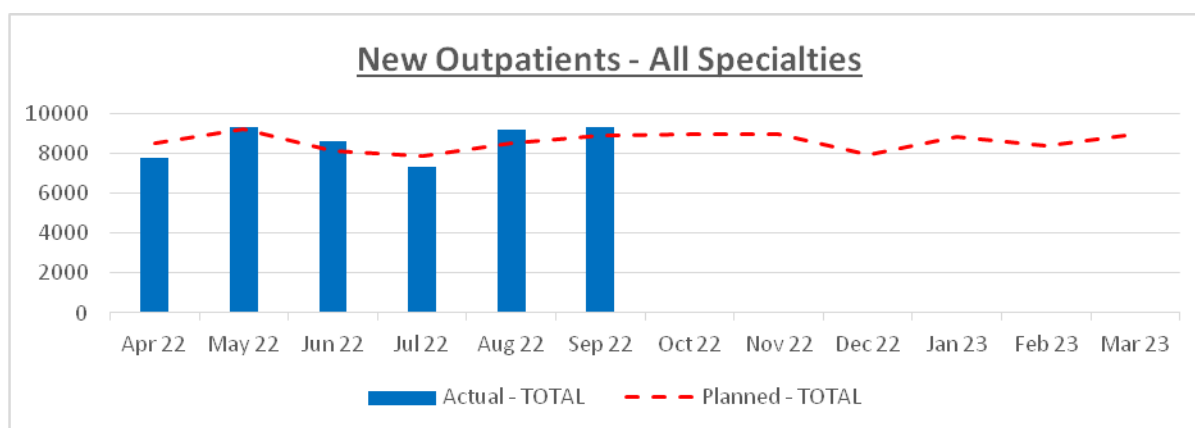
- Optimised discharge planning throughout frailty services with education and training around the appropriate use of planned date of discharge (PDD) and the multidisciplinary approach.
- Improved links with the Integrated Discharge Hub to achieve the above including weekend discharging.
- Development of urgent care community model to ensure patients has the opportunity to be cared for in their own homes when appropriate, providing an alternative to hospital admission.
- Development of transition team to enable early discharge to continue assessment and rehabilitation within the patient's home. This model reduces hospital induced dependency, delirium and infection.

5.6 Planned Care Optimisation

In addition to the measures described in the plan to facilitate timely access to Unscheduled Care, Tayside are committed to providing as much planned care as possible. Diagnostic, Outpatient and Operative work will continue throughout the winter months and a focus on those patients experiencing the longest waits will be maintained. The following improvement initiatives demonstrate the ongoing approach to building efficiency and resilience into planned care pathways to minimise the impact of increasing unscheduled demand over winter.

➤ *Outpatient Demand Modelling:*

NHS Tayside are committed to delivering on average 8500 new outpatient appointments per month with a continued focus on meeting the revised waiting times targets for both December 2022 and March 2023. It is not anticipated that unscheduled care will impact on achieving this level of activity. As a minimum NHS Tayside will deliver this level of activity which is monitored via the Scottish Government



➤ **ACRT:**

To support delivery of the new outpatient activity described above and to ensure that clinicians maximise capacity for those patients who need to be seen (whether that be face to face or remote consultation), NHS Tayside clinicians are engaged in Active Clinical Referral Triage. ACRT performance is measured through the National Heatmap using the proxy measures of “Advice Given” or “Referred back to GP” until such time there is an agreed national measurement definition. NHS Tayside engages with colleagues from CFSD on a monthly basis to discuss local performance against the Heatmap. Tayside performance in this area remains consistently positive.

➤ **Patient Initiated Return (PIR):**

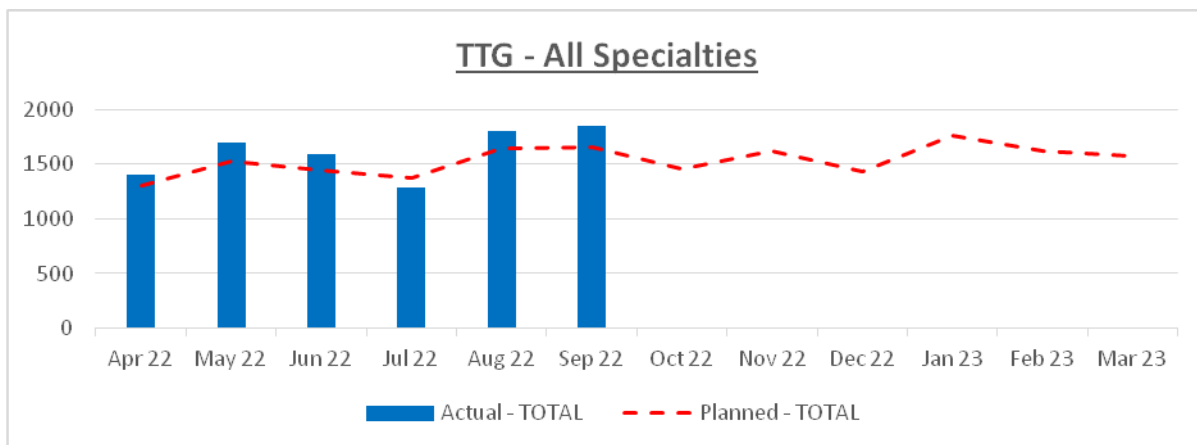
To ensure that outpatient capacity is optimised and to meet the ongoing demand for new patients NHS Tayside is adopting the Patient Initiated Return pathway for return patients. This allows the patient to opt back into secondary care at the time when they require this which then frees up capacity within scheduled clinics for new patient activity. NHS Tayside is in the early stages of adopting this pathway with full implementation in the Rheumatology Service and about to be implemented in both Gynaecology and Dermatology. Again performance in this area is measured via the National Heat map and the planned care support team continues to engage in this with colleagues from CFSD.

➤ **Surgical Activity (inclusive of Day Surgery)**

NHS Tayside has elective capacity across all three hospital sights with dedicated wards to support this activity. Stracathro hospital delivers day case and short stay non-complex surgical activity with Perth Royal Infirmary delivery mainly non complex activity that requires a slightly longer stay in hospital post operatively. Ninewells hospital provides capacity for mainly emergency/trauma surgery and complex elective surgery and there are 2 dedicated wards to support this activity. All opportunities to maximise day case capacity is undertaken and performance against this is part of the National Heat map. Although a definition of measurement has not been agreed nationally, NHS Tayside continue to monitor performance against the British Association of Day Surgery Rating(BADs).

NHS Tayside are committed to delivering on average 1500 elective surgical procedures (TTG) per month with a continued focus on meeting the revised waiting times targets for those patients having waited over 104 weeks. As a minimum NHS Tayside aims to continue to deliver this level of activity over the winter period which is monitored via the Scottish Government Planned Care activity submission, the chart below is an extract from this submission.

There remains a system risk for elective surgical activity if unscheduled activity exceeds existing and surge capacity, it may be necessary to use staffed scheduled beds in extremis.



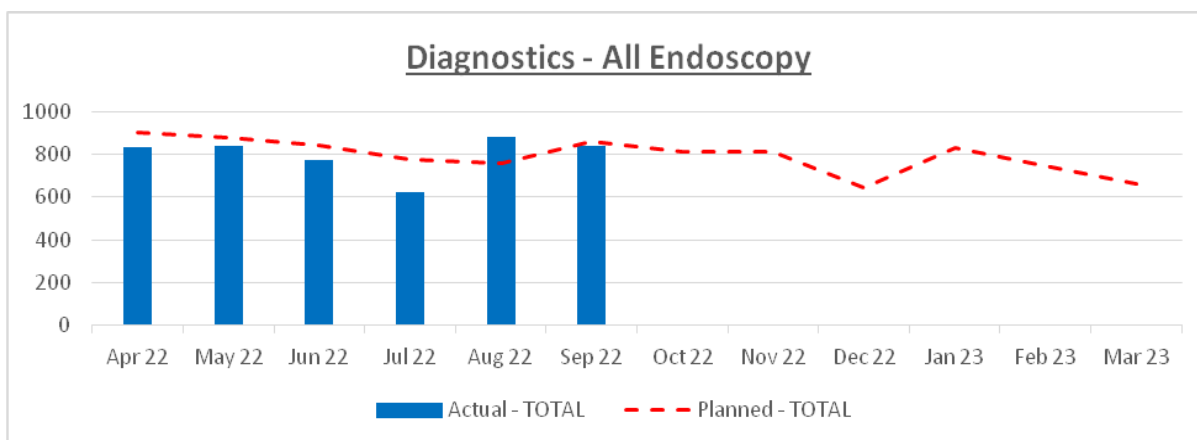
Diagnostic Capacity:

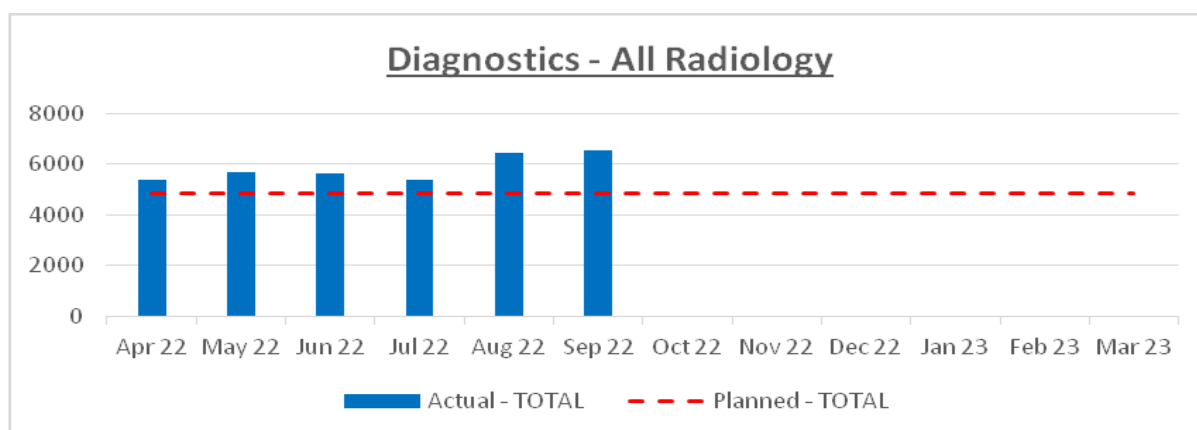
Radiology will continue to provide a robust scheduled care provision across Ninewells, Perth, Stracathro and our Satellite sites during the winter months.

Our service now operates certain modalities over an extended shift pattern 7 days a week to drive our requirement to meet the 6 week waiting time target. Extended provision of scheduled care has been optimised on Perth specifically and Stracathro to enable more flexibility on the Ninewells Campus to respond to the increased in-patient demand.

Our capacity is supported by the University of Dundee CT and MRI scanners and 2 MRI scanners from private sector partners.

Endoscopy activity is delivered across 2 sites in Tayside Monday to Friday with weekend activity delivered on the Ninewells supported by the Independent Sector within the Vanguard Mobile Unit. This will continue throughout the winter months, the planned activity is monitored via the Scottish Government monthly submission.





➤ *NECU Pilots*

The National Elective Coordination Unit was established recently to support the coordination of elective capacity across NHS Scotland by enabling the reallocation of available resources (workforce/physical footprint) to those Boards with a specific need to achieve the revised waiting times targets. Support has been provided to some boards to support clinical validation and small number of procedures undertaken mainly in the western boards. Early discussions are underway with the NECU team to ascertain the requirements of NHS Tayside and if they can be aligned to any of the potential available resource.

5.7 Digital and Remote Consultation

The Digital Directorate has committed to a range of system upgrades and interface developments that will support the requirements of the winter planning groups. Point of Care testing will be enhanced by the implementation of an interface from TrakCare (Patient Administration System) to provide patient location information at the point of testing, along with upgrade and additional interfacing to the patient infection control system ICNet. These developments will ensure more robust support, safety and efficiency to the testing and infection control methods in time for the winter period. This will be beneficial to the safety of patients and staff.

Remote Consultations and the continued development and use of IT is agreed as a key area for Unscheduled Care, with further growth and spread in the use of Near Me in particular as well as RefHelp, Consultant Connect systems and the continued promotion of telephone consultations. The “Digital by Default” approach is a priority area of development for unscheduled care and will be a critical consideration of winter plans.

5.8 Transport

Sustaining and continued support to the long term establishment of the Transport Hub is central to supporting scheduled and unscheduled patient care and transportation requirements. This includes hospital site transfers, hospital admissions from community to acute, as well as patient step-down and discharge.

5.9 Delayed Discharges

To prevent and manage delayed discharges, NHS Tayside constantly benchmark using national data, working as a team with our social care partners to minimise delays through




daily dialogue and action via the Safety and Flow Framework and Flow Hub. This will continue through the winter period, involving senior managerial colleagues when required. The use of a data driven “threat level” for winter will allow unambiguous communication of capacity and drive specific actions. We recognise that our delayed discharges are lower than other areas but recognise that these are patients who should be cared for in other areas, most commonly at home or a more homely setting. We continue to improve our response to delayed discharges as we recognise the effect of delays on patients as well as flow through our system.

A greater focus on targetting social care and assessment resource at front door and community areas will reduce admissions, length of stay and therefore delays.

One of the key projects being driven through the Urgent & Unscheduled Care Board this year will be the strengthening and further embedding of the ‘Planned Date of Discharge’ model which is the cornerstone of efficient multidisciplinary discharge planning in Tayside.

During the winter period in Tayside, the aim is for our Health & Social Care partners to maintain delayed discharges within agreed levels.

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

Key: A - Angus, D - Dundee, P&K - Perth & Kinross, T - Tayside target excluding non-Tayside DD

Inter-hospital Delays

No more than 2 delays for hospital transfer in:

Dundee

Angus Community Hospitals/Psychiatry of Old Age (POA)

Perth Community Hospitals and Tay Ward

Fife

Acute Delayed Discharge (GREEN RAG TARGET)

Angus 3

Perth 6

Dundee 6

Fife 3

These delayed discharge levels are monitored daily within the Flow Hub as a key component of the Safety and Flow Framework.

5.10 Workforce Planning

Workforce planning is a critical consideration for all acute and community services. This will be a key consideration across sites and services throughout winter aiming to develop an agile and flexible workforce to meet the needs of uncertain and changing demand. Planning will be required to consider a workforce which is mobile, available over 7 days working across service boundaries, where required.

The aim is to have the appropriate levels of staffing and resilience 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:

- Additional senior decision makers in place over the public holiday/festive period particular to the high demand specialties of Gastroenterology and Respiratory
- Clinical Pharmacist cover as well as pharmacy distribution and dispensing centre to be available for extended opening hours to respond to service demand for medicine supply (e.g. discharge prescriptions and in-patient treatments)
- 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: Patient demand and acuity is managed in accordance with Safecare to support re-allocation of staff
- Consideration will be given to skills and education requirements for staff being moved or deployed to new areas. As far as possible, this will be agreed before winter and if possible, align individual staff to identified wards where they will have confidence to be redeployed during the winter months
- Additional medical staff (including junior doctors) resource
- Seven day working over winter period across NHS Tayside and partner organisation's i.e. AHPs, pharmacy and SAS. This is pan-Tayside and covers home care providers as well as high dependency areas. This has been planned and funded through winter plan money to increase the likelihood of sessions been filled
- Procurement of supplies e.g. PPE/facial protection

6. INTEGRATION OF KEY PARTNERS/SERVICES

The Winter Plan from NHS Tayside encompasses all our partner organisations, including the relevant HSCPs, who have been integral in the development of this year's plan. A brief summary of their involvement and contribution to enhanced care this winter follows.

There is ongoing engagement from the Scottish Ambulance Service and HSCPs in the collaborative whole system frameworks described above.

6.1 Angus Health and Social Care Partnership

We anticipate the winter period being much busier this year due to general increase in demand across all of health and social care. The focus of the winter plan and improvement

actions for Angus Health & Social Partnership is to ensure that people get the right care, at the right time, in the right place, avoiding unnecessary admissions to hospital and ensuring that, once admitted, people are discharged as soon as they are ready, contributing to better health outcomes and making best use of resources. A major part of our plan is not just increasing resources within services, but also how we optimise communication and relationships to ensure we are making best use of these additional resources. This year's planning is more challenging than previous years as we are not only preparing for winter but also continue to recover from the COVID-19 pandemic as well as ensure plans are in place for any resurgence of COVID-19 or other seasonal viruses.

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

- Taking a coordinated approach to allocate Scottish Government funding to support; Winter planning, expanding Care at Home-MDT approach and Interim Care by:-
 - *Increasing capacity in care management across older people, physical disabilities, AIDARs and CMH*
 - *Increase capacity to support enablement by 10 Social care officers*
 - *Access to telecare*
 - *Increasing capacity in Occupational Therapists, Physiotherapists and Speech and Language Therapists and working with HR in relation to international recruitment*
 - *Increasing capacity in community nursing*
 - *Supporting day care*
 - *Supporting access to community equipment and adaptations*
 - *Increasing home care assessors*
 - *Increasing social workers and social work senior practitioners*
 - *Employment of additional care home review officer*
 - *Access to interim care home beds*
 - *Supporting GP Out of Hours*
- As part of the Urgent and Unscheduled Collaborative:
 - *Progress implementation of improvement action plan to support discharge without delay, including the roll out of planned date of discharge in community hospitals and establishment of discharge team*
 - *Angus commits to maintaining Delayed Discharge Green RAG status*
 - *3 for acute Ninewells*
 - *15 for all delays including complex delays*
 - *Progress pathway review of urgent primary care 24/7*
- Proactive review of unmet needs for social care provision through the use of day care capacity and community alarm
- Hospital at Home - identify clear areas for clinical pathways at home but the principles are followed. Work being progressed to explore virtual capacity through productive opportunity via unscheduled care board.
- Anticipatory Care Plans focus through realistic medicine using the Respect Tool
- Review priority bandings for people awaiting AHP input

- Explore hybrid roles within the AHP professions
- In adult mental health utilise staff flexibly across Angus to meet demand and will continue to use 3rd sector agencies and supports as appropriate to meet less complex mental health and wellbeing need and reduce demand on secondary care mental health services.
- Employment of a Discharge social worker and 2 Assistant Practitioners to support good discharge planning and early consideration of discharge needs in mental health, to reduce delays in discharge from hospital. We are working with partners across the mental health pathway to utilise PDD and have developed new processes and protocols to support.
- AIDARS Service has developed a new joint health/ social work duty system to support an open access referral process where people and their families can contact the service for advice or onward referral to other 3rd sector partners, thereby reducing time to access appropriate supports.
- All staff have been provided with agile working tools to support engagement/ contact either within clinic based settings or where required in peoples own homes or communities, including access to phones for those most in need.
- AIDARS has developed out of hours clinics within Arbroath area and plans to develop this within north east localities to support engagement in the winter months. The service is also working with Community Pharmacy colleagues to expand contact/ supports within pharmacy settings to support easier access to treatment/ supports during the winter months.
- Streamline processes for AWI and Guardianship - OIS reviewed and implemented, training underway and improvements being evidenced.
- Identification of 12 surge beds in Prosen ward Whitehills to support capacity and flow
- Review OOH social work service in partnership with Dundee HSCP to support GP Out of Hours
- All health, social care and care home staff will be encouraged to accept the flu vaccination
- Continue proactive review of all delayed patients on a daily basis by case holder and discharge teams across the HSCP including community hospital bed base, supported by Local MDT meetings.
- Review and update Business Continuity Plans, Festive Directory, and Winter Action Cards
- Work in partnership with all sectors to ensure winter resilience planning for vulnerable adults across Angus.
- Work with partners to ensure risks cost of living crisis are mitigated as far as possible
- Review service priority and RAG status report to ensure effective communication protocols in place between services and senior managers to ensure that potential system pressures are identified as they emerge and escalation procedures are invoked.
- Continue raising profile and importance of Power of Attorney
- Signposting for accessing urgent and unscheduled care
- Aim to increase opening hours of minor injury unit in Arbroath to 10pm
- Continue to populate Heat maps to support whole system planning

6.2 Dundee Health and Social Care Partnership

Dundee Health and Social Care Partnership will continue to work collegiately with all partner agencies to contribute to the seamless delivery of care as close to the person's own home as possible, promoting early discharge wherever appropriate, and developing enhanced care

and treatment services in the community as a means of preventing admission wherever possible.

Key actions are:

- Review cross Partnership communication strategy to ensure daily RAG status is accurately reported, understood and actions taken when necessary
- Ensure all service specific business continuity plans are up to date
- Covid/flu vaccination programme communicated and made available across all Partnership staff
- Continuation of improvement work to increase efficiency across social care particularly in relation to interagency communication within geographical areas
- Publication of daily RAG status for delayed discharge performance
- Publication of daily service specific RAG status
- Contribution of RAG information to the Tayside wide heat map in order to further develop our understanding of the whole system performance and pressures
- Continue to develop the Dundee Enhanced Care at Home Team to increase the provision of care delivered closer to home as an alternative to hospital admission
- Commissioning of Discharge to Assess social care service as a means of supporting early discharge from hospital and more accurate prescription of social care resource
- Linking of AHP transitions service with Discharge to Assess to ensure all social care provision is focused on promotion of independence
- Continued implementation of social care Eligibility Criteria
- Ongoing development of advanced practice roles in community to support clinical care and assessment closer to home
- Additional social care recruitment
- Additional social work recruitment
- Rolling recruitment programme for inpatient AHP staff
- Roll out of Planned Date of Discharge policy across all ward areas
- Surge bed availability on RVH site to support capacity and flow
- Focus on AME unit for early discharge/Discharge to Assess work to support whole system capacity and flow
- 8 bedded unit in Turriff House and 6 bedded unit in Menzieshill House for step down care
- Interim care placements offered for all patients who may be delayed in hospital awaiting other services
- Step down housing contracts in place to support discharge for patients awaiting rehousing
- Ongoing development of relationships with 3rd Sector colleagues particularly in relation to the accurate deployment of social care resource

6.3 Perth & Kinross Health and Social Care Partnership

The focus of the winter plan and improvement actions for Perth & Kinross Health & Social Partnership is to ensure that people get the right care, at the right time, in the right place, avoiding unnecessary admissions to hospital and ensuring that, once admitted, people are discharged as soon as they are ready, contributing to better health outcomes and making best use of resources.

The key developments are;

- Review, update and test update Business Continuity Plans, Festive Directory, and Winter Action Cards.

- Work in partnership with all sectors to ensure winter resilience planning for vulnerable adults in localities.
- All health, social care and care home staff will be encouraged to accept the flu/covid vaccination.
- Review service priority and RAG status report to ensure effective communication protocols in place between services and senior managers to ensure that potential system pressures are identified as they emerge and escalation procedures are invoked.
- Development of Frailty at Front Door Model.
- Promote and expand the use of Royal Voluntary Service complimentary discharge service embedding 'Home from Hospital' in discharge process.
- Continue proactive review of all delayed patients on a daily basis by case holder and discharge teams across the HSCP including community hospital bed base, supported by Local MDT meetings and PDD implementation.
- Continuation of agency staffing within Care at Home until March 2023
- Continuation of 18 x Interim beds, currently approved until 30 September 2022, proposed to be extended to 31 March 2023
- Additional hours within community teams (incl. AHP and Community Nursing and Social Workers.)
- Continue to work with acute colleagues and Primary Care GPs to introduce an urgent care pathway to support rapid discharge from hospital and prevent hospital admission from community
- Increase the recruitment to HART from 10 Social Care Officers above budgeted establishment to 25, therefore an additional 15 posts
- Further investment in AHP Resilience
- Peripatetic team for MFE and Community hospital to support Senior Leadership Team Capacity to ensure safe care and 7-day cover
- Review of Pool Cars across the health and social work teams to add additional capacity where required to ease pressure on community staff/fuel costs
- Collaborate with Third Sector for additional volunteer drivers as and when required.
- Continue to develop the MFE model with additional Advanced Nurse Practitioners and further develop the clinical model across P&K with MFE Consultants
- Roll our Rockwood Frailty Score/Approach across Locality Teams and integrate with MFE approach
- Further integration with Virtual Hub/Hospital At Home model
- Develop the interface approaches in line with Discharge without Delay Pathways
- Ongoing recruitment to the Living Well teams in localities as part of Care at Home Approach
- An extra 9 social workers and 6 social work assistants have been recruited to enhance assessing and reviewing capacity across social work teams
- Ongoing use of Interim Bed Model to support Capacity and Flow
- Royal Voluntary Service and Live Active funded posts to ensure those entering an interim placement are kept active and stimulated
- Enhanced Volunteering Approach with the recruitment of Community Circles post and Volunteer Coordinator Post and newly commissioned Volunteer Coordination App
- Additional funding allocated to Crossroads for provision of Carer respite and CAH.
- Additional social prescribers' posts have been funded and recruited to, with the aim of intervening early, enhancing wellbeing and addressing social isolation.
- Extension of a Community Brokerage service, which supports people to identify the social care support which is right for them and assists them to put that support in place and access local support and activities in the community.

6.4 Primary Care including Out of Hours

Primary care will continue to work across partnerships and interfaces to maximise efficiency and effectiveness of community care. This will be led by a strong collaboration both at partnership level and across primary care at the Primary Care CCT.

We will continue to collaborate across partnerships and with public health to deliver the expanded influenza vaccination programme.

We will continue to work both in hours and out of hours to champion and excel in community-based care wherever this is the safest and most appropriate care option for patients in multidisciplinary teams.

In OOH we plan to increase our capacity across the three main areas of: telephone consultation/advice, face to face assessment and home visiting. We will increase the number of clinical shifts that we have on offer, throughout the winter months (November to February) by offering additional evening shifts in Dundee and Perth and for the busiest times of the weekends. We note the following specific challenges and solutions:

- Complete predictive modelling for the festive period to ensure staffing levels match the predicted demand
- Senior clinical decision makers to be available on all shifts
- Work with HSCPs to increase the support for care homes
- There is a risk that not all shifts will be filled due to known workforce challenges. Escalation is an important aspect of our winter planning along with identifying early problem areas and having agreed contingency processes in place.
- Will increase our usage of Near Me/Attend Anywhere where clinically appropriate to do so.
- In anticipation of paediatric contacts increasing this year, we plan to implement a model that has dedicated GP(s) working weekends collaboratively with colleagues from Paediatrics. Again by utilising technology we hope to prevent unnecessary admissions and keep appropriate cases in the community
- Supporting the flu vaccination campaign both by offering peer vaccinations and undertaking opportunistically where this is appropriate
- OOH has well developed staffing contingency in place and robust procedures for dealing with inclement weather
- Continue to work with AHP and other services ie paediatrics to provide involvement of multidisciplinary approach
- Work with NHS 24 and Pharmacy first to support signposting of patients to the most appropriate care setting
- Continue the professional to professional advice
- Support Care homes and nursing homes in timely response to calls
- Continue to work with Mental health to ensure good access to mental health crisis teams and services
- Continue to populate heat map to support whole system planning

6.5 Fife Health and Social Care Partnership

North East Fife represents a key interface for NHS Tayside, as we provide unscheduled patient pathways for the North East Fife population as well as provide several regional scheduled pathways including Vascular, Plastic Services, and Head and Neck Cancer. We recognise the need to collaborate with our partners in NHS Fife in the development of winter preparedness at both a strategic and operational level to ensure that patients receive the right care in the right place and we will continue to build on our existing relationships to ensure continuity of services.

7. MENTAL HEALTH AND LEARNING DISABILITY

Access to Inpatient Mental Health & Learning Disability Services is both a national and local priority. NHS Tayside recognises that the majority of mental health acute presentations are unscheduled and, as such, are included as one of the service's key priorities for winter, in addition to recognising that effective flow management must continue beyond winter.

Key areas of focus for winter 22/23 include:

- Review of Business Continuity Plan to ensure readiness to act
- Membership of Unscheduled Care Board to ensure mental health is represented and included in all developments
- Redesign of Crisis Care, to include revised Pathway and the implementation of a revised workforce plan to support more senior decision makers at front door
- Separation of Crisis and Intensive Home Treatment function to enhance provision, to support people to remain at home
- Review of Community Police Triage with key stakeholder involvement
- Support the development of community hubs (as part of the Crisis redesign work) to prevent admission
- Ensuring patient safety, flow and sustainable performance against the 4 hour emergency wait standard (this will include patients arriving at the emergency department and those presenting for Crisis Care assessment)
- Engagement in Interface meetings with colleagues in Acute Services to support revision of Interface document
- Supporting the community redesign and Pathways work to manage demand for inpatient admission to hospital
- Roll out of Planned Date of Discharge (PDD) across the General Adult Psychiatry inpatient estate
- Employment of discharge co-ordinator to sit within central hub to support progress of actions in relation to discharge without delay
- Consider adoption of similar model as in Acute, with agreed levels of delays in mental health
- Work collaboratively with Dundee discharge hub to support weekend discharges
- Development of 7 day working for pharmacy in mental health
- Development of mental health HEAT map to align to NHS Tayside approach and to support appropriate escalation
- Creation of a Safety and Flow hub on the Carseview site with equipment to support whole system communication
- Development of command centre within mental health to support capacity and demand analysis; including surge capacity and pass bed use
- Commitment to attend whole system multi professional safety and flow huddles
- Development of contingency plans with Learning Disabilities, CAMHS and Psychiatry of Old Age to support inpatient service in extremis

- Encourage uptake of flu and covid vaccinations

Summary of Key Actions for Mental Health

- Crisis and Urgent Care redesign to improve Pathways and prevent hospital admissions; to include implementation of revised workforce model
- Revision of Community Police Triage
- Improved contingency plans with key partners
- Roll out of PDD across GAP in patient estate
- Development of mental health heat map to support triggering and escalation

8. COMMUNICATION STRATEGY

The NHS Tayside Communications Team has developed a comprehensive communications strategy to cover the winter months. This includes planned staff and public communications on vaccination, seasonal illness and accessing services over the festive period. In addition there are assets to be used as needed for incidents such as adverse weather. The NHS Tayside communication team actively promotes related publicity materials and national campaign assets and shares widely through social media channels. This is targeted at staff, patients and the public alike.

As in previous years, the Communications Team support 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 and releasing media releases and social media messages throughout the winter period. 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 NHS Tayside website with weather and travel information as necessary and promotes Ready Scotland on the front page of its website. The Communications 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.

9. PAEDIATRICS

The Paediatric Winter Plan for NHS Tayside very much builds on the key concepts of the Tayside Winter Plan. Paediatrics is a seasonal specialty with children and young people < 16 years old accounting for 25% of the population and at least 25% of unscheduled health

contacts over winter, effectively managing the flow of unwell children is key to supporting the winter plan.

The key concepts and actions for this winter are:

Illness prevention (patient)

- Ensuring safe treatment and escalation plans are in place for clinically vulnerable children
- Promoting and supporting influenza vaccination for this group

Illness prevention (staff) and promoting attendance

- Promoting Influenza and Covid vaccination in staff
- Ensuring a supportive environment for staff to support resilience by embedding reflective practice sessions into clinical team regular meetings, continuing with learning from excellence, supporting leave requests
- Ensuring adequate staffing to account for anticipated absence with test and protect and isolation

Staying informed

- Access and contribution to the Command Centre Dashboard
- Contributing to safety huddle

Unscheduled care - supporting flow

Alternatives to Admission

75% of patients referred to the Paediatric Assessment Unit (PAU) at Tayside Children's Hospital are discharged within 2 hours of arrival independent of source of referral or time of day. The Paediatric Assessment Unit does provide a vital service for short term observation and investigation but previous attempts at joint working with referrers has changed referral practice and over the last 2 years referrals to PAU have decreased by 19%. Conversely attendance for primary care assessment, NHS 111, SAS contacts and ED attendances have all significantly increased. We will continue to support this with enhanced joint working:

- Adjusted referral pathways direct to specialty i.e. Dermatology and Orthopaedics rather than referral via Paediatrics
- Use of Consultant Connect
- Supporting a cohort of GPs to develop a Paediatric interest and work jointly with Paediatrics and Primary Care OOH
- Utilise Near-me for joint assessment with Primary Care
- ED support to SAS and NHS 111 via navigation flow hub call line
- Providing increased Paediatric support to a medically unwell child assessment stream in ED

Appropriate utilisation of isolation rooms and cohort areas

- Viral triage questions applied to both patient and carer
- Appropriate room prioritisation plan in place
- Supported by rapid or point of care testing when available

Enhanced level 2 and 3 support

- Room adaptation to provide safe AGP environment in ward 29
- Agreed national retrieval pathways in the context of Covid
- Agreed NHST pathways for managing Level 3 Paediatric care should transfer to national service be delayed/ capacity exceeded

Supported Discharge

- Early morning discharge round between 7-8 am
- Nurse led discharge criteria for common conditions particularly respiratory
- Access to “take home medications” for common discharge prescriptions
- 7/7 access to AHP support
- Link with transport hub for patients with no means of transport home 24/7
- Enhanced Paediatric Community Nursing team support on discharge

Scheduled Care – maintaining services

- **Outpatients.** > 50% of Paediatric outpatient space has been converted into PAU space. To maintain service the majority of consultations are on Near-me. Paediatric procedures clinics have been set up closer to home for patients. There are adequate facilities for patients who require face to face consultation.
- **Day Case Medical Admissions** – Clinical Investigation Unit space enhanced to free inpatient bed spaces. Capacity and prioritisation may alter if local Covid prevalence increases significantly.
- **Elective Surgery.** Will be preserved as much as possible however Paediatric Level 2 care capacity may limit some major surgery. Should local Covid prevalence increase significantly capacity and prioritisation may need altered accordingly.

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 14TH DECEMBER 2022

REPORT ON: MANAGEMENT OF SOCIAL CARE CAPACITY AND FLOW

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB94-2022

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to sets out the actions being undertaken to manage and reduce the unmet need for social care in Dundee Health and Social Care Partnership.

2.0 RECOMMENDATIONS

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

2.1 Notes the work being undertaken to address the challenges of managing social care capacity and flow and the associated action plan in place to meet those challenges.

3.0 FINANCIAL IMPLICATIONS

3.1 Financial investment in managing social care capacity comes from delegated recurring resources to Dundee Integration Joint Board and additional recurring Scottish Government allocations to the IJB. These investments have already been incorporated in the IJB's 2022/23 Revenue Budget.

3.2 £5.5m to has been budgeted to support increased capacity and new models of care alongside £6.5m to meet national policy relating to increased social care pay (to improve social care sector viability and secure longer-term sustainability), and £0.8m to support additional local social care sustainability. It should be noted that the significant funding provided to increase social care pay and sustainability has not directly increased social care capacity to meet demographic demand but has protected the availability of existing social care.

3.3 Approximately £1m of existing resources are to be re-invested in the Discharge to Assess social care model which is currently being reviewed and redeveloped.

4.0 MAIN TEXT

4.1 Nationally there are challenges about the availability of social care and a growing volume of unmet need. As at 31 October, there were 14,446 people waiting for assessment or a care package, 1% lower than in the previous week (14,664), and 10% higher than the number waiting at 15 November 2021 (13,153). As at 31 October, there were 59,278 hours of care yet to be provided for those 5,437 who have had an assessment, similar to the previous week (59,197), and 13% more than at 15 November 2021 (52,636). While 8% of those people are in hospital the majority are in the community. In Dundee in the same week there were 277 people waiting for over 3000 hours of care. We currently provide around 15,000 hours of social care a week.

- 4.2 As outlined in DIJB5-22 Fairer Working Conditions we are working locally to implement fair work principles with all our providers. This includes ensuring staff are paid the living wage and that providers are enabled to avoid down time for staff by using down time flexibly among other measures. This work has now been completed but remains under review.
- 4.3 Part of the work has been to empower providers to be flexible to the needs of their service users through the roll out use of frailty tool. This action is complete with all providers using the tool but ongoing support is required to providers to use tool.
- 4.4 In relation to increasing in-house service capacity we planned to recruit 40 additional social care worker posts. We have experienced a high turnover of staff during this period and this has meant it has not been possible to recruit as many additional staff as we would have hoped. Instead, we have recruited 7 additional staff and 10 sessional workers into the service. We have also temporarily increased staff's contracts using the monetary value of the 23 posts that are still outstanding. We have undertaken a number of measures in order to improve recruitment including sharing real-life case study examples of working in the social care sector to encouraging people to consider social care as a future career path. We are exploring the role of modern apprentices, attending recruitment events, working with the job centre, offering placements and a range of other measures. Working groups are in place to progress this.
- 4.5 In addition to recruitment we are also looking at ways to ensure social care is a rewarding career and improve retention. This includes enablement training and care coordination.
- 4.6 We are making improvements to process such as the development of a triage system with the Resource Matching Unit (RMU) to ensure those most in need of services are prioritised appropriately, in line with eligibility criteria and the further promotion of eligibility criteria across all teams.
- 4.7 Right person right place right time is key to how we support people to receive the best support and make better use of social care. To achieve this we are working to change our Front Door Model. To do this we are in the process of recruiting support workers that will work closely with RMU to ensure timely reviews are being carried out for those in receipt of care packages and those who go home to await.
- 4.8 Technology is a further key part of our action plan and this includes promoting the use of technology-enabled care options to further increase independence, better use of mobile and flexible working technology and improved communication between systems. Alexa devices have been ordered and received. A protocol has been devised for loaning technology out to service users and family members. Technology Assistants will install and demonstrate the functions available with the Alexa device such as video calling, "drop in" via video call, medication reminders, shopping lists, SOS contacts, music, audio books, weather forecasts, news stories etc. It can also be programmed to turn lights on and off if the person has smart bulbs. GPS trackers for those who wander are also available to trial.
- 4.9 We know that service users want to be as independent as possible for as long as possible and this needs to be at the centre of our approach which is an enablement one. We are more closely linking the Independent Living Review Team to the Social Care Response Service (SCRS), providing staff training and using provider down time more effectively to promote independence.
- 4.10 A piece of equipment has been identified that will allow safe moving and handling with one carer rather than two carers. This is being tested and will hopefully allow a more efficient but still safe level of provision.
- 4.11 We know that early intervention is key to preventing the need for higher cost, less effective interventions at a later stage. We have therefore put in place proactive outbound calling in our Social Care Response service. This means that rather than waiting for someone to press their alarm proactive calls are made which can reduce unnecessary hospital admissions.

- 4.12 Service user feedback is key to informing improvement work going forward, ensuring we provide a service that is person centred and responds to the needs of the Dundee population. We have a staff member dedicated to carrying out SCRS, Enablement Home Care & Community Mental Health Team surveys.

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 for noting only.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

- 9.1 None

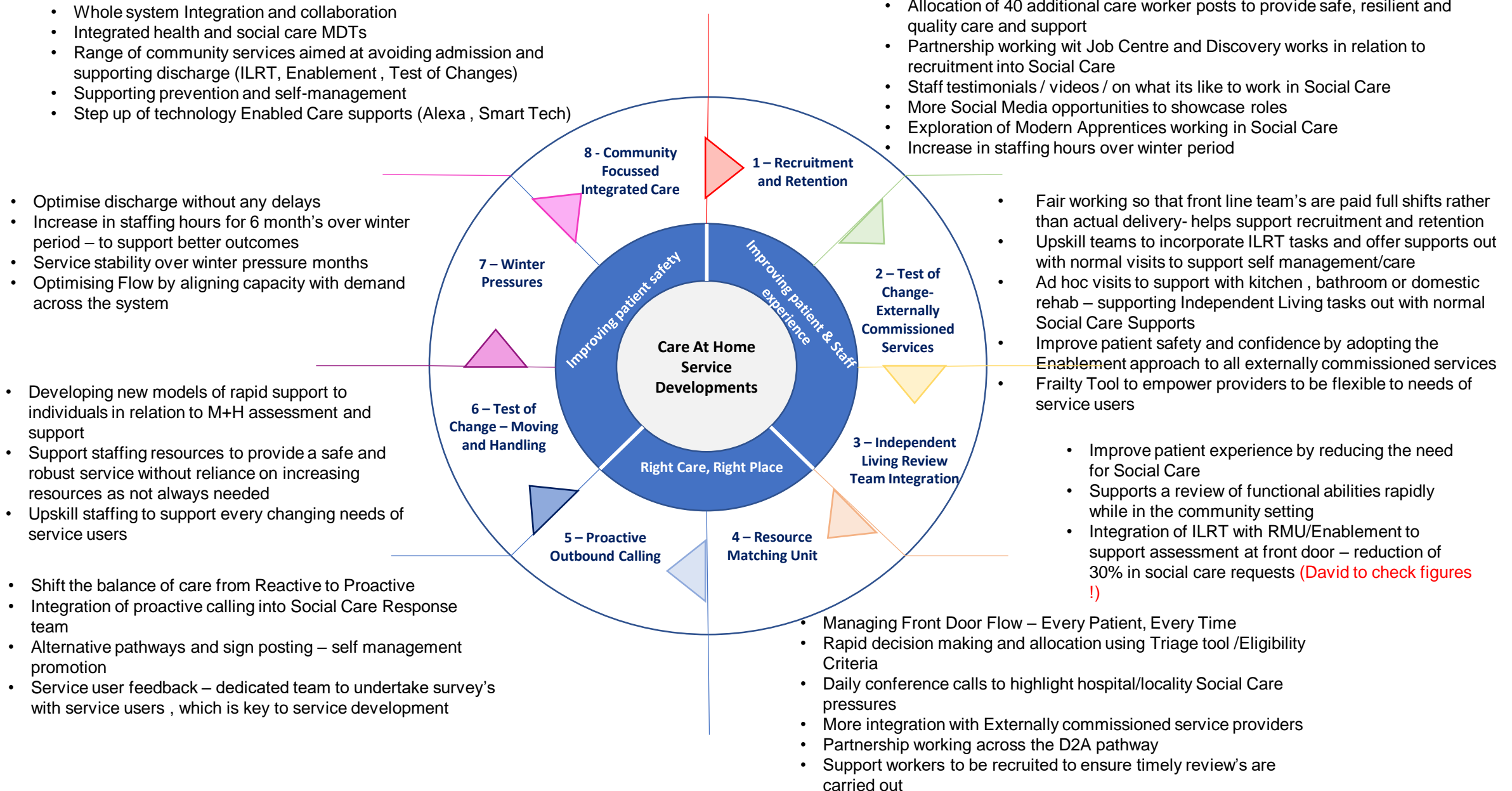
Vicky Irons
Chief Officer

DATE: 23 November 2022

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Care At Home and Externally Commissioned Services – Service Development's

Right Care, Right Place for Every Person Every Time



Care at Home and Externally Commissioned Services

Aim/outcome:

Primary Drivers:

Secondary Drivers:

Change Ideas

Measuring impact:

Overall Aim:
Right Care, Right Place, Every Patient, Every Time

Aim: Develop and redesign Social Care Pathway's

Outcome: To support better outcomes for service users, ensuring Social Care services are providing a safe, resilient and quality care service

- Support a reduction in unmet need
- Safe, resilient and quality care
- Further develop self management and digital solutions
- Improve the image of Social Care to attract applicants into the sector

- Proactive Models of Care rather than Reactive
- Extending & improving Care At Home services
- Equitable Care, support and delivery
- Access to the right professional first time
- Developing & promoting self management
- Building sustainable workforce models
- Competent and Skilled workforce (retention)
- Digital supports and Technology Enabled Care Models
- Step up care using Downtime/ adhoc availability
- Understanding of good practice models within Care At Home
- A Focus on continuity and approaches that's support positive outcomes

- Integration of Independent Living Review Team and Enablement Team
- Winter Pressures- Step Up Care and Support
- Proactive Outbound Calling – Proactive not Reactive
- Resource Matching Unit / Triage Tool
- Moving and Handling – Test of Change
- Shared understanding of roles & responsibilities
- Digital Solutions to support Self Care and Management
- Partnership working with Job Centre and Discovery Works
- Test of changes - Adhoc Availability/ Fair Work / Moving and Handling

- Level's of unmet need
- Service user feedback
- Improved Outcomes/ statistics
- ILRT statistics
- Recruitment and Retention Figures
- Staff feedback from surveys
- Patient flow during winter pressure months
- Digital technology statistics
- Care Inspectorate grades/feedback

Independent Living Review- Integration

- Front door approach
- Functional ability needs led assessment
- Prescribed Independent living tasks
- Can support reductions/Increases in care (optimum level)
- Has supported a reduction in care packages by
- Integral to external provider test of change
- Will support providers when assigning tasks in down time

Recruitment and Retention

- Support from Job Centre and Discovery works
- Partnership working - Team Managers and Job center staff working together on application forms , how these are shortlisted to help candidates write robust applications
- Exploration of work experience opportunities
- Exploration of modern apprentices within Care at Home
- Upskill staff with more meaningful tasks outwith normal social care , ie kitchen rehab (ad hoc test of change) and training and development opportunities
- Staff video testimonials to accompany job adverts
- Staff written testimonials to be included in job pack
- Attend job fairs and recruitment events
- Staff surveys to hear meaningful feedback about job satisfaction / ideas staff have
- Sharing of candidates that were appointable with a care company (perhaps only a few vacancies) can sign post to other providers that have vacancies

Winter Pressures and Support

- Additional Recruitment of 40 Social Care worker posts
- Front line staff engagement, resulting in staff agreeing to additional hours to support over winter (using current 33 unfilled posts so no budget deficit)
- Sharing of service users visits during adverse weather – multi disciplinary engagement between RMU and externally commissioned teams
- Support a reduction of unmet need over winter pressures months
- Ongoing use of frailty tool by providers to empower them to be flexible in their support to service users
- Triage tool developed by RMU to identify those in most need is in place
- Palliative care pathway stepped-up and weekly conference call in place – partnership working with RMU to identify rapid support for those with a life limiting diagnosis – right care , at the right time in the right place
- Front door model to be staffed by support workers to review those in receipt of care packages or for those who go home to await services

Proactive Outbound Calling

- Social Care Response Team will undertake scheduled outbound calls via the community alarm systems to those who may require support , rather than waiting for them to press the alarm (reactive model)
- The team will include falls prevention for anyone at risk and falls assessment for those who may have fallen which can support unscheduled admissions into hospital (ie potential falls risk identified , team can refer to falls team, OT or ILRT rather than waiting for them to fall and then this support is put in place)
- The RMU unmet need list will be incorporated into the outbound calling to promote a conversation around that persons latest update on their care and support needs (ie managing ok or in crisis using the RMU triage tool)
- OPC has proven success in supporting those who may be at home without care , just knowing that someone is going to call , helps support positive outcomes
- Sign posting by outbound caller to other services if person is I need , ie community meals service

Moving and Handling Test of Change

- Step up to a rapid model of Moving and Handling Assessment
- Care at Home have released a social care worker (who is also our moving and handling Co-Ordinator) for a period of 3 months
- Enablement service users to be seen within within 24 hours (due to dual role previously – inherent delay’s were noticeable)
- Reliance on stepping up the care resource was becoming a custom and practice for front line teams while waiting on moving and handling assessment – not best use of resources it is only a technique or refresher for staff that would work
- Co-Ordinator will oversee supports to service user and staff and work with OT moving and handling assessors on prescribing of equipment if needed

Digital Supports in Self Care and Management

- Technology Assessment and Installation team set up (4 tech assistants)
- Equipment loan scheme set up
- GPS trackers available for family to try for family members who wander
- Amazon Alexa devices with video calling are available to support self care and management , medication reminders, shopping lists , exercise reminders , inactivity reminders , fluid prompt reminders
- Falls pendants with sensitivity levels are available
- Door sensors , bed sensors , chair sensors that can be programmed to family member's mobile phone – to help promote self management

Ad hoc Availability – Test of change

- Teams to use downtime or cancellations for ad hoc support to service users
- Supports positive outcomes for service users
- Promotes a safe, resilient and quality care approach
- Makes best use of resources
- Supports a prevention of admission model (i.e. step up care using ad hoc availability for someone with a UTI / short illness)
- Helps with Recruitment and retention as staff are paid for full shifts under fair work policy
- Helps upskill staff to use different models in supporting service users other than the normal social care supports
- Table on next slide has examples of tasks care workers can undertake during downtime/ ad hoc availability and the support area this can positively impact

Task	Any Training Needs / approaches	Support Areas/ Outcomes
Extra visits for those unwell	None	Prevention of admission to hospital Health and Wellbeing
Extra visits for those unwell (Specific ECS Pathway) ECS – Enhanced Community Support	None	Support ECS pathway Prevention of admission to hospital Health and Wellbeing
Hospital discharge – extra support for person in relation reorientation to being back home / Check food provisions / Home Safety	None	Health and Wellbeing Confidence Nutrition Safety

Task	Any Training Needs / approaches	Support Areas/ Outcomes
Encouraging Mobility	None – general prompts within Enablement ethos to mobilise (confidence levels improve if someone is present)	Falls prevention Mobility Health and Wellbeing Confidence Safety
Follow up visits for those who have fallen	None	Health and Wellbeing Confidence Escalation of need (extra care) Moving and Handling
Kitchen Rehab	None – enablement ethos / Values - tasks such as encouragement to prepare drinks , meals independently	Nutrition Health and Wellbeing Confidence

Task	Any Training Needs / approaches	Support Areas/ Outcomes
Bathroom Rehab	None - enablement ethos/values, tasks such as encouragement to Brush teeth , shave , shower independently	Hygiene Health and Wellbeing Independent living Confidence
Domestic Rehab	None – supporting under enablement ethos/values of prompts to put on washing , load dishwasher , make bed , clean	Hygiene Health and Wellbeing Independent living Falls prevention (cleaning rubbish and clutter etc) Confidence
One off supports to those waiting on a package of care with RMU(provider can support a one off visit to help with personal care and hygiene	None – enablement ethos/ standard visits for Personal care	Hygiene Health and Wellbeing Confidence Assessment (provider can gauge level of service needed based on their observations – following enablement ethos)

Task	Any Training Needs / approaches	Support Areas/ Outcomes
Encouragement of movements(move it or loose it / CAPPA TBC)	Lower level prompts – possibly some training needed (Rachel / mascha from falls team / ILRT)	Health and Wellbeing Confidence Mobility
Technology	Shopping lists , reminders , Alexa systems	Social isolation Loneliness Health and Wellbeing
Personal care	None – support using the enablement ethos , ie ask person to stand	Hygiene Health and Wellbeing Confidence
Independent Living Review Team Tasks	None – supporting under enablement ethos/values of prompts to put on washing , load dishwasher , make cup of tea . mobilise , stair practice ILRT will prescribe tasks	Health and Wellbeing Confidence Independent living



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - 14TH DECEMBER 2022

REPORT ON: GENERAL PRACTICE PROVISION IN DUNDEE – PROPOSAL TO CONSOLIDATE TO ONE SITE BY FAMILY MEDICAL GROUP PRACTICE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB87-2022

1.0 PURPOSE OF REPORT

The purpose of this report is to outline the current issues with general practice provision in relation to Family Medical Group and note the practice's request to close the main surgery at Wallacetown Health Centre and consolidate their team in the branch surgery located in Douglas.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report including the current issues with safely staffing two general practice sites for Family Medical Group.
- 2.2 Supports the aim of Family Medical Group, that all current patients will have the opportunity to remain registered with Family Medical Group and continue to see their current GP team.
- 2.3 Supports the proposal by Family Medical Group to consolidate its services on one site with a view to achieving the stated aim in recommendation 2.2 and in addition offer a number of additional services which are available at Douglas as noted in paragraph 4.2.3.

3.0 FINANCIAL IMPLICATIONS

- 3.1 There are no direct financial implications of this paper for the IJB.
- 3.2 The Practice currently reimburses NHS Tayside for the running costs associated with the space currently used by the practice in Wallacetown Health Centre. At 2022/23, this is a contribution of £26,844 to NHS Tayside covering Utilities and Cleaning etc. This payment will cease when the Practice vacate the premise.
- 3.3 Further, as space at Wallacetown was used for GP services, so GMS budgets contributed £27,792 to rates costs and £22,860 towards a notional rental charge. As GP services cease to be delivered from Wallacetown, so the GMS funding will no longer be able to contribute to those costs. Separately this will provide some flexibility in overall GMS premise budgets to support changes that may occur elsewhere in accommodation occupied by GPs in Tayside.

4.0 MAIN TEXT

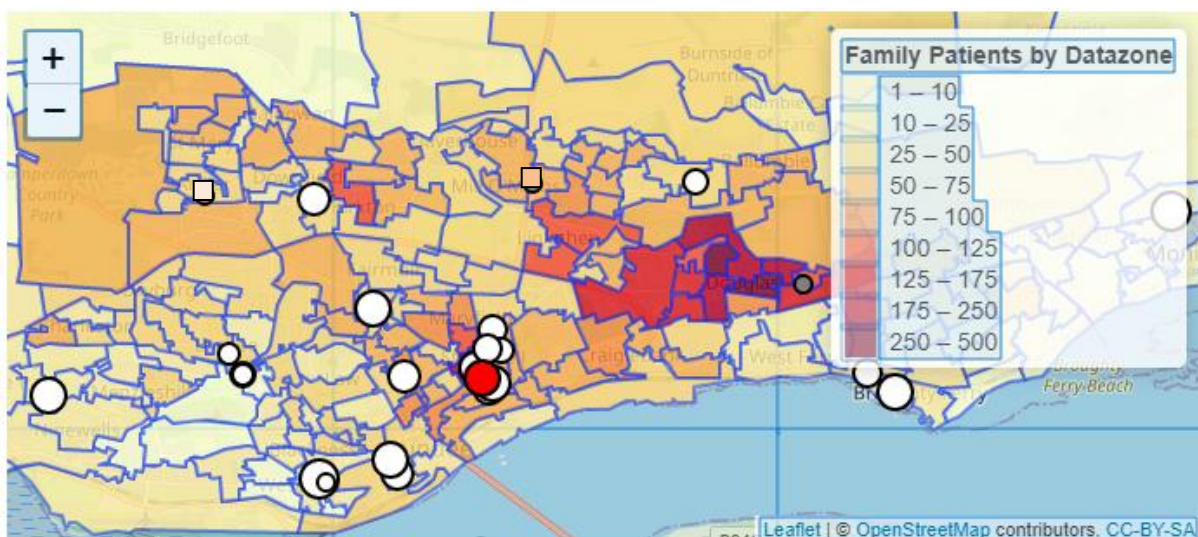
4.1 Context

- 4.1.1 The IJB has previously considered papers setting out the context and challenges within primary care (report number DIJB51-2017 – General Practice and Primary Care), the

implications of the new General Medical Services contract and related memorandum of understanding (report number DIJB9-2018 – Delivering The New 2018 General Medical Services Contract in Scotland) and the Primary Care Improvement Plan is reported annually. These papers outlined the challenges for delivery of general practice services and the proposed plans to improve this situation. The challenges for GP recruitment, and other key staff groups such as pharmacists, advanced practitioners and physiotherapists, remain significant locally, particularly in Dundee. A survey earlier this year of practices noted significant risks in relation to sustaining practices, and many practices have imminent GP retirements. As a Health and Social Care Partnership it is therefore important to maintain and support practices to be able to continue to function as effectively as possible, given all of these pressures.

- 4.1.2 The Family Medical Group has a list size of cc9404 patients; it currently operates from two sites. The main surgery is in Wallacetown Health Centre in the Stobswell area of the city. There are six other practices located in this area of the city. The current branch surgery is located in Douglas. There are no other health sites or general practice buildings in the area, with the next practices being in Broughty Ferry and Whitfield. During covid patient facing services were all consolidated on to one site (Wallacetown) to maximise the available capacity. Some services have restarted in Douglas but this is limited, predominantly due to the current staffing challenges. Services in Douglas have been more limited than in Wallacetown. Operating from two sites has created difficulty not just providing appointments but in terms of ensuring the safety of both staff and patients. Staff working at Douglas have limited support available to them on-site due to the current staffing, which has created a potential risk to the safety of patients and staff. No other Dundee practice has a branch surgery.
- 4.1.3 The areas patients within Family Medical Group reside in are noted in figure 1 below. Patients live across the city and into Angus and Perth and Kinross. However more patients live in the east side of the city. The map also highlights the spread of practices with a number of other practices in the Stobswell area.

Figure 1 Family Medical Group patients by datazone



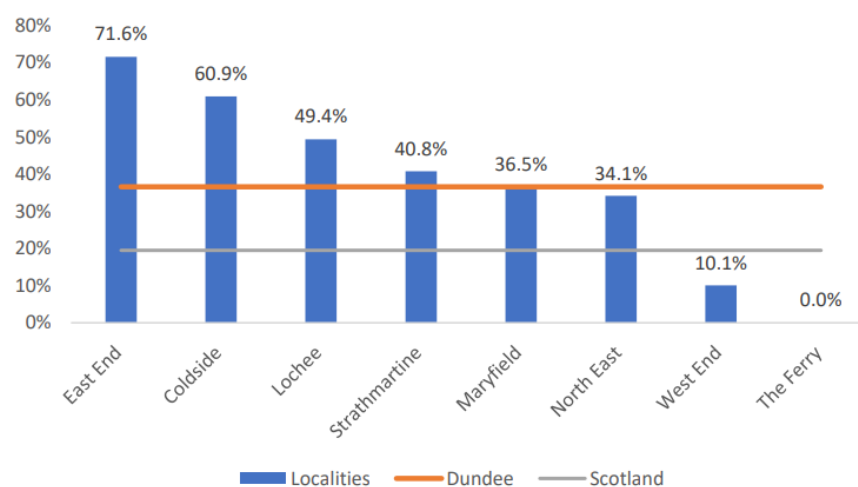
White dots – GP surgeries, red dot - Wallacetown, grey dot – Douglas branch surgery

- 4.1.4 The practice concluded that they can provide the safest and most sustainable service to their patients by being located within the one site at Douglas Medical Centre. The practice is looking to make some changes to the internal use of the building to maximise space use. They will continue to offer the same range of services as they do now. All staff who are employed by the practice will remain at the new site, if the proposal is agreed. One of the

most frequent complaints to the practice currently, other than availability of GP appointments, is the challenge patients have of getting through to the practice by phone. It has not been possible to upgrade the phone system in Wallacetown, but the phone system would be upgraded in Douglas with an increase in the number of lines and improved functionality to better meet patient need. If a decision is made which allows the practice to consolidate the practice will work with their preferred phone provider to map timescales for the change of phone system and any withdrawal from Wallacetown would be planned for after that time.

- 4.1.5 The practice team have an ambition to become more involved in the local community and to be involved in health promotion and development in the Douglas area. They already have a number of strong partnerships and have planted a Wee Forest, and are working to have a community growing area and looking to establish a “shed” with health resources. This would be a positive development and asset for the area, which has significant deprivation as noted in figure 2 below.

Figure 2 % of LCPP populations in 20% most deprived datazones in Scotland 2020



Source: Scottish Index of Multiple Deprivation 2020, Scottish Governments

4.2 Implications of the proposed closure

- 4.2.1 The practice is proposing to consolidate all services on one site, allowing it to maximise the limited GP resources it has, while ensuring the safety of both patients and staff. All staff would work from the one site. Although there would be no direct increase in staff numbers in this context, it is anticipated that having staff on one site will increase the flexibility to support the range of demands on the team. It will also allow all team members to have support on site.
- 4.2.2 Other teams who deliver clinical services from Wallacetown will not be affected by the proposed move and will remain at Wallacetown.
- 4.2.3 A number of teams have already approached Dundee HSCP or NHS Tayside to ask for space in the area. There will be a mixture of clinical and admin space both of which are likely to be used very quickly. This creates an opportunity to co-locate local service delivery. The other surgeries which used to be in the building all relocated a number of years ago, within the Stobswell area.
- 4.2.3 Crucially patients will remain registered with Family Medical Group and will continue to access health care with the GP team they have been consulting. This has been one of the main areas of concern received from patients during the consultation phase. A number of additional services which have never been available at Douglas including practice based pharmacist, psychologist, welfare rights, listening service and routine Electrocardiogram's (ECG's) would be available locally.

- 4.2.4 There is a pharmacy in the Wallacetown Health Centre building. The practice plan is to continue to work closely with the pharmacy to ensure patients who use the pharmacy for repeat prescriptions can continue to use the same processes as they do currently. There will be a reduction in walk in requests for acute prescriptions, and some reduction in longer term prescriptions. The pharmacy team in Wallacetown have noted concerns about the impact this would have for them, and possible staffing levels. There will be a likely increase in the Douglas area. There is a pharmacy a five minute walk from Douglas Medical Practice and several other pharmacies in the wider area.
- 4.2.5 A key impact is anticipated to be for those patients who feel that they cannot travel to Douglas to receive care and therefore choose to register with another practice more local to them. This is most likely to impact on the west side of the city, and may increase registrations to practices in that area. The practice have noted that around 200 patients have moved in recent weeks, which is a higher rate than normal, but they have also noted an increased number of new registrations in Douglas.
- 4.2.6 In reviewing a range of data sources for the recently developed Primary Care Premises Strategy in Dundee it highlighted the inequity of access locally to general practice. A longer term aim would be to ensure that practices are more evenly distributed to provide local access; this current proposal would be one step towards this.

4.3 Feedback on proposal to consolidate to one site at Douglas

- 4.3.1 In considering the impact of the request for closure a range of mechanisms have been used to seek feedback from patients about any concerns they have about this proposal and any mitigation they would like to be put in place. The Practice either wrote or sent a text with a link to information on the practice website to all patients registered to receive services from the practice, to seek feedback and advise of drop-in sessions. There was also a link to a survey, developed with the HSCP, to understand concerns and challenges better. Three drop in sessions, supported by the Practice and the HSCP, were held in both surgeries and were open to all patients of Family Medical Group. A feedback/comment form was developed and made available at both practice sites. Social media was used to raise awareness of the events and colleagues in the NHS Tayside Communication and Engagement Team supported this work along with a number of colleagues in the HSCP. Relevant Dundee Carers Centre colleagues were kept informed about the process in order to offer support to carers who might be impacted by changes as a patient or as a carer of a patient. In addition there has been local media interest. Additionally an email address and phone number were available for people to discuss further.
- 4.3.2 Sixty one people attended the drop-in sessions and the queries and comments from people who attended were themed. They were also encouraged to either complete a comments form or to complete the survey on line. There were no email or phone enquiries. 128 responses were received from the survey. 50 comments were made through the local media's newspaper article on Facebook with the article being shared 14 times but it is not possible to know if these were from people directly impacted and many reflect the general challenge of practice capacity rather than being specific to this context.
- 4.3.3 Feedback was positive about the services people receive from the practice, other than a number of frustrations at the appointments system, (common across many general practices) and the phone system. There was a lot of discussion about why the proposal was being made and the issue with recruiting GPs. The national and local context of GP recruitment was well known and people empathised with this.
- 4.3.4 The most common issue raised was in relation to travel, both the practicality and the time. This was noted to be caused by the increased distance to the Douglas Surgery for many respondents which would often involve two separate bus journeys exacerbated by the unreliable public transport system in Dundee. This was most strongly felt by those who were older or less mobile with additional concerns for these extended journeys over the winter period. There was concern that when people are unwell they might be able to get to a very

local building but not to one further away, which may increase home visit requests. A number of people raised the issue of increased travel costs.

- 4.3.5 Those who responded to the survey were more likely to be female, with 63% of respondents aged 55 or over, and most with either a disability or long term condition, or were a carer. Over half of respondents had had an appointment with the practice in the last three months. Almost everyone had difficulty getting through on the phone. 28% lived more than 3 miles from the practice, with the most common means of getting there being driving at 42%. However 22% travelled by bus and a further 16% said they walked.
- 4.3.6 There were a number of questions about the buildings themselves. Wallacetown is owned by NHS Tayside and the current community services and Pharmacy will remain in that building. The Practice owns the Douglas Branch Surgery.
- 4.3.7 Currently the surgery has three phone lines which is an obstacle to providing an efficient telephone service for patients. Consolidating in Douglas will allow the practice to upgrade their current telephone system with additional lines making it a more effective way to contact the practice.
- 4.3.8 There were both positive and negative comments about the car parking with people noting both Wallacetown and Douglas have inadequate parking. Availability of on street parking is greater in Douglas overall than near Stobswell.
- 4.3.9 Teams who link closely to the practice are aware of the proposed move, including health visitors, district nurses and local pharmacy. For one team it was felt this gave an opportunity to review how they could work in a more integrated way with the practice to support local health needs of families in the Douglas area. The pharmacy team have noted concerns about the impact this would have for their business, and possible disruption to patient pathways.
- 4.3.10 Practices in Dundee were asked by the HSCP to comment on the practice's proposal. Five practices have responded of the 23 contacted. One was supportive, with the other four noting that they also have significant GP staffing issues and any increase in registrations may lead them to request a list closure. Currently four practices have closed lists, (that is they are not accepting new patient registrations.)
- 4.3.11 Given the central location of Wallacetown Health Centre a number of queries related to why the practice could not focus on that site. The space in Wallacetown is less flexible than in Douglas, there is less ability to work directly with the local community, and the practice have been unable to implement a phone system that meets patient and practice needs.

4.4 Consideration of feedback

- 4.4.1 The most significant issue from the range of patient feedback is the perceived challenges for people to access the practice for those who would normally choose Wallacetown. The practice did provide information on the bus routes to the Douglas branch of the practice and most areas of the city have a direct bus route, albeit that it may take longer than to a more central location.
- 4.4.2 The survey and drop in feedback noted travel as a key concern. When considered alongside the map shown in section 4.1.3 above the feedback may not be representative of the wider practice population as many patients live closer to the Douglas site than they do to Wallacetown. However access is not just geographical and can be linked to bus routes. It is expected that those most likely to be impacted are those most likely to respond to any engagement processes.
- 4.4.3 The point noted above links to the feedback from a number of practices with concerns noted that an increase in new patients for them may make their level of care unsafe and lead to list closures. However in the longer term these may be balanced with those in the Douglas area, and east side of the city more widely, being able to register with the Douglas practice because of the increased accessibility. It will also reduce travel for those who currently live in Douglas

and are already registered with the practice but who have to travel to Wallacetown for the majority of practice services. Some patients who thought they may make a choice to move due to travel concerns expressed sadness to lose their GP service that they had valued over many decades.

- 4.4.4 There is considered to be an overall benefit of a stable practice embedded within the local community in Douglas and this is in line with the longer term direction for practice delivery.

4.5 Next Steps

- 4.5.1 The Family Medical Group contacted NHS Tayside and Dundee HSCP in March 2022 to discuss how they could increase the stability of the practice for the reasons described in the report. It was agreed with the practice to complete a wider engagement process with key stakeholders, particularly with patients, supported by the HSCP, details of which are contained in this report. Following this the potential options would be considered by the key partners involved including the practice.
- 4.5.2 It is recommended that the IJB notes the reasons for the request by the Family Medical Group to close the Wallacetown Surgery and supports the request. If the proposal to move to one site in Douglas is supported by the IJB, a decision would be made subsequently by NHS Tayside Board as the holders of the contract with the Practice. Registered patients will be kept informed of any decision.

5.0 POLICY IMPLICATIONS

An integrated impact assessment has been undertaken. This proposal has potential implications for some protected characteristic groups. Those with a physical disability, along with older people and those with young children (who are more likely to have mobility issues) may be negatively impacted because of the issues for travel. Those on low incomes may also be impacted negatively because of travel costs. However it is anticipated that the number of people affected will be small for the former, and limited for the latter. The practice has recognised the risk of requiring more home visits. However in the longer term it is anticipated that there would also be a positive impact as those in Douglas with the same challenges would be able to access a wider range of services more locally with out the need to travel outwith the area. The Integrated Impact Assessment (IIA) is attached as appendix 1

6.0 RISK ASSESSMENT

Risk 1 Description	Risk Associated with not consolidating to one site. If the proposal to close the main surgery is not agreed the Practice would continue to have significant periods where they cannot safely staff two sites, with a negative impact on the service. It would reduce the likelihood of recruiting new partners. It would also lead to ongoing issues in terms of safety for patients and staff in the Douglas building.
Risk Category	Operational
Inherent Risk Level	Likelihood (4) x Impact (3) = Risk Scoring 12
Mitigating Actions (including timescales and resources)	Centralise all services on one site
Residual Risk Level	Likelihood (3) x Impact (3)= Risk Scoring 9
Planned Risk Level	Likelihood (1) x Impact (2)= Risk Scoring 2
Approval	If this paper is supported there is no requirement to approve this risk.

recommendation	
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Risk 2 Description	Risk Associated with consolidating to one site If the proposal is agreed the key risk is potential difficulty for some to access services at Douglas. This is described in the paper. The distance is relatively small, although does have challenges for those with a disability or low income.
Risk Category	Operational
Inherent Risk Level	Likelihood (5) x Impact (2) = Risk Scoring 10
Mitigating Actions (including timescales and resources)	Longer term the discussions around transport may support this risk.
Residual Risk Level	Likelihood (4) x Impact (2) = Risk Scoring 8
Planned Risk Level	Likelihood (3) x Impact (2)= Risk Scoring 6
Approval recommendation	The balance of risk is such that this risk should be accepted.

Risk 3 Description	Risk Associated with consolidating to one site If the proposal is agreed there is a risk that patients chose to register with a more local practice to them, potentially destabilising practices.
Risk Category	Operational
Inherent Risk Level	Likelihood (3) x Impact (3) = Risk Scoring 9
Mitigating Actions (including timescales and resources)	Promoting active travel will support people to stay with their current practice. The increased use of technology, including phone and video, as well as potential online support, will ensure those who have tot travel for a face to face appointment are reduced and may make travel more feasible as less frequent.
Residual Risk Level	Likelihood (3) x Impact (3) = Risk Scoring 9
Planned Risk Level	Likelihood (2) x Impact (2)= Risk Scoring 4
Approval recommendation	The balance of risk is such that this risk should be accepted.

7.0 CONSULTATIONS

7.1 Engagement work carried out has been described in 4.3 above.

7.2 Teams who are based in or deliver services linked to the practice from Wallacetown have also been involved in the engagement process.

7.3 The Clerk, the Chief Finance Officer and Head of Health and Community Care have been consulted in the development 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.

Vicky Irons
Chief Officer

DATE: 01 December 2022

Shona Hyman
Senior Manager
Service Development & Primary Care
Dundee HSCP

David Shaw
Clinical Director Dundee HSCP
Associate Medical Director, Primary Care
NHS Tayside

Pre-Integrated Impact Assessment Screening.

NB For Dundee City Council Committees the Citrix Firmstep Process must be used. This word document can be completed and information transferred to Firm Step))

Officer Completing the Screening Tool	Joyce Barclay & Julia Martineau
Email address of Officer	Julia.martineau@nhs.scot
List colleagues contributing information	Dr Alison MacTavish, Eliza Matthew-Hiney, Shona Hyman
Screening Completion Date	7 November 2022
Senior Officer to be Notified on Completion of Screening Process	Vicky Irons, Chief Officer
Email address of Senior Officer	Vicky.iron@dundeecity.gov.uk
Document/Committee Report Subject	Shona Hyman, Senior Manager – Service Development & Primary Care

Is there a clear indication that an IIA is needed?	<input checked="" type="checkbox"/> Yes	Proceed to IIA
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The Dundee City Council IIA Guidance document can be found [here](#).

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Document Title	GENERAL PRACTICE PROVISION IN DUNDEE – PROPOSAL TO CONSOLIDATE TO ONE SITE BY FAMILY MEDICAL GROUP PRACTICE
Document Type	IJB Report
New / Existing Document?	New document
Document Description	Proposal to move Family Medical Group to single site at Douglas
Intended Outcome	The Family Medical Group operates from 2 sites, one at Douglas Medical Centre and one at Wallacetown Health Centre. The proposal of

	the Family Medical Group is that they provide general practice services for all existing patients at the Douglas site and no longer provide services from Wallacetown Health Centre. The Wallacetown Building is property of NHS Tayside and will remain open for other services. The report is intended to support the IJB to make a recommendation to NHS Tayside on the Family Medical Group Practice move to a single site at Douglas
Document Start Date	7 November 2022
Document End Date	18 November 2022
How will the proposal be monitored?	Tracking outcome of IJB December 2022 and the decision by NHS Tayside on the proposal in December 2022 or February 2023. Thereafter Family Medical Group will respond accordingly.
IIA Completion Date:	8 November 2022
Review arrangements for IIA	Arrangement to be made depending on outcome of decision
Anticipated date of IJB	14 December 2022
IJB Committee Report Number (if known):	DIJB87-22

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

Who was involved?	Activity/Activities	Date
Patients & family members	Online Survey, Focus Groups, Comments Cards	Nov 2022
Practice Staff	Face to face discussions	Oct 2022
Dundee GP Practices	Email discussions	Nov 2022

Equality and Fairness Impact Assessment Conclusion

Presently the Family Medical Group has premises at Douglas (for their sole use) and rent a Surgery area within NHS Tayside premises at Wallacetown. The Wallacetown Building will continue to host other Health and Social Care and NHS Tayside Services. The proposed changes to premises of the Family Medical Group in Dundee will limit the site for their service delivery to Douglas Medical Centre. This will include GP appointments as well as other services including Practice Nurse.

For the last 2 years GP appointments have been hosted at Wallacetown only, due to infection control/Covid requirements. This has been made more viable as the Medical Group (like most GPs) have implemented a triage system where patients initially identify which professional is needed via receptionist and then if a GP is needed the GP phones them. When needed patients are invited to attend the GP or have a home visit. This has reduced some patients need for appointments with GP and limited the numbers in the waiting rooms at any one time. In addition, services such as the Community Care and Treatment Service (based in local areas) has allowed patients to choose a local centre for some treatments such as wound dressing. There is one of these centres at Wallacetown, which is independent of the Family Medical Group, which will continue to operate. It is anticipated that operating from one site at Douglas Medical Centre will support the future sustainability of the Family Medical Group Practice and the groups GPs are in favour of this development. Douglas is a geographical area that has no other general practice

Dundee Integration Joint Board IIA

sites whereas Wallacetown area has several practices available.

All existing patients will remain with the practice (unless they choose to move) and transfer to Douglas. New patients will only be accepted within the practice defined area, (although this is not changing at the current time).

All previous paper medical records have already been transferred to electronic systems ensuring that these will be available at Douglas in advance of the transfer. Some patients of Wallacetown are sorry to see their original GP practice going and some of those who are likely to choose to move are unhappy about this. The change has some implications about loss of continuity of GP care and reinforces the change to the nature of family GP services.

Some patients (including older people, young people with young families and people with disabilities) will have additional expenses and disadvantage of travel to Douglas. This is especially difficult for those who are not nearby to Douglas and those who already have to travel to Wallacetown from their home address.

The Practice are very much aware that patients have difficulty when telephoning in at peak times. They intend to install a modern telephone support system at Douglas when they no longer operate at Wallacetown. Due to a complexity of issues the system cannot be installed at Wallacetown. It is anticipated that the new telephone system will be of great benefit to patients and practitioners and aid the smooth delivery of GP services.

Patients can choose to transfer to another practice in Wallacetown area or a part of the city nearer their home address.

It is a considerable positive impact that if the changes are agreed the telephone system can be upgraded. The Family Medical Group own the Douglas Medical Centre which means they can more easily implement changes and keep up to date with the needs of their service including implementing telephone system changes which will give enormous advantage to the patients and provide an effective service. Due to restrictions related to overall phone systems when Wallacetown is included this is not possible to implement if Wallacetown remained part of the GP provision.

There will also be some positive impacts as those who live in the Douglas area who have to travel to Wallacetown currently will have less travel time/cost, and for those who live in the wider east end area it will provide an option for more local health care provision.

In conclusion there are negative impacts for some patients of this change but if it is only viable for the Family Medical Group to operate from one site then it is likely that there overall positive impacts of choosing the Douglas site.

Equality, Diversity & Human Rights A explanation is required when a positive, negative or not known impact is selected. For not known this should include if further research is needed and if no why not. When there is No Impact identified, no narrative is required.

Age	Yes	No	Explanation, assessment and any potential mitigations
Positive	x		Positive impact for some older people who live in Eastern side of Dundee where Douglas Medical Practice is sited. Potential negative impact for some older and those with small children who may have to travel by car or bus to the practice.
No Impact		x	
Negative	x		
Not Known		x	
Disability	Yes	No	Explanation, assessment and potential mitigations
Positive	x		Positive impact for those who live in Eastern side of Dundee. Possible negative impact for those who do not and
No Impact		x	

Negative	x		will have travel and transport issues as a result of the relocation.
Not Known		x	
Gender Reassignment	Yes	No	Explanation, assessment and potential mitigations
Positive		x	
No Impact	x		
Negative		x	
Not Known		x	
Marriage & Civil Partnership	Yes	No	Explanation, assessment and potential mitigations
Positive		x	
No Impact	x		
Negative		x	
Not Known		x	
Race & Ethnicity	Yes	No	Explanation, assessment and potential mitigations
Positive		x	
No Impact	x		
Negative		x	
Not Known		x	
Religion & Belief	Yes	No	Explanation, assessment and potential mitigations
Positive		x	
No Impact	x		
Negative		x	
Not Known		x	

Sex	Yes	No	Explanation, assessment and potential mitigations
Positive		x	
No Impact	x		
Negative		x	
Not Known		x	
Sexual Orientation	Yes	No	Explanation, assessment and potential mitigations
Positive		x	
No Impact	x		
Negative		x	
Not Known		x	

Describe any Human Rights impacts not covered by the Equality section.

People’s right to access a GP Service is upheld. Patient may move to Douglas Medical Centre or can seek an alternative GP practice located near their home.

Fairness & Poverty- Geography

	Positive	No Impact	Negative	Not Known	Explanation of Impact / Mitigations / Unknowns (Note: this section of the tool asks for a single, collective narrative for each of positive, negative, or not known given as a response in one or more areas)
Strathmartine			x		It is positive for those living in East End who will access appointments for their health care needs from Douglas Medical Centre. Those living in other areas may be impacted by travel and transport issues if they wish to
Lochee			x		
Coldside			x		
Maryfield			x		

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North East	x				continue to receive their GP services from the Family Medical Group at Douglas.
East End	x				
The Ferry			x		
West End			x		

Household Group

	Positive	No Impact	Negative	Not Known	Explanation of Impact / Mitigations / Unknowns
Looked After Children & Care Leavers		x			
Carers			x		The people who carers look after may need to travel or move medical practice.
Lone Parent Families			x		Travel and transport may be difficult if wishing to remain with the Family Medical Group.
Single Female Households with Children			x		Travel and transport may be difficult if wishing to remain with the Family Medical Group.
Greater Number of Children and/or Young Children			x		Travel and transport may be difficult if wishing to remain with the Family Medical Group.
Pensioners – single / couple			x		Travel and transport may be difficult if wishing to remain with the Family Medical Group.
Unskilled Workers or Unemployed			x		Costs of travel and transport may be an issue if wishing to remain with the Family Medical Group.
Serious & Enduring Mental Health			x		If patient feels they need to change their GP practice, their continuity of care will be affected.
Homeless			x		If patient feels they need to change their GP practice, their continuity of care will be affected.
Drug and/or Alcohol			x		If patient feels they need to change their GP practice, their continuity of care will be affected.
Offenders and Ex-Offenders		x			

Socio-Economic Disadvantage

	Positive	No Impact	Negative	Not Known	Explanation of Impact / Mitigations / Unknowns
Employment Status		x			
Education & Skills		x			
Income		x			
Fuel Poverty		x			
Caring Responsibilities			x		Carers may have a longer journey for

Dundee Integration Joint Board IIA

(including Childcare)					appointments with their GP if they remain with the Family Medical Group and do not live near Douglas Medical Centre. However longer term if people register with a practice closer to where they live this will have a positive impact.
Affordability and Accessibility of Services			x		Costs associated with travel and transport costs.

Inequalities of Outcome

	Positive	No Impact	Negative	Not Known	Explanation of Impact / Mitigations / Unknowns
Cost of Living / Poverty Premium			x		
Connectivity / Internet Access		x			
Income / Benefit Advice / Income Maximisation		x			
Employment Opportunities		x			
Education		x			
Health	x		x		Positive impact of improved telephone system providing better access. Staying with the Family Medical Group may mean patients slower to seek preventative care appointments due to travel and transport issues. Some patients who change their GP practice will have a break in their continuity of care.
Life Expectancy		x			
Mental Health	x		x		Positive impact of improved telephone system providing better access. Staying with the Family Medical Group may mean patients slower to seek advice and support due to travel and transport issues. Some patients who change their GP practice will have a break in their continuity of care.
Overweight / Obesity			x		This group may be more impacted by costs of travel and transport as may not be able to use buses but require taxis.
Child Health			x		Parents or care givers may be more reluctant to take up face to face appointments due to travel and transport issues.
Neighbourhood Satisfaction	x		x		Positive for those in Douglas and negative for those in Wallacetown.
Transport		x			

Environment- Climate Change

	Positive	No Impact	Negative	Not Known	Explanation of Impact / Mitigations / Unknowns

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Mitigating Greenhouse Gases			x		Expectation of greater travel by patients but planned electric buses should help offset. Douglas Medical Centre has consulted with Zero Waste Scotland and have implemented Energy saving measures, by replacing outdated heating with air source pump, installing loft insulation and replacing lighting systems and fittings
Adapting to the Effects of Climate Change	x				Douglas Medical Centre has planted a 'Wee Forest' to offset carbon footprint.

Resource Use

	Positive	No Impact	Negative	Not Known	Explanation of Impact / Mitigations / Unknowns
Energy Efficiency and Consumption	x				The Douglas Medical Centre has consulted with Zero waste Scotland and have implemented Energy saving measures, by replacing outdated heating with air source heat pump, installing loft insulation and replacing lighting systems and fittings
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste	x				Use of green space around Douglas Medical Centre to enhance the neighbourhood and promote good health through gardening activities for young people and other outdoor activities.
Sustainable Procurement		x			

Transport

	Positive	No Impact	Negative	Not Known	Explanation of Impact / Mitigations / Unknowns
Accessible Transport Provision		x			
Sustainable Modes of Transport		x			

Natural Environment

	Positive	No Impact	Negative	Not Known	Explanation of Impact / Mitigations / Unknowns
Air, Land and Water Quality		x			
Biodiversity		x			

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Open and Green Spaces	x				Douglas Medical Centre are involved with the Botanics, local Organisations and the Eden Project in developing local initiatives.
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Built Environment

	Positive	No Impact	Negative	Not Known	Explanation of Impact / Mitigations / Unknowns
Built Heritage		x			
Housing		x			

Strategic Environmental Assessment

Use the [SEA flowchart](#) to determine whether your proposal requires SEA.

No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005	Yes - No further response needed
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Corporate Risk- this is included in relevant section of IJB Report

A copy of this document (or when no IIA is needed, the screening tool) must accompany relevant draft IJB Reports at Pre-Agenda stage and at IJB. Following IJB agreement of report contact Joyce.barclay@dundee.gov.uk to post IIA on DHSCP website.

Transfer information into the Firm Step Process when report is progressing to Council Committee.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
14 DECEMBER 2022

REPORT ON: FINANCIAL MONITORING POSITION AS AT OCTOBER 2022

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB85-2022

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Integration Joint Board with an update of the projected financial monitoring position for delegated health and social care services for 2022/23 including an overview of the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report including the overall projected financial position for delegated services to the 2022/23 financial year end as at 31st October 2022 as outlined in Appendices 1, 2, and 3 of this report.
- 2.2 Notes the costs and financial risks associated with Dundee Health and Social Care Partnership's continued response to the COVID-19 crisis as set out in section 4.5 of this report.
- 2.3 Notes that officers within the Health and Social Care Partnership will continue to carefully monitor expenditure throughout the remainder of the financial year.

3.0 FINANCIAL IMPLICATIONS

3.1 The underlying financial monitoring position for Dundee Health and Social Care Partnership based on expenditure to 31st October 2022 (excluding any implications of additional COVID-19 spend) shows a net projected underspend position for 2022/23 of (£2,006k).

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 25th March 2022 (Article IV of the minute of the 25 March refers). This set out the cost pressures and funding available to ensure the IJB had a balanced budget position going into the 2022/23 financial year. The 2022/23 budget did not require to stipulate any additional savings plan to achieve a balanced budget position, therefore the financial monitoring reports

will not need to include an updated assessment of the status of the savings plan during this year.

4.2 Projected Outturn Position – Key Areas

4.2.1 The following sets out the main areas of note from the financial information contained within Appendices 1 (Summary Position) and 2 (More Detailed Position) and provides commentary on the reasons for significant variances, actions being taken to manage these and outlines the key elements of risk which may remain. These figures exclude the projected cost implications of responding to the COVID-19 crisis.

4.3 Services Delegated from NHS Tayside

4.3.1 The financial projection for services delegated from NHS Tayside to the IJB indicates a projected underspend of around (£1,566k) by the end of the financial year. Throughout the year, the figures have assumed all additional Covid-19 costs will be covered by additional funding, community-based health services managed directly by Dundee Health and Social Care Partnership are projected to be underspent by approximately (£1,534k), impact of Lead Partner Service (formerly referred to as Hosted Services) risk sharing adjustment is indicating an additional cost of £650k, prescribing is projected to be underspent by (£1,003k) and other Primary Care services are expected to be overspent by £321k.

4.3.2 Key drivers of underspends across various services continues to be staffing vacancies, with ongoing challenges to recruit staff. This is similar across a number of medical, nursing, AHP and other staffing groups and across various bands.

4.3.3 Key drivers of overspends tends to be as a result of reliance on bank, agency or locum staff (with premium costs) to fill vacancies where patient acuity and / or safe-staffing levels necessitate the use of these additional staff.

4.3.4 GP and Other FHS Prescribing continues to contribute a projected underspend position to the overall financial position. This is predominantly as a result of prescription volumes being lower than Plan, with pricing also being marginally lower than expected. Ongoing regular monitoring of the local and regional Prescribing financial position is undertaken within multi-disciplinary meetings. Nationally, a change in pricing and volume activity was identified in August figures which has reduced the latest projected underspend, and this will be closely monitored to understand any longer-term implications.

4.3.5 Other Primary Care Service projected overspend is mainly driven by the share of cost pressure relating to GP 2C practices.

4.3.6 National discussions in relation to NHS-employed staff pay award for 2022/23 are continuing. The baseline budget uplift received from NHS Tayside was set at 2%, however it is acknowledged that an offer to staff has been made which is higher than this. As in previous years, it is assumed that additional funding will be received from Scottish Government should the pay award be higher than budget uplift to offset the increased cost.

4.3.7 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 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. The report shows net impact of these services to Dundee being an increased cost implication of £650k which mainly relates to higher spend within Out of Hours and Forensic Medical Services led by Angus IJB.

4.3.8 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. Discussions continue with NHS Tayside around financial risk sharing arrangements for these services however there is unlikely to be any additional resultant financial risk to Dundee IJB in 2022/23.

4.4 Services Delegated from Dundee City Council

4.4.1 The financial projection for services delegated from Dundee City Council to the IJB shows an anticipated underspend of (£440k).

4.4.2 Key drivers of underspend include vacancies across various teams and grades, and also lower activity in some areas as services continue to return pre-pandemic levels.

4.4.3 The current year forecast also includes £1400k of returned unspent 21/22 funding from providers contractual obligations. This is a non-recurring financial benefit this year and will not be received in future years.

4.4.4 Key drivers of overspend includes ongoing lower income levels (due to lower activity levels), and an additional cost pressure against increased pay award agreement.

4.4.5 The IJB's 2022/23 Budget included an assumption of 2% pay award against a flat-cash settlement from Dundee City Council, with this cost pressure being incorporated into the overall financial plan. Following national negotiations, the pay award has been settled at a rate above the 2% provision and Council-employed staff have now received uplifted and back-dated salaries. This additional cost has been incorporated into the October financial monitoring position. Local Authorities have received some additional funding from the Scottish Government to support implementation of the pay award. The Scottish Government has written to Local Authorities to advise that the additional funding allocation provided is based on the total local government workforce and would expect IJBs to receive their proportionate share of this funding in respect of those delegated staff. Therefore funding for this is expected to be shared with Dundee IJB to partially offset the increased cost pressure.

4.5 Financial Impact of the COVID-19 Response

4.5.1 Dundee Health and Social Care Partnership continues to incur additional expenditure associated with the response to the Covid19 pandemic and the Scottish Government provided additional funding throughout 2020/21 and 2021/22 to support these additional costs which included provision for unforeseen additional expenditure at the year-end period due to the uncertainty of a range of costs. The Scottish Government instructed that any surplus funding at the year-end would sit as earmarked for Covid-19 in IJB's reserve balances. Dundee IJB currently has a total of £15.6m of Covid19 reserves, which must be drawn down to meet additional ongoing Covid19 related demands on delegated services in 2022/23. The Scottish Government has confirmed that no further additional funding will be made available.

4.5.2 The latest financial summary as submitted to the Scottish Government in November 2022 (after Month 7 2022/23) is as follows:

Table 1

Mobilisation Expenditure Area	2022/23 Projected COVID-19 Additional Spend (As at Oct – M7) £000	2021/22 COVID-19 Additional Expenditure £000	2020/21 COVID-19 Additional Expenditure £000
Additional Care Home Placements	0	0	336
PPE	74	192	157
Additional Staff Cover / Temporary Staff	2,990*	2,659	2,817

Provider Sustainability Payments	1,361	2,538	4,379
IT / Telephony	34	0	50
Additional Family Health Services Contractor Costs	0	143	678
Additional Family Health Services Prescribing Costs	0	226	0
Loss of Charging Income	0	1,028	1,350
Additional Equipment and Maintenance	47	336	189
Primary Care	565	197	0
Additional Services within Remobilisation Plan	0	484	0
Other Costs	192	119	114
Anticipated Underachievement of Savings	0	0	200
Total Mobilisation Costs	5,263	7,922	10,271

*Includes share of additional Covid19 costs for regional In-Patient Mental Health (£1,063k)

- 4.5.3 Based on the current financial information and projected spend profile, the available Covid-19 Reserves balance will be sufficient to fully cover the anticipated additional expenditure during 2022/23
- 4.5.4 The Scottish Government ended the full financial support offered to social care providers throughout the pandemic funded through IJB remobilisation funding on 30 June 2022. However, some ongoing support under the Social Care Staff Support fund remains in place along with financial support arrangements for testing and vaccinations until 31 March 2023 and these costs continue to be factored into financial projections.
- 4.5.5 The providers financial support claim process involves assessment and scrutiny as well as benchmarking where possible by contracts officers and commissioning leads with a recommendation made to the Chief Finance Officer of Dundee IJB as to the reasonableness of the request. The Chief Finance Officer considers these recommendations and other considerations prior to authorising additional provider payments.
- 4.5.6 Any future year or ongoing financial implications relating to additional Covid-19 costs continues to be reviewed and funding options considered. Where expenditure relates to new ways of working or other strategic priorities, this will be considered during the annual financial planning and budget setting process with a view to identifying recurring funding. Any appropriate reports will be presented to the IJB.
- 4.5.7 There have been a number of significant changes to Public Health policies in relation to Covid19 over the summer, which has resulted in the profile of Covid19 spend reducing significantly compared to when funding was provided to IJBs for Covid19 purposes. In response to this, the Scottish Government has recently written to IJB Chief Officers and Chief Finance Officers to intimate their intention to reclaim surplus Covid19 reserves to be redistributed across the sector to meet current Covid19 priorities. At this stage, the details in relation to process, values and timescale have not yet been confirmed.

4.6 Reserves Position

- 4.6.1 The IJB's reserves position significantly improved at the year ended 31st March 2022 as a result of the IJB generating an operational surplus of £7,839k during 2021/22 and the impact of the release of significant funding to all IJB's by the Scottish Government for specific initiatives to be held as earmarked reserves. This resulted in the IJB having total committed reserves of £29,065k and uncommitted reserves of £9,933k. These values are currently subject to annual external Audit processes. This leaves the IJB with more flexibility to respond to unexpected financial challenges and provides the opportunity for transition funding for transformation of services. The reserves position is noted in Table 2 below:

Table 2

Reserve Purpose	Reserves Balance @ 31/3/22	Revised Reserves Balance
	£k	£k
Mental Health	1,825	1,825
Primary Care	4,995	4,995
Service specific	1,947	1,947
Community Living Change Fund	613	613
NHST - shifting balance of care	1,600	1,600
ADP	1,220	1,220
Covid-19	15,595	15,595
Analogue to Digital Grant	876	876
Other Staffing	394	394
Additional GP Capacity*		132
GP Premises Programme Manager**		150
Total Committed Reserves	29,065	29,347
General Reserves (Uncommitted)	9,933	9,651
TOTAL RESERVES	38,998	38,998

*Per DIJB62-2022

**Per DIJB76-2022

- 4.6.2 As agreed at IJB meeting on 26 August 2022, per Agenda Note DIJB62-2022, an additional Committed Reserve has now been created to fund additional GP capacity during the next 2 years.
- 4.6.3 As agreed at IJB meeting on 26 October 2022, per Report DIJB76-2022, an additional Committed Reserve has been created to fund GP Premises Programme Manager during the next 2 years.
- 4.6.4 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 will be taken into consideration for these funds by the Scottish Government when releasing further in-year funding.
- 4.6.5 In relation to Primary Care Improvement funding, the Scottish Government has recently confirmed that the total value of the earmarked reserves for this purpose held by IJBs across the country has now been taken into account as part of the overall available funding and therefore IJBs must use their reserves and will only receive additional funding for their investment programme once this has been fully utilised. Overall funding will therefore be restricted to the reserves plus the difference between the original annual funding allocation and those reserve balances, nb an overall reduction in this years assumed available funding. This has had an impact on the IJB's ability to fully implement the Primary Care Improvement Plan.
- 4.6.6 Given the potential reclaim of Covid19 reserves, the Scottish Government's funding changes to Primary Care Improvement Funding and anticipated restrictions in Mental Health Action 15 and Alcohol and Drug Partnership funding, a significant portion of Committed Reserves will be utilised during 2022/23. Plans to ensure the IJB benefits from utilising some of its available reserves through short term targeted investment in supporting transformation, supporting necessary infrastructure and to reduce waiting times which will support the delivery of the IJB's Strategic and Commissioning Plan will be brought to the IJB for approval to the December 2022 IJB meeting.

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 2 x Impact 4 = Risk Scoring 8 (which is a High Risk Level)
Mitigating Actions (including timescales and resources)	Regular financial monitoring reports to the IJB will highlight issues raised.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	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.

Dave Berry
Chief Finance Officer

Date: 23 November 2022

Christine Jones, Partnership Finance Manager

							Appendix 1
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2022/23							Oct-22
	Dundee City Council Delegated Services		NHST Dundee Delegated		Partnership Total		
	Net Budget £,000	Forecast Overspend / (Underspend) £,000	Net Budget £,000	Forecast Overspend / (Underspend) £,000	Net Budget £,000	Forecast Overspend / (Underspend) £,000	
Older Peoples Services	45,866	12	17,305	289	63,171	301	
Mental Health	5,701	240	4,155	246	9,856	486	
Learning Disability	30,971	47	1,526	(93)	32,497	(46)	
Physical Disabilities	7,873	(632)	0	0	7,873	(632)	
Drug and Alcohol Recovery Service	1,372	(398)	4,129	178	5,500	(220)	
Community Nurse Services/AHP/Other Adult	22	(98)	15,961	(388)	15,984	(486)	
Lead Partner Services			22,934	(1,117)	22,934	(1,117)	
Other Dundee Services / Support / Mgmt	7,546	390	30,788	(764)	38,334	(374)	
Centrally Managed Budgets			-2,528	114	(2,528)	114	
Total Health and Community Care Services	99,352	(440)	94,270	(1,534)	193,622	(1,974)	
Prescribing (FHS)			33,245	(747)	33,245	(747)	
Other FHS Prescribing			-811	(256)	(811)	(256)	
General Medical Services			27,955	321	27,955	321	
FHS - Cash Limited & Non Cash Limited			23,753	0	23,753	0	
Large Hospital Set Aside			18,200	0	18,200	0	
Total	99,352	(440)	196,612	(2,216)	295,963	(2,656)	
Net Effect of Lead Partner Services*			(3,981)	650	(3,981)	650	
Grand Total	99,352	(440)	192,630	(1,566)	291,982	(2,006)	

*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 2022/23						Oct-22
	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Forecast Overspend / (Underspend) £,000	Annual Budget £,000	Forecast Overspend / (Underspend) £,000	Annual Budget £,000	Forecast Overspend / (Underspend) £,000
1						
Psych Of Old Age (In Pat)			4,611	373	4,611	373
Older People Serv. - Ecs			272	-5	272	-5
Older Peoples Serv. -Community			786	95	786	95
Ijb Medicine for Elderly			6,069	71	6,069	71
Medical (P.O.A)			775	160	775	160
Psy Of Old Age - Community			2,404	-330	2,404	-330
Medical (MFE)			2,387	-75	2,387	-75
Care at Home	22,377	1,387			22,377	1,387
Care Homes	27,708	-368			27,708	-368
Day Services	1,243	48			1,243	48
Respite	562	-206			562	-206
Accommodation with Support	307	75			307	75
Other	-6,331	-925			-6,331	-925
Older Peoples Services	45,866	12	17,305	289	63,171	301
2						
Community Mental Health Team			4,155	246	4,155	246
Care at Home	922	-6			922	-6
Care Homes	411	306			411	306
Day Services	63	-12			63	-12
Respite	0	41			0	41
Accommodation with Support	4,515	211			4,515	211
Other	-209	-300			-209	-300
Mental Health	5,701	240	4,155	246	9,856	486
3						
Learning Disability (Dundee)			1,526	-93	1,526	-93
Care at Home	-551	39			-551	39
Care Homes	3,092	-191			3,092	-191
Day Services	8,444	1,078			8,444	1,078
Respite	570	224			570	224
Accommodation with Support	22,162	-292			22,162	-292
Other	-2,745	-811			-2,745	-811
Learning Disability	30,971	47	1,526	-93	32,497	-46
4						
Care at Home	855	-129			855	-129
Care Homes	2,107	-116			2,107	-116
Day Services	1,058	27			1,058	27
Respite	-17	-20			-17	-20
Accommodation with Support	740	-47			740	-47
Other	3,129	-347			3,129	-347
Physical Disabilities	7,873	-632	0	0	7,873	-632
5						
Dundee Drug Alcohol Recovery			4,129	178	4,129	178
Care at Home	0	0			0	0
Care Homes	271	37			271	37
Day Services	62	1			62	1
Respite	387	0			387	0
Accommodation with Support	0	-110			0	-110
Other	652	-327			652	-327
Drug and Alcohol Recovery Service	1,372	-398	4,129	178	5,500	-220

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Forecast Overspend / (Underspend) £,000	Annual Budget £,000	Forecast Overspend / (Underspend) £,000	Annual Budget £,000	Forecast Overspend / (Underspend) £,000
6						
A.H.P.S Admin			458	20	458	20
Physio + Occupational Therapy			6,743	-248	6,743	-248
Nursing Services (Adult)			7,955	-65	7,955	-65
Community Supplies - Adult			344	28	344	28
Anticoagulation			461	-123	461	-123
Other Adult Services	22	-98			22	-98
Adult Services	22	-98	15,961	-388	15,984	-486
7						
Palliative Care - Dundee			3,156	-64	3,156	-64
Palliative Care - Medical			1,518	30	1,518	30
Palliative Care - Angus			400	25	400	25
Palliative Care - Perth			1,875	-54	1,875	-54
Brain Injury			1,671	-113	1,671	-113
Dietetics (Tayside)			3,590	8	3,590	8
Sexual & Reproductive Health			2,386	-230	2,386	-230
Medical Advisory Service			173	-100	173	-100
Homeopathy			31	8	31	8
Tayside Health Arts Trust			75	0	75	0
Psychological Therapies			5,728	-338	5,728	-338
Psychotherapy (Tayside)			1,107	-123	1,107	-123
Perinatal Infant Mental Health			374	0	374	0
Learning Disability (Tay Ahp)			849	-168	849	-168
Lead Partner Services	0	0	22,934	-1,117	22,934	-1,117
8						
Working Health Services			0	20	0	20
The Corner			543	-13	543	-13
Ijb Management			795	-130	795	-130
Partnership Funding			25,542	0	25,542	0
Urgent Care			1,513	-121	1,513	-121
Health Inequalities			831	-130	831	-130
Keep Well			613	-205	613	-205
Primary Care			952	-185	952	-185
Support Services / Management Costs	7,546	390			7,546	390
Other Dundee Services / Support / Mgmt	7,546	390	30,788	-764	38,334	-374
Centrally Managed Budget			-2,528	114	-2,528	114
Total Health and Community Care Services	99,352	-440	94,270	-1,534	193,622	-1,974
Other Contractors						
FHS Drugs Prescribing			33,245	-747	33,245	-747
Other FHS Prescribing			-811	-256	-811	-256
General Medical Services			27,955	321	27,955	321
FHS - Cash Limited & Non Cash Limited			23,753	0	23,753	0
Large Hospital Set Aside			18,200	0	18,200	0
Grand H&SCP	99,352	-440	196,612	-2,216	295,963	-2,656
Lead Partner Services Recharges Out			-13,794	248	-13,794	248
Lead Partner Services Recharges In			9,812	402	9,812	402
Adjustment			-3,981	650	-3,981	650
Grand Total	99,352	-440	192,630	-1,566	291,982	-2,006

NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards			Appendix 3
Recharge to Dundee IJB			
Risk Sharing Agreement - October 2022			
	Annual Budget £000s	Forecast Over / (Underspend) £000s	Dundee Share of Variance £000s
Lead Partner Services - Angus			
Forensic Service	1,075	240	95
Out of Hours	8,693	1,000	394
Locality Pharmacy	2,652	0	0
Tayside Continence Service	1,546	71	28
Speech Therapy (Tayside)	1,250	(49)	(19)
Sub-total	15,215	1,262	498
Apprenticeship Levy & Balance of Savings Target	(356)	(32)	(13)
Total Lead Partner Services - Angus	14,859	1,230	485
Lead Partner Services - Perth & Kinross			
Prison Health Services	4,408	(169)	(67)
Public Dental Service	2,384	120	47
Podiatry (Tayside)	3,340	(409)	(161)
Sub-total	10,133	(458)	(181)
Apprenticeship Levy & Balance of Savings Target	(87)	248	98
Total Lead Partner Services - Perth&Kinross	10,045	(210)	(83)
Total Lead Partner Services from Angus and P&K	9,812		402



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
14 DECEMBER 2022

REPORT ON: DUNDEE IJB RESERVES INVESTMENT STRATEGY

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB90-2022

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to propose a Reserves Investment Strategy for Dundee Integration Joint Board to adopt to ensure the IJB is in a position to utilise all available resources it has to maximum effect to support the delivery of the strategic priorities set out within the Strategic and Commissioning Plan.

2.0 RECOMMENDATIONS

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

- 2.1 Notes and approves the proposed IJB Reserves Investment Strategy as set out in section 4.1.8 to this report.
- 2.2 Instructs the Chief Finance Officer to report the impact of the utilisation of the IJB's reserves as part of the regular financial monitoring reporting and annual budget setting process.

3.0 FINANCIAL IMPLICATIONS

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

4.0 MAIN TEXT

4.1 Background

4.1.1 The IJB approved its reserves strategy back in 2017 (Article VIII of the minute of the 25th April 2017 refers) as part of the early governance framework being put in place and prior to any real understanding of how reserves would be generated and utilised given the infancy of health and social care integration at that time. The reserves strategy states that the IJB should aspire to hold reserves to the value of around 2% of its annual operating budget to provide flexibility and support financial sustainability. Since then, the IJB has been in a position of holding reserves at around the 2% value in the early years of integration before seeing reserves depleted due to various financial challenges prior to the Covid19 pandemic.

4.1.2 As with almost all IJB's in Scotland, over the course of the last two financial years, the IJB's reserves position has increased significantly to £38.988m with the majority of these being earmarked reserves. In the main these relate to ring fenced Scottish Government funded initiatives such as Primary Care Improvement funding, Action 15 Mental Health funding, Alcohol and Drug Partnership funding and COVID19 funding. This position is after significant investment has been made in community based health and social care services following additional Scottish Government funding during 2021/22 and 2022/23 such as through winter pressures and the unscheduled care pathway. The current position with regards to reserves balances is noted in the table below.

Reserve Purpose	Reserves Balance @ 31/3/22	Revised Reserves Balance
	£k	£k
Mental Health	1,825	1,825
Primary Care	4,995	4,995
Service specific	1,947	1,947
Community Living Change Fund	613	613
NHST - shifting balance of care	1,600	1,600
ADP	1,220	1,220
Covid-19	15,595	15,595
Analogue to Digital Provision	876	876
Other Staffing	394	394
Additional GP Capacity*		132
GP Premises Programme Manager**		150
Total Committed Reserves	29,065	29,347
General Reserves (Uncommitted)	9,933	9,651
TOTAL RESERVES	38,998	38,998

* Per DIJB62-2022

**Per DIJB76-2022

- 4.1.3 Given the level of reserves held by IJB's for specific government initiatives, the Scottish Government has taken an approach in the current financial year to ensure these are utilised by IJB's before drawing down the full in-year funding allocations for these purposes. This will have the effect of the majority of the Scottish Government element of reserves for Mental Health, Primary Care and ADP being reduced significantly by the end of the 2022/23 financial year. In addition, as noted in the IJB's Financial Monitoring Reports, the Scottish Government has written to IJB Chief Officers and Chief Finance Officers to intimate their intention to reclaim surplus Covid19 reserves to be redistributed across the wider health and social care sector to meet unfunded Covid19 priorities. Therefore, the value of earmarked reserves will be further reduced at the year end.
- 4.1.4 The IJB has already made decisions to earmark reserves for particular purposes such as a provision to support the switch from Analogue to Digital telephony, critical to support community alarms, additional GP Capacity around substance use services and investment in programme management for the GP Premises/Property strategy.
- 4.1.5 The recent External Auditors Annual Report presented to the Performance and Audit Committee on the 23rd November 2022 (Article V of the minute refers) set out a recommendation under Financial Management and Sustainability as follows:
- Recommendation 1:*
Management should ensure that appropriate arrangements are in place to monitor and report the Joint Board on the achievement and impact of transformational changes to service delivery models, and future savings plans. This should be undertaken alongside developing a reserves strategy which sets out how and when monies will be spent, taking cognisance of any Scottish Government clawback arrangements if clarified.
- 4.1.6 The Integration Board's Integration Scheme has recently been revised and approved by Scottish Ministers. The scheme outlines the financial arrangements agreed by Dundee City Council and

NHS Tayside should the occasion arise that an overspend is projected within the IJB's delegated budget during the financial year. The arrangements are as follows:

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

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

9.20 In the event that an overspend is evident following the application of a recovery plan, use of reserves or where the Strategic Plan cannot be adjusted, the overspend will be shared in proportion to the spending Direction for each Party for that financial year, adjusting these spending directions to ensure the Parties budgets are on a like for like basis. Where the parties make additional payments to cover an overspend then the Parties will discuss whether recovery of those additional payments in future years from the Integration Joint Board should be pursued. In the event that the Parties agree that the recovery of additional payments is to be pursued this will be over a maximum period of 3 years on a basis and repayment profile to be agreed between the Parties, in consultation with the Integration Joint Board. Consideration of whether to recover additional payments made by the Parties will be informed by an assessment of the reasons for these payments and the implications for the Parties and Integration Joint Board of doing so.

The inclusion of a potential recovery of additional payments made by the partner bodies to the Integration Joint Board is a new provision in the revised scheme. It is therefore imperative that the IJB ensures it has a sustainable level of reserves to reduce the risk of this potential payback option being invoked.

4.1.7 As set out in report DIJB89-2022, Integration Joint Board Budget Development 2023/24, the IJB's delegated budget will be faced with unprecedented cost pressures during the financial year. As the budget develops further and the net financial gap is identified, a range of options will be put to the IJB for consideration as to how that gap will be managed. The application of reserves to support the financial position on a non-recurring basis is likely to be required given the scale of the challenge. This will provide some time for the IJB to develop and implement the range of transformation initiatives required to ensure longer term financial sustainability.

4.1.8 Given the importance of the use of reserves as set out in the External Auditors report, the Scottish Governments approach to ring fenced reserves, the provisions of the Integration Scheme, the forthcoming budget considerations and the challenges of the overall financial position while meeting increasing demand for services, the following is proposed in terms of the use of reserves:

- a) **Scottish Government Funding Earmarked Reserves:** Ensure that all these reserves are fully utilised in line with Scottish Government funding parameters for the funds while maximising the permissible draw down of in year grant funding for those funding streams. The IJB will also be formally asked by the Scottish Government to return unspent Covid19 reserves given the restricted nature of what these can be used for.
- b) **Interim Care Funding:** Additional Scottish Government funding of £1.153m was provided by the Scottish Government during winter 2021/22 to increase the capacity of Interim Care beds. Given the late announcement of the funding, £260k was spent leaving an unspent value of £893k which was not earmarked in the IJB's reserves position. Further funding of £577k has been provided by the Scottish Government in 2022/23 with no additional funding to be provided for future years. The current years projected spend for interim care is approximately £1.4m which is not reflected in the IJB's financial monitoring position therefore it is requested that the IJB earmarks the balance from 2021/22 of £893k within its reserves for interim care.

- c) **Winter Pressures:** With no additional funding available through the Unscheduled Care Board for 2022/23 to provide for additional winter capacity, it is proposed that the IJB earmarks funding to the value of £1m to support any additional capacity to meet increased demand over the winter period. It is further proposed that any remaining balances continue to be ring fenced to support future years winter pressures.
- d) **Transformation Funding:** Given the significant financial challenges the IJB will be facing over 2023/24 and beyond, transformation programme funding will be required to support services to identify, develop and implement transformational change. As with other organisations such as Dundee City Council, it is proposed that £1m of reserves are earmarked as a Transformation Fund with proposals for the use of this funding to be put forward to the IJB for consideration.
- e) **Infrastructure Support:** With increased demand for service provision, an increase in support infrastructure is required to ensure services are supported effectively. Furthermore, additional demands from the Scottish Government and partner bodies around governance, scrutiny and performance information in addition to an expected increase in activity to prepare for the introduction of a National Care Service means that the existing support infrastructure is not sufficient to meet these demands. It is proposed that £500k is earmarked in the reserves for infrastructure support.
- f) **Non-Recurring Budget Support:** With the anticipated financial pressures in 2023/24 and beyond it is proposed that the IJB utilises some of its non-earmarked reserves as a contribution to closing any financial gap identified in the preparation of the 2023/24 Revenue Budget. While the exact amount will be determined in the budget process, it is prudent to assume a value of at least £2.5m of reserves will be required.
- g) **Additional Proposals:** A range of initiatives continue to be developed by officers where service risks or service developments have been identified which may require short term funding to be identified from non-earmarked reserves. These will continue to be put forward to the IJB on a case by case basis.

The implications of the above would see at least a further £5.893m of currently non-earmarked reserves becoming earmarked, reducing the non-earmarked reserves to £3.758m. While this is less than the current reserves policy target of 2% (approximately £5.6m), the current years projected financial surplus should add to that value at the year end and the proposals above will ensure the IJB is utilising its available funding effectively and is investing for the future.

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 is unable to utilise its reserves effectively and for the full benefit of meeting the IJB's Strategic Priorities.
Risk Category	Financial
Inherent Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme)
Mitigating Actions (including timescales and resources)	Development of reserve strategy Development of transformation programmes to ensure future financial sustainability of the IJB
Residual Risk Level	Likelihood 2 x Impact 4 = 8 (High)
Planned Risk Level	Likelihood 2 x Impact 4 = 8 (High)
Approval recommendation	Although the risk levels remain high, given the range of interventions identified the risk is manageable

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

DATE: 29 November 2022

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2022 TO DECEMBER 2022

Organisation	Member	Meeting Dates January 2022 to December 2022						
		23/2	25/3	20/4	22/6	24/8	26/10	14/12
Dundee City Council (Elected Member)	Cllr Ken Lynn	✓	✓	✓	✓	✓	✓	
Dundee City Council (Elected Member)	Cllr Lynne Short	✓	✓	✓				
Dundee City Council (Elected Member)	Cllr Siobhan Tolland				✓	✓	✓	
Dundee City Council (Elected Member)	Bailie Helen Wright	✓	✓	✓				
Dundee City Council (Elected Member)	Cllr Dorothy McHugh				✓	✓	✓	
NHS Tayside (Non Executive Member)	Trudy McLeay	✓	✓					
NHS Tayside (Non Executive Member)	Pat Kilpatrick			✓	A/S	✓	✓	
NHS Tayside (Non Executive Member)	Anne Buchanan	✓	✓	✓	A	✓	✓	
NHS Tayside (Non Executive Member)	Donald McPherson	✓	✓	✓	✓	✓	✓	
NHS Tayside (Non Executive Member)	Sam Riddell							
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓	✓	A	✓	✓	✓	
Chief Officer	Vicky Irons	✓	✓	✓	✓	✓	A	
Chief Finance Officer	Dave Berry	✓	✓	✓	✓	✓	✓	
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))	Dr David Wilson	✓	✓	✓	✓	✓	✓	
NHS Tayside (Registered Nurse)	Sarah Dickie	✓	✓	✓	✓	✓	✓	
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Dr James Cotton	A	✓	A	A	A	✓	
Trade Union Representative	Jim McFarlane	✓	✓	✓	✓	✓	✓	
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	A	A	✓	A	A	
Voluntary Sector Representative	Eric Knox	✓	A/S					
Voluntary Sector	Christina Cooper			A	A	A	✓	
Service User Representative	Vacant	✓						
Person Providing unpaid care in the area of the local authority	Martyn Sloan	✓	✓	✓	✓	A	✓	
NHS Tayside (Director of Public Health)	Dr Emma Fletcher	✓	A	✓	✓	A	✓	
Clinical Director	Dr David Shaw	✓	A	✓	✓	A	✓	

- ✓ 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

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