



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

City Chambers
DUNDEE
DD1 3BY

11th April, 2023

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, 19th April, 2023 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) 4344818 or by email at committee.services@dundeecity.gov.uk by 5pm on Friday, 14th April, 2023.

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 MINUTES OF PREVIOUS MEETING - Pages 1 and 9

(a) The minutes of previous meetings of the Integration Joint Board held on 22nd February, 2023 and 29th March, 2023 are attached for approval.

(b) ACTION TRACKER - Page 13

The Action Tracker (DIJB24-2023) for meetings of the Integration Joint Board is attached for noting and updating accordingly.

4 STRATEGIC COMMISSIONING FRAMEWORK 2023-2033 – CONSULTATION DRAFT - Page 17

(Report No DIJB17-2023 by the Chief Officer, copy attached).

5 EQUALITY MAINSTREAMING AND EQUALITY OUTCOMES PROGRESS REPORT 2021-2023 AND EQUALITY OUTCOMES 2023-2027 - Page 83

(Report No DIJB16-2023 by the Chief Officer, copy attached).

6 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP SENIOR MANAGEMENT STRUCTURE UPDATE - Page 155

(Report No DIJB21-2023 by the Chief Officer, copy attached).

7 DUNDEE IJB PROPERTY STRATEGY UPDATE - Page 163

(Report No DIJB20-2023 by the Chief Officer, copy attached).

8 DUNDEE CITY IJB STRATEGIC RISK REGISTER ANNUAL REPORT - Page 197

(Report No DIJB23-2023 by the Chief Officer, copy attached).

9 DUNDEE INTEGRATION JOINT BOARD DIRECTIONS POLICY - Page 207

(Report No DIJB19-2023 by the Chief Finance Officer, copy attached).

10 AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2022/23 - Page 221

(Report No DIJB18-2023 by the Chief Finance Officer, copy attached).

11 FINANCIAL MONITORING POSITION AS AT FEBRUARY, 2023 - Page 245

(Report No DIJB22-2023 by the Chief Finance Officer, copy attached).

12 MEETINGS OF THE INTEGRATION JOINT BOARD 2023 - ATTENDANCES (DIJB25-2023) - Page 257

A copy of the attendance return for meetings of the Integration Joint Board held to date over 2023 is attached for information.

13 DATE OF NEXT MEETING

The next meeting of the Dundee Integration Joint Board will be held remotely on Wednesday 21st June 2023 at 10.00am.

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST
(REVISED APRIL 2023)

(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 | Liz Goss |
| 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) | Donald McPherson |
| 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) | Richard Smith |



At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 22nd February, 2023.

Present:-

Members

Pat KILPATRICK (*Chairperson*)
 Ken LYNN (*Vice Chairperson*)
 Siobhan TOLLAND
 Dorothy MCHUGH
 Anne BUCHANAN
 Sam RIDDELL
 Dave BERRY
 Christina COOPER
 Dr James COTTON

Sarah DICKIE
 Emma FLETCHER
 Vicky IRONS
 Diane McCULLOCH
 Jim McFARLANE
 Raymond MARSHALL
 Dr David SHAW
 Martyn SLOAN
 Dr David WILSON

Role

Nominated by Health Board (Non Executive Member)
 Nominated by Dundee City Council (Elected Member)
 Nominated by Dundee City Council (Elected Member)
 Nominated by Dundee City Council (Elected Member)
 Nominated by Health Board (Non Executive Member)
 Nominated by Health Board (Non-Executive Member)
 Chief Finance Officer
 Third Sector Representative
 Registered Medical Practitioner (not providing primary medical services)
 Registered Nurse
 Director of Public Health
 Chief Officer
 Chief Social Work Officer
 Trade Union Representative
 Staff Partnership Representative
 Clinical Director
 Person providing unpaid care in the area of the local authority
 NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))

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

Sheila ALLAN
 Linda GRAHAM
 Ann HAMILTON
 Jenny HILL
 Christine JONES
 Allison LEE
 Mary O'CONNOR
 Kathryn SHARP
 Angie SMITH
 Elaine TORRANCE

Neighbourhood Services, Dundee City Council
 Dundee Health and Social Care Partnership
 Independent Chair
 Dundee Health and Social Care Partnership
 Dundee Health and Social Care Partnership
 Dundee Health and Social Care Partnership
 Audit Scotland
 Dundee Health and Social Care Partnership
 Dundee Health and Social Care Partnership
 Independent Chair/Convener

Pat KILPATRICK, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

There were no apologies for absence.

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING

- (a) The minute of meeting of the Integration Joint Board held on 14th December, 2022 was submitted and approved.

- (b) ACTION TRACKER

The Action Tracker DIJB7-2023 for meetings of the Integration Joint Board was submitted and noted.

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

- (i) that in relation to action number 5, Diane McCulloch would arrange a visit to the Community Custody Unit for interested IJB members.

IV PERFORMANCE AND AUDIT COMMITTEE

- (a) MINUTE OF PREVIOUS MEETING OF 1ST FEBRUARY, 2023

The minute of the previous meeting of the Performance and Audit Committee held on 1st February, 2023 was submitted and noted for information and record purposes.

- (b) CHAIR'S ASSURANCE REPORT

There was submitted Report No DIJB8-2023 by Ken Lynn, Chairperson of the Performance and Audit Committee, providing an Assurance Report to the Integration Joint Board on the work of the Performance and Audit Committee.

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

V UPDATE ON BUSINESS MODEL FOR OLDER PEOPLE WITH MENTAL HEALTH NEEDS

There was submitted Report No DIJB5-2023 by the Chief Officer providing an update to the Business Case for the proposed model of care for older people with mental health needs, including dementia, that was presented to the Integration Joint Board in June 2019.

The Integration Joint Board agreed:-

- (i) to note the service provided within Psychology of Old Age (POA) services and the proposed direction of the provision; and
- (ii) to remit the Chief Officer to provide an update report at a future meeting of the IJB.

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

- (i) that Allison Lee would provide additional information on the staff numbers within the service; and
- (ii) to note that Anne Buchanan had spent time at the Kingsway Care Centre and she had noted the excellent example of inter-disciplinary working.

VI PROTECTING PEOPLE COMMITTEE ANNUAL REPORTS 2021/2022

There was submitted Report No DIJB3-2023 by the Protecting People Committee Independent Chairs presenting the annual reports published by the Protecting People Committees for the period 2021/2022.

The Integration Joint Board agreed:-

- (i) to note the content of each of the annual reports which were attached to the report as appendices 1 – 4;
- (ii) to note the progress made in developing an effective partnership response to the needs of at risk children and adults during 2021/2022 (as noted in section 4.2 of the report);
- (iii) to note the challenges and priority areas for action identified across the annual reports for focus during 2022/2023 and beyond (as noted in section 4.3 of the report); and
- (iv) to note the intention to produce a single, integrated annual report for all Dundee Protecting People Committees for the reporting year 2022/2023 (as noted in section 4.4 of the report).

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

- (i) that thanks should be passed onto the workforce for their innovative, joined up approach under difficult circumstances.

VII IMPLEMENTATION OF THE PUBLIC SECTOR EQUALITY DUTY – UPDATE

There was submitted Agenda Note DIJB1-2023 advising that in October 2022, the Integration Joint Board (IJB) received a report summarising the outcome of audit activity undertaken by the Equality and Human Rights Commission with regard to compliance with the Public Sector Equality (PSED) and subsequent planned improvement activity (Article XVI of the minute of the meeting of the Dundee Integration Joint Board held on 27th October 2022 refers). At that time the Chief Officer was instructed to provide a further update on the progress of improvement actions no later than 28th February 2023. Subsequent to the report submitted in October the Equality and Human Rights Commission had notified IJB Chief Officers that the deadline for achieving full compliance with PSED requirements had been extended to 31st March 2023.

Since October officers within the Health and Social Care Partnership had been working closely with Dundee City Council Committee Services and with colleagues within Dundee City Council Corporate Services with a remit for equalities matters. Collaboratively officers had been able to plan and progress the following key areas of improvement:

- Further updates to the Partnership's 'Equality Information' pages within the corporate website had been made. This included completed Integrated Impact Assessments now being uploaded to this page following IJB meetings to make them more easily accessible to members of the public. This was in addition to advance publication of IJB agendas which included the report and the Integrated Impact Assessment where this was required.
- Changes had been made to the Partnership's internal business process to ensure that the requirement for the completion of an Integrated Impact Assessment (either screening tool or full assessment) to accompany reports to the IJB was flagged to report authors at an early stage and that reports cannot progress where this had not been provided.
- The Integrated Impact Assessment tool utilised by the Partnership had been updated to reflect information and guidance provided by the Equality and Human Rights Commission and to support authors to produce a high-quality impact assessment. Advice on this had been provided by Dundee City Council, Legal Services.
- A workshop had been arranged for report writers on 23rd February 2023 to support them to better understand the requirement to complete an Integrated Impact Assessment, the process for doing so and the expected content. This would also include supporting report writers to consider how they best record their consideration

of equality matters throughout policy and strategy development processes so that relevant information was available for the completion of impact assessments.

- A briefing was being planned for IJB members on 1st March 2023 that would seek to support enhanced understanding of the Public Sector Equality Duty requirements as they relate to the IJB, provide an overview of the Integrated Impact Assessment process and support members to understand their role in ensuring this was implemented effectively. This would include support to the Chair and Vice-Chair regarding the specific contribution they could make to the impact assessment process at the pre-agenda stage of the business process.

In addition, work was also continuing to draft the IJB's equality mainstreaming update report and replacement equality outcomes, which must be approved and published by the end of April 2023.

It was anticipated that these improvements would ensure full compliance with the PSED by Dundee IJB by the deadline date of 31st March 2023.

The IJB noted the position.

VIII STRATEGIC COMMISSIONING PLAN – UPDATE

There was submitted Agenda Note No DIJB2-2023 advising that in October 2022, the Integration Joint Board (IJB) approved a report setting out the process and timeline for the development of a replacement strategic commissioning plan for April 2023 onwards, including reviewing the IJB's Equality Outcomes (Article XIV of the minute of the meeting of the Dundee Integration Joint Board held on 27th October 2022 refers). At that time the Chief Officer was instructed to provide further updates on the progress of this work.

Over the last 3 months significant progress had been made in progressing the development of a replacement plan, including:

- Completion of an exercise to review and benchmark against strategic commissioning plans from other areas of Scotland, with areas of strength/best practice identified for incorporation at a local level.
- Continued regular liaison meetings with planning colleagues from Perth and Kinross and Angus IJBs and from NHS Tayside to develop the interface between strategic commissioning and associated delivery plans.
- Development of a skeleton document and initial drafting of some key sections of content.
- Ongoing record keeping required to inform a high-quality integrated impact assessment that would be required to accompany the strategic commissioning plan when it was submitted to the IJB for approval.
- A significant focus on stakeholder engagement, with priority given to engagement with people who use health and social care services and supports, unpaid carers and the health and social care workforce. Building on learning from previous engagement work this had taken a flexible and tailored approach with a range of different tools and opportunities being developed. This had facilitated Partnership staff to engage people in places and ways that best suit them as individuals and groups, creating spaces for the Partnership to listen to what was most important to them. Opportunities had also been taken to reflect back to stakeholders' contributions made in early engagement activities and to further refine thinking, particularly in relation to the IJB's vision and wording of strategic priorities. Contributions to date had highlighted that alongside refining the wording of the IJB's vision and priorities there was a need to consider a clear statement of the values and principles that underpinned the work of the IJB.

- Work to analyse contributions made by stakeholders to other relevant engagement process that had taken place over the last 12 months were currently ongoing. This had included contributions made during the development of the Carers Strategy and the Learning Disability and Autism Strategy, as well as ongoing engagement relating to GP Premises Strategy. This approach had helped to ensure that we made best use of the valuable time and effort people had given in contributing their views, as well as ensuring consistency as we developed the overarching strategic commissioning plan.
- Work had also begun with partner agencies to explore how we could work collaboratively with our workforce, partner organisations and members of the public to create images that could be used to illustrate the replacement plan. A creative and collaborative approach to illustrating the new plan was intended to help local people feel more connected to the plan, provide an alternative route for engagement/contribution, and support a plan that was more meaningful and relevant to local people. There had been a very positive initial response from partners and further work would take place throughout February and March in this area.

A briefing session with IJB members was held on 25th January 2023, focused on refining key content in relation to the IJB's vision, strategic priorities and statement of values. Feedback from IJB members provided during the session was now being incorporated into a draft strategic framework.

As highlighted in the October 2022 report to the IJB, the timescale for delivery of the new strategic commissioning plan and the supporting delivery plan was extremely challenging. Wherever possible approaches were being used that bring together the budget setting and strategic planning activities to reduce any duplication of effort and ensure a consistent approach. However, staff capacity in both planning functions and more widely across operational services who had a critical role in informing the content of the plan remained a key risk. For that reason, the focus would remain on developing the strategic commissioning plan and delivery plan by end of April 2023, with the expectation that the development of other companion documents was likely to continue beyond that date.

The IJB noted the position.

IX DUNDEE ALCOHOL AND DRUGS PARTNERSHIP STRATEGIC FRAMEWORK AND DELIVERY PLAN

There was submitted Report No DIJB4-2023 by the Chief Officer submitting to the Integration Joint Board for noting the Dundee Alcohol and Drug Partnership Strategic Framework 2023-2028 and supporting delivery plan, providing an overview of recent developments in the provision of drug and alcohol services and supports.

The Integration Joint Board agreed:-

- (i) to note the content of the report and the Dundee Alcohol and Drug Partnership's Strategic Framework 2023-2028, Working Together to Prevent Harm and Support Recovery, and supporting delivery plan (as noted in section 4.1 and appendices 1 and 2 of the report);
- (ii) to note the intention for the Alcohol and Drug Partnership to develop a performance management framework, investment plan and strategic risk register to support the implementation of the strategic framework and delivery plan (as noted in section 4.2.6);
- (iii) to note the key areas of progress achieved over the last six months in reducing harm associated with drug and alcohol use (as noted in section 4.3); and
- (iv) to instruct the Chief Officer to bring forward further updates regarding progress in implementing the strategic framework and delivery plan in-line with the Alcohol and Drug Partnership's future public reporting schedules.

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

- (i) that Kathryn Sharp would recirculate the confidential briefing that had been circulated to IJB members last month;
- (ii) that Diane McCulloch would provide additional information to members on the residential rehab pathway;
- (iii) to recognise the significant contribution that John Wylie had made to the Strategic Framework and Delivery Plan;
- (iv) that formal thanks should be expressed to the workforce on behalf of the IJB; and
- (v) that the Chair, Vice Chair and relevant officers would have an off-table discussion in relation to required capital investment.

X MENTAL HEALTH AND WELLBEING STRATEGIC UPDATE

There was submitted Report No DIJB6-2023 by the Chief Officer briefing the Integration Joint Board about local and Tayside strategic mental health and wellbeing developments.

The Integration Joint Board agreed:-

- (i) to note the content of the report; and
- (ii) to note that a further briefing session would be convened in March once the draft improvement plan referred to in section 4.1.7 of the report was completed, and
- (iii) to delegate authority to the Chief Officer to sign off the final action plan.

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

- (i) that the manager of the Community Wellbeing Centre would be invited to the IJB at a relevant time; and
- (ii) to note the good outcomes recorded in relation to the Mental Health Response Vehicle and that Dundee specific data had been requested.

XI DUNDEE IJB 2023/24 BUDGET DEVELOPMENT UPDATE

On a reference to Article XIII of the minute of meeting of the IJB held on 14th December, 2022 there was submitted Report No DIJB11-2023 by the Chief Finance Officer providing an overview of the potential implications of the Scottish Government's Draft Budget 2023/2024 on the IJB's Delegated Budget.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the potential implications to the delegated budget of the impact of the Scottish Government's Draft Budget on Dundee City Council and NHS Tayside's financial settlements as set out in section 4.2 of the report;
- (ii) to note the provision of additional specific funding from the Scottish Government to support Health and Social Care Integration as set out in sections 4.2.4 to 4.2.6 of the report; and
- (iii) to remit to the Chief Finance Officer to present a proposed budget for 2023/2024 for consideration by the IJB at its meeting on 29th March 2023.

XII FINANCIAL MONITORING POSITION AS AT DECEMBER 2022

There was submitted Report No DIJB12-2023 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 October 2022 as outlined 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 set out 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.

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

- (i) that Christine Jones would provide additional information to IJB members on lead partner projected financial variances.

XIII MEETINGS OF THE INTEGRATION JOINT BOARD 2022 - ATTENDANCES

There was submitted a copy of the Attendance Return DIJB-2023 for meetings of the Integration Joint Board held to date over 2022.

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

XVII 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 29th March, 2023 at 10.00am.

Pat KILPATRICK, Chairperson.

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At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 29th March, 2023.

Present:-

Members

Role

| | |
|---------------------------------------|--|
| Pat KILPATRICK (<i>Chairperson</i>) | Nominated by Health Board (Non Executive Member) |
| Ken LYNN (<i>Vice Chairperson</i>) | Nominated by Dundee City Council (Elected Member) |
| Lynne SHORT | Nominated by Dundee City Council (Elected Member) |
| Dorothy MCHUGH | Nominated by Dundee City Council (Elected Member) |
| Anne BUCHANAN | Nominated by Health Board (Non Executive Member) |
| Sam RIDDELL | Nominated by Health Board (Non-Executive Member) |
| Dave BERRY | Chief Finance Officer |
| Sarah DICKIE | Registered Nurse |
| Vicky IRONS | Chief Officer |
| Alice KIRKWOOD | Third Sector Representative |
| Diane McCULLOCH | Chief Social Work Officer |
| Jim McFARLANE | Trade Union Representative |
| Martyn SLOAN | Person providing unpaid care in the area of the local authority |
| Dr David WILSON | NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers)) |

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

| | |
|-----------------|--|
| Jenny HILL | Dundee Health and Social Care Partnership |
| Christine JONES | Dundee Health and Social Care Partnership |
| Mary O'CONNOR | Audit Scotland |
| Jacquei PEPPER | Perth & Kinross Health and Social Care Partnership |
| Kathryn SHARP | Dundee Health and Social Care Partnership |

Pat KILPATRICK, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Members

Role

| | |
|------------------|--|
| Christina COOPER | Third Sector Representative |
| Dr James COTTON | Registered Medical Practitioner (not providing primary medical services) |
| Emma FLETCHER | Director of Public Health |
| Raymond MARSHALL | Staff Partnership Representative |
| Dr David SHAW | Clinical Director |
| Siobhan TOLLAND | Nominated by Dundee City Council (Elected Member) |

II DECLARATION OF INTEREST

There were no declarations of interest.

III APPOINTMENT OF NON-VOTING MEMBER

It was reported that there was currently a vacancy on Dundee Integration Joint Board for a Non-Voting Member in the capacity as Service User residing in the area and that NHS Tayside Public Partners had nominated Liz Goss to fill the vacant position.

The Integration Joint Board agreed to the appointment of Liz Goss as a Non-Voting Member on Dundee Integration Joint Board in the capacity as Service User residing in the area.

IV DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2023/2024

There was submitted Report No DIJB13-2023 by the Chief Finance Officer advising Dundee Integration Joint Board of the implications of the proposed delegated budget for 2023/2024 from Dundee City Council and indicative budget from Tayside NHS Board and seeking approval for the range of investments and expenditure proposed to set a balanced budget for Dundee Health and Social Care Partnership for 2023/2024.

Thereafter, Pat Kilpatrick, seconded by Councillor Lynn, moved that the Integration Joint Board:-

- (i) notes the implications of the proposed delegated budget to Dundee Integration Joint Board from Dundee City Council and indicative delegated budget from Tayside NHS Board for 2023/2024 as set out in sections 4.2 and 4.4 of the report;
- (ii) accepts the delegated budget proposed by Dundee City Council as set out in section 4.4 and Table 3 within the report;
- (iii) instructs the Chief Finance Officer to report back to the IJB following receipt of formal notification from Tayside NHS Board of the budget offer with associated recommendations including any implications of the finalisation of lead partner services budgets and the Large Hospital Set Aside on the IJB's net budget position;
- (iv) notes the range of estimated cost pressures and funding uplifts anticipated to impact on the IJB's 2023/2024 delegated budget as detailed in Appendix 1 of the report;
- (v) approves an uplift to staff pay element of Adult Social Care Providers' Contract Value to enable the increased hourly wage payment to staff providing direct care with effect from April 2023, as detailed in 4.7.4 of the report, and approved an inflationary uplift of 3% on these Providers' non-pay element plus 3% uplift on Contract Values for other Adult Social Providers with effect from April 2023, as detailed in 4.6.5 of the report;
- (vi) approves the budget savings and financial support from reserves as outlined in Appendix 2 to the report; and
- (vii) remits to the Chief Officer to issue directions as set out in Section 8 of the report.

As an amendment, Councillor McHugh, seconded by Jim McFarlane, moved that in relation to Appendix 2 of the report that point 6 be amended to read Proposed Further Utilisation of Reserves – 1200 and point 7 deleted.

On a division there voted for the motion - Pat Kilpatrick, Councillor Lynn, Councillor Short, Anne Buchanan and Sam Riddell (5); and for the amendment – Councillor McHugh (1) – whereupon the motion was declared carried.

V MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN

There was submitted Report No DIJB15-2023 by the Chief Officer bringing forward a detailed Mental Health and Learning Disability Services Improvement plan for approval. The plan was prepared in response to six recommendations set out in the final report of the Independent Oversight and Assurance Group into Tayside Mental Health Services published in January 2023. It was set in the context of a revised governance structure and work to refine the priorities which had been identified in

the Living Life Well Strategy. In line with section 6.6 of the Integration Schemes for Angus, Dundee and Perth and Kinross Integration Joint Boards, the report was submitted by the Lead Partner Chief Officer to each Integration Joint Board for approval, and, subsequently to NHS Tayside Board, before submitting the plan to Scottish Government by end of March 2023.

The Integration Joint Board agreed:-

- (i) to approve the Mental Health and Learning Disability Services Improvement Plan which was attached as Appendix 1 to the report;
- (ii) to authorise the Chief Officer for Perth and Kinross IJB as Lead Partner to submit the Mental Health and Learning Disability Services Improvement Plan to Scottish Government by 31 March 2023 following approval by the three Tayside Integration Joint Boards and consideration by NHS Tayside Board;
- (iii) to request that the Chief Officer brings forward a further iteration of the Mental Health and Learning Disability Services Improvement Plan for approval by end of June 2023 which includes detailed plans for implementation in relation to the additional four priorities; and
- (iv) to note the revised governance arrangements for the Tayside Mental and Learning Disability Whole System Change Programme which was attached as Appendix 2 to the report.

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

- (v) to note that the Scottish Government was content with the timelines contained within the Improvement Plan;
- (vi) that a progress report in relation to Priority 2 would be submitted to the IJB later in the year;
- (vii) that the Chief Officer would co-ordinate a range of options for IJB members to visit mental health services; and
- (viii) that the Chief Officer would discuss with Emma Fletcher the possibility of arranging a specific development session for IJB members.

VI MEETINGS OF THE INTEGRATION JOINT BOARD 2023 - ATTENDANCES

There was submitted a copy of the Attendance Return DIJB14-2023 for meetings of the Integration Joint Board held to date over 2023.

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

VII 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 19th April, 2023 at 10.00am

Pat KILPATRICK, Chairperson.

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DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 19th APRIL 2023

| No | Meeting | Minute Ref | Heading | Action Point | Responsibility | Original Timeframe | Status | Comment |
|----|----------|------------|--|---|-----------------------|--------------------|-------------|---|
| 1. | 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 | Staff from Children and Families Services will provide an update to the IJB at June 2023 meeting. |
| 2. | 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 and would be reported back to the PAC meeting in May |
| 3. | 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. |
| 4. | 14/12/22 | VI | APPROVAL OF DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP INTEGRATION SCHEME | to note that a refresher development session for IJB members would be arranged to take place early in the new year. | Chief Officer | Early 2023 | Complete | Joint session with Angus IJB held |
| 5. | 14/12/22 | VII | INTEGRATION JOINT BOARD PROPERTY STRATEGY | a fuller report would be submitted to the next IJB meeting on the | Chief Officer | February 2023 | Complete | Update included in monthly briefings, and submission of ADP strategic plan. |

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|-----|----------|--------|--|---|--------------------------------------|------------|----------|---|
| | | | | replacement for Constitution House and services provided. | | | | |
| 6. | 22/02/23 | III(b) | ACTION TRACKER – Community Custody Unit | request for visit to be arranged to Unit. | Chief Social Work Officer | | Ongoing | Update report to come to the IJB in June 2023. Numbers to be collated for the visiting for further discussions. |
| 7. | 22/02/23 | V | UPDATE ON BUSINESS MODEL FOR OLDER PEOPLE WITH MENTAL HEALTH NEEDS | additional information to be provided on the staff numbers within the service. | Associate Locality Manager | March 2023 | Complete | Information was provided on day of meeting. |
| 8. | 22/02/23 | VI | PROTECTING PEOPLE COMMITTEE ANNUAL REPORTS 2021/2022 | request for thanks to be passed on to the workforce for their innovative, joined up approach under difficult circumstances. | Chief Officer | March 2023 | Complete | |
| 9. | 22/02/23 | IX | DUNDEE ALCOHOL AND DRUGS PARTNERSHIP STRATEGIC FRAMEWORK AND DELIVERY PLAN | that the confidential briefing that had been circulated to IJB members last month would be recirculated. | Service Manager (Strategic Planning) | March 2023 | Complete | Briefing was recirculated on day of meeting. |
| 10. | 22/02/23 | IX | DUNDEE ALCOHOL AND DRUGS PARTNERSHIP STRATEGIC FRAMEWORK AND DELIVERY PLAN | additional information to be provided to members on the residential rehab pathway. | Chief Social Work Officer | March 2023 | Complete | Performance report for the pathway shared with IJB members. |
| 11. | 22/02/23 | IX | DUNDEE ALCOHOL AND DRUGS PARTNERSHIP STRATEGIC | Request that formal thanks be passed on to the workforce on behalf of the IJB. | Chief Officer | March 2023 | Complete | |

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|-----|----------|-----|--|---|-----------------------------|--------------|-------------|---|
| | | | FRAMEWORK AND DELIVERY PLAN | | | | | |
| 12. | 22/02/23 | IX | DUNDEE ALCOHOL AND DRUGS PARTNERSHIP STRATEGIC FRAMEWORK AND DELIVERY PLAN | the Chair, Vice Chair and relevant officers would have an off-table discussion in relation to required capital investment. | Chief Finance Officer | May 2023 | In progress | Date to be arranged once initial planning complete |
| 13. | 22/02/23 | X | MENTAL HEALTH AND WELLBEING STRATEGIC UPDATE | the manager of the Community Wellbeing Centre would be invited to the IJB at a relevant time. | Chief Social Work Officer | TBC | In progress | Consideration being given to the arrangement of visits to the centre as an initial alternative. |
| 14. | 22/02/23 | XII | FINANCIAL MONITORING POSITION AS AT DECEMBER 2022 | additional information would be provided to IJB members on lead partner projected financial variances. | Partnership Finance Manager | March 2023 | Complete | Information was issued on 09/03/23. |
| 15. | 29/03/23 | V | MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN | that a progress report in relation to Priority 2 would be submitted to the IJB later in the year. | Chief Officer | October 2023 | In progress | Report being developed through the Tayside Executive Group |
| 16. | 29/03/23 | V | MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN | that the Chief Officer would co-ordinate a range of options for IJB members to visit mental health services | Chief Officer | June 2023 | In progress | Visits to be scheduled in May/June |
| 17. | 29/03/23 | V | MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN | that the Chief Officer would discuss with the Director of Public Health the possibility of arranging a specific development session for IJB members | Chief Officer | June 2023 | In progress | To be coordinated as part of programme of IJB development session on strategic planning. |

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 19 APRIL 2023

REPORT ON: STRATEGIC COMMISSIONING FRAMEWORK 2023-2033 – CONSULTATION DRAFT

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB17-2023

1.0 PURPOSE OF REPORT

To provide the Integration Joint Board with an update regarding the development of the replacement strategic commissioning framework, delivery plan and other companion documents. To seek approval of a consultation draft of the Dundee Integration Joint Board Strategic Commissioning Framework 2023-2033 and of plans for final consultation, including with members of the public, Dundee City Council and NHS Tayside.

2.0 RECOMMENDATIONS

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

- 2.1 Note the contents of this report.
- 2.2 Approve the consultation draft of the Dundee Integration Joint Board Strategic Commissioning Framework 2023-2033 attached as Appendix 1 to the report.
- 2.3 Approve the plans for final consultation, including with Dundee City Council and NHS Tayside.
- 2.4 Note that the current Strategic and Commissioning Plan Addendum 2022/23 will remain in place until such times as the IJB approves the replacement framework and delivery plan.
- 2.5 Instruct the Chief Officer to submit the final draft of the strategic commissioning framework for approval to the IJB on 21 June 2023.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

4.1 Plan Development Update

- 4.1.1 In February 2023, the IJB received an update on progress towards the preparation of a replacement strategic commissioning plan (Article VIII of the minute of the meeting of the Dundee Integration Joint Board held on 22nd February 2023 refers). Since that time officers have continued to work with the Strategic Planning Advisory Group to progress drafting of the two key components of the strategic commissioning plan; a ten year strategic commissioning framework and an annual delivery plan. The focus over the last two months has been on consolidating information gathered via the IJB's Strategic Needs Assessment and supplementary data and intelligence, and through public, workforce and stakeholder

engagement into a draft strategic commissioning framework. This has included developing a new ambition statement for the IJB, as well as a revised set of strategic priorities and accompanying strategic shifts. The current draft of the Strategic Commissioning Framework 2023-2033 is attached as appendix 1.

- 4.1.2 Throughout the drafting process a strong focus has been maintained on developing a framework that is accessible to members of the public, particularly people who access health and social care services and unpaid carers. This reflects feedback received through public consultation as well as in previous discussions with the IJB. As a result the framework is notably more concise than previous strategic and commissioning plans agreed and published by the IJB. Work has also commenced with Dundee City Council Design Team to plan the design work required to fully format the document; this has included discussion regarding accessibility, including screen reader compatibility. The current draft of the Strategic Framework 2023-2033 is unformatted, formatting work will commence during April and continue throughout May 2023.
- 4.1.3 Initial work has also been undertaken to support the drafting of the first annual delivery plan for 2023/24. This has been co-ordinated with the process of developing the IJB's budget for 2023/24 to ensure consistency and best use of capacity across the Partnership. Following the completion of the budget process a series of meetings are to be facilitated with operational management teams during April and May to further develop the delivery plan. This will include aligning ongoing programmes of improvement and transformation with the strategic shifts set out in the strategic framework, as well as identifying new programmes of work to be carried out within the year. Through regular liaison meetings with planning colleagues in Angus Health and Social Care Partnership, Perth & Kinross Health and Social Care Partnership and NHS Tayside further work will also take place to improve alignment between delivery plans for each organisation.
- 4.1.4 Through discussion with colleagues in Neighbourhood Services agreement has been reached regarding the revision of the Housing Contribution Statement that must accompany the replacement strategic commissioning plan. The Housing Contribution Statement sets out how the local housing sector will actively work with the IJB to help to achieve priorities contained within the plan. It requires alignment between the Local Housing Strategy (LHS) (currently in place for 2019-2024) and the strategic commissioning plan. As the LHS will be replaced in 2024 there is a good opportunity for the IJB and Neighbourhood Services to work together to produce a new Housing Contribution Statement that focuses on aligning the ambitions and priorities within the strategic commissioning framework with the new LHS content. In the interim a short-statement has been included as an appendix within the strategic commissioning framework explaining this position and giving a short overview of alignment between the content of the expiring LHS and the new strategic priorities for the IJB.
- 4.1.5 As reported in previous updates to the IJB, work on the other planned companion documents to the strategic framework (a resource framework and a performance framework) has not yet substantively progressed. These will be developed following the conclusion of work on the strategic framework and delivery plan.

4.2 Final Consultation

- 4.2.1 Section 33 of the Public Bodies (Joint Working) (Scotland) Act 2014 sets out requirements relating to the preparation of strategic plans by Integration Authorities. The provisions within this section include that prior to approving a strategic plan the IJB must carry out a consultation with the Corporate Bodies (Dundee City Council and NHS Tayside), as well as with all other interested stakeholders. To enable this consultation to take place, the IJB is asked to approve the consultation draft of the Strategic Commissioning Framework 2023-2033 attached as appendix 1.
- 4.2.2. During April and May 2023 work will be undertaken with Dundee City Council and NHS Tayside, inline with their individual governance arrangements, to seek formal feedback on the consultation draft. At the same time, the consultation draft will be published on a dedicated page for strategic planning to be set up on the Dundee Health and Social Care Partnership website. From this page individual members of the health and social care workforce,

organisations in the public, third and independent sector, and members of the public (including unpaid carers) will be invited to provide feedback on the draft framework. A short survey format focusing on key aspects of the framework will be developed to capture responses, including inviting feedback on the overall accessibility of the draft. For members of the public, alternative routes to provide feedback will also be provided to enable anyone who does not wish to provide feedback through digital systems to participate. The consultation period will last for a minimum of four weeks and will be promoted via mailing lists and social media channels. Proactive contact will also be made with individuals and groups who have already participated in earlier engagement activity that has informed the draft framework.

- 4.2.3 Feedback gathered in the final consultation will be collated, summarised and included in an engagement report that will accompany the final draft of the strategic framework when it is submitted to the IJB for approval. This will include highlighting where feedback led to changes being made to the content or format of the framework. Feedback will also be utilised in completing the Integrated Impact Assessment that will accompany the framework when it is submitted for approval.

4.3 Timescales for Approval

- 4.3.1 It is intended that following the final consultation activity and incorporation of feedback received that the strategic commissioning framework and supporting delivery plan for 2023/24 will be submitted to the IJB for approval on 21 June 2023.
- 4.3.2 Until such times as the strategic framework is agreed the current Strategic and Commissioning Plan Addendum 2022/23 shall remain in place and continue to guide the work of the Dundee Health and Social Care Partnership.
- 4.3.3 Information has been recorded throughout the whole strategy development process that will inform the completion of an Integrated Impact Assessment (IIA) to accompany the strategic framework and delivery plan when they are submitted for approval. This will be further supplemented by feedback gathered in the final consultation. At this stage the IJB is not being asked to approve a new policy or make changes to an existing policy and therefore an IIA has not been provided. However, at the point of submission for approval in June 2023 a comprehensive IIA will be attached.

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 | The replacement strategic commissioning framework and delivery plan are not adequately informed by the experience, knowledge and expertise of partner organisations and members of the public. |
| Risk Category | Legal, Governance |
| Inherent Risk Level | Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level) |
| Mitigating Actions (including timescales and resources) | <ul style="list-style-type: none"> • Formal consultation activity to be agreed with Dundee City Council and NHS Tayside in line with their governance arrangements. • Publication of consultation draft on Dundee Health and Social Care Partnership with feedback form for 4-week consultation period. • Promotion of consultation to workforce via internal mailing systems. • Promotion of consultation to partner organisations through mailing lists, provide forums, care group strategic planning meetings and other opportunities throughout 4-week period. • Promotion of consultation to public via social media and other communication channels, via engagement mailing lists and through networks of established engagement groups (such as Health and Wellbeing Networks). Alternative routes for providing feedback will also be made available to members of the public who do not wish to utilise digital response formats. • Production of overview engagement report detailing all engagement activity, key themes and changes made to the draft plan that will be submitted and published alongside the final draft framework and delivery plan. |
| Residual Risk Level | Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low Risk Level) |
| Planned Risk Level | Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low Risk Level) |
| Assessment of Risk Level | Given the risk mitigation actions in place the risk is assessed to be manageable and acceptable. |

7.0 CONSULTATIONS

- 7.1 The Strategic Planning Advisory Group, care group strategic planning groups, Chief Finance Officer, Head of Service, Health and Community Care and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

| 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: 21 March 2023

Joyce Barclay
Senior Officer

Kathryn Sharp
Service Manager, Strategy and Performance

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Dundee Integration Joint Board Strategic Commissioning Framework 2023-2033

**The plan for excellence in health and
social care in Dundee.**

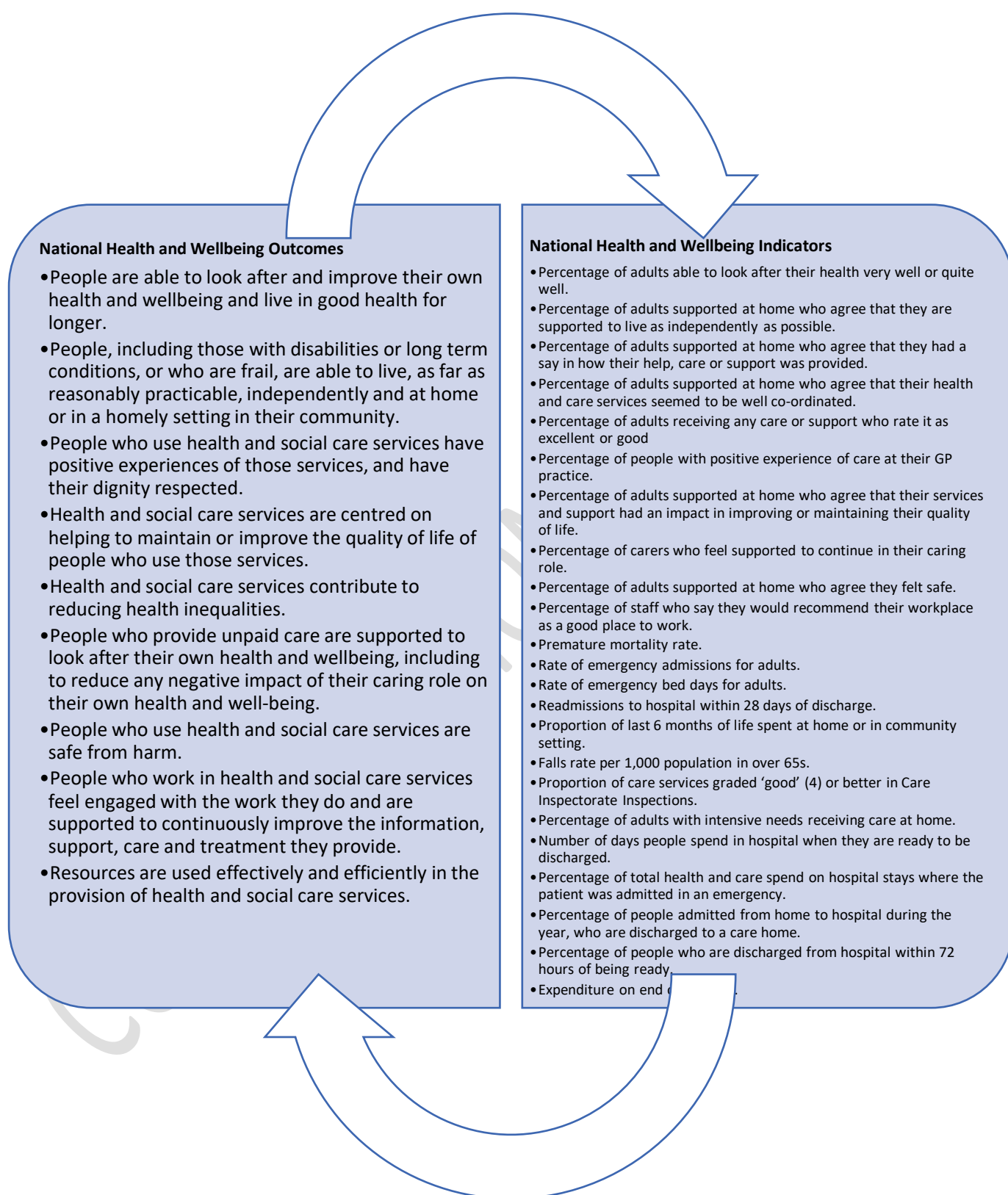
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Contents

| | |
|--|----|
| Foreword | 5 |
| Introduction | 6 |
| Ambition for Health and Social Care in Dundee | 7 |
| The Integration Joint Board's Values | 8 |
| Strategic Priorities | 9 |
| Health and Social Care Needs in Dundee | 12 |
| Health and Social Care Policy | 15 |
| Let's Talk | 17 |
| Equality Outcomes | 20 |
| Strategic Priority – INEQUALITIES – Support where and when it is needed most | 22 |
| Strategic Priority - SELF-CARE – Supporting people to look after their wellbeing | 26 |
| Strategic Priority – OPEN DOOR – Improving ways to access services and supports | 31 |
| Strategic Priority – PLANNING TOGETHER – Planning services to meet local need | 34 |
| Strategic Priority - WORKFORCE – Valuing the workforce | 38 |
| Strategic Priority - WORKING TOGETHER – Working together to support families | 42 |
| Measuring the Change | 46 |
| Resources and Risks | 47 |
| Resources to Support Delivery | 47 |
| Risks to Delivery | 49 |
| Explanation Notes | 51 |
| Appendix 1 - Housing Contribution | 55 |
| Appendix 2 - National Health and Wellbeing Outcomes and Indicators | 57 |

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CONSULTATION DRAFT

Foreword

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CONSULTATION DRAFT

Introduction

This Strategic Commissioning Framework sets out plans for working together in Dundee towards excellence in health and social care. This Framework has been developed by Dundee Integration Joint Board (IJB). The IJB is the group of people responsible for planning, agreeing and monitoring community-based health, social work and social care services for adults.¹ This strategic commissioning framework tells people what the IJB's ambition and priorities are for adult health, social work and social care services in Dundee and how the IJB will use the resources it has to make this ambition a reality.

This strategic commissioning framework is for the next 10 years. As it has been developed the IJB has thought about:

- Information about the health and social care needs of people who live in Dundee, people who provide unpaid care and the health and social care workforce.
- National policy (what the Scottish Government expects IJBs and partner organisations across the health and social care system to consider), including the integration planning and delivery principles².
- Local policy (what local organisations have already said they plan to do to help improve health and wellbeing).
- The views of local people, unpaid carers, communities, the health and social care workforce and partner organisations.

This framework is supported by a delivery plan. The delivery plan has more information about how health and social care services will be delivered and improved over the next year. These services are delivered by the Dundee Health and Social Care Partnership - the place where Dundee City Council, NHS Tayside and some organisations in the third and independent sector work together to deliver the services and supports the IJB has planned and agreed. A delivery plan will be agreed and published by the IJB every year, starting in April 2023.

¹ You can find out more about what the law says about how IJBs must plan, agree and monitor health and social care services at: <https://www.gov.scot/publications/strategic-commissioning-plans-guidance/pages/9/>

² You can find the integration delivery principles at: <https://www.gov.scot/publications/strategic-commissioning-plans-guidance/pages/9/> (section c)

Ambition for Health and Social Care in Dundee

People in Dundee will have the best possible health and wellbeing.

They will be supported by health and social care services that:

- *Help to reduce the differences in health and wellbeing that exist between different groups of people.*
- *Are easy to find out about and get when they need them.*
- *Focus on helping people in the way that they need and want.*
- *Support people and communities to be healthy and stay healthy throughout their life.*

The Integration Joint Board's Values

Human rights

Making sure that everything we do promotes and protects the human rights of everyone in Dundee.

| | |
|------------------------------|---|
| Equality and fairness | Working in a way that understands the differences between people and communities so that everyone gets the help that they need to have good health and wellbeing. |
| Whole life | Contributing to good health and wellbeing from birth to death, including supporting people to have a good death. Supporting other public services in their leadership of work to promote good health and wellbeing in the early years and throughout childhood. |
| Collaborative | Making sure that we listen to and work together with people who use health and social care services, unpaid carers and the workforce. |
| Innovative | Testing new, improved and better approaches to promoting health and wellbeing. |
| Compassionate | Making sure that we treat everyone with kindness, compassion and dignity. This includes people who use health and social care services, unpaid carers and the health and social care workforce. |
| Transparent | Making sure that we communicate clearly with the public about the decisions we make, why we have made them and the impact they have had on people's health and wellbeing. |
| Empowering | Working with people and communities to share power, make decisions and support them to access the things they need to meet their own health, wellbeing and social care needs. |
| Sustainability | Investing in services and supports that make the best use of the money and other resources that the IJB has just now to reduce the future demand on health and social care services. Using evidence about 'what works' to help the IJB to do this. Working in a way that helps to reduce the impact of climate change on the future health and social care needs of people. |

Strategic Priorities

The IJB has agreed 6 strategic priorities that will be the focus for the next 10 years to help to achieve the ambition for health and social care. These priorities will also help to achieve Scotland's National Health and Wellbeing Outcomes.³

Please note that the format of this table is still being developed

| INEQUALITIES | SELF CARE | OPEN DOOR | PLANNING TOGETHER | WORKFORCE | WORKING TOGETHER |
|--|--|--|--|---|--|
| <p>Support where and when it is needed most.</p> <p><i>Targeting resources to people and communities who need it most, increase life expectancy and reduce differences in health and wellbeing.</i></p> | <p>Supporting people to look after their wellbeing.</p> <p><i>Helping everyone in Dundee look after their health and wellbeing.</i></p> | <p>Improving ways to access services and supports.</p> <p><i>Making it easier for people to get the health and social care supports that they need.</i></p> | <p>Planning services to meet local need.</p> <p><i>Working with communities to design the health and social care supports that they need.</i></p> | <p>Valuing the workforce.</p> <p><i>Supporting the health and social care workforce to keep well, learn and develop.</i></p> | <p>Working together to support families.</p> <p><i>Working with other organisations in Dundee to prevent poor health and wellbeing, create healthy environments, and support families, including unpaid carers.</i></p> |
| <p>National Outcome 1 <i>People are able to look after and improve their own health and wellbeing and live in good health for longer.</i></p> | | | | | |

³ You can find out more about the National Health and Wellbeing Outcomes and the IJB's role in delivering these at: <https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>

| | | |
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| | | |
| | National Outcome 2 <i>People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.</i> | |
| | National Outcome 3 <i>People who use health and social care services have positive experiences of those services and have their dignity respected.</i> | |
| National Outcome 4 <i>Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services.</i> | | |
| National Outcome 5 <i>Health and social care services contribute to reducing health inequalities.</i> | | |
| | | National Outcome 6 <i>People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.</i> |
| | National Outcome 7 <i>People using health and social care services are safe from harm.</i> | |
| | National Outcome 8 <i>People who work in health and social care services feel engaged</i> | |

| | | | |
|--|---|---|--|
| | | <i>with the work they do and are supported to continuously improve the information, support, care and treatment they provide.</i> | |
| | National Outcome 9 <i>Resources are used effectively and efficiently in the provision of health and social care services.</i> | | |

CONSULTATION D

Health and Social Care Needs in Dundee

Information about the health and social care needs of people who live in Dundee, people who provide unpaid care and the health and social care workforce has been used to make decisions about what the strategic priorities should be. You can find out more about the needs of people in Dundee, including unpaid carers in the [full strategic needs assessment](#).

Dundee is a city that has high levels of poverty and other social issues that impact on people's health and wellbeing. Life expectancy for people in Dundee is getting shorter. There are also big differences between how healthy and well people are because of where they live in the city, how much money they have and due to who they are (for example, their ethnic origin, sexual orientation, disability or age).

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| Dundee expects to see a 38% increase in the population aged 75 years and over by 2043. | Dundee is the 5th most deprived local authority area in Scotland. 36.6% of the population live in 20% most deprived areas of Scotland. | Life expectancy at birth is decreasing for males and females in Dundee. Between 2012-14 and 2019-2021 decreased by almost 2 whole years for males and by around 18 months for females. |
| Dundee has the 2nd lowest life expectancy in Scotland. Life expectancy in the most deprived areas of Dundee is about ten years less than in the most affluent areas. | Dundee has the 8th highest rate of homelessness applications in Scotland, much higher than the Scottish rate. | There are fewer owner occupiers and more people living in rented accommodation than the rest of Scotland. |
| Dundee's unemployment rate was 4.9% for the year 2021; higher than the Scottish rate of 3.9%. | Dundee has the 4th highest prevalence of drug use in Scotland. Alcohol related harm is also high when looking at hospital attendances and alcohol-related deaths. | Dundee has the 5th highest rate in Scotland of adults (aged 16-64 years) who reported in the 2011 Census that they are living with a mental health condition. |
| Dundee has the highest prevalence rate of domestic abuse in Scotland. | | |

Dundee has high levels of health and social care needs. This includes people with care and support needs, as well as adults and children who provide unpaid care and support to them. It also includes supporting people at the end of their life to have a good death and providing bereavement support to unpaid carers and to families.

****Please note that the format of this information is still being developed****

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| Due to inequalities, particularly deprivation, many people in Dundee enter older age with pre-existing health conditions. | Due to inequalities, particularly deprivation, some people in Dundee have a need for higher levels of health and social care support at an earlier stage than people of the same age who live in more affluent parts of the city or in other areas in Scotland. | Across all Local Community Planning Partnerships the average number of prescription drugs used to treat diabetes, hypertension and heart failure has increased since 2015/16. |
| Rates of hospital admission due to alcohol and drug use are high, with a higher proportion of people who need support living in the most deprived areas of the city. | Around 1 in 10 people aged 65 or over has dementia. Due to the pandemic the proportion of people who received a minimum of 12 months post diagnostic support after their diagnosis reduced from 97% to 68%. | The number of people living with or dying from cancer is rising. It is estimated that 1 in 2 people will be diagnosed with (but not necessarily die from) a cancer in their lifetime. The prevalence of cancer varies by deprivation and age group. |
| Hospital admissions due to long-term conditions are higher for the most deprived areas of the city, especially for asthma, COPD and coronary heart disease. | High rates of cancer and of long-term and multiple health conditions has increased demand for palliative and end of life care. This includes enhanced support for unpaid carers providing end of life care, as well as bereavement support. | Dundee has the highest admissions to hospital rate for falls in Scotland. As at 2020 the rate was 30.7 per 1,000 people aged 65 and over. |
| For people receiving home care services, an average of 45% had an emergency admission to hospital in the 28 days before the service started. | In 2021/22 half of the people admitted to care homes had experienced an emergency admission to hospital within the 28 days beforehand. | 62% of adult carers supported by local carer services provide an average of 50 or more hours of care per week. 72% of carers reported poor mental health, and the same percentage said their physical health had got worse. |

Many people in Dundee were adversely affected by the COVID-19 pandemic, especially by negative impacts on their physical and mental health and wellbeing:

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Isolation and reduced mobility during the pandemic for people who were already frail increased demand for support amongst those already receiving services and also for those who had not previously required support.

1 in 5 respondents to the Engage Dundee survey reported a worsening of existing mental health conditions, this was highest for people aged 25-34.

As a result of the pandemic, 84% of carers reported negative impacts on physical, mental and social wellbeing, and 60% reported feeling socially isolated.

Health and Social Care Policy

National policy is an important consideration when deciding what the strategic priorities should be. These are the things that the Scottish Government asks IJBs and other organisations across the health and social care system to do. Another important consideration is the plans and commitments made by local organisations about helping to improve peoples' health and wellbeing.

The picture below shows some of the most important national and local policies that have informed this strategic framework:

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Local

- [Dundee City Plan 2023-2033](#)
- [Local Community Plans](#)
- Local Housing Strategy
- [Strategic Housing Investment Plan](#)
- Trauma Implementation Plan
- [Alcohol and Drug Partnership Strategic Framework and Delivery Plan 2023-2028](#)
- Dundee Adult Support and Protection Committee Delivery Plan
- Dundee Child Protection Committee Delivery Plan
- Dundee Violence Against Women Partnership Delivery Plan
- [Local Child Poverty and Fairness Plan](#)
- [Our Future City Centre – Strategic Investment Plan](#)
- [Discover Work Strategy and Action Plan](#)
- [Dundee Climate Change Action Plan](#)

Regional

- [Tayside Plan for Children, Young People and Families](#)
- [Living Life Well – Tayside Mental Health and Wellbeing Strategy](#)
- [Angus IJB Strategic Commissioning Plan](#)
- [Perth & Kinross IJB Strategic Commissioning Plan](#)
- NHS Tayside Public Health Strategy
- NHS Tayside Three Year Recovery Plan 2022-2025 and Annual Operational Plans

National

- [Health and Social Care Standards \(2017\)](#)
- [National Health and Wellbeing Outcomes](#)
- [NHS Recovery Plan 2021-2026](#)
- [A National Clinical Strategy for Scotland \(2016\)](#)
- [Delivering Value Based Health and Care: a Vision for Scotland \(2022\)](#)

- [Enabling, Connecting and Empowering: Care in the Digital Age – Scotland’s Digital Health and Care Strategy \(2021\)](#)
- [Greater access, better insight, improved outcomes: a strategy for data-driven care in the digital age \(2023\)](#)
- [National Workforce Strategy for Health and Social Care \(2022\)](#)
- [Fair Work Action Plan \(2021\)](#)
- [National Mental Health Strategy 2017-2027](#)
- [Primary Care Improvement Programme](#)
- [General Medical Services Contract in Scotland \(2021\)](#)
- [Recovery and Redesign: An Action Plan for Cancer Services \(2020\)](#)
- [Diabetes Improvement Plan \(2014\)](#)
- [A Healthier Future – a framework for the prevention, early detection and early intervention of type 2 diabetes \(2018\)](#)
- [Heart Disease Action Plan \(2021\)](#)
- [Progressive Stroke Pathway \(2022\)](#)
- [Palliative and End of Life Care Strategic Framework for Action \(2015\)](#)
- [Palliative and End of Life Care by Integration Authorities: advice note \(2018\)](#)
- [Healthcare Framework for Adults living in Care Homes \(2022\)](#)
- [Self-Directed Support: framework of standards \(2021\)](#)
- [National Carers Strategy \(2022\)](#)
- [Creating Hope Together – Suicide Prevention Strategy 2022-2032](#)
- [National Drug Mission Plan 2022-2026](#)
- [Rehabilitation and Recovery: a person-centred approach \(2022\)](#)
- [Learning / intellectual disability and autism transformation plan \(2021\)](#)
- [Housing to 2040 \(2021\)](#)

Let's Talk

Many people who live, work or provide unpaid care in Dundee shared their views over the last two years about 'what matters to them' about health and wellbeing and adult health and social care services. You can find a full report of what people have said [here](#) (link to be added). The things that people said have directly influenced the ambition and priorities in this framework. More information about what people have said has been highlighted in this document.

Some of the important message people said are:

- Plans must be written in a way that is simpler, uses clearer language and means something to people who use health and social care services now or might use them in the future.
- The ambition of the IJB should be about the real differences it makes and the things it has most control over.
- The IJB need to think more about how to work better with other organisations, including the Dundee Partnership, to improve all services and supports that make a difference to people's health and wellbeing. This is most important when preventing poor health and wellbeing, making sure people get the help they need sooner and when working alongside people in communities to understand their needs.
- It is really important to reduce the differences in people's health and wellbeing that are caused by things like poverty, where they live, or their personal characteristics (like sex, age or ethnic origin). The IJB should inform people that the money the IJB has will be spent in a way that gives extra help to people who need it most so that they can be as healthy and well as everyone else in Dundee.
- People realise that public sector services, like the Council, NHS Tayside and the IJB, do not have enough money or staff to do everything for everyone. People felt it was important to be honest about that and how resources, including money and staff, will be used to help people have the best possible health and wellbeing.
- More time and money should be spent making it easier for people to know more about existing health and social care services and how to get help from them. People said they are worried about having to wait too long to get the help they need.
- People said when they do get support from health and social care services it has been very good and has made a big difference to their lives.
- People said it is important that the IJB remembers that they want a good quality of life, not just to live longer in their own home.
- The IJB needs to think more about how to reduce the impact of the cost of living crisis on people's health and wellbeing.

- The IJB should support the Health and Social Care Partnership to spend more time working with people and communities to understand the help they need to stay healthy and well. They should also work with people to design services to deliver the help they need.
- People who work in health and social care organisations should stop talking about models and pathways – these are words used by organisations and don't mean anything to those people who need services. People would like the IJB and Health and Social Care Partnership to talk more about how services can give them the specific help they need and help them look after themselves rather than seeking to do everything for them.

From December 2022 to March 2023 people were asked to share their views about Dundee's GP Premises Strategy. As part of this activity many people also spoke about other aspects of services delivered through GP practices. A full report of what people said is available here (link to be added), but some of the things people said were most important were:

- Lots of people did not know about the full range of different professionals and supports that are available to them at through their GP practice. People said that there should be more information about services that are available and more help from reception staff to make sure they see the right person.
- Many people are willing to accept an appointment that is not face-to-face. This was the case most often when people were aged under 65 years old.
- The process for booking appointments needs to be improved.
- There needs to be more support available in GP practices for health and wellbeing, mental health and pharmacy.

The Dundee Partnership has also been talking to people across Dundee over the last two years to find out more about what they need, the things that affect their lives and what they hope for in the future. This information helped the Dundee Partnership to write its [City Plan 2022-2032](#). Some of the things people in local communities identified as being most important for health and wellbeing that need to get better were:

- Ways to have a say in improving things in the community.
- Drug and alcohol advice and services in the community.
- Dealing with the way the COVID-19 pandemic has made some things more difficult for people. Many people said it made them more isolated and their mental health and wellbeing worse. It also meant some people did not have enough money to buy food or other basic things we all need to stay safe, healthy and well. People noticed that the pandemic had made things even worse for people who already had poor health and wellbeing.
- The way the COVID-19 pandemic made it more difficult for people to find and get help when they needed it.

CONSULTATION DRAFT

Equality Outcomes

The IJB's ambition is that everyone in Dundee has the best possible health and wellbeing.

The Equality Act (2010) aims to make sure all people are treated fairly, particularly people who have protected characteristics (age, disability, sex, gender reassignment, pregnancy and maternity, sexual orientation, marriage and civil partnership, religion / belief, and, race). Sometimes, people with Protected Characteristics need support given in a different way or they need extra support to have the same outcomes as other people. They might also be more likely to have particular health and social care needs.

Some people experience poverty and poor social circumstances; this can affect anyone but can affect people with Protected Characteristics more. This can make it even harder for them to have the same life chances as other people. From April 2018 the Equality Act (2010) introduced the Fairer Scotland Duty to help make sure Scotland is a fair place to live by acting to tackle poverty, reduce inequality and build a fairer and more inclusive Scotland.

As part of the work to make Dundee a fairer city the IJB is concerned about health inequality; this is the unfair and avoidable differences in health between people or groups of people. People with Protected Characteristics and people affected by poverty can experience health inequalities that impact on their overall health and wellbeing.

People with Protected Characteristics and people affected by poverty and poor social circumstances can find it more difficult to access health and social care services. Sometimes those people have a poorer experience of supports and services.

The Equality Act (2010) says that Public Bodies, like the IJB, must publish a set of equality outcomes at least every four years. People who have Protected Characteristics and those people affected by poverty and poor social circumstances have shared what matters most to them about health and wellbeing and health and social care services. People who have an interest in making Dundee a fairer place to live have also told the IJB what matters to them. This has helped the IJB to agree Equality Outcomes for the IJB:

1. Information published by the IJB will be more accessible to people who have a sensory impairment or learning disability, whose first language is not English and those people who are older.
2. The IJB has increased the range and effectiveness of ways to listen, hear and learn what matters to older people, people from minority ethnic groups and the LGBTQ community about health and social care services and supports.
3. IJB membership will be more diverse and more closely reflect the overall population of Dundee across the following characteristics: sex, disability, race, religion or belief and age.
4. The IJB contributes to an improved culture within the workforce to actively challenge discrimination, through a focus on eliminating race discrimination on the workplace.

In 2027 the IJB will check again whether these outcomes are the right ones to focus on. You can read more about the IJB's equality outcomes and other work it is doing to improve health and social care outcomes for people with protected characteristics or who are affected by poverty and poor social circumstances [here](#).

The IJB has also agreed some things that they want the Dundee Health and Social Care Partnership to focus on improving for specific people. These things are part of the strategic priority:

INEQUALITIES - Targeting resources to people and communities⁴ who need it most, increase life expectancy and reduce differences in health and wellbeing.

You can find more detail about this later in this strategic framework and in the IJB's delivery plan.

⁴ This includes communities of interest /people who share the same characteristics as well as geographic communities.

Strategic Priority – INEQUALITIES – Support where and when it is needed most

Targeting resources to people and communities who need it most, increase life expectancy and reduce differences in health and wellbeing.

Why is this important?

- Data for Dundee shows that life expectancy is getting shorter. Since 2012-14, life expectancy at birth has got worse for both males (from 75.6 to 73.54 years) and females (from 80.06 to 78.54 years)⁵.
- Information about the health and wellbeing of people in Dundee shows that there are big differences between how healthy and well people are. These differences happen because of where people live in the city, how much money they have and because of who they are (for example, their ethnic origin, sexual orientation, disability or age). These difference are often called Health Inequalities.

****Please note that the format of this information is still being developed****

Life expectancy of a male who lives in one of the most deprived areas of Dundee is 10 years less than a female who lives in one of the least deprived areas.

East End, Lochee and Coldside wards have the highest prevalence of people with mental health conditions, physical disabilities, learning disabilities and sensory impairment. These wards also have the highest proportion of residents classified as income deprived.

A&E attendance due to alcohol related harm is 4 times higher in the most deprived areas of the city.

Drug related hospital discharges are 20 times higher in the most deprived areas of the city.

⁵ [Data Tables for Life Expectancy in Scotland, 2019-2021 | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/data/life-expectancy)

- People who are affected by poverty or poor social circumstances or who have a protected characteristic can find it more difficult to access health and social care services. Sometimes these people also have a poorer experience of support and services, including that they do not make as big a difference to their health and wellbeing as they do for other people.⁶
- Dundee has high levels of social issues that impact on health and wellbeing of vulnerable people, including people affected by poverty or who have protected characteristics. This includes, drug and alcohol use, poor mental health, domestic abuse and others types of violence against women, and harm to other vulnerable adults and children.
- People who shared their views about ‘what matters to them’ said that reducing health inequalities is really important and that the IJB should spend more money making sure that people who need extra help to access services and achieve good health and wellbeing get it. People also said they are concerned about the impact of the cost of living crisis and how this might make health inequalities worse in the future. They also said the IJB should support the Health and Social Care Partnership to spend more time working with people to understand their different needs and how services could help them.
- People have told the Dundee Partnership that it is really important the more is done to help people who use drugs and alcohol and who have poor mental health and wellbeing. They were also concerned that the pandemic has made things worse for people who already had poor physical and mental health and wellbeing.
- The IJB has a legal duty, working together with Dundee City Council and NHS Tayside through the Health and Social Care Partnership, to make sure that they promote equality and fairness. This includes thinking about how health and social care services are designed and delivered to people with different needs. Equality and fairness can be about how people access services in the first place but also their experiences of services and how they impact on people and their outcomes.
- Recent independent reviews of drug services and supports in Dundee and mental health services across Tayside found important changes that need to be made.⁷
- A wide range of national policies for health and social care include a commitment to reducing inequality. This includes reducing differences in how easy people find it to access the services and supports they need, as well as the differences these services make to their health and wellbeing.

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

⁶ Scottish Better Together Survey, Patient Survey Programme

⁷ The full reports from the Dundee Drugs Commission can be found at: <https://www.dundee.gov.uk/dundee-partnership/dundee-drugs-commission>. The full reports from the Independent Inquiry into Mental Health Services in Tayside can be found at: <https://independentinquiry.org/category/reports/>.

| Short-term (2023-2026) | Medium-term (2026-2029) | Long-term (2029-2033) |
|--|---|--|
| Disadvantaged communities (geographic and shared characteristics) are benefitting from more targeted investment to support self-care and prevention. | More disadvantaged people and communities are accessing the health and social care services and supports that they need. | People living in deprivation or who are part of protected equality groups have improved health and wellbeing outcomes. These outcomes are closer to those achieved by the wider population of Dundee (reduced inequality gap). |
| People who have a sensory impairment or learning disability, whose first language is not English and who are older are better able to find and understand Information published by the IJB and Health and Social Care Partnership. | There are fewer drug and alcohol related deaths. | Everyone in Dundee is living longer (increased life expectancy and increased healthy life expectancy). |
| Adults who have multiple and complex needs, including adults at risk of harm are more quickly identified and services work well together to provide an initial response to their needs. | Peoples' mental health and wellbeing is better. | People living in the most deprived communities are living longer (increased life expectancy and increased healthy life expectancy). |
| People who have mental health and wellbeing needs, and for people who use drugs and alcohol have a wider choice of easily accessible community-based supports. | Older people feel less isolated and lonely. This is helping to improve their physical and mental health and wellbeing. | People are protected from harm and supported to recover from the impact of trauma. |
| People who experience challenges in relation to mental health and drug and alcohol use experience a co-ordinated response from services. | There are fewer deaths by suicide. | Health and social care services are provided from premises that create environments that support trauma informed ways of working and reduce inequalities. |
| More health and social care services and supports demonstrate a trauma informed response to meeting needs. | People from disadvantaged groups are getting the support, treatment and care they require without fear of discrimination or stigma. | People accessing health and social care services experience a culture and practice that is rights-based. |

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| More health and social care services and supports demonstrate a gendered approach to service delivery. | | |
| There is a clear strategic plan for how the IJB will invest its resources to better meet the needs of people with a physical disability or sensory impairment. | | |
| The health and social care workforce has a better understanding of equality and fairness, including how their practice can help to better meet people's needs. | | |
| The IJB has an improved understanding of the needs of different equality and fairness groups and how effectively health and social care services are meeting those needs. | | |

The IJB will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual delivery plan can be found here (link to be added).

The IJB's performance framework will set out how the IJB will measure their progress towards making these changes and tell the public about this. The performance framework and performance reports can be found here (link to be added).

Strategic Priority - SELF-CARE – Supporting people to look after their wellbeing.

Helping everyone in Dundee look after their health and wellbeing.

Why is this important?

- Prevention and self-care are important aspects of health and social care services and supports. They help people to look after themselves independently from services, have more control of their health and can improve people's quality of life. These types of support can include helping people develop the knowledge and skills to prevent them becoming unwell by living a healthy life. They can also help people to manage existing health conditions so that they do not get worse.
- Information about Dundee shows that factors such as smoking, being overweight and physically inactive have a big impact on many people's health and wellbeing. A Dundee Partnership survey found that 31% of respondents found it difficult to have a healthy lifestyle during the pandemic. People who already had poor health or a disability were most likely to find this difficult.

****Please note that the format of this information is still being developed****

A higher percentage of people aged over 35 in Dundee smoke tobacco compared with Scotland as a whole. There is a known link between smoking and lung cancer.

13.5% of Primary 1 age children in Dundee were at risk of becoming overweight and 11.3% were at risk of obesity.

Less than one fifth of Dundee Citizens reported that they undertook moderate physical activity for at least 30 minutes per day, 4+ days per week.

Dundee citizens who undertook regular exercise had better mental health than those who undertook exercise either less than once a week or never.

- Since the pandemic the number of people who have said that they need to help to look after their mental health and wellbeing or because they are drinking alcohol more often has also been increasing. There are also many people who are managing the impact of 'long covid' on their health and wellbeing.

****Please note that the format of this information is still being developed****

Dundee has the 5th highest rate in Scotland of adults (aged 16-64) who reported in the 2011 Census that they lived with a mental health condition.

Life expectancy is ten years lower for people with a mental health issue (66.8 years) compared with the general Dundee population (76.8 years).

Dundee has a higher rate per 100,000 population who complete suicide (23.9) compared with the Scottish population (14.1).

33% of Dundee Citizens reported that they drink within the recommended alcohol allowance. East End respondents (49%) were most likely to consume more than the recommended alcohol allowance.

- Based on the Scottish Health Survey it is thought that about 33% of adults in Dundee (aged over 16 years old) have a limiting long-term physical or mental health condition.⁸ GP records show that conditions such as high blood pressure, asthma, depression, COPD⁹ and diabetes are particularly common. Many people have more than one condition from an earlier age. The most deprived areas of the city also have the most people with these types of conditions.
- Dundee has a relatively high number of people who are admitted to hospital after having a fall.
- Research has shown that helping people understand and manage their health and wellbeing helps them make healthier choices, improves their overall health outcomes and reduces the need for them to receive emergency care at hospital. The impact of this type of support is even better when it is targeted at people that need it most – so it also helps to reduce health inequalities.¹⁰
- People who shared their views about ‘what matters to them’ said that they know there is not enough people or money in the health and social care system to do everything for everyone. The IJB has also decided that the level of investment in health and social care services and not having enough people in the workforce are risks to being able to deliver their ambition. Supporting people to make healthier choices, prevent poor health and wellbeing and look after themselves when they are unwell reduces the number of people who need help from health and social care services. This means that those services can focus on supporting people who have the highest need, who have long-term health needs and on providing new services.
- A wide range of national policies for health and social care commit to helping people look after their own health and wellbeing. This includes helping people to live a healthier lifestyle that can help prevent poor health and wellbeing. The Independent Review of Adult Social Care (2021) said that the social care system in Scotland must focus on prevention and early intervention and support independent living.

⁸ <https://www.gov.scot/publications/scottish-surveys-core-questions-2018-analytical-tables/>

⁹ COPD – Chronic Obstructive Pulmonary Disease is the name for a group of lung conditions that cause breathing difficulties.

¹⁰ <https://www.scie.org.uk/integrated-care/research-practice/activities/prevention-self-care>

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

| Short-term (2023-2026) | Medium-term (2026-2029) | Long-term (2029-2033) |
|---|--|--|
| People find self-care and self-management information and opportunities easier to find and understand. | More people are supported to achieve their personal outcomes through low level, early interventions provided by community-based care and support services. | More people feel motivated to make lifestyle choices that positively enhance their health and wellbeing. |
| <p>There are more prevention, self-care and self-management resources available for:</p> <ul style="list-style-type: none"> • Falls • Stroke • Long-term conditions • End of life and bereavement • Managing key life changes • Healthy weight • Mental health and wellbeing | More carers say that they want to and are able to continue in their caring role. | People are more physically active and mentally well. |
| More people, especially disadvantaged groups, are accessing a wider range of health, wellbeing and healthy lifestyle activities across the city. | More people are in drug, alcohol and mental health recovery. | A smaller number of people need hospital-based acute services; people who do need them less often. |
| People are being helped to connect with the service and supports that they need at an earlier stage through the use of a social prescribing approach by everyone in the health and social care workforce. | Fewer people experience side effects and deterioration of long-term conditions because they are better supported to comply with their medication. | Fewer people in Dundee have a limiting long-term physical or mental health condition. |

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| More people are participating in adult health screening programmes, especially within areas of deprivation and groups with protected characteristics. | | Everyone in Dundee is living longer (increased life expectancy and increased healthy life expectancy). |
| There are more opportunities for people with mental health challenges to look after their physical health and for people with chronic physical health conditions to improve their mental health. | | People living in the most deprived communities are living longer (increased life expectancy and increased healthy life expectancy). |
| More Carers are accessing opportunities to lead a fulfilled and healthy life, and to have a good balance between caring and others things in their life. | | |
| Peer recovery services and supports have a greater role in meeting people's needs at an early stage. | | |
| The health and wellbeing needs of people who have been bereaved, including unpaid carers, are recognised and responded to. There are specific resources in place to support people who have been bereaved in traumatic circumstances (for example, by suicide). | | |

The IJB will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual delivery plan can be found here (link to be added).

The IJB's performance framework will set out how the IJB will measure their progress towards making these changes and tell the public about this. The performance framework and performance reports can be found here ([link to be added](#)).

CONSULTATION DRAFT

Strategic Priority – OPEN DOOR – Improving ways to access services and supports

Making it easier for people to get the health and social care supports that they need.

Why is this important?

- People who shared their views about ‘what matters to them’ said that more time and money should be spent making sure people know about what health and social care supports there are. People also wanted it to be easier to get help from these services quickly. Many people were worried about having to spend too long finding the right service and waiting for help.
- A Dundee Partnership survey found that people felt that the pandemic made it more difficult to find and get help.
- The Independent Review of Adult Social Care in Scotland (2021)¹¹ found that access, eligibility and assessment were important areas for improvement. People who use social care supports told the review that things are too difficult right from the start and they had to repeat information to lots of different people.
- Different groups of people prefer different ways of finding out about and accessing services. The pandemic has helped to develop digital ways to access health and social care services, but this doesn’t work well for everyone. People need information to be communicated in a way that meets their needs, for example in a different language or as pictures, which makes it easier to find and access services and also helps reduce health inequalities.
- Helping people easily find and access the services and supports they need can also help them to get help earlier. This can prevent their health and wellbeing getting worse meaning they have the chance to look after themselves independent of health and social care services. Making it easier for people to find and access services also helps to support self-care.
- Recent independent reviews of drug services and supports in Dundee and mental health services across Tayside made recommendations about how services could be easier to find and access in the future.¹²

¹¹ <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

¹² The full reports from the Dundee Drugs Commission can be found at: <https://www.dundee.gov.uk/dundee-partnership/dundee-drugs-commission>. The full reports from the Independent Inquiry into Mental Health Services in Tayside can be found at: <https://independentinquiry.org/category/reports/>.

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

| Short-term (2023-2026) | Medium-term (2026-2029) | Long-term (2029-2033) |
|--|--|---|
| People find information about health and social care services and supports easy to find and to understand. | Fewer people experience a sudden deterioration of long-terms conditions requiring crisis intervention, including hospital admission. | Care and support is easily accessible, flexible and available at the right time to respond to people's changing needs. |
| People connected quickly to the right type of support for them through a supported referral approach (rather than signposting). The use of a social prescribing approach by everyone in the health and social care workforce is helping to support this. | More people are supported to achieve their personal outcomes through low level, early interventions provided by community-based care and local support services. | Fewer people need help and support from formal health and social care services. More people get the help and support they need from the third sector (voluntary and community organisations). |
| People can access social care and social work assessment and support more easily through an joined-up Health and Social Care Partnership 'front door'. | More carers say that they want to and are able to continue in their caring role. | People experience integrated care and support that is smooth and seamless from their own, and their families and carers, point of view. |
| There is a quick and high-quality response to people who are experiencing distress and/or at risk of harm, including in the evenings and at weekends. | Services purchased from the third and independent sector are focused on supporting people to achieve their personal outcomes, rather than on hours of service delivered. | People accessing health and social care services experience a culture and practice that is rights-based. |
| More services and supports have options for digital access to services and services delivery. There are good alternatives in place for people who do not have digital access. | Joined up IT systems are supporting the workforce to share information quickly and easily. | |
| Assessments of need and support planning are person centred and focused on helping people to achieve their unique person outcomes. | People have easy and equitable access to primary care services delivered from General Practices or other locations local to them. | |

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| Better information sharing between services means that people do not have to share the same information multiple times. | | |
| Carers are identified, respected and involved. They are equal partners in planning and shaping services and supports. | | |
| More people are accessing Self-Directed Support to support them to choose and access the services and supports that they need. | | |
| People can get the community-based help and support that they need in the evenings, overnight and at weekends. | | |

The IJB will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual delivery plan can be found here (link to be added).

The IJB's performance framework will set out how the IJB will measure their progress towards making these changes and tell the public about this. The performance framework and performance reports can be found here (link to be added).

Strategic Priority – PLANNING TOGETHER – Planning services to meet local need

Working with communities to design the health and social care supports that they need.

Why is this important?

- People who shared their views about ‘what matters to them’ said the IJB should make sure that the Health and Social Care Partnership spend more time working with people and communities to understand the help they need to stay healthy and well. They also said the Partnership should then work with people to design services that will deliver the help they need. People said health and social care services should stop talking about models and pathways because these words don’t mean anything to people who need services. It would be more helpful to talk about how services can give them the specific help they need, and help them to look after themselves and one another rather than doing everything for them.
- People told the Dundee Partnership they want to have more say in improving things in their communities.
- The Independent Review of Adult Social Care in Scotland (2021)¹³ found that there needs to be more focus on involving people in planning their own care, deciding what needs to change in their communities, and planning, designing and developing health and social care services.
- Research has found many benefits of working with and involving people in service design and delivery in health and social care. This includes those people gaining skills, having improved health and wellbeing and feeling more trusting and empowered. It has also found that communities involved in designing services have a better understanding of their health and social care needs and can make better use of the resources that already exist in their community. Evidence also shows that this type of service design can help people in the community who are most disadvantaged to have a voice and help reduce inequalities. Services designed with communities can be more positive and creative and everyone involved has greater awareness of what help is available as well as the challenges of delivering those services.¹⁴
- A wide range of national policies and strategies set out how health and social care services and supports should be delivered in the future. This includes changes to the way existing services are delivered and new types of support to be provided. More information can be found [here](#).
- The IJB has already agreed how it will develop and improve services for a number of different groups of people with health and social care needs. This includes people who have poor mental health and wellbeing, are impacted by drug and alcohol use, have a learning disability and / or autism, adults at risk of harm, and unpaid carers. They have also agreed how they will make big changes to the way in which primary care, unscheduled hospital care and non-acute care are delivered in the future. There is also a plan for how social care and social work services will be more

¹³ <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

¹⁴ Conquer, S. & Bacon, L. The Value of Co-production within Health and Social Care: A literature review (2021) <https://healthwatchsuffolk.co.uk/wp-content/uploads/2021/11/The-Value-of-Co-production-Within-Health-and-Social-Care.pdf>

personalised in the future¹⁵. To make sure these commitments happen in practice it is important that the IJB continues to work with communities to design and deliver services.

- Recent independent reviews of drug services and supports in Dundee and mental health services across Tayside made recommendations about how service could be improved in the future.¹⁶

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

| Short-term (2023-2026) | Medium-term (2026-2029) | Long-term (2029-2033) |
|---|---|---|
| People and communities can find and understand information about health and social care needs and performance in the area they live in. | More people with health conditions or disabilities get the care and support they need in their own home or in other places local to them. | People receive the support they need, in the locations they want, at the time they need it. |
| More people from local communities are involved in developing future plans for health and social care services. This includes, plans for specific service areas as well as the overall strategic plan for health and social care. | People with a learning disability and autism get the help they need to live well, be part of their community and share their talents. | People say that they are firmly at the centre, understand the choices available to them and are supported to make informed decisions about their own care and support. |
| More Carers say that they have positive experience of supports and services designed to support them and the person they care for. | Significant harms linked to drug and alcohol use have been reduced by delivering the right care in the right place at the right time. This is also helping to improve people's quality of life. | A smaller number of people need hospital-based acute services; people who do need them less often. Resources have been reinvested in improving care at home or in community settings. |

¹⁵ Strategic plans for specific groups of people with health and social care need are published on the [Dundee Health and Social Care Partnership website](#).

¹⁶ The full reports from the Dundee Drugs Commission can be found at: <https://www.dundee.gov.uk/dundee-partnership/dundee-drugs-commission>. The full reports from the Independent Inquiry into Mental Health Services in Tayside can be found at: <https://independentinquiry.org/category/reports/>.

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| There are a wider range of community-based services to help meet the recovery needs of people with poor mental health or who use drugs and alcohol. | People experience seamless transitions between community, primary and hospital-based services. | Fewer people need help and support from formal health and social care services. More people get the help and support they need from the third sector (voluntary and community organisations). |
| People who are admitted to hospital are safely discharged without delay back to their home or another community setting. | The third and independent sector have increased capacity to contribute to modern ways of delivering services and supports, alongside public sector health and social care services. | Health and social care services are provided in and from accessible, sustainable and fit-for-purpose, modern buildings. |
| People are able to access the right community-based social care supports at the right time, delivered by joined-up multi-disciplinary teams. This is helping to reduce hospital admissions. | People have greater access to and control over their health and social care data, where appropriate and safe to do so. | People, including unpaid carers, have a higher level of overall satisfaction with the health and social care services and supports they receive. |
| People are supported through a Home First approach to access the services and supports that they need to support them to live well and independently in their own home. | The HSCP has access to the right balance of clinical and community base spaces from which to deliver services. | |
| Older people are supported to live well and independently in the community by co-ordinated prehabilitation and rehabilitation services and supports. | People who need support and unpaid carers experience services that are highly personalised to meet their unique needs and support them to achieve their individual personal outcomes. | |
| People who have experienced a stroke have access to high quality hospital-based care as well as community-based recovery supports. | Fewer people who require residential based care and support have to leave the Dundee area to receive this. | |
| People are supported to experience a good death at the end of their life. Most people die at home and unpaid carers are well supported to be part of end of life care. Services enable timely, effective admissions to hospital where this is the best option for the people. | There is better co-ordination of people's housing options with available health and social care supports. This helps people to be able to stay in their home successfully. | |

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| Fewer people are supported in residential care homes. Those who are receive highly personalised care and support. | People's homes provide the best possible environment to support their care and their overall health and wellbeing. | |
| People are making the best possible use of the full range of primary care services. They are well supported to directly access the specific services that best meet their needs and don't have to be referred by their GP. | Communities are directly influencing how health and social care resources are invested through participatory budgeting. | |
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The IJB will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual delivery plan can be found here (link to be added).

The IJB's performance framework will set out how the IJB will measure their progress towards making these changes and tell the public about this. The performance framework and performance reports can be found here (link to be added).

Strategic Priority - WORKFORCE – Valuing the workforce

Supporting the health and social care workforce to learn and keep well.

Why is this important?

- Dundee IJB does not directly employ any staff. The health and social care workforce is employed through Dundee City Council, NHS Tayside and organisations in the third and independent sector. The combined workforce is the single biggest asset available to the Dundee Health and Social Care Partnership to enable them to provide the services and supports that the IJB has asked for.

****Please note that the format of this information is still being developed****

995 staff employed Dundee City Council (the same as 900 full-time staff) and 1555 by NHST (the same as 1325 full-time staff)

87% workforce is female

At least 40% of workforce is aged 50 or over

4.3% of the workforce have disability compared with 8.3% of all Dundee residents aged 16-74

2.1% of the workforce are from minority ethnic groups compared with 5.6% of Dundee residents aged 16 and over

In addition, third and independent sector providers employ:
815 people in care at home services
1080 people in care home services
1105 people in Learning Disability/Mental Health care at home / housing support services

- The COVID-19 pandemic had a big impact on the health and wellbeing of the health and social care workforce. Information shows that more staff are experiencing poor health and wellbeing. It also shows that many people are choosing to leave the health and social care workforce and that fewer people are joining.

****Please note that the format of this information is still being developed****

Staff turnover across the workforce has increased between 2020/21 and 2021/22, from 4.3% to 10.4% for Dundee City Council employees and from 11.7% to 12.8% for NHS Tayside employees.

The number of new starts across Dundee City Council and NHS decreased from 276 in 2020/21 to 265 in 2021/22.

- People who shared their views about ‘what matters to them’ said they are worried that there are not enough people working in health and social care services to provide all the help and support needed.
- The IJB has decided that difficulties making sure that there are enough people in the health and social care workforce, with the right skills and experience, is one of the biggest challenges to being able to deliver its ambition and priorities. This includes working with organisations in the third and independent sector to make sure they can continue to provide services in the long-term and treat their staff fairly. They are also concerned about the impact on the workforce of changes to the way health and social care services are planned and delivered in Scotland, through the introduction of a National Care Service.
- Although the IJB does not employ the workforce who deliver health and social care services, the decisions they make have a big impact on staff wellbeing. They also impact on the opportunities that people have to learn and develop new skills. Learning and development will be essential to help to make the changes to health and social care services and supports that are in this framework and will be in annual delivery plans.
- The Independent Review of Adult Social Care in Scotland (2021)¹⁷ found that changes are required to how the health and social care workforce is valued and how fair work is supported in the future system of health and social care. This included making changes to the opportunities the workforce has to learn and develop so they can support changes in the way that services are delivered in the future.

¹⁷ <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

- The Scottish Government National Workforce Strategy for Health and Social Care in Scotland (2022)¹⁸ describes what action is needed to make sure there is a sustainable, skilled health and social care workforce in the future that is respected and valued. This strategy includes actions to help support more people into working in health and social care. It also focuses on learning and development and wellbeing. The decisions of the IJB will make an important contribution to making this strategy a reality.

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

| Short-term (2023-2026) | Medium-term (2026-2029) | Long-term (2029-2033) |
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| The workforce is benefiting from having a wider range of more easily accessible mental health and wellbeing supports available to them. This includes supports for bereaved staff members. | All providers who are contracted to deliver health and social care services are fully complying with Fair Work practices. | The health and social care workforce has the right number of staff, in the right place, doing the right things to meet the needs of people in Dundee. |
| Enhanced workforce wellbeing supports have helped to reduce overall levels of staff absence and turnover. | All health and social care services are delivered by a workforce working in fully integrated teams. | Health and social care services are provided from environments that ensure the wellbeing of the workforce. |
| There are clear local routes for the young workforce to enter a career in health and social care. More young people are accessing these. | Staff who are unpaid carers say they want to and are well supported by their employers to continue in their caring role. | The diversity of the health and social care workforce reflects the overall population of Dundee, particularly in terms of protected characteristics. |
| The IJB has a fuller understanding of health and social care workforce needs and has agreed a plan to address gaps and challenges. This plan is being implemented in practice. | Staff within the health and social care workforce have improved levels of confidence and competence with a range of relevant digital technologies. | The health and social care workforce has a more diverse range of ages, supporting more effective succession planning. |

¹⁸ <https://www.gov.scot/publications/national-workforce-strategy-health-social-care/documents/>

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| Recruitment and retention has improved in key areas, including Primary Care, Social Care, Mental Health and Drug and Alcohol services. | Staff are active participants in self-evaluation and quality assurance approaches that enable them to reflect, learn and plan for improvement. | |
| People working within the health and social care workforce have benefitted from opportunities to develop their leadership skills and confidence. | Staff working in health and social care services say they feel valued, well supported and would recommend their place of work. | |
| People working within the health and social care workforce receive clear and understandable information about the work of the IJB and Health and Social Care Partnership. | | |
| People working within the health and social care workforce have better opportunities to influence the work of the IJB. | | |

The IJB will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual delivery plan can be found here (link to be added).

The IJB's performance framework will set out how the IJB will measure their progress towards making these changes and tell the public about this. The performance framework and performance reports can be found here (link to be added).

Strategic Priority - WORKING TOGETHER – Working together to support families

Working with other organisations in Dundee to prevent poor health and wellbeing, create healthy environments, and support families, including unpaid carers.

Why is this important?

- In Dundee, unpaid carers make a big and important contribution to supporting the people that they care for. The IJB has committed to making changes so that all carers in Dundee are heard, valued, understood and supported so they can have good health and wellbeing.¹⁹ To make this happen the IJB must work together with other organisations in Dundee, including services who support young carers.

****Please note that the format of this information is still being developed****

It is estimated that there are around 18,300 adult carers and 830 young carers in Dundee.

62% of adult carers supported by local services provided an average of 50+ hours of care per week. 65% of young carers supported by local services provided up to 19 hours of care per week on average

94% of young carers and 77% of adult carers experienced an impact on their emotional wellbeing due to their caring role. 61% of adult carers reported a negative impact on their health due to their caring role.

27% of unpaid carers said that they felt supported to continue in their caring role.

- Dundee is a city that has high levels of poverty and other social issues that impact on people's health and wellbeing. This includes issues like drug and alcohol use, domestic abuse and poor mental health. Many of these issues affect both adults and children within families. Supporting people to access the support they need, stay safe from harm and improve their wellbeing requires the IJB to work with together with other organisations in the Dundee Partnership.
- The social determinants of health are the things that have an important impact on people's health and wellbeing and include the social circumstances in which people are born, grow-up, live and work. They are influenced by a wide range of economic, political and social policies,

¹⁹ [A Caring Dundee 2 – A Strategic Plan for Working Alongside, Supporting and Improving the Lives of Carers in Dundee 2021-2024](#)

which means that preventing poor health and wellbeing and reducing health inequalities cannot be achieved by the IJB alone. The IJB must work together with other organisations in Dundee, in Tayside and across Scotland to make long-term improvements to health and wellbeing.

- People who shared their views about ‘what matters to them’ said that the IJB need to think more about how best to work with other organisations, including the Dundee Partnership, to improve all services and supports that make a difference to people’s health and wellbeing. People said this is most important when working on ways to prevent poor health and wellbeing and making sure people get the help they need sooner. They also said that the IJB needs to think more about the help required to reduce the impact of the cost of living crisis on people’s health and wellbeing.
- The Independent Review of Social Care in Scotland (2021)²⁰ found that people who have experience of using health and social care services think that national and local services need to work better together. In particular, people wanted the way in which children with health and social care needs are supported into adulthood to be better. They also wanted local services to work better together on things like transport, housing, education and employment as these support people to live independently.
- In 2022 the Scottish Government began the process of developing a new National Care Service for Scotland. This will impact the way that adult social care, social work and community health services are delivered in the future. It might also affect the way that adult and children’s services work together. The planned changes will be the biggest change to the health and social care system in recent years. The IJB will have an important role in helping to plan these changes.

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to support work in partnership with other community planning partners that will make these changes:

| Short-term (2023-2026) | Medium-term (2026-2029) | Long-term (2029-2033) |
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| Families with multiple and complex needs receive co-ordinated, whole family support at an early stage. | Services have worked together to understand and manage the local impacts of the transition to the National Care Service. | All Carers are confident that they are listened to, valued and supported. They feel well and are able to live a life alongside caring. |
| Children and young people are supported into adulthood by services that work together to meet their needs. | The enduring impact of drug and alcohol use has been decreased through a focus on prevention. | Everyone in Dundee is living (increased life expectancy and increased healthy life expectancy). |

²⁰ <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

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| People at risk of harm are effectively identified at an early stage and are effectively supported by services who work in partnership to help them be safe and well. | The enduring impact of poor mental health and wellbeing has been decreased through a focus on prevention. | People living in the most deprived communities are living longer (increased life expectancy and increased healthy life expectancy). |
| People are receiving the information and support they need to help them to cope with the cost of living crisis, including to help to stay safe and be well. | There are fewer drug and alcohol related deaths. | People are protected from harm and supported to recover from the impact of trauma. |
| People and communities affected by poverty are getting more targeted support at an earlier stage to prevent this leading to poor outcomes for health, social care and other aspects of their life. | There are fewer deaths by suicide. | People and communities are confident that their views and ideas are listened to, valued and used effectively across the whole community planning partnership to improve outcomes. |
| People are receiving the help they need to live a healthy lifestyle, including eating well and staying active. There is a specific focus on supporting children and young people. | The IJB and other organisations have better evidence about the impact their services and supports have on people's health and wellbeing outcomes. | More people are a healthy weight and regularly participate in physical activity. |
| There is a partnership approach to identifying and supporting unpaid carers of all ages. Services who support unpaid carers work closely with services who provide care and support. | Planning for improvements to health and social care outcomes is better co-ordinated across all members of the Dundee Partnership. There is a whole-system approach to improving health and wellbeing outcomes. | |
| Services work well together to collect, understand and use information about health and social care to improve services for people. | | |
| Health and social care services in Dundee have actively contributed to the co-design process for the National Care Service. | | |

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| Communities experience a co-ordinated approach to gathering information about their needs and priorities for health and social care and related services. | | |
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The IJB will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual delivery plan can be found here (link to be added).

The IJB's performance framework will set out how the IJB will measure their progress towards making these changes and tell the public about this. The performance framework and performance reports can be found here (link to be added).

Measuring the Change

IJBs have a duty to measure the progress they are making against the 9 National Health and Wellbeing Outcomes²¹. The Scottish Government has created a list of 23 indicators to help IJBs to do this. Dundee IJB reports publicly on its performance against these outcomes in quarterly and annual performance reports. You can see an overview of these outcomes and indicators [here](#).

As well as monitoring these national outcomes and indicators the IJB must also measure its progress towards meeting the ambition, priorities and short, medium and long-term changes in this plan. The IJB is committed to reporting the progress that is being made to the public. The detailed plan for measuring and reporting this information will be published in an IJB Performance Monitoring Framework and the IJB will publish this by the end of June 2023. It will focus on two things:

- Developing ways to share the progress that has been made to complete actions in the IJB's Annual Delivery Plan. This will include finding ways to share this with local citizens in a meaningful and accessible way.
- Reporting the impact of these actions on the health and wellbeing of people in Dundee. This will include setting out the specific data the IJB will measure and report. For some data it will include setting targets for the change the IJB wants to see over the next 10 years.

The IJB will also continue to publish data through the performance information that Dundee City Council, NHS Tayside and the Dundee Partnership publish. It will also take part in reporting arrangements for IJBs that support the Scottish Government to publish national performance information for health and social care services.

²¹ You can find out more about the 9 National Health and Wellbeing Outcomes at:

<https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/pages/5/>

You can find out more about the 23 National Health and Wellbeing Indicators at:

<https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2015/04/health-social-care-integration-core-suite-indicators/documents/core-suite-integration-indicators/core-suite-integration-indicators/govscot%3Adocument/00475305.pdf> This includes information about how the indicators are measured and reported.

Resources and Risks

Resources to Support Delivery

There are a range of resources that the IJB can use to support the actions in the Annual Delivery Plan and to achieve the ambitions set out in this strategic framework. These are:

- **Financial resources** – the money that is available to the IJB to fund health and social care services and supports.

Dundee City Council and NHS Tayside give the IJB funds to spend on the delivery and improvement of adult health and social care services. The IJB uses these funds to buy services and supports that meet the needs of people in Dundee and that help to achieve the ambitions and priorities set out in this strategic framework. The Scottish Government and other organisations sometimes also provide extra funds to the IJB to spend on specific things, like the priorities they have set in national plans and policies for health and social care.

In 2022/23 Dundee City Council and NHS Tayside gave the IJB just over £284 million to spend on adult health and social care services.

Every year the IJB must decide how it will spend the money it has, they do this by setting a balanced budget. It cannot spend more than it has been given by the Council, NHS Tayside and other funders, this means that decisions sometimes have to be made to spend less buying one type of service so that more can be spent on new or improved services in another areas.

In 2022/23 the IJB spent most of its budget on:

1. Services for older people (23.2% or £65.9 million)
2. Services for people who have a learning disability (11.5% or £32.7 million)
3. Prescribed medications (11.4% or £32.3 million)
4. General medical services provided by GPs (10.4% or £29.5 million)
5. Family health services including community dental, optical and pharmacy services (8.4% or £23.9 million)

The cost of delivering health and social care services is increasing. This is because of things like pay increases for the health and social care workforce and increased cost to services of energy, rent and other things that are impacted by inflation. Increased need and demand for services also makes the overall cost of providing services higher. At the same time the IJB, and other public services, have not had an increased amount of funding to meet these increased costs.

- **The health and social care workforce** – these are the people employed by Dundee City Council, NHS Tayside and the third and independent sector who work in health and social care services. This includes services that are paid for by the money that the IJB has but also people who work in other organisations that have an impact on health and wellbeing.

****Please note that the format of this information is still being developed****

The Partnership has 995 individual staff (working the same amount of hours as 900 people who work full-time) who are employed by Dundee City Council and 1,555 (working the same amount of hours as 1,325 people who work full-time) staff who are employed by NHS Tayside.

.The largest staff groups are nurses (825), social and home care workers (615) and allied health professionals (320). These posts collectively account for 67% of the total Council and NHS health and social care workforce.

87% of the total Council and NHS health and social care workforce are female.

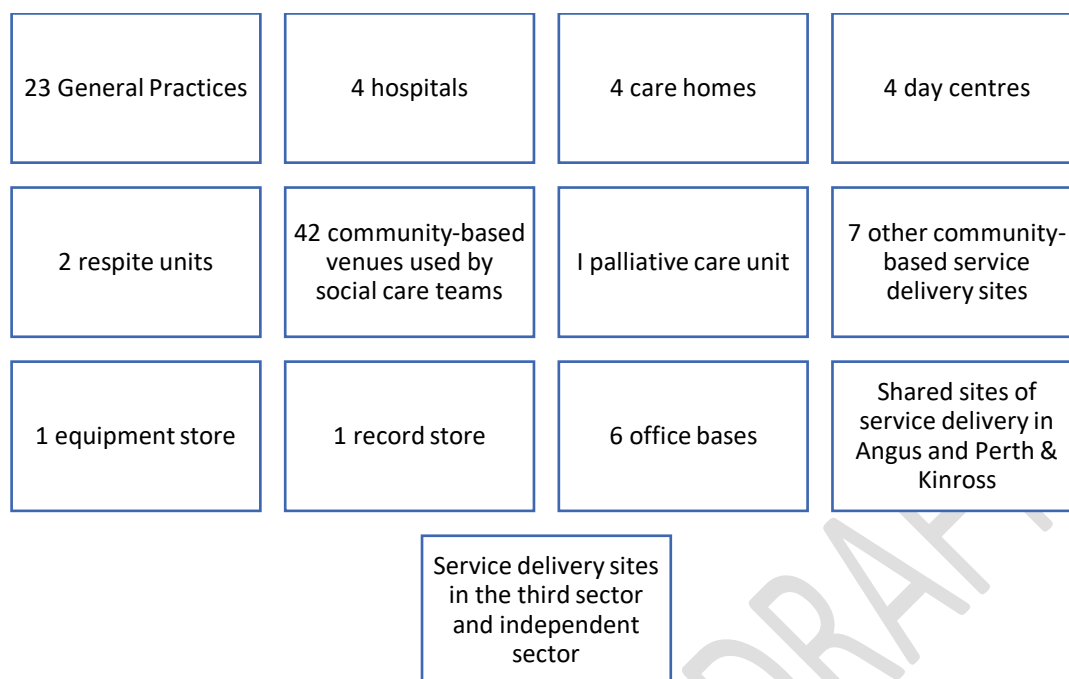
Across each health and social care service area, at least 40% of the total NHS and Council employed workforce is aged 50+

108 employees stated they have a disability which is 4.3% of all employees. This is lower than the 8.3% of Dundee residents aged 16-74 who stated in the 2011 Census that they have a disability which limits day to day activities a lot.

54 employees stated they were from a minority ethnic background, which is 2.1% of all employees. This is lower than the 5.6% of Dundee residents ages 16+ who stated they were from a minority ethnic group in the 2011 Census.

- **Property** – the IJB does not own any property. Health and Social Care services and supports are delivered from places that are owned by other organisations. This is normally Dundee City Council and NHS Tayside, but can also be buildings owned by the third and independent sector. Across the Dundee Health and Social Care Partnership services and supports are delivered from a wide range of different places, including:

****Please note that the format of this information is still being developed****



The long-term ambition is that health and social care services and supports will be delivered from places that are modern, fit for purpose and are used to their maximum potential. There are some important changes that will make it challenging to do this: Dundee City Council and NHS Tayside are both working to reduce the number of premises they have in the city and the physical condition and design of some properties is not suitable for modern ways of delivering services. However, developments in digital technology and changes in the way that the health and social care workforce work are factors that will help to make better use of the buildings that are available to the Health and Social Care Partnership in the future.

- **Digital** – this is the IT and technology available to support the delivery of health and social care services. The IJB does not own these resources, they are normally provided by Dundee City Council and NHS Tayside. It includes the IT equipment and systems that are used by the health and social care workforce, but also resources that they use to provide care to people and for people to look after their own health and wellbeing.

The IJB will publish a Resource Framework by the end of June 2023. This will describe in more detail the financial resources the IJB has and how it plans to use them. It will also set out how the IJB will work with Dundee City Council and NHS Tayside to secure the workforce, property and digital resources that are required to deliver the ambition for health and social care in Dundee.

Risks to Delivery

There are a number of potential risks that could impact on the delivery of this strategic framework. The IJB regularly considers these risks and how their impact can be reduced. It also has systems in place to identify any new risks and consider how they can be managed. Information about the risks to the delivery of this strategic commissioning framework is regularly reported to the IJB. In April

2023, when this framework was written, the biggest risks to the delivery of the strategic commissioning framework were:

- Planned reductions in the financial resources the IJB has to support the delivery and improvement of health and social care services and supports.
- Difficulties making sure that there are enough people in the health and social care workforce, with the right skills and experience, to deliver the actions and ambitions.
- Limited money in Dundee City Council and NHS Tayside to invest in and improve community-based buildings from which health and social care services are delivered.
- The impact of the cost of living crisis on the health and wellbeing needs of people. These impacts might mean that actions planned have less overall positive impact on people's health and wellbeing.
- The longer-term impact of the COVID-19 pandemic on health and social care needs and outcomes for people in Dundee.
- Challenges faced by providers of health and social care services in the third and independent sector in meeting increasing costs with less funding available to them.
- The impact of changes to the way health and social care services are planned and delivered in Scotland, through the introduction of a National Care Service.

An overview of current risks will be provided each year as part of the IJB's Annual Delivery Plan.

Explanation Notes

| Term | Explanation |
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| Acute services | This is short-term treatment, normally in a hospital, for a severe injury or episode of illness or an urgent medical condition. |
| Adult screening programmes | Screening is the process of identifying people who appear to be healthy but may be at an increased risk of a disease or condition. There are a number of screening programmes in Scotland. These are designed to detect early signs of a disease or condition and provide referrals and treatment as early as possible. |
| Capacity building | This is the process of developing and strengthening the skills, abilities and resources that individual people, communities or organisations have to survive, adapt and thrive. |
| Community-based | The services and supports provided by the IJB through Dundee Health and Social care Partnership are often identified as community-based services. These are services that are delivered from and within local communities. This might be in people's own homes as well as in places like health centres. |
| Co-production | This is a way of working where people have a meaningful role in designing and improving health and social care services and supports. Everyone involved works together on an equal basis to design a service or to make a decision together. |
| Delivery plan | This is the plan that the Dundee Health and Social Care Partnership makes each year about the actions it will take to deliver the big changes the IJB has said must happen in their strategic framework. It tells people how these changes will be made in practice. |
| Deprivation / deprived areas | Deprivation is the result of a lack of income and other resources. In Scotland the Scottish Index of Multiple Deprivation (SIMD) is a tool that is used to identify places in Scotland where people are experiencing disadvantage across different areas of their lives. |
| Dundee Partnership / Local Community Planning Partnerships (LCPP) | <p>This is Dundee's Community Planning Partnership; this is the name given to all services that come together to take part in community planning. They are responsible for producing the City Plan, which sets out the big issues impacting people in Dundee and how partners will work together to make improvements.</p> <p>Within the Dundee Partnership there are 8 Local Community Planning Partnerships (Strathmartine, North East, Coldsides, West End, The Ferry, Maryfield, East End, Lochee). Each one brings together elected members, people living in the area and staff from services who work in the area to plan and deliver better services for that community.</p> |
| Early intervention | This is a way of working that aims to ensure people get the care, support and information that they need as early as possible so that their situation does not get worse. |
| Eligibility criteria | This is a way of deciding whether or not a person's health and social care needs are at the level where they should receive support from public sector services, for example care at home services funded by the Health and Social Care Partnership. |

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| Enabling independence | This is a way of working that aims to support people to be able to continue to look after their own health and wellbeing as much as is possible in their specific circumstances. It involves services working with people to understand what support they need to live independently, including equipment that might help them. |
| Equality | Equality is about making sure that every person has an equal opportunity to make the most of their lives and talents. It is about the belief that no-one should have poorer life chances because of the way they were born, where they come from, what they believe, or whether they have a disability. |
| Equality outcomes | This is a result that the IJB aims to achieve in order to eliminate discrimination, advance equality of opportunity or foster good relations with people / groups of people who have a protected characteristic. |
| Fairness | This is about the unfair differences between outcomes for people in Scotland because of socioeconomic disadvantage. This means things like have a low income, living in a deprived area, not having any savings or other forms of wealth (like owning a home) and not having enough materials things (like clothes and other essential items). |
| Health and Social Care Partnership | The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) required Local Authorities (Councils) and Health Boards to integrate the planning of some health services and functions and most social care functions. Dundee City Council and NHS Tayside deliver integrated services as Dundee Health and Social Care Partnership (sometimes shortened to the 'Partnership,' 'DHSCP' or 'HSCP' or H&SCP). The HSCP is a way for both organisations, along with the Independent and Third Sector, to deliver the services planned by the IJB. |
| Independent sector | Privately owned companies delivering health and social care services. This can be single care home organisations to large providers in health and social care. |
| Inequalities / health inequalities | Health Inequalities are the differences that exist between the health of different population groups. This type of gap exists between people with different personal characteristics (such as their age, sex or whether or not they have a disability) and between people who live in poorer and more affluent areas of the city. |
| Integrated care and support | This is a way of working where services and supports working very closely together to assess and meet people's needs. It might include people from different professions working together in the same team. |
| Integration Joint Board (IJB) | The IJB is the formal legal body that is responsible for planning, agreeing and monitoring community-based health, social work and social care services for adults. Some of the membership of the IJB is defined in legislation. Details of the current Dundee City IJB membership is available at https://www.dundeehscp.com/dhscp-who-we-are The IJB |
| Life expectancy | This is a statistical measure of the average time a person is expected to live. |
| Long-Covid | This is a term used to describe the effects of Covid-19 that last for several weeks or months beyond the initial illness. |

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| Long-term conditions | This is an illness that cannot be cured, however it may be able to be controlled with medicines or other treatments. Examples of long-term conditions include diabetes, arthritis, asthma and some mental health conditions. |
| National Outcome | These are the things that the Scottish Government has decided are important that everyone can experience or achieve. They describe the type of place they want Scotland to be. |
| Participatory budgeting | This is a form of participation where people are involved in the process of deciding how public money will be spent. |
| Personalised / personalisation / personal outcomes | This is a way of working where services and supports focus on people as unique individuals. This includes thinking about their specific individual needs, as well as the things each person wants to achieve or be better about their life (their personal outcomes). It involves delivering services in a flexible way and adapting them to the unique individual, rather than providing one standard services to everyone. |
| Post diagnostic support | This is the range of services and information available to people once they have been diagnosed with a health condition. |
| Prehabilitation | This is a way of working with people to help them get ready for medical treatment. It aims to help people leave hospital sooner after their treatment, have fewer side effects and cope better with ones that do happen, and to have a quicker overall recovery. |
| Prevalence | This is the proportion (or percentage) of people in the population who have a specific characteristic. For example, 5% (1 in 20) people in Scotland have diabetes. |
| Prevention | This is a way of working that aims to tackle the underlying causes of poor health and wellbeing. Instead of waiting for people to become unwell or need support from services, the aim is to prevent that happening. This way of working often involves working with whole communities or populations. |
| Primary care | This is the day-to-day healthcare available in every local area including: GPs (general practitioners)-the family or local doctor and community and practice nurses. |
| Protected characteristic / Communities of interest | <p>The Equality Act 2010 defines nine protected characteristics. These are the characteristics where evidence shows that people experience significant discrimination in areas like employment, provision of services and access to services.</p> <p>Communities of interest are communities of people who share the same characteristics.</p> |
| Rehabilitation | This is a way of working with people who have a medical condition or disability to help them to live as independently as possible. This can include working with people to help them to manage symptoms, changing their environment to better meet their needs, using assistive equipment and providing information to help people to manage their own health and wellbeing needs. |
| Resources | These are the things that the IJB and other partners have available to them to invest in health and social care services and supports. This can include money, the workforce, property and IT resources (such as IT equipment and systems). |

| | |
|-------------------------------|---|
| Self-care / self-management | This is a way of working that focuses on supporting and empowering people to manage their own health needs and conditions. It can include things like supporting people to manage their own medication or treatment, or to monitor their condition and know when to ask for more support. |
| Self-Directed Support | This is a way of providing social care support that aims to give people more control, choice and flexibility of their own lives and the support they want. It is a method of arranging social care support in a tailor-made way so that people can live independently and with the best possible quality of life. |
| Social determinants of health | These are non-medical things that impact on health outcomes and have a big influence on health inequalities. Some important social determinants are: income, education, unemployment, food insecurity and housing conditions. |
| Social prescribing | This can be undertaken by anyone working within health and social care services. It is a way of working that focuses on referring people to a range of non-medical services that can support their health and wellbeing. It involves helping people to find the services that would best meet their needs, as well as supporting them to access those services. |
| Strategic commissioning | This is a process for understanding needs and planning how to invest money and other resources to meet that need and deliver better outcomes for people. |
| Strategic needs assessment | This sets out current and (predicted) future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services within an IJB area. |
| Strategic priorities | These are the important areas that planners decide to work together to on to make improvements and improve outcomes for people. |
| Third sector | This includes charities, social enterprises and voluntary groups, in health and social care. They deliver essential services including those commissioned by the Health and Social Care Partnership. |
| Transitions | Transitions can take place in health and social care when people have significant changes in their life circumstances and / or move between different services and supports. For example, when young people move into adulthood they also move from children's service into adult services. |
| Unpaid carer | This is someone of any age who looks after or supports a family member, partner, friend or neighbour in need of help because they are ill, frail, have a disability or are vulnerable in some way. A carer does not have to live with the person being cared for and will not be paid for the care they give, although may or may not receive carers allowance or carer premium. Some carers look after more than one person. |
| Unscheduled care | This is health care that was not planned in advance. This might be accessed through services like NHS 24, GP Out-of-Hours Service or at A&E. |

Appendix 1 - Housing Contribution

Dundee City Council Neighbourhood Services and the IJB know that living in good quality, safe, stable and secure housing has a positive effect on people's overall health and wellbeing. They also know that, poor quality accommodation, being at risk of homelessness, anti-social behaviour, high energy costs and low incomes may have a negative impact on health and wellbeing.

The housing sector has an important role in supporting the IJB to achieve its ambition for health and social care. This is reflected in the requirement (Section 53 of the Public Bodies (Joint Working) (Scotland) Act 2014) to produce a Housing Contribution Statement as part of the IJB's Strategic Commissioning Plan. This Housing Contribution Statement sets out how the local housing sector will actively work with the IJB to help them achieve their priorities and ambitions. The Dundee IJB published its last Housing Contribution Statement in February 2020, it can be found [here](#).

The Local Housing Strategy (2019-2024) (link to be added) is the document that sets out plans for tackling fuel poverty, and for providing housing, housing support and homelessness services. A new Local Housing Strategy will be written over the next year, this will provide a good opportunity for the IJB and Neighbourhood Services to work together to produce a new Housing Contribution Statement that focuses on the new ambition and priorities for health and social care as well as the new priorities for housing. The IJB will publish a fully updated Housing Contribution Statement by June 2024.

While work is happening to produce the new Local Housing Strategy and Housing Contribution Statement the IJB, Neighbourhood Service and other local housing organisations will continue to work together.



Many people in Dundee have a housing need that impacts on their health and wellbeing. Some of the biggest challenges are:

- Homelessness, fuel poverty and poor housing conditions impact the most on people, including unpaid carers, who live in the poorest areas of the city and people who have protected characteristics.

- Many people find themselves in a housing crisis and this also has an impact on their health and wellbeing. This might be because of abuse in a relationship, difficulties they have living independently because of poor mental health and wellbeing or because the housing they have isn't right for their physical health needs.
- There is not enough housing of the right type and in the right area to meet everyone's needs, including their health and social care needs. This is a problem across other areas in Scotland too. People might have to wait for the right housing for them, including 'particular needs' housing that has been designed to meet the needs of people who are disabled or have long-term health conditions (including wheelchair accessible housing).

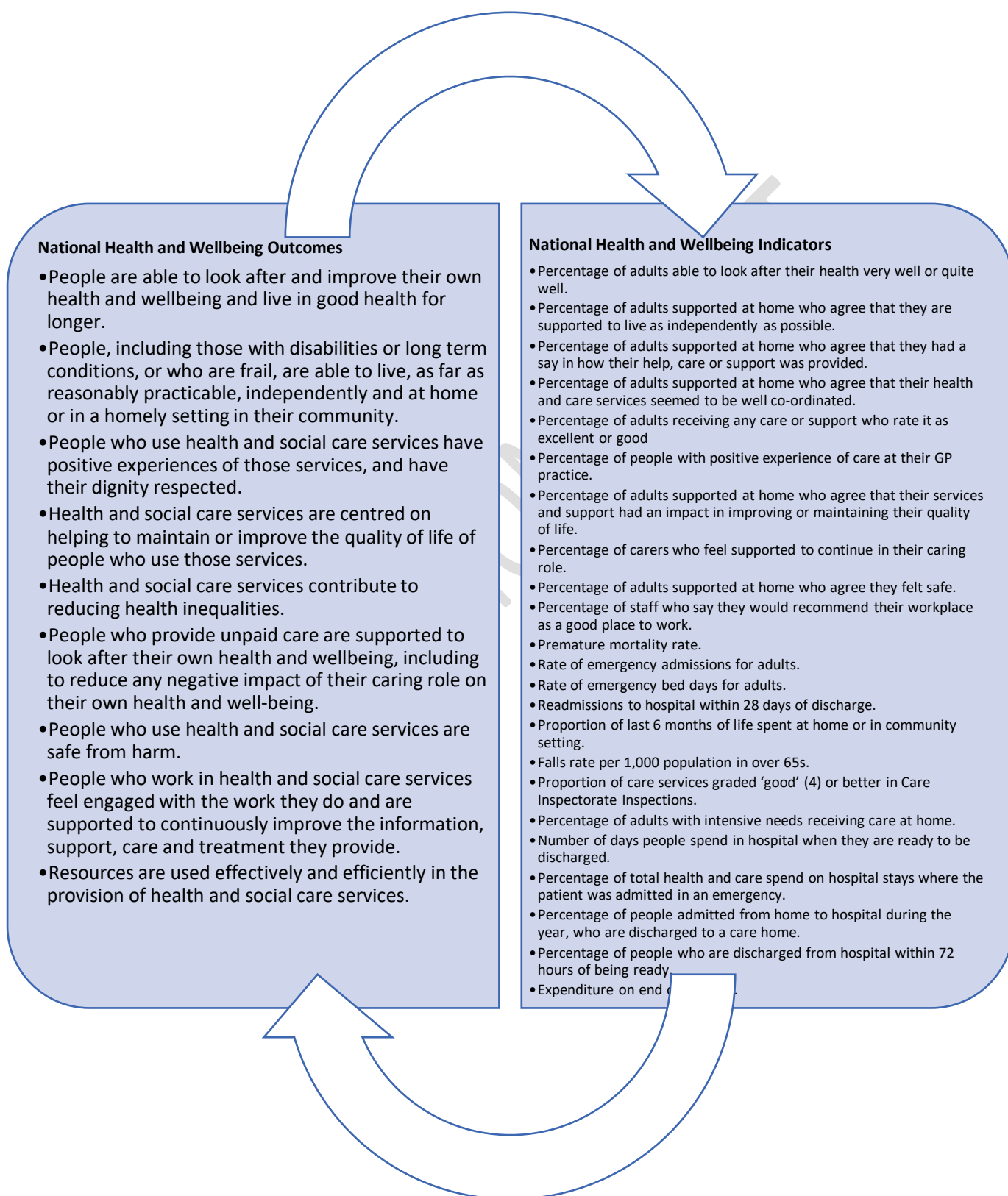
****Please note that additional information about levels of need and demand is to added the three points above****

Until the new Local Housing Strategy is written, Neighbourhood Services and the IJB will continue to work together to tackle these issues. Some of the most important things they will focus on are:

| IJB Strategic Priority | Local Housing Strategy (2019-2024) Priority |
|--------------------------|--|
| INEQUALITIES | <ul style="list-style-type: none"> • Tackling homelessness and supporting vulnerable people • Tackling fuel poverty • Housing options and homelessness prevention |
| SELF CARE | <ul style="list-style-type: none"> • Housing support • Particular needs housing • Housing adaptations |
| OPEN DOOR | <ul style="list-style-type: none"> • Housing options and homelessness prevention |
| PLANNING TOGETHER | <ul style="list-style-type: none"> • Housing support • Regeneration • Particular needs housing • Housing adaptations |
| WORKING TOGETHER | <ul style="list-style-type: none"> • Improving standards in the private rented sector |

More information about the specific actions that will be taken over the next year is included in the IJB's annual delivery plan (link to be added).

Appendix 2 - National Health and Wellbeing Outcomes and Indicators



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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 19 APRIL 2023

REPORT ON: EQUALITY MAINSTREAMING AND EQUALITY OUTCOMES PROGRESS REPORT 2021-2023 AND EQUALITY OUTCOMES 2023-2027

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB16-2023

1.0 PURPOSE OF REPORT

To seek approval of the Dundee Integration Joint Board's Equality Mainstreaming and Equality Outcomes Progress Report 2021-2023 and of a new set of Equality Outcomes for the period 2023-2027.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this report.
- 2.2 Approve the Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2021-2023 (section 4.2 and appendix 1).
- 2.3 Approve the proposed Dundee IJB Equality Outcomes for the period 2023-2027 (section 4.3 and appendix 1).
- 2.4 Approve the intended approach to publication (section 4.4).

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

4.1 The Public Sector Equality Duty

- 4.1.1 The Public Sector Equality Duty, laid out in the Equality Act 2010 (the Act), came into force in Scotland in April 2011. This equality duty is often referred to as the "general duty" and it requires public authorities (including Integration Authorities) to have "due regard" to the need to:
 - Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act;
 - Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and,
 - Foster good relations between people who share a protected characteristic and those who do not.

The general duty covers the following protected characteristics: age; disability; sex; gender reassignment; pregnancy and maternity; sexual orientation; marriage and civil partnership; religion, belief or lack of religion/belief; and, race. In addition, due to their association with people who have protected characteristics, unpaid carers must also be considered when implementing the provisions of the Equality Act.

- 4.1.2 Integration Authorities were added to the list of public bodies subject to the requirements of the Act in 2015 and were required to publish Equality Outcomes and mainstreaming plans by the end of April 2016. The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (the Regulations) impose “specific duties” on Scottish public authorities to publish a set of Equality Outcomes at least every four years and a report showing progress being made in mainstreaming equality at intervals of not more than two years.
- 4.1.3 From April 2018 the Fairer Scotland Duty, under Part 1 of the Equality Act 2010, came into force across Scotland. The duty places a legal responsibility on public bodies, including IJBs to ‘pay due regard’ to how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions.
- 4.1.4 Dundee IJB last approved and published an Equality Outcomes and Mainstreaming Framework in 2019, to last for a period of three years (2019-2022) (Article VIII of the minute of the meeting of the Dundee Integration Joint Board held on 29 March 2019 refers). When the IJB approved the extension of their strategic and commissioning plan in April 2022, the Equality Outcomes originally approved in 2019 were also extended for a further year (2022-2023) (Article VIII of the minute of the meeting on the Dundee IJB held on 20 April 2022 refers).
- 4.1.5 As two years have passed since the publication of the last mainstreaming equality update report and four years have passed since the IJB last set Equality Outcomes there is now a statutory requirement for the IJB to agree and publish both of these prior to the end of April 2023.

4.2 Equality Mainstreaming Progress Report 2021-2023

- 4.2.1 The Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report, attached as appendix 1, provides an overview of progress made in achieving the IJB’s equality outcomes and equality mainstreaming duty over the last two years. The report is compliant with the Act, supplementary regulations and guidance issued by the Equality and Human Rights Commission.
- 4.2.2 Some particularly noteworthy developments achieved over the last two years include:
 - Expanded access to learning opportunities for equality and fairness matters available to the workforce within the Dundee Health and Social Care Partnership. This has included the establishment of a Dundee Health and Social Care Partnership Equality and Human Rights Workforce Learning Network and contributions to existing workforce networks for people with a disability, who are Black, Asian or from another minority ethnic group or who are LGBTQ+.
 - Focused improvement activity to ensure that the IJB is undertaking Integrated Impact Assessments (covering both equality and fairness matters) for any decisions it is taking that might impact on protected groups or have fairness impacts. This has included changes to the way in which Integrated Impact Assessments, as well as other important equality information, is published by the IJB.
 - Continued efforts to engage with protected groups as part of the IJB’s strategic planning activities. This has included taking additional steps to ensure that engagement events and opportunities are accessible to people who have additional communication needs. It has also included publishing plans and supporting information in alternative formats, for example the Strategic Plan for supporting people with a Learning Disability and Autism was accompanied by a video interview and short information leaflet.

- Commissioning of specific service improvements that have had a positive impact on people who have protected characteristics. This has included the development of the Dundee Community Wellbeing Centre, as well as the shared care model for support to people who use drugs through GP practices. There has also been investment in services to support women experiencing domestic abuse and sexual violence, including specific provisions for women who are British Sign Language users. Finally, through the Carers Partnership support has been provided to those most in need of financial and practical help through the Carers Winter Fund.

4.3 Equality Outcomes 2023-2027

- 4.3.1 The Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report (appendix 1) also contains proposed Equality Outcomes for the next four-year period (2023-2027):
1. Information published by the IJB will be more accessible to people who have a sensory impairment or learning disability, people whose first language is not English (including BSL users) and those people who are older.
 2. The IJB has increased the range and effectiveness of way to listen, hear and learn what matters to older people, people from minority ethnic groups and the LGBTQ community about health and social care services and supports.
 3. IJB membership will be more diverse and more closely reflect the overall population of Dundee across the following protected characteristics: sex, disability, race and age.
 4. The IJB contribute to an improved culture within the workforce to actively challenge discrimination, through a focus on eliminating race discrimination in the workplace.
- 4.3.2 These proposed outcomes have been informed by the views of people who have protected characteristics and who are affected by socio-economic disadvantage. They have also been informed by the expertise and experience of organisational stakeholders who have an interest in equality and fairness issues. Information has been drawn from a range of ongoing conversations with people who have protected characteristics or who are affected by socio-economic disadvantage, through their involvement in Strategic Planning Groups and in specific projects focused on equality and fairness issues (such as the Gendered Services Project led by Dundee Violence Against Women Partnership). In addition to this, specific activities have been undertaken to consult on revised outcomes as part of ongoing work to develop a replacement strategic commissioning plan for the IJB. Through an on-line survey and focus groups members of the public, the workforce and unpaid carers have shared their views about equality and fairness matters, including what should be the focus for improvement in the future. Data and intelligence, both local and national, was also used to inform the focus of the proposed Equality Outcomes.
- 4.3.3 Whilst officers working on behalf of the IJB have made efforts to engage with a range of people from protected groups and who are affected by socio-economic disadvantage, it is recognised that not all groups have been equally well represented in that activity. Engagement with strategic planning groups, the online survey and focus groups has led to stronger representation from older people (age), females (sex), people who have a disability (primarily a physical disability, learning disability and mental illness), and carers. There has also been some direct contribution on behalf of black and minority ethnic workforce members. Data is most comprehensive for age, sex, disability, race and fairness. Overall, the contribution from individuals, organisations and data and intelligence related to sexual orientation and gender reassignment has been particularly limited, as has the contribution from members of the public in terms of race. This is reflected in the proposed Equality Outcomes, with a focus on improving engagement and representation in protected groups where this has been limited in the past.
- 4.3.4 Another factor that has significantly influenced the development of the proposed Equality Outcomes is recent advice and guidance provided to IJBs by the Equality and Human Rights

Commission. This has clarified that IJB Equality Outcomes must relate specifically to the functions of IJBs, rather than operational services delivered through Health and Social Care Partnerships.

4.4 Publication

- 4.4.1 The Regulations specify that equality mainstreaming progress reports and Equality Outcomes must be published in such a way that they are clearly identifiable and accessible to any member of the public who may have an interest in them. The Equality and Human Rights Commission recommends that reports are published on websites in a location that is easy to find and in a format that is compatible with accessibility features, such as screen reading facilities for people with sight impairments.
- 4.4.2 Dundee City Council Design Service has supported the formatting of the Equality Mainstreaming and Equality Outcomes Progress Report, including following accessibility standards. The report, if approved will be published on the dedicated page within the Dundee Health and Social Care Partnership for equality information: <https://www.dundeehscp.com/equality-matters-dundee-health-and-social-care-partnership>. Accompanying text will make it clear that the report contains both the mainstreaming update and the IJB's new Equality Outcomes. The web page also offers contact details should anyone wish to have a printed copy sent to them or to access the document in an alternative format.

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

| | |
|---|---|
| Risk 1 Description | Arrangements within the Dundee IJB are not sufficiently robust to ensure that the needs of people who have protected characteristics are fully understood and reflected in their strategic commissioning activities, leading to poorer outcomes and a widening inequality gap. |
| Risk Category | Governance, Operational |
| Inherent Risk Level | Likelihood 5 x Impact 4 = Risk Scoring 20 (which is an Extreme Risk Level) |
| Mitigating Actions (including timescales and resources) | <ul style="list-style-type: none"> Equality Outcomes agreed and published, mainstreaming update report published every 2 years. A number of Strategic Planning Groups with a specific focus on the needs and rights of people who share protected characteristics are in place. Good links are in place with Dundee City Council and NHS Tayside equality and fairness structures. Complaints mechanism available to people using services who may wish to report service responses falling below the desired standard. New set of Equality Outcomes has an emphasis on improving engagement and representation in-line with the diversity of the population. Improvements made in relation to how the IJB published equality and fairness information, including single web page for key information and contacts. |

| | |
|---------------------------------|--|
| Residual Risk Level | Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level) |
| Planned Risk Level | Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level) |
| Assessment of Risk Level | Given the risk mitigation actions in place the risk is assessed to be manageable and acceptable. |

7.0 CONSULTATIONS

- 7.1 The Strategic Planning Advisory Group, Chief Finance Officer, Head of Service, Health and Community Care, NHS Tayside Equality & Diversity Governance Group, Dundee City Council Corporate Equalities Steering Group and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

| Direction Required to Dundee City Council, NHS Tayside or Both | Direction to: | |
|--|--|---|
| | 1. No Direction Required | 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: 16 March 2023

Joyce Barclay
Senior Officer

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Information Assistant

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Service Manager, Strategy and Performance

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Dundee Integration Joint Board

Equality Mainstreaming Report 2023

Equality Outcomes 2023-2027

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Contents

| | |
|---|-----------|
| Supporting Equality and Fairness in Dundee | 4 |
| Working with people who experience barriers and people who are disadvantaged | 9 |
| Equality Mainstreaming and Equality Outcomes | 13 |
| Outcomes Implementation and Mainstreaming Work 2019-2023 | 16 |
| Equality Outcomes 2023-2027 | 27 |
| Appendix 1 Equality and Fairness in Dundee City 2023, Some Key Information | 32 |

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Supporting Equality and Fairness in Dundee

Dundee Integration Joint Board (IJB) is the group of people responsible for planning, agreeing and monitoring community-based health, social work and social care services for adults.¹

The IJB makes decisions about the services and supports that are delivered by Dundee Health and Social Care Partnership (HSCP), including the services contracted from the Third and Independent Sectors.

The IJB is a public body with responsibilities under the Equality Act 2010. These responsibilities are known as Duties.

IJB Equality and Fairness Duties²

General Equality Duty – eliminate discrimination, advance equality of opportunity, and foster good relations.

Publish equality outcomes and report on progress.

Report on mainstreaming of the Equality Duty.

Assess and review policies and practices for possible equality and fairness impacts.

Publish information in a manner that is accessible to people

1 You can find out more about what the law says about how IJBs must plan, agree and monitor health and social care services at: <https://www.gov.scot/publications/strategic-commissioning-plans-guidance/pages/9/>

2 You can find detailed information about the Public Sector Equality Duty (General and Specific Duties) at: <https://www.equalityhumanrights.com/sites/default/files/essential-guide-public-sector-equality-duty-scotland.pdf>. Information on Fairness Duties can be found at: <https://www.equalityhumanrights.com/sites/default/files/essential-guide-public-sector-equality-duty-scotland.pdf>

What is Equality and Fairness?

Equality is about making sure each person has an equal opportunity, and is not treated differently or discriminated against because of their personal characteristics.

Successful progress towards equality requires policy makers, decision makers and the workforce to take account of the differences between people and groups of people, and recognise a positive value in those differences. Dundee IJB is committed to ensuring that no one has poorer life chances because of their personal characteristics such as their sex, where they come from, the colour of their skin, what they believe or if they have a disability.

Case Study

Equality Mainstreaming Carers Winter Fund 2022 and 2023

Carers are known to be more likely to be affected by poverty and deprivation and are now recognised as a group of people likely to be subject to Health Inequalities. In the winter costs of living can increase especially in households where fuel costs are high and warm clothing, footwear and bedding needs replaced. Through the Carers Covid 19 engagement process it was recognised that increasing numbers of carers were experiencing financial hardship.

In 2022 Dundee Carers Centre successfully applied for Scottish Government monies (non-recurring) for a winter fund to support carers most in need. The fund delivered financial support to 203 carers and their households.

In 2023 Dundee Health and Social Care Partnership allocated Carers Partnership money to Dundee Carers Centre for the same purpose, on a one -off basis. A local fund was set up for carers to help to alleviate some of the increasing financial pressures being experienced over the winter period (e.g. food and fuel increased costs). It also aimed to enable people to continue their caring roles with less anxiety regarding their health, well-being and financial security during the current cost of living crisis.

Whilst Dundee Carers Centre administered the fund they ensured that the fund was

publicised widely across the local support agencies to ensure that carers who did not currently receive support from the Centre were also encouraged to apply for funding. Similarly, the funding panel who reviewed applications and made decisions comprised of representatives across the sector, including money advice services. The external support was invaluable in ensuring that applicants were directed to additional or alternative sources of funding where this was more applicable to ensure best value from the available funds, and support income maximisation.

The 2023 Fund was released in February 2023. Over 500 applications were received and 11 panel meetings were held. There have been 468 awards this year so far with spend to date approaching £140k. The average award was £290. This year applicants identified having to make choices between 'heating' and 'eating', and there was a subsequent increase in the percentage of awards for fuel and food.

The Equality Act 2010, identifies nine 'protected characteristics', these are:



**Carers
of
Dundee**



Dundee Carers Centre
Because We Care

Age, Disability, Gender reassignment, Pregnancy and maternity, Race, Religion or belief, Sex, Sexual orientation, Marriage & civil partnership (only specified circumstances):

| Protected Characteristics |
|---|
| Age |
| Disability |
| Gender reassignment |
| Pregnancy and maternity |
| Race |
| Religion or belief |
| Sex |
| Sexual orientation |
| Marriage & civil partnership (only specified circumstances) |

These are the characteristics where evidence shows that there is still significant discrimination in employment, provision of goods and services and access to services such as education, social care and health. Having a protected characteristic means that individuals have a right not to be treated less favorably, or subjected to an unfair disadvantage, by reason of that characteristic. Family and friends who are carers of people with health and social care needs also have some protection under the Equality Act because of their 'association' with a person affected by the Protected Characteristics of disability and/or age.

Equality Act 2010 provided the foundations for the introduction of a 'Fairer Scotland Duty'. This duty has the aim of reducing inequalities of outcome caused by living in less favourable social and economic circumstances; this is known as socio-economic disadvantage, meaning poverty and poor social circumstances. Cities like Dundee with high levels of poverty, unemployment and poor social circumstances must pay particular attention to fairness. The Fairer Scotland Duty supports Dundee IJB to avoid people in Dundee having poorer life chances barriers because of poverty and poor circumstances.

Evidence shows that combinations of more than one of the protected characteristics can multiply or compound negative impacts. It is also known that people with protected characteristics are more likely to be impacted adversely by poor socio-economic circumstances.



Working with people who experience barriers and people who are disadvantaged

In late 2022 and early 2023 the IJB began engagement work designed to inform and support the development of their new Strategic Commissioning Framework.

As part of this, engagement information was gathered about what matters to people in relation to equality and fairness matters in delivering Health, Social Work and Social Care services. The information came from a variety and breadth of sources including:

- The formal review of the Strategic and Commissioning Plan in 2021/2.
- The formal review of the Dundee Health and Social Care Integration Scheme in 2022.
- Ongoing development and strategic work focused on specific areas such as Carers, Learning Disability; Mental Health; and, Drugs and Alcohol.
- Strategic plan engagement activities in 2022/23 involving a range of stakeholders, including the workforce; service users/patients with disability and health care needs; carers; and the general public. This included a survey and focus groups. There were also successful visits to existing forums/groups- including retired citizens; British Sign Language Users; wide variety of colleagues; care home residents; specialist Community Health Group; mental health groups; and a group of adults with a learning disability. More detailed information can be found in the IJB Strategic Commissioning Framework Co-production, Involvement and Engagement Report 2023. This will be available at www.dundeehscp.com

The views shared about equalities and inequalities have been central to shaping the IJB Strategic Commissioning Framework 2023-2033. This Framework will be supported by mainstreaming equality activities and the equality outcomes set by the IJB for 2023-2027.

Some of the Key Messages given by stakeholders were:

- Reducing inequalities at an early preventative stage is vital and necessary to address needs in the current economic climate.
- Principles such as Respect; Dignity; Choice and Control; and Human rights should be core to IJB planning and HSCP service delivery.
- A critical area for future work will be to ensure communication and sharing of information is accessible, and available when needed.



Case Study

Equality Mainstreaming Violence Against Deaf Women Project

Deaf Links is a Tayside-wide charity based in Dundee. Through a wide range of services, activities and learning opportunities they support people who experience sensory loss.

In partnership with Women's Aid in Dundee, Angus and Perth, Deaf Links are committed to supporting Deaf women who have or are experiencing any form of abuse or coercive control. The service was introduced in 2022.

Through advocacy workers who are fluent in British Sign Language they provide a dedicated advocacy service to Deaf women across Tayside who have or are experiencing any form of violence, abuse or coercive control. They work directly with Deaf women, their children and young people offering crisis intervention, information, advocacy services and support to enable equal access to mainstream support services.

The advocacy services provided empower, inform, and enable women in a variety of settings liaising closely with statutory and other voluntary organisations

The Violence Against Deaf Women Advocacy Worker also provides information sessions to Deaf women and raises awareness of BSL and Deaf Culture with mainstream service providers.



Dundee
**Violence Against
Women Partnership**



Equality Mainstreaming and Equality Outcomes

Dundee IJB promote equality and fairness incorporate equality, diversity and inclusion into every part of their work.

This includes the way decisions are made, including financial decisions; deciding how services and supports should be delivered; and how the workforce is supported and developed. This is known as equality mainstreaming.

Dundee IJB agreed a set of Equality Outcomes in 2019. In 2022 the IJB agreed to extend the existing Equality Outcomes to 2023. Through consultation with the public and the workforce the IJB confirmed that these existing Equality Outcomes adequately covered existing and newly raised concerns about equality and fairness. It was agreed that the outcomes remained appropriate and relevant, and IJB made plans to set the next equality outcomes in line with the overall strategic and commissioning plan (which was also extended by one year in 2022). There is a requirement for these outcomes to be reviewed and refreshed within 4 years of setting them.

The 2019-2023 Outcomes were:

- We will make sure people get the care they need and not treat people unfairly because of their characteristics or circumstances.
- We will make our plans with the people that the plans will affect. We will make sure that we listen to everyone who wants to give their view. We will encourage and support people to tell us their views.
- To help us plan for the future we will collect information to check that people have fair access to our services and support. This will include information about how people with Protected Characteristics and people who live in poverty and may be affected by poor social circumstances use our service. We will share this information with the people who gave us it and others, anonymously and in a way that they can understand.
- We will give people information about our supports, services and plans in a way that they can access it and understand it.

- The Health and Social Care Partnership will be part of activities in local communities. Everyone will have chances to be part of these activities and the activities will be accessible to everyone who wants to take part.
- Employees in Dundee Health and Social Care Partnership will be treated fairly at work.

A progress report was produced in 2021 which recorded progress towards the equality outcomes and mainstreaming equality. A copy of this report can be found on the [DHSCP website](#).

Case Study

Equality Mainstreaming Menzieshill House - Care Home for Older People

Menzieshill House won awards in 2022 and 2023 for Intergenerational work connecting the older residents with young people from their local community.

Colleagues, residents and volunteers at Dundee's Menzieshill House have been recognised by the 'Generations Working Together Excellence Awards' for their work towards tackling age discrimination. This work is seen as progress towards enabling inclusive communities and is particularly notable because of progress made to re-establish links to the local community after the pandemic. The work is seen as intergenerational and has involved pupils from Tayview Primary School and Menzieshill Nursery, as well as local high school children working towards SVQ awards.

A lively activity programme is run throughout the year, focused on boosting residents' wellbeing and reducing social isolation. Intergenerational approaches can play a crucial role in achieving outcomes for residents while also benefiting the younger people involved. Nursery age children and residents join each other in storytelling, singing, playing games, and arts and crafts. Primary pupils get to know the residents individually and learn how games, toys, and technology have changed over the years. Some pupils from secondary school spend time with individual residents to form social bonds.

One of the care home residents said of the young people: 'They're lovely. They all have their own idiosyncrasies and personalities – I love getting to know them. They take me right back to when I was that age.'





Outcome Implementation and Mainstreaming Work 2019 - 2023

The information in this report only provides a few examples of the work undertaken by the IJB and the HSCP.

The mainstreaming process means that the day to day practice of the HSCP workforce supports the equality outcomes of the IJB and delivers a service that is rights based. Examples of implementation of outcomes and mainstreaming can be found throughout many of the reports that inform the IJB of developments, plans and progress.

Mental Health and Wellbeing

The Dundee Community Wellbeing Centre has been developed as an initial contact centre for anyone in Dundee City who experiences distress, including those with mental health crisis. The Centre will open in 2023 and will be open at all times for people who need it. The environment and service has been co-designed with a wide range of people in the city in order to ensure the service is able to take account of individuals needs including equality protected characteristics.

Interpreters Services

The HSCP (Council and NHS) workforce have access to Interpretation Services hosted by NHS Tayside. This enables people to be supported to access services and supports, understand information and take part in their own care. Across NHS Tayside and DHSCP the most requested language interpretation was for (in this order) Polish, Arabic, BSL, Romanian, Ukrainian, Urdu, Bulgarian, Russian, Cantonese, Bengali.

Learning and Workforce Development

The workforce across the Health and Social Care Partnership can access a wide range of learning opportunities focussing on Equality and Fairness as well as learning related to their work role. These include learning opportunities in NHS Tayside and Dundee City Council which are usually accessible, at no cost, to the DHSCP workforce or agency. In addition, colleagues can access learning opportunities through bodies like NHS Education Scotland (NES), and resources from the Institute for Research and Innovation in Social Services (IRISS).

The HSCP workforce provide person-centered care and work in a non-judgmental manner. The **Codes of Practice for Social Service Workers and Employers** set out the behaviours and values expected of social service workers and their employers. Colleagues who provide direct Health, Social Care and Social Work support are subject to professional registration with SSSC which includes a requirement for them to demonstrate understanding of equality implications and an expectation of continuous professional learning.

Case Study

Examples of Learning and Development Activities

- NHS Tayside report on the uptake of the Equality and Diversity LearnPro Module which they review on a monthly basis. Overall in NHS Tayside completion of the mandatory Equality and Diversity module up until February 2023 are 88% which is a 6% increase from the last published baseline figure in September 2022 (82%). The aim is to achieve at least 90% completion. In January 2023 86 % of NHS Employees who work in the HSCP had completed the module.
- HSCP Equality and Human Rights Workforce Learning Network. This network was set up in 2022 including HSCP colleagues from NHS, Council Third and Independent Sectors. This group meet quarterly and topics have included- Working with Interpreters, the Human Rights Town App and a Gendered Approach.
- Employee Networks- all NHS and council employees in HSCP, if relevant, have invitations to join the Disability Employee Network, the Black, Asian and Minority Ethnic Employee Network and the LGBTQ+ network. These groups discuss employment matters and service delivery matters relating to the characteristics of group members.

- HSCP colleagues can apply for NHS Tayside Equality Champions Training and maintain Champion status by committing to a number of Equality Champions Sessions per year. They are also kept up to date about equality matters by email. HSCP colleagues form a significant part of the Champions group.
- Dundee City Council offer a range of learning and development opportunities which support the HSCP workforce, a new blended programme was developed in September 2021. This includes a new Equalities, Human Rights and Fairness e-module and follow up workshops to further embed learning. Since updating the programme, 760 employees have fully completed the e-module.
- An Equalities, Human Rights and Fairness open learn resource and workshops were also developed to support Elected Members as part of their ongoing development and induction programmes available to new HSCP colleagues.
- In 2022 Dundee City Council, HSCP and Dundee Violence Against Women Partnership hosted "Discovering Connections between Gender-based Violence, Trauma and Autism Conference", attended by 112 people. This conference aimed to create opportunities and an inclusive environment to enable the workforce and people with lived experience of trauma, autism or who are neurodiverse to fully participate and learn together. Conference recordings and visual notes can be accessed via this link:
sway.office.com/joeplt4rAlaCcBQW?ref=Link.
- In March 2022, Dundee City Council and DHSCP held an event to launch trauma work across the city. The national vision for trauma informed practice in Scotland aims to have a workforce which can recognise where people are affected by trauma and adversity, respond in ways which prevent further harm, support recovery, address inequalities and improve life chances. 88 people attended the Dundee trauma launch event, with a webinar recording of the event being viewed over 343 times. A Dundee Trauma page for the workforce with further resources is available via this link:
onedundee.dundee.gov.uk/employee-wellbeing-support-service-covid-19/trauma-dundee

Case Study

Equality Mainstreaming Dundee Rep and Dance Theatre – Jericho House

Jericho House; is a purpose-built accommodation in Dundee, offering a specialised service to a community of people who share their experience, strength and hope with each other in recovery from alcohol dependency.

Dundee Rep and Scottish Dance Theatre run a drama-based community theatre programme with 12 male residents of Jericho House. The program supports the men through providing them with tools to give them increased insight into their issues, help develop their self-confidence, improve their mental and physical health and well-being through continuing abstinence, having their output valued and shared and encouraging moves towards them returning to a home in their local community.

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Equality and Fairness Impact Assessment

Equality Impact Assessment and Fairness Impact Assessment are a legal requirement for the IJB; the requirement includes publishing a written record of a systematic and evidence-based analysis of relevant information. In 2022 it was agreed that Impact Assessment Information would be added on the HSCP Equality webpage along with the relevant report; this is in addition to the Impact Assessment information accompanying IJB Agenda papers, published online prior to decision making. There is information on the [Equality Pages](#) that advises people how to ask for other formats of the information.

Equality and Fairness Impact Assessment is recorded on a template called an Integrated Impact Assessment (IIA). An amended format has been introduced for the IIA completed for IJB Reports and this is in the process of implementation trial and review process. Equality Duty and IIA Briefing sessions were arranged for IJB Members in 2023 and IIA briefing sessions have been arranged for report writers by both IJB and Dundee City Council.

IJB Membership

Composition of the group of IJB members is set out in the Public Bodies (Joint Working) (Act) 2014. The board includes City Council Elected Members, NHS Tayside Non-Executive Board Members, IJB Chief Officer, IJB Chief Finance Officer, Registered medical practitioners, a Carer Representative, Service User/Patient Representative.

The Gender Representation on Public Boards Act 2018 sets a gender representation objective of (at least) 50% women for certain public boards. While the IJB is not legally required to comply with this it is best practice to do so. The current board composition (as at 31 March 2023) meets these requirements with 2 male voting members and 4 female voting members.

It is the ambition of Dundee IJB to take this voluntary assessment of characteristics of IJB members further in the future by asking about some of the other characteristics and analysing how reflective the group is of Dundee's population.

Workforce

There are currently around 2,500 people who are directly employed by Dundee City Council and NHS Tayside to deliver DHSCP services and supports, as well as contracted 3rd Sector and Independent Agencies. As DHSCP is not an employer it is not a requirement nor is it possible to produce or publish equality information about its employees. The IJB rely on NHS Tayside and Dundee City Council information gathering to learn more about the workforce and work together with them on matters of workforce equality.

Case Study

Equality Mainstreaming Workforce Plan - Fair work

In 2022 the Dundee Health and Social Care Partnership developed a three-year Workforce Plan. It provides an action plan with a particular intention to improve the strategic alignment between organisations workforce, financial and service planning.

The plan has been produced in partnership with stakeholders, including the third and independent sector partners and identified further learning requirements regarding the use of data from multiple employers, to create a single integrated action plan which is useful and relevant to all organisations. The plan recognises that value and principles resonate across organisations with the workforce being at the heart of health and social care services.

The Workforce Plan aims are to:

- describe the overall direction of travel for the workforce;
- determine the context and drivers for change both locally and nationally;
- outline the changes required;
- determine the new roles and skills required;
- assess the new ways of working;
- highlight the workforce risks;
- outline key actions required to implement change;
- continue to work towards a fully integrated workforce;
- address the need to achieve a sustainable health and social care workforce.

The plans detail investment in the workforce. Since 2016, the IJB has funded contracted social care providers to deliver the real living wage for Social Care; and as part of the Fair Work in Social Care policy there have been further incremental increases in social care pay with hourly pay rates for adult social care staff now higher than the national living wage.

The plan considers the current workforce and future considerations including: the ages of the current workforce; concerns about demands for specialists; and, the need to ensure recruitment and retention of some of the largest practitioner groups such as Social Care workers, Nurses and Allied Health Professionals.

The Workforce are acknowledged as a key resource that will require significant remodelling due to changing models of care. This will be based on workforce profiling, skills analysis and increasing integrated ways of working while maintaining a focus on increasing the wellbeing of staff.

The plan reiterates that Dundee Health and Social Care Partnership is committed to the Fair Work First Commitments, for example payment of the real Living Wage and would aspire to working towards these recommendations through the period of this plan.



Communication and Information

As a result of listening to people the IJB has worked on finding ways of engaging people where they are meeting already as well as continuing to offer traditional ways of hearing from them like focus groups and surveys.

HSCP support NHS Tayside and Dundee City Council in the delivery of the BSL (Scotland) Act 2015. HSCP have sourced and shared sources and links to BSL information widely with colleagues and contacts in BSL communities.

IJB provide accessible info in a range of formats as appropriate to subject and audience. One example of this is the suite of information about the plan to support people with a Learning Disability and Learning Disability and Autism. Included in this is a video interview and a short information leaflet about the plan. This can be found via this link: www.dundeehscp.com/our-publications/news-matters/living-life-well-and-living-life-your-way-dundee-strategic-plan.

The IJB has updated the information on its website about equality and fairness. A **dedicated webpage** has now been set-up which includes key information and reports. The aim being to make information easier for people to find and to provide a place for the IJB to report to the public on an ongoing basis about equality and fairness work.

Data and Intelligence

In 2021 the IJB revised its **Strategic Needs Assessment**. This document gives information about the health and social care needs of people in Dundee and informs the priorities and plans the IJB makes. The Strategic Needs Assessment contains information about the specific needs of people with protected characteristics, where that is available, and also contains a wealth of information related to understanding fairness and inequality which has potential impacts on the future health and wellbeing of Dundee's population.

In-depth analysis reports about specific areas of performance, such as falls and hospital readmissions, have been produced for the IJB. Wherever possible these have included detailed breakdowns of performance relating to socio-economic differences, gender, disability and age. This information has informed improvement plans for health and social care services.

The IJB receives information regularly to support them to understand the current and future health and social care needs of the citizens of Dundee. Over the last year this has included developing new information that focuses on specific services that have a high number of people with protected characteristics, including older people, people with poor mental health, and people who use drugs and alcohol.

Information is provided to managers in the HSCP and Scottish Government as part of the National Source Social Care (SourceSC) dataset. This provides an extract of data on social care clients and the services they receive. The data includes age, sex, ethnic group and postcode information which can be used to identify areas of deprivation.

Appendix 1 of this report contains an overview of key data about equality and fairness in Dundee from a health and social care perspective.

Case Study

Equality Mainstreaming Primary Care Drug Service Redesign

In 2022 Dundee Alcohol and Drug Partnership identified ways to provide local destigmatised support to individuals who require Opioid Substitution Therapy. Their aim was to provide optimum health and social care support for people in Dundee who have stable opiate use on Substitution Therapy. The changes implemented have enabled individuals known to DDARS (Dundee Drug and Alcohol Recovery Service), to transfer their ongoing care to their General Practice who are able to manage their care in a holistic way. The care is provided on a 'Share Care' basis with DDARS.

Previously most people who accessed the service had to travel to a venue in the town centre. This was not only potentially costly and time consuming, it was also inconvenient for people with other demands on their time such as work, education or care responsibilities for children and disabled or older people.

It was agreed to initiate a test of change process with some GP Practices which proved advantageous to the individuals concerned and potentially increased opportunities to provide good quality holistic care at a local GP Practices.

There were a number of potential advantages identified for people with protected characteristics, these included:

- Support based on an understanding of additional complex health care needs and their potential interaction.
- Ease of travel for people with mobility issues who registered with a GP close to home.
- Ability to choose a service from a GP practice who individual is confident about and is potentially more conversant with their race, religious needs and cultural preferences.
- Having holistic provision where needs of whole household are known and understood, including carers and young carers.
- Potential signposting to resources and services in the local community.

Following the test of change other GPs have offered this service too.



Equality Outcomes 2023-2027

Dundee IJB has developed new Equality Outcomes as part of their work to develop a new strategic commissioning framework for health and social care in Dundee. Work towards these outcomes will be undertaken across 2023-2027.

In 2022 the Equality and Human Rights Commission provided support to IJBs across Scotland to help them to improve their work to implement their Equality Duties. This included helping IJBs to think about the best ways to set Equality Outcomes. One of the important messages from this was that the IJB must set Equality Outcomes about the things that they are specifically responsible for. This means their outcomes must focus on planning, agreeing and monitoring health and social care services.

The IJB does not deliver health and social care services – they are delivered by the HSCP, which is a partnership between Dundee City Council, NHS Tayside, the third sector and independent sector. Whilst the IJB's Equality Outcomes do not focus on service delivery, through its strategic priorities and Delivery Plan it will agree some things that it wants the HSCP to focus on improving for specific people who are affected by inequalities.

To decide what their new Equality Outcomes should be the IJB has also considered:

- Feedback from people with protected characteristics, services who support them and the workforce about what matters to them and what needs to improve.
- Data and evidence about the population of Dundee, their needs and how discrimination and disadvantage impacts them.
- Wider information and evidence about how protected characteristics affect health and social care needs and outcomes.
- Guidance provided by the Equality and Human Rights Commission about setting specific, measurable, achievable, robust and timebound Equality Outcomes.

Dundee IJB Equality Outcomes 2023-27

During the period 2023- 2027 the IJB will progress the following Equality outcomes:

1

Information published by the IJB will be more accessible to people who have a sensory impairment or learning disability, whose first language is not English (including British Sign Language Users) and those people who are older.

- Approximately 18% of Dundee's population is aged 65 years or over. 68% of this group have one or more condition that might impact on their communication needs, including 26% being deaf or having partial hearing loss and 9% being blind or having partial sight loss. For every 1,000 people living in Dundee just under 25 are blind or have partial sight loss and just under 70 are deaf or have partial hearing loss³.
- Dundee has the highest proportion of adults with a learning disability of any local authority area in Scotland; in 2019 1,101 adults (aged over 16) were known to have a learning disability and 227 were known to have an autism spectrum disorder⁴.
- IJB members are aware of the need to communicate more effectively often with people for whom English is not their first language, including in person with people who use BSL. This includes both giving information and receiving views and contributions.
- Information from the 2011 Census also shows that 12,121 people aged over 3 years old in Dundee use a language other than English at home. This included Polish (1731), Scots (1008), and other languages (8926)⁵.
- The 2011 Census included a question regarding the use of British Sign Language (BSL) at home (whether or not they had a hearing impairment). Around 12,500 people in Scotland said that they use BSL at home. The Census recorded that BSL users were more likely to be 'permanently sick or disabled' than other people.
- Older people and people with a learning disability have advised that they need more support to access information from the IJB. In particular on-line information should not be used as the only way of informing people. In person sessions are seen as helpful as are tailored information leaflets in paper formats.

³ Source: Census 2011, scotlandcensus.gov.uk

⁴ Source: Scottish Consortium for Learning Disabilities, Learning Disability Statistics 2019

⁵ <https://www.scotlandscensus.gov.uk/search-the-census#/location/topics/list?topic=Ethnicity,%20Identity,%20Language%20and%20Religion&categoryId=4>

- There are a range of opportunities for the IJB to improve the range of information that it publishes to better meet the communication needs of these groups. This includes the written information the IJB publishes (for example, its strategic commissioning plan and other reports), its website and how public meetings of the IJB take place.

2

The IJB has increased the range and effectiveness of ways to listen, hear and learn what matters to older people, people from minority ethnic groups and the LGBTQ community about health and social care services and support.

- The IJB have recognised that there is a limited amount of information received from people from Minority Ethnic Groups and LGBTQ people and from the broad range of older people who use HSCP services.
- There is some evidence that across Scotland people who identify as Lesbian, Gay, Bisexual or Other are less likely to say that they are in good or very good health than heterosexual people.⁶ However, there is limited local data about their experiences of services and supports.
- Through its strategic planning groups structures and partnership working the IJB already has in place effective ways to hear from other protected groups. This includes participating in the Gendered Services Project that focus on the needs of women, a range of methods used by the Learning Disability and Autism Partnership and the Carers Partnership. These types of opportunities are not in place for older people, people from minority ethnic groups and the LGBTQ community.
- There are gaps in the evidence available about the health and social care needs of the LGBTQ community and people from minority ethnic groups. Although some national and international evidence exists, the IJB does not know about local people's experiences of accessing health and social care services.

⁶ <https://www.gov.scot/publications/national-care-service-adult-social-care-scotland-equality-evidence-review/pages/9/>

3 IJB membership will be more diverse and more closely reflect the overall population of Dundee across the following protected characteristics- sex, disability, race, and age.

- At the present time information about the characteristics of IJB members (voting or non-voting) is not routinely collected and considered. However, it can be observed that the current membership may not yet fully reflect the wider diversity within Dundee's population.
- The IJB knows that it is important that it reflects the population of local communities, service users and carers so that is informed by a diverse range of knowledge, views and experiences.
- Nominations of IJB members are made by NHS Tayside and Dundee City Council but there are opportunities to work together with them to consider how the membership of the IJB can be more diverse in the future. This will be particularly relevant when new membership nominations are being made.

4 The IJB contributes to an improved culture within the workforce to actively challenge discrimination, through a focus on eliminating race discrimination in the workplace.

- There is a range of evidence highlighting the occurrence and impact of race discrimination in the workplace, including evidence focused on health and social care services. New evidence emerged following the onset of the pandemic and the impact this had on the health, wellbeing and safety of staff from minority ethnic backgrounds. This included research from the Scottish Association of Social Workers.⁷
- Staff supporting the IJB have participated in NHS Tayside's Black and Minority Ethnic Staff Network, listening to the expertise and information shared there about experiences of discrimination and areas for improvement.
- The Health and Social Care Partnership has established its own Workplace Group to think about the evidence is available and identify how things can be improved in the future. The IJB has an important leadership role in supporting this work.

⁷ https://www.basw.co.uk/system/files/resources/racism_in_scottish_social_work_-_a_2021_snapshot.pdf



Appendix 1

Equality and Fairness in Dundee City 2023 Some Key Information

The Equality Act 2010 Protected Characteristics are:

| | | |
|---------------------------|----------------------------|-----------------------------------|
| Disability | Age | Pregnancy & Maternity |
| Race | Religion or belief | Sex |
| Sexual orientation | Gender reassignment | Marriage/Civil partnership |

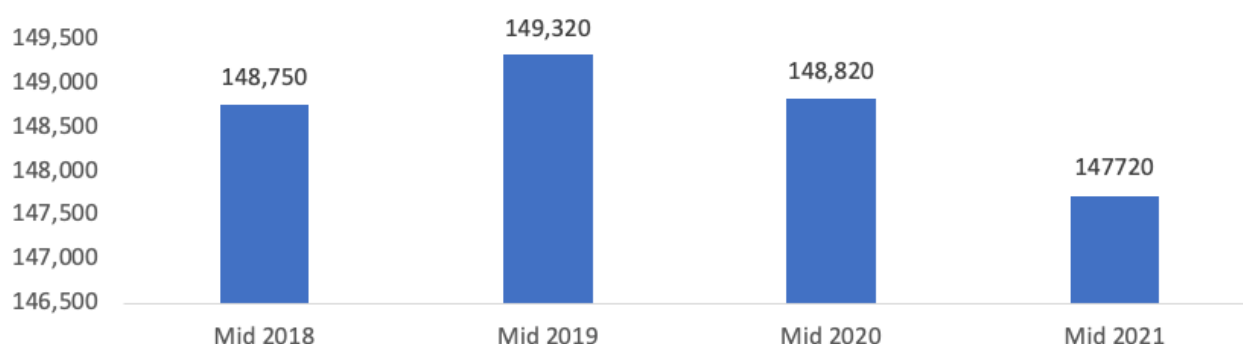
Dundee is Scotland's fourth largest city, National Records for Scotland project % change in population by 2028 that means the working age population is expected to increase by 2%. This is slightly lower than the 3% projected change for Scotland as a whole (NRS 2018 Based Population Projections). The age group with the largest proportion of the current population in Dundee is the 25-44 age group.

Dundee is the 5th most deprived local authority area in Scotland. 36.6% of the population lives in the 20% most deprived areas of Scotland.

Current Population of Dundee

Since 2018 Dundee's population has reduced by 0.7%, compared with a 0.8% increase for the whole of Scotland. In mid-2021 the population of Dundee was 147,720⁸; just over 1000 fewer people than in 2018. The biggest decrease took place between 2019 and 2021 from 149,320 to 147,720. There has been an increasing trend of deaths outnumbering births in Dundee, especially between mid-2020 and mid-2021. The number of households in Dundee in mid-2021⁹ was 71,224 which is an increase from 70,337 in 2018.

Chart 1- Dundee Population 2018, 2019, 2020, 2021



Sex – Male and Female

National Records Scotland (NRS) reported that there are more females (51.7%) than males (48.3%) in Dundee, this has been the same for the past 4 years.

Chart 2 a – Males in Dundee

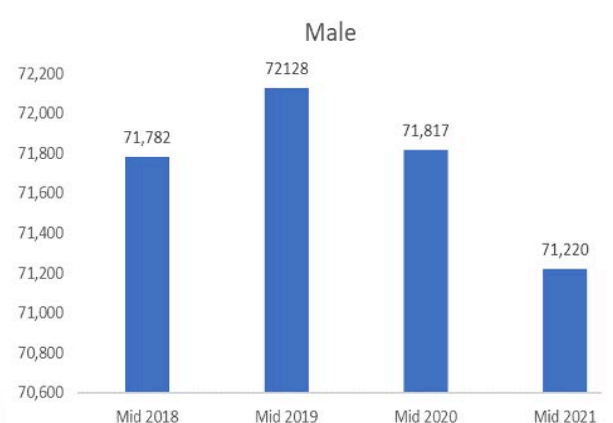
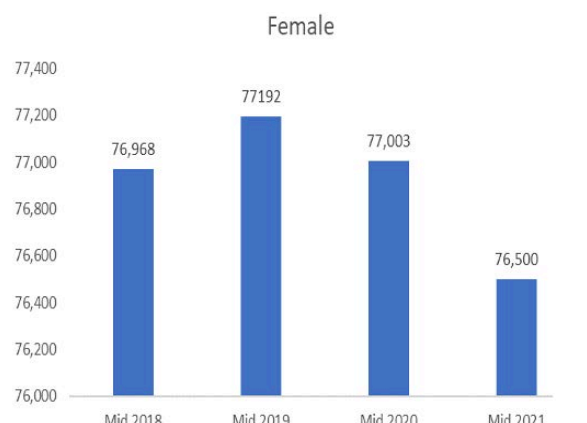


Chart 2 b – Females in Dundee



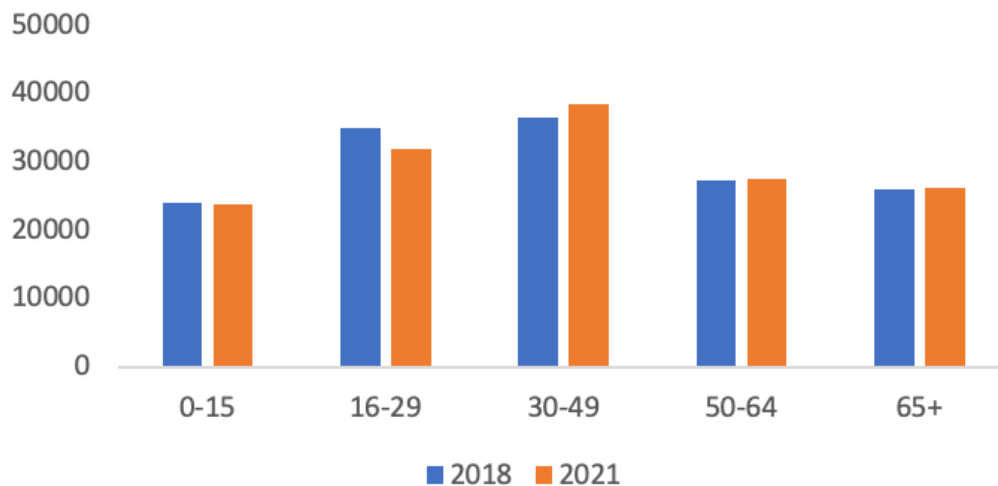
⁸ <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2021>

⁹ https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/dundee-city-council-profile.html#table_house_est

Age

NRS reported that the majority of people in Dundee are aged between 30-49 (26%), which has been the same for the past 4 years.

Chart 3 – Age ranges in 2018 and 2021



In 2020, Dundee had a working age population of 98,770¹⁰, which was 66.4% of the overall population. 36.4% of the working population of Dundee were living within the most deprived areas of the city.

Although Dundee is not experiencing the same increase in the elderly age groups as some other areas, there is an existing high number of very elderly population (aged 80+). Life expectancy in Dundee is lower than for Scotland as a whole. There are also a high number of people aged 65 and over who have at least one health condition.

¹⁰ DUNDEE CITY - SIMD2020 Version 2 Briefing Note

Table 1 - Type of health conditions prevalent for people aged 65 and over, by Local Community Planning Partnership Area¹¹

| LCPP area | One or more condition | Deafness or partial hearing loss | Blindness or partial sight loss | Physical disability | Mental health condition | Other condition |
|---------------|-----------------------|----------------------------------|---------------------------------|---------------------|-------------------------|-----------------|
| Coldside | 71% | 28% | 9% | 24% | 4% | 44% |
| East End | 72% | 29% | 10% | 24% | 5% | 45% |
| Lochee | 69% | 26% | 9% | 23% | 6% | 43% |
| Maryfield | 66% | 25% | 8% | 20% | 4% | 44% |
| North East | 69% | 25% | 8% | 25% | 6% | 47% |
| Strathmartine | 67% | 26% | 9% | 24% | 5% | 42% |
| The Ferry | 63% | 24% | 8% | 17% | 5% | 40% |
| West End | 67% | 27% | 9% | 22% | 6% | 42% |
| Dundee | 68% | 26% | 9% | 22% | 5% | 43% |

In Scotland life expectancy for males was 76.6 years and 80.8 years for females in 2019-2021.¹² Life expectancy in Dundee decreased between 2018-2020 and 2019-2021; by 2019-2021 it had fallen to 73.5 years for males and 79.1 years for females.

Dundee has a sizeable student population of around 30,000. This will impact the age balance of the population as most students are younger adults and while some remain in Dundee after graduating it is clear that not all do so.

¹¹ Census 2011, scotlandcensus.gov.uk

¹² <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/life-expectancy/life-expectancy-in-scotland/2019-2021>

The age composition of Dundee's population compared to Scotland is shown in Chart 4.

Chart 4 - Age groups in Dundee and in Scotland breakdown (From Dundee City Plan)

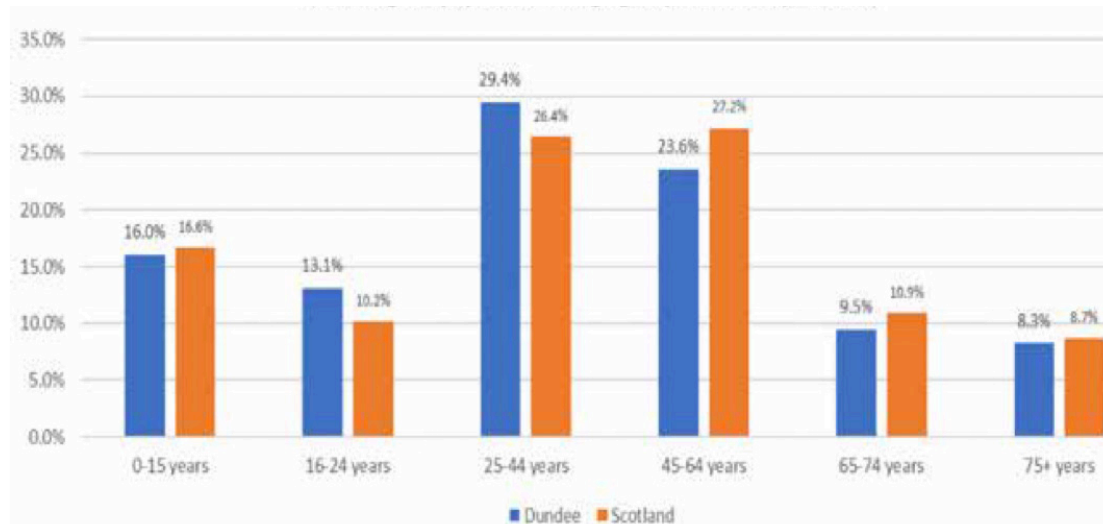
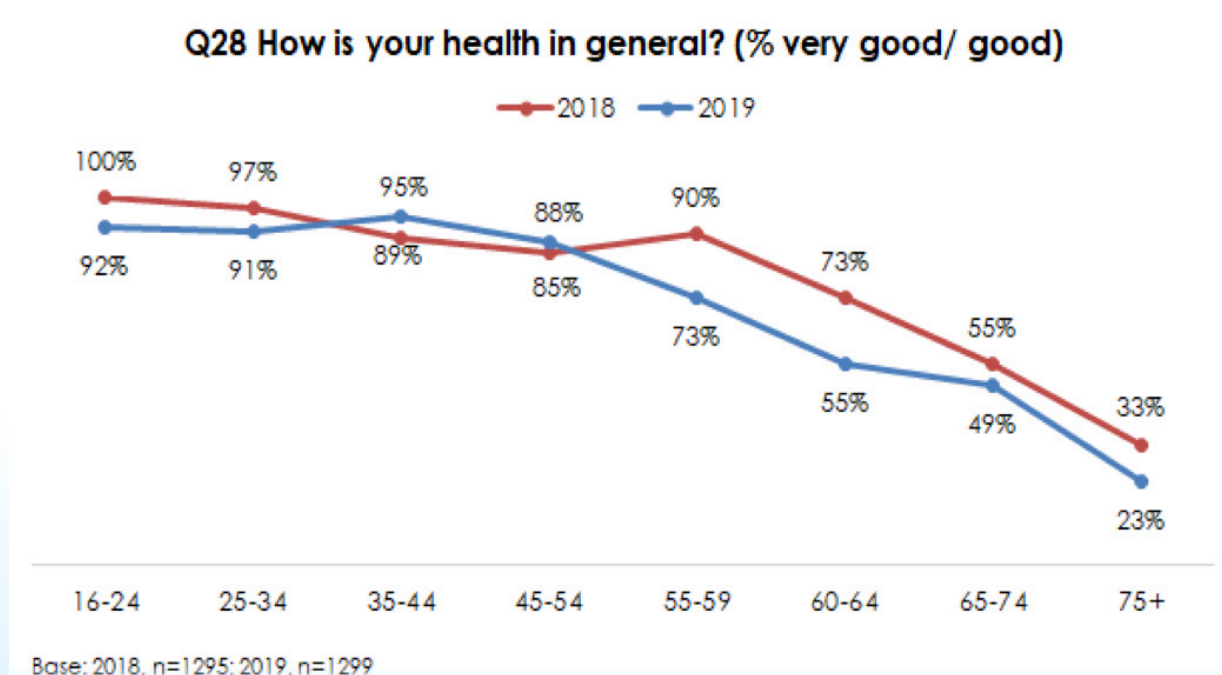


Chart 5 illustrates that as age increases the number of respondents rating their health as very or fairly good declines (Citizens Survey, 2019). Since 2018, the proportion of respondents who rated their health as very or fairly good has decreased for all age groups with the exception of respondents aged 35-44 and 45-54.

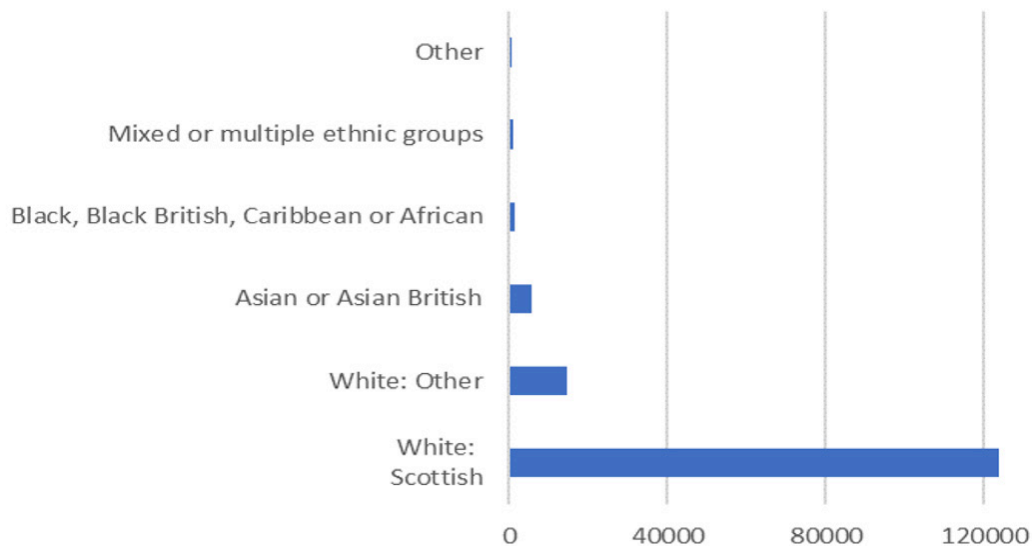
Chart 5 General health by age group. *Citizen Survey 2019



Ethnicity

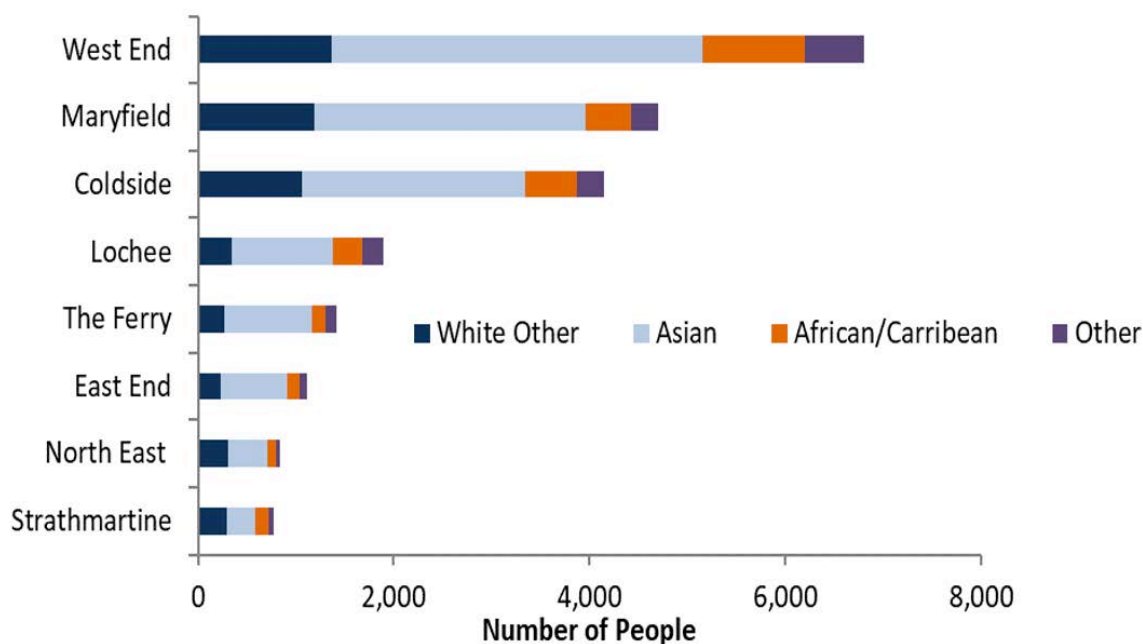
Dundee's population is predominately White Scottish¹³ (84.1%) and 9.9% of people described themselves as 'White Other', which includes Irish and Polish and Gypsy/ Traveller people. 4% of people are from Asian backgrounds and 1% are African or Caribbean.

Chart 6 - Dundee - Ethnic Background.



Each of the 8 Local Community Partnership (LCP) areas in Dundee have different balances of people with a variety of ethnic backgrounds as shown in Chart 7.

¹³ <https://data.dundee.gov.uk/dataset/nrs-2011-census-dundee-city-level-data/resource/368bc561-d32a-42f7-a50d-40376741ca50>

Chart 7 – Diversity of LCPA Areas in Dundee.

Language Use

Scotland's Census 2011 recorded that of 2.2% of all people in Dundee over the age of 3 (142,489) understood but did not speak, read or write the English language. Table 2 demonstrates the proficiency of Dundee's population in speaking English.

Table 2 - Proficiency in English, Dundee City. Note this based individual aged 3 and over.

| Proficiency in English | Population Count | Percentage of Population |
|-------------------------------|------------------|--------------------------|
| Speaks English very well | 125,402 | 88.0% |
| Speaks English well | 14,666 | 10.3% |
| Does not speak English well | 2,045 | 1.4% |
| Does not speak English at all | 376 | 0.3% |

Source: Scottish Census 2011, Table QS205SC – Proficiency in English

Information from the 2011 Census also shows that 12,121 people aged over 3 years old in Dundee use a language other than English at home. This included Polish (1731), Scots (1008), and other languages (8926).¹⁴

¹⁴ <https://www.scotlandscensus.gov.uk/search-the-census#/location/topics/list?topic=Ethnicity,%20Identity,%20Language%20and%20Religion&categoryId=4>

Sexual Orientation

In 2019 in Scotland 94.2% of people recorded that they were heterosexual and 2.9%¹⁵ recorded LGB & other. In Dundee 92.1% of people recorded that they were heterosexual and 2.3% recorded LGB & other. Chart 8 below records Scotland's figures into Male (a) and Female (b) per age group.

Chart 8 (a)
Sexuality in Scotland - Male

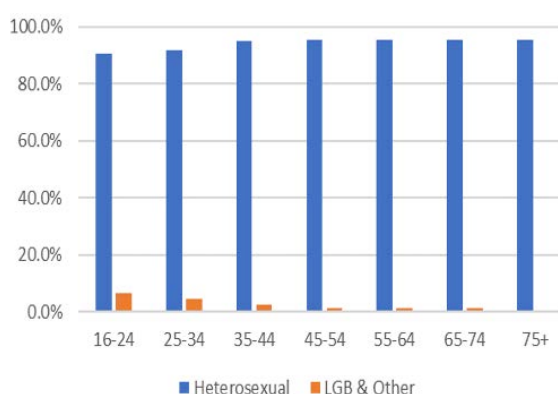
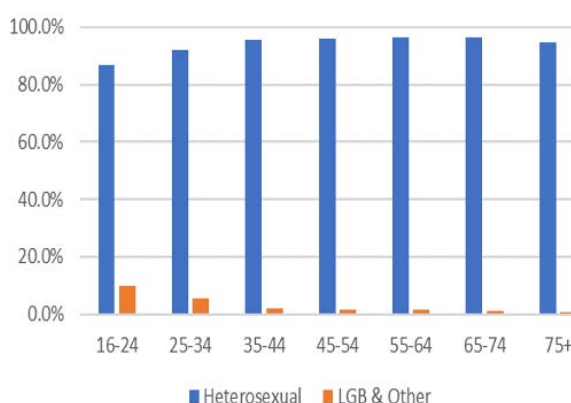


Chart 8 (b)
Sexuality in Scotland - Female



In 2017, 2% of the population in Scotland identified as Lesbian, Gay, Bisexual or Other (LGB-Other). Younger adults were more likely to identify as LGBO than older adults; around three in ten (29%) of LGBO adults were young adults (aged 16-24), compared to around a sixth (14%) of heterosexual adults. This study also found that people identifying as LGBO were less likely to say that they had good or very good health than heterosexual people.¹⁶

¹⁵ <https://www.gov.scot/publications/scottish-surveys-core-questions-2019/documents/>

¹⁶ <https://www.gov.scot/publications/national-care-service-adult-social-care-scotland-equality-evidence-review/pages/9/>

Religion¹⁷

In 2019, 59.9% of people in Dundee described themselves as having no religion, this was slightly higher than Scotland as a whole (53.7%). For those people from Dundee who did describe themselves as having a religion the majority were Church of Scotland, Roman Catholic or another Christian faith (total of 34.7%), with a further 4.5% being of Muslim faith.

Table 3 - Religion for Dundee and Scotland, 2019¹⁸

| Religion | Dundee City | Scotland |
|--------------------|-------------|----------|
| None | 59.9% | 53.7% |
| Church of Scotland | 15.4% | 21.5% |
| Roman Catholic | 11.6% | 13.6% |
| Other Christian | 7.7% | 7.4% |
| Muslim | 4.5% | 1.8% |
| Other | 0.9% | 1.8% |

Disability (and Health)

Health and disability status

In 2019, just over one quarter of households (26%) in Dundee had at least one person who had some form of long-term health problem or disability. This is a significant increase from the figures reported in 2018 (18%), 2017 (18%) and 2016 (18%).¹⁹

In households where at least one person had a long-term health problem or disability, 69% said this included a mobility or physical disability. This is a significant increase from the 56% reported in 2018. There has also been an increase in people reporting that they have a mental health condition, from 15% in 2018 to 22% in 2019. This is the highest reported figure for mental health conditions since 2016. See Table 3.

¹⁷ <https://www.gov.scot/publications/scottish-surveys-core-questions-2019/documents/>

¹⁸ Source: Scottish Government, Scottish Surveys Core Questions 2019
Other Groups include Hindu, Buddhist, Pagan, Jewish, Sikh and other religion.

¹⁹ Citizens Survey, 2019

Table 4 - Disability Information

| Q69 What is the nature of the disability? | | |
|---|------|------|
| | 2018 | 2019 |
| Mobility/ physical disabilities | 56% | 69% |
| Mental health condition | 15% | 22% |
| Difficulties with sight | 3% | 3% |
| Difficulties with hearing | 10% | 8% |
| Developmental disorder (e.g. Autistic Spectrum Disorder or Asperger's syndrome) | 4% | 2% |
| Learning difficulties (e.g. dyslexia) | 1% | 1% |
| Learning disability (e.g. Down's Syndrome) | - | 1% |
| Other condition | 14% | 14% |
| Refused | 4% | 1% |

Learning Disability

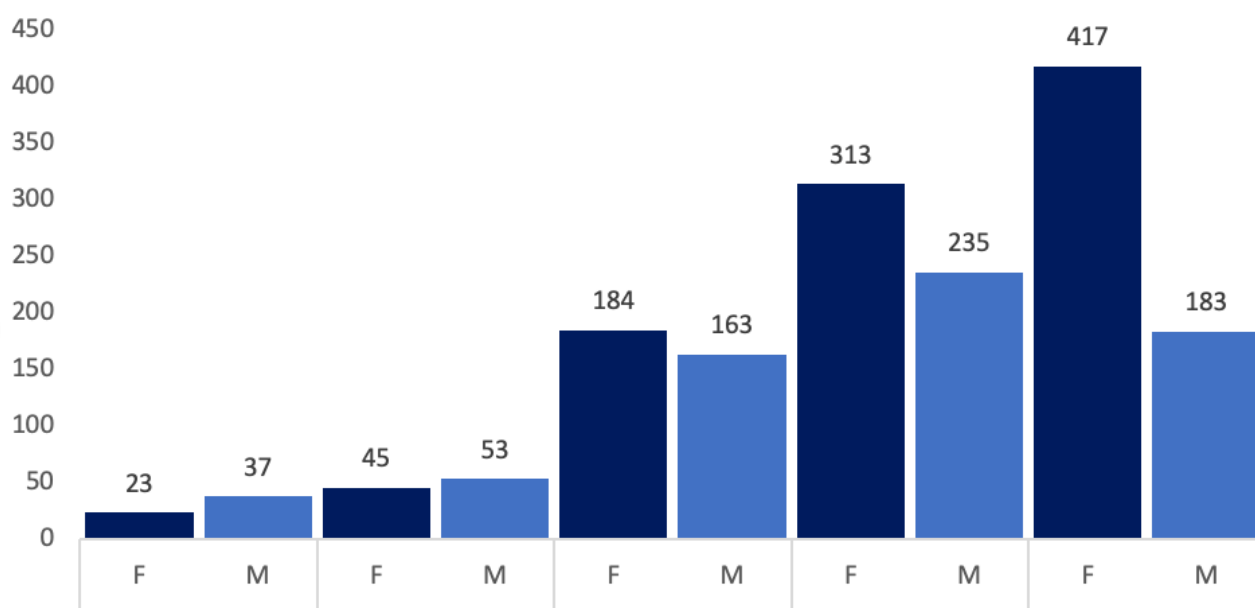
According to Learning Disability Statistics Scotland in 2021/22 there were 1.313 people with a Learning Disability reported as living in Dundee, this was an increase of around 100 people from 2020/21. The figures are not self-reported and include people known to support services in the previous 3 years. Dundee has a high number of people who have a learning disability compared to other areas of Scotland.

Disability due to Sensory Impairment

Dundee's North East Sensory Service (NESS) is contracted to provide a specialist Social Work service in Dundee for people with sensory needs. In February 2021, most people in Dundee known to NESS were age 65 and over (70% of their service users). In March 2023 69% of those supported were 65 or over, overall numbers of people supported have increased but there is a bigger increase in the younger age groups. In February 2021 they supported 980 women and 673 men, in March 2023 this had risen to 1698 people in total, 1004 women and 684 men. Most of the people aged 65 and who were supported were women. (See Chart 9 for male female balance). See Chart 10 for Local Community Planning Partnership area breakdown of people known to NESS).

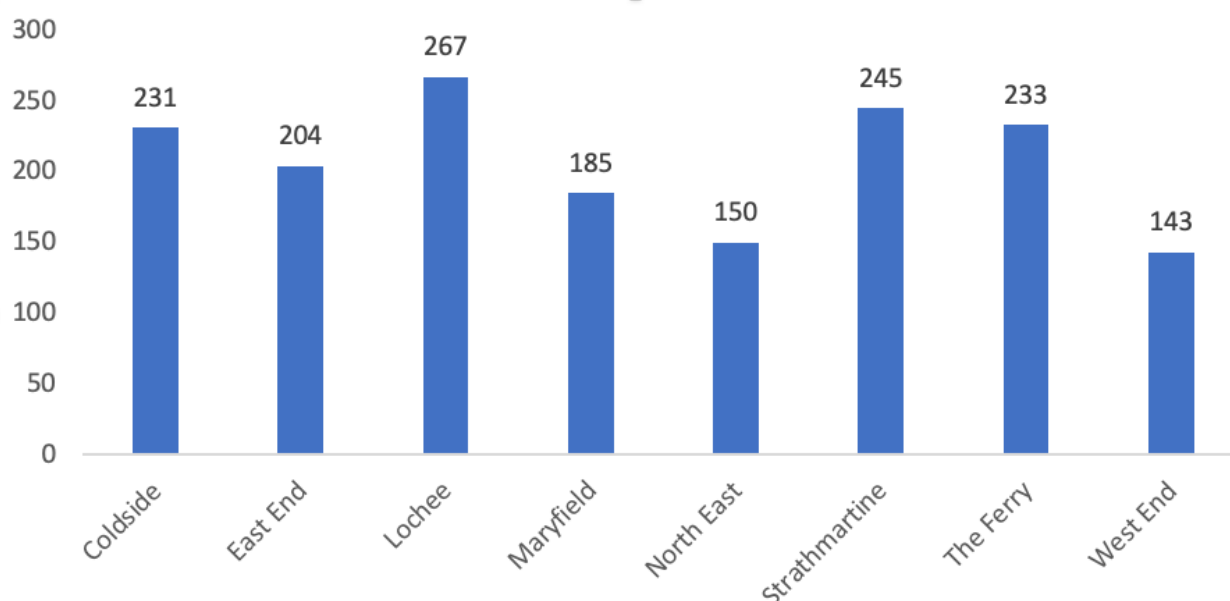
NESS maintain the Register of Sight Impaired and Severely Sight Impaired people in Dundee. The number of Severely Sight Impaired people registered is currently 167 in total with less than 5 people under 18. The number of Sight Impaired people registered is 137 with no under 18's recorded. In addition to this a small number of people who are deaf blind.

Chart 9 - Age and sex of people known to NESS



Source: NESS database, March 2023 (Age group 37-unknown and Gender 10-unknown)

Chart 10 - Local Community Planning Partnership Locality areas of people known to NESS.



Source: NESS database, March 2023 (Locality – 40 unknown)

British Sign Language

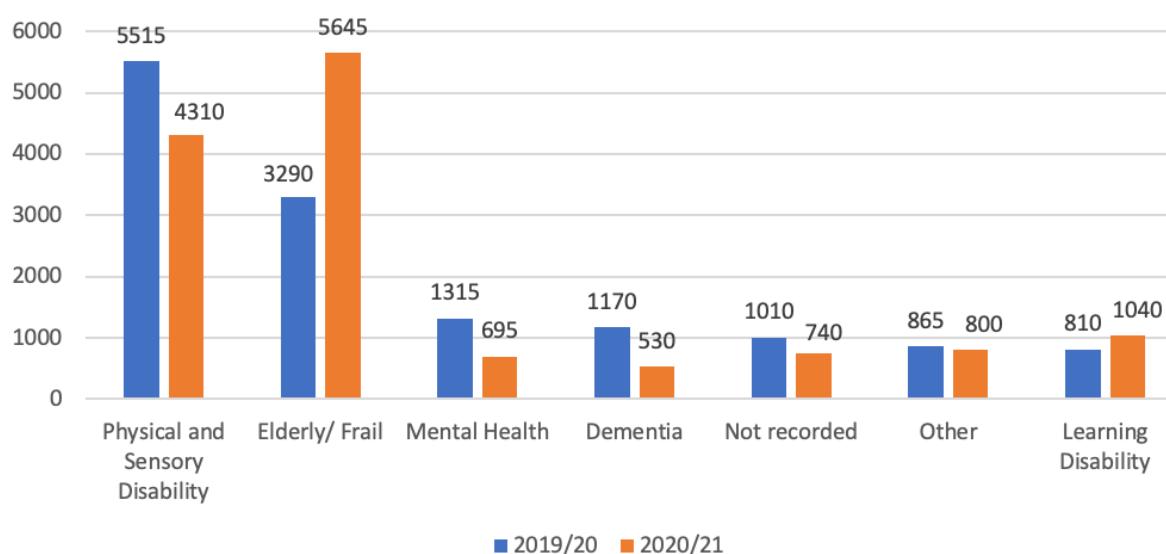
The 2011 Census included a question regarding the use of British Sign Language (BSL) at home (whether or not they had a hearing impairment). Around 12,500 people said that they use BSL at home. BSL users were less likely to be economically active and were more likely to be 'permanently sick or disabled' than other people. Female BSL were less likely than male BSL users to work in full-time employment or to be economically active, they were more likely than males to be retired or working part-time.²⁰ The 2011 Census records that 408 people in Dundee use BSL as a language other than English at home.

²⁰ <https://www.gov.scot/publications/analysis-equality-results-2011-census-part-2/pages/6/>

Support Services

Many people who have a disability and health needs receive social care services and supports, including home care, care home, meals, community alarm/telecare, housing support, social work and day centres. Chart 11 shows the number of people receiving social care support by client group, Dundee in 2020 and 2021.

Chart 11 - Number of people receiving social care support by client group, Dundee²¹



Carers - Unpaid care/support

In 2019, households that had at least one person who had some form of long-term health problem or disability were asked about unpaid care and support. 23% of these respondents said there was at least one member of their household who provided unpaid care and support for someone else or they cared each other. This is a significant increase from the 4% of households reported in 2018.²² In addition to this there are a significant number of carers who provide unpaid care but live out with the supported persons household.

Of the households where someone provided unpaid care, the majority said the person who provides care of support was aged 18 or over (99%, 89% in 2018). 40% said they or others in their household have accessed information, services or support to help them manage their caring role. This is consistent with the 2018 survey results (41%).²³

²¹ <https://publichealthscotland.scot/publications/insights-in-social-care-statistics-for-scotland/insights-in-social-care-statistics-for-scotland-support-provided-or-funded-by-health-and-social-care-partnerships-in-scotland-201920-202021/people-supported/>

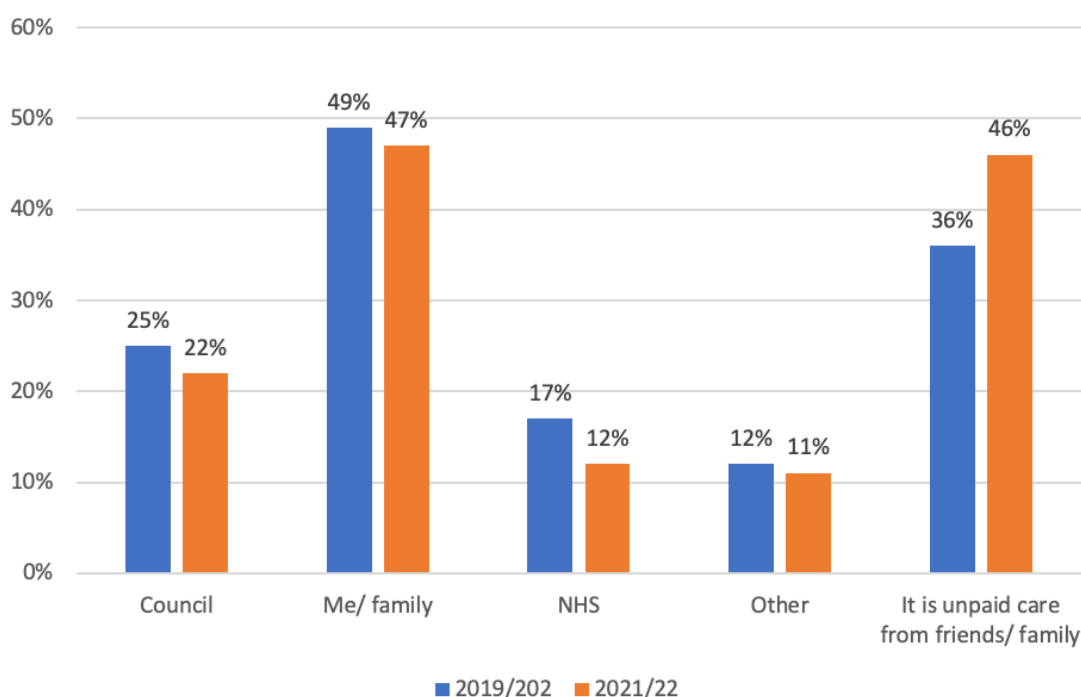
²² Citizens Survey, 2019

²³ Citizens Survey, 2019

More women than men to report that they provide regular unpaid care. Caring prevalence varies by age, increasing from 12% of those aged 16-44, to 28% of those aged 45-64, before decreasing to 14%-18% among those aged 65 and over.²⁴

The National Health and Care Experience Survey asks all respondents if they had received any help or support for everyday living in the last twelve months and the type of support they received; 10% said that they had received some form of support. Most of those who need help with everyday living said they or their family funded this or they received unpaid care from friends and family carers. Since the last survey there has been an increase in unpaid care received and a corresponding fall in respondents reporting funding from public sector organisations and other sources.²⁵ See Chart 12.

Chart 12 - National Health and Care Experience Survey, Sources of help and support



²⁴ Adult Social Care in Scotland – Equality Evidence Review, published June 2022

²⁵ <https://www.gov.scot/collections/health-and-care-experience-survey/>

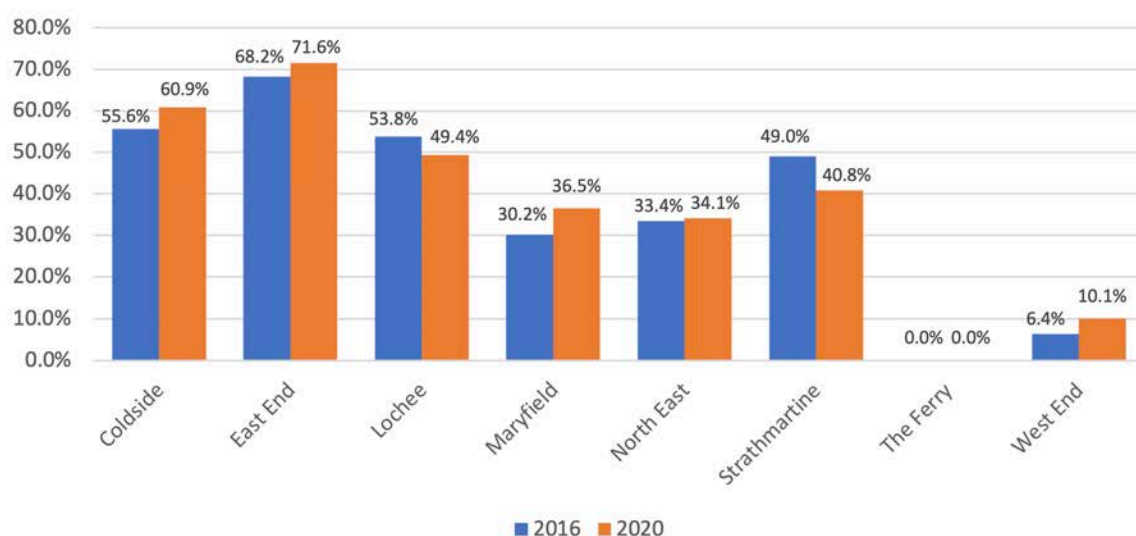
Gender Reassignment

There is limited data and evidence on the scope and experiences of some protected characteristic groups most notably, gender reassignment.²⁶ There is no national dataset about gender reassignment and people who access health and social care or who provide unpaid care.²⁷ There is no local information about this.

Fairness and Poverty

According to the 2020 Scottish Index of Multiple Deprivation (SIMD)²⁸, Dundee has one of the highest levels of deprivation in Scotland. SIMD reported that 36.6% of people in Dundee live in the most deprived areas, which is an increase of 0.6% (around 1060 people) since 2016.

Chart 13 - % of Dundee population living in 20% most deprived areas



²⁶ Adult Social Care in Scotland – Equality Evidence Review, published June 2022

²⁷ <https://www.gov.scot/publications/national-care-service-adult-social-care-scotland-equality-evidence-review/pages/8/>

²⁸ DUNDEE CITY - SIMD2020 Version 2 Briefing Note

When comparing 2016 and 2020, East End and Coldside are the localities within Dundee which have the highest percentage of their population living in the most deprived data zones.

Strathmartine has shown the greatest change since 2016 to 2020, with a decrease of 8.2% of their population living in the most deprived data zone. Alternatively, Maryfield has shown the greatest increase of their population living in the most deprived data zone by 6.3%. See Chart 13 for comparison from 2016-2020.

Income Deprivation

There is a higher proportion of residents in Dundee who are unemployed or living in workless households compared with Scotland overall. 16.3% of the population in Dundee is income deprived compared with 12.1% of the population of Scotland. 23.1% of children live in low-income families (compared to 16.7% in Scotland).²⁹ 21.9% of households in Dundee are workless compared with 18.6% in Scotland.³⁰

Of the 23.9% of all people in Dundee are economically inactive, 14.5% of this group are looking after family/home and 29.9% are long-term sick.³¹

Employability -Literacy and qualifications

Evidence suggests that around 800,00 adults in Scotland have very low literacy and numeracy skills. 6.7% of people in Dundee aged 16 to 64 years have no formal qualifications.³²

²⁹ <https://www.gov.scot/publications/fair-start-scotland-evaluation-report-3-local-area-case-studies-year-2/pages/4/#:~:text=16.3%25%20of%20the%20population%20in,of%20children%20in%20Scotland%20overall>

³⁰ <https://www.nomisweb.co.uk/reports/lmp/la/1946157411/report.aspx?town=dundee#tabempunemp>

³¹ <https://www.nomisweb.co.uk/reports/lmp/la/1946157411/report.aspx?town=dundee#tabempunemp>

³² <https://www.nomisweb.co.uk/reports/lmp/la/1946157411/report.aspx?town=dundee#tabempunemp>

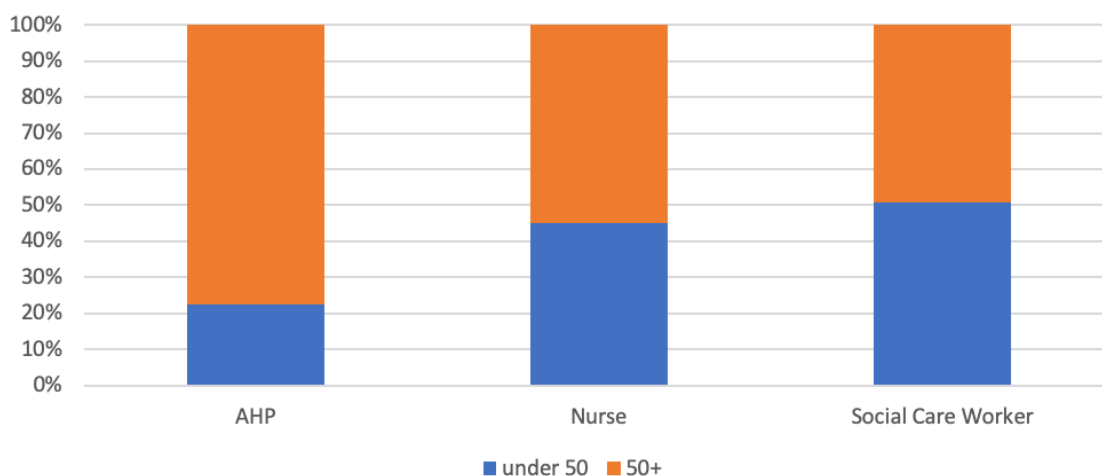
Dundee Health and Social Care Partnership Workforce

Dundee Health and Social Care Partnership (DHSCP) is responsible for a range of services provided by staff employed in Dundee City Council, NHS Tayside plus the private and voluntary sector. This includes all adult social care, adult primary health care and unscheduled adult hospital care. The range of services include inpatient wards, outpatient and other clinical services, domiciliary services and care homes. This is provided by a range of health and social care professionals.

The Partnership has 995 staff (900 WTE) who are employed by Dundee City Council and 1,555 (1,325 FTE) staff who are employed by NHS Tayside. Collectively, 87% are female. Across each service, at least 40% of the total NHS and Council employed workforce is aged 50+

Chart 14 shows the proportion of staff aged 50+ in each of the 3 largest workforce groups. Allied Health Professionals, Nurses, Social Care Workers.

Chart 14 - Proportion of staff over and under age 50



Within the 3 largest workforce groups, there is a high proportion of the workforce who are aged 50+; 50% of social care workers, 55% of nurses and 78% of allied health professionals.

108 employees stated they have a disability which is 4.3% of all employees. This is lower than the 8.3% of Dundee residents aged 16-74 who stated in the 2011 Census that they have a disability which limits day to day activities a lot.

54 employees stated they were from a minority ethnic background, which is 2.1% of all employees. This is significantly lower than the 5.6% of Dundee residents ages 16+ who stated they were from a minority ethnic group in the 2011 Census.

Most people in the workforce choose not to share their sexual orientation with their employer so this is not able to reported.



Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment

Integrated Impact Assessment Record

| | |
|--|---------------------------------|
| Report Author | Joyce Barclay |
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| | |
|----------------------------|---|
| IJB Chief Executive | Vicky Irons |
| Email | Vicky.iron@dundeecity.gov.uk |
| Telephone | 01382 434000 |
| Address | Claverhouse East, Jack Martin Way, Dundee |

| | | | |
|---|----------------------|--|-------------|
| Document Title | | Dundee IJB Equality Mainstreaming and Equality Outcomes Update Report 2021-2023 and Equality Outcomes 2023-2027 | |
| IJB Report Number | | DIJB16-2023 | |
| Document Type | | Update report and report setting new IJB outcomes | |
| New or Existing Document? | | New | |
| Document Description | | The report provides the statutory equality mainstreaming and equality outcomes update required from the IJB every two years. It also sets out new equality outcomes for the IJB for the next four-year period. The report provides information in a way that is accessible to members of the public and is suitable for publication. | |
| Intended Outcome | | To provide a publicly accessible overview of key actions taken by the IJB over the last two-year period to implement the Public Sector Equality Duty as well as their equality outcomes. To provide a publicly accessible list of new equality outcomes on which the IJB will focus for the next four years. | |
| Planned Implementation Date | | 1 May 2023 | |
| Planned End Date | | 30 April 2025 for update report element and 30 April 2027 for equality outcomes element. | |
| How the proposal will be monitored and how frequently | | Statutory update reports must be published every two years. The equality outcomes will also be incorporated into the IJB’s replacement strategic commissioning framework and delivery plan that is currently being developed. As part of these arrangements more regular reporting of progress against equality outcomes will be put in place. | |
| Planned IIA review dates | | 30 April 2025 | |
| IIA Completion Date | | 20 March 2023 | |
| Anticipated date of IJB | | 19 April 2023 | |
| 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 |

Dundee Integration Joint Board Integrated Impact Assessment

| | | | |
|--|---|--|---------------------------|
| Senior Officer / Service Manager | Members of the public DHSCP workforce | Formal review of the IJB's Strategic and Commissioning Plan undertaken during 2021/22. This included a number of focus groups with the workforce / organisational stakeholders, as well as with members of the public, including patients, service users and carers. | 2021/22 |
| Chief Finance Officer / Service Manager | Members of the public | Public survey conducted as part of the statutory review of the Dundee Health and Social Care Integration Scheme. | 2022 |
| Care Group Strategic Planning Group Chairs | Strategic Planning Group Members Members of the Public | Strategic Planning Groups have continued to engage with members of the public who use health and social care services and unpaid carers as part of their work to review and develop care group strategic plans. This has included a specific focus on carers, learning disability, mental health, substance use and primary care. A variety of methods have been used including surveys, focus groups and large-scale engagement events. | 2021/22 and 2022/23 |
| Senior Officer | Members of the public DHSCP workforce IJB members and Strategic Planning Advisory Group members | Publicised strategic plan engagement activities in 2022/23 involving a range of stakeholders including the workforce; service users/patients with disability and health care needs, carers and the general public. This included a survey and focus groups. There were successful visits to existing forums/groups- including retired citizens, British Sign Language Users, wide variety of colleagues, care home residents, specialist Community Health, mental health groups and learning disability group. | December 2022- March 2023 |
| Service Manager / Senior Officer / Information Assistant | | Review of strategic needs assessment and performance information related to protected groups. | March 2023 |

Equality and Fairness Impact Assessment Conclusion

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

This IIA focuses on the report recommendation to approve IJB Equality Outcomes for the period 2023-2027. Overall it identifies positive potential positive impacts across the protected characteristics of age, sex, disability, race, sexual orientation and gender reassignment. No impact is identified for the protected characteristics of religion / belief, pregnancy and maternity, and marriage and civil partnership. The setting of Equality Outcomes is in itself intended to contribute to the advancement of equality for protected groups and as such there is not anticipated negative impacts on any protected groups.

Given the known overlap between protected characteristics and experiences of socio-economic disadvantage it is likely that setting Equality Outcomes will also indirectly positively benefit a number of fairness groups. However, this is not the specific focus of Equality Outcomes which must address protected equality characteristics.

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

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 Indicate Yes or No by marking Y or N in each Box

| Age | Y/N | Explanation, assessment and any potential mitigations |
|------------|-----|---|
| Positive | X | <p>Proposed Equality Outcomes 1, 2 and 3 are likely to have a positive impact on the basis of age.</p> <p>Equality Outcome 1 has a specific focus on older people and proactively improving the accessibility of key information published by the IJB to this group. This reflects the recognition that the widespread use of digital communication and publication does not meet the needs of older people as well as it does for the rest of the population. 18 % of Dundee's population is aged 65 years or over and 68% of this group have one or more long-term condition that might impact on their communication needs. Publication of information in alternative formats is likely to support better communication with older people and support more effective engagement between them as individuals and as a group with the IJB.</p> <p>Equality Outcome 2 includes a focus on enhancing current arrangements for strategic engagement by the IJB with older people. This is intended to enhance the number and diversity of older people who are actively involved in influencing the strategic planning activities of the IJB. Ensuring that the voice of older people is better placed to inform the plans and decisions of the IJB is likely to improve the effectiveness of the services they commission in the longer-term, including in improving health and wellbeing outcomes for older people.</p> <p>Equality Outcome 3 has a specific focus on the characteristics of members of the Integration Joint Board. Health and social care services support adults of all ages. Although in some service areas, such as care at home, older people make up a significant majority of those people being supported, there are many younger adults and adults of working age who require care and support from community and in-patient services that are part of the delegated functions of the IJB. Having an IJB membership that includes adults of a wider variety of ages would more closely reflect the overall population of Dundee. This has potential positive benefits in ensuring that the needs and views of younger and working age adults have an enhanced voice within IJB membership. In turn it is anticipated that this will lead to an improvement in the effectiveness of services commissioned by the IJB and health and wellbeing outcomes for younger adults and adults of working age.</p> |
| No Impact | | |
| Negative | | |
| Not Known | | |
| Disability | Y/N | Explanation, assessment and potential mitigations |
| Positive | X | <p>Proposed Equality Outcomes 1 and 3 are likely to have a positive impact for people who have a disability.</p> <p>Equality Outcomes 1 has a specific focus on people with a sensory impairment, learning disability of who are BSL users and proactively improving the accessibility of key information published by the IJB to these group. This reflects the recognition that in its current format much of the information published by the IJB does not meet the specific communication needs of these groups. For every 1,000 people living in Dundee just under 25 are blind or have partial sight loss and just under 70 are deaf or have</p> |
| No Impact | | |
| Negative | | |
| Not Known | | |

Dundee Integration Joint Board Integrated Impact Assessment

| | | |
|---|------------|--|
| | | <p>partial hearing loss. Dundee also has the highest population of adults with a learning disability of any local authority area in Scotland (in 2019: 1101 adults over 16, with a further 227 people known to have an autistic spectrum disorder). Although alternative formats can be requested by people, proactive publication of more accessible information would positively impact on communication and support more effective engagement between them as individuals and as a group with the IJB.</p> <p>Equality Outcome 3 has a specific focus on the characteristics of members of the Integration Joint Board. Health and social care services support people with a wide variety of disabilities. Having an IJB membership that includes adults who have a disability would more closely reflect the overall population of Dundee. This has potential positive benefits in ensuring that the needs and views of people who have a disability have an enhanced voice within IJB membership. In -turn this is likely to improve the effectiveness of services commissioned by the IJB and health and wellbeing outcomes for people who have a disability, including carers with a disability.</p> |
| Gender Reassignment | Y/N | Explanation, assessment and potential mitigations |
| Positive | X | <p>Proposed Equality Outcome 2 is likely to have a positive impact on people who have undergone gender reassignment.</p> <p>Equality Outcome 2 includes a focus on enhancing current arrangements for strategic engagement by the IJB with queer* people, including people who have undergone gender reassignment. This is intended to enhance the number and diversity of queer people who are actively involved in influencing the strategic planning activities of the IJB. Ensuring that the voice of queer people is better placed to inform the plans and decisions of the IJB is likely to improve the effectiveness of the services they commission in the longer-term, including in improving health and wellbeing outcomes for queer people.</p> <p>*Queer is an umbrella term for people whose sexual or gender identity does not correspond to established ideas of sexuality and gender.</p> |
| No Impact | | |
| Negative | | |
| Not Known | | |
| Marriage & Civil Partnership | Y/N | Explanation, assessment and potential mitigations |
| Positive | | |
| No Impact | X | |
| Negative | | |
| Not Known | | |
| Race & Ethnicity | Y/N | Explanation, assessment and potential mitigations |
| Positive | X | <p>All proposed Equality Outcomes have a potential positive impact on minority ethnic people and communities.</p> <p>Equality Outcomes 1 has a specific focus on people whose first language is not English (the majority of whom are people who are part of a minority ethnic group) and proactively improving the accessibility of key information published by the IJB to this group. This reflects the recognition that in its current format much of the information published by the IJB does not meet the specific communication needs of these groups. Evidence from 2021 Census shows that 12,121 people in Dundee use a language other than English at home. Although alternative formats can be requested by people, proactive publication of more accessible information would positively</p> |
| No Impact | | |
| Negative | | |
| Not Known | | |

Dundee Integration Joint Board Integrated Impact Assessment

| | | |
|------------------------------|------------|--|
| | | <p>impact on communication and support more effective engagement between them as individuals and as a group with the IJB.</p> <p>Equality Outcome 2 includes a focus on enhancing current arrangements for strategic engagement by the IJB with people who are part of a minority ethnic group. This is intended to enhance the number and diversity of people from minority ethnic groups who are actively involved in influencing the strategic planning activities of the IJB. Ensuring that the voices of minority ethnic people are better placed to inform the plans and decisions of the IJB is likely to improve the effectiveness of the services they commission in the longer-term, including in improving health and wellbeing outcomes for people from minority ethnic groups.</p> <p>Equality Outcome 3 has a specific focus on the characteristics of members of the Integration Joint Board. Having an IJB membership that includes adults of a wider variety of ethnic origin would more closely reflect the overall population of Dundee. This has potential positive benefits in ensuring that the needs and views of minority ethnic people have an enhanced voice within IJB membership. In -turn this is likely to improve the effectiveness of services commissioned by the IJB and health and wellbeing outcomes for people from minority ethnic groups.</p> <p>Equality Outcome 4 has a specific focus on members of the workforce who are from minority ethnic communities. Recent research in the health and social care sector has demonstrated ongoing experiences of racial discrimination in the workplace. Local intelligence gathered via employee networks has also identified a number of areas for improvement in terms of supporting the minority ethnic workforce and actively challenging discrimination. The IJB has an important leadership role in supporting this change. This active is targeted to further reduce experiences of discrimination and harassment and to improve workplace health and wellbeing for this group of staff.</p> |
| Religion & Belief | Y/N | Explanation, assessment and potential mitigations |
| Positive | | |
| No Impact | X | |
| Negative | | |
| Not Known | | |
| Sex | Y/N | Explanation, assessment and potential mitigations |
| Positive | X | <p>Proposed Equality Outcome 3 is likely to have a positive impact in relation to sex.</p> <p>Equality Outcome 3 has a specific focus on the characteristics of members of the Integration Joint Board. Having an IJB membership that includes a 50/50 sex balance would more closely reflect the overall characteristics of the population of Dundee. This has potential positive benefits in ensuring that the needs and views of both males and females have a voice within IJB membership. In -turn this is likely to improve the effectiveness of services commissioned by the IJB and health and wellbeing outcomes for people of both sexes.</p> |
| No Impact | | |
| Negative | | |
| Not Known | | |
| Sexual Orientation | Y/N | Explanation, assessment and potential mitigations |
| Positive | X | <p>Proposed Equality Outcomes 2 is likely to have a positive impact in relation to sexual orientation</p> |
| No Impact | | |

Dundee Integration Joint Board Integrated Impact Assessment

| | | |
|--|--|--|
| Negative | | Equality Outcome 2 includes a focus on enhancing current arrangements for strategic engagement by the IJB with LGBTQ+ people. This is intended to enhance the number and diversity of LGBTQ+ people who are actively involved in influencing the strategic planning activities of the IJB. Ensuring that the voices of LGBTQ+ people are better placed to inform the plans and decisions of the IJB is likely to improve the effectiveness of the services they commission in the longer-term, including in improving health and wellbeing outcomes for LGBTQ+ people. |
| Not Known | | |
| Describe any Human Rights impacts not already covered in the Equality section above. | | |
| None. | | |

PART 2- Assessment (continued)

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.

Mark either Yes or no (Y or N) in each box

| Y or N | Area | Fairness Explain Impact / Mitigations / Unknowns |
|--------|--|---|
| Y/N | Strathmartine (Ardler, St. Mary's & Kirkton) | <p>(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)</p> <p>No specific impacts associated with individual geographic localities have been identified in relation to the proposed IJB Equality Outcomes.</p> |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Lochee (Lochee Beechwood, Charleston & Menzieshill) | |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Coldside (Hilltown, Fairmuir & Coldside) | |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Maryfield (Stobswell & City Centre) | |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | North East (Whitfield, Fintry & Mill O'Mains) | |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | East End (Mid Craigie, Linlathen & Douglas) | |
| | Positive | |
| X | No Impact | |
| | Negative | |

Dundee Integration Joint Board Integrated Impact Assessment

| | | |
|------------|------------------|--|
| | Not Known | |
| Y/N | The Ferry | |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | West End | |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |

Dundee Integration Joint Board Integrated Impact Assessment

Household Group- *consider the impact on households and families may have the following people included.*

| Y/N | Looked After Children & Care Leavers | Explanation, assessment and any potential mitigations |
|-----|--|---|
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Carers | Explanation, assessment and potential mitigations |
| X | Positive | <p>By their association with older people and people with a disability in particularly there could be some positive indirect impacts on unpaid carers in relation to proposed Equality Outcomes 1, 2 and 3.</p> <p>As described above the implementation of these proposed outcomes has a focus on enhancing the ability of the IJB to understand the needs of older people and people with a disability more fully, and subsequently to commission services that more effectively meet their needs and improve their outcomes. This is likely to in-turn also have a positive impact on unpaid carers who provide care and support.</p> <p>Given that it is known that most unpaid carers in Dundee are female and aged 50 and over, any positive impact on carers is also likely to be most beneficial to these protected groups.</p> |
| | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Lone Parent Families | Explanation, assessment and potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Single Female with Children | Explanation, assessment and any potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Young Children and/or Greater Number of Children | Explanation, assessment and potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Retirement Pensioner (s) | Explanation, assessment and potential mitigations |
| X | Positive | <p>Proposed Equality Outcomes 1 and 2 for older people.</p> <p>Equality Outcomes 1 has a specific focus on older people and proactively improving the accessibility of key information published by the IJB to this group. This reflects the recognition that the widespread use of digital communication and publication does not meet the needs of older people as well as it does for the rest of the population. 18 % of Dundee's population is aged 65 years or over and 68% of this group have one or more long-term condition that might impact on their communication needs. Publication of information in alternative formats is likely to support better communication with older people and support more effective engagement between them as individuals and as a group with the IJB.</p> <p>Equality Outcome 2 includes a focus on enhancing current arrangements for strategic engagement by the IJB with older</p> |
| | No Impact | |
| | Negative | |
| | Not Known | |

Dundee Integration Joint Board Integrated Impact Assessment

| | | |
|-----|--|---|
| | | people. This is intended to enhance the number and diversity of older people who are actively involved in influencing the strategic planning activities of the IJB. Ensuring that the voice of older people is better placed to inform the plans and decisions of the IJB is likely to improve the effectiveness of the services they commission in the longer-term, including in improving health and wellbeing outcomes for older people. |
| Y/N | Unskilled Workers and Unemployed | Explanation, assessment and any potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Serious & Enduring Mental Health | Explanation, assessment and potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Homeless | Explanation, assessment and potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Households of Single Female with Children | Explanation, assessment and any potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Drug and/or Alcohol | Explanation, assessment and any potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Offenders and Ex-Offenders | Explanation, assessment and any potential mitigations |
| | Positive | |
| | No Impact | |
| | Negative | |
| | Not Known | |

PART 2- Assessment (continued)

| Socio-Economic Disadvantage- consider if the following circumstances may be impacted | | |
|---|-------------------------------|--|
| Y/N | Employment Status | Explanation, assessment and any potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Education & Skills | Explanation, assessment and any potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Income | Explanation, assessment and any potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Fuel Poverty | Explanation, assessment and any potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |

Dundee Integration Joint Board Integrated Impact Assessment

| | | |
|------------|---|---|
| | Not Known | |
| Y/N | Caring Responsibilities (including Childcare) | Explanation, assessment and any potential mitigations |
| X | Positive | <p>By their association with older people and people with a disability in particularly there could be some positive indirect impacts on unpaid carers in relation to proposed Equality Outcomes 1, 2 and 3.</p> <p>As described above the implementation of these proposed outcomes has a focus on enhancing the ability of the IJB to understand the needs of older people and people with a disability more fully, and subsequently to commission services that more effectively meet their needs and improve their outcomes. This is likely to in-turn also have a positive impact on unpaid carers who provide care and support.</p> <p>Given that it is known that most unpaid carers in Dundee are female and aged 50 and over, any positive impact on carers is also likely to be most beneficial to these protected groups.</p> |
| | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Affordability & Accessibility of Services | Explanation, assessment and any potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |

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

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

| | | |
|-----------------------------|---|--|
| Y/N | Education | Explanation, assessment and any potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Health | Explanation, assessment and any potential mitigations |
| X | Positive | Over the longer-term it is likely that proposed Equality Outcomes 1, 2 and 3 will enhance the meaningful participation by people from protected equality groups in the work of the IJB and that this should improve the effectiveness of health and social care services and supports for those people, impacting positively on health outcomes. |
| | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Life Expectancy | Explanation, assessment and any potential mitigations |
| X | Positive | Over the longer-term it is likely that proposed Equality Outcomes 1, 2 and 3 will enhance the meaningful participation by people from protected equality groups in the work of the IJB and that this should improve the effectiveness of health and social care services and supports for those people, impacting positively on health outcomes. |
| | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Mental Health | Explanation, assessment and any potential mitigations |
| X | Positive | Over the longer-term it is likely that proposed Equality Outcomes 1, 2 and 3 will enhance the meaningful participation by people from protected equality groups in the work of the IJB and that this should improve the effectiveness of health and social care services and supports for those people, impacting positively on health outcomes. |
| | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Overweight / Obesity | Explanation, assessment and any potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Child Health | Explanation, assessment and any potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Neighbourhood Satisfaction | Explanation, assessment and any potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Transport | Explanation, assessment and any potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Environment- Climate Change | | |
| Y/N | Mitigating Greenhouse Gases | Explanation, assessment and any potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Adapting to the Effects of Climate Change | Explanation, assessment and any potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |

Dundee Integration Joint Board Integrated Impact Assessment

| | | |
|--|-----------|--|
| | Not Known | |
|--|-----------|--|

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

| Resource Use | | |
|--------------|--|---|
| Y/N | Energy Efficiency and Consumption | Explanation, assessment and any potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Prevention, Reduction, Re-use, Recovery, or Recycling of Waste | Explanation, assessment and any potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Sustainable Procurement | Explanation, assessment and any potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |

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

| Natural Environment | | |
|---------------------|-----------------------------|---|
| Y/N | Air, Land and Water Quality | Explanation, assessment and any potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Biodiversity | Explanation, assessment and any potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |
| Y/N | Open and Green Spaces | Explanation, assessment and any potential mitigations |
| | Positive | |
| X | No Impact | |
| | Negative | |
| | Not Known | |

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

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

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 | (No further response needed) |
| | 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 | SEA Pre-Screening Determination: Explain how you made the determination that the Plan, Programme or Strategy will have no or minimal negative environmental effect: |
| | 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 | Insert the 'Summary of Environmental Effects' from your SEA screening report |
| | 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 | Insert the 'Summary of Environmental Effects' from your SEA screening report |
| | 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 | Environmental Implications: Describe the implications of the proposal on the characteristics identified: |
| | | Proposed Mitigating Actions: Describe any mitigating actions which you propose to take to overcome negative impacts or implications: |

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 | Provide a link to relevant IJB Agenda for IJB Report including Agenda record page numbers where report is found. |
|---------------------------|--|



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 19TH APRIL 2023

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP SENIOR MANAGEMENT STRUCTURE UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB21-2023

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to update the Integration Joint Board (IJB) about the developing DHSCP senior management structure

2.0 RECOMMENDATIONS

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

- 2.1 Notes the updated senior management team structure as outlined in Appendix 1 to this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The costs associated with the senior management team structure are contained within the Health and Social Care Partnership's existing budget.

4.0 MAIN TEXT

- 4.1 In the initial period of integration, the Health and Social Care Partnership (HSCP) structure was created based on localities. This was with a view to moving towards a locality model of service provision where each manager would be responsible for the range of services in specific geographical areas. However, the health and social care needs of the population in Dundee, geography of the city and preferences of citizens have meant that whilst some services are, or will in the future, be delivered on a locality basis a model of provision based only on localities is not suitable in the Dundee context.
- 4.2 Throughout and subsequent to the pandemic the HSCP has seen significant changes to the landscape of health and social care need and service delivery environment. This has included increased pressure in the demand profile for services and supports, alongside workforce challenges in a time of financial pressures and significant public sector reform. The HSCP now requires to develop a senior management structure which has sufficient capacity to address current and future challenges.
- 4.3 Turnover of staff has provided an opportunity to review the HSCP staffing structure and to create one that reflects the post pandemic landscape and the demands placed on the HSCP. This structure will sustain two Heads of Operational Services and a Chief Finance Officer reporting to the Chief Officer alongside the Lead Nurse and Clinical Director.

4.4 During the Covid Pandemic, there were unprecedented challenges and many of the usual processes were stood down, a temporary structure was put into place on an emergency basis. It is now clear that to address ongoing challenges this structure should be adopted on a permanent basis.

4.5 The two Head of Service portfolios are aligned with ongoing improvement and transformation activity:

The first of these consists of Mental Health, Drug and Alcohol, Public Protection and Primary care. These are key priorities identified in the Strategic Needs Assessment and there are significant programmes of work ongoing in each service area. The structure reflects the need to bring the delivery of these services closer together. Additionally, the demand on the management team in terms of reporting and oversight in these service areas are particularly significant and this structure reflects the need to have sufficient capacity to respond to this.

The second Head of Service which was created in 2020 will now be established through due process on a permanent basis to allow capacity to address other areas of priority for the HSCP. This portfolio includes urgent and unscheduled care, downstream inpatient facilities, Older People's mental health and integrated community teams.

4.6 The Chief Finance Officer's Senior Management Team remains largely unchanged with most of the reconfiguration to enhance capacity taking place at lower management levels.

4.7 A range of posts have been filled on a temporary basis, further work will be required to make permanent appointments. In addition some of the vacancies, and new posts will require further work in terms of job evaluations. Work has already commenced with both HR functions to support this process.

4.8 The plans to put in place more sustainable arrangements across service areas have recently been shared with the LPF and management team. We will continue to work with staffside, trade union, and HR colleagues to work through the processes required for management arrangements, and to fill the vacancies present.

4.9 The new structure will provide more resilience to respond to the range of strategic and operational challenges the HSCP will continue to face and mitigate a range of existing and emerging risks over the coming years. Its recognised that a number of people have shown significant flexibility and support to the temporary changes necessary during the pandemic. It is clear that without this support the high standards of care and performance that have been evident would not have been possible. There is now a need to provide clarity for all of those affected, and to ensure we have the capacity in place for the challenges ahead. The Chief Officer will seek the support of both HR systems to make permanent arrangements for the temporary posts, and to complete any evaluations required for vacancies and new posts.

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 | Lack of capacity in the senior management team will impact on the ability of the Health and Social Care Partnership to deliver on the Strategic Plan |
| Risk Category | Governance, Legal |
| Inherent Risk Level | Likelihood 4 x Impact 4 = Risk scoring 16 (which is an Extreme risk level) |
| Mitigating Actions (including timescales and resources) | <ul style="list-style-type: none"> Work is underway to establish the posts in this structure on a permanent basis |
| Residual Risk Level | Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High risk level) |
| Planned Risk Level | Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High risk level) |
| Approval recommendation | The IJB should update their strategic risk register to reflect the above risk and to enable ongoing monitoring. |

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

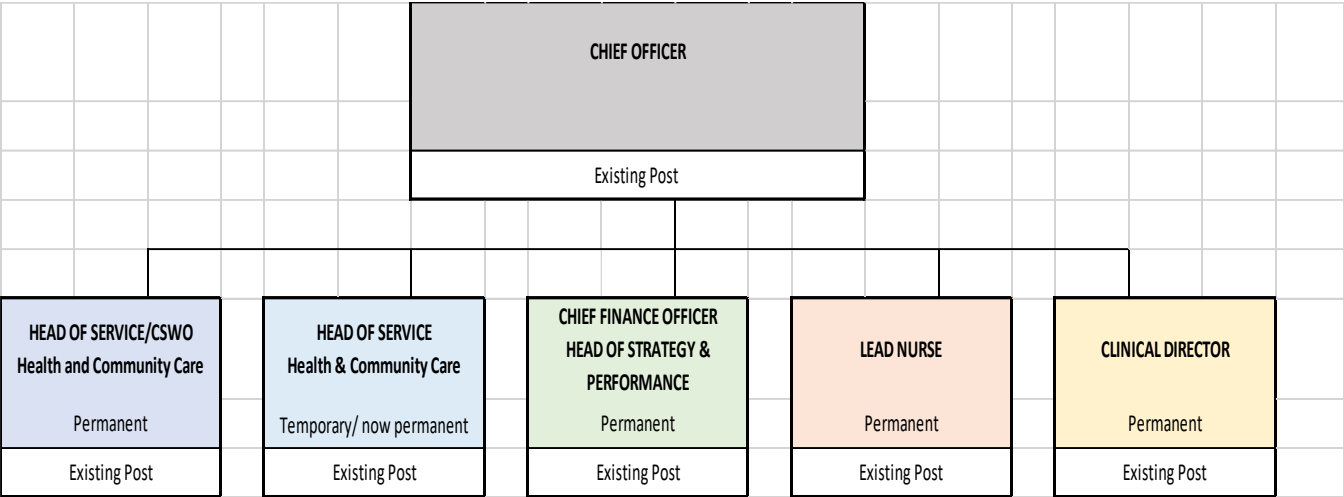
| Direction Required to Dundee City Council, NHS Tayside or Both | Direction to: | |
|--|--|---|
| | 1. No Direction Required | X |
| | 2. Dundee City Council | |
| | 3. NHS Tayside | |
| | 4. Dundee City Council and NHS Tayside | |

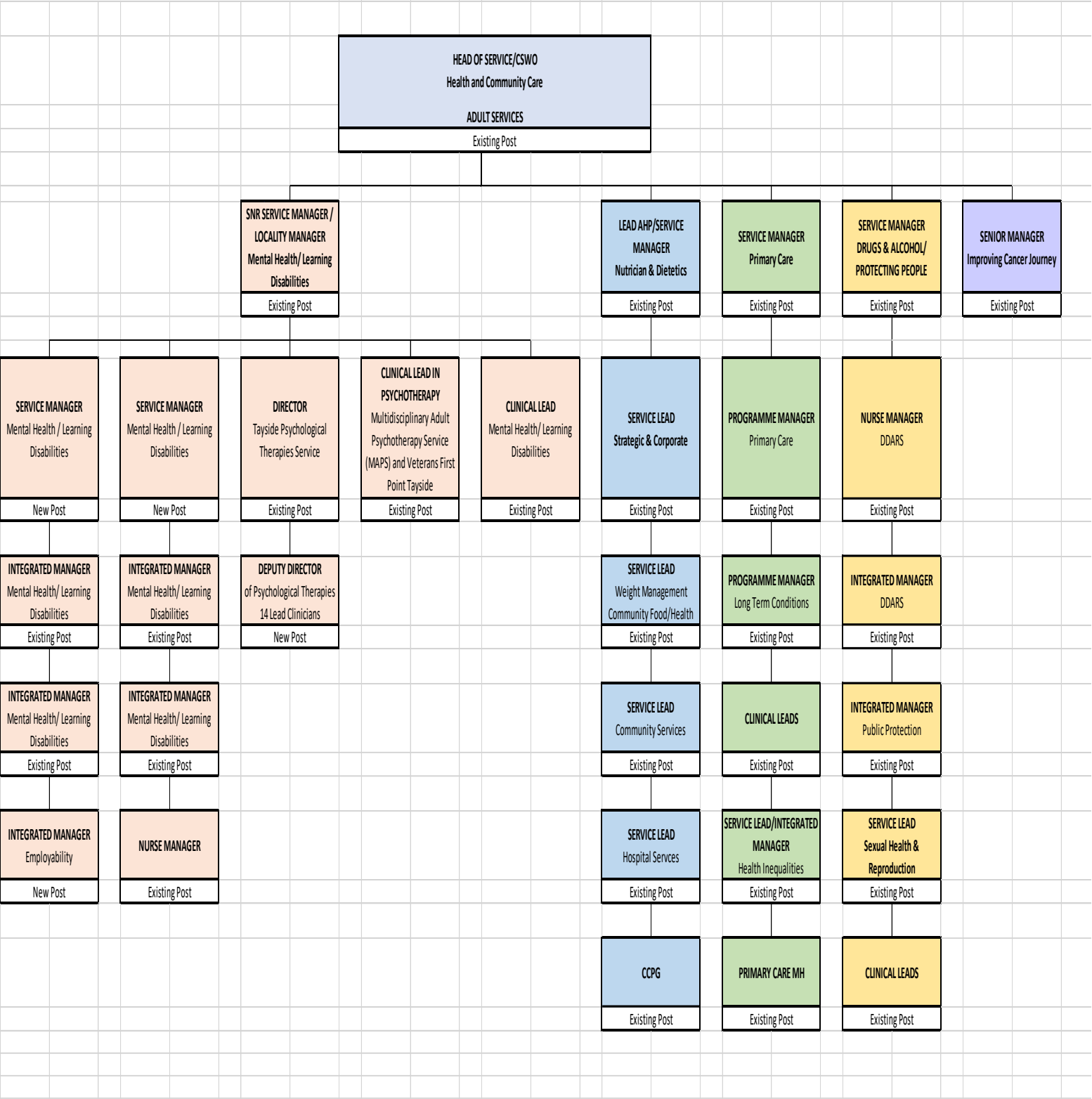
9.0 BACKGROUND PAPERS

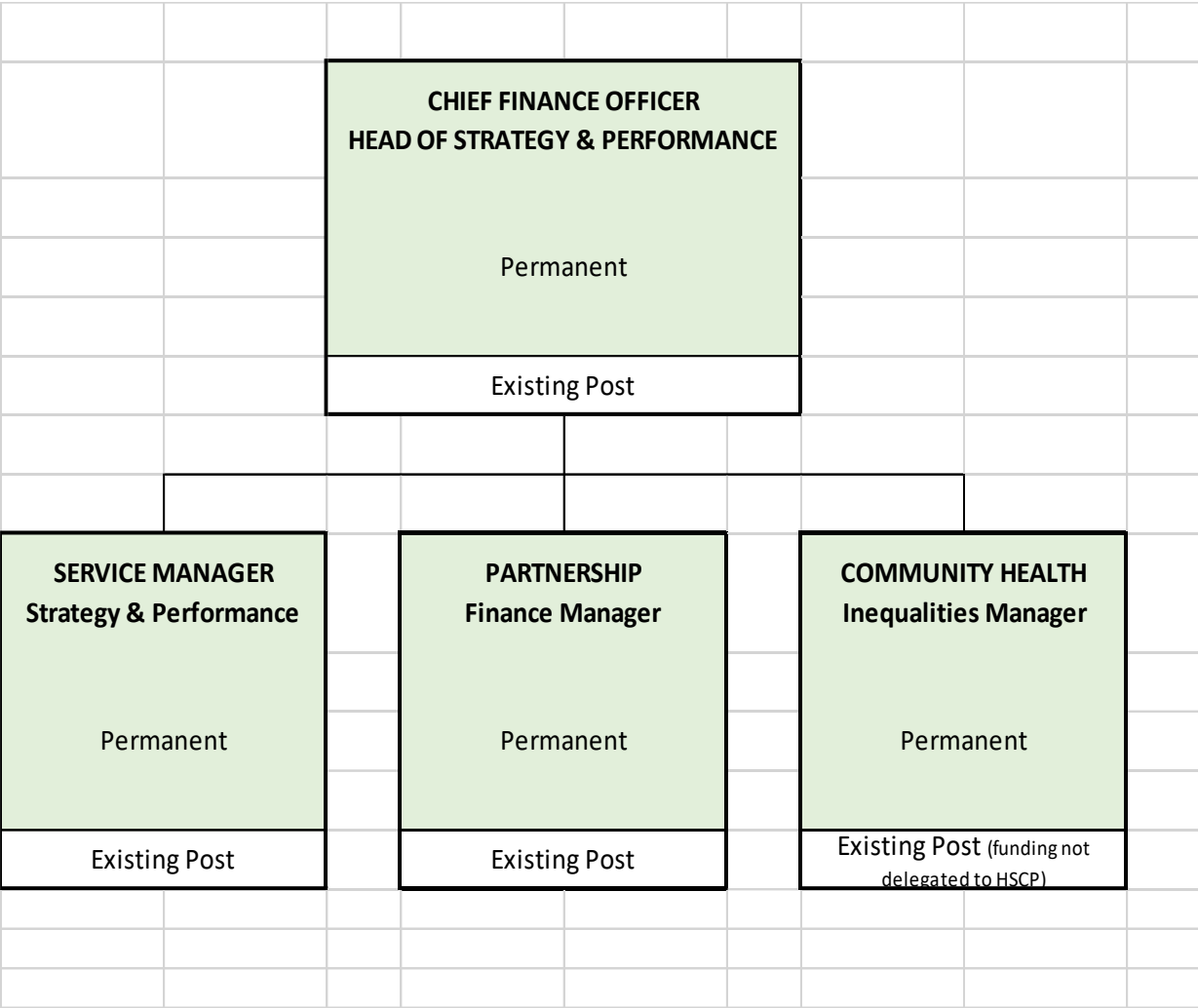
9.1 None

Vicky Irons
Chief Officer

DATE: 24 March 2023







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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
19TH APRIL 2023

REPORT ON: DUNDEE IJB PROPERTY STRATEGY UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB20-2023

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide an update to the Integration Joint Board (IJB) in relation to the IJB's overarching Property Strategy (DIJB88-2022) approved by the IJB on the 14th of December 2022 (Article VIII of the Minute refers)

2.0 RECOMMENDATIONS

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

- 2.1 Notes the progress made in implementing the Property Strategy.
- 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 within the Capital Plans of both Dundee City Council and NHS Tayside, Government capital funds and specific funding held by the IJB (e.g. 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.
- 3.2 Access to Capital funding for health and social care specific projects is challenging given the level of capital resources and other priorities identified within both Dundee City Council and NHS Tayside's capital plans. Within Dundee City Council's Capital Plan 2023-28, only £975k of capital funding for health and social care is provided for out of total resources available in the Capital Plan of £133m for 2023/24 with only £55k provided for in 2024/25. Within NHS Tayside's 5-year Financial Plan, £390k is set aside in 2023/24 for health and social care (GP Premises sustainability loan) from a total capital budget of £26.5m. The priorities set out within the Property Strategy will support the IJB in influencing future capital investment in community based health and social care services by the partner bodies.

4.0 MAIN TEXT

- 4.1 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 care 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

4.2 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 premise's strategy
- Identify IT solutions to some of the barriers to partnership working and progress implementation to ensure improving access and using our space and staff resource efficiently

4.3 Since the Property Strategy was agreed 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:

- Work is progressing towards the development of a new business case to meet the needs of the Non-Acute Care in Dundee Programme including the re-provision of accommodation at the Kingsway Care Centre, Royal Victoria Hospital. A new project manager and health care planners have been appointed to support the work.
- A group has been convened, which meets fortnightly, to oversee the replacement of Constitution House and a Strategic Needs Assessment is underway. Discussions are progressing to look at Wallacetown Health Centre but additional accommodation will be required.
- Recruitment to the Property Manager's post will commence shortly
- Family Medical Group will move to their consolidated premises in Douglas on the 1st May 2023
- Additional space has been identified for the GP practice in Whitfield and lease negotiations are ongoing on a commercial basis for undergraduate training and supporting increasing clinical capacity.
- Discussions are underway around possible bases for East and West Hubs to support the community MDT approach. A business case has been developed and a strategic needs assessment is underway.
- Phase 2 of the refurbishment of Broughty Ferry Health Care Centre has been scoped and architect plans and initial costings are being prepared.
- The development of clinical space at MacKinnon Health Centre is complete but IT access still requires to be resolved by BT Open Reach.
- The development of a Community Wellbeing Centre in the city centre is now complete and discussions are ongoing regarding the lease agreement.
- A number of projects to support improved space utilisation in practices have been progressed and are summarised in appendix 2
- A public consultation has been undertaken on the GP premises strategy and is attached as Appendix 1 with an overview below:

The 4 criteria set approved in the GP Premises Strategy are reviewed in light of what respondents have told us.

- Look towards a community focused model delivering health and social care

Patient responses indicate that this is the model they would like DHSCP to work towards; with a GP practice building that is part of the community. The focus groups also drew out the need for a

wider service provision within the building, hosting psycho-social services and activities in addition to health. Use existing groups across the city to support co-production.

- ii. Ensure premises are of good quality and fit for purpose.

The responses suggest the GP premises estate across Dundee is largely up to standard with a few exceptions. The major issue is that of privacy at reception. Where there are individual issues at a practice, the primary care team will pick those up and work with practices to address them.

- iii. Provide support to general practice to enable sustainability.

Focus groups discussed the challenges facing GPs and practice nurses which demonstrated the public are very well aware of the workforce challenges in general practice including a lack of GPs and nurses into the professions, compounded by those who are retiring.

There was little knowledge of practice ownership and the implications however a handful of suggestions were around the creation of GP super practices or wellbeing hubs which had been seen to work in other areas.

Respondents recognised the importance of patient behavioural patterns and the social and environmental context. We heard a high number of suggestions for self-monitoring and meeting spaces for group approaches to wellness.

There was recognition and understanding of the need for multi-disciplinary teams to support the GP and practice nurse. The responses suggest a lack of knowledge around what other care is available within the primary care and therefore a key action is to address that.

Within Dundee, there is work ongoing on GP practice sustainability. The findings here will be shared to support that work and the enacting of a sustainability action plan for Dundee which includes Premises Leases and Loans.

- iv. Ensure appropriate geographical coverage across Dundee.

There were some concerns raised about the ability to travel and the cost of travel. Overall citizens of Dundee are largely happy to travel with many preferring to travel in order to remain with the same practice their family has been with across several generations. Geographical coverage was not seen as a pressing issue by those who responded. There should of course be awareness of those who do not have easy access to transport.

These findings and actions will sit alongside and be part of other work within the primary care work programme.

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 | Resources pressures, including the absence of dedicated capacity focused on the implementation of the Property Strategy on behalf of the IJB as well as access to Dundee City Council and NHS Tayside capital and property related revenue funding, will significantly delay the implementation of priorities and actions. |
| Risk Category | Governance, Legal |
| Inherent Risk Level | Likelihood 4 x Impact 4 = Risk scoring 16 (which is an Extreme risk level) |
| Mitigating Actions (including timescales and resources) | <ul style="list-style-type: none"> • Work is underway to establish and recruit to a temporary dedicated Property Strategy post to support the implementation of the IJB strategy, including through collaborative work with Dundee City Council and NHS Tayside. • The completion of elements of the workplan that are associated with statutory duties, including health and safety considerations will be prioritised. • Continuing to set out community based health and social care investment requirements to the partner bodies. |
| Residual Risk Level | Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High risk level) |
| Planned Risk Level | Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High risk level) |
| Approval recommendation | With the mitigating actions in place, it is deemed that the risk level is acceptable |

7.0 CONSULTATIONS

- 7.1 The Property Strategy Short Life Working Group, Chief Finance Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

9.0 BACKGROUND PAPERS

- 9.1 None

Vicky Irons
Chief Officer

DATE: 23 March 2023

Jenny Hill, Head of Health and Community Care
Julia Martineau, Programme Manager Primary Care, Dundee HSCP



Dundee HSCP

Public Consultation on

General Practice Premises Strategy

Date of document: 23 March 2023

Version: 1.0

Document Owner: Dr David Shaw, Clinical Director, DHSCP

Document Author: Julia Martineau, Programme Manager, Primary Care DHSCP

This work was supported by
Joyce Barclay, Senior Office, DHSCP
Liz Balfour, Senior Information Analyst, Public Health Scotland

With thanks to the Citizens of Dundee and Focus Group attendees

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Contents

| | |
|---|----|
| Introduction | 4 |
| GP Premises Strategy | 4 |
| Our Engagement Approach..... | 4 |
| Methodology..... | 5 |
| Plan | 5 |
| Identifying Stakeholders | 5 |
| Focus Groups..... | 5 |
| Creating Awareness | 6 |
| General Practice Buildings and Websites | 6 |
| Dundee Health & Social Care Partnership (DHSCP) Website..... | 6 |
| NHS Tayside Facebook | 7 |
| Poster | 7 |
| Information Leaflet | 8 |
| Survey..... | 9 |
| Survey:..... | 10 |
| Focus Groups: | 10 |
| Inclusivity | 10 |
| Deaf Users/British Sign Language (BSL) | 10 |
| Veterans Group..... | 10 |
| Students | 10 |
| Older Adults | 11 |
| Multi Faith and Multi Cultural..... | 11 |
| Learning Disability..... | 11 |
| Carers | 11 |
| Parents | 11 |
| Findings | 12 |
| Practice Responses | 12 |
| Patients by age and sex..... | 12 |
| Time Since Last Appointment | 13 |
| Distance from Home to GP Practice | 13 |
| Patients living more than 3 miles from their practice | 14 |
| Methods of Travel to GP Practice | 14 |
| Methods of Travel to GP Practice if living within one mile..... | 15 |

| | |
|--|----|
| Methods of Travel to GP Practice by Distance from Home | 15 |
| Methods of Travel to GP Practice by Age Group | 16 |
| Ease of Public Transport | 16 |
| Time Willing to Travel to Appointments..... | 17 |
| Most appropriate professional | 17 |
| Do you know which Health Professionals and Support are available to you? | 18 |
| Which consultation types have been offered to you?..... | 18 |
| Willingness to accept a video consultation over a face to face appointment..... | 19 |
| Ratings of GP Practice building | 19 |
| Themes around improvements needed | 20 |
| Improvements that could be made at GP Practice..... | 20 |
| Service Support Themes | 20 |
| Suggestions for a practice in the future..... | 21 |
| Suggested improvements and ideas | 22 |
| Key Themes | 23 |
| Building | 23 |
| Navigation | 23 |
| Consultation Modes..... | 23 |
| Travel | 24 |
| Practices of the Future..... | 24 |
| Service Support Themes | 25 |
| Learning Points from the consultation | 25 |
| Time | 25 |
| Practices..... | 25 |
| Online | 25 |
| Use of mixed approach | 25 |
| Responses - All practices will receive a copy of the feedback for their own practice. | 25 |
| Conclusion..... | 26 |

Introduction

The Dundee GP Premises Strategy was approved by the Dundee Integrated Joint Board (IJB) in October 2022. The approval included a requirement to consult with the citizens of Dundee to capture their views on GP Premises of the future and to assess if their views were aligned with those set out in the GP Strategy.

The consultation has been completed and the findings are shared here. The document includes the methodology so that the learning here can support public consultations in the future.

GP Premises Strategy

Dundee has 23 practices providing care to a population approaching 171,000 people. The purpose of the GP Premises Strategy is to provide:

- meaningful information on the current GP estate portfolio
- signpost to future GP premise requirements
- set out key recommendations and next steps.

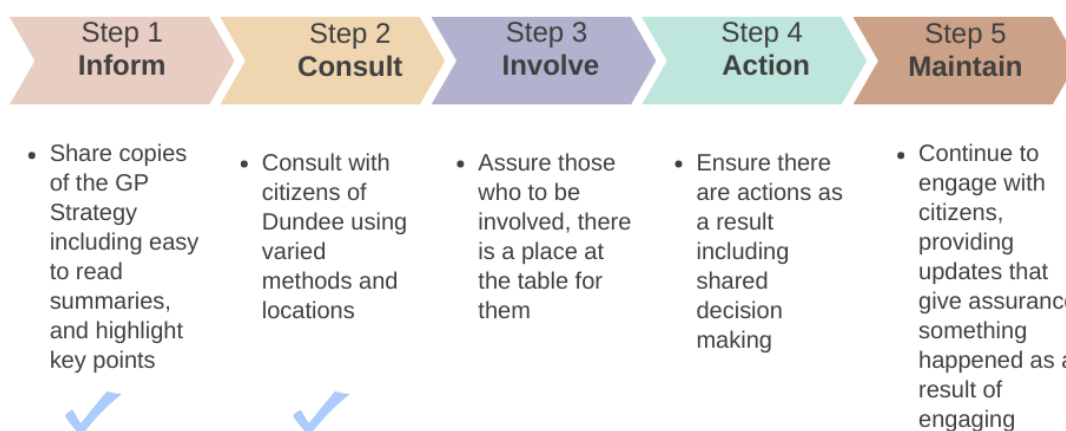
The GP Premises Strategy identified four broad criteria to guide the GP premises work programme which are:

- Look towards a community focused model delivering health and social care.
- Ensure premises are of good quality and fit for purpose.
- Provide support to general practice to enable sustainability.
- Ensure appropriate geographical coverage across Dundee.

In order to move this Strategy to being action focused, 13 recommendations were given. These included an immediate action to hear the views of the citizens of Dundee on the GP Premises Strategy.

Our Engagement Approach

There are 5 key steps in engaging with the citizens of Dundee about GP Premises and this document covers Steps 1 and 2.



This was a coordinated approach to gather views in an appropriate and efficient way, providing as many citizens as possible an opportunity to voice their views. Citizens should be assured of ongoing

and meaningful engagement and continued dialogue as part of the GP Premises work programme, as reflected in Steps 3 to 5.

Methodology

Plan

An engagement plan was developed around 4 key tasks:

- Identify stakeholders
- Create awareness about the GP Premises Strategy
- Create as many opportunities as possible for citizens to feedback
- Analyse and feedback on findings.

Identifying Stakeholders

A wide selection of groups across Dundee were contacted for their views on the GP Premises Strategy. It built on previous DHSCP stakeholder engagement work.

| Group Name | |
|--|--|
| Advocacy Together | Grove School |
| Balcarres Home | Healthy Minds Network |
| Beehive | Keep Well Team |
| BSL /Interpreters | LCCP (Local Community Planning Partnerships) |
| Care at Home Providers Forum/ Independent/OPS | LD Group |
| Community Health Inequalities Service | NHST Website |
| Carers Centre | Parent to Parent |
| College and University Students | Pensioners Forum |
| Community Health Advisory Forum | Polish Society |
| Dundee HSCP colleagues, service users and carers | Scottish Refugee Council |
| Dundee HSCP Website | Social Work Students |
| Dundee Partnership Bulletin | Tayside Veterans |
| ESOL English for Speakers of Other Languages | The Corner |
| Faith Organisations | The Day Care Forum |
| Green Health Partnership | West End Blethers |

Focus Groups

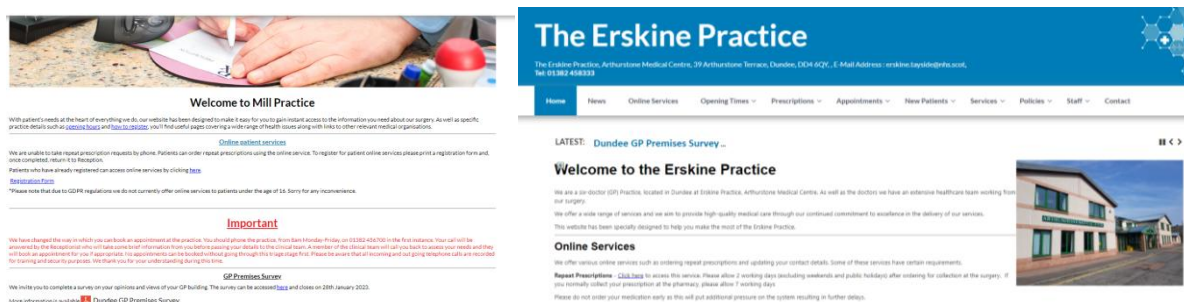
Previous consultation work by DHSCP with citizens had highlighted a preference for patient engagement to be done through existing groups rather than setting up new meetings. This engagement work took place in December and January so there was also an awareness of asking people to come out on colder, shorter days. Groups that were visited commented that utilising existing meetings was the most convenient and we should continue to do that going forwards.

Creating Awareness

General Practice Buildings and Websites

Practices were provided with information which included suggested wording for their web page, a QR code and a link to the patient survey.

Practices were also provided with hard copies of posters, leaflets and survey and completed surveys to be collected at the end of January.




A check in early January, found only two practice websites displaying details about the survey so a further prompt to practices was circulated and a second check suggested practices had not engaged.

Dundee Health & Social Care Partnership (DHSCP) Website

The GP Premises Strategy together with details on how to link to the Survey was posted on the DHSCP website between 12 December 2022 and 31 January 2023.

Home / Dundee GP Premises Strategy Patient Survey

Dundee GP Premises Strategy Patient Survey



Dundee Health & Social Care Partnership are keen to hear patients' views about their GP Premises.

To ensure you continue to have access to the best possible health care we are planning some changes to the way services are delivered in primary care, which includes your GP practice.

These changes are needed because of a number of reasons which include:


- Nationally GPs need to provide increasingly more complex care to a growing population.
- Dundee has an increasingly older population who have more complex needs.
- There is a national shortage of doctors, including here in Dundee. This is due to issues with recruiting and retaining doctors and many of our doctors are nearing retirement.

One of the ways to resolve some of those challenges is to move towards providing care to patients using a multi-disciplinary team. This means patients receive care from other health professionals working at the GP practice. The team members work alongside the GP, and each member of the team has a particular skill set and specialist knowledge. For example, physiotherapists and pharmacists. Another way to help to use your time and the health professional's time better, is to offer Telephone Appointments or Virtual Appointments.

To deliver the care needed today, and into the next decade, GP practices and the buildings where they are, need to be able to adapt to deliver services into the future. This survey is part of Dundee's GP Premises Strategy which sets out how we move from where we are now to a future which enables general practice to meet the healthcare needs of the citizens of Dundee. As a patient of a Dundee GP practice, we invite you to complete this survey. It should take no more than 10 minutes. Your responses will give us a better understanding of how patients view their local surgery or health centre and help us to understand what patients think a good surgery looks like.

You can access the survey [here](#).

or using this QR code



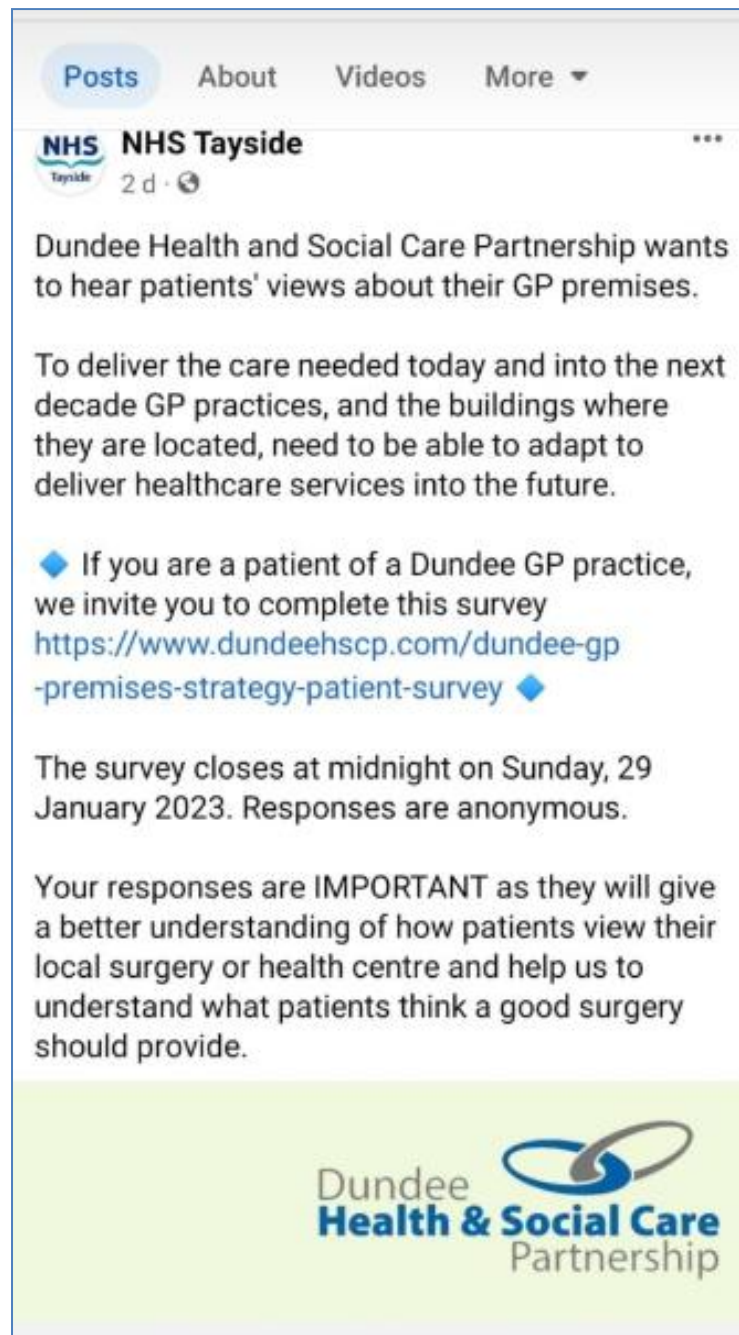
This survey will close at midnight on Sunday, 29 January 2023, and responses are anonymous.

For more information please email dchpgpclinicaldev@nhs.scot

Or write to us at :

NHS Tayside Facebook

NHS Tayside promoted the survey by providing a link to the DHSCP website. The comment function was turned off to avoid receiving lots of messages about GP services eg inability to get a GP appointment. The post below was scheduled on the social media platforms twice weekly during January 2023.



Poster

A poster was widely distributed and displayed at each of the community centres across Dundee. The poster included the QR code, together with other ways to give views. Each centre also had hard copies of the survey and freepost envelopes available.



**SHARE YOUR VIEWS
ON YOUR GP PREMISES**

**WE INVITE YOU TO COMPLETE A SURVEY TO
SHARE YOUR VIEWS ABOUT YOUR GP BUILDING**

Survey closes Midnight on Sunday, 28 January, 2023

SHARE WITH US....

-  What do you want from your GP building?
-  How does your GP building make you feel?
-  What other services should be co-located with your GP?
-  Access - transport to and ability to move within the building?
-  What ideas do you have for the future of GP services?

Use the QR Code below to access an online version of the survey.

Request a copy of the survey by emailing dchpgpclinicaldev@nhs.scot

Write to us: Dundee GP Premises Survey, Room 11, Maryfield House, Mains Loan, DUNDEE. DD4 7BT

Pick up a survey at Reception.





Dundee Health & Social Care Partnership

Information Leaflet

The information leaflet was produced with input from two focus groups. They had suggested it be available both electronically and in paper copy to enable access for all. The focus groups recommended that citizens be able to make contact outside the boundaries of the survey questions so both an email and a postal address was provided. The content of the leaflet is shared overleaf.

The leaflet was provided at the start of each meeting and helped to keep Focus Groups to stay on topic and it proved useful to be able to refer to it to bring the conversations back to topic.

Side 1

| | | |
|--|---|--|
| <h3>What else can you do?</h3> <p>Complete a survey:</p> <p>Paper version - copies available</p> <p>Online version - use the QR code below:</p>  <p>Survey closes midnight on Sunday, 28 January 2023</p> | <h3>Contacts</h3> <p>Email: dchpgpclinicaldev@nhs.scot</p> <p>Write to us:</p> <p>Dundee GP Premises Survey, Room 11, Maryfield House, Mains Loan, DUNDEE, DD4 7BT</p> <p>Your views matter, thank you.</p> | <h2>DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP</h2> <h3>PATIENT VIEWS ON GENERAL PRACTICE PREMISES</h3>  <p>December 2022</p> |
|--|---|--|

Side 2

| | | |
|--|--|---|
| <h3>Introduction</h3> <p>Dundee Health & Social Care Partnership are keen to hear patients' views about their GP Premises.</p> <p>What views do you have about the condition of the building and the possibilities for improvements and potential for alternative services and uses?</p> | <h3>Your Views</h3> <p>To help us deliver the services you need, please share your views on the following by completing a survey.</p> <ul style="list-style-type: none"> What do you want from your GP building? How does your GP building make you feel? What other services should be co-located with your GP? Access - transport to and ability to move within the building? What ideas do you have for the future of GP services? | <h3>Points to Consider</h3> <p>The pressure on NHS from limited funding and increasing demand for health care means buildings need to offer good value for money,</p> <p>Workforce challenges mean looking at new ways of working and the building is an important part of being able to change.</p> <p>Research shows environment impacts on our health so think about layout, location, and decoration.</p> |
|--|--|---|

Survey

The survey was set up on Microsoft Forms. It was reviewed by GP Cluster Leads and by Public Health colleagues. The hyperlink and QR code to the survey were shared in as many ways as possible including:

- Dundee HSCP website and NHS Tayside Twitter
- University of Dundee and Abertay University Newsletters
- Local groups
- Colleague distribution emails

Response Rate

Survey:

There were 474 survey responses giving a return rate of c.0.25%.

Note 3 responses were received beyond the closing date and are not included in the analyses.

As a comparison there were 58 responses to the recent survey on the Strategic Plan.

Focus Groups:

In total there were 91 people who attended a focus group discussion.

Inclusivity

A key part of this public consultation was to hear the views from as many individuals as possible, across a wide variety of health and social needs. The groups that responded to an offer to meet or share information and materials were:

Deaf Users/British Sign Language (BSL)

The poster was reworked by the BSL team to ensure it was BSL friendly and the information circulated by the BSL Team on their Facebook page, via their WhatsApp group and posted to home addresses.

Two Focus Groups were held with deaf citizens – one during the day and the other in the evening. The sessions were supported by NHS Tayside BSL interpreters. An interpreter request form was submitted to the NHS Tayside Interpreter and Translation Service to support both meetings. DHSCP supported the costs of the service and the venue (Dundee Carer's Centre).

Veterans Group

Veterans First Point Tayside based at Kings Cross were approached. They thought that many veterans would appreciate the opportunity to give their views on GP premises. The information leaflet and link to the survey was shared at their Business Meeting on 9 January, 2023.

Students

The views of young adults were sought by placing the following article in the January 2023 Newsletter of the two universities of Abertay and Dundee.



Dundee Health & Social Care Partnership wants to hear patients' views about their GP premises.

To deliver the care needed today and into the next decade GP practices, and the buildings where they are located, need to be able to adapt to deliver healthcare services into the future.

We are keen to hear the views of young adults in Dundee so if you can spare a few minutes we invite you to click the link to the [Dundee GP Premises Survey](#) or use the QR Code below.



Your responses are important as they will give us a better understanding of how patients view their local surgery or health centre and help us to understand what patients think a good surgery should provide.

This survey will close at midnight on Sunday, 29 January 2023, and responses are anonymous.

For more information on the GP Premises Strategy Dundee visit Dundee Health and Social Care [Dundee Health & Social Care Partnership](#)

Older Adults

Several of the focus groups included older adults. The age range on the responses to the surveys shows views from the older population are represented.

Multi Faith and Multi Cultural

Contact was made with a number of groups and the information and survey circulated to them.

Learning Disability

A focus group meeting drew out the views of this cohort of patients.

Carers

Contact was made with carers including an offer of a face to face meeting but this was not possible.

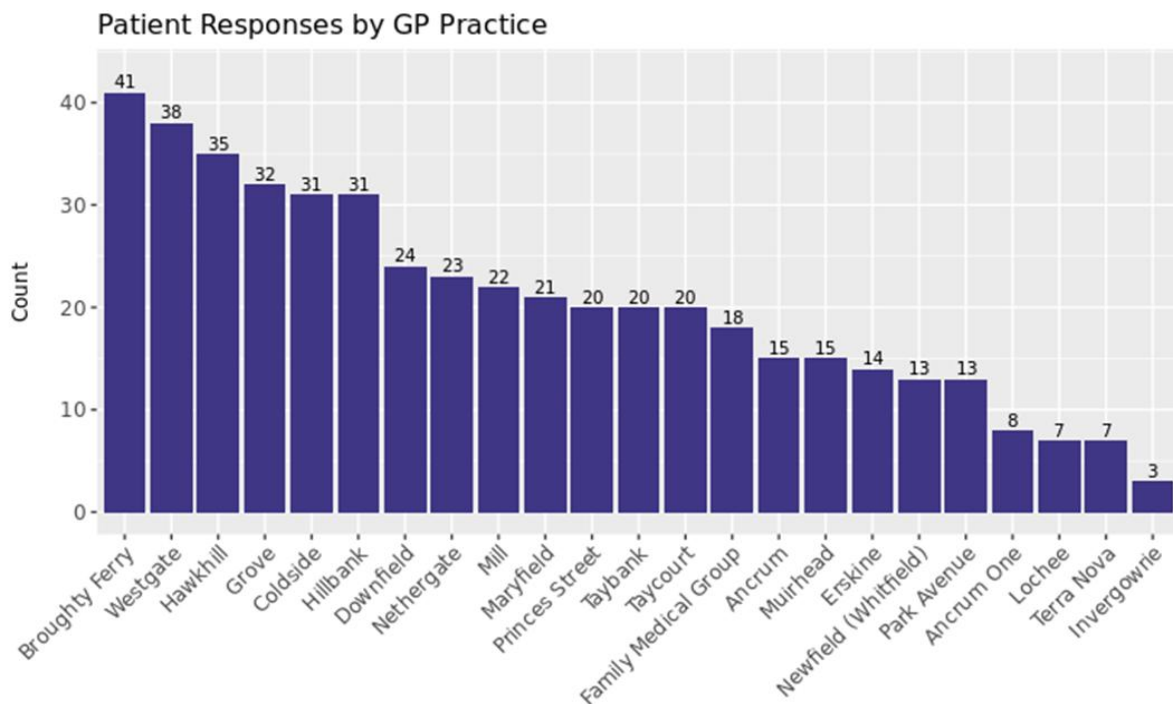
Parents

There was no response to email correspondence to visit groups. However as there are several groups who meet in community centres where information about the survey was displayed, parents would have had an opportunity to respond.

Findings

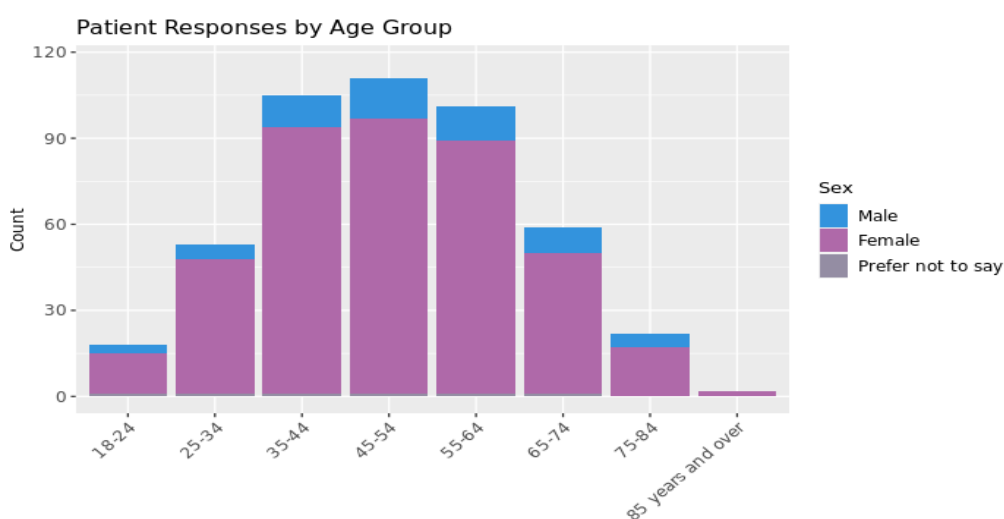
Total responses analysed were 471. There were responses received for all 23 practices. The graph below shows Broughty Ferry received the highest number, followed closely by Westgate, Hawkhill, Grove, Coldside and Hillbank.

Practice Responses



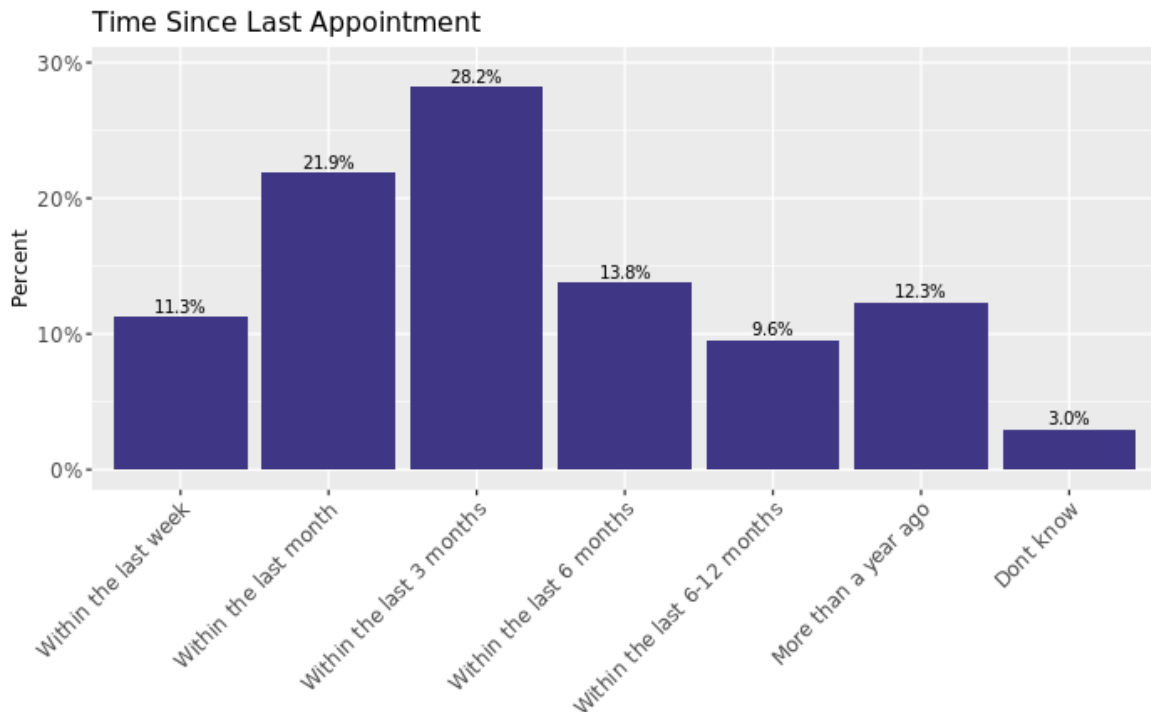
Patients by age and sex

There was a good range of responses across the ages and 86% of the patient responses being female (n=406). The most common ages of responses were between 35 and 64 years.



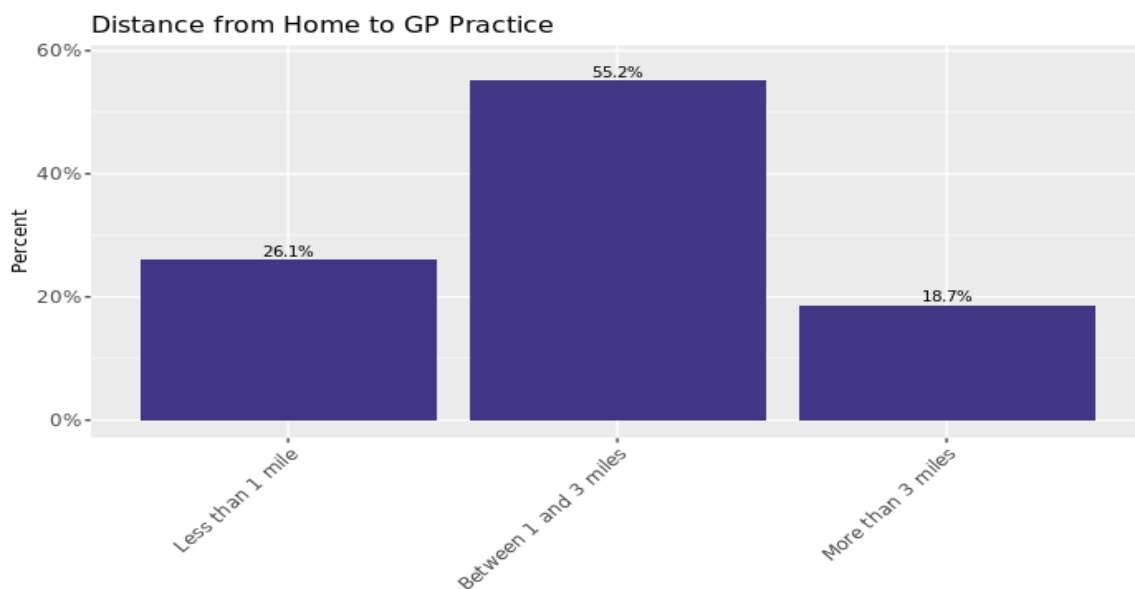
Time Since Last Appointment

Patients were asked how long had it been since their last appointment and almost two-thirds of patients had an appointment within the past 3 months. A small number 11% had an appointment in the past week.



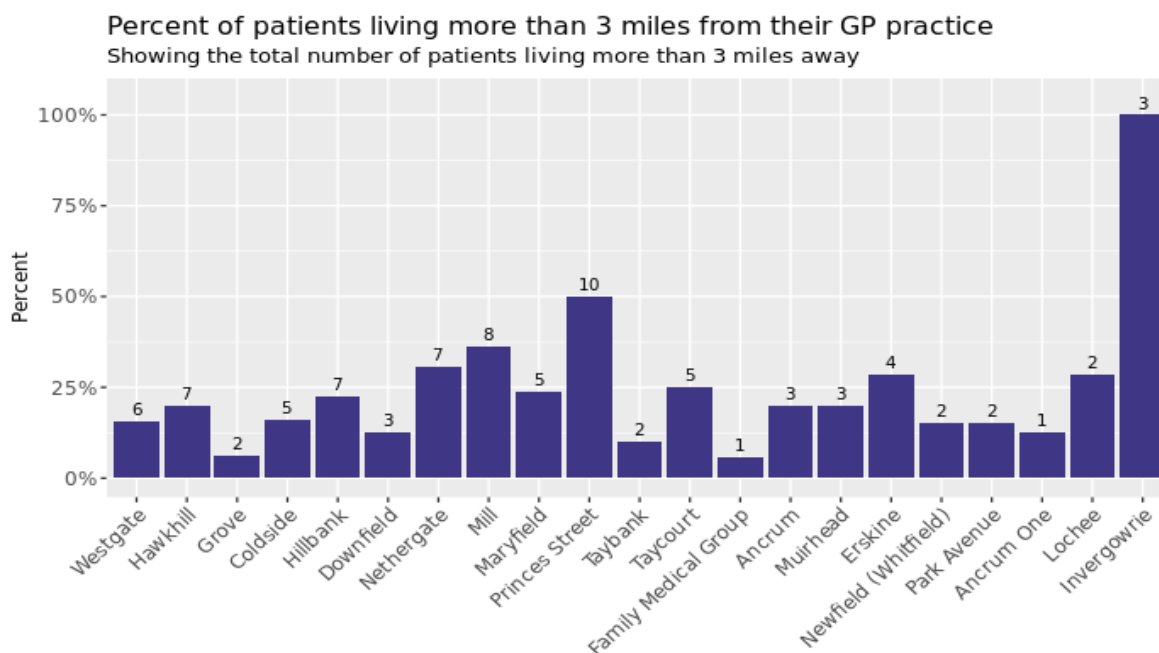
Distance from Home to GP Practice

Just over a quarter of the responses said they live within a mile of their practice. It is recognised that the distance is a subjective measure but the findings below suggest patients' willingness to travel. Focus group conversations suggest this is linked with wishing to remain with the same practice across the generations.



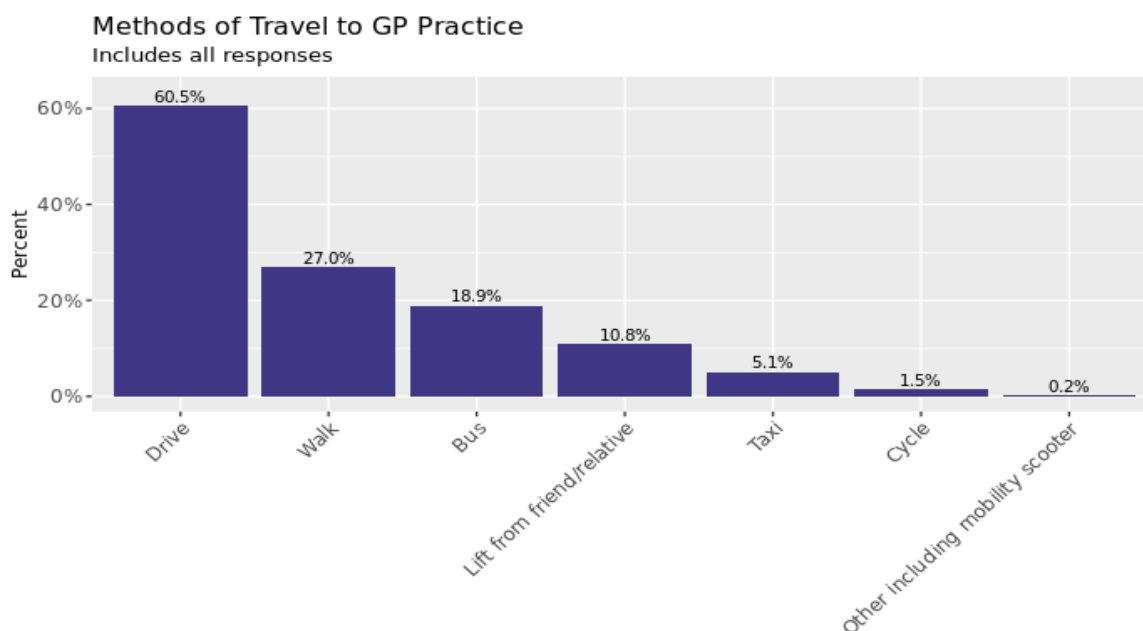
Patients living more than 3 miles from their practice

Princes Street had the highest number of patients living more than three miles away, with 10 patients (50% of those surveyed). Note some practices had small numbers of responses to the survey.



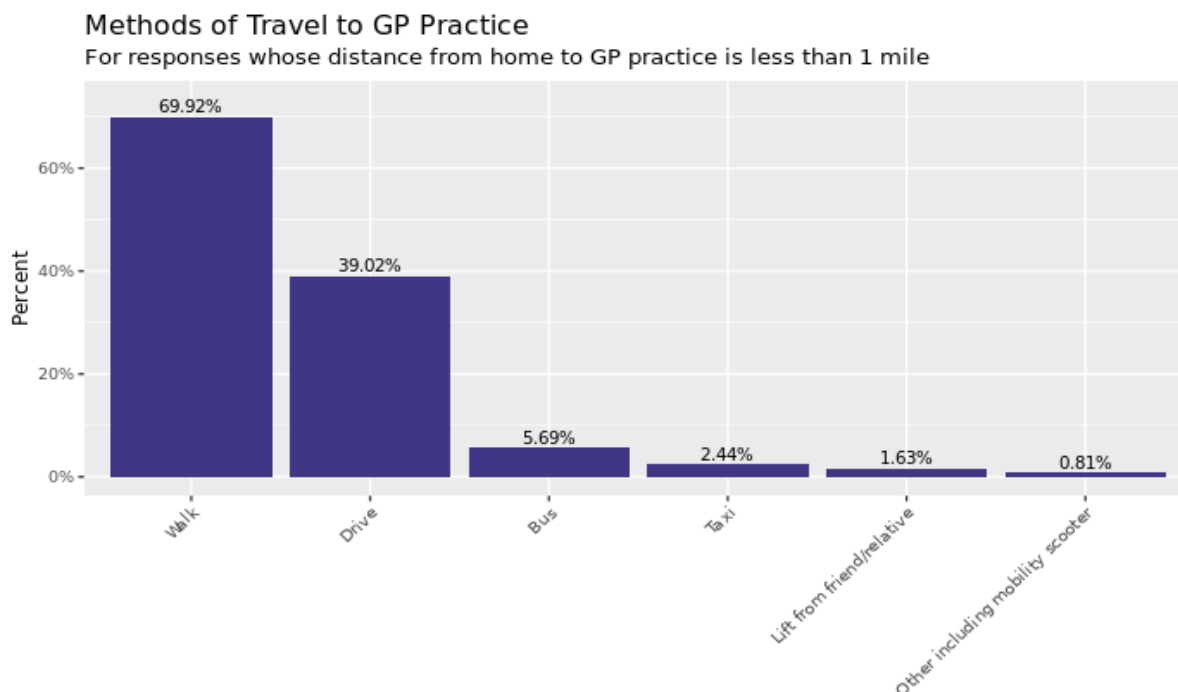
Methods of Travel to GP Practice

The distance is likely to play a role in the finding that 60% of patients drive to their GP Practice and 27% walk. Note patients were able to select multiple options.



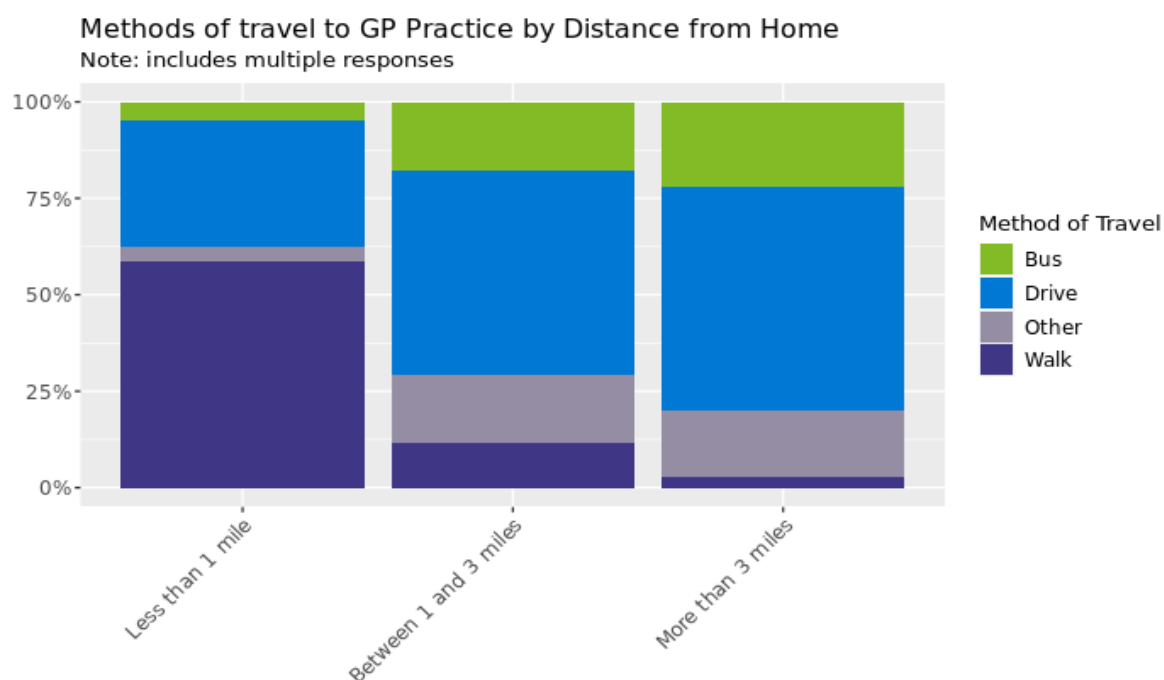
Methods of Travel to GP Practice if living within one mile

For those patients who live within one mile of their GP practice, 70% opt to walk with just over a third driving to their GP practice. This suggests that '20 minute neighbourhoods' would be a healthier option for citizens and a greener option for the city.



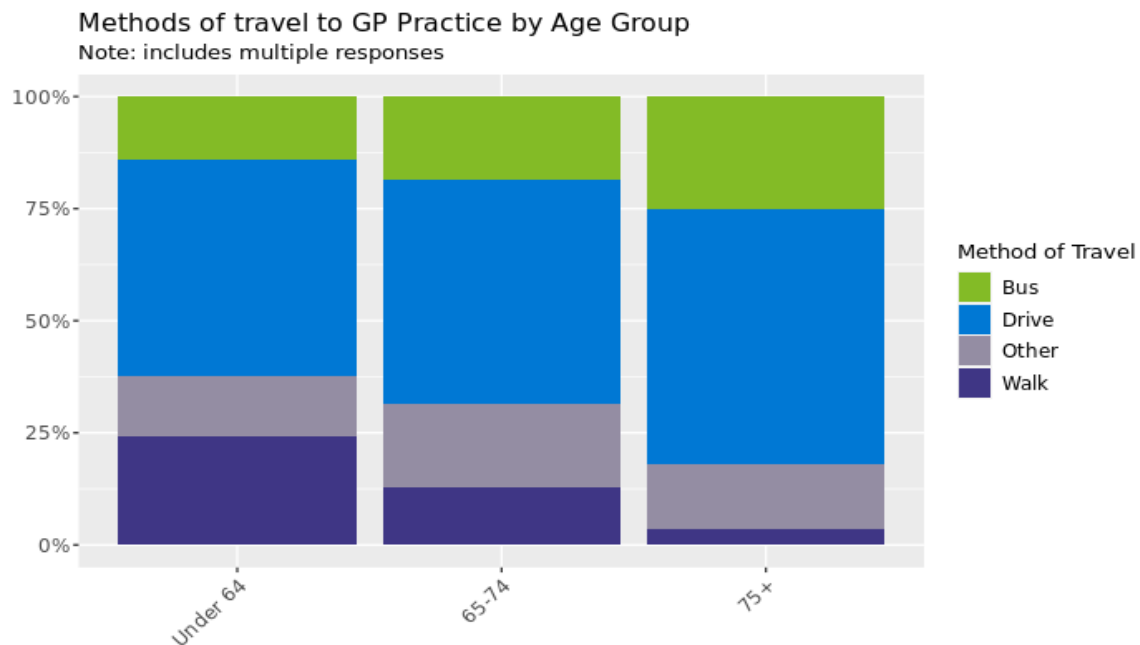
Methods of Travel to GP Practice by Distance from Home

The percentage of patients driving to their GP practice increases with distance required to travel from home, from 33% for those within one mile to 58% for those more than three miles away



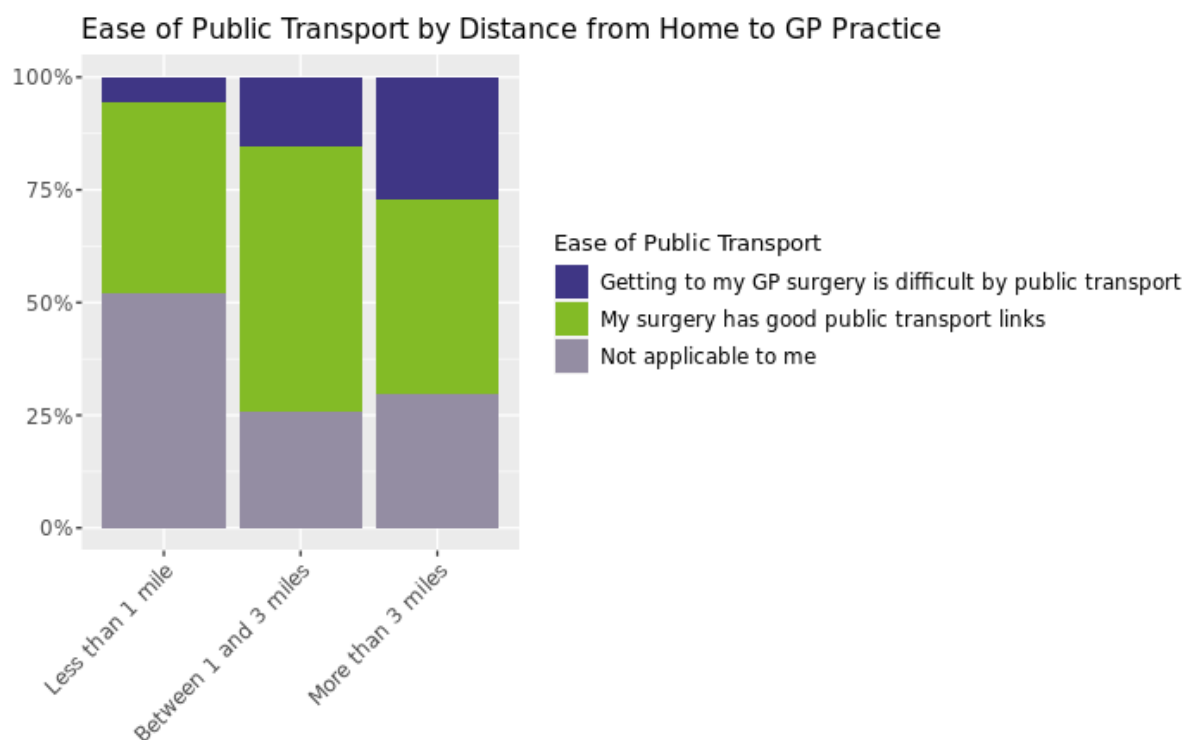
Methods of Travel to GP Practice by Age Group

Those aged 75+ are more likely to drive (57%) or take the bus (25%) to their GP practice than younger patients. 24 individuals take a taxi, 5 of which were over 65. There is an increasingly older population, which could be a factor alongside distance.



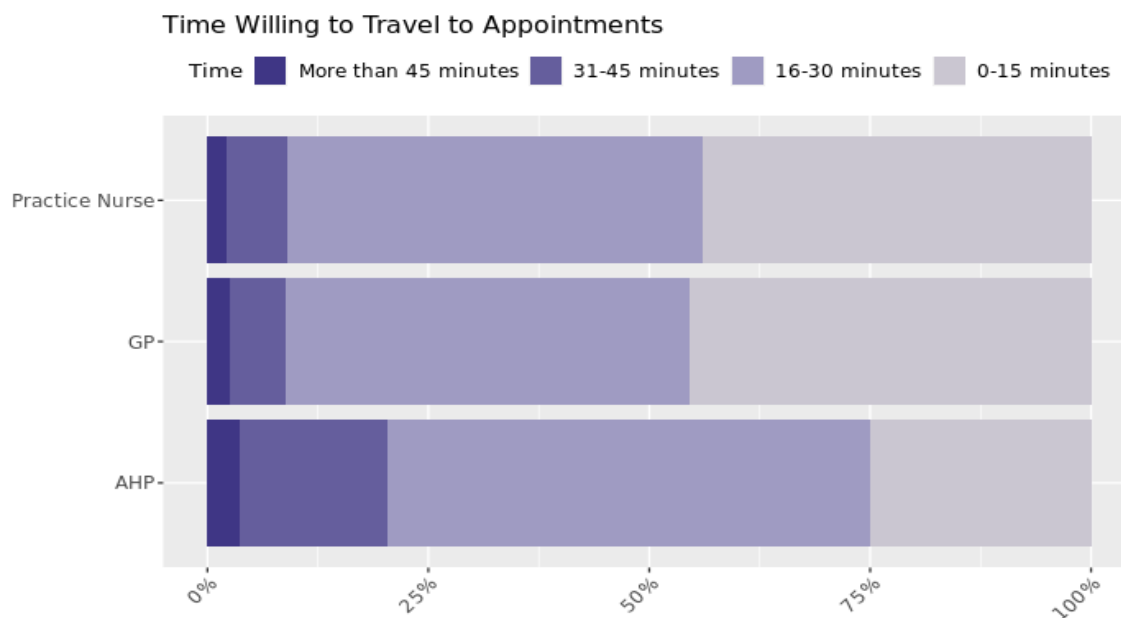
Ease of Public Transport

Over 15% reported getting to their GP by public transport was difficult. 27% of those living more than three miles away found public transport difficult.



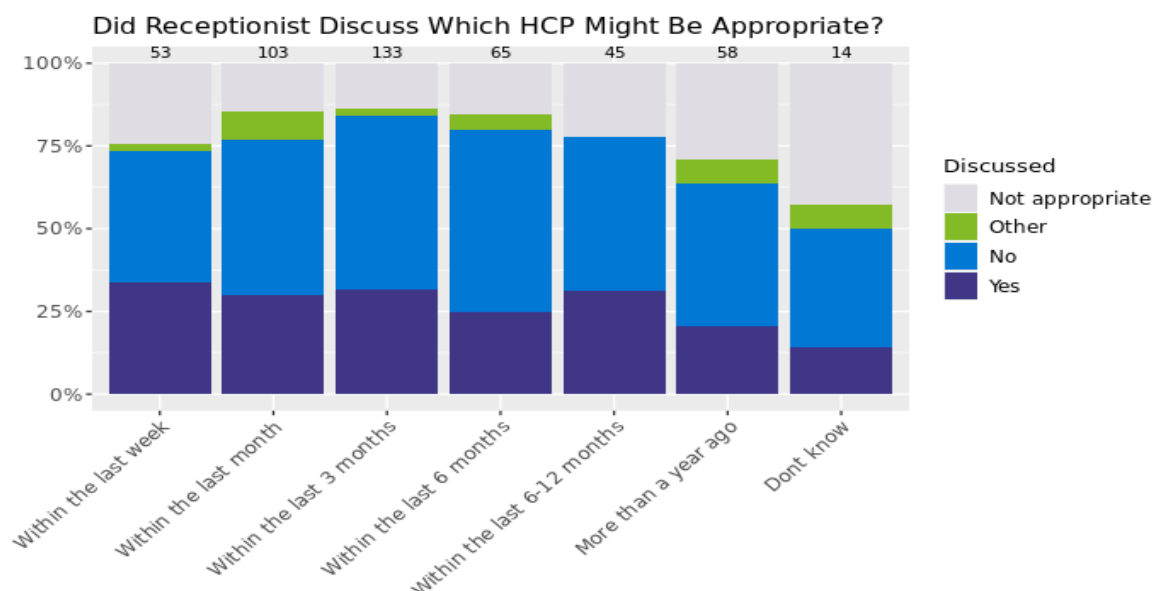
Time Willing to Travel to Appointments

The results found patients are more willing to travel for at least 15 minutes to see an Allied Health Professional than to see a GP or a Practice Nurse. 20% of patients were willing to travel for over 30 minutes to see an Allied Health Professional, compared with 9% to see a GP or a Practice Nurse.



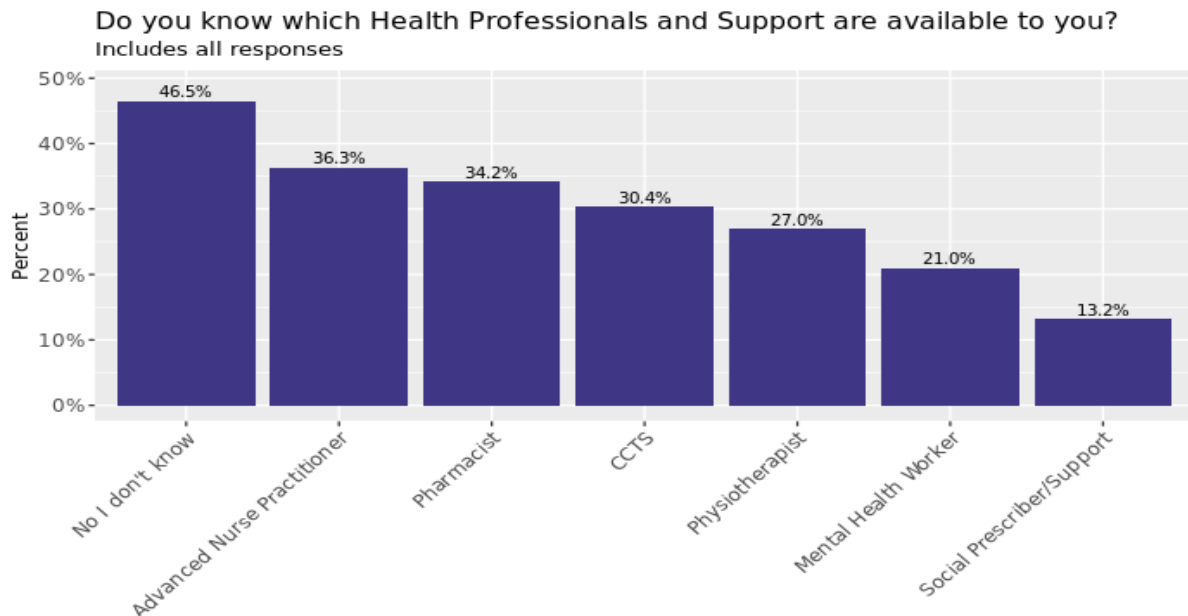
Most appropriate professional

Overall, 29% of patients responded that at their last appointment the receptionist discussed which HCP might be appropriate for their needs. For those last seen within the last week, this was 34%.



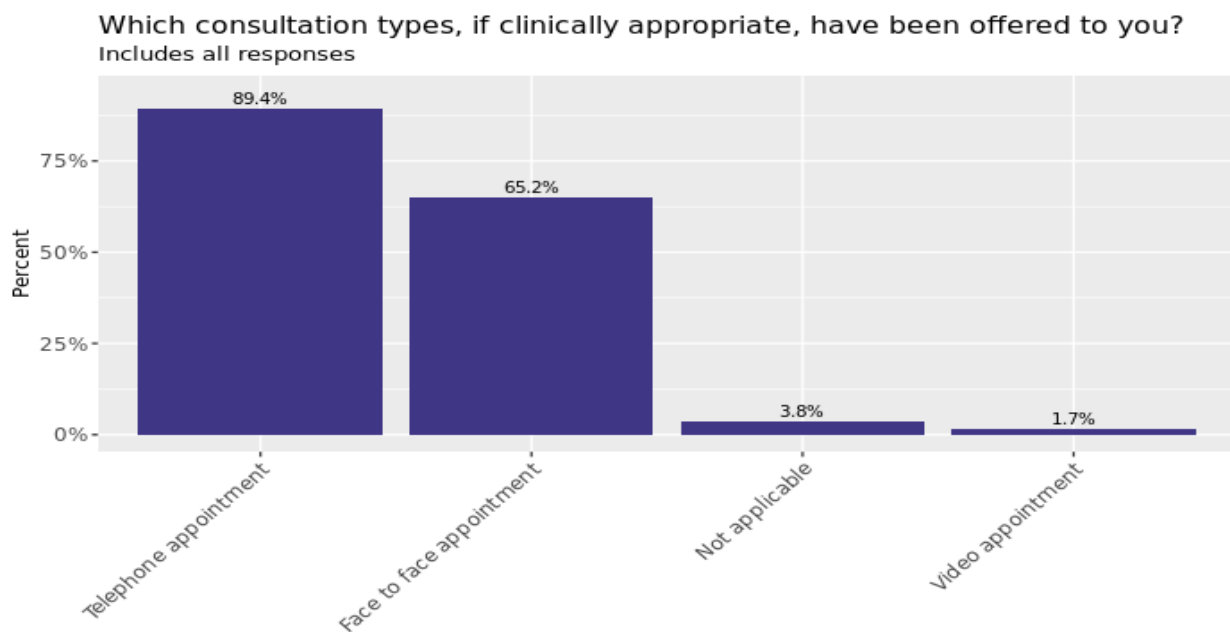
Do you know which Health Professionals and Support are available to you?

Almost half of patients responded that they did not know which health professionals and support were available to them. Note it is not possible to distinguish between a pharmacist in the practice and a community pharmacist on the high street.



Which consultation types have been offered to you?

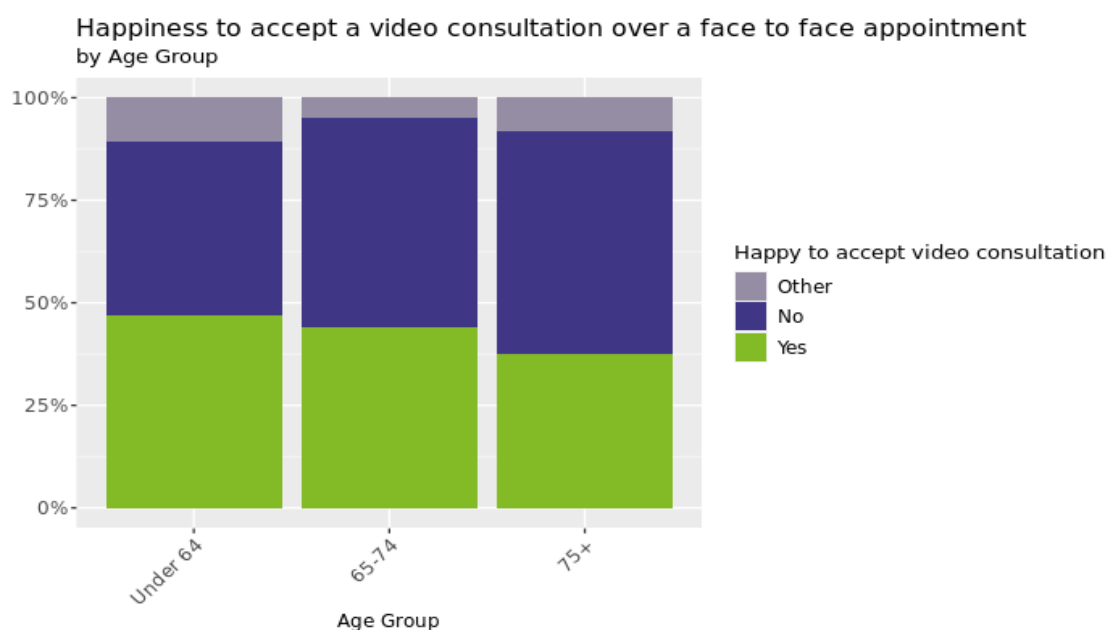
Almost 90% of patients have been offered telephone appointments, while almost two thirds have been offered face to face appointments.



Willingness to accept a video consultation over a face to face appointment

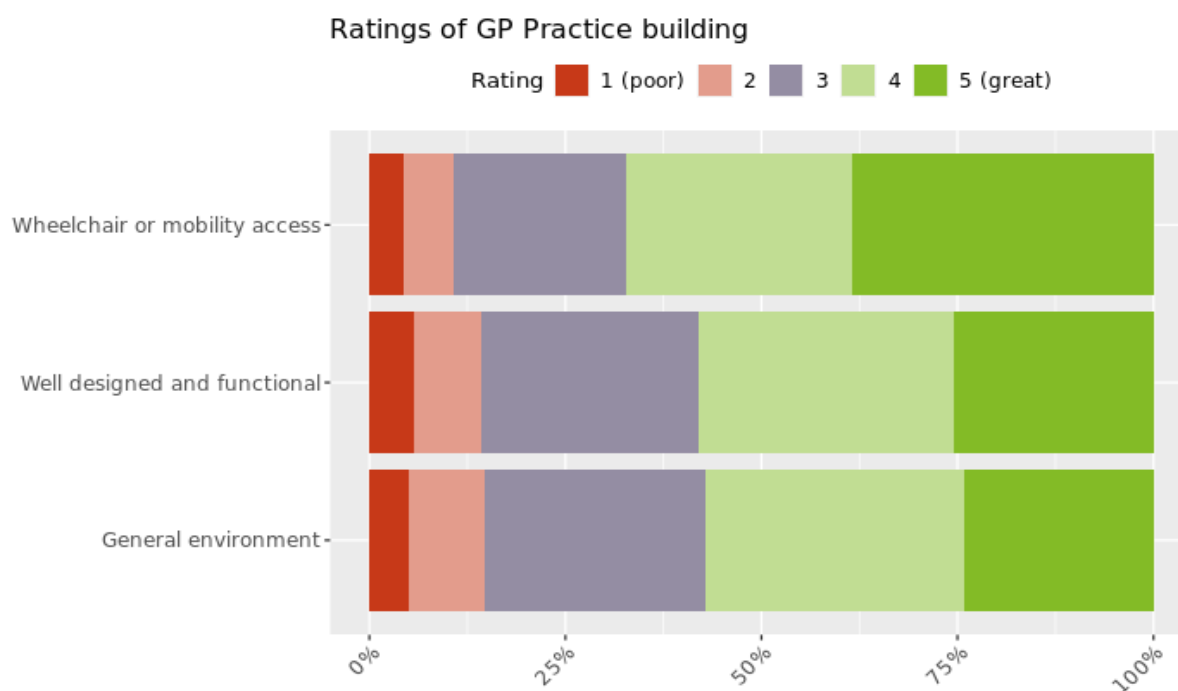
Overall, 46% of patients are willing to accept a video consultation over a face to face appointment.

- Those in younger age groups are slightly more willing to accept a video consultation compared with those in older age groups
 - 46% of those aged under 65
 - 37% of those aged over 75



Ratings of GP Practice building

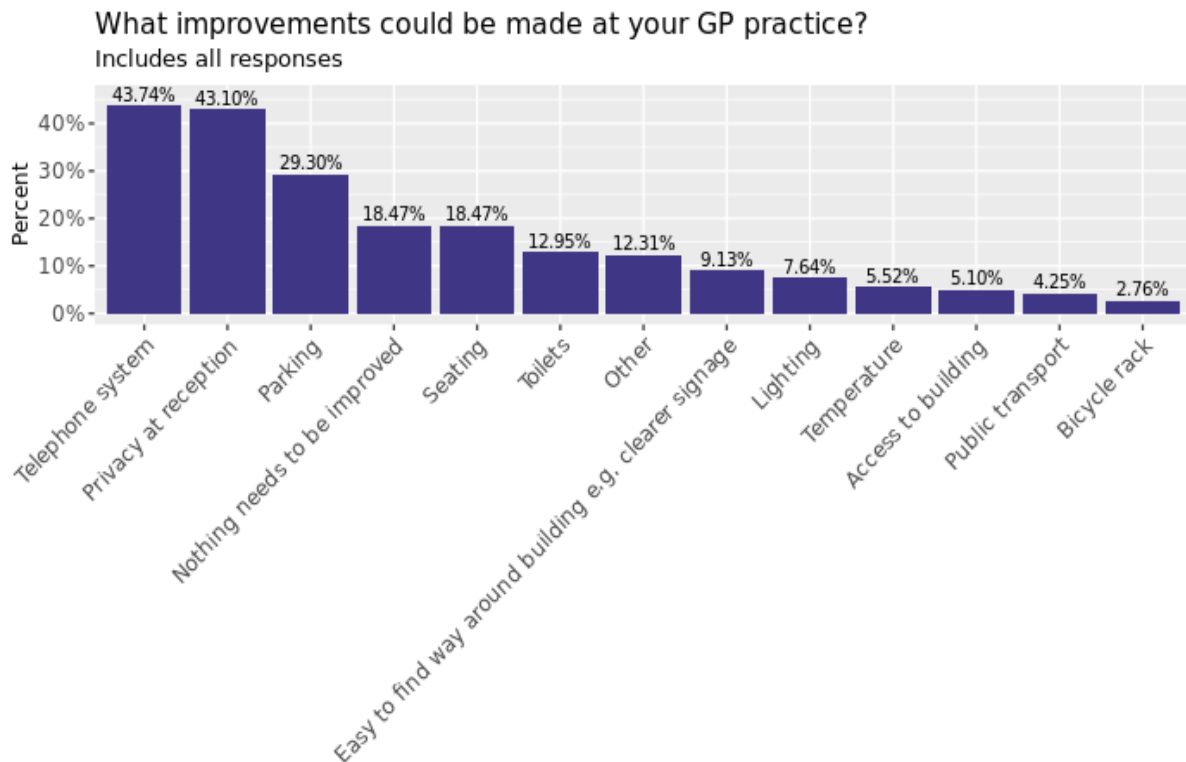
Over half of the patients surveyed rated their GP practice building good (4/5) or great (5/5) for each measure surveyed



Themes around improvements needed

Improvements that could be made at GP Practice

- Almost half the patients surveyed responded that the telephone system and the privacy at the reception area could be improved.
- Almost a third said that Parking could be improved.
- 18% said that nothing needed to be improved at their practice



Respondents had an opportunity to add additional information they thought should be included as part of the GP Premises Strategy.

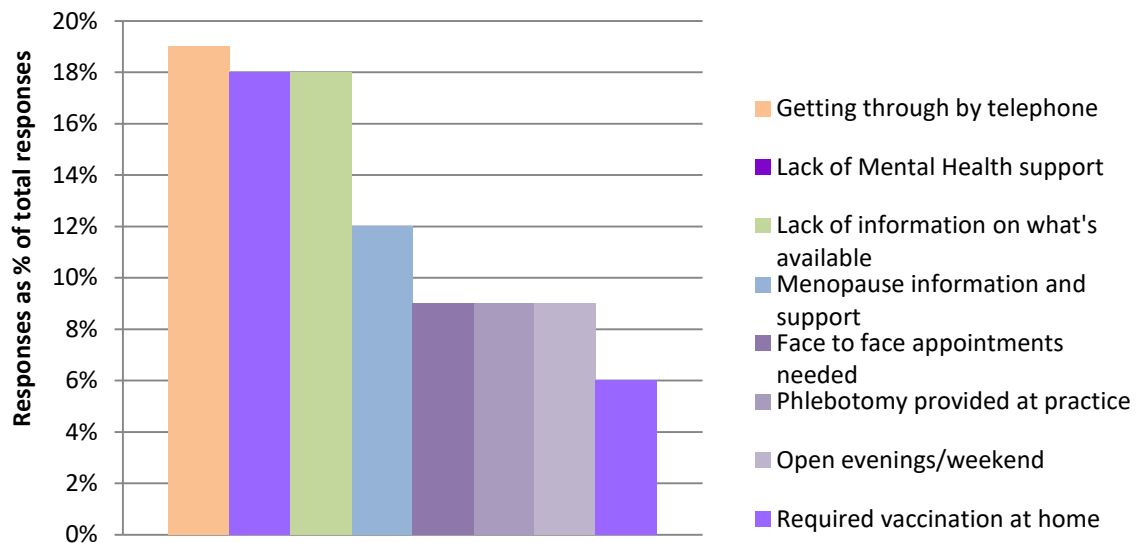
Service Support Themes

The responses highlighted that there were 3 key themes in terms of the services available:

- Time taken for appointment booking telephones to be answered
- A lack of mental health support
- A lack of information on services that are available at the practice.

The other key themes are shown below:

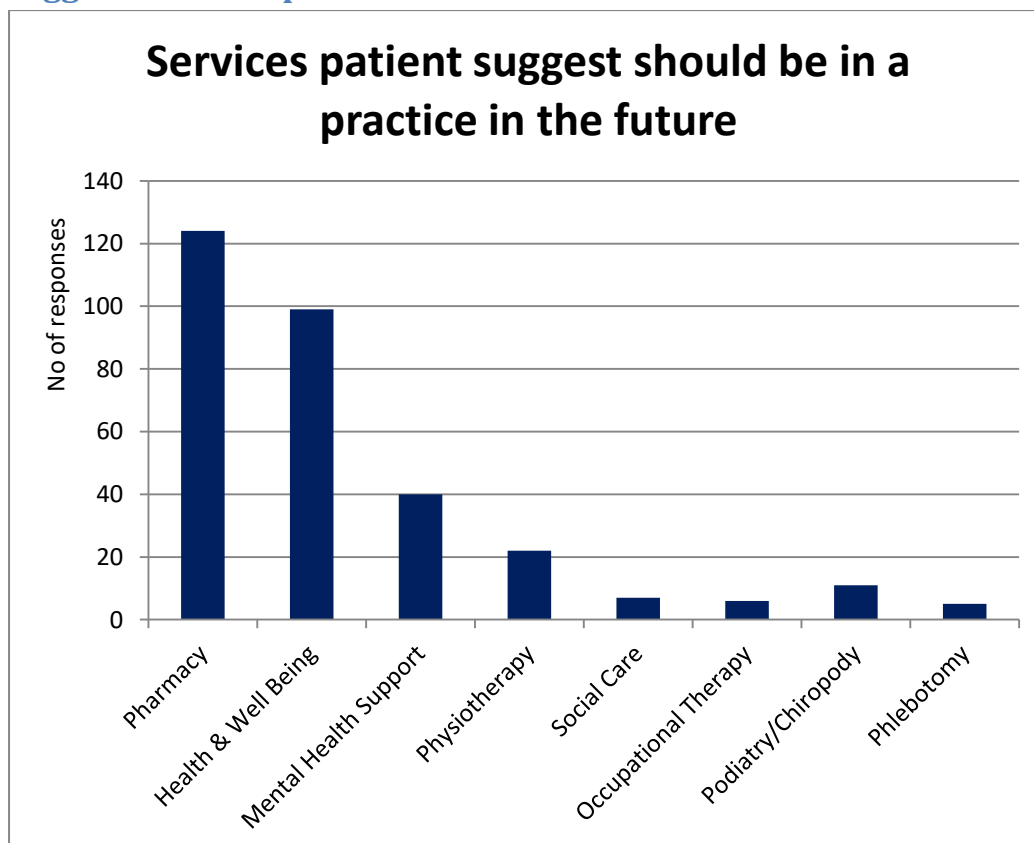
Themes emerging from question about improvements needed



The most common themes are shared in the graph but there were others including: support for autism

- IBD nurses for Crohn's Disease or Colitis
- Information about other services available.

Suggestions for a practice in the future



There were two areas for improvement:

- Providing privacy at reception
- Shared meeting space with 24 responses and suggestions including:
 - Provide information sessions
 - Enable elderly, new mums and support groups to meet
 - Provide a quiet space for those who are anxious
 - Provide a space for children and teenagers to come together

"The model at the Crescent is a helpful template"

Suggested improvements and ideas

Below are a number of ideas suggested by respondents on how GP practices might be improved. Many are about service improvement rather than premises.

Weighing Scales & BP Self Test Machines

Centralised call centre to manage appointments and reduce waiting times

Access to testing - urine, flu, covid

Prescription vending machines

Childrens' wound dressing out of A&E to practice

Ticket system in waiting room

Classes on how to be accountable for your own health

Continuity of care

Online booking & repeat prescriptions

Advance and pre-bookable appointments

Keep phones lines open over lunch time

Specialised clinics on rotational basis eg diabetes

Music in waiting room

Q&A sessions on managing conditions

Online support & websites with up to date information

Drop ins for managing conditions

Online booking of appointments would greatly support those who have limited English.

Key Themes

Building

Over half of the respondents rated their practice building as good or great suggesting overall Dundee has well maintained GP Premises. A drill down at a practice level should be done to identify the practices where this was not the case. This will also identify practices with issues around design and functionality, wheelchair and mobility access and the general environment.

“All the doors are the same colour and the signage is unclear. Could you be really clear which door I need to use and where the toilet is”.

Navigation

It appears there is further work to do in the navigation of patients to the right person for their condition. The results suggest reception staff are not having conversations about who in the team is best placed to see the patient. If patients are to be asked questions, there is a linked issue that has been frequently flagged during this consultation, which is the need for greater privacy at reception. Patients are being asked questions about their health so need greater privacy at reception desks.

“Can you wear your name so I can see it and know who you are and who I am giving information to”.

Consultation Modes

The results show that a significant proportion of patients would be happy to have a video consultation over a face to face although the responses suggest video consultations are rarely offered. Offering video consultations aligns with the Scottish Government directive ‘Improving the Use of Near Me Video Consulting in GP Practices’ and patient choice and, in terms of premises, video consultations offer a possibility to reduce the clinical space requirements within practice.

Practices have ongoing work on managing patient flow and assessing how phone triage, digital solutions and care navigation can help and useful to see the statistics from HIS (see over) suggesting there is scope for change. A drill down of the responses at a practice level could help identify where practices need further support on video consultations.

I don't mind video calling so long as I have met the person

Statistics from HIS Citizens' Panel for health and social care



Taking photos is difficult and I think you need a good camera on your phone so the doctor can see it.

Travel

Unsurprisingly the greater the distance the patient is from their practice the more likely they are to drive or use the bus and conversely the closer they are the more likely to walk. There were also concerns raised about travel costs. These insights together with the other data on public transport needs to be reviewed against initiatives in the city such as the Low Emission Zone which starts on 1 June 2024 and 20 minute neighbourhoods to ensure equality of access.

Practices of the Future

Respondents saw pharmacy, health and well being and mental health support as a key part of practices in the future. The practice building is seen as being part of a much wider psycho-social-health space.

There were two key areas for improvement which were:

- Privacy at Reception as flagged earlier.
- Shared meeting space for a variety of uses around communication and meeting others.

Outside space was mentioned by several respondents and picks up on the Green Health Partnership work being undertaken in Dundee and how the space around the practice can be utilised to provide nature-based activity such as gardening.

Service Support Themes

The top theme is the issue of getting through by telephone. Respondents' frustration at the requirement to call at 8 am to secure an appointment on the same day is high, reflected in both the survey and at the focus groups.

Respondents also flagged a lack of mental health support. PALMS (Patient Assessment and Liaison Mental Health Service) is now implemented with a mental health practitioner linked to every practice. It may be more advertising of PALMS is needed and perhaps further work as this theme links into the Dundee City Plan 2022-2032 outcome that the 'mental health of our citizens will improve through accessible community supports'.

The third most common theme raised was around a lack of information on the services available and where and when. Focus groups reported being unclear on community treatment centres and their role in their health care. This suggests more work is needed on explaining the service provision in Dundee to guide patients and to align with the Scottish Government 'accessing The Right Care from the Right Place'.

"I'm hard of hearing so being able to book by email would be great"

Learning Points from the consultation

Time – There was an under estimation of the time required. This consultation process has taken about 4 months – November to March which included time to identify groups and be included on their agendas. At least a month is needed for posters to be displayed at community centres to ensure all groups have met at least once and had an opportunity to see posters/leaflets. It is recommended that 4 months is allocated for public engagement.

Practices – This consultation took place across one of the busy times for general practice which impacted on their ability to engage and with the challenge of the wider winter messaging to patients. Practice views to be sought on what can be done differently to support general practices.

Online - The setting up of the information on DHSCP website, and then linking others to the site is recommended. It saves time in recreating messages but also means only one site needs to be maintained should updates be required.

Use of mixed approach - The majority of responses to the survey were online however there were 47 paper copies suggesting this should also continue to be offered.

Responses - All practices will receive a copy of the feedback for their own practice.

Ongoing Conversations –

Focus Groups welcomed hearing about the proposal and are keen to have more interaction with DHSPC to learn about service provisions and future plans.

"Think about geographic boundaries, how are they set, who sets them and how do they help or hinder".

Conclusion

In response to the request of the IJB for public views, the 4 criteria approved in the GP Premises Strategy are reviewed in light of what respondents have told us.

- i. Look towards a community focused model delivering health and social care

Patient responses indicate that this is the model they would like DHSCP to work towards; with a GP practice building that is part of the community. The focus groups also drew out the need for a wider service provision within the building, hosting psycho-social services and activities in addition to health. Use existing groups across the city to support co-production.

- ii. Ensure premises are of good quality and fit for purpose.

The responses suggest the GP premises estate across Dundee is largely up to standard with a few exceptions. The major issue is that of privacy at reception. Where there are individual issues at a practice, the primary care team will pick those up and work with practices to address them.

- iii. Provide support to general practice to enable sustainability.

Focus groups discussed the challenges facing GPs and practice nurses which demonstrated the public are very well aware of the workforce challenges in general practice including a lack of GPs and nurses into the professions, compounded by those who are retiring.

There was little knowledge of practice ownership and the implications however a handful of suggestions were around the creation of GP super practices or wellbeing hubs which had been seen to work in other areas.

Respondents recognised the importance of patient behavioural patterns and the social and environmental context. We heard a high number of suggestions for self monitoring and meeting spaces for group approaches to wellness.

There was recognition and understanding of the need for multi-disciplinary teams to support the GP and practice nurse. The responses suggest a lack of knowledge around what other care is available within the primary care and therefore a key action is to address that.

Within Dundee, there is work ongoing on GP practice sustainability. The findings here will be shared to support that work and the enacting of a sustainability action plan for Dundee which includes Premises Leases and Loans.

- iv. Ensure appropriate geographical coverage across Dundee.

There were some concerns raised about the ability to travel and the cost of travel. Overall citizens of Dundee are largely happy to travel with many preferring to travel in order to remain with the same practice their family has been with across several generations. Geographical coverage was not seen as a pressing issue by those who responded. There should of course be awareness of those who do not have easy access to transport.

These findings and actions will sit alongside and be part of other work within the primary care work programme.

Premises Works Undertaken in GP Practices 2022 & 2023 within Dundee

Appendix 2

| Practice Name | Works Undertaken | Date of Completion | Funding Source |
|------------------------------------|--|--------------------|-----------------|
| Ancrum One | Converted an existing clinical space to provide two additional clinical spaces | May 2022 | GP Premises Bid |
| Ancrum One & Ancrum Medical Centre | Following removal of the paper medical records converted the current admin work space to allow better usage of the room and provide additional work stations for admin, GPs Registrars etc | March 2023 | GP Premises Bid |
| Broughty Ferry | Converted current non clinical room into two clinical rooms. Converted current office space and adjoining kitchen into new clinical consultation room. Refurbished two existing clinical consulting rooms including inclusion of a footbath. End results are 5 clinical consulting rooms (3 of which are new) | 2022 | NHS Tayside |
| Coldside | Changed an open plan office into a double office in the main office hub to facilitate the pharmacy team having access to a dedicated 2 person office space. | April 2022 | NHS Tayside |
| Coldside | Renovation of the current MDT room by creating a separate meeting/service delivery room exclusively for use by DHSCP extended colleagues with reception area | tbc March 2023 | GP Premises Bid |
| FMG | Modifications to the Douglas site including by upgrading the I.T system including additional sockets. This allowed the practice separately to upgraded the phone system which improves access for patients and efficiencies for the clinical team. This has also allowed them to consolidate on one site freeing up Wallacetown Health Centre. | March 2023 | GP Premises Bid |
| Downfield | Remodelled the existing Board Room used at that time solely for meetings into a multi functional space with the ability to hot desk, undertake training and a meeting room. Two desks were added which would benefit the District Nursing team | June 2022 | GP Premises Bid |
| Grove | Converted a room that was used as clinette to a clinic room. Converted a | March 2023 | GP Premises Bid |

Premises Works Undertaken in GP Practices 2022 & 2023 within Dundee

Appendix 2

| | | | |
|------------------|---|---------------------------------|-----------------|
| | treatment room into 2 consultation rooms. Converted treatment Room 1 into a slightly smaller consultation room with a view to store cupboard being built in place of the clinette. Works will allow additional space for trainees/medical students and support the attendance of attached staff | | |
| MacKinnon Centre | Converted two rooms into clinical rooms | tbc April 2023 | NHS Tayside |
| Muirhead | Convert space previously used for medical records tin new waiting room/reception area. Current waiting room converted to 2 consulting rooms Currently at the stage we have detailed plans and approximate costings. Ongoing discussions if this project will be taken forward | Estimate completion end of 2023 | GP Premises Bid |
| Nethergate | Converted space previously used for paper records to admin space. Added sink and running water to previous admin space to allow it to be used as a clinic space | Tbc March 2023 | GP Premises Bid |
| Newfield | Converted an existing space into a hybrid room for admin and clinical staff to hot desk. A smaller room will be built to accommodate a private space for one staff member. | February 2023 | GP Premises Bid |
| Princess Street | Space previously used for paper medical records developed into two new clinical consulting rooms. Practice indicated this would allow the potential to offer space to CTC, students and wider AHP services. | July 2022 | GP Premises Bid |
| Taybank | Removal of store cupboard to provide additional admin workstations. Relocating store cupboard to space freed up due to removal of paper records. | tbc March 2023 | GP Premises Bid |
| Terra Nova | Converted current admin space and additional space created as a result of removal of paper records to create a larger space for linked services including a smaller private space. | March 2023 | GP Premises Bid |
| Westgate | 8 additional parking spaces | March 2023 | NHS Tayside |

Premises Works Undertaken in GP Practices 2022 & 2023 within Dundee

Appendix 2

| | | | |
|---------------|---|------------|-----------------------------|
| | | | |
| Back Scanning | Back scanning of all paper records to allow practices to be paper lite took place in 18 practices with 93,202 files being scanned creating additional space within practices. | March 2023 | HSCP – Primary Care Funding |

Total Spend: £1,001,070.17



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
19TH APRIL 2023

REPORT ON: DUNDEE CITY IJB STRATEGIC RISK REGISTER ANNUAL REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB23-2023

1.0 PURPOSE OF REPORT

- 1.1 To provide the Integration Joint Board with the annual report on developments and progress made in Dundee Health and Social Care Partnership's Strategic Risk management over the past year. To provide the Integration Joint Board with further information about significant changes in specific risks over the past year.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the current status of the IJB's Strategic Risk Register as set out in Appendix 1 to this report.
- 2.2 Note the progress made in Dundee Health and Social Care Strategic Risk Management including agreement of the Tayside IJB's Risk Management Framework, and the holding of two IJB Development Sessions on Risk Management and Risk Appetite.
- 2.3 Note the changes in the specific risks in the Strategic Risk Register including changes in scoring of existing risks, recording of new risks, and archived risks.
- 2.4 Note the future work planned to further embed Strategic Risk Management in the IJB.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None

4.0 RISK MANAGEMENT

- 4.1 The Strategic Risk Register was created in 2016 and is regularly updated.
- 4.2 Changes in the Strategic Risk Register reflect the change in the risk maturity of the Dundee City IJB as an organization, and the changes in external forces in the environment in which it operates.
- 4.3 When the Strategic Risk Register was first created the risks captured were mainly focussed on anticipated risks to the IJB not operating successfully. Risks captured at that time included risks around Finance and Governance.
- 4.4 As the IJB has developed some service specific Operational risks have been escalated to the Strategic Risk Register. This is because they cannot be managed at an operational level.

Additionally, they pose a risk to the IJB not being able to successfully carry out its Strategic and Commissioning Plan.

4.5 In April 2022 the Tayside IJB Risk Management Framework was developed and adopted by the IJB, which was coordinated with partners in the three Tayside IJBs, three Local Authorities, NHS Tayside, and internal audit.

4.6 The Tayside IJB Risk Management Framework clearly sets out the framework where risk management across the partner bodies are reported and shared. It is based on the review of existing framework agreed prior to integration of health and social care, reflecting the “lived experience” of integration.

5.0 CHANGES IN RISKS

5.1 Appendix 1 sets out details of the current Strategic Risk Register extract and changes in scores over the past year.

5.2 The finance risk around Restrictions on Public Sector Funding has increased over the past year. This is due to additional interventions by the Scottish Government to seek use of the IJB’s reserves, which has the potential to de-stabilise agreed investment plans.

5.3 The Viability of External Providers risk has also increased over the past year. This is partly due to increased fuel costs for staff travel and staff pay pressures.

5.4 Several new Strategic Risks have been created or escalated from the Operational Risk Register over the past year. These are:

- National Care Service
- Lack of Capital Investment in Community Facilities
- Cost of Living Crisis

5.5 The National Care Service risk relates to the risk that a National Care Service would mean that Integration Joint Boards would no longer exist.

5.6 The Lack of Capital Investment in Community Facilities risks details the restrictions in access to capital funding from the statutory partner bodies and Scottish Government to invest in existing and potential new developments to enhance community based health and social care services. This could potentially be exacerbated by the transitional period until the establishment of a National Care Service due to the uncertainty of funding and ownership of assets by the local authority and Health Board.

The Cost of Living Crisis details the impact of the increased cost of living and inflation will on service users and staff, in addition to the economic consequences on availability of financial resources. The uncertainty of the energy cost crisis is yet to be fully understood. This is likely to have a significant impact on population health.

5.7 Three risks have been archived this year. These are:

- Stakeholders not included/consulted
- Staff perception of integration
- Uncertainty around future service delivery models

5.8 It is anticipated the elements of these archived risks will be captured in the future developments around the National Care Service.

6.0 FUTURE RISK MANAGEMENT WORK

6.1 Due to changes in the Integration Joint Board membership another Risk Management development session was held in 2022.

6.2 Work is also planned for a development session to demonstrate the Pentana Risk Management system and to finalise the Risk Appetite work and apply to the Strategic Risks to IJB members.

6.3 Work is planned to embed the regular review of the Strategic Risk Register and escalation of operational risks across the Senior Management Team and Clinical Care and Professional Governance forum.

7.0 POLICY IMPLICATIONS

7.1 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.

8.0 RISK ASSESSMENT

8.1 Not applicable

9.0 CONSULTATIONS

9.1 The Chief Officer, and the Clerk have been consulted in the preparation of this report.

10.0 DIRECTIONS

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

| Directions Required to Dundee City Council, NHS Tayside or Both | Direction to: | |
|--|-------------------------------------|---|
| | No Direction Required | X |
| | Dundee City Council | |
| | NHS Tayside | |
| | Dundee City Council and NHS Tayside | |

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

DATE: 28th March 2023

Clare Lewis-Robertson
Senior Officer, Strategy and Performance

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DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP – ANNUAL STRATEGIC RISK PROFILE 22/23

DIJB23-2023 Appendix 1

| Description | Lead Director/Owner | Current Assessment | | | Status | Control Factors | Date Last Reviewed |
|---|-----------------------------------|--------------------|---|-----|--------|--|--------------------|
| | | L | C | Exp | | | |
| Staff Resource Post Covid recruitment challenges continue to exist in a range of roles including social care and nursing. The IJB has approved the workforce strategy Recruitment for Consultants and Doctors in specific areas such as Mental Health, and Substance Misuse has meant that there are significant difficulties in filling posts, with posts remaining vacant. These risks are detailed in Operational Risk Registers and have been escalated as risks for the Strategic Risk Register. The IJB has approved the Workforce Strategy | Dundee HSCP Chief Officer | 5 | 5 | 25 | → | <ul style="list-style-type: none"> • Developments of new models of care • Organisational development strategy • Service redesign • Workforce Strategy approved | 9/01/2023 |
| Dundee Drug and Alcohol Recovery Service Dundee Drugs Commission follow up report noted some progress being made, however a range of challenges still exist. This poses a significant reputational risk for the DHSCP. Reducing Harm Associated with Drug Use report presented to both the IJB and Dundee City Council in June 2022 sets out findings and priority areas for improvement in relation to substance use services. Risks and Control Factors around the implementation of the MAT Standards are included in the ADP Risk Register. | Dundee HSCP Chief Officer | 5 | 5 | 25 | → | <ul style="list-style-type: none"> • ADP Residential Rehab Pathway • Service Restructure • ADP Risk Register | 9/01/2023 |
| National Care Service The recent legislation published on the establishment of the National Care Service sets out plans to introduce Local Care Boards with the abolition of Integration Joint Boards. The Health and Social Care partnership recently responded to Scottish Government for views on the draft legislation. Similar to other bodies, significant concerns have been raised around the content of the bill in terms of scope and financial implications of the legislation. | Dundee HSCP Chief Officer | 5 | 5 | 25 | → | <ul style="list-style-type: none"> • Change Management • Engagement with consultation process | 9/01/2023 |
| Restrictions on Public Sector Funding | Dundee HSCP Chief Finance Officer | 5 | 4 | 20 | ↑ | <ul style="list-style-type: none"> • Additional Scot Gov funding | 9/01/2023 |

| | | | | | | | |
|---|-----------------------------------|---|---|----|---|---|-----------|
| Additional interventions by Scottish Government to seek the use of IJB's reserves has the potential to de-stabilise agreed investment plans eg Primary Care Improvement Funding. | | | | | | <ul style="list-style-type: none"> • Budgeting arrangements • MSG and external audit recommendations • Savings and Transformation Plan | |
| Primary Care Challenges continue to present within Primary Care services, including the recent closure of Ryehill Medical Practice. Progress around development of Primary Care Improvement Plan has been impacted by the Scottish Government's changed stance on funding for 2022/23 by restricting overall funding available. | Dundee HSCP Chief Officer | 4 | 5 | 20 | → | <ul style="list-style-type: none"> • Maximise skills mix. • Longer term national work to increase undergraduate training • Test of change for IT infrastructure • Other funding sources identified as opportunities arise | 9/01/2023 |
| Staff resource is insufficient to address planned performance management improvements in addition to core reporting requirements and business critical work. Pressures still remain, however restructure and enhancement to service planned for over coming months. This risk was highlighted further in recent IJB reports around the the development of the IJB Strategic and Commissioning Plan. | Dundee HSCP Chief Officer | 5 | 4 | 20 | → | <ul style="list-style-type: none"> • Planned restructure and enhancement | 9/01/2023 |
| Unable to maintain IJB Spend Most recent financial projections note that the IJB is likely to be in financial balance at the end of the current financial year | Dundee HSCP Chief Finance Officer | 4 | 4 | 16 | → | <ul style="list-style-type: none"> • Financial monitoring system • Increase in reserves • Management of vacancies and discretionary spend | 9/01/2023 |

| | | | | | | | |
|---|---|---|---|----|---|---|-----------|
| | | | | | | <ul style="list-style-type: none"> • MSG and external audit recommendations • Savings and transformation plan | |
| Lack of Capital Investment in Community Facilities (including Primary Care) Restrictions in access to capital funding from the statutory partner bodies and Scottish Government to invest in existing and potential new developments to enhance community based health and social care services. This could potentially be exacerbated by the transitional period until the establishment of a National Care Service due to the uncertainty of funding and ownership of assets by the local authority and Health Board. | Dundee HSCP Chief Officer and Chief Finance Officer | 4 | 4 | 16 | → | To be developed | 9/01/2023 |
| Cost of Living Crisis The increased cost of living and inflation will impact on service users and staff, in addition to the economic consequences on availability of financial resources. The uncertainty of the energy cost crisis is yet to be fully understood. This is likely to have a significant impact on population health | Dundee HSCP Chief Officer and Chief Finance Officer | 4 | 4 | 16 | → | To be developed | 9/01/2023 |
| Viability of External Providers Previous assessments have been affected by the Covid Pandemic, however the increase in energy prices in addition to fuel costs for staff travel in addition to staff pay pressures is already impacting this sector with concerns that a number will not be able to sustain their activities. | Dundee HSCP Chief Officer | 4 | 4 | 16 | ↑ | <ul style="list-style-type: none"> • Maintain regular communication with third sector essential service providers | 9/01/2023 |
| Impact of Covid 19 The continuing focus on vaccination for staff will maintain the impact on delivery of services. | Dundee HSCP Chief Officer | 4 | 4 | 16 | → | <ul style="list-style-type: none"> • Remobilisation plans | 9/01/2023 |
| Mental Health Services Tayside Mental Health Strategy continues to make progress, developments such as the Community Wellbeing Centre will enhance community supports for people with mental health issues. | Dundee HSCP Chief Officer | 4 | 4 | 16 | → | <ul style="list-style-type: none"> • Community Wellbeing Centre development • Tayside Mental Health Strategy | 9/01/2023 |

| | | | | | | | |
|---|---------------------------|---|---|----|---|---|-----------|
| Capacity of Leadership Team Leadership team continue to be impacted by workload pressures of the wider workforce recruitment challenges. This is likely to be exacerbated as preparations for the intro of the NCS develop over the coming period. | Dundee HSCP Chief Officer | 3 | 4 | 12 | ↑ | <ul style="list-style-type: none"> Restructure Sharing of Management Team duties | 9/01/2023 |
| Governance Arrangements being Established fail to Discharge Duties Further progress made on ensuring actions on Governance Action Plan have been completed. External audit plan for 2021/22 noted a reduction in the key areas of assessment due to reduced risk associated with governance. Further refinement of the Governance Action Plan is being undertaken to reduce duplication of actions. | Dundee HSCP Chief Officer | 3 | 4 | 12 | → | <ul style="list-style-type: none"> Implementation of Governance Action Plan | 9/01/2023 |
| Increased Bureaucracy Potential for additional bureaucracy through Scot Gov Covid enquiry and National Care Service development. | Dundee HSCP Chief Officer | 3 | 3 | 9 | ↓ | <ul style="list-style-type: none"> Support and roles | 9/01/2023 |
| Employment Terms Realistically won't be resolved within the suggested remaining IJB timeframe existence, but acknowledge this has an impact on the integration of Health and Social Care services. | Dundee HSCP Chief Officer | 3 | 3 | 9 | → | <ul style="list-style-type: none"> Align conditions wherever possible | 9/01/2023 |
| Category One Responder The Category One Responder Action Plan was presented to and approved by the IJB on the 26 th October 2022. | Dundee HSCP Chief Officer | 2 | 4 | 8 | ↓ | <ul style="list-style-type: none"> Chief Officer supporting staff Co-operation Development work Resilience Officers | 9/01/2023 |

Archived

| | | | | | | |
|--|--|--|--|--|--|-----------|
| Stakeholders not included/consulted This is considered as business as usual. Engagement and co-production is key to every activity and plan for the IJB. | | | | | | 7/09/2022 |
| Staff Perception of Integration This is considered as business as usual . The implementation of the National Care Service will impact on staff's perception of integration | | | | | | 7/09/2022 |
| Uncertainty around future service delivery models Developments around the NCS will incorporate this risk in the future. | | | | | | 7/09/2022 |

| Risk Status | |
|-------------|-------------------------------------|
| ↑ | Increased level of risk exposure |
| → | Same level of risk exposure |
| ↓ | Reduction in level of risk exposure |
| x | Treated/Archived or Closed |

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 19TH APRIL 2023

REPORT ON: DUNDEE INTEGRATION JOINT BOARD DIRECTIONS POLICY

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB19-2023

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to seek approval from the Integration Joint Board (IJB) to adopt a Directions Policy to support the issuing of Directions from the IJB to Dundee City Council and NHS Tayside.

2.0 RECOMMENDATIONS

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

- 2.1 Approves the proposed Directions Policy as set out in Appendix 1 to this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 There are no financial implications arising directly from this report.

4.0 MAIN TEXT

- 4.1 Section 53 of the Public Bodies (Joint Working)(Scotland) Act 2014 provides that local authorities, health boards and integration joint boards must have regard to any guidance issued by the Scottish Ministers about its functions under or in relation to that Act. The Scottish Government issued updated Guidance to local authorities, health boards and integration joint boards on Directions from Integration Authorities to Health Boards and Local Authorities in March 2020.
- 4.2 The IJB requires to direct Dundee City Council and/or NHS Tayside on how the delegated functions are to be delivered to action their Strategic Commissioning Plan. This includes identifying what funding will be available for the delivery of those functions and how services will operate and change to deliver the Integration Delivery Principles and National Health and Wellbeing Outcomes.
- 4.3 Written Directions are legally binding and are the mechanism used by an IJB to issue those instructions. Directions are legally binding and must be implemented by the Council and the NHS Board on receipt from the IJB.
- 4.4 The proposed Directions Policy is set out in Appendix 1 and lays out the process for formulating, approving, issuing and reviewing directions for the IJB to issue to partner organisations i.e. Dundee City Council and NHS Tayside. The IJB is asked to adopt this policy as part of its system of governance.
- 4.5 The IJB is responsible for approving all Directions. Directions will be reviewed and issued at the start of the financial year to establish the budget for each service to be delivered. In order to provide flexibility, and take account of strategic and financial developments and service changes throughout the year, or a change in local circumstances; Directions will be issued at

any time as required by IJB decisions and will be subject to formal approval by the IJB as part of that decision making process.

- 4.6 The adoption of this Directions Policy will enhance governance, transparency and accountability between the IJB, Dundee City Council and NHS Tayside, by clarifying responsibilities and relationships.

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 forms part of the IJB's governance process

7.0 CONSULTATIONS

- 7.1 The Chief Officer, Dundee City Council Legal Services and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

- 9.1 None.

Dave Berry
Chief Finance Officer

DATE: 26th March 2023

**Dundee City Integration Joint Board
Directions Policy and Procedure
March 2023**

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1 Introduction

This document sets out the policy and procedure of the Dundee City Integration Joint Board (IJB) in relation to the issuing of Directions by the IJB to either NHS Tayside or Dundee City Council (DCC) described by the term Partners.

1.1 What are Directions?

Purpose

The IJB does not employ staff so it cannot deliver services itself. Therefore, it has to instruct Partners to deliver the services which are needed to fulfil the IJB's functions and to action its strategic plan. Directions are the mechanism used by the IJB to tell the Partners what the IJB wants them to deliver.

Put simply, directions are the means by which an IJB tells the Health Board and Local Authority what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in its strategic commissioning plan.

Directions must be given in respect of every function which has been delegated to the IJB.

The IJB must also coordinate Directions in relation to those functions where it is Lead Partner for Tayside and which include functions relating to acute unscheduled care and, in relation to the lead partner role for coordinating the strategic planning of certain services across Tayside, such as Psychology, Specialist Palliative Care and Dietetics. Lead Partner services require a Direction from each IJB, not the Lead Partner alone.

Each Direction must provide sufficient detail so that the Partners know what they have to deliver. Directions are also important in ensuring transparency, so that it is clear who decided what, who is responsible for what and who is accountable for what. Directions are the means via which clarity on decision making is achieved under integration. ***Directions are therefore both a necessary and important aspect of governance under integration, providing a means by which responsibilities are made clear and evident.***

The requirement to issue Directions is set out in legislation. Therefore, ***the issuing of Directions by the IJB is not optional. It is mandatory.*** Directions come at the end point of a process of planning and decision making and therefore have been subject to discussion and due consideration across all parties. The Partners may not amend, ignore, appeal or veto any direction. The Partners cannot use resources allocated in a Direction for any purpose other than that set out in the Direction. ***"This demands a mature and collaborative approach to the planning and delivery of change in health and social care services that delivers sustainability. It is designed to help local partners improve quality and outcomes for local populations,"*** Statutory Guidance para 3.3.

National Guidance relating to Directions

The final report of the Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration, published February 2019, proposed enhanced governance and accountability arrangements which could only be delivered through improvements in Directions.

Revised statutory guidance on directions was published by the Scottish Government in March 2020. This statutory guidance informed the development of this policy and procedure, to ensure it meets key requirements to improve governance, transparency, and accountability between the IJB and Partners.

2 DIRECTIONS POLICY

2.1 This policy seeks to enhance governance, transparency, and accountability between the IJB, DCC and NHS Tayside, by clarifying responsibilities and relationships in relation to the issuing of Directions by the IJB.

2.2 Principles

The IJB will:

- Ensure that a Direction is issued to one or both Partners in relation to **all** of its functions;
- Consider whether a Direction is required in respect of every report it considers;
- Recognise that a Direction is the end point of a process of decision making by the IJB and is the means through which the IJB can achieve improvement in the quality and sustainability of care as outlined in its Strategic Commissioning Plan;
- Ensure that collaboration with NHS Tayside and DCC is undertaken in respect of all service developments so that Directions do not include surprising or unknown information and are therefore deliverable within a reasonable timescale;
- Ensure that each Direction is issued in line with procedures and guidance to ensure that the Direction can achieve its intended outcomes;
- Ensure that the decisions in relation to Directions are transparent and reported in sufficient detail to ensure public accountability;
- Monitor the implementation and effectiveness of Directions; and
- Issue new Directions when further or different action is required.

2.3 Monitoring of Directions

The Chief Officer will ensure that all Directions are reviewed through the IJB Performance and Audit Committee and IJB as appropriate.

The IJB's Performance and Audit Committee will assume responsibility for maintaining an overview of progress with the implementation of Directions, and,

where relevant request a mid-year progress report. The Performance and Audit Committee will escalate key delivery issues to the IJB.

The responsibility for maintaining an overview of Directions and ensuring that these reflect strategic needs and priorities sits with the Chief Officer and Chief Financial Officer.

The Chief Officer will maintain a log of directions issued and ensure that this is shared with the IJB and relevant Partners for monitoring purposes. This will include the function(s) covered, Direction reference number, and date of issue, identification of which delivery partner is issued with the Direction and the total resource committed. This tracker will be used to monitor and report progress on the delivery of each Direction at least on an annual basis.

It is expected that new Directions will also be made throughout the year to give effect to decisions of the IJB. The Chief Officer and Chief Finance Officer can prepare a report to the IJB seeking amendment or variation of Directions at any time.

2.4 Performance and Effectiveness Controls

The Performance and Audit Committee will review the effectiveness of the IJB's performance in relation to Directions on an annual basis having regard to the following controls:

- A policy is in place to define the aims and purpose of Directions;
- The requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 have been met (in particular, the requirement to issue a Direction in relation to **all** functions);
- The Directions have been clearly stated;
- The Directions issued comply with the Scottish Government's Statutory Guidance;
- Directions are necessary and proportionate;
- The procedure ensures Directions clearly align to the Strategic Plan;
- The procedure ensures Directions are communicated with DCC and NHST, including setting expectations for their completion;
- A procedure is in place to ensure Directions are subsequently revised during the year in response to developments and there is a process in place to revoke/supersede previous versions; and
- A robust process is in place for annual reporting and monitoring arrangements, ensuring they are clear and implemented in practice.

2.5 Implementation of Directions by Partners

DCC and NHST are responsible for complying with and implementing the IJB's Directions. Should either partner experience difficulty in implementing a Direction, or require further detail regarding expectations, this should be brought to the attention of the Chief Officer in the first instance.

Initially, the Chief Officer will seek to resolve issues, liaising with and involving the IJB Chair or Vice-Chair accordingly. If resolution proves difficult, for example if

issues are particularly complex, the IJB will be informed prior to initiating the dispute resolution process outlined in the Integration Scheme.

3 Directions Procedure

3.1 This procedure sets out the process for formulating, approving, issuing and reviewing directions for the IJB

3.2 Formulating Directions

As indicated in Section 1, the purpose of Directions is to set a clear framework for the delivery by the NHS, DCC, or both of the IJB's functions and plans. It is important to reiterate that the IJB must issue a Direction in relation to **all** of its functions.

Directions must be in writing. This is a legal requirement.

A Direction can also vary, amend, or revoke a previous Direction.

3.3 The Direction template

The Direction Template (Appendix B) will be used to formulate each Direction. It will be clearly associated with an IJB decision. This means that Directions could be made in relation to a range of different matters. Some will be more general, and others will be very specific. Some examples could be:

- A decision to approve a business case which then requires action by one of the Partners.
- A decision to make a specific change to services or to transform a service.
- A decision which relates to implementation of an aspect of the Strategic Commissioning Plan.
- A decision which relates to approval of a particular Strategy which then requires to be implemented by one or both Partners.
- Financial changes or developments (e.g., additional funding opportunities, matters relating to set-aside budgets or requirement to implement a recovery plan).
- An annual Direction in relation to the budget requisition and how that relates to the functions to be delivered by the Partners.

3.4 Content of Directions

Directions should contain a number of things.

Every Direction **must** as a minimum set out:

- ***Which function or functions it relates to***
e.g., services to unpaid carers under the Carers (Scotland) Act 2016, and
- ***The financial resources available*** - the budget and how it is to be used
e.g., £60,000 to increase choice available to unpaid carers for short breaks.

A Direction **may** also specify:

- *The scope and scale of the function*
- *The way a function is to be carried out*

e.g., how a function or service is to be delivered or what action the Partner is required to take. This can be set out in whatever level of detail the IJB considers appropriate and linked to achievement of outcomes or to the Strategic Plan.

- *Those impacted by the change, people who use services, staff, carers communities, others.*
- *That functions be carried out jointly by NHS and DCC.*
- *That some aspects of a function carried out by one Partner and the remainder by the other Partner.*
- *Timescales*
- *What monitoring arrangements are to be in place.*

Directions should not be issued unnecessarily and should be proportionate. A direction should always be prompted by a decision made by the IJB.

3.5 Key Questions

There are some key questions which will assist in deciding if a Direction is required:

- Is the IJB making a decision (as opposed to noting something)?
- Does the decision relate to delivery of services?
- Does the decision mean that there will be a need for the Partner/s to make changes to the way they deliver services?
- Can the decision only be implemented through the Partners doing something?
- Does the IJB want to monitor performance or outcomes in a particular way, which relies on the Partner doing something or giving information back to the IJB?

These questions might also be useful in helping decide what recommendations should be in a report to the IJB. It is particularly important that there is careful thought about whether the IJB needs to make decisions about the subject matter of the report, and if so, what decisions. The reporting template for the IJB will clearly set out in every report when Directions are required and, make recommendations about the detail to be contained in those Directions.

3.6 Role of Officers

The Chief Officer of the IJB has responsibility for considering all draft reports before submission to the IJB as well as overseeing the delivery of the Strategic Commissioning Plan. Therefore, the Chief Officer will play a key role in helping to shape Directions and ensuring that these are presented to the IJB for decision at a point when the discussions and planning with Partners has reached a suitable stage, and, that the IJB can confidently agree the content of Directions knowing that these will be understood by the Partners and can be delivered in accordance with the detail specified in those Directions.

IJBs make decisions about service change, service redesign, and investment and disinvestment at many of their meetings. Such decisions will necessitate directions to the Health Board or Local Authority, or both, and may indeed require the delivery partners to carry out a function jointly.

The Chief Finance Officer is responsible for ensuring the accuracy of financial commitments on behalf of the IJB and will therefore also have a key role in helping shape Directions as they relate to finance.

3.7 Approving and issuing Directions

The IJB is responsible for approving all Directions.

Directions will be reviewed prior to their expiry date to ensure they are still valid and the IJB will be formally asked to extend these as necessary. Directions will also be reviewed should the IJB's annual budget setting process require a change in the level of funding associated with the delivery of a Direction.

In addition, Directions will also be issued at any time as required to implement IJB decisions and will be subject to formal approval by the IJB as part of their decision-making process.

3.8 Reports

All reports to the IJB will recommend whether a Direction is required or whether the recommendation will impact on existing Directions. It is the IJB's responsibility however to ensure that they identify whether a Direction is required in relation to any report they consider.

The detail of the new or revised Direction will be appended to the IJB report using the Direction template (Appendix B).

3.9 Communication of Directions to Partners

Once approved, written Directions and the associated IJB report will be emailed, within 7 days of IJB approval, by the Chief Officer, on behalf of the IJB, to the Chief Executives of either or both Partners.

Many Directions will be implemented by the Chief Officer as part of their role as an operational manager of both NHST and Dundee City Council. It may appear that the Chief Officer is directing themselves to do something, however, this is not a reason for failing to issue Directions as they are an essential part of the Governance and accountability arrangements in relation to the operation of an IJB.

4. Review

This policy will be reviewed by April 2024 or sooner as a result of changes to legislation or national guidance on Directions.

5. Background reading / reference documents

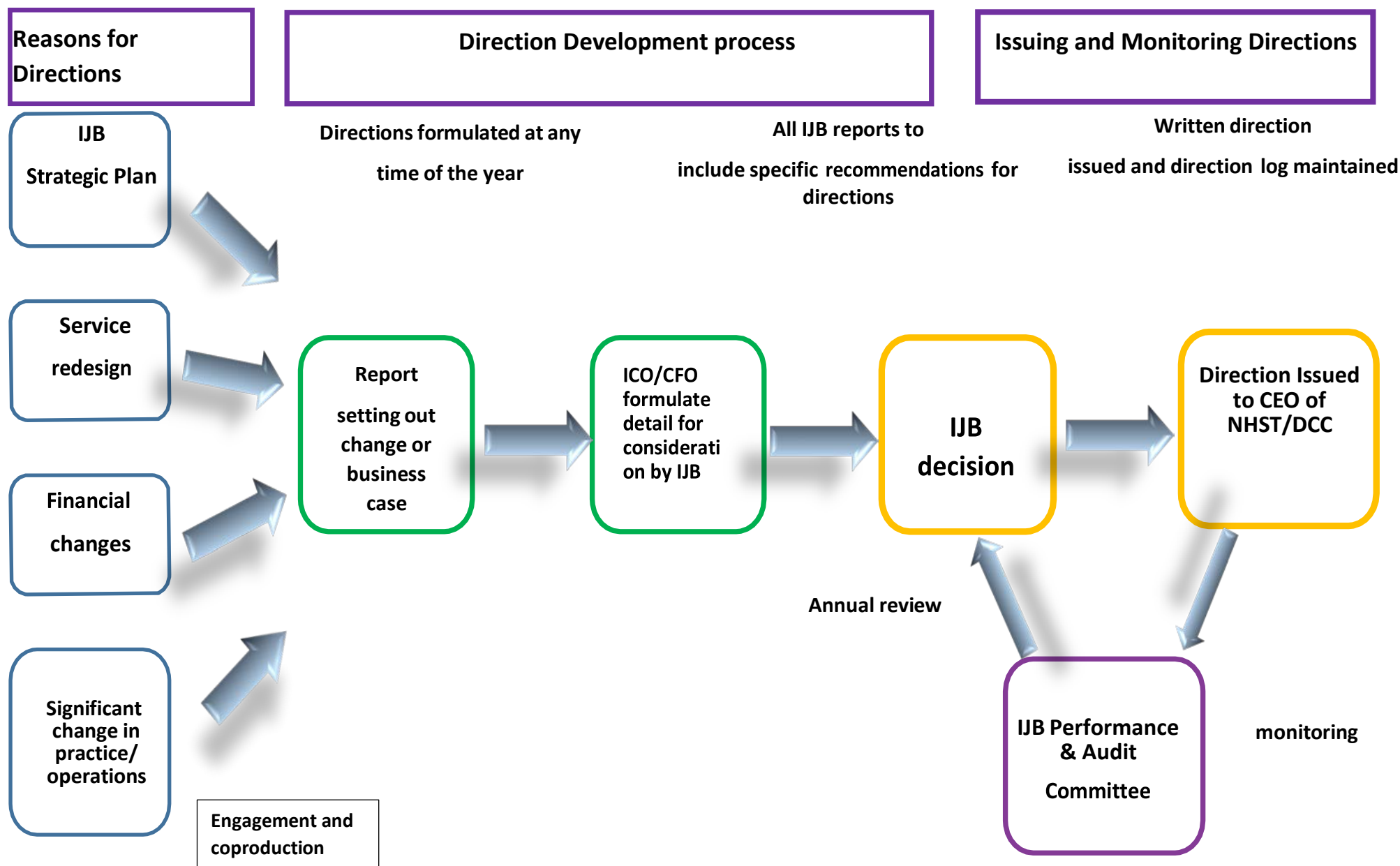
[Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

[Good Practice Note: Directions from Integration Authorities to Health Boards and Local Authorities \(The Scottish Government, March 2016\)](#)

[Ministerial Strategic Group \(MSG\) Health and Community Care Review of Progress with Integration](#)

[Statutory Guidance: Directions from Integration Authorities to Health Boards and Local Authorities \(The Scottish Government, January 2020\)](#)

Appendix A – Flowchart



Appendix B - Directions Template.

DUNDEE INTEGRATION JOINT BOARD

DIRECTION ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

| | | | | |
|----------|---|---|---|----------|
| 1 | Direction reference Number | IJB report no./year | Direction reference to be superseded (if relevant) | |
| 2 | Date of IJB | Date of IJB meeting where decision agreed, and Direction approved | IJB report reference | No./year |
| 3 | Report Title | As per IJB report | | |
| 4 | Date from which direction takes effect | Date of IJB or date in future | | |
| 5 | Direction to (delete as appropriate) | Dundee City Council NHS Tayside Both | | |
| 6 | Functions covered by Direction | Reference to functions delegated in the Integration Scheme to the IJB | | |
| 7 | Reference to Strategic Plan | Priority area | | |
| 8 | Full text of Direction | | | |
| 9 | Budget allocated for the implementation of the Direction | | | |

| | | |
|----|---|--|
| 10 | Intended Outcomes to be delivered by this Direction | |
| 11 | Performance monitoring requirements for this Direction | Date when implementation progress report may be required by the IJB. The key performance measures that are expected to be impacted by the decision Impact on and Progress towards national outcomes other reporting requirements |
| 12 | Review date | Date by which Direction will be delivered and therefore Direction requires to be reviewed Date of review of annual financial instructions |



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

REPORT ON: AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2022/23

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB18-2023

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to note and approve the proposed Dundee Integration Joint Board Annual Audit Plan 2022/23 as submitted by the IJB's appointed External Auditor (Audit Scotland).

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report;
- 2.2 Approves the proposed Audit Plan for 2022/23 as submitted by Audit Scotland (attached as Appendix 1).

3.0 FINANCIAL IMPLICATIONS

- 3.1 The cost of the annual audit fee is £31,740 and provision for this has been made within the IJB's 2022/23 budget.

4.0 MAIN TEXT

- 4.1 Dundee Integration Joint Board's (IJB) assigned External Auditor for 2022/23 is Audit Scotland who have produced their Annual Audit Plan in relation to the 2022/23 financial year. This plan contains an overview of the planned scope and timing of their audit work and is carried out in accordance with International Standards on Auditing (ISAs), and the Code of Audit Practice. This plan sets out the independent auditors work necessary to provide an opinion on the annual accounts and to meet the wider scope requirements of public sector audit. The wider scope of public audit includes assessing arrangements for financial sustainability, financial management, vision, leadership and governance and use of resources to improve outcomes.
- 4.2 In preparing this audit plan, Audit Scotland has drawn from a wide range of information such as IJB reports and other published documentation, attendance at IJB meetings and discussions with management and have identified a number of main risk areas in relation to Dundee IJB. These are categorised as being financial statements risks and wider dimension risks with associated audit testing noted within the plan under Exhibit 2 of the auditor's report. The financial statement issues and risks are summarised below and it should be noted that there are no identified local wider scope audit risks for 2022/23:

- 1) Risk of material misstatement due to fraud caused by management override of controls
- 2) Accounting treatment of Covid-19 reserve balance clawback from IJBs by Scottish Government

- 4.3 Once the audit is complete, Audit Scotland will submit an independent auditor's report to the members of Dundee City Integration Joint Board and the Accounts Commission, summarising the results of the audit of the annual accounts. They will also provide the IJB and the Controller of Audit with an annual report on the audit containing observations and recommendations on significant matters which have arisen in the course of the audit.
- 4.4 The Local Authority Accounts (Scotland) Regulations 2014 require local authorities to 'aim to approve the audited accounts for signature no later than 30 September immediately following the financial year to which the accounts relate' and that the signed accounts 'must be published no later than 31 October'. Due to the legacy of the late completion of prior year audits due to Covid-19 and ongoing resourcing challenges within Audit Scotland, they are unable to complete the IJB's audit by the 30 September or in time to publish the audited accounts by 31 October. It is proposed to submit the IJB's draft accounts to Audit Scotland by the 30th June 2023 with the final Independent Auditors report and IJB final audited accounts presented to the meeting of the Performance and Audit Committee on the 22nd November 2023.
- 4.5 The annual audit fee set for Dundee City Integration Joint Board is £31,740 for 2022/23 (£27,960 for 2021/22). This higher cost of audit is a reflection of the current audit market which includes increased regulatory expectations and a widening scope of the audit work.
- 4.6 While the appointment of the external auditor of Dundee City IJB for the period 2022/23 to 2026/27 continues to be Audit Scotland, IJB members should note that services will be provided by a new external audit team to Dundee IJB who have significant previous experience of working with the health and social care sector.

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 forms part of the IJB's statutory governance process. Any risks identified through the annual accounts process will be reflected in the relevant Integration Joint Board or Performance and Audit Committee Reports.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

- 9.1 None.

Dave Berry
Chief Finance Officer

DATE: 23th March 2023

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Dundee City IJB

Annual Audit Plan 2022/23



 AUDIT SCOTLAND

Prepared for Dundee City Integration Joint Board

March 2023

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Contents

| | |
|--|----|
| Introduction | 3 |
| Financial statements audit planning | 5 |
| Wider Scope and Best Value | 10 |
| Reporting arrangements, timetable, and audit fee | 11 |
| Other matters | 14 |
| Appendix 1. External audit team | 16 |

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Introduction

Summary of planned audit work

1. This document summarises the work plan for our 2022/23 external audit of Dundee City IJB. The main elements of our work include:

- an audit of the 2022/23 annual accounts to support our opinions on the financial statements
- an audit opinion on the other statutory information published within the annual accounts, including the Management Commentary, the Governance Statement and the audited part of the Remuneration Report
- consideration of arrangements in relation to the wider scope areas
- consideration of Best Value arrangements.

Audit Appointment

2. We are pleased to be appointed as the external auditor of Dundee City IJB for the period 2022/23 to 2026/27 inclusive. [Appendix 1](#) sets out the members of the new external audit team along with a summary of their previous experience.

3. In the first year of the audit appointment, we invest significant time gaining an understanding of your business and identifying and assessing the risks of material misstatement to the financial statements. We keep our assessment of risks under review as the audit progresses. We will inform you of any significant changes in assessed risks and any resulting changes in our planned audit work that emerge during the course of the year.

4. The audit team will actively engage with you over the course of the audit to ensure our audit work continues to be focused on risk.

Adding value

5. We aim to add value to Dundee City IJB through our external audit work by being constructive and forward looking, by identifying areas for improvement and by recommending and encouraging good practice. We will also attend meetings of the Performance and Audit Committee and actively participate in discussions relevant to the audit. In doing so we intend to help Dundee City IJB promote improved standards of governance, better management and decision making, and more effective use of resources.

Respective responsibilities of the auditor and Audited Body

6. The [Code of Audit Practice 2021](#) sets out in detail the respective responsibilities of the auditor and the Dundee City IJB. Key responsibilities are summarised below.

Auditor responsibilities

7. Our responsibilities as independent auditors are established by the Local Government (Scotland) Act 1973 and the [Code of Audit Practice](#) (including [supplementary guidance](#)) and guided by the Financial Reporting Council's Ethical Standard.

8. Auditors in the public sector give an independent opinion on the financial statements and other information within the annual accounts. We also review and report on the wider scope arrangements in place at Dundee City IJB. In doing this, we aim to support improvement and accountability.

Dundee City IJB's responsibilities

9. The IJB is responsible for maintaining accounting records and preparing financial statements that give a true and fair view.

10. The IJB also has responsibility for ensuring the proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance, propriety and regularity that enable them to deliver their objectives.

11. The audit of the annual report and accounts does not relieve management or the Performance and Audit Committee, as those charged with governance, of their responsibilities.

Communication of fraud or suspected fraud

12. In line with ISA 240, in presenting this plan to the Performance and Audit Committee we seek confirmation from those charged with governance of any instances of actual, suspected or alleged fraud that should be brought to our attention. Should members of the committee or board have any such knowledge or concerns relating to the risk of fraud within Dundee City IJB, we invite them to communicate this to the appointed auditor for consideration. Similar assurances will be sought as part of the audit completion process.

Financial statements audit planning

Introduction

13. The annual accounts are an essential part of demonstrating the IJB's stewardship of resources and its performance in the use of those resources.

14. Our approach to the audit of the 2022/23 financial statements has been designed to support the appointed auditor's opinion as to whether the annual accounts give a true and fair view of Dundee City IJB's finances for the year ended 31 March 2023, and have been properly prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom (the Code 2022/23).

Materiality

15. The concept of materiality is applied by auditors in planning and performing the audit, and in evaluating the effect of any uncorrected misstatements on the financial statements. We are required to plan our audit to obtain reasonable assurance that the financial statements are free from material misstatement. The assessment of what is material is a matter of professional judgement over both the amount and the nature of the misstatement.

Materiality levels for the 2022/23 audit

16. We assess materiality at different levels as detailed in [Exhibit 1](#) on page [6](#), along with the materiality levels set out for the 2022/23 audit of Dundee City IJB.

Exhibit 1

Materiality levels set for 2022/23 audit

| Materiality | Amount |
|--|---------------|
| Planning materiality: This is the figure we calculate to assess the overall impact of audit adjustments on the financial statements. It is set based on our assessment of the needs of the users of the financial statements and the nature of the Dundee City IJB's operations. For the year ended 31 March 2023 we have set our materiality at 2 per cent gross of gross expenditure based on the audited financial statements for 2021/22. | £6.0 million |
| Performance materiality: This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality, this could indicate that further audit procedures should be considered. Using our professional judgement, we have assessed performance materiality at 75 per cent of planning materiality. | £4.5 million |
| Reporting threshold: We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount. This has been capped at the maximum amount allowable under Audit Scotland's audit approach. | £0.25 million |

Source: Audit Scotland

Significant risks of material misstatement and other risks of material misstatement for the 2022/23 financial statements

17. We focus our work on the areas of highest risk. As part of our planning process, we prepare a risk assessment highlighting the audit risks relating to each of the main financial systems relevant to the production of the financial statements.

18. Our risk assessment draws on our cumulative knowledge and consideration of major transaction streams, key systems of internal control and risk management processes. It is also informed by our discussions with management, meetings with internal audit, attendance at committees and review of other relevant information.

19. Based on our risk assessment process, we identify significant risks of material misstatement to the financial statements. These are the risks which have the greatest impact on our planned audit procedures. We also identify any other non-significant risks of material misstatement that require a specific audit response over and above our standard audit procedures. [Exhibit 2](#) on page 7 summarises the nature of these risks, the sources of assurance from management arrangements, and the further audit procedures we plan to perform to gain assurance over these risks.

Exhibit 2

Significant and non-significant risks of material misstatement for the 2022/23 financial statements

| Nature of risk | Sources of assurance | Planned audit response |
|---|--|---|
| Significant risks of material misstatement | | |
| <p>1. Risk of material misstatement due to fraud caused by management override of controls</p> <p>As stated in International Standard on Auditing (UK) 240, management is in a unique position to perpetrate fraud because of management's ability to override controls that otherwise appear to be operating effectively.</p> | <p>Owing to the nature of this risk, assurances from management are not applicable in this instance.</p> | <p>Agreement of balances and income to Dundee City Council and NHS Tayside financial reports / ledger / correspondence.</p> <p>Auditor assurances will be obtained from the auditors of Dundee City Council and NHS Tayside over the controls which ensure completeness, accuracy and allocation of income and expenditure.</p> <p>Review of year-end consolidation of expenditure reports from Dundee City Council and NHS Tayside, including examining any significant adjustments.</p> |
| Other non-significant risks of material misstatement | | |
| <p>2. Accounting treatment of Covid-19 reserve balance clawback from IJBs by Scottish Government</p> <p>In February 2023, NHS Tayside was advised that its 2022/23 revenue resource allocation would be reduced for the unspent Covid-19 reserve balances that the Scottish Government has clawed back from IJBs.</p> <p>This will be reflected in a corresponding reduction in NHS Tayside's contribution to Dundee City IJB of £10.3 million for 2022/23.</p> <p>The clawback amount was determined based on period 8 expenditure and may be further adjusted as a result of actual Covid-19 expenditure in 2023.</p> <p>It will be important that Dundee City IJB and NHS Tayside account for this on a consistent basis.</p> | <p>The clawback arrangements have been communicated by the Scottish Government.</p> | <p>Verify clawback values to IJB working papers, NHS Tayside audited accounts, budget monitoring reports or schedules.</p> <p>Review accounting treatment against accounting requirements agreed with Scottish Government and confirm this is adequately disclosed in Dundee City IJB's 2022/23 Annual Accounts.</p> |

Source: Audit Scotland

20. As set out in International Standard on Auditing (UK) 240: *The auditor's responsibilities relating to fraud in an audit of financial statement*, there is a presumed risk of fraud over the recognition of income. There is a risk that income may be misstated resulting in a material misstatement in the annual accounts. We have rebutted this risk for the IJB as it is wholly funded by NHS Tayside and Dundee City Council.

21. In line with Practice Note 10: *Audit of financial statements and regularity of public sector bodies in the United Kingdom*, as most public-sector bodies are net spending bodies, the risk of material misstatement due to fraud related to expenditure recognition may in some cases be greater than the risk relating to revenue recognition. We have rebutted this risk for the IJB as it does not directly incur expenditure or employ staff (other than appointing the Chief Officer and Chief Finance Officer). All expenditure is incurred and processed through the financial systems of the partner bodies and there is limited scope for the IJB to manipulate this.

22. As a result, our audit plan does not include any specific work in these areas in addition to our standard audit procedures.

Revisions to ISA (UK) 315 on auditors' responsibility to identify and assess the risks of material misstatement

23. The revised International Standard on Auditing (UK) 315 includes a revised requirement for auditors to understand a body's use of IT, as part of our understanding of the wider control environment, and to consider the related risks.

24. As part of our 2022/23 audit planning work, we will request assurances of the partners IT systems, on which the IJB relies, to obtain an understanding of the use of IT in financial reporting. This will consider the nature and characteristics of the IT applications and IT infrastructure. It will also include consideration of any risks related to national IT systems, and assurances over the operation and reliability of these systems during the year.

25. Any risks of material misstatement identified from the assessment of partner IT systems and infrastructure will be communicated to management and reflected in our approach to the audit of the 2022/23 financial statements.

Audit of Management Commentary, Governance Statement, and audited part of the Remuneration Report

26. In addition to the appointed auditor's opinion of the financial statements, the Accounts Commission prescribes that the appointed auditor should provide opinions as to whether the Management Commentary, Governance Statement, and audited part of the Remuneration Report, have been compiled in accordance with the appropriate regulations and frameworks and are consistent with the financial statements.

27. To inform these opinions we will consider whether the disclosures within each statement comply with the requirements of the applicable guidance, and confirm that relevant information reflects the contents of the financial statements and other supporting documentation.

28. Based on our knowledge of the audit, and the established procedures in place to produce these statements, we have not identified any specific risks to be communicated to those charged with governance.

Wider Scope and Best Value

Introduction

29. The [Code of Audit Practice](#) sets out the four areas that frame the wider scope of public sector audit. The Code of Audit Practice requires auditors to consider the adequacy of the arrangements in place for the wider scope areas in audited bodies.

30. In summary, the four wider scope areas cover the following:

- **Financial management** means having sound financial control processes. We will consider these arrangements and comment on financial management in our Annual Audit Report.
- **Financial sustainability** – as auditors, we consider the appropriateness of the use of the going concern basis of accounting as part of the annual audit and comment on the 2022/23 financial position and sustainability in our Annual Audit Report.
- **Vision, leadership and governance** – we will conclude on the arrangements in place to deliver the vision, strategy and priorities of the IJB. We also consider the effectiveness of the governance arrangements.
- **Use of resources to improve outcomes** – auditors have a duty to be satisfied that bodies that fall within section 106 of the 1973 Act have made proper arrangements to secure Best Value. We will consider how the IJB demonstrates that it is meeting its Best Value responsibilities and will report our findings as part of our Annual Audit Report.

Wider scope risks

31. Our planned work on our wider scope responsibilities is risk based and proportionate. We have not identified any local wider scope audit risks for the 2022/23 audit of the IJB. Progress on the outstanding recommendations identified in prior years will be followed-up with management during the course of the 2022/23 audit.

Reporting arrangements, timetable, and audit fee

Reporting arrangements

- 32.** Audit reporting is the visible output for the annual audit. The Annual Audit Plan and the outputs set out in [Exhibit 3](#), and any other outputs on matters of public interest will be published on Audit Scotland’s website: www.audit-scotland.gov.uk.
- 33.** Matters arising from our audit will be reported on a timely basis and will include agreed action plans. Draft management reports will be issued to the relevant officers to confirm factual accuracy, prior to the issue and publication of final reports.
- 34.** We will provide an independent auditor’s report (audit certificate) to Dundee City IJB and the Accounts Commission setting out our opinions on the annual accounts. We will also provide the IJB and the Accounts Commission with an annual report on the audit containing observations and recommendations on significant matters which have arisen during the audit.
- 35.** [Exhibit 3](#) outlines target dates for our audit outputs.

Exhibit 3 2022/23 Audit outputs

| Audit Output | Target date | Board / Performance and Audit Committee date |
|------------------------------|------------------|--|
| Annual Audit Plan | 31 March 2023 | 19 April 2023 |
| Independent Auditor's Report | 30 November 2023 | 22 November 2023 |
| Annual Audit Report | 30 November 2023 | 22 November 2023 |

Source: Audit Scotland



- 36.** The Local Authority Accounts (Scotland) Regulations 2014 require local authorities to ‘*aim to approve the audited accounts for signature no later than 30 September immediately following the financial year to which the accounts relate*’ and that the signed accounts ‘*must be published no later than 31 October*’. Due to the legacy of the late completion of prior year audits due to Covid-19 and ongoing resourcing challenges within Audit Scotland, we are unable to complete the IJB’s audit by the 30 September or in time to publish the audited accounts by 31 October. We acknowledge that this planned timetable is determined by the

availability of the audit process and not by the IJB which proposes to present unaudited accounts for audit by the 30 June 2023.

Timetable

37. To support an efficient audit, it is critical that a timetable is agreed with management for the production and audit of the accounts. A proposed timetable for the 2022/23 annual accounts is shown in [Exhibit 4](#).

Exhibit 4 Proposed annual accounts timetable

|  Key stage |  Provisional Date |
|--|--|
| Consideration of the unaudited annual accounts by those charged with governance | 21 June 2023 (Joint Board date) |
| Latest submission date for the receipt of the unaudited annual accounts with complete working papers package. | 30 June 2023 |
| Latest date for final clearance meeting with the Chief Finance Officer | To be arranged |
| Agreement of audited annual accounts for consideration by the Joint Board | To be arranged |
| Issue of Proposed Annual Audit Report to those charged with governance (along with Letter of Representation and proposed independent auditor's report) | 15 November 2023 |
| Joint Board meeting to approve and sign audited annual accounts | 22 November 2023 |
| Independent auditor's report certified by appointed auditor and Annual Audit Report finalised and issued | 22 November 2023 |

Source: Audit Scotland

38. Covid-19 has had a considerable impact on the conduct and timeliness of the audit. We recognise that it is in the best interests of public accountability to get the reporting of audited accounts back to pre-pandemic timelines. We are identifying ways to work more efficiently to expedite the 2022/23 audits whilst at the same time maintaining high standards of quality.

39. We intend to take a hybrid approach to the 2022/23 audit with a blend of onsite and remote working. We will work closely with management to identify the most efficient audit approach and will keep timeframes and logistics for the completion of the audit under review. Progress will be discussed with officers over the course of the audit.

Audit fee

40. In determining the audit fee, we have taken account of the risk exposure of the IJB and the planned management assurances in place. The proposed audit fee for 2022/23 is £31,740 (£27,960 in 2021/22), an increase of 14 per cent.

41. Our fees have increased in 2022/23 and this is a reflection of the current audit market and the rising costs in delivering high quality audit work. There include increased regulatory expectations and a widening in the scope of audit work.

42. In setting the fee for 2022/23 we have assumed that Dundee City IJB has effective governance arrangements and will prepare comprehensive and accurate accounts for audit in line with the agreed timetable for the audit. The audit fee assumes there will be no major change in respect of the scope of the audit during the year and where our audit cannot proceed as planned, a supplementary fee may be levied.

Other matters

Internal audit

43. It is the responsibility of the IJB to establish adequate internal audit arrangements. We will review the internal audit plan and the results of internal audit's work. The Joint Board's internal audit function is provided by Fife, Tayside and Forth Valley Audit and Management Services (FTF), supported by Dundee City Council's internal audit section, and overseen by FTF's Chief Internal Auditor. We have reviewed internal audit's plan as part of our planning process. While we are not planning to place formal reliance on the work of internal audit in 2022/23, we will review internal audit reports and assess the impact of the findings on our financial statements and wider scope audit responsibilities.

Independence and objectivity

44. Auditors appointed by the Accounts Commission must comply with the [Code of Audit Practice](#) and relevant supporting guidance. When auditing the financial statements, auditors must also comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies. These standards impose stringent rules to ensure the independence and objectivity of auditors.

45. Audit Scotland has robust arrangements in place to ensure compliance with these standards including an annual '*fit and proper*' declaration for all members of staff. The arrangements are overseen by the Executive Director of Innovation and Quality, who serves as Audit Scotland's Ethics Partner.

46. Auditing and ethical standards require the appointed auditor to communicate any relationships that may affect the independence and objectivity of audit staff. The appointed auditor for the IJB is Brian Howarth, Audit Director. We are not aware of any such relationships pertaining to the audit of the IJB.

Audit Quality

47. Quality is at the core of public audit in Scotland and is the foundation for building consistency and confidence across all audit work. High quality audits provide assurance, add value, and can support public bodies to achieve their objectives.

48. Until 2021/22, the applicable audit quality standard was International Standard on Quality Control 1 (ISQC (UK) 1). This set out an audit practice's responsibilities for its system of quality control for audits. ISQC(UK) 1 has been replaced by two new audit quality standards: Internal Standards on Quality Management (ISQM (UK) 1) applicable from 15 December 2022 and (ISQM(UK) 2) effective for the 2023/24 audits. Work is underway at Audit Scotland to meet the requirements of these quality standards.

49. Audit Scotland is committed to delivering high quality audits. The foundation of our quality framework is our Audit Guide, which incorporates the application of professional auditing, quality and ethical standards and the [Code of Audit Practice](#) (and supplementary guidance) issued by Audit Scotland and approved by the Accounts Commission for Scotland. To ensure that we achieve the required quality standards, Audit Scotland conducts peer reviews and internal quality reviews. Additionally, the Institute of Chartered Accountants of England and Wales (ICAEW) have been commissioned to carry out external quality reviews.

50. As part of our commitment to quality and continuous improvement, Audit Scotland will periodically seek your views on the quality of our service provision. We welcome feedback at any time, and this may be directed to the appointed auditor.

Appendix 1. External audit team

51. The audit team involved in the audit of Dundee City IJB has significant experience in public sector audit as detailed below.



Brian Howarth, Audit Director

Brian is the appointed auditor for a portfolio of health, local government and central government bodies, including NHS Tayside, Dundee City Council, Dundee City IJB, Tayside Pension Fund and Perth and Kinross IJB. He has 30 years experience of public sector audit with Audit Scotland and is a member of the Chartered Institute of Management Accountants. Most recently Brian was the appointed auditor for NHS Fife and NHS Western Isles, as well as Fife Council, Inverclyde Council, North Lanarkshire Council, Moray Council and Comhairle nan Eilean Siar and the five IJBs in these areas.



Richard Smith, Senior Audit Manager

Richard has been leading the external audit team in Dundee since the 2020/21 financial year. To provide continuity for the new audit appointments, Richard is continuing as the Senior Audit Manager for the Dundee City Council and NHS Tayside audit teams for 2022/23, and is also taking on responsibility for the Dundee City IJB audit. He has 20 years experience of public sector audit with Audit Scotland covering health, local government, central government and further education sectors.



Mary O'Connor, Senior Auditor

Mary is the lead auditor for the 2022/23 audits of the Dundee City Health and Social Care Partnership and the Perth and Kinross Health and Social Care Partnership. She has extensive knowledge of audit within the public sector having been involved in public sector audit for the last 28 years. Mary has worked across local Government, health and central government bodies and has been involved in the audit of Integrated Joint Boards since their inception in 2014. Most recently Mary was the lead auditor for the Angus IJB audit and the Scottish Legal Aid Board and was also involved in the Angus Council, NHS Orkney and Fife Pension Fund audits.

52. The local audit team is supported by a specialist technical accounting team, all of whom have significant experience of public bodies and work with accounting regulatory bodies.

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Dundee City Integration Joint Board

Annual Audit Plan 2022/23

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
19 APRIL 2023

REPORT ON: FINANCIAL MONITORING POSITION AS AT FEBRUARY 2023

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB22-2023

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 28th February 2023 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 28th February 2023 (excluding any implications of additional COVID-19 spend) shows a net projected underspend position for 2022/23 of (£5,077k).

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 (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 (£626k) 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 (£807k), impact of Lead Partner Service (formerly referred to as Hosted Services) risk sharing adjustment is indicating an additional cost of £647k, prescribing is projected to be underspend by (£887k) and other Primary Care services are expected to be overspent by £421k.
- 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 cost implications) 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 to the overall financial position. This is predominantly as a result of prescription volumes being lower than Plan (by 2.4%), with pricing being marginally higher than expected (by 2.7%). Ongoing regular monitoring of the local and regional Prescribing financial position is undertaken within multi-disciplinary meetings. Nationally, prices have also been impacted by short supply with price premiums required to meet wholesale cost increases, and this continues to cause some fluctuations and uncertainty.
- 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 NHS Agenda for Change 2022/23 Pay Award has now been implemented, with back-dated payments also now processed and the updated financial implications are incorporated into the projected position.
- 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. This shows net impact of these adjustments to Dundee being an increased cost implication of £647k which mainly relates to higher spend within Out of Hours and Forensic Medical Services led by Angus IJB. The Out of Hours overspend is as a direct result of Covid19 remobilisation with changes to the patient pathway now embedded in the service model – work in ongoing within the service to develop a financial recovery plan / future service model.

- 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 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 (£4,452k).
- 4.4.2 Key drivers of underspend include vacancies across various teams and grades, and also lower activity in some areas as services, through 22/23, have continued 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 was incorporated into financial monitoring position from October.

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 February 2023 (after Month 11 2022/23) is as follows:

Table 1

| Mobilisation Expenditure Area | 2022/23 Projected COVID-19 Additional Spend (As at Feb) £000 | 2021/22 COVID-19 Additional Expenditure £000 | 2020/21 COVID-19 Additional Expenditure £000 |
|---|--|--|--|
| Additional Care Home Placements | 0 | 0 | 336 |
| PPE | 75 | 192 | 157 |
| Additional Staff Cover / Temporary Staff | 3,106 | 2,659 | 2,817 |
| Provider Sustainability Payments | 2,043 | 2,538 | 4,379 |
| IT / Telephony | 35 | 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 | 0 | 336 | 189 |
| Primary Care | 594 | 197 | 0 |
| Additional Services within Remobilisation Plan | 0 | 484 | 0 |
| Other Costs | 219 | 119 | 114 |
| Anticipated Underachievement of Savings | 0 | 0 | 200 |
| Total Mobilisation Costs | 6,072 | 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. Correspondence has been received from the Scottish Government dated 16th January 2023 confirming this will be processed through a reduced (negative) allocation via NHS Board funding, with Dundee IJB returning a reported surplus uncommitted Covid19 reserve balance of £10,349k. Latest Covid19 expenditure projections indicate a year end adjustment may be required to be returned to fully fund the 2022/23 Covid19 spend – any adjustment will be captured during the reconciliation process with Scottish Government in April 2023.

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. 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 | Updated Reserves Balances | Anticipated closing 22/23 Reserves |
|---------------------------------|----------------------------|---------------------------|------------------------------------|
| | £k | £k | £k |
| Mental Health | 1,825 | 1,825 | 480 |
| Primary Care | 4,995 | 4,995 | 700 |
| Service specific | 1,947 | 1,947 | 638 |
| Community Living Change Fund | 613 | 613 | 613 |
| NHST - shifting balance of care | 1,600 | 1,600 | 0 |
| ADP | 1,220 | 1,220 | 344 |
| Covid-19 | 15,595 | 15,595 | 0 |
| Analogue to Digital Project | 876 | 876 | 876 |
| Other Staffing | 394 | 394 | 60 |
| Additional GP Capacity * | | 132 | 132 |
| GP Premises Programme Manager** | | 150 | 150 |
| Interim Care Funding*** | | 893 | 0 |
| Winter Pressures*** | | 1,000 | 750 |
| Transformation Support*** | | 1,000 | 1,000 |
| Infrastructure Support*** | | 500 | 500 |
| Non-Recurring Budget Support*** | | 2,500 | 2,500 |
| | | | |
| Total Committed Reserves | 29,065 | 35,240 | 8,743 |
| | | | |
| General Reserves (Uncommitted) | 9,933 | 3,758 | 8,835 |
| | | | |
| TOTAL RESERVES | 38,998 | 38,998 | 17,578 |

*Per DIJB62-2022

**Per DIJB76-2022

***Per DIJB90-2022

- 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 As agreed at IJB meeting on 14 December 2022, per Report DIJB90-2022, additional Committed Reserves were created for 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.
- 4.6.5 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.
- 4.6.6 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 considered 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 year's assumed available funding. This has had an impact on the IJB's ability to fully implement the Primary Care Improvement Plan.

- 4.6.7 Given the confirmed reclaim of Covid19 unused 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.
- 4.6.8 The anticipated Reserves balances at Year End are now incorporated into Table 2 to reflect these known and anticipated adjustments that will (or may) occur during 2022/23, both in terms of in-year utilisation of these funds and return of uncommitted surplus balances to Scottish Government. The increase in General Reserves reflects the inclusion of projected Operational underspend for the current financial year.

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: 24th March 2023

Christine Jones
Partnership Finance Manager

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| | | | | | | Appendix 1 |
|--|---|---|--------------------------|---|-------------------|---|
| DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2022/23 | | | | | | Feb-23 |
| | Dundee City Council Delegated Services | | NHST Dundee Delegated | | Partnership Total | |
| | Net Budget | Forecast Overspend / (Underspend) | Net Budget | Forecast Overspend / (Underspend) | Net Budget | Forecast Overspend / (Underspend) |
| | £,000 | £,000 | £,000 | £,000 | £,000 | £,000 |
| Older Peoples Services | 47,505 | (2,378) | 18,399 | 203 | 65,904 | (2,175) |
| Mental Health | 5,675 | 449 | 4,607 | (17) | 10,282 | 432 |
| Learning Disability | 31,128 | (1,014) | 1,597 | (140) | 32,724 | (1,154) |
| Physical Disabilities | 8,087 | (475) | 0 | 0 | 8,087 | (475) |
| Drug and Alcohol Recovery Service | 1,426 | (260) | 4,400 | 76 | 5,826 | (184) |
| Community Nurse Services/AHP/Other Adult | -6 | (98) | 17,653 | (482) | 17,648 | (580) |
| Lead Partner Services | | | 24,644 | (1,033) | 24,644 | (1,033) |
| Other Dundee Services / Support / Mgmt | 5,662 | (674) | 31,773 | (1,018) | 37,434 | (1,692) |
| Centrally Managed Budgets | | | -18,026 | 1,605 | (18,026) | 1,605 |
| Total Health and Community Care Services | 99,477 | (4,452) | 85,047 | (807) | 184,524 | (5,258) |
| Prescribing (FHS) | | | 33,158 | (588) | 33,158 | (588) |
| Other FHS Prescribing | | | -811 | (299) | (811) | (299) |
| General Medical Services | | | 29,544 | 431 | 29,544 | 431 |
| FHS - Cash Limited & Non Cash Limited | | | 23,955 | (10) | 23,955 | (10) |
| Large Hospital Set Aside | | | 18,200 | 0 | 18,200 | 0 |
| Total | 99,477 | (4,452) | 189,094 | (1,273) | 288,570 | (5,724) |
| Net Effect of Lead Partner Services* | | | (4,300) | 647 | (4,300) | 647 |
| Grand Total | 99,477 | (4,452) | 184,794 | (626) | 284,270 | (5,077) |
| *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 | | | | | | Feb-23 |
| | 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) | | | 5,094 | 354 | 5,094 | 354 |
| Older People Serv. - Ecs | | | 292 | -10 | 292 | -10 |
| Older Peoples Serv. -Community | | | 820 | 95 | 820 | 95 |
| Ijb Medicine for Elderly | | | 6,484 | -6 | 6,484 | -6 |
| Medical (P.O.A) | | | 772 | 235 | 772 | 235 |
| Psy Of Old Age - Community | | | 2,544 | -290 | 2,544 | -290 |
| Medical (MFE) | | | 2,392 | -175 | 2,392 | -175 |
| Care at Home | 23,174 | -858 | | | 23,174 | -858 |
| Care Homes | 27,644 | -515 | | | 27,644 | -515 |
| Day Services | 1,093 | 120 | | | 1,093 | 120 |
| Respite | 443 | -197 | | | 443 | -197 |
| Accommodation with Support | 307 | 71 | | | 307 | 71 |
| Other | -5,156 | -999 | | | -5,156 | -999 |
| Older Peoples Services | 47,505 | -2,378 | 18,399 | 203 | 65,904 | -2,175 |
| 2 | | | | | | |
| Community Mental Health Team | | | 4,607 | -17 | 4,607 | -17 |
| Care at Home | 592 | -18 | | | 592 | -18 |
| Care Homes | 416 | 326 | | | 416 | 326 |
| Day Services | 63 | -6 | | | 63 | -6 |
| Respite | -1 | 51 | | | -1 | 51 |
| Accommodation with Support | 4,523 | 455 | | | 4,523 | 455 |
| Other | 81 | -358 | | | 81 | -358 |
| Mental Health | 5,675 | 449 | 4,607 | -17 | 10,282 | 432 |
| 3 | | | | | | |
| Learning Disability (Dundee) | | | 1,597 | -140 | 1,597 | -140 |
| Care at Home | -390 | -10 | | | -390 | -10 |
| Care Homes | 3,081 | -277 | | | 3,081 | -277 |
| Day Services | 8,359 | 913 | | | 8,359 | 913 |
| Respite | 616 | 269 | | | 616 | 269 |
| Accommodation with Support | 22,197 | -1,100 | | | 22,197 | -1,100 |
| Other | -2,735 | -808 | | | -2,735 | -808 |
| Learning Disability | 31,128 | -1,014 | 1,597 | -140 | 32,724 | -1,154 |
| 4 | | | | | | |
| Care at Home | 1,151 | -229 | | | 1,151 | -229 |
| Care Homes | 2,058 | -183 | | | 2,058 | -183 |
| Day Services | 1,098 | 74 | | | 1,098 | 74 |
| Respite | 4 | 5 | | | 4 | 5 |
| Accommodation with Support | 740 | 40 | | | 740 | 40 |
| Other | 3,035 | -183 | | | 3,035 | -183 |
| Physical Disabilities | 8,087 | -475 | 0 | 0 | 8,087 | -475 |
| 5 | | | | | | |
| Dundee Drug Alcohol Recovery | | | 4,400 | 76 | 4,400 | 76 |
| Care at Home | 0 | 0 | | | 0 | 0 |
| Care Homes | 348 | 80 | | | 348 | 80 |
| Day Services | 0 | 1 | | | 0 | 1 |
| Respite | 62 | 0 | | | 62 | 0 |
| Accommodation with Support | 310 | -124 | | | 310 | -124 |
| Other | 706 | -218 | | | 706 | -218 |
| Drug and Alcohol Recovery Service | 1,426 | -260 | 4,400 | 76 | 5,826 | -184 |

| | | 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 | | | 493 | 20 | 493 | 20 |
| | Physio + Occupational Therapy | | | 7,237 | -293 | 7,237 | -293 |
| | Nursing Services (Adult) | | | 9,096 | -61 | 9,096 | -61 |
| | Community Supplies - Adult | | | 344 | 5 | 344 | 5 |
| | Anticoagulation | | | 483 | -153 | 483 | -153 |
| | Other Adult Services | -6 | -98 | | | -6 | -98 |
| | Adult Services | -6 | -98 | 17,653 | -482 | 17,648 | -580 |
| 7 | | | | | | | |
| | Palliative Care - Dundee | | | 3,332 | 72 | 3,332 | 72 |
| | Palliative Care - Medical | | | 1,540 | 48 | 1,540 | 48 |
| | Palliative Care - Angus | | | 415 | 23 | 415 | 23 |
| | Palliative Care - Perth | | | 1,975 | -108 | 1,975 | -108 |
| | Brain Injury | | | 1,758 | -17 | 1,758 | -17 |
| | Dietetics (Tayside) | | | 3,992 | 70 | 3,992 | 70 |
| | Sexual & Reproductive Health | | | 2,441 | -215 | 2,441 | -215 |
| | Medical Advisory Service | | | 111 | -43 | 111 | -43 |
| | Homeopathy | | | 31 | 8 | 31 | 8 |
| | Tayside Health Arts Trust | | | 78 | 0 | 78 | 0 |
| | Psychological Therapies | | | 6,214 | -500 | 6,214 | -500 |
| | Psychotherapy (Tayside) | | | 1,295 | -185 | 1,295 | -185 |
| | Perinatal Infant Mental Health | | | 581 | 0 | 581 | 0 |
| | Learning Disability (Tay Ahp) | | | 881 | -185 | 881 | -185 |
| | Lead Partner Services | 0 | 0 | 24,644 | -1,033 | 24,644 | -1,033 |
| 8 | | | | | | | |
| | Working Health Services | | | 0 | 23 | 0 | 23 |
| | The Comer | | | 579 | -8 | 579 | -8 |
| | Ijb Management | | | 815 | -190 | 815 | -190 |
| | Partnership Funding | | | 25,688 | 0 | 25,688 | 0 |
| | Urgent Care | | | 1,887 | -178 | 1,887 | -178 |
| | Health Inequalities | | | 984 | -220 | 984 | -220 |
| | Keep Well | | | 636 | -235 | 636 | -235 |
| | Primary Care | | | 1,183 | -210 | 1,183 | -210 |
| | Support Services / Management Costs | 5,662 | -674 | | | 5,662 | -674 |
| | Other Dundee Services / Support / Mgmt | 5,662 | -674 | 31,773 | -1,018 | 37,434 | -1,692 |
| | Centrally Managed Budget | | | -18,026 | 1,605 | -18,026 | 1,605 |
| | Total Health and Community Care Services | 99,477 | -4,452 | 85,047 | -807 | 184,524 | -5,258 |
| | Other Contractors | | | | | | |
| | FHS Drugs Prescribing | | | 33,158 | -588 | 33,158 | -588 |
| | Other FHS Prescribing | | | -811 | -299 | -811 | -299 |
| | General Medical Services | | | 29,544 | 431 | 29,544 | 431 |
| | FHS - Cash Limited & Non Cash Limited | | | 23,955 | -10 | 23,955 | -10 |
| | Large Hospital Set Aside | | | 18,200 | 0 | 18,200 | 0 |
| | Grand H&SCP | 99,477 | -4,452 | 189,094 | -1,273 | 288,570 | -5,724 |
| | | | | | | | |
| | Lead Partner Services Recharges Out | | | -14,357 | 395 | -14,357 | 395 |
| | Lead Partner Services Recharges In | | | 10,058 | 251 | 10,058 | 251 |
| | Adjustment | | | -4,300 | 647 | -4,300 | 647 |
| | | | | | | | |
| | Grand Total | 99,477 | -4,452 | 184,794 | -626 | 284,270 | -5,077 |

| NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards | | | Appendix 3 |
|---|------------------------|--|--------------------------------------|
| Recharge to Dundee IJB | | | |
| Risk Sharing Agreement - February 2023 | | | |
| | | | |
| | Annual Budget £000s | Forecast Over / (Underspend) £000s | Dundee Share of Variance £000s |
| Lead Partner Services - Angus | | | |
| Forensic Service | 1,104 | 225 | 89 |
| Out of Hours | 8,850 | 1,050 | 414 |
| Locality Pharmacy | 1,561 | 76 | 30 |
| Tayside Continence Service | 3,196 | 0 | 0 |
| Speech Therapy (Tayside) | 1,301 | (11) | (4) |
| Sub-total | 16,012 | 1,340 | 528 |
| Apprenticeship Levy & Balance of Savings Target | (353) | (50) | (20) |
| Total Lead Partner Services - Angus | 15,660 | 1,290 | 508 |
| | | | |
| Lead Partner Services - Perth & Kinross | | | |
| Prison Health Services | 4,622 | (324) | (127) |
| Public Dental Service | 2,476 | (151) | (59) |
| Podiatry (Tayside) | 3,532 | (425) | (167) |
| Sub-total | 10,630 | (900) | (354) |
| Apprenticeship Levy & Balance of Savings Target | (763) | 247 | 97 |
| Total Lead Partner Services - Perth&Kinross | 9,867 | (652) | (257) |
| | | | |
| Total Lead Partner Services from Angus and P&K | 10,058 | | 251 |

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2023 TO DECEMBER 2023

| <u>Organisation</u> | <u>Member</u> | <u>Meeting Dates January 2023 to December 2023</u> | | | | | | |
|---|----------------------|--|-------|------|------|------|-------|-------|
| | | 22/02 | 29/03 | 19/4 | 21/6 | 23/8 | 25/10 | 13/12 |
| NHS Tayside (Non Executive Member (Chair) | Pat Kilpatrick | ✓ | ✓ | | | | | |
| Dundee City Council (Elected Member) (Vice Chair) | Cllr Ken Lynn | ✓ | ✓ | | | | | |
| Dundee City Council (Elected Member) | Cllr Siobhan Tolland | ✓ | A/S | | | | | |
| Dundee City Council (Elected Member) | Cllr Dorothy McHugh | ✓ | ✓ | | | | | |
| NHS Tayside (Non Executive Member) | Anne Buchanan | ✓ | ✓ | | | | | |
| NHS Tayside (Non Executive Member) | Sam Riddell | ✓ | ✓ | | | | | |
| Dundee City Council (Chief Social Work Officer) | Diane McCulloch | ✓ | ✓ | | | | | |
| Chief Officer | Vicky Irons | ✓ | ✓ | | | | | |
| Chief Finance Officer | Dave Berry | ✓ | ✓ | | | | | |
| NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers) | Dr David Wilson | ✓ | ✓ | | | | | |
| NHS Tayside (Registered Nurse) | Sarah Dickie | ✓ | ✓ | | | | | |
| NHS Tayside (Registered Medical Practitioner (not providing primary medical services) | Dr James Cotton | ✓ | A | | | | | |
| Trade Union Representative | Jim McFarlane | ✓ | ✓ | | | | | |
| NHS Tayside (Staff Partnership Representative) | Raymond Marshall | ✓ | A | | | | | |
| Voluntary Sector | Christina Cooper | ✓ | A/S | | | | | |
| Service User Representative | Liz Goss | | | | | | | |
| Person Providing unpaid care in the area of the local authority | Martyn Sloan | ✓ | ✓ | | | | | |
| NHS Tayside (Director of Public Health) | Dr Emma Fletcher | ✓ | A | | | | | |
| Clinical Director | Dr David Shaw | ✓ | 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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