



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

City Chambers  
DUNDEE  
DD1 3BY

17th June, 2022

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

Dear Sir or Madam

**DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD**

I refer to the agenda of business issued in relation to the meeting of the above Integration Joint Board which is to be held remotely on Wednesday, 22nd June, 2022 and now enclose the undernoted items of business which were not received at the time of issue.

Yours faithfully

VICKY IRONS  
Chief Officer

**A G E N D A**

**6 ACTION TRACKER - Page 1**

The Action Tracker (DIJB50-2022) for meetings of the Integration Joint Board is attached for noting.

**8 REDUCING HARM ASSOCIATED WITH DRUG USE - Page 5**

(Report No DIJB41-2022 by the Chief Officer, copy attached).

<b>ITEM No ...6(b).....</b>
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**DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 22ND JUNE 2022**

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Original Timeframe	Status	Comment
1.	23/06/21	VII(iv)	LEADERSHIP OF PUBLIC PROTECTION ARRANGEMENTS	Training on Trauma Informed Leadership to be extended to the membership of the Integration Joint Board;	Strategy and Performance Service Manager	30 <sup>th</sup> July 2021	In progress	Ongoing discussions with Improvement Service. Timescale tied to national developments; session likely to follow local government elections in May 2022. Links to on-line training have been circulated in the meantime.
2.	23/06/21	VIII(vi)	STRATEGIC AND COMMISSIONING PLAN – COVID IMPACT AND STRATEGIC REVIEW	The Partnership to get in touch with the Steering Group behind the Campaign “Make Dundee a Living Place”	Chief Officer	30 <sup>th</sup> July 2021	In progress	Follow up required – anticipated conclusion by June 2022
3.	25/8/21	IV (ii)	SUICIDE PREVENTION STRATEGIC UPDATE	to remit to the Chief Officer to submit a report to a future Integration Joint Board meeting regarding the outcomes of the suicide prevention stakeholder event planned for November 2021 as outlined in section 4.3.4 of the report.	Chief Officer	June 2022  (Awaiting external production of report)	In progress	Event ‘Suicide Prevention is Everyone’s Business’ was held on 23 <sup>rd</sup> November via Microsoft Teams. The event was well attended and a record of the outcomes is being produced. This will be shared once available.
4.	25/08/21	IV(iii)	SUICIDE PREVENTION STRATEGIC UPDATE	to remit to the Chief Officer to submit the draft Dundee Suicide Prevention Strategic and Commissioning Plan for approval once this has been refreshed as outlined in section 4.3.5 of the report.	Chief Officer	August 2022	In progress	The outcome report from the event held on 23 <sup>rd</sup> November will inform the completion of a final draft of the Dundee Plan for submission to IJB in August 2022.

5.	25/08/21	IV(iv)	SUICIDE PREVENTION STRATEGIC UPDATE	to remit to the Chief Officer to submit the draft Tayside Suicide Prevention Action Plan 2021/2024 for approval once this had been finalised as outlined in section 4.3.5 of the report.	Chief Officer	August 2022	In progress	The outcome report from the event held on 23 <sup>rd</sup> November will inform the final draft of the Tayside Action Plan, this will be submitted to IJB once available.
6.	25/08/21	V(v)	CARERS INVESTMENT PLAN UPDATE	to note the observation of Martyn Sloan on the benefit of more detail on what was to be provided through the Investment Plan and that Dave Berry would look to issue the Integration Joint Board with more information in this regard such as staffing matters.	Chief Finance Officer	27 <sup>th</sup> October 2021	Complete	Item on IJB Meeting Agenda 22 June 2022 – Report DIJB43-2022
7.	25/08/21	VII(vi)	DUNDEE PRIMARY CARE IMPROVEMENT PLAN UPDATE	to instruct the Chief Officer to provide a further report on progress made in the fourth year of delivering the Dundee Primary Care Improvement Plan to a future meeting of the Integration Joint Board.	Chief Officer	27 <sup>th</sup> October 2021	In progress	Report deferred to August due to impact of Covid-19 pandemic response
8.	25/08/21	IX(iv)	FINANCIAL MONITORING POSITION AS AT JUNE 2021	to note that Dave Berry would refine the content of the report for next meeting in relation to explanation of underspends and overspends following enquiry from Bailie Helen Wright in relation to impact of Covid.	Chief Finance Officer	27 <sup>th</sup> October 2021	In progress	Deferred to 2022/23 due to other priorities to be delivered against available resources. From August 2022 financial monitoring.
9.	25/08/21	XI(iii)	ANGUS AND DUNDEE STROKE REHABILITATION PATHWAY REVISION	to request a detailed implementation plan was brought back to Dundee Integration Joint Board.	Chief Officer	27 <sup>th</sup> October 2021	In progress	Implementation plan being developed with the aim of bringing to both Dundee and Angus IJB's by August 2022
10.	27/10/21	VIII(ii)	ANNUAL PERFORMANCE REPORT	to instruct the Chief Officer to update the Annual Performance Report with financial year 2020/2021 data for all National Health and Wellbeing indicators as soon as data was made	Chief Officer	15 <sup>th</sup> December 2021	In progress	2020/21 end of year data has not yet been confirmed by Public Health Scotland. This will be actioned as soon as data is made

				available by Public Health Scotland as outlined in section 4.2.2 of the report.				available.
12.	27/10/21	IX(vi)	MENTAL HEALTH AND WELLBEING PLANNING IN LIGHT OF THE IMPACT OF COVID 19 ON CITIZENS IN DUNDEE	to note following enquiry from Councillor Short that the Chief Officer would examine the possibility of briefings being held for the membership of the Integration Joint Board on protected characteristics	Chief Officer	15 <sup>th</sup> December 2021	In progress	To be arranged following new IJB membership confirmed from June 2022
13.	27/10/21	X(x)	INDEPENDENT INQUIRY INTO MENTAL HEALTH SERVICES IN TAYSIDE PROGRESS REPORT JULY 2021	to note following enquiry from Councillor Short that the Chief Officer would get further information on the creation of the new Independent Group led by Fiona Lees and how this would connect to the existing Tayside Executive Leadership Group and advise the Integration Joint Board accordingly.	Chief Officer	15 <sup>th</sup> December 2021	In progress	Follow up required
14.	27/10/21	XIII(iv)	CARERS STRATEGY – A CARING DUNDEE	to instruct the Chief Officer, working in collaboration with the Carers Partnership, to develop a delivery plan and performance framework to support the implementation of A Caring Dundee 2 and submit this to the IJB for approval not later than 31st March, 2022.	Chief Officer	15 <sup>th</sup> December 2021	In progress	Delayed by Covid Sept 22 Engagement event planned for April to develop the delivery plan. Once this is complete the performance framework can be developed.
15.	27/10/21	XVI(iv)	ANNUAL COMPLAINTS PERFORMANCE	to note following enquiry from Donald McPherson in relation to section 13.1 of the report that Dave Berry would arrange for a breakdown on figures on the number of complaints not upheld and partially upheld to be provided to the membership.	Chief Finance Officer	15 <sup>th</sup> December 2021	Complete	Verbal update to be provided in relation to Item on IJB Meeting Agenda 22 June 2022 – Report DIJB40-2022
16.	15/12/21	VI(iv)	CSWO ANNUAL REPORT 2020/2021	to note that the Chief Social Work Officer would submit a report to a	Chief Social	April 2022	Complete	Item on IJB Meeting Agenda 22 June 2022 –

				future meeting on the Community Custody Unit and how this was being supported.	Work Officer			Report DIJB45-2022
17.	15/12/21	X(ii)	TRAUMA INFORMED PRACTICE AND LEADERSHIP	to instruct the Chief Officer to provide an update report no later than April 2022, including the finalised trauma-informed practice and leadership implementation plan.	Chief Officer	April 2022	Complete	Item on IJB Meeting Agenda 22 June 2022 – Report DIJB38-2022
18.	15/12/21	XII(iv)	SCOTTISH GOVERNMENT ADDITIONAL INVESTMENT WINTER PLANNING FOR HEALTH AND SOCIAL CARE	to instruct the Chief Finance Officer to report on progress to the April 2022 Integration Joint Board meeting.	Chief Finance Officer	April 2022	Complete	Update provided within Item on IJB Meeting Agenda 22 June 2022 – DIJB44-2022 – Year End Financial Monitoring Position as at March 2022
20.	23/02/22	XVII(iv)	SUPPORTING PEOPLE WITH LEARNING DISABILITIES	to remit to the Chief Officer to submit a report to update the Integration Joint Board on the engagement outcomes and to present a final draft Strategic and Commissioning Plan for Learning Disabilities approval to the meeting of the Integration Joint Board to be held in August 2022.	Chief Officer	August 2022	In progress	Report will be submitted for August 2022 IJB meeting.



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
22JUNE 2022

**REPORT ON:** REDUCING HARM ASSOCIATED WITH DRUG USE

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB41-2022

## **1.0 PURPOSE OF REPORT**

Following the publication of the update report from the Dundee Drug Commission in March 2022, to update the Integration Joint Board on priority areas for improvement and progress to develop a replacement strategic framework and delivery plan for drug and alcohol recovery.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the key areas of progress achieved over the last two years in reducing harm associated with drug use (section 4.1.2 to 4.1.4)
- 2.2 Note the findings contained within the Dundee Drug Commission Update report and Statement of Intent from Dundee Partnership leaders (section 4.2 and appendices 1 and 2).
- 2.3 Note the immediate priority areas for improvement identified by the Alcohol and Drugs Partnership (sections 4.2.4 to 4.2.6).
- 2.4 Note that the Dundee Partnership will consider on 22 June 2022 the proposals for the co-production and publication of a replacement strategic framework and delivery plan for drug and alcohol recovery (section 4.3).
- 2.5 Note that the Dundee Partnership will consider on 22 June 2022 a range of ongoing improvement activity and future commitments that, following further consultation and refinement, will be incorporated into the replacement strategic framework and delivery plan for drug and alcohol recovery (section 4.3 and appendix 3).
- 2.6 Instruct the Chief Officer to submit the replacement strategic framework and delivery plan to the Integration Joint Board following approval by the Dundee Partnership.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 The revised Strategic Framework and Delivery Plan for Drug and Alcohol Recovery will include details of the overall funding available to the ADP and Dundee Health and Social Care Partnership to deliver the ambitions of the plan. This funding consists of core budgets to deliver statutory services and ADP commissioning funding consisting of Scottish Government specific funding streams, CORRA funding and non-recurring funding from Dundee City Council. It is anticipated that approximately £2.7m will be spent through the ADP commissioning programme in 2022/23 compared with around £1.8m in 2021/22.

## 4.0 MAIN TEXT

### 4.1 Background

- 4.1.1 The original report of the Dundee Drugs Commission (the Commission) was published in August 2019 and included 16 recommendations for reducing drug deaths and responding to the impact of drug use in the city (report available at: <https://www.dundee.gov.uk/sites/default/files/publications/part1reportfinal.pdf>). In response, an action plan was developed on behalf of the Dundee Partnership which has been implemented and monitored by the Alcohol and Drugs Partnership (ADP). In February 2021, the Dundee Partnership invited the Commission to conduct a two-year review of progress against the recommendations made in their original report. The Commission was also asked to consider the impact of COVID-19, present new findings, including additional recommendations where required.
- 4.1.2 As part of the Dundee ADP's commitment to continuous improvement and to support the work the Commission they led a self-assessment review which presented evidence on the areas where progress had been achieved since the original Commission report and the remaining gaps (Article IV of the minute of meeting of this Committee of 23 August, 2021 Report 214-2021 refers). The self-assessment process included speaking with people affected by drug use, family members / carers, service providers and the workforce about the impact of drug related deaths, changes to pathways of care and support, personalisation of service provision and the development of a culture of collaborative working.
- 4.1.3 The self-assessment included recognition of considerable progress that has been made in key areas to reduce harm associated with drug use, including drug deaths, over the last two years. This has included:
- development and evaluation of a multi-agency, rapid response to non-fatal overdose (recently recognised as a sector leading approach in the COSAL Excellence Awards 2022);
  - enhanced capacity to delivery assertive outreach services through collaboration with third sector services, Dundee Drug and Alcohol Recovery Service (DDARS) and the SafeZone Bus;
  - establishing the Navigator Programme based in Ninewells Accident and Emergency to work alongside medical and nursing teams to offer support to people who have multiple and complex needs, including drug and alcohol use;
  - strengthening the approach to reviewing drug related deaths and non-fatal overdoses to include early trends monitoring, and commencing comprehensive clinical toxicology testing within NHS Tayside;
  - extending the availability and reach of naloxone across statutory services (including the Police carrying naloxone kits), third sector partners and non-drug treatment services. A peer naloxone training and supply project has also been established through collaboration between the Scottish Drugs Forum and Hillcrest Futures;
  - increased staffing within the DDARS service, including Non-Medical Prescribing nurses (3 of whom have been placed within the Children and Families Service) and 5 Band-5 nurses;
  - progressing the implementation of MAT standards, with key developments in relation to the agreement of a detailed project plan for a Shared Care Model in Dundee, implementation of harm reduction interventions as part of the treatment process, an expansion in the role of Community Pharmacies in treatment and care through implantation of an enhanced contract, development of a multi-agency residential



rehabilitation pathway with additional funding to support implementation led by a third sector service, and the development and testing of models for independent advocacy;

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

4.1.4 Overall, the ADP assessed that reasonable progress had been made in implementation of 12 of the Commission's 16 original recommendations, with partial progress having been made in the remaining four. Specific areas identified for further improvement included responding to pressures and capacity issues within treatment services, accelerating progress with whole-system changed (including shared-care model with Primary Care and integrated approach with mental health), improving treatment options (including residential services), progressing a Lead Professional model, eliminating stigma, enhancing the focus on prevention and the need for improved communication with the workforce and other stakeholders.

4.1.5 Since the publication of the original Commission report in 2019 Scotland has seen a further 5% increase in drug-related deaths (1,339 deaths recorded in 2020). However, in Dundee drug-related deaths reduced from 72 in 2019 to 57 in 2020. Figures for 2021 will be published in August 2022.

## 4.2 Dundee Drug Commission Update Report and Initial Response

4.2.1 The Commission update report was published by the Dundee Partnership on 22 March 2022 (full report available at: [https://www.dundeecity.gov.uk/sites/default/files/publications/ddc\\_review\\_-\\_part\\_1\\_-\\_the\\_report\\_-\\_final.pdf](https://www.dundeecity.gov.uk/sites/default/files/publications/ddc_review_-_part_1_-_the_report_-_final.pdf)). The report states that the 16 recommendations from the original report are still valid and adds a further 12 recommendations for the Dundee Partnership to consider. Overall, the Commission concludes that, even when considering the significant impact of the COVID-19 pandemic, the extensive and genuine improvement efforts in Dundee to address drug deaths have not gone far enough, deep enough or fast enough. Their report states that people who access services and their families reported seeing transient changes rather than sustained improvement to the range and quality of services and supports available.

4.2.2 Despite this overall conclusion, the Commission report does welcome a range of significant developments and recognises that detailed plans have been developed to respond to many of the gaps that they identify within their recommendations. Some of the areas of progress highlighted within the report are: strengthened membership and governance arrangements within the ADP; progress made in relation to rapid responses to non-fatal overdoses, the extension of assertive outreach work and broadening of treatment options offered by the

Dundee Drug and Alcohol Recovery Service (DDARS); the implementation of gendered-approaches to service delivery; significantly improved engagement with child protection processes; and, the leadership role undertaken by the third sector, particularly in relation to inclusion of people with lived experience and tackling stigma. The Commission also express confidence that the Dundee Partnership has the full commitment and enthusiasm to progress much further over the coming years.

- 4.2.3 A full list of the Commission's new recommendations is provided in appendix 1. Some recommendations relate to strategic improvements required within the ADP and Dundee Partnership, whilst others have a more operational focus on supports and services provided by the Health and Social Care Partnership and third sector. The Commission report recommends that these 12 further recommendations are implemented over a 5-year period. Specific areas of focus within the recommendations include: enhanced communications of changes, improvements and challenges; enhanced approaches to monitoring needs, trends and performance; co-production of a Recovery-Orientated System of Care; a partnership wide approach to tackling stigma; the closure of Constitution House and movement of services into multi-agency, community settings; strengthening relationships with the third sector; and, implementation of a joint commissioning approach and re-balancing of budgets to support prevention, independent advocacy and outreach activities. Many of these areas align with the findings of the ADP's own self-assessment (see section 4.1.2).
- 4.2.4 Following the publication of the Commission report, leaders from across the Dundee Partnership published a statement of intent on 9 June 2022 (attached as appendix 2). The statement reasserts their commitment to providing a comprehensive, accessible, trauma-informed and compassionate response by harnessing the collective knowledge, skills and resources available across all community planning partners. Whilst noting that the Dundee Partnership's full response to the Commission report will be detailed in a revised strategic plan for the ADP (see section 4.3) the statement includes priority areas for action that will be accelerated wherever possible over the next 3 months:
- Reducing significant harm and Delivering the right care in the right place at the time – including planning the establishment of co-located, multi-disciplinary and community-based teams, accelerating implementation of the Medication Assisted Treatment Standards (particularly in relation to access to services and a 'no wrong door' approach), strengthening outreach work and independent advocacy, focusing on gendered-approaches and support for carers / family members (including children);
  - City year of hope, kindness and compassion – co-producing a whole city response to vulnerable citizens impacted by trauma and adversities, including active contribution from citizens, communities, civic leaders, public bodies and the third and private sector and focusing on reducing stigma;
  - Focus on prevention – expanding the focus on prevention work beyond the ADP to more effectively tackle the root causes of drug use, including a focus on poverty and deprivation and on trauma-informed leadership and practice; and,
  - Empowerment of lived experience – through a commitment to co-production of the revised strategic plan, delivery plan and subsequent improvement activities.
- 4.2.5 In addition to these priority areas, leaders have also committed to inviting independent members to join local partnership arrangements to provide advice, support, leadership and challenge as improvement work progresses. This will further enhance the independent support and scrutiny already present within local multi and single agency arrangements, such as work with the scrutiny inspections that include within their scope elements of drug and alcohol service provision and clinical, care and professional governance arrangements for operational services. National independent support and scrutiny has been enhanced with the launch of the Medication Assisted Treatment Standards in May 2021. Performance against the standards is

scrutinised by the MAT Standard Implementation Team (MIST team) an independent group of experts. Compliance with each standard is RAG rated for benchmarking against other ADP's performance and will be published and available to the public for further external scrutiny. The MIST team also share learning and good practice between ADP localities and support ADP's to implement the standard, and representatives from Dundee have had a number of meetings with the expert group. Specific approaches to enhancing independent contributions to local partnership arrangements will be identified as part of the development of the revised strategic plan.

- 4.2.6 There has also been ongoing communication with both the Minister for Drug Policy and civil servants from the Scottish Government regarding the Commission recommendations, priority areas for improvement and the intention to publish a revised strategic plan. The Scottish Government has indicated their willingness to provide additional support to Dundee via national resources where there is an identified need for this. For example, through collaboration with the Scottish Government and as part of the resource offered to all partnerships across Scotland, a MAT Implementation Co-ordinator is to be identified for secondment to Dundee to accelerate local implementation.

### 4.3 Strategic Framework and Delivery Plan for Drug and Alcohol Recovery

- 4.3.1 The ADP, working with the Health and Social Care Partnership, has begun the process of preparing a replacement strategic framework for drug and alcohol recovery. This will replace the ADP's previous strategic plan (2018-2021) and the Action Plan for Change developed in response to the original report from the Commission. The framework is being developed not only to respond to recommendations made by the Commission over their two reports, but to provide a single, prioritised framework that addresses national policy priorities and local needs. Importantly, the revised framework will extend to cover alcohol related harm, as well as drugs. It will set out partner's ambitions, priorities and strategic programmes of work for the next 5-year period (reflecting the period of change acknowledged as being required by the Commission). The revised strategic framework will be supported by an annual delivery plan, overseen and scrutinised by the ADP. Both the framework and delivery plan will be available for public and wider stakeholder consultation by the end of the summer, with final versions being submitted to the Dundee Partnership for approval by the end of November 2022. An update on progress will be provided to the Dundee Partnership by the end of August 2022.
- 4.3.2 At the point of submission to the Dundee Partnership the framework and delivery plan will be supported by a full Integrated Impact Assessment (covering both statutory equality and fairness duties) and risk assessment. It is recognised that these are critical aspects of the development of the framework and plan; whilst it can be expected that they should have an overall positive impact on some of the most vulnerable citizens of Dundee the detail of any differential impacts across people with protected characteristics and who experience socioeconomic disadvantage require to be more fully understood and any corresponding mitigating actions identified. Integrated Impacts Assessments are best developed as part of the strategy process, drawing on the expertise and experiences of all stakeholders (including people with lived / living experience) and this will be prioritised as part of the work to take place before the end of August. Similarly, work will be carried out with stakeholders to assess any risks to full implementation, particularly of the delivery plan, with mitigating actions also being identified where required.
- 4.3.3 The framework and delivery plan will incorporate a range of ongoing programmes of work, alongside new commitments that have emerged from consideration of the Commission's review report. Current commitments, which will be subject to further consultation and refinement during the strategy development process, are set out in full in appendix 3. Some key commitments include:
- Full implementation of the MAT standards in-line with national requirements and timescales.
  - Enhancing 24/7 crisis care responses and integrated responses to drug and alcohol and mental health needs.

- Implementation of a Shared Care Programme with Primary Care and the third sector.
- Full implementation of the residential rehabilitation pathway.
- Enhancing the role of Community Pharmacies in delivering treatment and support to people who use drugs and alcohol.
- A continued focus on rapid response to non-fatal overdose and to learning from these incidents to inform prevention activity.
- Further developing approaches to provision of harm reduction activities in collaboration with people with lived / living experience.
- A range of actions to maintain and further strengthen supports to parents / carers and to children and young people, particularly those at risk of harm and to adolescents.
- A range of actions to enhance services and supports for vulnerable women.
- Activities to improve the use and reporting of data to inform service planning, improvement and evidence-based decision-making.
- Developing more opportunities for people with lived / living experience to meaningfully contribute to strategic planning and improvement.
- The progression of plans to improve public and workforce communication.

4.3.4 The revised strategic framework and delivery plan are being developed to sit within a wider community planning context that recognises poverty and deprivation and the range of trauma and adversities present across the population that contribute to high levels of drug and alcohol related harm (see appendix 4 for further rationale supporting an integrated protecting people approach). Whilst the ADP will have an important role in leading the development of the strategy and overseeing implementation, a broader range of Dundee Partnership strategic and governance groups will be expected to take an active role in addressing drug and alcohol issues particularly in relation to prevention activities.

4.3.5 This approach to developing the framework and plan is critical in decluttering the landscape, focusing resources effectively to support an increased pace of change, and enhancing transparency and accountability (by having a simple, clear and transparent plan against which progress can be measured). It will help to minimise the reporting burden on operational services (and supporting infrastructure) and enable the maximum capacity possible to be directed to driving forward programmes of change and improvement. It also reflects the learning gained from our experience of developing, implementing and monitoring the Action Plan for Change that was agreed following the original Commission report.

4.3.6 The process will be accelerated by making best use of existing information, including: materials from the last ADP strategic plan that remain relevant; existing needs assessment information; reports and briefings describing the strategic context (both locally and nationally) for drug and alcohol recovery work; and, materials from the recent ADP self-assessment and Commission reports. However, time will be required to ensure that the framework and delivery plan are co-produced with relevant stakeholders, including people with lived experience and workforce. This is crucial to ensure shared ownership and clarity of expectation from the outset. Time will also be required to develop elements of the framework and plan that focus on alcohol related harm.

4.3.7 It is intended that the revised framework and delivery plan will be supported by an ADP commissioning plan and a workforce plan for drug and alcohol services. The ADP has recently established a Commissioning Sub-Group chaired by the IJB's Chief Finance Officer who will lead the development of the commissioning plan once the strategic framework and delivery

plan have been agreed by the Dundee Partnership. This will articulate how resources available to the ADP and wider community planning partners will be invested over the next 5 years to support the achievement of the strategic vision, priorities and outcomes within the framework and the programmes of improvement work contained within the delivery plan. The workforce plan will be trauma-informed and will focus on both workforce development and wellbeing, reflect emerging evidence on workforce challenges and wellbeing across the drug and alcohol sector, as well as the consequences and learning from the pandemic period. Both of these supporting plans will be progressed following approval of the main framework and delivery plan. It is currently intended that they will be submitted to the ADP by the end of November 2022.

4.3.8 The implementation of the strategic framework and delivery plan will be supported by a range of funding streams that partners have received been and allocated. This includes:

- Core statutory services funding;
- National targeted investments direct from Scottish Government;
- National investments via CORRA; and,
- Non-recurring financial contribution from Dundee City Council.

## 5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues. The replacement strategic framework and delivery plan will be subject to an integrated impact assessment prior to approval by the Dundee Partnership.

## 6.0 RISK ASSESSMENT

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

## 7.0 CONSULTATIONS

7.1 Members of the Dundee Partnership, members of the Chief Officers (Public Protection) Strategic Group, members of the Alcohol and Drug Partnership, Dundee City Council Leadership Team, the Chief Finance Officer, Heads 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 Medication Assisted Treatment (MAT) standards: Access, choice, support (Scottish Government, May 2021) - <https://www.gov.scot/binaries/content/documents/govscot/publications/independent-report/2021/05/medication-assisted-treatment-mat-standards-scotland-access-choice->

support/documents/medication-assisted-treatment-mat-standards-scotland-access-choice-support/medication-assisted-treatment-mat-standards-scotland-access-choice-support/govscot%3Adocument/medication-assisted-treatment-mat-standards-scotland-access-choice-support.pdf

Vicky Irons  
Chief Officer

DATE: 8 June 2022

Kathryn Sharp  
Service Manager, Strategy and Performance

Diane McCulloch  
Head of Service, Health and Community Care / Chief Social Work Officer

Vered Hopkins  
Lead Officer, Protecting People

## Appendix 1

### Dundee Drug Commission Update Report – Recommendations

**Recommendation 1:** The Dundee Partnership needs to update and expand its 'Action Plan for Change'. This must include an acknowledgement that all the recommendations and associated findings from the Commission's first report are still valid and need to be accounted for and encompassed within the updated plan. The response to all recommendations and findings (including those from both Commission reports), should be subject to some form of independent scrutiny to assess more accurately the progress that has been made. This would result in a more realistic assessment of the rate of progress and how much remains to be implemented further.

**Recommendation 2:** In light of the Commission's Review finding that the scale of the drug deaths emergency challenge in Dundee has been (unintentionally) underestimated, the Dundee Partnership needs to refocus its efforts and upscale its response in order to speed up the pace of change. The starting point for this is to seek expert help to design a plan for leadership (at all levels of leadership across the Dundee drug treatment sector) that identifies learning and mitigation strategies from the Covid-19 pandemic which could be applied to tackle the drug death emergency in Dundee (and Scotland).

**Recommendation 3:** The DADP should commit to the co-production and co-design of a Recovery Oriented System of Care (ROSC) for Dundee. The DADP and its partners should assess the extent to which the key elements of Recovery-Oriented Systems of Care and Services' are in place and jointly work to address any identified deficiencies. This work should include addressing any lack of shared understanding of Recovery Oriented Systems of Care or where current approaches and activities will diminish the chances of a ROSC being comprehensively delivered.

**Recommendation 4:** The Dundee Partnership is once again challenged and recommended to co-design (with all partners) and instigate a 'year of kindness and compassion' and must ensure that this is communicated widely, with a commitment to it being visible and experienced (felt) across the whole City. Additionally, all core and funded services should be tasked by the DADP with developing a plan for combating stigma and discrimination based on the core values of kindness, compassion, and hope. Each plan should be co-produced and co-designed in an equal partnership with those who use each service. Evidence of 'how' the plan is produced in such a partnership should be included in the submission to the DADP. Each plan should have an in-built mechanism for review – which should focus on 'lessons learned' and 'progress made'. Service providers should share their plans with each other to encourage joint learning and encourage working together. The need for organisational development support should be assessed and offered in order to enable all services to engage with this recommendation in a genuine and meaningful manner.

**Recommendation 5:** Joint commissioning of the whole substance use budget is required to ensure that a balanced portfolio of services and support is provided across the city. This will be the 'game changer' if funding is to be redistributed over the long-term to a better and improved balance between investment in prevention, treatment, and recovery provisions. The Dundee Partnership needs to demonstrate, vocalise and make visible its commitment to achieving the joint commissioning of the whole substance use budget, focusing on why this change is needed and the things that it can change and commit to – rather than focusing on the challenges that would stop this change happening. The first step to achieving a better balance to the portfolio of services in Dundee, which at the same time will provide improved outcomes and protection for individuals accessing services, should be to independently assess the need and scale of advocacy and assertive outreach provision for the City. The DADP should then subsequently enter into negotiations with all DADP partners to agree a plan for redistributing core resources to ensure that these provisions receive ongoing funding, and no longer have to compete for funding from short-term funding pots.

**Recommendation 6:** The Dundee Partnership needs to prioritise as a matter of urgency a plan for conducting a strategic independent Health Needs Assessment for the population of Dundee who have drug problems, that we recommended as a priority in our first report. It should be a global piece of work, synthesising the portfolio of items that are already in place with the changing picture, the wider context of people experiencing multiple deprivation and co-occurring illness especially where needs are distinct for Dundee and actions are possible locally. Without this it is impossible to reliably

evidence the actual service need across Dundee, which then compromises the ability of the DADP to ensure the correct balance of provisions are prioritised and funded.

**Recommendation 7:** The ADP needs to revise and update its Strategic Plan to take account of the full findings of the Commission's review. The ADP is advised to title the new Strategic Plan 'Responding to Drug Use with Kindness, Compassion and Hope' to ensure that the correct focus is applied to the strategy development. It should also include a strong workforce plan aimed at supporting the substance use workforce to respond effectively to the Commission's recommendations (as well as the continued impact of the Covid-19 pandemic).

**Recommendation 8:** The DADP should commit to repeating the Deeper Dive of Drug Related Death data (commissioned from Public Health Scotland) to track the changes in trends over time and should partner with an independent organisation (such as a university with appropriate capabilities) to interrogate the Deeper Dive data. This interrogation of the data should also incorporate learning from the 6-weekly meeting of the Tayside Drug Death Review Group, which completes a detailed, multi-agency review of Dundee Drug Deaths data (including relevant risk vulnerabilities). The DADP should also explore the provision (and resourcing) of Public Health drug checking within Dundee with external partners with appropriate capabilities to enable agile and rapid planning around drug use, and develop, harm reduction strategies and capabilities.

**Recommendation 9:** The DADP needs to develop an advanced communications strategy to ensure that transparency and visibility of its work and decision-making (including financial decision-making and planning) is significantly improved. This includes investment in keeping an updated website which hosts key documents (for example: DADP minutes and agendas; Strategy documents; Action Plans; and details of commissioning decisions and financial expenditure).

**Recommendation 10:** The Partnership needs to commit to closing Constitution House in the shortest possible timeframe (and definitely within the next 12 months). DDARS staff need to be transitioned out of Constitution House with arrangements agreed with Third Sector partners, community pharmacies and primary care to host nursing and social work staff in multi-agency teams. Careful consideration needs to be given to the oversight and assurance that will be required to facilitate a smooth transition, taking into account the impact on both those individuals using the service and the DDARS staff team. This transition will only be successful if the long-standing relationship difficulties experienced by Third Sector services with DDARS are reset, with trust and respect being demonstrated by all parties. We recommend that independent specialist facilitation support is provided to enable all services to improve communication and working relationships.

**Recommendation 11:** The Dundee Partnership needs to further develop and strengthen its relationship with the third sector. This needs careful attention to create the culture where the Third Sector feel safe to speak up and contribute to the equal and reciprocal partnership that we believe would make a seismic change in the culture across Dundee drug services. The test of progress in this regard will be the extent to which Statutory services are able to move away from only 'involving' the Third Sector in its plans towards a service culture where both Statutory and Third Sector services work hand-in-hand with those with lived experience and family members to co-produce and co-design future services.

**Recommendation 12:** The Dundee Partnership needs to fully support the implementation of the new community pharmacy contract and SLA. The level of professional support that will be required to effectively implement and provide ongoing support and monitoring for the proposed new community pharmacy contract will need to be kept under regular review and additional resources allocated as necessary. Consideration should be given to the engagement of Pharmacist Independent Prescribers (PIPs) as part of a multi-disciplinary DDARS prescribing workforce. A communications strategy needs to be developed with all pharmacies to highlight their responsibilities for patients with OST supervised and instalment prescriptions and the associated risks that planned or unplanned emergency closures can cause. All individual contingency plans should include alternative dispensing /prescribing arrangements for OST patients.



## Appendix 2

### Statement of Intent



9th JUNE 2022

#### STATEMENT OF INTENT TO ADDRESS HARM CAUSED BY DRUGS

**Leaders from across the Dundee Partnership are issuing a renewed Statement of Intent following the publication of the Dundee Drug Commission's update report:**

Addressing the harm caused to people who use drugs, their families and communities is a top priority for Dundee. We are committed to delivering the services and support that people need at every stage of their recovery from problems related to drug use.

As city leaders, we have reflected deeply on the Dundee Drugs Commission's findings. We accept that there is much more to be done to achieve a response that is comprehensive, accessible, trauma-informed and compassionate. The Alcohol and Drug Partnership will have an important role in leading this further improvement work, but as leaders we will ensure that all of our agencies play their part and we will review the leadership and membership of our local partnership arrangements to provide independent advice and support as we continue our improvement journey.

Our workforce has shown tremendous resilience throughout the COVID-19 pandemic. The knowledge, skills and experience of our collective workforce, both in the public and third sector, is one of the greatest assets we have in driving forward further changes in the way that we deliver services in the future. We are committed to fully engaging our people in the next phase of our improvement work and to supporting their health and wellbeing.

Our full response to the most recent findings of the Dundee Drug Commission will be detailed in a revised strategic plan for the Dundee Alcohol and Drug Partnership. This will be published by the end of the summer, setting out a five-year plan for whole system transformation and improvement. The plan will also be informed by priorities set nationally by the Scottish Government.

While we continue to work with people with lived experience, the wider public and our partners to develop our next strategic plan, we have identified some immediate priorities for action. Our work in these priority areas will start now – given the need to continue to make improvements at pace, we will not wait until our plan is published:

#### **Reduce Significant Harm and Deliver the Right Care in the Right Place at the Right Time**

- We accept that Constitution House should not be the main site for delivery of the Dundee Drug and Alcohol Recovery Service. Informed by the expertise of our workforce and stakeholders, we will bring forward proposals that support services to be delivered in the future by co-located, multi-disciplinary teams working from accessible, community-based locations. A timescale for moving service delivery to this model will be confirmed in the revised strategic plan.

- Accelerating our work to fully implement a recovery-orientated system of care, implementing the national Medication Assisted Treatment Standards and ensuring there is 'no wrong door' for people who use drugs and need our help and support. This will build on recent progress in implementing a shared care approach with primary care services, strengthening our approach to residential rehabilitation, assertive outreach provision, and immediate support for people identified as having experienced a non-fatal overdose. Enhancing the role of independent advocacy, gendered approaches to providing treatment and support, and support for carers and family members (including those who have tragically been bereaved) will be areas of particular focus in the short-term.
- Strengthening our relationship with third sector partners. As part of this, we are committed to continuing to listen to the third sector about their concerns and challenges and work collaboratively with them to jointly agree improvements. We will also support the third sector by advocating for change at a national level where their concerns cannot be resolved locally.

### **City Year of Hope, Kindness and Compassion**

- Delivered by the whole city and supporting a compassionate response to the needs of citizens impacted by mental health issues, isolation, alcohol and drug use and other adversities as we emerge from the pandemic. We will be inviting Dundee citizens and communities to actively contribute and participate alongside civic leaders, public bodies, the third sector, and private sector.

### **Focus on Prevention**

- We will take forward prevention approach that addresses the underlying causes of drug and alcohol use and is delivered through a collective effort across the whole Dundee Partnership. This will include a continued focus on the development and implementation of trauma-informed practice and leadership.

### **Empowerment of Lived Experience**

- Our revised strategic plan will respond to the needs of local people and to what they have told us, through the work of the Drug Commission and our own self-assessment about their needs and priorities. We are committed ensuring that particular attention and respect is given to the contributions of people with lived and living experience of drug and alcohol use.

These are only our initial commitments; the revised strategic plan for drug and alcohol recovery will set out in more detail how we will deliver and finance these and other aspects of the Commission's recommendations and national policy in much greater detail. As leaders we commit to identifying additional resources as part of the development of the revised strategic plan to ensure that it can be implemented fully and at pace.

We will continue to work closely across the Scottish Government, Dundee City Council, NHS Tayside Board and the Integration Joint Board to demonstrate and publicly report on our progress over the next five years.

We believe that our collective effort can and will deliver transformative change for some of the most vulnerable citizens of Dundee, enabling them to recover and to thrive.

#### **Signatories**

Grant Archibald, NHS Tayside

Greg Colgan, Dundee City Council

Vicky Irons, Dundee Health and Social Care Partnership

Phil Davison, Police Scotland

Christina Cooper, DVVA

## Appendix 3

## Alcohol and Drug Partnership Commitments

Dundee Drug Commission Recommendations (summarised – see appendix 1 for full wording)	Key National and Local Policy Drivers / Alignment	ADP Commitments (*subject to refinement through consultation)	Lead Partner Agency (*subject to refinement through consultation)	Target Timescale (*subject to refinement through consultation)
<p><b>Reduce significant harms linked to drug and alcohol use by delivering the right care in the right place at the right time</b></p> <p><b>Draft outcome measures for consultation and refinement:</b></p> <ul style="list-style-type: none"> <li>• Reduction in the number of alcohol and drug related deaths in the city.</li> <li>• Reduction in the number of Non-Fatal Overdoses in the city.</li> <li>• Reduction in the number of children and young people significantly affected by parental<sup>1</sup>, or their own drug and/or alcohol use.</li> <li>• Reduction in the incidence of violence related to drug and/or alcohol use.</li> <li>• Reduction in suicides where drug and/or alcohol use was a contributory factor.</li> <li>• Ensure evidence-based harm reduction is offered across the city (key indicators include: Blood Borne Virus diagnoses, increased injecting equipment provision, increased number of people fully vaccinated, reduction in hospital admissions for community acquired wound infections).</li> <li>• Those with lived experience of drug and/or alcohol use report receiving seamless person-centred care and support that meets their essential health and social care needs for as long as necessary.</li> <li>• Health, social care<sup>2</sup> and community justice services<sup>3</sup> meet prescribed standards of care and delivery targets in a co-ordinated way, and in a manner that people can easily understand and navigate.</li> <li>• People affected by drug and/or alcohol use describe receiving holistic care that: addresses their physical and mental health needs; includes access to preventative programmes; provides support to manage chronic diseases; and addresses a range of wider social and wellbeing needs (including, for example, housing, education, training and employment, parenting support).</li> <li>• Stigma of, and discrimination against, people affected by drug and/or alcohol use is eliminated.</li> <li>• Increasing proportions of people who have used drugs and/or alcohol describe themselves as in Recovery.</li> <li>• Those with lived experience feel they are able to constructively contribute to the design, delivery and future development of care and support services.</li> </ul>				
2022 Report	National Mission	Work with the Scottish Government MIST Team to deliver MAT Standards.	Dundee Health and Social Care	31 March 2023

<sup>1</sup> Encompassing parents and kinship carers

<sup>2</sup> Including Children and Families

<sup>3</sup> Including HMP Perth

<ul style="list-style-type: none"> <li>Recommendation 3 – co-production and co-design of Recovery Orientated System of Care.</li> </ul> <p>2019 Report</p> <ul style="list-style-type: none"> <li>Recommendation 5 – establish meaningful involvement of people with lived experience, their families and advocates.</li> <li>Recommendation 7 – choice of accessing full menu of services (including community and / or residential) support should be available.</li> <li>Recommendation 8 – Services offered by DDARS should be delivered through whole system model of care.</li> <li>Recommendation 9 – Reframe all substance use services to prioritise access, retention, quality of care and safety.</li> <li>Recommendation 10 – involvement of primary care and shared care models.</li> <li>Recommendation 13 – Full integration of substance use and</li> </ul>	<ul style="list-style-type: none"> <li>MAT Standards - all</li> <li>Emergency life-saving interventions</li> <li>Residential Rehabilitation</li> <li>Evidence-led harm reduction</li> <li>Empowering people to see support</li> <li>Supporting people with multiple and complex needs</li> <li>Bringing voices of lived experience into decision-making and services provision</li> <li>Addressing stigma</li> <li>Growing and empowering community groups</li> <li>Supporting children and families</li> <li>Treatment access standard</li> </ul> <p>Programme for Government</p> <ul style="list-style-type: none"> <li>Non-fatal overdose response</li> <li>Assertive outreach</li> <li>Whole family approaches</li> </ul>		Partnership / Third Sector	
		Develop an operational and workforce plan setting out the steps necessary to ensure all treatment services sustainably meet waiting times and MAT Standards.	Dundee Health and Social Care Partnership	31 August 2022
		Implement test of change that will focus on embedding systematic pathways to same-day prescribing starting August 2022 and continuing to March 2023.	Dundee Health and Social Care Partnership	31 March 2023
		Detailed proposals developed in partnership with the workforce and stakeholders to support services currently delivered from Constitution House to be delivered in the future by co-located, multi-disciplinary teams working from accessible, community-based locations.	Dundee Health and Social Care Partnership	Project plan developed by 31 October 2022
		Develop a detailed project plan for the remaining duration of the Working Better Together and Pathfinder Projects.	Working Better Together Steering Group HIS	31 October 2022
		Deliver an enhanced 24/7 crisis care response, including the delivery of Distress Brief Interventions and appropriate follow-on support.	Dundee Health and Social Care Partnership	31 March 2023
		Implementation of the Shared Care Programme with Primary Care, including: <ul style="list-style-type: none"> <li>Agreement and roll out of holistic SLA with Primary Care.</li> <li>Development of third sector keyworker model.</li> </ul>	Dundee Health and Social Care Partnership / Third Sector Management Group	31 March 2024 31 December 2022

mental health services and support.	Rights, Respect and Recovery – developing a recovery orientated system of care	Full implementation of the residential rehabilitation pathway, with an increase in number of people accessing residential rehabilitation and further development of the pre and post rehabilitation support.	Dundee Health and Social Care Partnership	31 March 2023
	National Trauma Framework	Appoint a Tayside NFOD co-ordinator to sustain and develop the NFOD pathway.	NHS Tayside Public Health	31 October 2022
	Living Life Well			
	Dundee Mental Health and Wellbeing Strategy	Work with third sector partners to identify longer-term funding solutions to sustain assertive outreach provision, including further options for accessing external funding.	ADP Commissioning Group	31 March 2023
		Continue to explore options for sustaining and expanding the role of independent advocacy.	Dundee Health and Social Care Partnership / Third Sector	31 March 2023
		Support the new provision for bereaved carers and families funded by the CORRA foundation.	Positive Steps / Alcohol and Drugs Partnership	6 monthly update reports to ADP
		Support and monitor the development of the new Kinship-carers' team within Dundee City Council, Children and Families Service.	Children and Families Service	6 monthly update reports to ADP
		Provide targeted support to families from co-located Social Work and Substance Use Nurses.	Dundee Health and Social Care Partnership / Children and Families Service	6 monthly update reports to ADP
	Provide targeted Pause support to women who use drugs and alcohol and are at risk of pregnancy and associated Social Work intervention.	Dundee Health and Social Care Partnership / Children and Families Service	6 monthly update reports to ADP	

		Develop and implement a shared definition / approach to recovery to inform Recovery Orientated System of Care development.	Resilient Communities Group	30 November 2022
		Develop collaborative programme of work between HMP Perth, the Community Justice Services and DHSCP to strengthen recovery processes for those returning to communities from prison.	Children and Families Service / Dundee Health and Social Care Partnership	Monthly update reports to ADP
		Develop improved pathways of care to support people who use drugs and alcohol to access acute health care and care for management of chronic diseases (for example, diabetes and chronic lung disease).	NHS Tayside Public Health	31 December 2023
		Develop a collaborative programme of work between statutory services, third sector services and people with lived/living experience to deliver effective, evidenced-based harm reduction (encompassing injecting equipment provision, Blood Borne Virus prevention, overdose prevention and wound care in community, hospital and justice settings).	NHS Tayside Public Health	31 March 2023 (some elements will be delivered earlier in-line with MAT standard 4)
2022 Report <ul style="list-style-type: none"> <li>Recommendation 5 – joint commissioning of the whole substance use budget to ensure a</li> </ul>	Scottish Government Partnership Delivery Framework  National Mission	Develop adult social care procurement guidance to support collaborative commissioning and improve transparency of funding allocations.	Dundee Health and Social Care Partnership	31 December 2022

<p>balanced portfolio of services and supports. Independently assess the need and scale of advocacy and assertive outreach and progress redistribution of core resources to support provision.</p> <p>See recommendation 1 for commitments relating to assertive outreach and advocacy.</p> <p>2019 Report</p> <ul style="list-style-type: none"> <li>Recommendation 6 – level the ‘playing field’ to ensure all partners, statutory and third sector, are held equally accountable</li> </ul>	<ul style="list-style-type: none"> <li>MAT Standards 3, 4, 8</li> <li>Emergency life-saving interventions</li> <li>Evidence-led harm reduction</li> <li>Supporting people with multiple and complex needs</li> </ul> <p>Programme for Government</p> <ul style="list-style-type: none"> <li>Assertive outreach</li> </ul>	Introduce adult social care procurement framework to enhance transparency of funding allocations.	Dundee Health and Social Care Partnership	31 December 2022
		Develop ADP commissioning and investment plan.	ADP Commissioning Group	30 November 2022
		Work with NHS Tayside Blood-Borne Virus Managed Care Network to progress joint commissioning around treatment and care with harm reduction services.	ADP Commissioning Group	31 December 2022
		Review Children and Families Service commissioning of services to parents / carers and children and young people affected by drug and alcohol use.	Children and Families Service	31 December 2022
<p>2022 Report</p> <ul style="list-style-type: none"> <li>Recommendation 8 – commit to repeating the Deeper Dive of Drug Related Death data to track changes in trends over time and partner with an independent organisation to interrogate this, including data from the Drug Death Review Group. Explore the provision</li> </ul>	<p>National Mission</p> <ul style="list-style-type: none"> <li>Evidence-led harm reduction</li> <li>Supporting people with complex needs</li> <li>Improving services</li> <li>Learning and improving data / intelligence</li> </ul>	Provide proposal to the ADP on the development of an intelligence-led approach to prioritisation and commissioning, including an ongoing programme of focused needs assessment, enhanced analysis of NFOD data and drug trends intelligence, and improving data availability from DAISy implementation.	NHS Tayside Public Health	30 September 2022
		Review interfaces between Drug Death Review Group and other process focused on learning from deaths / serious harm.	Chief Officers Group	31 March 2023

<p>(and resourcing) of Public Health drug checking within Dundee with external partners.</p> <p>2019 Report</p> <ul style="list-style-type: none"> <li>Recommendation 6 – learn from things that have gone wrong – attention to continuous improvement to benefit others who are vulnerable.</li> </ul>	<p>Develop the Gendered Services Group dataset to improve understanding of complexities faced by women and influencing on future service developments.</p>	<p>Gendered Services Group</p>	<p>31 October 2023</p>
	<p>As part of the overall approach to improve intelligence-based decision-making process, NHS Tayside Public Health will continue to lead production of the comprehensive Tayside drug deaths annual report, adding to and improving this as data quality allows and responding to any requests from ADPs for additional analysis.</p>	<p>NHS Tayside Public Health</p>	<p>Annually</p>
	<p>Improve quality and reporting of data across all MAT standards as part of the national programme for delivery of MAT standards.</p>	<p>NHS Tayside Public Health</p>	<p>31 March 2023</p>
	<p>Ensure that the ADP receives information about the findings of all quality assurance activities with relevance in relation to drug and alcohol issues (for example, quality assurance conducted by the other Protecting People Committees or that reflect the quality of support provided to vulnerable people).</p>	<p>Protecting People Strategic Support Team / All ADP members</p>	<p>31 October 2022</p>
	<p>Continue to participate in the national pilot to develop drug checking service in Dundee, including preparing for an application for relevant licenses from the Home Office.</p>	<p>NHS Tayside Public Health / Hillcrest Futures / Police Scotland / University of Dundee</p>	<p>To be agreed dependent on national timescales.</p>



<p>2022 Report</p> <ul style="list-style-type: none"> <li>Recommendation 10 – the Partnership needs to commit to closing Constitution House in the shortest possible timeframe. DDARS staff need to be transitioned through arrangements with the third sector, community pharmacies and primary care.</li> </ul>	<p>National Mission</p> <ul style="list-style-type: none"> <li>MAT Standards 1, 2, 3, 4, 5, 6, 8, 9, 10</li> <li>Emergency life-saving interventions</li> <li>Evidence-led harm reduction</li> <li>Supporting people with complex needs</li> <li>Addressing stigma</li> <li>Supporting children and families</li> <li>Treatment access standard</li> </ul> <p>Programme for Government</p> <ul style="list-style-type: none"> <li>Non-fatal overdose response</li> <li>Assertive outreach</li> <li>Whole family approaches</li> </ul> <p>Rights, Respect and Recovery – developing a recovery orientated system of care</p> <p>National Trauma Framework</p> <p>Living Life Well</p> <p>Dundee Mental Health and Wellbeing Strategy</p>	<p>Develop proposal with workforce and other stakeholders to transition services currently delivered from Constitution House to supports delivery from alternative sites as part of co-located, multi-disciplinary teams working from accessible, community-based locations.</p> <p>Explore options for delivery of community-based, multi-disciplinary services as part of establishment of Dundee Women’s Hub and the Bella Centre.</p>	<p>Dundee Health and Social Care Partnership</p> <p>Gendered Services Group</p>	<p>Project plan developed by 31 October 2022</p> <p>31 October 2023</p>
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<p>2022 Report</p> <ul style="list-style-type: none"> <li>Recommendation 12 – fully support the implementation of the new community pharmacy contract and SLA. Consideration should be given to the engagement of Pharmacist Independent Prescribers as part of the multi-disciplinary DDARs prescribing workforce. A communications strategy should be developed for pharmacies regarding risks of closures (planned and unplanned) and contingency planning arrangements strengthened.</li> </ul> <p>2019 Report</p> <ul style="list-style-type: none"> <li>Recommendation 11 – review and refresh the community pharmacy model for OST.</li> </ul>	<p>National Mission</p> <ul style="list-style-type: none"> <li>MAT standards 1 to 5</li> <li>Treatment access standard</li> </ul>	<p>Continue to closely monitor the implementation of the new enhanced Community Pharmacy Contract and Service Level Agreement (SLA) through the Tayside Community Pharmacy Lead. Regular update reports will continue being available to the Dundee ADP.</p>	<p>Dundee Health and Social Care Partnership / NHS Tayside</p>	<p>6 monthly update report to ADP</p>
	<p>Programme for Government</p> <ul style="list-style-type: none"> <li>Non-fatal overdose response</li> <li>Evidence-led harm reduction</li> <li>Supporting people with complex needs</li> </ul>	<p>As the role in delivering care to those affected by drug and alcohol use by Community Pharmacies expands, there will be a review of the SLA with the possibility of additional resources required.</p>	<p>NHS Tayside</p>	<p>30 November 2023</p>
	<p>Rights, Respect and Recovery – developing a recovery orientated system of care</p>	<p>Include the enhanced role of Community Pharmacies within the ADP commissioning and investment Plan.</p>	<p>ADP Commissioning Group</p>	<p>30 November 2022</p>
		<p>Deliver training to all Community Pharmacies to support delivery of high-quality, evidence-based harm reduction.</p>	<p>NHS Tayside Public Health</p>	<p>31 July 2023</p>
		<p>Consider options for enhancing the delivery of OST via NHS Tayside Specialist Pharmacists.</p>	<p>NHS Tayside / Dundee Health and Social Care Partnership</p>	<p>To be agreed.</p>
<p>2019 Report</p> <ul style="list-style-type: none"> <li>Recommendation 15 – ensure the needs of women who experience problems with drugs are assessed and addressed via adoption of gender-</li> </ul>	<p>National Mission</p> <ul style="list-style-type: none"> <li>MAT standard 10</li> <li>Supporting people with complex needs</li> <li>Addressing stigma</li> <li>Supporting children and families</li> </ul>	<p>Progress with the gendered services training to all staff within statutory and third sector organisations, including commitment to train DDARS staff teams by end of July 2022.</p>	<p>Gendered Services Group</p>	<p>31 March 2023</p>

mainstreaming and gender-sensitive approaches to service planning.	Rights, Respect and Recovery – developing a recovery orientated system of care	Open Dundee Women’s Hub.	Gendered Services Group	30 April 2023
	National Trauma Framework	Launch Dundee Trauma Implementation Plan and supporting managers briefings.	Trauma Steering Group	31 August 2022
	Equally Safe  Dundee Violence Against Women strategy and delivery plan	Work with all organisations, including third sector partners to support the implementation of plans for gendered approaches to their work.	Gendered Services Group	31 October 2023
<b>Promote cultures of kindness, compassion and hope, tackle stigma and discrimination and embed trauma-informed approaches</b>				
<b>Draft outcome measures for consultation and refinement:</b>				
<ul style="list-style-type: none"> <li>• All statutory and commissioned services have in place systems to gather quantitative and qualitative evidence in respect of service user experience<sup>4</sup> and can evidence how this is taken into account in service delivery, planning and improvement.</li> <li>• People with lived experience report being treated with dignity and respect by service providers.</li> <li>• People with lived experience report reductions in their experience of stigma and disadvantage in services.</li> <li>• All statutory and commissioned services can evidence the capacity, policies and practice arrangements to deliver person centred care and support.</li> <li>• Services can evidence that trauma informed practice is embedded within person centred care and support systems.</li> <li>• All statutory and commissioned services can evidence appropriate staff training and support to deliver person centred and trauma informed care and support.</li> <li>• The workforce across all statutory and commissioned services report feeling valued and that organisational arrangements allow them to adequately fulfil their role.</li> <li>• All statutory and commissioned services can evidence the capacity, policies and practice arrangements to deliver a trauma-informed approach to staff wellbeing and to valuing lived experience within the workforce.</li> </ul>				
2022 Report <ul style="list-style-type: none"> <li>• Recommendation 4- design and instigate a ‘year of kindness and compassion’. All core funded services to develop a plan for</li> </ul>	National Mission <ul style="list-style-type: none"> <li>• MAT standards - all</li> <li>• Empowering people to see support</li> <li>• Bringing voices of lived experience</li> </ul>	Plan and implement a City year of kindness, compassion and hope as a collaboration between people with lived experience, communities, statutory/third/private sector organisations and faith groups.	Protecting People Strategic Support Team / Resilient Communities Group / Trauma Steering group / Dundee Partnership	Starting August 2022

<sup>4</sup> This is an expectation of MAT Standards

<p>combatting stigma and discrimination, with in-built mechanism for review.</p> <p>2019 Report</p> <ul style="list-style-type: none"> <li>• Recommendation 2 – challenge and eliminate stigma and ensure everyone is treated in a professional and respectful manner.</li> <li>• Recommendation 3 – language matters.</li> </ul>	<p>into decision-making and services provision</p> <ul style="list-style-type: none"> <li>• Addressing stigma</li> <li>• Growing and empowering community groups</li> </ul>			
		Pilot of 'Responding to Poverty and Health Inequalities Training' including poverty sensitive practice, substance use, stigma and supporting recovery.	Community Health Team	31 December 2022
		Evaluate Language Matters Campaign and propose future approach	Public Health / Community Health Team	31 March 2023
		Continue to implement activity to confront and address stigma, including implementation and evaluation plans that follow an evidence-based approach and align to the ADP's adoption of the Anti-Stigma Commitment.	Community Health Team / Resilient Communities Group / Protecting People Strategic Support Team	6 monthly update report to ADP

### Reduce the enduring impact of drug and alcohol use through an increased focus on prevention

#### Draft outcome measures for consultation and refinement:

- Reduction in the prevalence rate of problematic drug and alcohol<sup>5</sup> use in the city.
- Reduction in A&E attendances where the alcohol or drug use are a contributing factor.
- Reduction in the number of children and young people on the child protection register where the impact of drug or alcohol use is a contributory factor to registration, with children and families supported at lower /early levels of intervention.
- Families where drug and/or alcohol use is identified as being a significant risk factor report feeling appropriately supported.
- Reduction in the incidence of violence related to drug and/or alcohol use.
- Reduction in suicides where drug and/or alcohol use was a contributory factor.

<sup>5</sup> Using data from Scottish Public Health Observatory and the Scottish Health Survey etc.

<p>2019 Report</p> <ul style="list-style-type: none"> <li>Recommendation 14 – address the root causes of drug problems.</li> <li>Recommendation 16 – attend to the intergenerational nature of substance use problems and place safety and wellbeing of children at the heart of all planning, alongside proactive support for parents. Explore the creation of family support workers in the third sector.</li> </ul> <p>See recommendation 8 re: ongoing cross-partnership working on gendered services.</p>	<p>National Mission</p> <ul style="list-style-type: none"> <li>Linking with policies on poverty, deprivation, trauma and ACES</li> <li>Addressing stigma</li> <li>Supporting children and families</li> </ul>	Continued activity to implement Dundee's Trauma Implementation Plan.	Trauma Steering Group	Annual update report to be provided to the ADP
	<p>Programme for Government</p> <ul style="list-style-type: none"> <li>Whole families approach</li> </ul>	Progress implementation of the Trauma-Informed Practice Service Specific Toolkit for substance use services.	Dundee Health and Social Care Partnership	6 monthly reports to ADP
	<p>Rights, Respect and Recovery</p> <ul style="list-style-type: none"> <li>Prevention and Early Intervention</li> <li>Getting it right for children, young people and families</li> </ul>	Ensure that parents / carers affected by drug and alcohol use receive timely support that enables them to sustain nurturing parenting and that ensures children are supported and protected from harm. This includes a commitment to develop a family support hub.	Children and Families Service	6 monthly reports to ADP
	<p>Families Affected by Drug and Alcohol use in Scotland: A Framework for Holistic Whole Family Approaches and Family Inclusive Practice</p>	Further improve joint working with adult treatment services.	Children and Families Service / Dundee Health and Social Care Partnership	31 March 2023
	<p>The Promise</p>	Partnership with WRASAC to enhance capacity for delivery of trauma-informed training during 2022/23.	Trauma Steering Group	31 March 2023
	<p>National Trauma Framework</p>	Completion and publication of ADP Prevention Framework (including the development of a website).	Prevention Group	31 October 2022

<p>Child Protection Committee delivery plan</p> <p>Violence Against Women strategy and delivery plan</p> <p>Dundee Trauma Implementation Plan</p> <p>Our Promise to Dundee's Children and Young People</p> <p>Fairness and Poverty responses</p> <p>Findings for public protection case reviews.</p>	Develop a three-tier approach to tackling commercial sexual exploitation.	Gendered Services Group	31 October 2023
	Implement the Planet Youth (also known as Youth in Iceland) model to support children and young people across all Dundee secondary schools.	Children and Families Service	30 June 2025
	Complete benchmarking and self-assessment against the Prevention Framework by end of March 2023.	All relevant organisations	31 March 2023
	Develop model for local implementation of contextual safeguarding approach.	Vulnerable Adolescent Partnership	6 monthly updates to ADP
	Progress the implementation of recommendations from review of services for vulnerable and at-risk adolescents.	Children and Families Service	6 monthly updates to ADP
	Complete benchmarking against framework for holistic family support and family inclusive practice.	Children and Families Service / Dundee Health and Social Care Partnership	To be agreed.
	Consider how Dundee allocation of Whole Family Wellbeing Fund (from Scottish Government) can be utilised to enhance responses to families impacted by drug and alcohol use.	Children and Families Service / Dundee Health and Social Care Partnership / Third Sector	Following Scottish Government confirmation of Dundee allocation

**Empower people with lived experience to participate in and influence decision-making, commissioning, planning and improvement**

**Draft outcome measures for consultation and refinement:**

- Those with lived experience report that at both an individual and a collective level their views are listened to and respected and their insights are given weight in decisions about their care and treatment.
- Clearly identifiable mechanisms are in place across all tiers of care and treatment services to consistently gather feedback on service user experience and to review this regularly.
- All major service developments can evidence how those with lived experience will be engaged from the outset in the design and decision-making process and are appropriately involved in the delivery of change
- An increasing proportion of the workforce, paid or unpaid, brings expertise through lived experience.
- Workforce plans describe and implement a pathway for developing and supporting cohorts of people with lived experience into relevant positions.

<p>2019 Report</p> <ul style="list-style-type: none"> <li>• Recommendation 5 – establish meaningful involvement of people with lived experience, their families and advocates.</li> </ul>	<p>National Mission</p> <ul style="list-style-type: none"> <li>• MAT Standards - all</li> <li>• Empowering people to see support</li> <li>• Bringing voices of lived experience into decision-making and services provision</li> <li>• Addressing stigma</li> <li>• Growing and empowering community groups</li> <li>• Learning and improving data / intelligence</li> </ul>	<p>In partnership with DVVA continue to expand Peer Recovery Network / mutual aid.</p>	<p>DVVA</p>	<p>31 March 2023</p>
		<p>Work with MIST and the Scottish Recovery Consortium to develop approaches that gather and learn from experiential information through engagement, involvement and decision-making when implementing the MAT standards.</p>	<p>Dundee Health and Social Care Partnership</p>	<p>31 March 2023</p>
		<p>Develop and implement approaches that evidence all transformation and improvement programmes have been meaningfully informed by people with lived experience, including contributions to planning and decision-making.</p>	<p>DVVA</p>	<p>31 March 2023</p>

National Trauma Framework	Progress partnership with the Improvement Service and Resilience Learning Partnership to develop our meaningful and safe local approach to the direct involvement of people with lived experience in strategic planning and service development.	Protecting People Strategic Support Team	31 March 2023
	Continued implementation of Gendered Services Project, currently funded to October 2023.	Gendered Service Project	31 October 2023
	Establishment of opportunities for workforce with lived experience to influence service design and delivery and wider organisational culture.	Trauma Steering Group	31 March 2023
	Implementation of Child Protection Committee Children and Young People's Charter and engagement group action plan.	Child Protection Committee	31 March 2023

### Ensure appropriate and effective governance arrangements and strengthen communications with stakeholders

#### Draft outcome measures for consultation and refinement:

- There are robust strategic and operational plans across the span of the ADP, other relevant Community Planning fora and within individual partners that articulate actions to be taken, anticipated outcomes and how progress will be monitored.
- Lines of accountability are clear, and partners fulfil agreed responsibilities.
- Large scale change programmes can evidence sound project management arrangements and delivery to anticipated timescales.
- Adequate arrangements are in place to identify and mitigate significant risks.
- There is clarity about resource requirements and commissioning arrangements can evidence the impact and effectiveness of investments.
- There is an improved understanding of the roles and priorities of the ADP within a wider protecting people approach and partners and stakeholder support for those.
- Key stakeholders, particularly those with lived experience and the multi-agency workforce, are confident that their views are listened to, respected and understood and that there is a dialogue that is contributing to positive change.
- There is public confidence that the ADP and partners have sufficiently prioritised tackling the harms associated with drugs and alcohol and are making progress on reducing those.



<p>2022 Report</p> <ul style="list-style-type: none"> <li>Recommendation 1 – expand Action Plan for Change and enhance independent scrutiny.</li> <li>Recommendation 7 – the ADP needs to revise and update its strategic plan to take account of the findings of the Commission. It should also include a strong workforce plan.</li> </ul>	<p>Scottish Government Partnership Delivery Framework</p> <p>National Mission</p> <ul style="list-style-type: none"> <li>Bringing voices of lived experience into decision-making and services provision</li> <li>Developing a skilled workforce</li> </ul> <p>MAT Standard Implementation Team (MIST) benchmarking</p> <p>NHS Scotland Workforce Planning Guidance</p>	<p>Develop replacement 5-year strategic framework and delivery plan.</p>	<p>Alcohol and Drugs Partnership</p>	<p>30 November 2022 (draft for public and stakeholder consultation by end of summer)</p>
		<p>Develop partnership workforce plan for drug and alcohol workforce.</p>	<p>Dundee Health and Social Care Partnership / Third Sector</p>	<p>30 November 2022</p>
		<p>All transformation and improvement programmes to be support by a robust Project Initiation Document, including setting out supporting resources, governance and reporting arrangements.</p>	<p>Alcohol and Drugs Partnership</p>	<p>Ongoing monitoring by ADP</p>
		<p>ADP to review governance structure and develop approach that directly supports implementation of strategic framework and delivery plan.</p>	<p>Alcohol and Drugs Partnership</p>	<p>31 October 2022</p>
		<p>Develop a local plan to implement the learning and recommendations from the Dundee Staff Burnout research and report delivered by SDF.</p>	<p>Alcohol and Drugs Partnership / Substance Use Services Group / Learning and Organisational Development Teams</p>	<p>30 November 2022 (as part of development of workforce plan)</p>
<p>2022 Report</p> <ul style="list-style-type: none"> <li>Recommendation 2 – accelerate pace of</li> </ul>	<p>Scottish Government Partnership Delivery Framework</p>	<p>Enhance independent leadership, support and challenge within local partnership arrangements.</p>	<p>Chief Officers Group in collaboration with ADP</p>	<p>Following organisational development session</p>

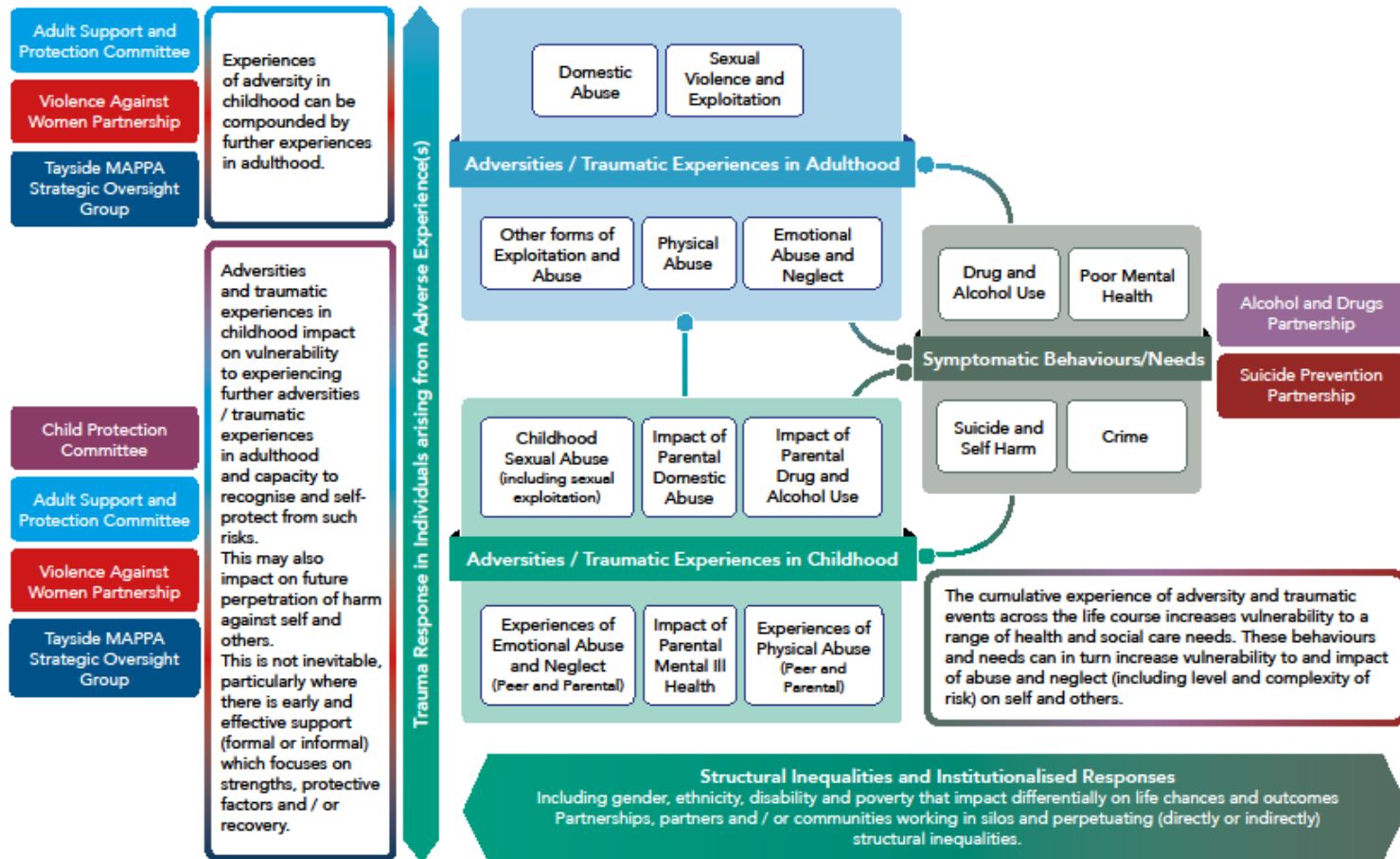
<p>change and engage expert help to design a plan for leadership.</p> <p>2019 Report</p> <ul style="list-style-type: none"> <li>Recommendation 1 – Achieve the required standard of leadership.</li> </ul>	<p>National Mission</p> <ul style="list-style-type: none"> <li>Developing a skilled workforce</li> </ul> <p>NHS Scotland Workforce Planning Guidance</p>	<p>Review of third sector representation within ADP and related sub-groups to promote meaningful contribution and influence.</p>	<p>Alcohol and Drugs Partnership</p>	<p>31 August 2022</p>
		<p>Provide focused, facilitated organisational development session to the ADP to strengthen collaborative working and leadership.</p>	<p>Alcohol and Drugs Partnership</p>	<p>31 August 2022</p>
		<p>Implement recommendations from COG short-life working group on workforce recognition.</p>	<p>COG Short-Life Working Group</p>	<p>31 October 2022</p>

<p>2022 Report</p> <ul style="list-style-type: none"> <li>Recommendation 6 – conduct a strategic Health Needs Assessment for the population of Dundee who have drug problems.</li> </ul> <p>2019 Report</p> <ul style="list-style-type: none"> <li>Recommendation 12 – commission a comprehensive, independent Health Needs Assessment for people who experience problems with drugs.</li> </ul>	<p>National Mission</p> <ul style="list-style-type: none"> <li>Linking with policies on poverty, deprivation, trauma and ACES</li> <li>Supporting people with complex needs</li> <li>Improving services</li> <li>Learning and improving data / intelligence</li> </ul>	<p>Tayside Needs Assessment Steering Group to develop and support delivery of a programme of work in consultation with the ADP. This will begin with a needs assessment for users of Benzodiazepines.</p>	<p>Tayside Needs Assessment Steering Group</p>	<p>6 monthly updates to ADP (Benzodiazepines needs assessment by 31 October 2022)</p>
<p>2022 Report</p> <ul style="list-style-type: none"> <li>Recommendation 9 – develop an advanced communications strategy to ensure transparency and visibility of work and decision-making is significantly improved. Invest in keeping an updated website.</li> </ul>	<p>National Mission</p> <ul style="list-style-type: none"> <li>Empowering people to seek support</li> <li>Bringing voices of lived experience into decision-making and services provision</li> <li>Addressing stigma</li> <li>Developing a skilled workforce</li> </ul>	<p>Finalise Protecting People Workforce Communications Plan.</p>	<p>COG Short-Life Working Group</p>	<p>31 October 2022</p>
		<p>Completion and publication of ADP Prevention Framework (including the development of a website).</p>	<p>Prevention Group</p>	<p>31 October 2022</p>
		<p>Establish Alcohol and Drug Partnership section of the Protecting People in Dundee website.</p>	<p>Protecting People Strategic Support Team</p>	<p>31 October 2022</p>

		Plan and undertake a programme of listening / engagement session with frontline staff across the multi-agency workforce in collaboration with staff side representatives.	Dundee Health and Social Care Partnership / NHS Tayside / DVVA	31 December 2022
<p>2022 Report</p> <ul style="list-style-type: none"> <li>Recommendation 11 – The Dundee Partnership needs to further develop and strengthen its relationship with the third sector.</li> </ul> <p>2019 Report</p> <ul style="list-style-type: none"> <li>Recommendation 6 – level the ‘playing field’ to ensure all partners, statutory and third sector, are held equally accountable.</li> </ul>	<p>National Mission</p> <ul style="list-style-type: none"> <li>Improving services</li> <li>Growing and empowering community groups</li> </ul>	Series of open forum discussion with third sector beginning in July 2022 with aim to agree further commitments for incorporation into the strategic framework and delivery plan. To cover areas including communication, quality assurance, collaborative commissioning and service planning.	Protecting People Strategic Support Team / DVVA	31 August 2022

Appendix 4

Integrated Protecting People Approach







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

City Chambers  
DUNDEE  
DD1 3BY

14th June, 2022

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

Dear Sir or Madam

**DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD**

I would like to invite you to attend a meeting of the above Integration Joint Board which is to be held remotely on Wednesday, 22nd June, 2022 at 10.00am.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434228 or by email at [committee.services@dundeecity.gov.uk](mailto:committee.services@dundeecity.gov.uk) by no later than 12 noon on Monday, 20th June, 2022.

Apologies for absence should be intimated to Willie Waddell, Committee Services Officer, on telephone 01382 434228 or by e-mail [willie.waddell@dundeecity.gov.uk](mailto:willie.waddell@dundeecity.gov.uk). Proxy Members are allowed.

Yours faithfully

VICKY IRONS  
Chief Officer

## **AGENDA**

### **1 APOLOGIES FOR ABSENCE**

### **2 DECLARATIONS OF INTEREST**

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

### **3 MEMBERSHIP AND CHAIRPERSON**

It is reported that Dundee City Council has nominated the following members to serve as members of the Integration Joint Board:-

Councillor Ken Lynn (Chairperson)  
Councillor Siobhan Tolland  
Councillor Dorothy McHugh

It is also reported that Dundee City Council has nominated the following members to serve as Proxy Members in the absence of a member from Dundee City Council:-

Councillor Lynne Short  
Councillor Roisin Smith  
Bailie Helen Wright

The Integration Joint Board is asked to note the position and that their terms of appointment will be until May 2025.

The Integration Joint Board is also asked to note that Councillor Lynn has been appointed as Chairperson.

### **4 MEMBERSHIP – PERFORMANCE AND AUDIT COMMITTEE**

It is reported that the membership of the Performance and Audit Committee comprises two voting members from Dundee City Council on the basis that they do not hold the positions of Chairperson or Vice Chairperson of the Integration Joint Board.

The Integration Joint Board is asked to note the position and that the remaining two voting members from Dundee City Council not holding the positions of Chairperson or Vice Chairperson of the Integration Joint Board would become members of the Performance and Audit Committee.

### **5 STANDING ORDERS - Page 1**

The current Standing Orders for the Integration Joint Board are attached.

The Integration Joint Board is asked to adopt these as the Standing Orders for the Integration Joint Board.

### **6 MINUTE OF PREVIOUS MEETING AND ACTION TRACKER**

(a) The minutes of the previous meeting of the Integration Joint Board held on 20th April, 2022 is attached for approval. - **Page 17**

(b) The action tracker is to follow.

### **7 COMMUNITY CUSTODY UNIT - Page 25**

(Report No DIJB45-2022 by the Chief Officer, copy attached).

### **8 REDUCING HARM ASSOCIATED WITH DRUG USE**

(Report No DIJB41-2022 by the Chief Officer, copy to follow).



**9 TRAUMA-INFORMED PRACTICE AND LEADERSHIP UPDATE - Page 29**

(Report No DIJB38-2022 by the Chief Officer, copy attached).

**10 REVISION OF DUNDEE HEALTH AND SOCIAL CARE INTEGRATION SCHEME (DIJB39-2022)**

In December 2020, the Integration Joint Board was informed that NHS Tayside and Dundee City Council had completed the statutory review of the Dundee Health and Social Care Integration Scheme (required by section 44 of the Public Bodies (Joint Working) Scotland Act 2014) and had agreed that a revised scheme should be prepared (Article X of the minute of the meeting of the Dundee Integration Joint Board held on 15th December 2020 refers). The report provided to the IJB at that time set out the intended approach to the preparation of a revised scheme and committed to providing an update on progress no later than 31st March 2021. Further updates were provided to the Integration Joint Board in August 2021 and February 2022 on the progress of work to prepare a revised scheme (Article VI of the minute of the meeting of the Dundee Integration Joint Board held on 25th August 2021 and Article XV of the minute of the meeting of the Dundee Integration Joint Board held on 23rd February 2022 refer).

Report DIJB18-2022 presented to the April 2022 IJB meeting (Article VI of the minute refers) noted the consultation process on the draft scheme was underway and that the Chief Finance Officer had worked with members of the Integration Joint Board to agree and submit a response on their behalf.

Following the consultation process, officers of Dundee City Council and NHS Tayside have considered the responses from the consultation and have now agreed a final version of the Integration Scheme to be presented to their respective governance committees and boards for approval prior to submission to the Scottish Government. The revised scheme will be presented to Dundee City Council on the 27th June and Tayside NHS Board on the 30th June 2022.

The revised scheme must be submitted to Scottish Ministers for approval no later than the end of June 2022. Once approved, the final scheme will be presented to a future meeting of the Integration Joint Board for information.

**11 DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT REPORT 2021/2022 - Page 33**

(Report No DIJB49-2022 by the Chief Finance Officer, copy attached).

**12 UNAUDITED ANNUAL ACCOUNTS 2021/2022 - Page 65**

(Report No DIJB46-2022 by the Chief Finance Officer, copy attached).

**13 YEAR-END FINANCIAL MONITORING POSITION AS AT MARCH 2022 - Page 125**

(Report No DIJB44-2022 by the Chief Finance Officer, copy attached).

**14 DUNDEE INTEGRATION JOINT BOARD 2022/2023 BUDGET UPDATE (DIJB48-2022)**

Dundee Integration Joint Board approved its 2022/23 Delegated Budget at its meeting of the 25th March 2022 (Article IV of the minute refers). At the time the budget was set, NHS Tayside figures were noted as being provisional given the NHS Tayside Financial Plan was not being presented to Tayside NHS Board until the 28th April 2022. Following the meeting of the Tayside NHS Board, the Chief Finance Officer has received confirmation that the previous indicative baseline and uplift figures to the NHS delegated budget have been approved and are therefore regarded as final figures with the exception of a figure for the Large Hospital Set Aside which is yet to be determined. Therefore no amendment is required to the IJB's delegated budget at this stage.

**15 5 YEAR FINANCIAL FRAMEWORK - Page 139**

(Report No DIJB16-2022 by the Chief Finance Officer, copy attached).

**16 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022-2025 - Page 147**

(Report No DIJB42-2022 by the Chief Finance Officer, copy attached).

**17 CARERS INVESTMENT PLAN UPDATE - Page 151**

(Report No DIJB43-2022 by the Chief Finance Officer, copy attached).

**18 ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP  
CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP 2021-2022 - Page 161**

(Report No DIJB37-2022 by the Clinical Director, copy attached).

**19 ANNUAL COMPLAINTS PERFORMANCE - Page 173**

(Report No DIJB40-2022 by the Chief Officer/Chief Finance Officer, copy attached).

**20 MEETINGS OF THE INTEGRATION JOINT BOARD 2022 – ATTENDANCES - Page 179**

(A copy of the Attendance Return DIJB32-2022 for meetings of the Integration Joint Board held over 2022 is attached for information and record purposes).

**21 PROGRAMME OF MEETINGS**

The Integration Joint Board is asked to note that the programme of meetings of the Integration Joint Board for the remainder of 2022 is as follows:-

<b><u>Date</u></b>	<b><u>Time</u></b>
Wednesday, 24th August, 2022	10.00 am
Wednesday, 26th October, 2022	10.00 am
Wednesday, 14th December, 2022	10.00 am

**22 DATE OF NEXT MEETING**

The next meeting of the Integration Joint Board will be held on Wednesday, 24th August, 2022 at 10.00 am.

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

**(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS**

<b><u>Role</u></b>	<b><u>Recipient</u></b>
<b>VOTING MEMBERS</b>	
Elected Member (Chair)	Councillor Ken Lynn
Non Executive Member (Vice Chair)	Pat Kilpatrick
Elected Member	Councillor Siobhan Tolland
Elected Member	Councillor Dorothy McHugh
Non Executive Member	Anne Buchanan
Non Executive Member	Donald McPherson
<b>NON VOTING MEMBERS</b>	
Chief Social Work Officer	Diane McCulloch
Chief Officer	Vicky Irons
Chief Finance Officer (Proper Officer)	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson
Registered Nurse	Sarah Dickie
Registered medical practitioner (not providing primary medical services)	Dr James Cotton
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Christina Cooper
Service User residing in the area of the local authority	Vacant
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Dr Emma Fletcher
Clinical Director	Dr David Shaw
<b>PROXY MEMBERS</b>	
Proxy Member (NHS Appointment for Voting Member)	Vacant
Proxy Member (NHS Appointment for Voting Member)	Jenny Alexander
Proxy Member (DCC Appointment for Voting Members)	Councillor Lynne Short
Proxy Member (DCC Appointment for Voting Members)	Councillor Roisin Smith
Proxy Member (DCC Appointment for Voting Member)	Bailie Helen Wright

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

<b><u>Organisation</u></b>	<b><u>Recipient</u></b>
NHS Tayside (Chief Executive)	Grant Archibald
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Chief Executive)	Greg Colgan
Dundee City Council (Executive Director of Corporate Services)	Robert Emmott
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Legal Manager)	Kenny McKaig
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke

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

ITEM No ...5.....



## **STANDING ORDERS**

**of**

## **DUNDEE INTEGRATION JOINT BOARD**

(Approved at Dundee Integration Joint Board: 18 December 2018)  
(Procedure for Motions and Amendments updated at the Dundee Integration Joint Board Meeting: 23rd June 2021)

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## SECTION 1 - GENERAL

- 1.1 These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 and shall apply with effect from 19th February, 2019 with such amendments as may be made by the Integration Joint Board from time to time.
- 1.2 These Standing Orders shall, as far as applicable, be the rules and regulations for the proceedings of Committees and Sub-Committees and therefore reference to the term 'Board' in the Standing Orders should be interpreted accordingly. The term 'Chairperson' shall also be deemed to include the Chairperson of any Committee or Sub-Committee but only in relation to such Committees or Sub-Committees.
- 1.3 In these Standing Orders "the Integration Joint Board" shall mean the Dundee Integration Joint Board established in terms of The Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Order 2015.
- 1.4 Any statutory provision, regulation or direction issued by the Scottish Ministers shall have precedence if they are in conflict with these Standing Orders.

## SECTION 2 – MEMBERSHIP

- 2.1 Voting membership of the Integration Joint Board shall comprise three persons nominated by NHS Tayside, and three elected members nominated by Dundee City Council. Where NHS Tayside is unable to fill its places with Non-Executive Directors it can then nominate other appropriate people, who must be members of Tayside NHS Board to fill their spaces but at least two must be Non-Executive Directors.
- 2.2 Non-voting membership of the Integration Joint Board shall comprise:
  - (a) the Chief Social Work Officer of Dundee City Council;
  - (b) the Chief Officer of the Integration Joint Board;
  - (c) the proper officer of the Integration Joint Board appointed under Section 95 of the Local Government (Scotland) Act 1973;
  - (d) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by NHS Tayside in accordance with Regulations made under Section 17P of the National Health Service (Scotland) Act 1978;
  - (e) a registered nurse who is employed by NHS Tayside or by a person or body with which NHS Tayside has entered into a general medical services contract;
  - (f) a registered medical practitioner employed by NHS Tayside and not providing primary medical services;
  - (g) one member in respect of staff of the constituent authorities engaged in the provision of services provided under integration functions;
  - (h) one member in respect of third sector bodies carrying out activities related to health or social care in the area of Dundee City Council;
  - (i) one member in respect of service users residing in the area of Dundee City Council;

- (j) one member in respect of persons providing unpaid care in the area of Dundee City Council; and
- (k) such additional members as the Integration Joint Board sees fit. Such a member may not be a Dundee City Councillor or a Non-Executive Director of NHS Tayside.

The members appointed under paragraphs (d) to (f) must be determined by NHS Tayside.

- 2.3 A member of the Integration Joint Board in terms of Paragraph 2.2 (a) and (c) will remain a member for as long as they hold the office in respect of which they are appointed. Otherwise, the term of office of Members of the Integration Joint Board shall be for a maximum period of three years (or in the case of Dundee City Councillors until the day of the Statutory Meeting of the Council following the next ordinary Election for Local Government Councillors in Scotland, whichever is shorter).
- 2.4 Where a Member resigns or otherwise ceases to hold office, the person appointed in his/her place shall be appointed for the unexpired term of the Member they replace.
- 2.5 On expiry of a Member's term of appointment the Member shall be eligible for re-appointment provided that he/she remains eligible and is not otherwise disqualified from appointment in terms of Article 8 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.
- 2.6 A voting Member appointed under paragraph 2.1 ceases to be a member of the Integration Joint Board if they cease to be either a Councillor or a Non-Executive Director of NHS Tayside or an appropriate person in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.
- 2.7 A Member of the Integration Joint Board, other than those Members referred to in paragraph 2.2 (a) and (c), may resign his/her membership at any time during their term of office by giving notice to the Integration Joint Board in writing. The resignation shall take effect from the date notified in the notice or on the date of receipt if no date is notified. If this is a voting member, the Integration Joint Board must inform the constituent authority that made the nomination.
- 2.8 If a Member has not attended three consecutive meetings of the Integration Joint Board, and their absence was not due to illness or other reasonable cause as determined by the Integration Joint Board, the Integration Joint Board may remove the member from office by providing the member with one month's notice in writing.
- 2.9 If a member acts in a way which brings the Integration Joint Board into disrepute or in a way which is inconsistent with the proper performance of the functions of the Integration Joint Board, the Integration Joint Board may remove the member from office with effect from such date as the Integration Joint Board may specify in writing.
- 2.10 If a member is disqualified under Article 8 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 during a term of office they are to be removed from office immediately.
- 2.11 A constituent authority may remove a member which it nominated by providing one month's notice in writing to the member and the Integration Joint Board.
- 2.12 Proxy Members for Members of the Integration Joint Board may be appointed by the constituent authority which nominated the Member. The appointment of such Proxy Members will be subject to the same rules and procedures for Members. Proxy Members shall receive papers for Meetings of the Integration Joint Board but shall be



entitled to attend or vote at a Meeting only in the absence of the principal Member they represent. If the Chairperson or Vice Chairperson is unable to attend a meeting of the Integration Joint Board, any Proxy Member attending the meeting may not preside over that meeting.

- 2.13 The acts, meetings or proceedings of the Integration Joint Board shall not be invalidated by any defect in the appointment of any Member.
- 2.14 A vacancy in the membership of the Integration Joint Board will not invalidate anything done or any decision made by the Integration Joint Board.

### **SECTION 3 - CHAIRPERSON AND VICE CHAIRPERSON**

- 3.1 The Chairperson and Vice Chairperson will be drawn from NHS Tayside and Dundee City Council voting members of the Integration Joint Board. If a Council member is to serve as Chairperson then the Vice Chairperson will be a member nominated by NHS Tayside and vice versa.
- 3.2 The term of office of the Chairperson and of the Vice Chairperson will be for a rotational period of 2 years commencing 25th October, 2016 upon nomination to those positions as required by the constituent authorities of NHS Tayside and Dundee City Council and at such other times as may be necessary. NHS Tayside or Dundee City Council may change their appointee as Chairperson or Vice Chairperson during an appointing period. At the end of the 2 year period the constituent authority which nominated the Chairperson will nominate the Vice Chairperson and vice versa.
- 3.3 The Vice-Chairperson may act in all respects as the Chairperson of the Integration Joint Board if the Chairperson is absent or otherwise unable to perform his/her duties.
- 3.4 *At each meeting of the Integration Joint Board the Chairperson, if present, shall preside. If the Chairperson is absent from any meeting of the Integration Joint Board, a Committee or a Sub-Committee the Vice-Chairperson, if present, shall preside. If both the Chairperson and the Vice-Chairperson are absent, a voting member chosen at the meeting by the other voting members attending the meeting shall preside. Any Proxy Member attending the meeting in terms of 2.12 may not preside over that meeting.*
- 3.5 The Chairperson shall amongst other things:-
- (a) Preserve order and ensure that every Member has a fair hearing;
  - (b) Decide on matters of relevancy, competency and order, and whether to have a recess during the Meeting, having taken into account any advice offered by the Chief Officer or other relevant officer in attendance at the Meeting;
  - (c) Determine the order in which speakers can be heard;
  - (d) Ensure that due and sufficient opportunity is given to Members who wish to speak to express their views on any subject under discussion;
  - (e) Maintain order and at his/her discretion, order the exclusion of any member of the public who is deemed to have caused disorder or misbehaved;
  - (f) The decision of the Chairperson on all matters within his/her jurisdiction shall be final;
  - (g) Deference shall at all times be paid to the authority of the Chairperson. When he/she speaks, the Chairperson shall be heard without interruption; and

- (h) Members shall address the Chairperson while speaking.

#### **SECTION 4 – MEETINGS**

- 4.1 Meetings of the Integration Joint Board shall meet at such place and such frequency as may be agreed by the Integration Joint Board.
- 4.2 *The Chairperson may convene Special Meetings of the Integration Joint Board at such other times as he/she sees fit. If the Office of Chairperson is vacant, or if the Chairperson is unable to act for any reason, the Vice-Chairperson may at any time call such a meeting.*
- 4.3 *If the Chairperson refuses to call a meeting of the Integration Joint Board after a requisition for that purpose specifying the business proposed to be transacted, signed by at least two thirds of the voting Members, has been presented to the Chairperson or if, without so refusing, the Chairperson does not call a meeting within seven days after such requisition has been presented, those Members who presented the requisition may forthwith call a Meeting provided no business shall be transacted at the Meeting other than specified in the requisition.*

#### **SECTION 5 - NOTICE OF MEETINGS**

- 5.1 *Before each meeting of the Integration Joint Board, or Committee or Sub-Committee of the Integration Joint Board, a notice of the meeting, specifying the time, place and business to be transacted at it signed by the Chairperson, or a member authorised by the Chairperson to sign on the Chairperson's behalf, shall be delivered to every Member or sent by post to the usual place of residence of such Members or delivered by electronic means so as to be available to them at least five clear days (not including Saturday and Sunday) before the meeting. Members may opt in writing addressed to the Chief Officer to have notice of meetings delivered to an alternative address. Such notice shall remain valid until rescinded in writing. Lack of service of the notice on any member shall not affect the validity of anything done at a meeting.*
- 5.2 *In the case of a meeting of the Integration Joint Board called by Members in default of the Chairperson, the notice shall be signed by those Members who requisitioned the meeting.*
- 5.3 At all Ordinary or Special Meetings of the Integration Joint Board, no business other than that on the agenda shall be discussed or adopted except where by reason of special circumstances, which shall be specified in the minutes, the Chairperson is of the opinion that the item should be considered at the meeting as a matter of urgency.

#### **SECTION 6 - QUORUM**

- 6.1 *No business shall be transacted at a meeting of the Integration Joint Board unless there are present and entitled to vote both Dundee City Council and Tayside NHS Board members and at least one half of the voting Members of the Integration Joint Board.*
- 6.2 If within ten minutes after the time appointed for the commencement of a meeting of the Integration Joint Board a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed.

## SECTION 7 - CODE OF CONDUCT AND CONFLICTS OF INTEREST

- 7.1 Members of the Integration Joint Board shall subscribe to and comply with the Code of Conduct for Members of the Dundee Integration Joint Board which is deemed to be incorporated into these Standing Orders. All members shall be obliged before taking up membership, to agree in writing to be bound by the terms of the Code.
- 7.2 If any Member has a financial or non-financial interest as defined in the Code and is present at any meeting at which the matter is to be considered, he/she must as soon as practical, after the meeting starts, disclose that he/she has an interest and the nature of that interest and if he/she is precluded from taking part in consideration of that matter.
- 7.3 *If a Member or any associate of theirs has any pecuniary or any other interest direct or indirect, in any contract or proposed contract or other matter and that Member is present at a meeting of the Integration Joint Board, a Committee or Sub-Committee that Member shall disclose the fact and the nature of the relevant interest and shall not be entitled to vote on any question with respect to it. A Member shall not be treated as having any interest in any contract or matter if it cannot reasonably be regarded as likely to significantly affect or influence the voting by that Member on any question with respect to that contract or matter.*
- 7.4 *Where an interest is disclosed the member declaring the interest/ the other members present at the meeting in question must decide whether that interest prohibits the member declaring the interest from taking part in discussion of or voting on the item of business.*

## SECTION 8 - ADJOURNMENT OF MEETINGS

- 8.1 *If it is necessary or expedient to do so a meeting of the Integration Joint Board, a Committee or Sub-Committee may be adjourned to another date, time or place by a motion, which shall be moved and seconded and put to the meeting without discussion. If such a motion is carried by a simple majority of those present and entitled to vote, the meeting shall be adjourned to the day, time and place specified in the motion.*

## SECTION 9 - DISCLOSURE OF INFORMATION

- 9.1 No Member or Officer shall disclose to any person any information which falls into the following categories:-
- Confidential information within the meaning of Section 50(a)(2) of the Local Government (Scotland) Act 1973.
  - The full or any part of any document marked "not for publication" by virtue of the appropriate paragraph of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973, unless and until the document has been made available to the public or press under section 50B of the 1973 Act.
  - Any information regarding proceedings of the Integration Joint Board from which the public have been excluded unless or until disclosure has been authorised by the Integration Joint Board or the information has been made available to the press or to the public under the terms of the relevant legislation.
- 9.2 Without prejudice to the foregoing no Member shall use or disclose to any person any confidential and/or exempt information coming to his/her knowledge by virtue of his/her office as a Member where such disclosure would be to the advantage of the

Member or of anyone known to him/her or which would be to the disadvantage of the Integration Joint Board.

## **SECTION 10 - RECORDING OF PROCEEDINGS**

- 10.1 No sound, film, video tape, digital or photographic recording of the proceedings of any Meeting shall be made without the prior approval of the Integration Joint Board. Furthermore all mobiles phone must be on silent mode during a meeting of the Integration Joint Board.

## **SECTION 11 – ADMISSION OF PRESS AND PUBLIC**

- 11.1 Subject to paragraph 11.2 of this Standing Order, every meeting of the Integration Joint Board shall be open to the public and press. The Chief Officer shall be responsible for giving public notice of the time and place of each meeting of the Integration Joint Board, a Committee or Sub-Committee not less than five clear days (not including Saturday and Sunday) before the date of each meeting.
- 11.2 The public and press shall be excluded from any meeting of the Integration Joint Board during consideration of an item of business whenever it is likely in view of the nature of the business that if they were present information would be disclosed which was confidential in terms of Part IIIA of the 1973 Act.
- 11.3 The Integration Joint Board may by resolution exclude the press and public from any meeting of the Integration Joint Board during consideration of an item of business whenever it is likely in view of the nature of the business, that, if they were present, information would be disclosed which falls within one or more of the categories of exempt information in terms of Part IIIA of the 1973 Act
- 11.4 A resolution under paragraph 11.3 of this Standing Order shall:
- (a) Identify the proceedings or part of the proceedings to which it applies; and
  - (b) State in terms of the Act the category or categories of exempt information concerned.

## **SECTION 12 - ALTERATION, DELETION AND REVOCATION OF DECISIONS OF THE INTEGRATION JOINT BOARD**

- 12.1 Without prejudice to the terms of Standing Order 13, no motion to alter, delete or revoke a decision of the Integration Joint Board will be competent within six months from the decision, unless the Chairperson determines that a material change of circumstances has occurred to the extent that it is appropriate for the issue to be re-considered.
- 12.2 The alteration, deletion or revocation of any decision of the Integration Joint Board shall not affect or prejudice any proceedings, action or liability competently done or undertaken under any such decision prior to its alteration, deletion or revocation.

## **SECTION 13 - SUSPENSION, AMENDMENT OR DELETION OF STANDING ORDERS**

- 13.1 Subject to any statutory requirements, any one or more of the Standing Orders may be suspended, amended or deleted at any Meeting so far as regards any business at such meeting provided that two thirds of the Members of the Integration Joint Board present and voting shall so decide. Any motion to suspend Standing Orders shall state the number or terms of the Standing Order(s) to be suspended.

- 13.2 The preceding paragraph of this Standing Order shall not apply to these Standing Orders or portions thereof which incorporate the provisions of Statutes or Statutory Orders or Instruments which cannot be altered or revoked by the Integration Joint Board.

#### **SECTION 14 - MOTIONS, AMENDMENTS AND DEBATE**

- 14.1 It will be competent for any voting or non-voting Member of the Integration Joint Board at a meeting of the Integration Joint Board to move a motion or amendment directly arising out of the business before the Meeting, provided always that if a non-voting Member moves a motion or amendment it shall only be put to the meeting if it is seconded by a voting Member. If it is not seconded by a voting Member, the motion or amendment shall fall.
- 14.2 No Member, with the exception of the mover of the motion or amendment, will speak supporting the motion or amendment until the same will have been seconded by another Member. A non-voting Member may second a motion or amendment moved by a voting Member.
- 14.3 Subject to the right of the mover of a motion to reply, no Member will speak more than once on the same issue at any meeting of the Integration Joint Board except:-
- On a point of order
  - With the permission of the Chairperson
  - On a point of clarification

In all of the above cases no new matter will be introduced.

- 14.4 The mover of the original motion will have the right of reply for a period of not more than 5 minutes. He/she will introduce no new matter and once a reply is commenced, no other Member will speak on the subject of debate. Once the mover has replied, the discussion will be held closed and the Chairperson will call for the vote to be taken.
- 14.5 Amendments must be relevant to the motions to which they relate and no Member will be at liberty to move more than one amendment, unless the mover of an amendment has failed to have it seconded, or second more than one amendment.
- 14.6 It will be competent for any Member who has not already spoken in a debate to move the closure of such debate, provided always that if a non-voting Member moves such a motion it shall only be put to the meeting if it is seconded by a voting Member. If it is not seconded by a voting Member, the motion shall fall. On such motion being seconded, the vote will be taken and, if a majority of the voting Members present vote for the motion, the debate will be closed. However, closure is subject to the right of the mover of the motion to reply. Thereafter, a vote will be taken immediately on the subject of the debate.
- 14.7 Any Member may indicate his/her desire to ask a question or offer information immediately after a speech by another Member and it will be the option of the Chairperson to decline or accept the question or offer of information.
- 14.8 When a motion is under debate, no other motion or amendment will be moved except in the following circumstances:
- to adjourn the debate; or

- to close the debate in terms of Standing Order 14.6.
- 14.9 A motion or amendment once moved and seconded cannot be altered or withdrawn unless with the consent of the majority of voting members.
- 14.10 If any member of the Integration Joint Board disregards the authority of the Chairperson or obstructs the meeting or conducts himself or herself offensively at the meeting, such member may be suspended for the remainder of the meeting. A motion to suspend a member shall be made and seconded without discussion and forthwith put to the meeting. Any member of the Integration Joint Board so suspended shall forthwith leave the meeting and shall not without the consent of the members again enter the meeting and if any member so suspended refuses to leave the meeting when so required by the Chairperson he or she may immediately by order of the Chairperson be removed from the meeting by any person authorised by the Chairperson to remove him/her.

## **SECTION 15 – PROCEDURE FOR MOTIONS AND AMENDMENTS**

- 15.1 All motions and amendments should be submitted in writing to the Clerk to the Integration Joint Board on or before 12 noon on the day before the meeting at which the item is to be considered. The Clerk will check motions and amendments for compliance with law, Standing Orders, Code of Conduct, previous decisions of the Board and financial accuracy.
- 15.2 Any further motions and amendments not anticipated in advance of the meeting should be submitted in writing to the Clerk at the meeting and will be checked for compliance with law, Standing Orders, Code of Conduct, previous decisions of the Board and financial accuracy.
- 15.3 The Chair will determine their competency (including whether they are relevant to the motion, substantially different to it and to all other amendments).
- 15.4 The import of all motions and amendments shall be stated immediately on their being proposed to the meeting by the mover before being spoken to, and such motions and amendments (except motions for the approval or disapproval, simpliciter, of any matter before the Board, purely negative amendments, amendments to remit for further consideration and report, and motions and amendments which are fully set out in a minute of the Board) shall be reduced to writing, signed by the mover, and delivered to the Clerk immediately on being moved.
- 15.5 All amendments must be relative to the motion and after the first amendment has been voted upon, all subsequent amendments must be substantially different from the first amendment.
- 15.6 Whenever an amendment upon an original motion has been moved and seconded, no further amendment shall be moved until the result of the first amendment has been determined. If an amendment be rejected, further amendments to the original motion may be moved. If any amendment be carried, such amendment shall take the place of the original motion and shall become the motion upon which any further amendments may be moved.
- 15.7 Motions and amendments moved but not seconded shall not be recorded in the minutes unless the movers shall, at such meetings, request that they be so recorded.
- 15.8 Where any motion or proposal is accepted by a meeting, the name of the mover and of the seconder, if any, shall, notwithstanding that there may not be a division, be recorded in the minutes.

## SECTION 16 - VOTING

- 16.1 Every effort shall be made by Members to ensure that as many decisions as possible are made by consensus.
- 16.2 Only the three Members nominated by NHS Tayside, and the three Members appointed by Dundee City Council shall be entitled to vote.
- 16.3 *Every question at a meeting shall be determined by a majority of votes of the Members present and who are entitled to vote on the question. In the case of an equality of votes the Chairperson shall not have a second or casting vote.*
- 16.4 Where a consensus cannot be reached at one meeting, the matter under discussion will be carried forward to the next meeting to permit further discussion/resolution. If the voting members do not agree such a method of breaking the deadlock then no decision will be taken and the status quo shall prevail. Standing Order 12 shall not preclude reconsideration of any such item within a 6 month period.

## SECTION 17 - MINUTES

- 17.1 *The names of the Members present at a meeting shall be recorded in the minutes of the meeting.*
- 17.2 *The minutes of the proceedings of a meeting, including any decision or resolution made by that meeting, shall be drawn up and submitted to the next ensuing meeting for agreement, after which they will be signed by the person presiding at that meeting. A minute purporting to be so signed shall be received in evidence without further proof.*

## SECTION 18 - COMMITTEES, SUB-COMMITTEES AND WORKING GROUPS

- 18.1 The Integration Joint Board may establish any Committee, Sub Committee or Working Group as may be required from time to time to carry out such of its functions as the Integration Joint Board may determine but each Working Group shall have a limited time span as may be determined by the Integration Joint Board.
- 18.2 The Membership, Chairperson, remit, powers and quorum of any Committee, Sub Committee or Working Group will be determined by the Integration Joint Board. The membership shall include an equal number of the voting members appointed by NHS Tayside and by Dundee City Council.
- 18.3 Any decision relating to the carrying out of the functions under the Act or to integration functions taken by a Committee, Sub-Committee or Working Group established under paragraph 17.1 must be agreed by a majority of votes of the voting members who are members of the committee.
- 18.4 The order of functions to any Committee will be attached to these Standing Orders as an Appendix.

The order of reference for the performance and Audit Committee are attached as Appendix 1.

## **SECTION 19 - REPORTS TO THE INTEGRATION JOINT BOARD**

- 19.1 The Integration Joint Board shall only consider reports by the Chief Officer of the Integration Joint Board or the Proper Officer of the Integration Joint Board appointed under Section 95 of the Local Government (Scotland) Act 1973. For the avoidance of doubt, these officers have the right to submit reports to the Integration Joint Board which must be considered by the Integration Joint Board. Reports by other officers other than the Chief Officer of the Integration Joint Board or the Proper Officer of the Integration Joint Board shall only be considered by the Integration Joint Board at the request of the Chief Officer or the Chief Finance Officer.
- 19.2 Any Member of the Board who wishes brought before the Board any matter which can be competently considered shall submit to the Clerk to the Integration Joint Board a detailed written statement and notice of the matter not less than five clear days before the issue of the Agenda (not including Saturday and Sunday) in order that the Clerk may determine whether confidential or exempt information is likely to be disclosed. A Member whose item is included on an Agenda in terms of this Standing Order shall, when that item is considered, be called upon to speak first.

## **SECTION 20 – DEPUTATIONS**

- 20.1 All applications requesting the Integration Joint Board to receive a deputation shall be in writing, duly signed, addressed and, where possible, delivered to the Chief Officer at least five clear working days prior to the date of the meeting at which the subject may be considered. Any later requests for deputations to be received shall be reported to the meeting and shall be dealt with in accordance with the provisions of the remainder of this Section.
- 20.2 No deputation exceeding ten in number shall be received by the Board or any Committee.
- 20.3 Not more than two speakers on any deputation shall be heard, and the time allowed to the deputation for speaking shall not exceed seven minutes except at the discretion of the Chairperson.
- 20.4 Any member of the Board may put any relevant question to the deputation, but no member shall express an opinion upon, nor shall the Board discuss, the subject on which the deputation has been heard, until the deputation has withdrawn.



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

<b>1</b>	<b>Introduction</b>
1.1	The Performance and Audit Committee is identified as a Committee of the Integration Joint Board (IJB).
1.2	The Committee will be known as the Performance and Audit Committee of the IJB and will be a Standing Committee of the IJB.
<b>2</b>	<b>Constitution</b>
2.1	The IJB shall appoint the Committee. The Committee will consist of not less than six members of the IJB, excluding Professional Advisors. The Committee will include at least four IJB voting members, two from NHS Tayside and two from Dundee City Council. Only voting members of the IJB will be able to vote on the Committee.
2.2	The Committee may at its discretion set up short term working groups for review work. Membership of the working group will be open to anyone whom the Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Performance and Audit Committee.
<b>3</b>	<b>Chair</b>
3.1	The Committee will be chaired by a person not being the Chair of the IJB, will be nominated by the IJB and will rotate between a voting member from NHS Tayside and a voting member from Dundee City Council. In the absence of the Chair, the members present at the meeting will appoint a member to Chair the meeting. The Chair will rotate on the same frequency as the Chair of the IJB.
<b>4</b>	<b>Quorum</b>
4.1	Two voting members of the Committee will constitute a quorum.
<b>5</b>	<b>Attendance at meetings</b>
5.1	The Chief Officer, Chief Finance Officer, Chief Internal Auditor and other Professional Advisors or their nominated representatives may attend meetings. Other persons shall attend meetings at the invitation of the Committee.
5.2	The external auditor will be invited to attend at least one meeting per annum.
5.3	The Committee may invite additional advisors as appropriate.
<b>6</b>	<b>Meeting Frequency</b>
6.1	The Committee will meet at least three times each financial year with further meetings, including development events arranged if necessary.
<b>7</b>	<b>Authority</b>
7.1	The Committee is authorised to instruct further investigation on any matters which fall within Paragraph 8.

<b>8</b>	<b>Duties</b>
8.1	The Committee will review the overall Internal Control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement.
	Specifically it will be responsible for the following duties:
	1. The preparation and implementation of the strategy for Performance Review and monitoring the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB.
	2. Ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against set objectives, levels and standards of service and to receive regular reports on these and to review progress against the outcomes in the Strategic and Commissioning Plan.
	3. Acting as a focus for Best Value and performance initiatives.
	4. To review and approve the annual Internal Audit plan on behalf of the IJB.
	5. To receive reports, monitor the implementation of agreed actions on audit recommendations and reporting to the IJB as appropriate.
	6. To receive monitoring reports on the activity of Internal Audit and an annual Internal Audit Report.
	7. To consider External Audit Plans and reports (including the annual accounts and audit certificate), matters arising from these and management actions identified in response.
	8. To support the IJB in ensuring that the strategic integrated assurance and performance framework is working effectively, and that escalation of notice and action is consistent with the risk tolerance set by the IJB.
	9. To support the IJB in delivering and expecting co-operation in seeking assurance that hosted services run by partners are working effectively in order to allow Dundee IJB to sign off on its accountabilities for its resident population.
	10. Review risk management arrangements, receive regular reports on risk management and an annual Risk Management report.
	11. Ensure existence of and compliance with an appropriate Risk Management Strategy.
	12. To consider annual financial accounts and related matters before submission to and approval by the IJB.
	13. Ensuring that the Senior Management Team of Dundee Health and Social Care Partnership, including Heads of Service, Professional Leads and Principal Managers maintain effective controls within their services which comply with financial procedures and regulations.
	14. To be responsible for setting its own work programme in order to meet its specific duties including any matters which the Chief Officer believes would benefit from investigation.
	15. Promoting the highest standards of conduct by IJB Members; and monitoring and keeping under review the Code of Conduct maintained by the IJB.
	16. Will have oversight of Information Governance arrangements as part of the

	Performance and Audit process.
	17. To be aware of, and act on, Audit Scotland, national and UK audit findings and inspections/regulatory advice, and to confirm that the IJB has brought itself into compliance timeously.
<b>9</b>	<b>Review</b>
9.1	The Terms of Reference will be reviewed when the Chair passes to ensure their ongoing appropriateness in dealing with the business of the IJB.
9.2	As a matter of good practice, the Committee should allow for periodic review utilising best practice guidelines and external facilitation as required.

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At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 20th April, 2022.

Present:-

**Members**

**Role**

Ken LYNN ( <i>Chairperson</i> )	Nominated by Dundee City Council (Elected Member)
Pat KILPATRICK ( <i>Vice Chairperson</i> )	Nominated by Health Board (Non-Executive Member)
Lynne SHORT	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Donald McPHERSON	Nominated by Health Board (Non-Executive Member)
Anne BUCHANAN	Nominated by Health Board (Non-Executive Member)
Vicky IRONS	Chief Officer
Dave BERRY	Chief Finance Officer
Sarah DICKIE	Registered Nurse
Jim McFARLANE	Trade Union Representative
Martyn SLOAN	Carer Representative
James COTTON	Registered Medical Practitioner (not providing primary medical services)
Dr David WILSON	NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers)
Dr David SHAW	Clinical Director

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

Christine JONES	Finance Manager
Jenny HILL	Head of Health and Community Care
Anne Marie MACHAN	Audit Scotland (Audit Manager)
Matthew KENDALL	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership
Shona HYMAN	Dundee Health and Social Care Partnership

Ken LYNN, Chairperson, in the Chair.

**I APOLOGIES FOR ABSENCE**

Apologies for absence were submitted on behalf of:-

**Members**

**Role**

Diane McCULLOCH	Chief Social Work Officer
Raymond MARSHALL	Staff Partnership Representative

**II DECLARATION OF INTEREST**

There were no declarations of interest.

**III MINUTES OF PREVIOUS MEETINGS AND ACTION TRACKER**

**(a) MINUTE**

The minutes of meetings of the Integration Joint Board held on 23rd February, 2022 and 25th March, 2022 were submitted and approved.

**(b) ACTION TRACKER**

The Action Tracker, DIJB36-2022, for meetings of the Integration Joint Board was submitted and noted.

**IV PERFORMANCE AND AUDIT COMMITTEE – APPOINTMENT OF CHAIRPERSON**

Reference was made to Article III of the minute of meeting of this Integration Joint Board held on 25th March 2022 wherein it was noted that NHS Tayside had appointed Pat Kilpatrick to the position of Vice Chairperson of the Integration Joint Board following the retirement of Trudy McLeay who previously held that position.

It was reported that Trudy McLeay also held the position of Chairperson of the Performance and Audit Committee and the Integration Joint Board's instructions were requested with regard to the appointment of Pat Kilpatrick to position of Chairperson of the Performance and Audit Committee.

The Integration Joint Board agreed that Pat Kilpatrick be appointed as Chairperson of the Performance and Audit Committee.

**V CLINICAL CARE AND PROFESSIONAL GOVERNANCE**

There was submitted Report No DIJB27-2022 by the Chief Officer providing information relating to Clinical, Care and Professional Governance for the periods 1st October 2021 to 30th November 2021 and 1st December 2021 to 31st January 2022. Clinical, care and professional governance matters were reported through the Performance and Audit Committee on a 2-monthly basis, following submission to NHS Tayside's Care Governance Committee. As a result of the schedule of meetings for the Performance and Audit Committee, the programme of reports for the period 1st October 2021 to 31st January 2022 were presented as exceptional reports to the Integration Joint Board to ensure there were no unnecessary lags in providing assurance.

The Integration Joint Board agreed:-

- (i) to note the content of the report and the Appendices attached to the report;
- (ii) to instruct the Chief Officer to provide an annual Clinical, Care and Professional Governance report for the financial year April 2021 to March 2022 to the June Integration Joint Board meeting; and
- (iii) to note that the level of assurance provided for this period was Reasonable assurance as defined in section 4.6 of the report.

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

- (iv) to note the differentiation between Violence/ Aggression and Clinically Challenging Behaviour as explained by Matthew Kendall;
- (v) to note that Matthew Kendall would include information in relation to Care Homes in future reports and that he would also examine how dated information is provided.

**VI REVISION OF DUNDEE INTEGRATION SCHEME**

There was submitted Agenda Note No DIJB18-2022 reporting that in December 2020, the Integration Joint Board was informed that NHS Tayside and Dundee City Council had completed the statutory review of the Dundee Health and Social Care Integration Scheme (required by section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014) and had agreed that a revised scheme should be prepared (Article X of the minute of the meeting of the Dundee Integration Joint Board held on 15th December 2020 refers). The report provided to the Integration Joint Board at that time set out the intended approach to the preparation of a revised scheme and committed to providing an update on progress no later than 31st March 2021. Further updates were provided to the Integration Joint Board

in August 2021 and February 2022 on the progress of work to prepare a revised scheme (Article VI of the minute of the meeting of the Dundee Integration Joint Board held on 25th August 2021 and Article XV of the minute of the meeting of the Dundee Integration Joint Board held on 23rd February 2022 refer).

The Tayside Chief Executives Group had now reached agreement on a draft integration scheme for each local authority area that was suitable for public consultation. Dundee City Council and NHS Tayside had approved the draft Dundee Health and Social Care Integration Scheme for consultation.

Sections 46 (4) and 46 (5) of the Public Bodies (Joint Working) (Scotland) Act 2014 required the Health Board and local authority to jointly consult on the draft revised scheme and to take into account views expressed in finalising the scheme prior to it being submitted to Scottish Ministers for approval. Plans and materials had been developed to support the consultation exercise, which began on 25th March 2022 and ended 17th April 2022 (see <https://www.dundee.gov.uk/consultations-and-surveys/consultation-health-and-social-care-integration-scheme-in-dundee> for consultation information). The consultation had been promoted by both NHS Tayside and Dundee City Council on their websites and social media platforms. The Dundee Health and Social Care Partnership had also uploaded the consultation information to its website.

The Chief Finance Officer had worked with members of the Integration Joint Board to agree and submit a response on their behalf.

Subsequent to the consultation, required amendments would be proposed to the Tayside Chief Executives before final drafts were submitted to Dundee City Council and NHS Tayside for approval for submission to the Scottish Government. It was expected that final approvals would be sought following the forthcoming local government elections.

The Project Lead who had supported the revision of the schemes, in collaboration with the Integration Scheme Project Board, was retiring in mid-May 2022. The corporate bodies were working to identify resources to complete the work on the revision of the integration scheme on their behalf.

The revised scheme had to be submitted to Scottish Ministers for approval no later than June 2022.

The Integration Joint Board agreed to note the updated position.

## **VII LOCAL GOVERNMENT BENCHMARKING FRAMEWORK – 2020/2021 PERFORMANCE**

There was submitted Report No DIJB19-2022 by the Chief Officer informing the Integration Joint Board of the performance of Dundee Health and Social Care Partnership against the health and social care indicators in the Local Government Benchmarking Framework (LGBF), for the financial year 2020/2021.

The Integration Joint Board agreed:-

- (i) to note the performance against the health and social care indicators in the Local Government Benchmarking Framework (LGBF) for the financial year 2020/2021 as detailed in the report and in Appendix 1 of the report;
- (ii) to note that LGBF performance information would be published on the Dundee City Council website and reported to the Policy and Resources Committee against benchmarks applied by Dundee City Council across all LGBF indicators as detailed in section 4.9 of the report; and
- (iii) to confirm their preferred approach to reporting of LGBF adult social care data in the future from the options set out in section 4.10 of the report.

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

- (iv) to note that In-Patient Mental Health Services would be added to the list of delegated Services.

### **VIII STRATEGIC AND COMMISSIONING PLAN 2022/2023 EXTENSION**

There was submitted Report No DIJB20-2022 by the Chief Officer requesting the Integration Joint Board's approval for an addendum to the Strategic and Commissioning Plan 2019/2022 extending the plan to 31st March 2023.

The Integration Joint Board agreed:-

- (i) to note the work undertaken by the Strategic Planning Advisory Group in developing the addendum to the Strategic and Commissioning Plan 2019/2022 as outlined in section 4.2 of the report;
- (ii) to approve the addendum to the plan with the effect of extending the plan to 31st March 2023 as outlined in section 4.3 and appendix 1 of the report;
- (iii) to note that the Strategic Planning Advisory Group would continue to oversee the implementation of the strategic and commissioning plan throughout 2022/2023, reflecting progress in quarterly and annual performance reports submitted to the Performance and Audit Committee and Integration Joint Board as outlined in section 4.3 of the report;
- (iv) to instruct the Chief Officer to submit an update regarding plans for the development of a full replacement strategic and commissioning plan for 2022/2023 onwards to the Integration Joint Board no later than 30th August 2022 as outlined in section 4.4 of the report; and
- (v) to instruct the Chief Officer to issue directions to NHS Tayside and Dundee City Council as set out in section 8 of the report.

### **IX COVID 19 REMOBILISATION IMPLEMENTATION PLAN UPDATE**

There was submitted Report No DIJB21-2022 by the Chief Officer providing an update on progress achieved during 2021/2022 in implementing priority actions identified with the Dundee Health and Social Care Partnership COVID-19 Remobilisation Implementation Plan.

The Integration Joint Board agreed:-

- (i) to note the progress made in implementing identified remobilisation actions during 2021/2022 as outlined in sections 4.2 and 4.3 and Appendix 1 of the report;
- (ii) to note the current national context in relation to remobilisation planning as outlined in section 4.4 of the report; and
- (iii) to approve the recommendation that the Partnership no longer maintain a separate COVID-19 remobilisation plan, but that remaining remobilisation priorities were reflected in the Partnership's strategic and commissioning plans (overarching and care group specific) and individual service plans as outlined in section 4.4 of the report.

### **X DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP ANNUAL PERFORMANCE REPORT**

There was submitted Report No DIJB34-2022 by the Chief Officer recommending a revised method of delivering annual performance reporting requirements from 2021/2022 onwards.



The Integration Joint Board agreed:-

- (i) to note the historic approach to delivering the Integration Joint Board's Annual Performance Report and feedback received from stakeholders, including members of the public as outlined in section 5 of the report;
- (ii) to approve the proposal that for the 2021/2022 reporting year the Integration Joint Board published a summary version of the annual performance report only as outlined in section 6.1 of the report;
- (iii) to approve the proposed approach to delivering the annual performance report in 2022/2023, testing a modern approach to delivering performance information to the public in a more accessible format whilst still meeting statutory requirements as outlined in sections 6.2 and 6.3 of the report; and
- (iv) to note that the approach to delivering the annual performance report would continue to evolve and develop over the coming years as new approaches were tested, the Strategic and Commissioning Plan was reviewed and implementation of the National Care Service was progressed.

## **XI MENTAL HEALTH AND WELLBEING STRATEGIC UPDATE**

There was submitting Report No DIJB28-2022 by the Chief Officer providing a briefing about the local and Tayside Mental Health and Wellbeing developments.

The Integration Joint Board agreed:-

- (i) to note the content of the report;
- (ii) to remit to the Chief Officer to submit a report about future plans for Veterans First Point Tayside to a future meeting of the Integration Joint Board; and
- (iii) to remit to the Chief Officer to submit a report outlining progress in relation to the recommendations arising from Trust and Respect, the Independent Inquiry into Mental Health Services in Tayside to a future meeting of the Integration Joint Board.

## **XII CARERS INVESTMENT PLAN UPDATE**

There was submitted Report No DIJB22-2022 by the Chief Finance Officer providing an update in relation to work undertaken by the Carer's Partnership following report DIJB38-2021 presented to the Integration Joint Board meeting of the 25th August, 2021 (Article V of the minute refers), and to seek approval of the updated Carers (Scotland) Act Investment Plan 2022/2023.

The Integration Joint Board agreed:-

- (i) to note the revised spend for 2021/2022 set out in Appendix 1 to the report;
- (ii) to approve the Carers (Scotland) 2016 Act Investment Plan 2022/2023 set out in Appendix 2 to the report;
- (iii) to remit the Chief Finance Officer to bring back a report to the Integration Joint Board setting out the Carers Partnership's further investment proposals for 2022/2023 as noted in section 4.4 of the report;
- (iv) to request that the Carers Partnership reviewed allocation of recurring funding (including new monies from Scottish Government) in order to ensure that it assisted the Health Social Care Partnership to meet its Statutory Duties under the Carers (Scotland) Act 2016; and
- (v) to remit the Chief Officer to issue the directions set out in section 8 of the report

### **XIII DUNDEE CITY INTEGRATION JOINT BOARD STRATEGIC RISK REGISTER ANNUAL REPORT**

There was submitted Report No DIJB23-2022 by the Chief Finance Officer providing the annual report on developments and progress made in the Dundee Health and Social Care Partnership's Strategic Risk management over the past year and to provide the Integration Joint Board with further information about significant changes in specific risks over the past year.

The Integration Joint Board agreed:-

- (i) to note the progress made in Dundee Health and Social Care Strategic Risk Management including agreement of the Tayside Integration Joint Board's Risk Management Framework, and the holding of two Integration Joint Board's Development Sessions on Risk Management and Risk Appetite;
- (ii) to 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; and
- (iii) to note the future work planned to further embed Strategic Risk Management in the Integration Joint Board.

### **XIV RESHAPING NON-ACUTE CARE PROGRAMME IN DUNDEE**

There was submitted Report No DIJB24-2022 by the Chief Officer providing an update in relation to the work of the Reshaping Non-Acute Care Programme in Dundee.

The Integration Joint Board agreed:-

- (i) to note the content of the report for information only; and
- (ii) to continue to support the development of the Initial Agreement for the Reshaping Non-Acute Care project.

### **XV AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2021/2022**

There was submitted Report No DIJB25-2022 by the Chief Finance Officer on the proposed Dundee Integration Joint Board Annual Audit Plan 2021/2022 as submitted by the Integration Joint Board's appointed External Auditor (Audit Scotland).

The Integration Joint Board agreed:-

- (i) to note the content of the report; and
- (ii) to approve the proposed Audit Plan for 2021/2022 as submitted by Audit Scotland which was attached as Appendix 1 of the report

### **XVI FINANCIAL MONITORING POSITION AS AT FEBRUARY, 2022**

There was submitted Report No DIJB26-2022 by the Chief Finance Officer providing an update of the projected financial monitoring position for delegated health and social care services for 2021/2022, 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 2021/2022 financial year end as at 28th February, 2022 as outlined in Appendices 1, 2, 3 and 4 of the report;

- (ii) to note the costs and financial risks associated with Dundee Health and Social Care Partnership's 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 and develop a range of actions to mitigate any overspend.

## **XVII CODE OF CONDUCT FOR MEMBERS OF DEVOLVED PUBLIC BODIES**

There was submitted Report No DIJB35-2022 by the Clerk providing an update regarding The Ethical Standards in Public Life etc. (Scotland) Act 2000 which provided for Codes of Conduct for local authority Councillors and members of relevant public bodies. The Act required the Scottish Ministers to lay before the Scottish Parliament a Model Code for Members of Devolved Public Bodies, including Integration Joint Boards, which bodies were then required to produce a Code of Conduct in line with the Model Code.

The Integration Joint Board agreed:-

- (i) to note in relation to paragraph 3.11 of the revised Model Code a copy of which was attached to the report as an appendix, this section was not relevant to how Integration Joint Boards operated and that to remedy this the Scottish Government proposed that the best way to resolve this point was by allowing an Integration Joint Board disapplication/opt out of this paragraph when adopting their version of the Code;
- (ii) to approve and adopt the revised model Code of Conduct which was attached to the report as Appendix 1 with the exception of paragraph 3.11; and
- (iii) to note that the Integration Joint Boards Code of Conduct currently in place would continue to apply to the conduct of members until such time as the revisions had been approved and that the Integration Joint Board would be advised of progress in this regard.

## **XIX DELIVERY OF GENERAL MEDICAL SERVICES – RYEHILL MEDICAL PRACTICE**

There was submitted Report No DIJB33-2022 by the Chief Officer outlining the current position with Ryehill Medical Practice and the options for ensuring continuity of care for those patients registered with the practice.

The Integration Joint Board agreed:-

- (i) to note the current position with Ryehill Medical Practice and the termination date of their General Medical Services contract on the 30th June 2022; and
- (ii) to support the option to disperse patients across other practices as outlined at paragraph 4.5.4 of the report and instruct the Chief Officer to make a recommendation to NHS Tayside to approve this option.

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

- (iii) to note that contingency plans were in place;
- (iv) to note concerns for patients over this period of change;
- (v) to note the skilled workforce in place at the centre and how they may be relocated to other practices or services with NHS Tayside;
- (vi) to note discussions would be taking place in relation to the possible future use of the facility; and

(vii) to note that patients and local members would be appraised of progress.

**XX MEETINGS OF THE INTEGRATION JOINT BOARD 2022 – ATTENDANCES**

There was submitted a copy of the Attendance Return, DIJB32-2022, for meetings of the Integration Joint Board held over 2022.

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

**XXI DATE OF NEXT MEETING**

The Integration Joint Board agreed to note that the next meeting of the Integration Joint Board would be held remotely on Wednesday, 22nd June, 2022 at 10.00 am.

KEN LYNN, Chairperson.



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 22 JUNE 2022

**REPORT ON:** COMMUNITY CUSTODY UNIT

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB45-2022

## **1.0 PURPOSE OF REPORT**

- 1.1 To provide the Integration Joint Board with an overview of the progress to develop a women's only Scottish Prison Service, Community Custody Unit within Dundee.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Note the contents of this report.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 There are no additional financial implications for Dundee IJB associated with the contents of this report.

## **4.0 MAIN TEXT**

### **4.1 Community Custody Unit**

- 4.1.1 Dundee City Council (DCC) approved the planning permission of a female only Community Custody Unit (CCU) in the Coldside area of Dundee in 2018. This will be the first women's only CCU in Scotland, with a second to open in the Maryhill area of Glasgow later in the year. The CCU will be provided and managed through the Scottish Prison Service (SPS), and will support up to 16 women assessed to be heading towards the transition phase at the end of their custodial sentence.
- 4.1.2 As the first CCU, this will be accessible to women whose home address is both from and out with Dundee City, with priority provided to women from Tayside and North Fife areas where possible. In taking a person-centred approach to the support of women who find themselves in the prison system, the model builds on partnership working with local services and communities to support reintegration, reduce risk and create safer communities. The model supports the women to re-establish and maintain family and community supports.
- 4.1.3 The SPS is responsible for the provision of premises, security and non-health support, including social care support to people in custody. NHS services are responsible for the delivery of health care services to people in custody. For Tayside, Prison Health Care is delivered by Perth and Kinross IJB, as a hosted service and this will now include the new CCU.

- 4.1.4 In preparation for the CCU, meetings were held with local communities to address any concerns they may have. Following consultation, it was agreed that the CCU would be named the Bella Unit, with an anticipated opening date of August 2022.

## 4.2 Health and Community Support

- 4.2.1 In a report to Perth and Kinross JJB, the Tayside Prison Health Care Service confirmed that the model provided to the Bella Unit would differ from that currently provided to Tayside Prisons. The new women's only CCU model will likely have a higher turn over of residents, with a more blended approach to support. The women would have both escorted and unescorted access to community supports, based on their assessed risk.
- 4.2.2 To support the delivery of this service, Prison Health Care have received additional funding to expand the current team for the financial year 2022 – 23. Recurring funding has not yet been confirmed for future years. A health sub group was established to develop the model, and representatives from Dundee Health and Social Care Partnership's mental health services, drug and alcohol services and allied health professional services sit on this group. It is not anticipated that there will be additional demands on Dundee community or health services as a result of the Bella Unit being sited in Dundee. Should specialist support be required – for example physiotherapy, this would be set up through normal referral routes. We will continue to monitor impact at a local level as the service is bedded in. The women will have access to other NHS services such as Emergency Department or inpatient services where required.
- 4.2.3 As not all the women will be normally ordinarily resident in Dundee, links will be made with Health and Social Care Partnerships across Tayside and the rest of Scotland, both prior to and on release. Within Dundee, where women were known to services prior to their custodial sentences, we will continue their health or social care support on discharge.
- 4.2.3 Prison Health Care services currently manage a Service Level Agreement arrangement with a General Practice to support one of the current Tayside Prisons and will make similar arrangement for the Bella Unit.
- 4.2.3 SPS are in discussion with third sector organisations to support engagement with and opportunities for the women residing in the Bella Unit.
- 4.2.4 The women in the Bella Unit will also be supported by a Prison Based Social Worker (PBSW). This post is funded by the Scottish Government through the SPS core budget and resource transfer to Dundee City Council (DCC). The post will be located and managed within Dundee Community Justice Service Women's Team, to strengthen the link between the Bella Unit and local women's resources. It is envisaged that the post will be held by two 0.5 workers to create greater resilience, as this will be the only PBSW employed by DCC. The PBSW will fulfil an assessment (progression through Community leave stages) and support the role to all women in the Bella Unit, not just those from Dundee. All home authorities will be expected to fulfil a transition from custody to community role, as it is each women's home authority who have the existing relations with resources in their area and in statutory throughcare cases, have the duty to manage the Licence or Parole.

## 5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	That unexpected additional costs arise for the Dundee H&SCP, following opening of the Bella Unit
<b>Risk Category</b>	Operational
<b>Inherent Risk Level</b>	Likelihood (2) x Impact (3) = Risk Scoring (6)
<b>Mitigating Actions</b> (including timescales and resources)	Monitor referrals to services from the Bella Unit and address and significant increases.
<b>Residual Risk Level</b>	Likelihood (2) x Impact (2) = Risk Scoring (4)
<b>Planned Risk Level</b>	Likelihood (2) x Impact (2) = Risk Scoring (4)
<b>Approval recommendation</b>	It is recommended that the IJB accept this risk

## 7.0 CONSULTATIONS

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

## 8.0 DIRECTIONS

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

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

## 9.0 BACKGROUND PAPERS

None

Vicky Irons  
Chief Officer  
Dundee HSCP

DATE: 31.05.2022

Diane McCulloch  
Head of Health and Community Care Services

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**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
22JUNE 2022

**REPORT ON:** TRAUMA-INFORMED PRACTICE AND LEADERSHIP UPDATE

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB38-2022

## 1.0 PURPOSE OF REPORT

To update the Integration Joint Board on continued progress in embedding trauma informed practice and leadership across the Dundee Partnership.

## 2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this report, including progress to date and planned next steps.
- 2.2 Note that a briefing session for IJB members and Dundee City Council elected members will be offered by the end of the summer.

## 3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

## 4.0 MAIN TEXT

### 4.1 Background

- 4.1.1 Trauma-informed practice is a model that is grounded in and directed by a complete understanding of how trauma exposure affects people's neurological, biological and psychological and social development. It is applicable across all sectors of public service, including health and social care. Trauma-informed organisations assume that people (both internally and externally to the organisation) have had traumatic experiences and as a result may find it difficult to feel safe within services and to develop trusting relationships with service providers. In recognition of this service are structured, organised and delivered in ways that promote safety and trust and aim to prevent re-traumatisation. As well as bringing benefits for people using services, trauma-informed practice can also enable organisations to support their own workforce to take care of themselves and minimise risks of exposing them to secondary traumatic stress, vicarious trauma and burnout. Trauma-informed practice is highly relevant in the context of health and social care services, both from the perspective of service users and for the workforce.
- 4.1.2 In December 2022 the IJB received a report providing an overview of national policy frameworks and local approaches targeted to embed trauma informed practice and leadership across the workforce and organisations (article X of the minute of the Dundee Integration Joint Board held on 15 December 2021 refers). The report outlined the leadership role of the Dundee Trauma Steering Group, supported by local Trauma Champions, and progress that had been achieved across areas such as learning and development, tests of change in operational services, and recognition and support for professionals with lived experience. The Trauma Steering Group has continued to be active over the last six-month period and an overview of further progress made is provided in section 4.2 of this report.

## 4.2 Progress Update

- 4.2.1 The Trauma Steering Group implementation plan is a collaborative and evolving document. Over the course of 2021 several phases of implementation roll out were identified and progressed. The first phase focused on laying the foundations for future implementation activity, including leadership development and buy-in. A suite of resources and menu of ways to become involved in trauma informed implementation was developed, as well as communications materials for the workforce. A webinar of the launch event for the 'Becoming Trauma Informed' materials is available at: <https://rise.articulate.com/share/BAg21Wro9oAko-80RznHOABDaH2rt329>; 87 people across the Health and Social Care Partnership, Dundee City Council, NHS Tayside and the third sector attended the event. In phases two and three the implementation plan will be fully launched along with training resources aligned to the first two levels in the national trauma training framework. Work has begun to engage the workforce through a series of manager briefings, with follow up communication with participants targeted to track progress in implementation of practice changes.
- 4.2.2 In October 2021, as part of a £1.6 million Scottish Government investment in supporting local authorities across Scotland to deliver services that can safely support people affected by psychological trauma and adversity, Dundee City Council was allocated £50k for financial year 2021/22 and a further £50K for 2022/23. The Council is required to work with other community planning partners to agree how these funds can best be utilised to progress work at a local level. Following consideration at the Trauma Steering Group, the Council has partnered with the Women's Rape and Sexual Abuse Centre to employ 1 FTE Trauma Learning and Development Officer to enhance capacity to progress trauma-informed work over an initial 12-month period. The new post will focus on supporting the organisational development programme, co-production of level three training, supporting the sub-group focused on engagement of people with lived experience and ensuring that work relating to trauma links across all of the multi-agency protecting people committees/partnerships.
- 4.2.3 Over the last six-months Dundee has also actively contributed to national developments in relation to trauma-informed practice and leadership. Dundee is represented on a national short-life Advisory Group for Trauma-Informed Services, Systems and Workforces Quality Indicator Framework development. Representatives from Dundee's Trauma Steering Group and the Chief Social Work Officer (in their capacity as a Trauma Champion) were invited to speak with Minister for Mental Wellbeing and Social Care in late 2021 to discuss Dundee's approach to trauma implementation in Dundee. This was met with positive feedback. Local representatives have also been invited to speak at a deep dive workshop for the national Authentic Voice: Embedding Lived Experience project and will be presenting examples from our Gendered Services Project and the trauma implementation plan, professionals with lived experience work stream. Members of the Trauma Steering Group have also been invited to a range of other local authority areas to talk about the developments in Dundee and share learning.
- 4.2.4 Mapping of training need at levels one and two of the national trauma training framework is complete and delivery has commenced. A series of manager briefings have been offered over April and May 2022, with 141 managers having attended to date. Manager toolkits have been developed and shared to support managers and teams to identify training resources and embed learning. Level three training is more resource intensive and there are no national materials which are readily available at this point. Level three requires trained specialist facilitators, and the Trauma Steering group is progressing discussions with NHS Education Scotland to design a bespoke version of level three training for Dundee, with support from the dedicated post funded through the Scottish Government allocation (see section 4.2.2). Another challenge that local partners are working to overcome is the need to adapt the current recommended level three training, 'Safety and Stabilisation', to make it more relevant to specific groups of the workforce, for example, those working with children and young people.
- 4.2.5 An organisational development programme which will focus on securing leadership support for a range of trauma-informed tests of change and improvements will be piloted on a multi-agency basis. This programme is based on improvement methodology and core trauma implementation change drivers, coaching and peer networking and mentoring. Currently a review of adolescent services across the city has undertaken a trauma-informed approach to engagement and consultation with the workforce, multi-agency partners and young people. Further development is underway with the Healthcare Improvement Scotland Mental Health and Substance Use Tayside Pathfinder Programme to support trauma informed tests of change and access to further learning resources.

- 4.2.6 A key element of the local trauma implementation plan is that as both a cause and consequence of culture change, professionals within the workforce with lived experience of trauma are able to contribute and co-produce services and strategy. A focus on lived experience and more specifically, professionals with lived experience has been a core focus of the Trauma Steering Group since its establishment. Traditionally activity in relation to engagement of people with 'lived experience' or 'experts by experience' has been seen as separate from people within the workforce. By developing a trauma-informed culture with trauma-informed leaders, local organisations are more likely to create a culture where workforce lived experience is recognised, valued and can be utilised effectively. One area of interest with this strand of our work is that of post traumatic growth (PTG); positive psychological change experienced as the result of the struggle with highly challenging life circumstances. To develop this strand of the Trauma Steering Group has undertaken early development activities to establish leadership and manager buy-in for trauma implementation and has explored issues relating to safety through extensive clinical psychology input, discussions with HR and Trade Unions. A safe process to engage people within the workforce with lived experience has been developed that includes a way to express interest in becoming involved, to receive more detailed information and go through a screening and consent discussion.
- 4.2.7 Plans are now being progressed to offer a local briefing session to Dundee City Council elected members and IJB members regarding trauma-informed practice and leadership. It had initially been hoped that elected and board members could join national sessions being planned by COSLA and the Improvement Service, however these are not to be delivered until later in the year. To coincide with the induction programme for the newly elected group of Council elected members a local session will be offered by the end of the summer. As well as covering core concepts in relation to trauma the session will offer information about how this specifically relates to the role of elected and IJB members and provide an opportunity to consider how individuals members can demonstrate a trauma-informed approach to their role. Detailed arrangements for the session will be provided to all IJB members in due course.

### 4.3 Next Steps

- 4.3.1 As described in the implementation plan, the Trauma Steering Group has identified key priorities for the current financial year:
- Completing the roll-out of level one and two training across the workforce and finalising methods to gather feedback and track impact of attendance and subsequent changes to practice.
  - Completing work with NHS Education Scotland to produce a bespoke level three training resource for use across the Dundee workforce.
  - Piloting an organisational development programme as part of the trauma-informed leadership aspects of the implementation plan.
  - Establishing, supporting and evolving the professional with lived experience group.
  - Contributing to the development of national performance indicators for trauma-informed working and implementing these within Dundee.
  - Establishing a network of trauma ambassadors to build on the national trauma champion arrangements.

Partners are also continuing to work together to agree how the £50k trauma allocation made by the Scottish Government to Dundee City Council in 2022/23 can best be utilised to support the implementation of these priorities (see section 4.2.2).

## 5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

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

## 7.0 CONSULTATIONS

7.1 Members of the Chief Officers (Public Protection) Strategic Group, members of the Trauma Steering Group, the Chief Finance Officer, Heads 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: 10 May 2022

Sophie Gwyther  
Lead Officer, Protecting People

Sarah Hart  
Team Leader, Learning and Organisational Development, Dundee City Council

Kathryn Sharp  
Service Manager, Strategy and Performance

ITEM No ...11.....
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**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
22 JUNE 2022

**REPORT ON:** DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT  
REPORT 2021/22

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB49-2022

## **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to advise the Integration Joint Board of the outcome of the Chief Internal Auditor's Report on the Integration Joint Board's internal control framework for the financial year 2021/22.

## **2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board

2.1 Notes the content and findings of the attached Annual Internal Audit Report 2021/22 (Appendix 1).

2.2 Instructs the Chief Finance Officer to incorporate the recommendations of the Annual Internal Audit Report into the IJB's Governance Action Plan, presented to and monitored by the Performance and Audit Committee.

## **3.0 FINANCIAL IMPLICATIONS**

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

## **4.0 MAIN TEXT**

4.1 The Integrated Resources Advisory Group (IRAG), established by the Scottish Government to develop professional guidance, outlines the responsibility of the Integration Joint Board (IJB) to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This guidance also shows that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control.

- 4.2 The Performance and Audit Committee agreed at its meeting of the 26th May 2021 (Report PAC16-2021 refers) to continue the arrangement for the provision of Internal Audit Services through the appointment of the Chief Internal Auditor of NHS Tayside to the role of Chief Internal Auditor for the Integration Joint Board with internal audit services provided by FTF Audit and Management Services supported by Dundee City Council's Internal Audit service. The attached report provides the Chief Internal Auditors opinion on the IJB's internal control framework in place for the financial year 2021/22.
- 4.3 The Internal Audit review examined the framework in place during 2021/22 to provide assurance to the Chief Officer, as Accountable Officer, that there is a sound system of internal control that supports the achievement of the IJB's objectives. In doing so, the review considered the areas of corporate, clinical, staff, financial and information governance.
- 4.4 The IJB's Draft Annual Statement of Accounts 2021/22 includes a Governance Statement based on a self-assessment of the IJB's governance, risk management and control frameworks as they have developed during 2021/22. While highlighting a number of areas of continuous improvement following on from previous years assessments and recommendations from internal and external audit reports, the governance statement has established there are no major issues.
- 4.5 The Chief Internal Auditors report sets out the findings of their evaluation of the IJB's Governance Framework and highlights both key elements of good practice and areas of recommended improvement to further strengthen the IJBs overall governance system. Where substantive recommendations have been made, a management response and timescale for delivery has been agreed and these will be monitored through the Performance and Audit Committee's Governance Action Plan. The Chief Internal Auditors assessment of the IJB's frameworks concludes that reliance can be placed on the IJB's governance arrangements and systems of internal controls for 2021/22.

## 5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	There is a risk that if required actions in response to Internal Audit recommendations are not coordinated and acted on appropriately the IJB's governance arrangements will not be adequate and effective.
<b>Risk Category</b>	Governance
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 4 = 12 – High risk
<b>Mitigating Actions</b> (including timescales and resources)	- Implementation and monitoring of governance action plan as recommended by Chief Internal Auditor
<b>Residual Risk Level</b>	Likelihood 2 x Impact 3 = 6 – Moderate Risk
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = 6 – Moderate Risk
<b>Approval recommendation</b>	Given the moderate level of planned risk and the expectation that the mitigating action will make the impact necessary to enhance the IJB's governance arrangements the risk should be accepted.

## 7.0 CONSULTATIONS

7.1 The Chief Officer and the Clerk along with the Chief Internal Auditor of Dundee IJB 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: Work with the Health and Social Care Partnership in the further development of an action plan to address issues identified with the attached self-assessment.	
	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: 9th June 2022

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# FTF Internal Audit Service

## Dundee City IJB Internal Audit Service

### Annual Internal Audit Report 2021/2022

**Issued To:** V Irons, Chief Officer  
D Berry, Chief Finance Officer

D McCulloch, Chief Social Work Officer  
D Shaw, Clinical Director/ Associate Medical Director

Dundee City Integration Joint Board  
External Audit

D Vernon, Acting Senior Manager- Internal Audit, DCC

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Draft Report Issued	06 June 2022
Management Responses Received	07 June 2022
Target Audit & Risk Committee Date	22 June 2022
<b>Final Report Issued</b>	<b>13 June 2022</b>

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## INTRODUCTION AND CONCLUSION

1. The Integrated Resources Advisory Group (IRAG) guidance outlines the responsibility of the Integration Joint Board (the IJB) to establish adequate and proportionate internal audit arrangements for review of the adequacy of arrangements for risk management, governance and control of the delegated resources.
2. This guidance states that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control.
3. Guidance issued in April 2017 requires IJBs to prepare their annual accounts and governance statements in accordance with Local Authority Accounts (Scotland) Regulations 2014. These regulations require an authority to:
  - i) *Be responsible for ensuring that the financial management of the authority is adequate and effective and that the authority has a sound system of internal control which:*
    - (a) *Facilitates the effective exercise of the authority's functions; and*
    - (b) *includes arrangements for the management of risk.*
  - ii) *Conduct a review at least once in each financial year of the effectiveness of its internal control.*
4. The CIPFA 'Delivering Good Governance' in Local Government Framework 2016 places a responsibility on the authority to ensure additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor.
5. This review examined the framework in place during the financial year 2020/2021 to provide assurance to the Chief Officer, as Accountable Officer, that there is a sound system of internal control that supports the achievement of the IJB's objectives. It considered:
  - *Corporate Governance*
  - *Clinical Governance*
  - *Staff Governance*
  - *Financial Governance*
  - *Information Governance*
6. The results from this work reported within this 2021/22 Annual Internal Audit Report should inform the IJB's judgment on the Governance Statement.
7. There are a number of ongoing developments in strategy, planning and performance, which, once fully implemented, should ensure coherence between Governance Structures, Performance Management, Risk Management and Assurance and improve Dundee IJB's ability to monitor the achievement of operational and strategic objectives, including those necessary enhance the sustainability of services.
8. Many of our previous Annual Reports have highlighted a number of intractable, long standing issues. These also featured in the IJB's Governance Statements and governance improvement plans. It was intended that many of these were to be addressed as part of the review and update of the Integration Scheme(s). Whilst the new scheme more

clearly articulates the operational management responsibilities, contributing to the clarification of governance and accountability arrangements; the review process did not necessarily provide the opportunity to agree practical processes which would fully resolve many of the other areas previously identified as concerns such as Large Hospital Set Aside (LHSA), Corporate Support arrangements and Hosted Services. Whilst the IJB is reliant on engagement from partner bodies to further progress in these areas, the organisation needs to ensure momentum is maintained.

9. Many of these areas were also echoed in reports issued by Audit Scotland as well as in the 2019 Ministerial Steering Group (MSG) in their report on 'Review of Progress with Integration of Health and Social Care'. Actions agreed under the MSG self assessment have not been specifically monitored and it is not clear that the momentum which the MSG report was intended to generate, has been delivered through this process.
10. MSG improvement actions are reliant on all partner bodies to agree and action and engagement by all partners will be crucial in enabling identified weaknesses to be resolved. We have been informed that the revision of the integration scheme reinforces some of these required actions (e.g. aligning budget processes), but overall, there is no agreed date for further self assessment to measure improvement.
11. Following the approval of the new IJB Risk Management Strategy in April 2021, Dundee City IJB has continued to develop its Risk Management arrangements. The risk profile of the organisation has expanded with several new significant strategic risks, in particular Primary Care, Drugs & Alcohol Services and Mental Health. The next stage will be to ensure that comprehensive assurance processes over these risks, including controls and actions operated and implemented by partner bodies are in place and we would recommend consideration of relevant aspects of the FTF Committee Assurance principles as part of this process.
12. Based on our follow up work, of the 6 recommendations from our 2020/21 Annual Report, we assessed 3 as complete, 2 remain outstanding; and although action was taken as agreed in relation to the remaining action, the underlying weaknesses remain.
13. Dundee City IJB is in an interdependent relationship with both partner bodies in which the controls in place in one body inevitably affect those in the other. The draft NHS Tayside Governance Statement concludes that *'with the ongoing improvement work undertaken throughout the year, as evidenced above, the governance framework, the assurances and evidence received from the Board's committees, that corporate governance continues to be strengthened and was operating effectively throughout the financial year ended 31 March, 2022'* In addition, the Dundee City Council Annual Internal Audit Report concluded *'that reasonable assurance can be placed upon the adequacy and effectiveness of the Council's framework of governance, risk management and control for the year to 31 March 2022'*.
14. Plans are in place to share information on partner assurances at the October 2022 meeting of the IJB before the audited accounts are signed off, providing the opportunity for the IJB to review any issues of interest to the IJB included in either of the partners' year end conclusions on governance.
15. The IJB has produced a draft Governance Statement for 2021/22 which reflects the IJB's own assessment for areas for development, setting out a number of actions to further strengthen governance arrangements. A number of these are complex areas which have remained outstanding for a number of years and depend on the input of partner bodies.
16. As Chief Internal Auditor, this Annual Internal Audit Report to the IJB provides my opinion on the IJB's internal control framework for the financial year 2021/22.

17. Based on the work undertaken, I have concluded that:

- **Reliance can be placed on the IJB governance arrangements and systems of internal controls for 2021/22.**

18. In addition, I have not advised management of any concerns around the following:

- **Consistency of the Governance Statement with information that we are aware of from our work;**
- **The format and content of the Governance Statement in relation to the relevant guidance;**
- **The disclosure of all relevant issues.**

#### **ACTION**

19. The IJB is asked to note this report in evaluating the internal control environment for 2021/22 and consider any actions to be taken on the issues reported for consideration.

#### **INTERNAL CONTROL**

20. Following a meeting of Dundee City IJB in May 2016, FTF were appointed as the IJB's Internal Audit Service. The PAC has approved the Internal Audit Charter as well as a protocol for the sharing of audit outputs between the partner organisations. We can confirm that FTF complies with the Public Sector Internal Audit Standards (PSIAS).

21. During 2018/19 the NHS Tayside Internal Audit Service was externally quality assessed by the Institute of Internal Auditors and concluded that FTF generally conforms to the International Professional Practice Framework (IPPF). All actions arising from this review are now complete. For Dundee City Council Internal Audit, an External Quality Assessment in 2018 concluded that the Council's Internal Audit service fully conforms to 11 of the 13 standards and generally conforms to the remaining two. Both organisations have undertaken internal quality assessments as required by PSIAS.

22. The 2021/22 Annual Internal Audit plan was approved by the PAC in May 2021. Audit work undertaken in partnership with the Dundee City Council Internal Audit Service has been sufficient to allow the Chief Internal Auditor to provide his formal opinion on the adequacy and effectiveness of internal controls.

23. To inform our assessment of the internal control framework, we developed a self assessment governance checklist for completion by management. The checklist was based on requirements of the Integration Scheme, guidance issued by the Scottish Government to support Health and Social Care Integration and best practice. It was also cross referenced to the requirements of the CIPFA 'Delivering Good Governance in Local Government Framework 2016' and supporting guidance notes for Scottish Authorities.

24. Internal Audit validated the assessments reached through discussion with management and examination of the supporting evidence and documentation. Based on our validation work, we can provide assurance on the following key arrangements in place by 31 March 2022; any ongoing developments and also comment on where further development is needed in 2022/23.

26. Our evaluation of the IJB's Governance Framework is summarised below:

<b>A – Corporate Governance</b>
<p><b>Key arrangements in place as at year end 2021/22 as well as planned and ongoing developments</b></p>
<p><b>Response to Covid</b></p> <ol style="list-style-type: none"> <li>I. During this financial year, Covid has had no further impact on the governance arrangements of Dundee IJB with all meetings held virtually and open to the public. During the year, IJB members have continued to receive briefings during peaks of the pandemic keeping them informed of service challenges and responses.</li> <li>II. Our 2020/21 Annual Internal Audit report, welcomed the IJB's intended direction of travel, using learning from the pandemic as an opportunity for change and for reflection in relation to the Partnership's approach to strategic planning, leadership and governance. The addendum to the current Strategic Commissioning Plan agreed in April 2022 now reflects priorities arising from COVID-19 remobilisation activity.</li> </ol> <p><b>Strategy</b></p> <ol style="list-style-type: none"> <li>I. The extension of the Strategic Commissioning Plan to 2023 agreed by the February 2022 IJB means that the planning cycle remains aligned with that of the other Tayside IJBs and the Dundee City Plan. Having carried out the statutory review of the current strategic and commissioning plan, the Strategic Planning Advisory Group found that the vision and strategic priorities, as well as the overall format of the plan, remained fit for purpose but the actions required to deliver those objectives would be updated. An addendum to the original plan was published, setting out the rationale for the extension and communicating priority actions to be delivered during the extension year. The addendum is supported by care group strategic planning/commissioning statements and transformation plans previously agreed by the IJB for areas such as mental health and wellbeing, carers, drugs and alcohol and primary care. The addendum also reflects priorities arising from Covid19 remobilisation activity. These actions will be monitored by the Strategic Planning Advisory Group (SPAG). Consideration is now being given to how the IJB will receive assurance and monitor progress against these actions.</li> <li>II. Work has commenced on detailed plans for the development of a full replacement strategic and commissioning plan for the period from 2023/24 onwards. An update report is to be provided to the IJB on this activity, workplans and timescales by August 2022. Given the scale of changes to demand, operations and availability of resources, this work will be fundamental to the future sustainability of services, and should be an area of focus for the IJB Board, notwithstanding the many operational exigencies that may arise. The IJB will need to balance the very serious risks posed by the current operational pressures, with the potentially existential risks to services created by the demographic and workforce pressures which were already threatening sustainability, even before Covid both exacerbated those pressures and created a range of new difficulties.</li> <li>III. The SGHSCD issued the 'NHS Recovery plan' on 25 August 2021. The recent Audit</li> </ol>



Scotland report 'NHS in Scotland 2021' stated that *'The ambitions in the plan will be stretching and difficult to deliver against the competing demands of the pandemic and an increasing number of other policy initiatives. The recovery plan will involve new ways of delivering services and these will take a lot of work. There is not enough detail in the plan to determine whether ambitions can be achieved in the timescales set out.'*

- IV. Whilst the IJB will need to be cognisant of SG ambitions, its priority must be the production of a realistic, achievable strategy which addresses the needs of the local population post-Covid within the parameters of available resources, most particularly financial, digital and workforce. This will almost inevitably involve extremely difficult decisions, which may not fully align with public or SG expectations.
- V. During the Covid pandemic, there was a necessary shift of focus towards operational priorities, which reflected the extreme risks in those areas as well as an influx of Covid related funding which lessened the immediate financial risk. In future, the risks related to financial sustainability are likely to rise sharply and rapidly,. Consideration of the changes in culture required to adapt to this change should start now.
- VI. Our Annual Internal Audit Report for 2017/18 first recommended a Delivery Plan to track actions which will support implementation of the Strategic Commissioning Plan. In this context, we welcome the link between strategic priorities, actions and the more detailed care group strategic plans and transformation programmes, set out in the new addendum.
- VII. This also aligns with the changing approach to the Annual Performance Report which will see specific reporting on each strategic priority in-year to further support SPAG monitoring, as well as the commitment to consolidated transformation programme reports for the future as set out in the 5 year financial framework paper to be presented to the June 2022 IJB. Going forward, this should mean that Dundee IJB is better placed to monitor whether intended outcomes are being achieved, including that of projects to support the sustainability of the Health & Social Care Partnership (HSCP) in the future.

#### **Performance**

- VIII. Internal audit report D05/21 concluded that data is well presented and that Dundee IJB is ahead of many other IJBs under our purview. The report also recommended further enhancements to the reporting process which are being progressed. The IJB in April 2022 also approved changes to the format of the annual performance report, with future years' reports to be broken down into rolling quarterly reports, each focused on one of the strategic priorities plus an overall yearend report. The current format Summary Annual Performance Report is to be published for 2021/22.
- IX. Operational performance has been challenging and we welcome the plans in place for in depth analysis and improvement reports to be prepared for the following areas of particular concern:
  - Performance for emergency admissions deteriorated compared to baseline year but compares well nationally.
  - Performance against the standard on spending last 6 months of life at home or in a community setting is high and showing improvement.
  - Delayed discharge performance against the baseline year has improved

significantly compared to the baseline year (2015/16).

- Percentage of health and social care resource spent on hospital stays where the patient was admitted as an emergency was 5.8% less in 2020/21 than 2015/16.
- Premature mortality rate is high.
- Performance on Rate of hospital admissions due to a fall for aged 65+ remains poor. An improvement report is currently being prepared.
- Percentage of care services graded 'good' (4) or better in Care Inspectorate inspections has deteriorated since the 2015/16 baseline. An analytical report was provided to the February 2022 PAC.

In this context, we note the commitment to linking performance to risk management. However, there is currently a lack of data or other performance reporting against many of the highest strategic risks of the organisation.

#### Remobilisation

- X. In April 2021, the IJB approved its revised Covid19 Recovery plan which is supported by an implementation plan. A final update was provided in April 2022 with a proposal that with the majority of actions having been completed or become embedded in mainstreams way of working, that the remaining remobilisation priorities will now be reflected in the Partnership's strategic and commissioning plans (overarching and care group specific) and individual service plans.

#### Review of Integration Scheme

- XI. A review has been carried out during 2021/22 and the Tayside Chief Executives Group has now reached agreement on a draft integration scheme for each local authority area that has been subject to public consultation as required by legislation. The Chief Finance Officer has worked with members of the Integration Joint Board to agree and submit a response on their behalf. Subsequent to the consultation, required amendments will be proposed to the Tayside Chief Executives before final drafts are submitted to Dundee City Council and NHS Tayside for approval for submission to the Scottish Government in June 2022.
- XII. We have previously reported that a number of key governance issues were to be addressed through the agreement of a new Integration Scheme between the IJB and its partners. Whilst the new scheme more clearly articulates operational management responsibilities, the review process did not resolve many of the other areas previously identified as concerns:
- a. Large Hospital Set Aside
  - b. Corporate Support arrangements
  - c. Monitoring of Hosted (Lead Partner) Services
- XIII. Review and update of the IJB's Standing Orders and Financial Regulations to incorporate changes to governance arrangements arising from the updated Integration Scheme will begin following formal approval of the new IS.

#### Governance arrangements

- I. The remit of the PAC requires a minimum of 3 meetings per financial year. The PAC met on four occasions during 2021/22, May, September and November 2021, and February 2022. No meeting took place in May 2022 due to the Local

Authority elections. Following each meeting of the PAC, minutes and a Chair's assurance report are provided to the IJB. However, the PAC does not provide an annual report to the IJB Board provide assurance that it has fulfilled its remit and to its formal conclusion on view on the adequacy and effectiveness of the matters under its purview and to reflect on any matters of concern for future consideration.

- XIV. We welcome the implementation of the action tracker providing the committee with the opportunity to monitor progress on actions agreed as part of previous meetings' discussion.
- XV. The PAC remit includes receiving assurance from the Clinical & Care Governance Group. The update of IJBs Standing Orders referred to above will include a review of the remit of the PAC to ensure all areas for consideration are set out, accompanied by a workplan setting out how these will be completed.
- XVI. Actions agreed under the MSG self assessment have not been specifically monitored in 2020/21 and 2021/22 when focus has understandably been on responses to the pandemic. Attention is now shifting towards preparation for the introduction of the National Care Service with a resultant impact on the governance arrangements for health and social care services.
- XVII. A number of these actions, including Large Hospital Set Aside (LHSA), Corporate Support arrangements and Hosted Services remain extant and will not be resolved by the agreed revisions to the Integration Scheme. The IJB, either directly or through the PAC, should receive an update on progress together with an assessment of what is required to ensure the agreed actions are implemented, including any input needed from partners.
- XVIII. The Governance Action Plan which is reported to each meeting of the PAC now includes more detailed monitoring of individual actions, including timescales. Internal Audit will make specific recommendations for improvement in relation to the Governance Action Plan under Internal audit review D06/21.

#### Risk Management

- XIX. Following the approval of the new IJB Risk Management Strategy in April 2021, Dundee City IJB has continued to develop its Risk Management arrangements. Two development events on risk management took place including on Risk Appetite which was held in March 2022 with input from the Chief Internal Auditor. The Chief Finance Officer has undertaken to prepare a Risk Appetite statement for approval by the IJB in autumn 2022.
- XX. Reports on risk management came to both the IJB and the PAC during the year, most recently to the April 2022 meeting of the IJB showing a number of changes in the organisation's risk profile to include 2 new significant risks in relation to Primary Care and Mental health as well as shifts in risk scoring from previous year. All risks have been recently updated:

Risk	Current score (March 2022)	Previous score (March 2021)	
Staff Resource	25	16	↑
Dundee Drug & Alcohol Recovery Service	25	New risk	↑
Staff Resource (Performance management)	20	20	→
Primary Care	20	New risk	↑
Restrictions on Public Sector Funding	16	16	→
Unable to maintain IJB spend	16	16	→

Impact of Covid19	16	20	↓
Mental Health Services	16	New risk	↑
Category 1 Responder	12	New risk	↑
Increased bureaucracy	12	12	→
Governance arrangements	12	12	→
Staff Perception of integration	9	9	→
Employment Terms	9	9	→
Uncertainty around future service delivery	9	9	→
Capacity of Leadership Team	8	16	↓
Viability of External Providers	9	12	↓
Stakeholders not included/consulted	3	3	→
Impact of EU withdrawal	Archived	6	↓

XXI. In addition, monitoring of operational clinical and care risks takes place at the Clinical, Care & Professional Governance Group (CCPG), which provides an annual year end assurance report on its overall work.

XXII. The Dundee IJB Chief Finance Officer also chairs the Tayside Risk Management Group, which continued to meet during 2021/22 to streamline arrangements and ensure continuity of risk management practice where possible.

XXIII. An overall assessment of progress in delivering the Risk Management Action Plan is included in the Governance Action plan (40% progress as at February 2022) but the individual actions are not reported to the PAC. We previously recommended development of an IJB assurance plan but, at present, the IJB still does not receive overt assurance on each of its strategic risks including where necessary assurances from partner organisations on controls and actions operated by them. Management have informed us that this will be implemented as part of a process to link risk and performance management. We would also recommend a prioritised cycle of assurance reports against each strategic risk (with enhanced monitoring for risks above the appetite to be established).

#### Hosted Services (Lead Partner Arrangements)

XXIV. Hosted services are now referred to as Lead Partner Services where the Lead Partner Chief Officer co-ordinates strategic planning and has operational responsibility for those services. The new IS required them to seek approval from all IJBs on proposed strategy and to provide reports on those services to other IJBs at least in every 3 year planning period. Assurances in this area have required improvement for some time and the new reporting arrangements should be implemented as soon as possible.

#### Directions

XXV. Directions issued to partners are not currently monitored. A draft Directions Policy & Procedure is being considered as an associated document with the revised Integration Scheme. This Policy seeks to enhance governance, transparency and accountability between the IJBs, Local Authorities and NHS Tayside, by clarifying responsibilities and relationships to address the statutory guidance issued in 2020 in response to the proposals of the Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration. The proposed draft policy includes a section on monitoring of directions.

XXVI. The draft policy also include a list of 'performance and effectiveness controls' but this makes no reference to clinical and care governance, which should also

be a key component in the formation of IJB directions, and one that requires careful consideration.

#### **Feeley report**

XXVII. Following the April 2021 IJB meeting, the Chief Officer was instructed to bring back a report outlining Scottish Government plans to progress implementation of the recommendations of the independent review at an appropriate point. A development event was held for IJB members in September 2021, and an update provided on an extension to the consultation period, but further communication from the Scottish Government is awaited on the future shape of a National Care Service.

#### **Category 1 responders/ business continuity**

XXVIII. IJBs are now Category 1 Responder bodies and the IJB was kept updated on this change in status during 2020/21, with the April 2021 paper highlighting that “further work is to be carried out to revise internal management and governance arrangements for the effective oversight of resilience and emergency planning functions. Internal audit D06/22 was issued in June 2022 with an action plan agreed with management and will be presented to a future PAC.

#### **Best Value**

XXIX. Assurance was last provided to the PAC in September 2020 that Best Value was being achieved through the Integration Joint Boards governance arrangements and activities, based on the assessment undertaken for 2019/20. Plans are in place to provide a similar assurance again to the July 2022 meeting of the PAC.

#### **Code of Conduct/ Induction**

XXX. Dundee IJB at its meeting in April 2022 adopted the new model Code of Conduct. Progress has been made on an agreed action on induction for new IJB members. A development session for new IJB members on the Code of Conduct including standards of behaviour expected has been held and dates are being arranged for IJB members to take part in Dundee City Council induction sessions on relevant topics.

#### **Leadership capacity**

XXXI. Work has been ongoing to increase capacity and strengthen the management team. Temporary arrangements were implemented during 2021/22 which increased the senior management team to four (Chief Officer, Chief Finance Officer and two Heads of Operational Services). The revised permanent structure is being progressed through the partner bodies’ respective grading processes before the final structure is agreed. This has had a positive impact on the associated risk (Capacity of Leadership Team), with the score reducing to 8 from 16.

<b>B – Clinical &amp; Care Governance/ Financial Governance/ Staff Governance/ Information Governance</b>
<b>Key arrangements in place as at year end 2021/22 as well as planned and ongoing developments</b>
<b>B1- Financial Governance</b>
<p>I. At year end, the underlying operational financial monitoring position for Dundee Health and Social Care Partnership (excluding any implications of additional Covid19 spend) shows a net underspend position of c£7.8M. Although an underlying net underspend had been forecast throughout the year, this is a significant increase on the previous (February 2022) forecast of circa £2M underspend. One major contributing factor to this change is unspent (due to difficulties in recruitment) additional Winter Plan funding for Care at Home and Social Care of £3.4M.</p> <p>II. The financial accounting (rather than operational as above) position as reported in the annual accounts shows an even larger surplus for the year, to be carried forward as a significant movement in reserves; with the total increasing from c.£13.8M at 2020/21 year end to c£39M. Of this around £29M relate to committed reserves.</p> <p>III. Dundee IJB is committed to maximise use of the IJB's earmarked and non-earmarked reserves to provide short term investment which will support longer term sustainability of services.</p> <p>IV. Financial Monitoring Reports were regularly considered by the IJB throughout 2021/22, including the projected outturn position, as well as details on the Financial Impact of the Covid19 Response, the reserves position, general information on the savings plan and the financial position in relation to hosted services.</p> <p>V. A savings plan for the year was agreed in March 2021. However, there is no detailed monitoring which would show savings achieved against the plan. We have been informed that this is due to the fact the initiatives in 2021/22 in the main were considered low risk (&amp; non- recurrent) savings where outcomes are already known.</p> <p>VI. The future financial framework will carry much larger risks for the financial sustainability of the organisation, meaning that transformation and service redesign will be even more important. The format and content of reporting on savings progress should highlight any potential shortfalls are highlighted as soon as possible together with an explanation of lessons learned and actions taken.</p> <p>VII. The 2022/23 budget states that NHS Tayside has not as yet provided a calculation for LHSAs for 2022/23 and that this will be incorporated into the final budget once agreed. There is currently no provision for a further release of resources to Dundee given the position of the acute sector in relation to the Covid19 Pandemic. We have previously noted that Large Hospital Set Aside (LHSA) is instrumental to the strategic shift in the balance of care and that the focus should be on strategic, holistic solutions which allow the transfer of resources to facilitate improvements in services and shifting the balance of care.</p> <p>VIII. A 5 year financial framework is being drafted for presentation to the June 2022</p>

IJB providing an early indication of the financial challenges likely to be facing the organisation over the coming years, as well as a range of principles to be applied in mitigating these challenges and enable IJB strategic priorities to be delivered within a balanced budget. The paper also acknowledges the need for consolidated Transformation Programme progress reports to be provided to the IJB.

- IX. The self assessment against the CIPFA statement on the role of the Chief Finance Officer for Dundee City IJB assessed all elements as either compliant or not applicable.

## **B2 – Clinical & Care Governance**

- I. We previously reported substantial progress in implementing actions in response to internal audit report D07/17 - Clinical, Care & Professional Governance, with only the complex issue of assurance over hosted services, remaining. This continues to be considered through the Getting it Right for Everyone (GIRFE) Steering Group pan-Tayside. Implementation of this will be crucial for the IJB to receive assurance in relation to some of its new significant strategic risks including Primary Care Services and Mental health.
- II. Throughout the year, work continued through the GIRFE Steering Group to further enhance the quality of assurance reports provided to the NHS Tayside Care Governance Committee. Dundee HSCP provides regular, high-quality assurance reports to the NHS Tayside Care Governance Committee as well as the PAC, including an additional report to the April 2022 IJB to ensure that changes to the meeting schedule of the PAC did not result in delays in reporting. An annual report for the year is planned for the June IJB and provides positive assurance on the work of the group. Throughout the year the level of assurance provided was moderate. Whilst the annual report was comprehensive and well-written, there might be benefit in it being used to reflect on key concerns during the year and priorities for the coming year, as well as views on the relevant Strategic Risks.
- III. The Drugs and Alcohol Service has remained under intense pressure, with clinical, care & professional governance reports showing that throughout the year, the majority of the highest service level risks across the HSCP relate to the Drugs & Alcohol Service. This led to the creation of the new strategic risk on Drugs & Alcohol, escalating a number of operational risks all related to the service. We welcome this decision which allows for a clear focus on this important area and would reiterate the need to link to data and performance monitoring as highlighted above.
- IV. The 'Dundee Drugs Commission Report – Responding to Drug Use with Kindness, Compassion and Hope' was initially published in August 2019. In February 2021 the Dundee Partnership invited the Commission to conduct a two-year review of progress against the recommendations made in the original report. The update report, published in March 2022, states that the extensive and genuine improvement efforts in Dundee to address drug deaths have not gone far enough, deep enough or fast enough. The Dundee Partnership is currently considering the 12 further recommendations made by the Commission in the context of a range of ongoing improvement activity set out within the ADP's original Action Plan for Change, with the intention to develop a single, prioritised Strategic and Commissioning Plan for Drugs and Alcohol. The related strategic

risk is scored at the maximum 25, with the Action Plan as a key control. Reports on this risk to the PAC and IJB state that although available controls have been applied, these are insufficient to reduce the risk. The Chief Social Work Officer's Annual report was provided to the IJB in December 2021. As previously noted, the Chief Social Work Officer's Annual Report does not include an overall conclusion on the adequacy and effectiveness of arrangements for the quality and safety of care in line with clinical governance arrangements. However, the report includes extensive information on performance, improvement activities, external reviews, complaints, future improvement priorities across a number of services as well as information on the response to Covid during the year in question. Following discussion at the December 2021 IJB meeting, it was agreed that the Chief Social Work Officer would look to provide a briefing on future reports as well as review the presentation of the report. We welcome this direction of travel.

- V. In October 2021, Dundee IJB noted the progress report on the Independent Inquiry into Mental Health Services in Tayside – 'Trust and Respect'. Mental Health and Wellbeing strategic updates were also regularly provided.
- VI. As set out under the performance section above, the percentage of care services graded 'good' (4) or better in Care Inspectorate inspections has deteriorated since the 2015/16 baseline. We note the analytical report provided to the February 2022 PAC which also makes reference to internal monitoring and quality assurance processes. There may be merit in triangulating the results of external inspections with those internal processes.
- VII. Public protection featured heavily on the IJB's agenda during the year with reports on Child protection, leadership of public protection arrangements, governance arrangements for protecting people and a midterm report from the Dundee Adult Support and Protection Committee. The Health and Social Care Partnership is represented across the multiagency structures which ultimately report to the Community Planning Partnership (the Dundee Partnership). Whilst the midterm report includes information on key achievements during the period under review (2020/21), development priorities for the year ahead and some data on referrals and investigations, it does not provide a conclusion on whether the overall system is performing adequately and is not in a format which allows such a conclusion to be drawn readily.

### **B3 - Staff Governance**

- I. Actions previously agreed in response to internal audit recommendations on the development of a Workforce Plan and review of the Workforce and Organisational development strategy have remained outstanding for another year. However, we have been informed that work is now ongoing to produce a workforce plan for presentation to the IJB by June 2022 to meet the government deadline. The National Workforce Strategy for Health and Social Care in Scotland was published in March 2022. The risk profile of the national strategy is not available, but our assessment would be that a number of assumptions within the document are very high risk.
- II. As set out under the Corporate Governance section above, work has been ongoing to increase capacity and strengthen the management team. Temporary arrangements were implemented during 2021/22 and the revised permanent structure is being progressed




<p>III. We previously commented that the IJB does not currently receive specific staff governance assurances from the employing partners and recommended that the overall review of assurances on strategic risks to the IJB should include assurances over staff governance. We would note that staff resource is one of the highest risks of the organisation scored at the highest possible 5x5.</p> <p>IV. Since 1 April 2021, NHS organisations are required to follow National Whistleblowing Principles and Standards. This includes specific information for Health and Social Care Partnerships. Work undertaken in 2020/21 on implementation of the standards included plans for quarterly reporting to the IJB. Although such assurance has not yet been received, the principle has been reiterated in the new draft Integration Scheme which notes a requirement to report all concerns to the IJB and NHS Board on a quarterly basis.</p>
<p><b>B4- Information Governance</b></p>
<p>I. We previously commented that the IJB should receive assurance that its strategies and statutory responsibilities are supported by the asset and IT strategies and information governance arrangements of its partners and that these are appropriately prioritised, resourced and monitored, as an important enabler for the delivery of genuine transformation and the revised approach to the delivery of services required following Covid19. This action remains outstanding and we note that the IJB does recognise its increasing importance and is taking steps to improve the situation.</p> <p>II. A new Records Management Plan effective from September 2021 was submitted to and agreed by the Keeper of the Records of Scotland on condition of improvements in some areas. These elements require improvement action on the part of Dundee City Council who manage the IJB's public records and the IJB should receive assurance from the council on the relevant systems and their compliance with legislation.</p>


#### ACKNOWLEDGEMENT

27. On behalf of the Internal Audit Service I would like to take this opportunity to thank the Chief Officer and Chief Finance Officer of the IJB as well as staff within the partnership for the help and co-operation extended to Internal Audit throughout the year.

**A GASKIN, BSc. ACA**  
**Chief Internal Auditor**

Action Point Reference 1	
<b>Finding:</b>	
<p>The Integration Schemes review process did not necessarily provide opportunity to agree practical processes which would fully resolve many of the other areas previously identified as concerns such as Large Hospital Set Aside (LHSA), Corporate Support arrangements and Hosted Services.</p> <p>Many of these areas were also echoed in the 2019 Ministerial Steering Group report on 'Review of Progress with Integration of Health and Social Care'. No reports on progress against the actions agreed under the MSG self assessment were submitted to the PAC or IJB in 2020/21 nor 2021/22. A summary action was previously included in the Governance Action Plan but is no longer included and it is not clear that the momentum which the MSG report was intended to generate has been maintained. There is no agreed date for further self assessment to measure improvement.</p>	
<b>Audit Recommendation:</b>	
<p>The IJB, either directly or through the PAC, should receive an update on progress together with an assessment of what is required to ensure the agreed actions are implemented, including any input needed from partners. The consequences of non-delivery should also be set out.</p>	
<b>Assessment of Risk:</b>	
<p>Our assessment of the above finding is as follows:</p> <p>Significant  Weaknesses in control or design in some areas of established controls.</p> <p><b>Requires action to avoid exposure to significant risks in achieving the objectives for area under review.</b></p>	
<b>Management Response/Action:</b>	
<p>Expectation that a number of these actions would be progressed by the statutory partners through the review of the Integration Scheme. The IJB has only limited influence over the partner actions in taking these forward. For instance, a commitment has been made by the partner bodies to progress a memorandum of understanding around the level of corporate support the IJB receives from them to discharge its statutory duties and deliver on its Strategic and Commissioning Plan. The completion of this will be fully dependent on the partner bodies' commitment to fulfilling this. The Chief Officer will continue to raise outstanding issues with the partner bodies and report to the IJB accordingly.</p>	
<b>Action by:</b>	<b>Date of expected completion:</b>
Chief Officer	31 December 2022

Action Point Reference 2	
<b>Finding:</b>	
<p>Having carried out the statutory review of the current strategic and commissioning plan, the Strategic Planning Advisory Group found that the vision and strategic priorities, as well as the overall format of the plan, remained fit for purpose but work was required to update the action lists associated with each priority. An addendum to the original plan was published which is supported by care group strategic planning / commissioning statements and transformation plans and reflects priorities arising from Covid19 remobilisation activity. These actions will be monitored by the Strategic Planning Advisory Group (SPAG).</p> <p>The 5 year financial framework paper to be presented to the June 2022 IJB states a commitment to consolidated transformation programme reports in future.</p> <p>FTF have recently prepared a Strategy development checklist which expands on the five Ps: Principles, Process, Priorities, Parameters and Product.</p>	
<b>Audit Recommendation:</b>	
<p>Consideration will need to be given to how the IJB will receive assurance and monitor progress against these actions.</p> <p>It may be helpful for the IJB to self-assess against the FTF Strategy principles as part of their planning process.</p>	
<b>Assessment of Risk:</b>	
<p>Our assessment of the above finding is as follows:</p> <p>Significant  Weaknesses in control or design in some areas of established controls.</p> <p><b>Requires action to avoid exposure to significant risks in achieving the objectives for area under review.</b></p>	
<b>Management Response/Action:</b>	
<p><b>This issue is already being considered by the Strategic Planning Advisory Group for 2022/23 and in preparation for the implementation of the new Strategic and Commissioning Plan from 2023/24 onwards.</b></p>	
<b>Action by:</b>	<b>Date of expected completion:</b>
Chief Finance Officer	31 December 2022

Action Point Reference 3	
<b>Finding:</b>	
Following each meeting of the PAC, minutes and a Chair's assurance report are provided to the IJB. However, there is no annual report to provide a conclusion on whether the PAC has fulfilled its remit and to provide its view on the adequacy and effectiveness of the matters under its purview.	
<b>Audit Recommendation:</b>	
We would recommend that, in future, the committee provides a year-end report to the IJB with a conclusion on whether it has fulfilled its remit and its view on the adequacy and effectiveness of the matters under its purview. It may also be helpful at this time of year for the Committee to reflect on any matters of concern for future consideration.	
<b>Assessment of Risk:</b>	
Our assessment of the above finding is as follows:	
Moderate	 Weaknesses in design or implementation of controls which contribute to risk mitigation. <b>Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.</b>
<b>Management Response/Action:</b>	
To be developed as recommended	
<b>Action by:</b>	<b>Date of expected completion:</b>
Chief Finance Officer / Chair of PAC	28 February 2023

### Action Point Reference 4

#### Finding:

Whilst we note the improvement work undertaken in relation to risk management; there is currently no direct reporting to the IJB providing direct overt assurance on each of its strategic risks.

Nearly all agenda items can be linked to one of the organisation's strategic risks. However, these are not specifically reported in such a way that allows an assessment of whether for the related strategic risk:

- the risk score is correct,
- controls are adequate and operating effectively
- mitigating actions are being delivered
- overall the risk is being mitigated effectively

Action is to be taken to link risk and performance management. However, there is currently a lack of data or other performance reporting against many of the highest strategic risks of the organisation, including in particular Drugs & Alcohol Services.

The Getting it Right for Everyone (GIRFE) Steering Group is still considering how assurance over hosted services should operate pan-Tayside. Implementation of this will be crucial for the IJB to receive assurance in relation to some of its new significant strategic risks including Primary Care Services and Mental health.

We previously commented that the IJB does not currently receive specific staff governance assurances from the employing partners and recommended that the overall review of assurances on strategic risks to the IJB should include assurances over staff governance. We would note that staff resource is one of the highest risks of the organisation scored at the highest possible 5x5.

#### Audit Recommendation:

The IJB should receive of relevant, reliable and sufficient assurances against its strategic risks especially high scoring ones (above the risk appetite to be established). Such reporting could be through adapting existing reporting processes to ensure they signpost the relevant information to conclude on the areas listed above, or through specific deep dive assurance reports against individual risks.

For some risks, assurance will have to come from other organisations including other IJBs and partner bodies.

#### Assessment of Risk:

Our assessment of the above finding is as follows:

Significant




Weaknesses in control or design in some areas of established controls.


**Requires action to avoid exposure to significant risks in achieving the objectives for area under review.**


<b>Management Response/Action:</b>	
Recommendation to be adopted through assessing against planned substantive service specific reports to be taken to the IJB during the year and ensure a high quality risk assurance assessment is included as standard in reporting	
<b>Action by:</b>	<b>Date of expected completion:</b>
Chief Finance Officer	31 December 2022


Action Point Reference 5	
<b>Finding:</b>	
A draft Directions Policy & Procedure is being considered as an associated document with the revised Integration Scheme. This Policy seeks to enhance governance, transparency and accountability between the IJBs, Local Authorities and NHS Tayside, by clarifying responsibilities and relationships to address the statutory guidance issued in 2020 in response to the proposals of the Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration.	
<b>Audit Recommendation:</b>	
We would reiterate our position that as part of any further developments in this area, consideration should be given as to how clinical and care governance arrangements will feed into the formation of IJB directions.	
<b>Assessment of Risk:</b>	
Our assessment of the above finding is as follows:	
Moderate	 Weaknesses in design or implementation of controls which contribute to risk mitigation. <b>Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.</b>
<b>Management Response/Action:</b>	
Issues of clinical and care governance will be considered where relevant in the issuing of Directions	
<b>Action by:</b>	<b>Date of expected completion:</b>
Chief Officer / Chair of Clinical Care and Professional Governance Group	31 December 2022

Action Point Reference 6	
<b>Finding:</b>	
There is no detailed monitoring of the position of individual savings initiatives to clearly show identified versus realised savings. We have been informed that this is due to the fact the initiatives in 2021/22 in the main were considered low risk (&non- recurrent) savings where outcomes are already known.	
<b>Audit Recommendation:</b>	
Given that the future financial framework will carry much larger risks for the financial sustainability of the organisation with the resultant need for transformation and service redesign, consideration should be given to the format and content of reporting on savings progress so that potential shortfalls are highlighted as soon as possible together with an explanation of lessons learned and actions taken. Reporting should be clarified to ensure a distinction between realised savings to date and a best estimate of the full year amount, allow savings to date to be compared against trajectory, clarify the amounts achieved recurrently or non-recurrently and the source of the savings.	
<b>Assessment of Risk:</b>	
Our assessment of the above finding is as follows:	
Significant	 <p>Weaknesses in control or design in some areas of established controls.</p> <p><b>Requires action to avoid exposure to significant risks in achieving the objectives for area under review.</b></p>
<b>Management Response/Action:</b>	
The IJB's 2022/23 budget was balanced without the need for savings proposals therefore there are no agreed savings targets to measure performance against for the 2022/23 financial year. The recommendation will be adopted in future years or should emergent conditions mean that savings are required during 2022/23.	
<b>Action by:</b>	<b>Date of expected completion:</b>
Chief Finance Officer	As required







Action Point Reference 7	
<b>Finding:</b>	
An overall assessment of progress in delivering the Risk Management Action Plan is included in the Governance Action plan (40% progress as at February 2022) but the individual actions are not reported to the PAC.	
<b>Audit Recommendation:</b>	
Reporting should clearly set out progress against individual actions to allow for clear monitoring of the maturity assessment.	
<b>Assessment of Risk:</b>	
Our assessment of the above finding is as follows:	
Merits attention	 <p>There are generally areas of good practice. <b>Action may be advised to enhance control or improve operational efficiency.</b></p>
<b>Management Response/Action:</b>	
A summary review of the individual actions will be undertaken and progress against each one presented to the PAC in a composite update report on risk management arrangements	
<b>Action by:</b>	<b>Date of expected completion:</b>
Chief Finance Officer	30 November 2022

Action Point Reference 8	
<b>Finding:</b>	
Dundee HSCP provides regular, high-quality assurance reports to the NHS Tayside Care Governance Committee as well as the PAC. An annual report for the year is planned for the June IJB and provides positive assurance on the work of the group. Throughout the year the level of assurance provided was moderate. The report is comprehensive and well-written, but does not reference relevant strategic risk, or areas for development.	
<b>Audit Recommendation:</b>	
There might be benefit in it being used to reflect on key concerns during the year and priorities for the coming year, as well as views on the relevant Strategic Risks.	
<b>Assessment of Risk:</b>	
Our assessment of the above finding is as follows:	
Merits attention	 <p>There are generally areas of good practice. <b>Action may be advised to enhance control or improve operational efficiency.</b></p>
<b>Management Response/Action:</b>	
Noting the positive comments around the comprehensive and well written annual report, this element of potential improvement will be considered for the next annual report.	
<b>Action by:</b>	<b>Date of expected completion:</b>
Chief Officer / Chair of Clinical Care and Professional Governance Committee	30 June 2023

Action Point Reference 9	
<b>Finding:</b>	
As set out under the performance section above, the percentage of care services graded 'good' (4) or better in Care Inspectorate inspections has deteriorated since the 2015/16 baseline. We note the analytical report provided to the February 2022 PAC which makes reference to internal monitoring and quality assurance processes.	
<b>Audit Recommendation:</b>	
The output from internal monitoring and quality assurance processes for care services should be overtly included within the clinical and care governance assurance reports and their quality should be assessed through triangulation with the results of external inspections.	
<b>Assessment of Risk:</b>	
Our assessment of the above finding is as follows:	
Merits attention	 <p>There are generally areas of good practice. <b>Action may be advised to enhance control or improve operational efficiency.</b></p>
<b>Management Response/Action:</b>	
The performance of care services is closely monitored with designated lead officers and contracts officers from the HSCP regularly meeting with care providers and areas of concern are identified and actions agreed at an operational level as required. Support and advice is given to providers who are deemed to be operating below acceptable levels of care. A "deep dive" report was provided to the PAC in February 2022 which found there was no clear trend or explanation for the deteriorating performance. The performance of care providers will continue to be monitored with performance data/reports to the Clinical Care and Professional Governance group who will also consider the findings of external scrutiny reports in relation to these services in order to identify any further action required and determine the appropriate level of assurance.	
<b>Action by:</b>	<b>Date of expected completion:</b>
Chief Officer / Chief Social Work Officer/Chief Finance Officer	Ongoing

**Assessment of Risk**

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Risk Assessment		Definition	Total
Fundamental		Non Compliance with key controls or evidence of material loss or error. <b>Action is imperative to ensure that the objectives for the area under review are met.</b>	<b>None</b>
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. <b>Requires action to avoid exposure to significant risks to achieving the objectives for area under review.</b>	<b>Four</b>
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. <b>Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.</b>	<b>Two</b>
Merits attention		There are generally areas of good practice. <b>Action may be advised to enhance control or improve operational efficiency.</b>	<b>Three</b>



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
22 JUNE 2022

**REPORT ON:** UNAUDITED ANNUAL ACCOUNTS 2021/22

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB46-2022

## **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to present the Integration Joint Board's Unaudited Annual Statement of Accounts 2021/22.

## **2.0 RECOMMENDATIONS**

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

2.1 Considers and agrees the content of the Unaudited Final Accounts Funding Variations as outlined in Appendix 1;

2.2 Approves the Draft Dundee Integration Joint Board Annual Corporate Governance Statement as outlined in Appendix 2;

2.3 Notes the Integration Joint Board's Unaudited Annual Statement of Accounts 2021/22 as outlined in Appendix 3;

2.4 Instructs the Chief Finance Officer to submit the Unaudited Accounts to the IJB's external auditors (Audit Scotland) by the 30<sup>th</sup> June 2022 to enable the audit process to commence.

## **3.0 FINANCIAL IMPLICATIONS**

3.1 The unaudited annual accounts statement for the year end 31 March 2022 highlights that the IJB made an overall surplus of £25,169k in 2021/22. This consists of an operational underspend of £7,839k and additional earmarked funding received of £17,330k at the year-end which is carried forward in the IJB's reserves.

## **4.0 MAIN TEXT**

### **4.1 Background**

4.1.1 The IJB is required to prepare financial statements for the financial year ending 31 March 2022 following the Code of Practice on Local Authority Accounting in the United Kingdom ("the Code"). The Annual Accounts report the financial performance of the IJB. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to the IJB for the delivery of the IJB's vision and its core objectives.

- 4.1.2 The IJB is required to follow Local Authority Accounts (Scotland) Regulations 2014. This requires the inclusion of a management commentary and remuneration report and recommends submission of the unaudited accounts by 30 June 2022 to the IJB's external auditors (Audit Scotland for 2021/22)
- 4.1.3 The 2021/22 Annual Accounts comprise: -
- a) Comprehensive Income and Expenditure Statement – This statement shows that Dundee Integration Joint Board made an overall surplus of £25,169k in 2021/22 (surplus of £13,337k in 2020/21) on the total income of £321,278k (£305,957k in 2020/21).
  - b) Movement in Reserves – Dundee Integration Joint Board has year-end reserves of £38,998k at the year ended 31<sup>st</sup> March 2022 (£13,829k in 2020/21), of which £9,933k is Uncommitted and £29,065k is Committed (£2,094k and £11,735k respectively at 31<sup>st</sup> March 2021). These are held in line with the Integration Joint Board's reserves policy. Reserves were applied during the year to cover outstanding liabilities to Dundee City Council, NHS Tayside and the activities of the Integration Joint Board. Dundee Integration Joint Board reserves have been increased due to significant levels of additional funding received at the year end.
  - c) Balance Sheet – In terms of routine business Dundee Integration Joint Board does not hold assets, however the reserves noted above are reflected in the year-end balance sheet.
  - d) Notes - Comprising a summary of significant accounting policies, analysis of significant figures within the Annual Accounts and other explanatory information.
- 4.1.4 It should be noted that due to a range of technical accounting and other budgetary changes, there is some variation between the original agreed levels of funding from Dundee City Council and NHS Tayside to Dundee IJB as part of the delegated budget. The details of these are set out within the Draft Final Accounts Funding Variations summary as Appendix 1 to this report and it is proposed that the IJB accepts these changes.
- 4.1.5 The annual accounts document contains a Governance and Assurance Statement which is based on a self-assessment process. The IJB governance arrangements require to be independently assessed by Internal Audit and the Chief Internal Auditor's Annual Internal Audit Report is set out as a separate item on this IJB meeting agenda.
- 4.1.6 Once submitted, Audit Scotland will assess these accounts in line with their Annual Audit Plan for Dundee IJB as approved at the meeting of the Performance and Audit Committee held on the 20<sup>th</sup> April 2022 and produce an independent auditors' report setting out their opinion on the annual statement at the earliest date possible as noted in section 4.1.2 above. The outcome of this will be incorporated into the annual accounts and will subsequently be presented to the IJB for final approval. The unaudited accounts are shown in Appendix 3.

## 5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	There is a risk that through the audit process, Audit Scotland identify areas of concern or material misstatement leading to a qualified audit certificate
<b>Risk Category</b>	Financial/Governance
<b>Inherent Risk Level</b>	Likelihood 2 x Impact 4 = Risk Scoring 8 (which is High Risk Level)
<b>Mitigating Actions</b> (including timescales and resources)	The accounts have been prepared in accordance with good practice principles and statutory requirements by suitably qualified officers
<b>Residual Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
<b>Approval recommendation</b>	Given the nature of the risks, these are deemed to be acceptable

## 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.

<b>Direction Required to Dundee City Council, NHS Tayside or Both</b>	<b>Direction to:</b>	
	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: 02/06/2022

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**Final Accounts – Funding Variations (and Adoption of Specific Presentation)**

*Extract - Note to Dundee Joint Integration Board regarding variations to the existing Scheme of Integration and the adoption of specific presentation of information within the framework of the International Financial Reporting Standards (IFRS).*

**Background**

The following note provides details of variations to the delegated budget for which approval is sought by the Dundee Integration Joint Board. The adjustments and explanations for these adjustments are outlined below section 1.

In addition, information has been presented within the requirements of the International Financial Reporting Standards (IFRS) and attributable supplementary Local Authority (Scotland) Accounts Advisory Committee (LASAAC). Specific applications of the guidance are outlined in section 2.

**Section 1 – Variations to Delegated Budget**

**Local Authority Variations** – The agreed delegated budget 2021/22 provided for a budgeted payment of £82,671k from Dundee City Council to the Dundee City Integration Joint Board to fund the commissioning of services. It is recognised that a number of technical year-end adjustments will result in variations in costs out with the control of the IJB (e.g. adjustments to pension costs).

These year-end adjustments will be a feature of each year end accounts process. Notably they are difficult to quantify at the commencement of the financial year (e.g. pension costs adjustments can vary significantly within a single financial year) and cognisance of these variations requires to be taken of these variations in the Dundee Integration Joint Boards accounts.

The Dundee City Council adjusted funding is outlined below: -

<b>DCC Funding to Dundee Integration Joint Board (DIJB)</b>	<b>£000</b>
<b>Initial DCC contribution to DIJB</b>	<b>82,671</b>
PCIF / Action 15 Mental Health / ADP Adjustments	1,014
Additional Funding from DCC – pension costs	7,856
Social Work & Social Care Fund	5,959
Additional Scottish Government COVID19	4,973
Increased Intra-IJB Resource Transfer income – SG Allocation	-2,662
Carried Forward as a Committed Reserve	-3,325
<b>Total Funds provided by Dundee City Council</b>	<b>96,486</b>

**NHS Tayside Variations** – The agreed delegated budget 2021/22 provided for a budgeted payment of £123,821k from NHS Tayside to the Dundee City Integration Joint Board to fund the commissioning of services.

The NHS Tayside contribution also includes specific Integration funding which was provided by the Scottish Government with NHS Tayside acting as an agent. These monies have been provided to the Dundee Integration Joint Board and those not expended currently sit in the Board's reserves.

The NHS Tayside adjusted funding is summarised below in terms of core service areas: -

<b>NHS Funding to Dundee Integration Joint Board (DIJB)</b>	<b>£000</b>
<b>Initial NHS Contribution to DIJB</b>	<b>123,821</b>
PCIF / Action 15 Mental Health / ADP Adjustment	3,798
Hospital & Community Health Services	2,179
FHS Drugs Prescribing	-3,986
General Medical Services	28,682
FHS - Cash Limited & Non-Cash Limited	21,490
Net Effect of Hosted Services*	8,490
Large Hospital Set Aside	18,200
Additional Scottish Government COVID19	2,950
Increased Intra-IJB Resource Transfer income – SG Allocation	2,662
Carried Forward as a Committed Reserve	20,656
<b>NHS contribution to DIJB</b>	<b>228,944</b>

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

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

To support this position the following text is included on the face of the 2021/22 Annual Accounts

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

**Offsetting of Debtors & Creditors** – The Dundee Integration Joint Board accounts have been prepared on the basis that the net expenditure from Dundee City Council and NHS Tayside recognises that debtors and creditors in respect of NHS Tayside and Dundee City Council with third parties (other than the Dundee Integration Board) but not yet settled in cash terms are offset against the funds they are holding on behalf of the IJB. This essentially requires that when consolidating its accounts, the Dundee Integration Joints Board have consolidated the accrued net expenditure. Therefore, only debtors and creditors between Dundee Integration Joint Board and its two-constituent body are detailed in the IJB’s final accounts. The only exception to this is Audit Scotland audit fees.

## Introduction

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

## Scope of Responsibility

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

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

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

## The Governance Framework and Internal Control System

Dundee City Integration Joint Board comprises six voting members, three nominated by Dundee City Council and three nominated by Tayside NHS Board, as well as non-voting members including a Chief Officer and Chief Finance Officer appointed by the Integration Joint Board. As a result of the Covid19 pandemic, all formal IJB governance committees were held online throughout the 2021/22 financial year.

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

- IJB voting members briefings held in the early part of the financial year to provide updates on the Health and Social Care Partnership's (HSCP's) response to the Covid19 pandemic with updates also provided at formal IJB meetings.
- Continuation of a silver command group within the HSCP to coordinate the health and social care response to the pandemic with frequency of meetings stepped up or down depending on the stage of the pandemic. HSCP Senior Management active participation in corresponding DCC and NHST command structure responses.
- Consideration by the IJB of the impact of the Covid19 pandemic on the delivery of the Strategic and Commissioning Plan through instructing the IJB's Strategic Planning Advisory Group to assess the situation and report back accordingly.
- The Integration Scheme as the overarching agreement between the Integration Joint Board, NHS Tayside and Dundee City Council as to how the planning for and delivery of delegated health and social care services is to be achieved reflecting a range of governance arrangements required to support this arrangement. This was reviewed by the statutory partners during 2021/22 with a revised scheme to be submitted to Scottish Ministers for approval by the end of June 2022.
- The senior leadership team of the Health and Social Care Partnership consisting of the Chief Officer, Head of Finance and Strategic Planning (Chief Finance Officer) and two Head of Service of Health and Social Care Services. The Chief Finance Officer has overall responsibility for the Integration Joint Board's financial arrangements and is professionally qualified and suitably experienced to lead the Integration Joint Board's finance function and to direct staff accordingly.
- Formal regular meetings of the senior leadership team including professional advisers.
- Standing Orders, Financial Regulations and a Code of Conduct including the publication of Register of Member's Interests and the nomination of the Clerk to the Integration Joint Board as Standards Officer were all in place during 2021/22.
- The Integration Joint Board met remotely on seven occasions throughout the year to consider its business. Three development sessions were also held remotely as part of the 2022/23 budget development process. A further two development sessions were held on risk

management while IJB members also attended briefing sessions on the revision of the Integration Scheme and findings of the Dundee Drugs Commission.

- The Integration Joint Board's Performance and Audit Committee met remotely on four occasions throughout the year to enhance scrutiny of the performance of the Integration Joint Board and audit arrangements in line with regulations and good governance standards in the public sector.
- Internal Audit arrangements for 2021/22 were approved at the Performance and Audit Committee meeting held on the 26 May 2021 including the appointment of the Chief Internal Auditor of FTF Internal Audit and Management Services to the role of Chief Internal Auditor of the Integration Joint Board supported by Dundee City Council's Internal Audit Service. An Internal Audit Plan for 2021/22 was approved drawing on resources from both organisations.
- The assurances provided from internal audit through their independent review work of the Integration Joint Board's internal control systems.
- Assurances were provided to the Performance and Audit Committee in relation to Clinical, Care and Professional Governance through the presentation of a Chairs assurance Report from the Clinical, Care and Professional Governance Group
- The Chief Finance Officer complied fully with the five principles of the role of the Chief Finance Officer, as set out in CIPFA guidance.
- Compliance with CIPFA's Financial Management Code

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

- A continued focus on considering risk in decision making through the clear identification of risks in relation to Integration Joint Board decisions reflected in reports presented to the Integration Joint Board and Performance and Audit Committee.
- The approval and adoption of a revised Tayside IJB's Risk Management Framework at the meeting of the IJB held on the 21<sup>st</sup> April 2021.
- The provision of regular strategic risk register updates to the Performance and Audit Committee with an annual risk register report presented to the IJB. In addition, development sessions held with IJB members to develop an understanding of risk appetite and with a view to setting a risk appetite for the IJB by autumn 2022.
- The approval and progressing in year of the Annual Internal Audit Plan with the presentation of Internal Audit reports and follow up action plans as appropriate. Update reports on progress of the Internal Audit Plan provided at each Performance and Audit Committee.
- The presentation of the IJB's Annual Performance Report
- Continued development of the performance management framework with a range of performance reports published and scrutinised by the Performance and Audit Committee throughout the year, including more detailed reviews of specific areas of concern as requested by the committee such as discharge management, the impact of repeat elective activity on readmission rates and inspections gradings analysis.
- A process of formal regular reporting of financial performance and monitoring to the Integration Joint Board was in place throughout 2021/22.
- The provision of regular budget development reports for 2022/23 to the Integration Joint Board.
- The further enhancement of IJB and Performance and Audit Committee minutes to reflect the nature of discussion and further agreed actions in addition to the availability of online access to and recordings of meetings.
- The introduction during 2021/22 of an Action Tracker to each IJB and Performance and Audit Committee meeting to monitor progress of previously agreed actions.
- The provision of an assurance report from the chair of the Performance and Audit Committee outlining the key issues raised at the previous Performance and Audit Committee meeting to the following Integration Joint Board meeting.
- Reporting on issues relating to the Clinical, Care and Professional Governance Group in the form of the group's Chairs Assurance Report to each meeting of the Performance and Audit Committee in line with the overarching strategy: Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework with no major issues reported.
- Embedding the issuing of directions to NHS Tayside and Dundee City Council reflected in Integration Joint Board reports during the year as appropriate.

- Regular reporting to the Performance & Audit Committee of external scrutiny reports relating to delegated services from scrutiny bodies such as the Care Inspectorate and supporting subsequent action plans.
- Provision of a Governance Action Plan progress report to monitor progress of previous recommended areas of improvement provided to each meeting of the Performance and Audit Committee.
- Assurance provided around the quality of Social Work Services through the Chief Social Work Officer Governance Framework and annual Chief Social Work Officer's Annual Report
- Reporting of Complaints in relation to delegated Health and Social Care services
- Assurances on the procedures, processes and systems of NHS Tayside and Dundee City Council as advised through the partner bodies Annual Governance Statements and Annual Internal Audit Reports and relevant internal and external audit reporting

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

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

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

The review of Dundee City Integration Joint Board's governance framework is supported by a process of self-assessment and assurance certification by the Chief Officer. The Chief Officer completes a "Self-assessment Checklist" as evidence of review of key areas of the Integration Joint Board's internal control framework. The Senior Management Team has input to this process through the Chief Finance Officer. There were no significant internal control issues identified by the self-assessment review.

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

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

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

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

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

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

Two further substantial internal audit reviews commenced during 2021/22 (Viability of External Providers and the IJB as Category 1 Responder) as identified through the IJB's Strategic Risk Register were not fully concluded by the end of the 2021/22 financial year. The outcome of these will

be presented to the Performance and Audit Committee during 2022/23. Furthermore, Internal Audit resources are planned to undertake a joint exercise between Internal Audit and management to review, update and consolidate actions arising from all sources of previous recommendations as well as reprioritising on a risk basis.

It is recognised that progress in delivering a number of actions from previous internal and external audit recommendations has been slower than originally planned, mainly due to lack of capacity within Dundee Health and Social Care Partnership to take these actions forward at the expected pace, particularly over the Covid Pandemic period. In order to make progress, an initial assessment of duplicated actions was made and a revised Governance Action Plan was presented to the September 2021 meeting of the Performance and Audit Committee with progress on actions in the plan now recorded on Dundee City Council's Pentana Risk Management system to allow for real time updates. This will continue to evolve through partnering work during 2022/23 with Internal Audit as noted above. In the context of the other controls in place and progress made, this is not deemed to impact on the systems of governance and control within the IJB.

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

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

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

The Chief Internal Auditor has carried out his review of the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk management and control. The findings of this review are reflected in the Annual Internal Audit Report 2021/22 presented to the IJB meeting of the 22 June 2022 which supports the outcome of Dundee City IJB's self-assessment process noted above and concludes that although some areas for improvement have been identified these do not impact on the level of assurance provided and reliance can be placed on the Integration Joint Board's governance arrangements and systems of control for 2021/22. A management response, actions and planned completion dates in relation to these areas of improvement have been developed with the progress of these actions monitored through the Performance and Audit Committee as part of the Governance Action Plan update report.

### Continuous Improvement

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

Area for improvement	Lead Officer	Target Completion Date
Under Clinical and Care Governance, review of remits needs to consider information and data sets to be agreed and presented to the Getting it Right for Everyone Group to support the governance of Lead Authority Services	Lead Allied Health Professional/ Head of service Health & Community Care	Sept-2022
Reporting on workforce issues including the Workforce and Organisational Development Strategy as well as the partnership forum.	Chief Officer	June 2022

Development of Large Hospital Set Aside arrangements in conjunction with the Scottish Government, NHS Tayside and Angus and Perth and Kinross Integration Joint Boards.	Chief Finance Officer	March-2023
Development of improved Lead Authority Services arrangements around risk and performance management for lead authority services.	Chief Finance Officer	December 2022
Further develop performance report information into a delivery plan framework to ensure IJB fulfils its remit in delivering the direction of travel within the Strategic Commissioning Plan.	Chief Finance Officer	March 2023
Liaise with partner organisations to ensure an agreed budget is approved prior to the start of the year.	Chief Finance Officer	March-2023
Combine financial and performance reporting to members in the context of the IJB's Strategic Risks.	Chief Finance Officer	December 2022
Review reserves to ensure they are adequate	Chief Finance Officer	June-2022
Implementation of and reporting on all outstanding recommendations arising from the Ministerial Steering Group report on Health & Social Care Integration following publication of revised Integration Scheme	Chief Officer	October-2022
Further development of governance arrangements considering agreed governance principles and updated advice from the Scottish Government Health & Social care Division	Chief Officer	October-2022
Embed a programme of development and training opportunities for Board members.	Chief Officer	September-2022
Update the Board and PAC on progress in delivering against the remaining actions in the risk maturity action plan following adoption of Tayside IJB's Risk Management Framework.	Chief Finance Officer	October - 2022
Work to fully implement the actions in the Workforce and Organisational Development Strategy. Strive towards ensuring that the DH&SCP culture becomes fully embedded. Engage staff in developing and maintaining the partnership culture as well as sharing and embedding the guiding principles.	Lead Allied Health Professional/ Head of service Health & Community Care / Chief Finance Officer	December-2022
Clarification of deputising arrangements for the Chief Officer to be presented to the IJB following publication of the revised Integration Scheme	Chief Officer	August-2022
Review attendance at groups based on agreed principles. Attendance at partner groups should be based on a consideration of whether this is necessary to provide assurance to allow the partner body to fulfil their agreed responsibilities in line with their accountabilities	Chief Officer	September-2022
Develop a best practice guidance document to ensure the operation of all groups conforms to the various principles detailed in the Governance Mapping report.	Chief Finance Officer	September-2022
Review the strategic risk in relation to Increased Bureaucracy.	Chief Finance Officer	September-2022
Work with statutory partners to develop a Memorandum of Understanding detailing all key corporate support services to be provided to DH&SCP by Dundee City Council and NHS Tayside	Chief Finance Officer	December 2022
Review and implement recommendations from the Internal Audit Review of the IJB's Transformation Programme	Chief Finance Officer	December 2022
Review and implement the recommendations from the Internal Audit Review of Performance Management arrangements	Chief Finance Officer	December 2022
Develop further Strategic Plan Performance Measures for implementation of the IJB's revised Strategic Plan 2023-2026	Chief Finance Officer	April 2023

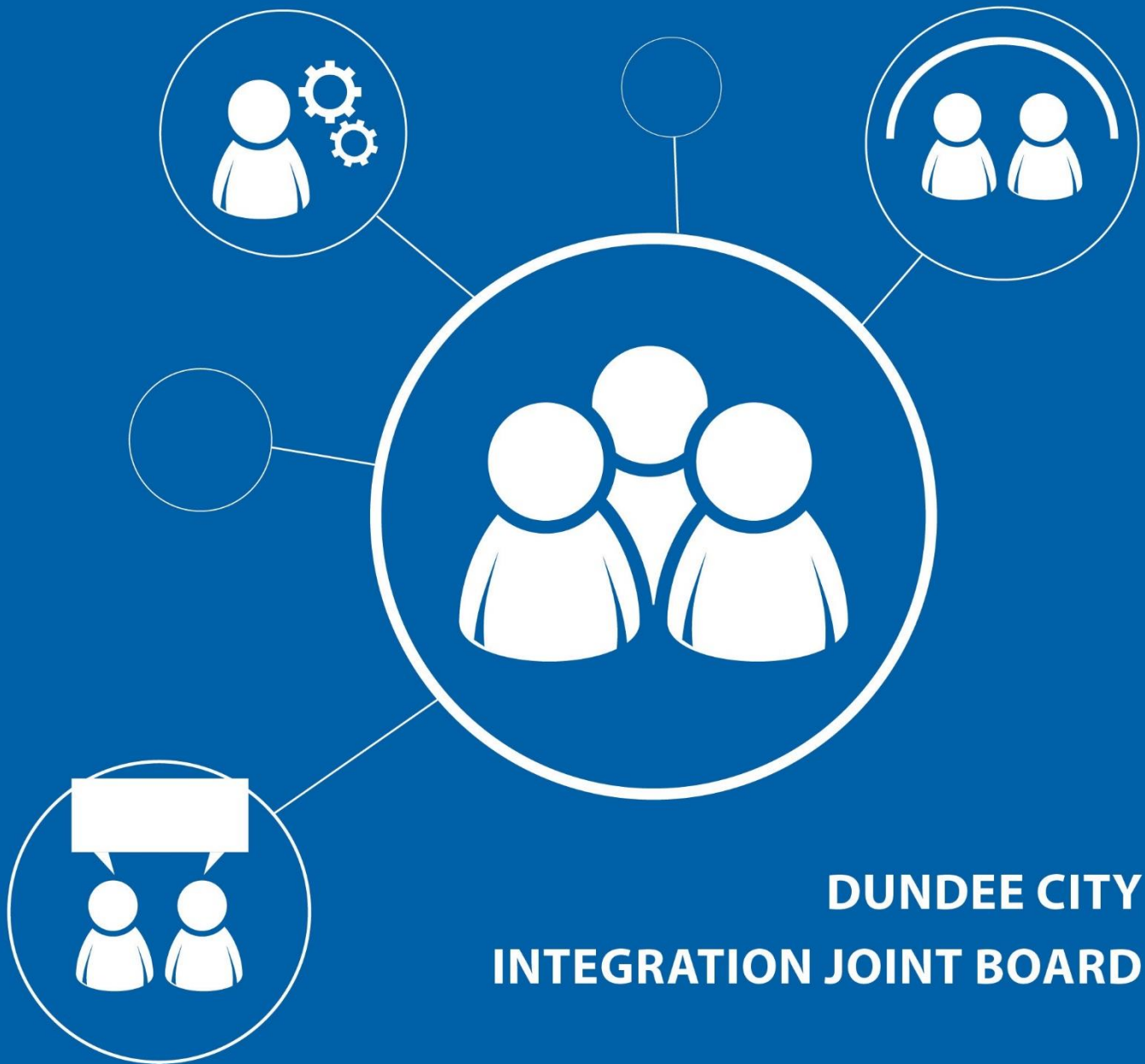
**Conclusion and Opinion on Assurance**

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

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

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





**DUNDEE CITY  
INTEGRATION JOINT BOARD**

**ANNUAL ACCOUNTS  
2021-22**

**Unaudited**

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**Dundee City Integration Joint Board**  
**Annual Accounts 2021-22**  
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## Introduction

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

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

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

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

## Role and Remit of Dundee City Integration Joint Board

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

[https://www.dundeehscp.com/sites/default/files/publications/dhscp\\_strategic\\_plan\\_2019-2022.pdf](https://www.dundeehscp.com/sites/default/files/publications/dhscp_strategic_plan_2019-2022.pdf).

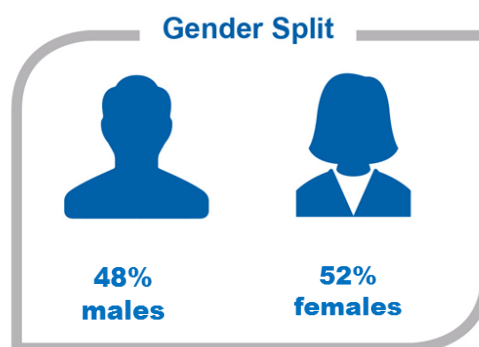
Population, health and deprivation impact directly on demand for health and social care services and can often result in higher support levels being required. Dundee has high levels of inequalities within the city with significant variances across locality areas, driven by high levels of deprivation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

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

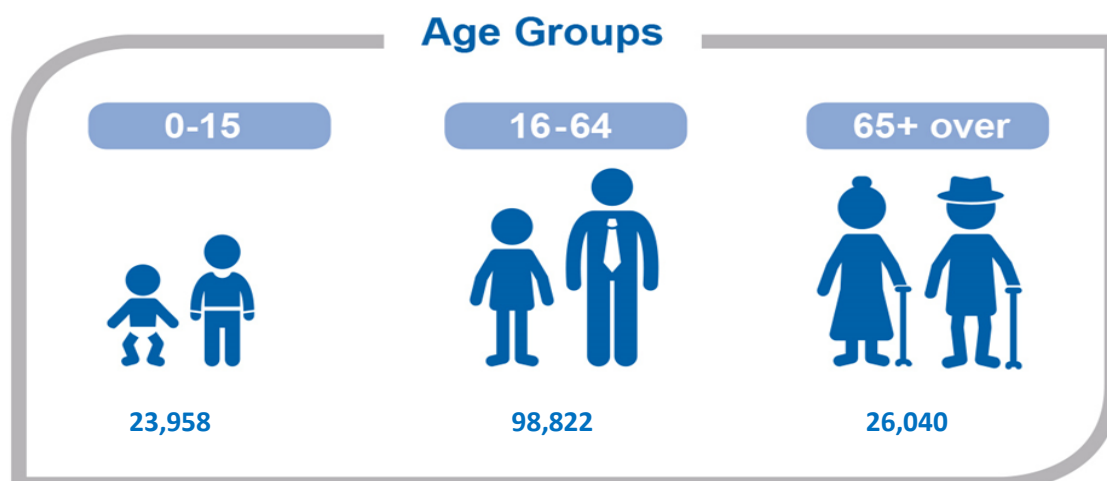
## POPULATION PROFILE AND PROJECTIONS



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



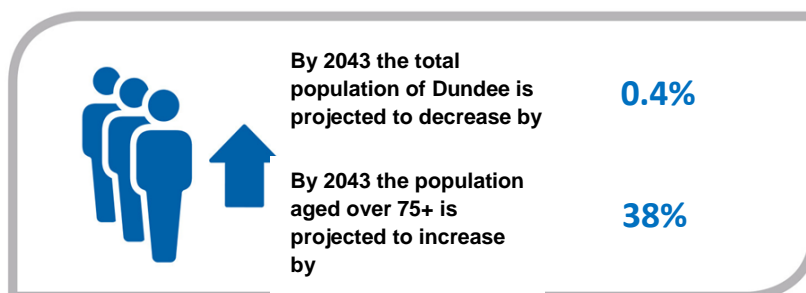
(Source: [National Records of Scotland](#), 2021)



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

### Projected Population

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



## Life Expectancy

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



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

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

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

## Deprivation

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



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

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

## Drug Use



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

**1,600** (70%) male and

**700** (30%) are female

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

## Homelessness



**1,010** households assessed as homeless in 2019/20

**58%** of households have at least one identified support need

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

## Learning Disability



Dundee has the **highest proportion** of adults with a learning disability in Scotland.

In 2021, there were **8.1** adults per **1,000** population of adults in Dundee with a learning disability, compared to **5.2** adults per **1,000** population in Scotland.

(Source: [Learning Disability Statistics Scotland, 2019](#))

## Physical Disability



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

**7%** of Dundee's population.

(Source: *Census 2011*, [scotlandscensus.gov.uk](http://scotlandscensus.gov.uk))

### Membership of Dundee City Integration Joint Board

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

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

#### Voting Members:

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

#### Non-voting members:

Role	Member
<b>Chief Social Work Officer</b>	Diane McCulloch (Dundee City Council)
<b>Chief Officer</b>	Vicky Irons
<b>Proper Officer Appointed under section 95 (Chief Finance Officer)</b>	Dave Berry
<b>Registered medical practitioner whose name is included in the list of primary medical performers prepared by the Health Board</b>	Dr David Wilson (from 28/10/2021)
<b>Registered nurse who is employed by the Health Board</b>	Sarah Dickie (from 26/08/2021)
<b>Registered medical practitioner employed by the Health Board and not providing primary medical services</b>	Dr James Cotton
<b>Staff of the constituent authorities engaged in the provision of services provided under integration functions</b>	Raymond Marshall (NHS Tayside Staff Side Representative) Jim McFarlane (Dundee City Council Trade Union Representative)



<b>Director of Public Health</b>	Emma Fletcher
<b>Clinical Director</b>	Dr David Shaw (from 27/10/2021)
<b>Third Sector Representative</b>	Eric Knox (until 31/03/2022) Christina Cooper (from 01/04/2022)
<b>Service user residing in the area of the local authority</b>	Linda Gray (until 07/02/2022)
<b>Persons providing unpaid care in the area of the local authority</b>	Martyn Sloan

The Chair of Dundee City Integration Joint Board rotates on a two-yearly basis with the Chairs position transferring in October 2020 to Councillor Ken Lynn with Trudy McLeay, non-executive member of NHS Tayside Board acting as Vice Chair. Following Trudy McLeay's resignation, Pat Kilpatrick is now the Vice Chair.

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

The Chief Officer provides the strategic leadership and direction to Dundee City Integration Joint Board. The Chief Officer is supported by the Head of Finance and Strategic Planning (as Chief Finance Officer). In relation to the Chief Officer's role as Executive Director of Dundee Health and Social Care Partnership, they are also supported by the Head of Finance and Strategic Planning in addition to two Heads of Service of Health and Social Care Services following the creation of an additional Head of Service Post at the end of 2021/22 to enhance senior management capacity.

### **Impact of the COVID-19 PANDEMIC**

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

Services delegated to Dundee Integration Joint Board as delivered through Dundee Health and Social Care Partnership (DHSCP) form a critical part of the overall health and social care system, particularly the wide range of community-based health, social care and social work supports and services. Partnership services have not only supported efforts to rapidly increase the availability of beds in the acute sector to respond to COVID-19 positive patients requiring hospital admission, but have also been integral to providing responses to COVID-19 positive people in the community, both within their own homes and within residential settings such as care homes. As well as working to establish new COVID-19 pathways and responses, a range of services and supports have been the subject of rapid redesign to enable continued operation in the context of social distancing regulations and public health advice. This has included significant mobilisation and redeployment of the workforce across partner bodies such as Dundee City Council, NHS Tayside and the Voluntary Sector. Continuing issues such as securing adequate supplies of PPE and the provision of COVID-19 testing facilities have required a response from DHSCP. DHSCP has been integral to the provision of support and advice to care homes and other care providers including establishing a regular care provider information and advice bulletin and a system of financial sustainability payments in line with national guidance.

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

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

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

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

A key element of the Integration Joint Board's longer-term recovery planning is to understand the legacy impact of COVID-19 on the health and care needs of the population, including demand for post COVID-19 recovery and rehabilitation services, the increasing prevalence of mental health and substance use issues and the impact of increased poverty and health inequalities. The Integration Joint Board is currently reviewing the impact of these on the delivery of the Strategic and Commissioning Plan including carrying out an updated Strategic Needs Assessment of the population needs.

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

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

### Operations for the Year

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

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

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

**Table 1 National Outcomes**

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

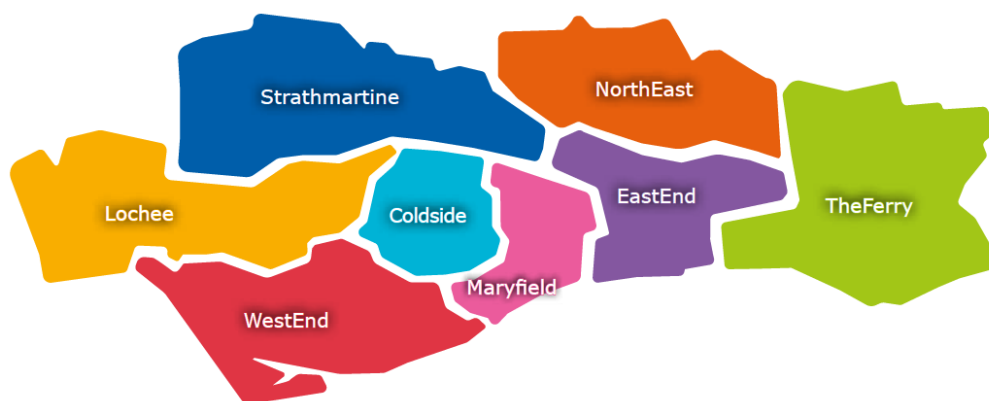
Over 2022/23 these priorities will be delivered through continued implementation of programmes of transformation. During this time a new Strategic and Commissioning plan for 2023-26 will be developed in order to further reflect the current needs on services provided by Dundee Health and Social Care Partnership.

### Operational Delivery Model

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

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

### Map of Eight Local Community Planning Partnership Areas



### Scrutiny and Performance

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

Table 2

National Indicator	Dundee 15/16 (Baseline Year)	Dundee 2020	Dundee 2021/22*	Scotland 2021/22*
Emergency admissions rate to hospital per 100,000 people aged 18+	12,168	11,823	Tbc	Tbc
Emergency bed days rate per 100,000 people aged 18+	146,192	97,449	Tbc	Tbc
Readmissions to acute hospital within 28 days of discharge rate per 1,000 population	122	146	Tbc	Tbc
Falls rate per 1,000 population aged 65+	25	31	Tbc	Tbc
Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (Delayed Discharge bed days)	832	324	Tbc	Tbc

**Notes:**

\* awaiting published data from Public Health Scotland

**Transforming Services**

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

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

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

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

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

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

- Introduced new models of mental health and wellbeing support under banner of a tiered approach to the redesign of mental health services – primary crisis, community and early intervention
- Due to the increased frailty and decreased acuity and mobility of our already dependent population, provision of further assistance with an intermediate care unit for step up and step-down support at Turriff House
- Progress made towards recommendations of the Drug Commission through the response to non-fatal overdoses and assertive outreach work.
- An Interim suite at Menzieshill Care Home has been opened to alleviate pressure caused with the Pandemic circumstances
- Provided a more flexible provision for equipment to enable at home care and independent living
- Successfully trialled the ‘SARASteady’ sit-to-stand aid to support lone workers and unpaid carers to use
- Continued to adapt services to respond to the challenges of the COVID-19 pandemic

### Feedback from service users across the Partnership

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

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

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

### Analysis of Financial Statements 2021/22

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

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

The 2021/22 Annual Accounts comprise: -

- a) Comprehensive Income and Expenditure Statement – This statement shows that Dundee City Integration Joint Board made an overall surplus of £25,169k in 2021/22 (surplus of £13,337k in 2020/21) on the total income of £325,430k (£305,957k in 2020/21).
- b) Movement in Reserves – Dundee City Integration Joint Board has year-end reserves of £38,998k (£13,829k in 2020/21), of which £9,933k is General Reserve (£2,094k in 2020/21). These are held in line with the Dundee City Integration Joint Board’s reserves policy. Reserves were applied during the year to cover outstanding liabilities to Dundee City Council, NHS Tayside and the activities of the Integration Joint Board. Dundee Integration Joint Board reserves have been increased due to significant levels of additional funding received at the year end from the Scottish Government.
- c) Balance Sheet – In terms of routine business Dundee City Integration Joint Board does not hold non-current assets.



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

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

### Financial Position at the End of March 2022

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

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

The IJB reported a year end underlying underspend of £7,839k for 2021/22, arising from an underlying underspend of £5,969k in social care budgets and an underlying underspend of £1,870k in health budgets. This net underspend has been utilised to create the Uncommitted Reserve within the Balance Sheet.

Within the Dundee City Council underspend position, lower activity within community based social care services due to the impact of the pandemic led to an underspend in services including learning disability services which had an underspend of £572k and older people care home placements with an underspend of £567k. Also, as a result of the continued pandemic impact (including Omicron outbreak) during winter months and challenges in recruitment to

## MANAGEMENT COMMENTARY

these additional posts, much of the new 21/22 funding was not utilised prior to year-end resulting in an additional underspend of £3,400k.

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

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

Mobilisation Expenditure Area	COVID-19 Additional Expenditure (2021/22) £000	COVID-19 Additional Expenditure (2020/21) £000
Additional Care Home Placements	0	336
PPE	192	157
Additional Staff Cover / Temporary Staff	2,659	2,817
Provider Sustainability Payments	2,538	4,379
IT / Telephony	0	50
Additional Family Health Services Contractor Costs	143	678
Additional Family Health Services Prescribing Costs	226	0
Loss of Charging Income	1,028	1,350
Additional Equipment and Maintenance	336	189
Primary Care	197	0
Additional Services within Remobilisation Plan	484	0
Other Costs	119	114
Anticipated Underachievement of Savings	0	200
<b>Total Projected Mobilisation Costs</b>	<b>7,922</b>	<b>10,271</b>
NHS Tayside spend	2,950	3,522
Dundee City Council spend	4,972	6,749

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

	Opening Committed Reserves	Closing Committed Reserves @ 31/3/22
	£k	£k
Primary Care	2,424	4,996
Mental Health	527	1,825
ADP	358	1,220
Service Specific	129	1,947
Community Living Change Fund	613	613
COVID-19	6,084	15,595
NHST - shifting balance of care	1,600	1,600
Analogue to Digital Grant	0	876
Other Staffing	0	394
<b>Total Committed Reserves</b>	<b>11,735</b>	<b>29,065</b>
<b>Plus Uncommitted Reserves</b>	<b>2,094</b>	<b>9,933</b>
<b>Total Reserves</b>	<b>13,829</b>	<b>38,998</b>

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

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

### Key Risks and Uncertainties

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

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

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

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

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

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

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

The Dundee Drugs Commission Review "Responding to Drug Use with Kindness, Compassion and Hope" was published in August 2019 which included 16 recommendations

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

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

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

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

Over the course of 2021/22, the Integration Scheme governing how the Integration Joint Board operates was required to be reviewed by the statutory bodies (NHS Tayside and Dundee City Council) in line with legislation and this resulted in a number of revisions to the scheme. While most of the revisions are designed to bring the Integration Scheme up to date and reflect the

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

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

## Conclusion

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

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



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

Date:



**Vicky Irons**  
Chief Officer  
Dundee City  
Integration Joint Board

Date:



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

Date:

**Responsibilities of the Dundee City Integration Joint Board**

The Dundee City Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the Board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). For this Board, that officer is the Chief Finance Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014, the Coronavirus (Scotland) Act 2020) and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature at a meeting of the Integration Joint Board on 22 June 2022.

Signed on behalf of the Dundee City Integration Joint Board

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

Date:



**Responsibilities of the Chief Finance Officer**

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

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

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

The Chief Finance Officer has also:

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

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

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

Date: 22 June 2022

## Introduction

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

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

### Remuneration: Integration Joint Board Chair and Vice Chair

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

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

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

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

### Remuneration: Officers of Dundee City Integration Joint Board

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

### Senior Employees

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

# REMUNERATION REPORT

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

Total Salary, Fees & Allowances 2020/21 £	Post	Senior Employees	Total Salary, Fees & Allowances 2021/22 £
109,961	Chief Officer	Vicky Irons	117,432
95,828	Chief Finance Officer	Dave Berry	96,816
<b>205,789</b>		<b>Total</b>	<b>214,248</b>

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

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

## REMUNERATION REPORT

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

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

### Exit Packages

There were no exit packages payable during the financial year.

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

**Vicky Irons**  
Chief Officer  
Dundee City Integration Joint Board

**Date:**

**Date:**

## Introduction

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

## Scope of Responsibility

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

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

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



## The Governance Framework and Internal Control System

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

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

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

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

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

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

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

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

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

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

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

The review of Dundee City Integration Joint Board's governance framework is supported by a process of self-assessment and assurance certification by the Chief Officer. The Chief Officer completes a "Self-assessment Checklist" as evidence of review of key areas of the Integration Joint Board's internal control framework. The Senior Management Team has input to this process through the Chief Finance Officer. There were no significant internal control issues identified by the self-assessment review.

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

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

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

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

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

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

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

It is recognised that progress in delivering a number of actions from previous internal and external audit recommendations has been slower than originally planned, mainly due to lack of capacity within Dundee Health and Social Care Partnership to take these actions forward at the expected pace, particularly over the Covid Pandemic period. In order to make progress, an initial assessment of duplicated actions was made and a revised Governance Action Plan was presented to the September 2021 meeting of the Performance and Audit



Committee with progress on actions in the plan now recorded on Dundee City Council's Pentana Risk Management system to allow for real time updates. This will continue to evolve through partnering work during 2022/23 with Internal Audit as noted above. In the context of the other controls in place and progress made, this is not deemed to impact on the systems of governance and control within the IJB.

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

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

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

The Chief Internal Auditor has carried out his review of the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk management and control. The findings of this review are reflected in the Annual Internal Audit Report 2021/22 presented to the IJB meeting of the 22 June 2022 which supports the outcome of Dundee City IJB's self-assessment process noted above and concludes that although some areas for improvement have been identified these do not impact on the level of assurance provided and reliance can be placed on the Integration Joint Board's governance arrangements and systems of control for 2021/22. A management response, actions and planned completion dates in relation to these areas of improvement have been developed with the progress of these actions monitored through the Performance and Audit Committee as part of the Governance Action Plan update report.

### Continuous Improvement

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

Area for improvement	Lead Officer	Target Completion Date
Under Clinical and Care Governance, review of remits needs to consider information and data sets to be agreed and presented to the Getting it Right for Everyone Group to support the governance of Lead Authority Services	Lead Allied Health Professional/ Head of service Health & Community Care	Sept-2022

Reporting on workforce issues including the Workforce and Organisational Development Strategy as well as the partnership forum.	Chief Officer	June 2022
Development of Large Hospital Set Aside arrangements in conjunction with the Scottish Government, NHS Tayside and Angus and Perth and Kinross Integration Joint Boards.	Chief Finance Officer	March-2023
Development of improved Lead Authority Services arrangements around risk and performance management for lead authority services.	Chief Finance Officer	December 2022
Further develop performance report information into a delivery plan framework to ensure IJB fulfils its remit in delivering the direction of travel within the Strategic Commissioning Plan.	Chief Finance Officer	March 2023
Liaise with partner organisations to ensure an agreed budget is approved prior to the start of the year.	Chief Finance Officer	March-2023
Combine financial and performance reporting to members in the context of the IJB's Strategic Risks.	Chief Finance Officer	December 2022
Review reserves to ensure they are adequate	Chief Finance Officer	June-2022
Implementation of and reporting on all outstanding recommendations arising from the Ministerial Steering Group report on Health & Social Care Integration following publication of revised Integration Scheme	Chief Officer	October-2022
Further development of governance arrangements considering agreed governance principles and updated advice from the Scottish Government Health & Social care Division	Chief Officer	October-2022
Embed a programme of development and training opportunities for Board members.	Chief Officer	September-2022
Update the Board and PAC on progress in delivering against the remaining actions in the risk maturity action plan following adoption of Tayside IJB's Risk Management Framework.	Chief Finance Officer	October - 2022
Work to fully implement the actions in the Workforce and Organisational Development Strategy. Strive towards ensuring that the DH&SCP culture becomes fully embedded. Engage staff in developing and maintaining the partnership culture as well as sharing and embedding the guiding principles.	Lead Allied Health Professional/ Head of service Health & Community Care / Chief Finance Officer	December-2022
Clarification of deputising arrangements for the Chief Officer to be presented to the IJB following publication of the revised Integration Scheme	Chief Officer	August-2022
Review attendance at groups based on agreed principles. Attendance at partner groups should be based on a consideration of whether this is necessary to provide assurance to allow the partner body to fulfil their agreed responsibilities in line with their accountabilities	Chief Officer	September-2022
Develop a best practice guidance document to ensure the operation of all groups conforms to the various principles detailed in the Governance Mapping report.	Chief Finance Officer	September-2022
Review the strategic risk in relation to Increased Bureaucracy.	Chief Finance Officer	September-2022

Work with statutory partners to develop a Memorandum of Understanding detailing all key corporate support services to be provided to DH&SCP by Dundee City Council and NHS Tayside	Chief Finance Officer	December 2022
Review and implement recommendations from the Internal Audit Review of the IJB's Transformation Programme	Chief Finance Officer	December 2022
Review and implement the recommendations from the Internal Audit Review of Performance Management arrangements	Chief Finance Officer	December 2022
Develop further Strategic Plan Performance Measures for implementation of the IJB's revised Strategic Plan 2023-2026	Chief Finance Officer	April 2023

### Conclusion and Opinion on Assurance

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

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

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

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

Date:

**Vicky Irons**  
Chief Officer  
Dundee City Integration Joint Board

Date:

# THE FINANCIAL STATEMENTS 112

## COMPREHENSIVE INCOME & EXPENDITURE STATEMENT

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

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

### Notes

\* AHP – Allied Health Professionals

\*\* FHS – Family Health Services

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

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

# THE FINANCIAL STATEMENTS 113

## MOVEMENT IN RESERVES STATEMENT

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

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

# THE FINANCIAL STATEMENTS **114**

## BALANCE SHEET

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

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

The unaudited accounts were issued on 30 June 2022

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

Date:

## 1. Significant Accounting Policies

### General Principles

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

The Financial Statements are prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2020/21, supported by International Financial Reporting Standards (IFRS), and statutory guidance issued under Section 12 of the Local Government in Scotland Act 2003.

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

### Accruals of Income and Expenditure

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

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

### Funding

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

### Cash and Cash Equivalents

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

Employee Benefits

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

Reserves

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

Indemnity Insurance

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

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

**2. Critical Judgements and Estimation Uncertainty**Critical Judgements in Applying Accounting Policies

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

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

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



## NOTES TO THE FINANCIAL STATEMENTS

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

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

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

### 3. Events after the Reporting Period

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

### 4. Expenditure and Income Analysis by Nature

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

### 5. Taxation and Non-Specific Grant Income

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

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

## NOTES TO THE FINANCIAL STATEMENTS

set aside based on the local population's consumption of these resources. NHS Tayside has the responsibility to manage the costs of providing these services. The value of the set aside noted above is based on activity information provided by NHS Scotland's Information Services Division, set against direct expenditure figures provided by NHS Tayside. The methodology of calculating future values of the Large Hospital Set Aside is being developed locally and nationally.

**6. Debtors**

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

**7. Creditors**

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

**8. Usable Reserve: General Fund**

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

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

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

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

## NOTES TO THE FINANCIAL STATEMENTS

The movement reflects the impact of funding for specific initiatives carried forward to 2022/23. The reserves balance of £27,909k has been committed by the Dundee City Integration Joint Board through the planned reinvestment of Scottish Government ring fenced funding in line with the conditions of this funding for Primary Care Improvement Plan, Action 15 Mental Health Strategy and Alcohol and Drug Partnership, as well as COVID-19 additional expenditure.

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

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

## 9. Related Party Transactions

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

## NOTES TO THE FINANCIAL STATEMENTS

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

### Dundee City Integration Joint Board Members

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

### Officers

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

### Key Management Personnel

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

### Transactions with NHS Tayside

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

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

## NOTES TO THE FINANCIAL STATEMENTS

Balances with NHS Tayside

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

Transactions with Dundee City Council

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

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

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

Balances with Dundee City Council

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

**10. Value Added Tax (VAT)**

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

**11. Agency Income and Expenditure**

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

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

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

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

## 12. Provisions

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

## 13. Accounting Standards that have been issued but not adopted

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

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## Independent Auditor's Report

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

The Annual Accounts are subject to audit in accordance with the requirements of Part VII of the Local Government (Scotland) Act 1973.

The Auditor appointed for this purpose by the Accounts Commission for Scotland is:

Fiona Mitchell-Knight

Audit Director

Audit Scotland

8 Nelson Mandela Place

Glasgow

G2 1BT





**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
22 JUNE 2022

**REPORT ON:** YEAR-END FINANCIAL MONITORING POSITION AS AT MARCH 2022

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB44-2022

## **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to provide the Integration Joint Board with an update of the year-end financial monitoring position for delegated health and social care services for 2021/22 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 year-end financial position for delegated services for 2021/22 as at 31<sup>st</sup> March 2022 as outlined in Appendices 1, 2, 3 and 4 of this report.
- 2.2 Notes the costs associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis as set out in section 4.5 of this report.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 The underlying operational financial monitoring position for Dundee Health and Social Care Partnership (excluding any implications of additional COVID-19 spend) shows a net underspend position at the year-end of (£7,839k).
- 3.2 Dundee Health and Social Care Partnership has continued to incur additional expenditure associated with the response to the Covid19 pandemic and in line with the recovery and remobilisation plan as agreed by Dundee IJB at its meeting held on 21<sup>st</sup> April 2021 (Article X of the minute refers). Throughout 2020/21 the Scottish Government provided additional funding to support these additional costs. Surplus funding of £6.1m was held at the end of 2020/21 was held as an earmarked funding in IJB's reserves balances to cover additional COVID-19 related spend during 2021/22 and was expected to be utilised first prior to further funding being drawn down.
- 3.3 The total additional cost relating to 2021/22 COVID-19 Recovery and Remobilisation Plan to March 2022 is £7.9m. Previously Q3 projected spend was reported to be £8.5m – as per the financial return submitted to the Scottish Government in January 2022. It is anticipated the Quarter 4 will be requested by the Scottish Government in due course. A breakdown of this expenditure is noted in Table 1 in section 4.5.7 of this report.
- 3.4 Further additional non-recurring funding of £17.4m was received from Scottish Government to fully support the additional expenditure in 2021/22, and provide funding to support the ongoing recovery and remobilisation of services during 2022/23. The balance of Covid-19 funding as at 31<sup>st</sup> March 2022 is £15.6m which will be placed in the earmarked Reserve in the Year End

Financial Accounts and carried forward to 2022/23 to meet these ongoing additional Covid-19 demands on delegated services.

## **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 26<sup>th</sup> March 2021 (Article IV of the minute of the 26<sup>th</sup> March refers). This set out the cost pressures and funding available with a corresponding savings plan to ensure the IJB had a balanced budget position going into the 2021/22 financial year. The detail of these savings are set out in Appendix 4 and it is confirmed that these savings were delivered during 2021/22.
- 4.1.3 Under the terms of the Integration Scheme, the risk sharing arrangements in relation to any residual overspends incurred by the end of the financial year will be met proportionately by the Council and NHS Tayside. Information sharing has been ongoing throughout the financial year with both parties to highlight and consider the implications of the IJB's projected financial position. Officers within the Partnership will continue to monitor areas to control expenditure and achieve the savings targets identified. The risk sharing arrangement has not need to be implemented for 2021/22.

### **4.2 Outturn Position – Key Areas**

- 4.2.1 The following sets out the main areas of note from the financial information contained within Appendices 1 (Summary Position) and 2 (More Detailed Position) and provides commentary on the reasons for significant variances, actions being taken to manage these and outlines the key elements of risk which may remain. These figures exclude the additional cost implications of responding to the COVID-19 crisis.

### **4.3 Services Delegated from NHS Tayside**

- 4.3.1 The financial position for services delegated from NHS Tayside to the IJB shows an underspend of (£1,871k) for 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 underspent by (£504k) and overall prescribing is underspent by (£2,089k).
- 4.3.2 Service underspends are reported within Community-based Psychiatry of Old Age (£517k) and Medical (MFE) (£182k), and some hosted services such as Psychological Therapies (£580k), Learning Disability (Tayside Allied Health Professionals) (£184k), and Sexual & Reproductive Health (£285k) mainly as a result of staff vacancies and challenges in the recruitment processes. Further underspends totalling (£657k) are shown within Public Health, Primary Care, Urgent Care and Keep Well services.
- 4.3.3 Service overspends are reported in Medicine for the Elderly £387k, Psychiatry of Old Age In-Patients £85k and Medical (POA) £164k. Occupational Therapy budgets are overspent by £636k (however this is offset by underspend in Physiotherapy of (£658k) – a service review and budget realignment is expected to be in place for the next financial year for the combined AHP position), with further overspends arising in Nursing Services (Adult) of £208k, and Community Mental Health team of £216k. Additional staffing pressures not directly linked to COVID-19 have contributed to the adverse position.

- 4.3.4 Members of the IJB will also be aware that Angus and Perth and Kinross IJBs host Tayside-wide delegated services on behalf of Dundee IJB and a number of services are hosted 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 net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth and Kinross IJBs to Dundee IJB are noted in Appendix 3. The net impact of hosted services to Dundee is an increased cost implication of £517k which mainly relates to higher spend within Out of Hours and Forensic Medical Services hosted by Angus IJB, as well as redistribution of underspends from the services hosted by Dundee.
- 4.3.5 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 are ongoing with NHS Tayside around financial risk sharing arrangements for these services which continue to overspend. For 2021/22, the financial implication for Dundee IJB is a contribution of £276k to support the Tayside-wide overspend position.

#### **4.4 Services Delegated from Dundee City Council**

- 4.4.1 The financial position for services delegated from Dundee City Council to the IJB shows an underspend of (£5,969k).
- 4.4.2 A significant challenge facing the IJB's delegated budget continues to be the provision of sufficient home and community based social care to meet increasing demographic demand and reduce delayed discharges in hospital while balancing financial resources. As a result of this, older people care at home services are overspent by £98k. Financially, this is significant reduction from the previous reports and is a result of the ongoing recruitment challenges faced by commissioned and internal services over the Covid19 pandemic period to meet service level demands. This is offset by underspends in Respite care for older people of (£316k) and older people Care Home placements (£567k), again partly as a result of the Covid-19 Pandemic. Care home spend for mental health service users is £239k overspent and Accommodation with Support is £162k overspent however a review will be undertaken to realign care home budgets for adults given large underspends in learning disability, physical disability and drug and alcohol recovery care home budgeted expenditure.
- 4.4.3 Demand for learning disability services continues to be high with an overspend in the provision of day services of £572k.
- 4.4.4 The significant improvement in the overall underspend position within Council delegated budgets is predominantly as a result of additional Winter Plan funding received from Scottish Government during 2021/22 to invest in areas such as Care at Home and Social Care to help manage demand and flow pressures (as noted by Dundee IJB at its meeting held on 15<sup>th</sup> December 2021 (Article XII of the minute refers) and further detailed in section 4.8 of this report). As a result of the continued pandemic impact (including Omicron outbreak) during winter months and challenges in recruitment to these additional posts, much of the 21/22 funding was not utilised prior to year-end – this has resulted in additional £3.4m underspend being dropped directly into the bottom line position.

#### **4.5 Financial Impact of the COVID-19 Response**

- 4.5.1 The Health & Social Care Partnership's response to the Covid19 pandemic has continued to evolve as the impact of the pandemic evolved and is reflected in the HSCP's remobilisation plan. Consistent with the remobilisation plan, a quarterly financial return outlining Covid19 additional expenditure is required by the Scottish Government. The 2021/22 quarter 3 return was submitted to the Scottish Government during January 2022, and the year-end position has been prepared and is anticipated to be requested by Scottish Government in due course. Details of the year-end position are shown in Table 1 below.

- 4.5.2 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 in IJB's reserve balances and is expected to be drawn down to cover additional Covid19 related spend in the following financial year.
- 4.5.3 In late February 2022, the Scottish Government advised Health Boards and Integration Joint Boards of further Covid19 funding allocations to cover all outstanding 2021/22 Covid19 expenditure claims and contingency provision for any unidentified additional pandemic costs. Dundee IJB received a total of £17.4m of additional Covid-19 funding allocation during 2021/22.
- 4.5.4 The Scottish Government agreed to extend the financial support offered to social care providers throughout the pandemic to date and funded through IJB remobilisation funding until June 2022. This element has been the most significant cost within the remobilisation plan to date and included continued payment of underoccupancy payments to care homes (until the end of October 2021), payments for additional staff sickness and cover and additional PPE.
- 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 The balance of the Scottish Government's Covid-19 funding as at 31<sup>st</sup> March 2022 for the IJB is £15.4m and will be placed in a ring-fenced Reserve in the Year End Financial Accounts to be carried forward to 2022/23 to meet ongoing additional Covid-19 demands on delegated services.
- 4.5.7 The latest financial summary of the mobilisation plan as at 31<sup>st</sup> March 2022 (and comparable figures for previous year 2020/21) is as follows:

Table 1

Recovery and Remobilisation Expenditure Area	COVID-19 Additional Expenditure (2021/22) £000	Previous year - COVID-19 Additional Expenditure (2020/21) £000
Additional Care Home Placements	0	336
PPE	192	157
Additional Staff Cover / Temporary Staff	2,659	2,817
Provider Sustainability Payments	2,538	4,379
IT / Telephony	0	50
Additional Family Health Services Contractor Costs	143	678
Additional Family Health Services Prescribing Costs	226	0
Loss of Charging Income	1,028	1,350
Additional Equipment and Maintenance	336	189
Primary Care	197	0
Additional Services within Remobilisation Plan	484	0
Other Costs	119	114
Anticipated Underachievement of Savings	0	200
<b>Total Additional Covid-19 Mobilisation Costs</b>	<b>7,922</b>	<b>10,271</b>

- 4.5.8 At this time, it is anticipated that no further funding will be available from the Scottish Government to support ongoing additional expenditure relating to Covid-19 Recovery and Remobilisation plans. The balance held in earmarked Reserves will continue to be carefully managed and monitored by officers as services return to more normal operational service. The funding will also be utilised as strategically as possible to support service areas where backlogs and increased demand pressures are evident.

#### 4.6 Reserves Position

- 4.6.1 The IJB's reserves position was considerably improved in the previous year ended 31<sup>st</sup> March 2021 as a result of the IJB generating an operational surplus of £2,041k during 2020/21 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 £11,734k and uncommitted reserves of £2,094k. The reserves position as at end 2020/21 is noted in Table 2 below:

Table 2

Reserve Purpose	Reserves Balance @ 31/3/21
	£k
Primary Care	2,424
Mental Health Action 15	527
ADP	358
Service Specific Projects	129
Community Living Change Fund	613
Covid-19	6,084
NHST - shifting balance of care	1,600
<b>Total Committed Reserves</b>	<b>11,734</b>
<b>General Reserves (Uncommitted)</b>	<b>2,094</b>

- 4.6.2 Following completion of the IJB's Unaudited Accounts for 2021/22, presented as Item X on this meeting agenda, it is now known that the Reserves balance as at 31<sup>st</sup> March 2022 will be considerably increased as a result of further operational underspend, additional Covid-19 allocation, increased balances held in existing ring-fenced funds and slippage delays on some new funding streams.
- 4.6.3 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 often be taken into consideration for these funding streams by the Scottish Government when releasing further in-year funding.
- 4.6.4 Similarly the provision of Covid19 funding can only be set against Covid19 related additional expenditure by delegated services.
- 4.6.5 New earmarked Reserves balances have been added where it identified that funding has been received for a specific purpose or project and can only be spent on that particular area.

#### 4.7 Savings Plan

- 4.7.1 The IJB's savings for 2021/22 were initially agreed at the IJB meeting of 26 March 2021 (item IV of the minute refers) and subsequently revised following confirmation of additional Scottish Government Funding as agreed at the IJB meeting of 23 June 2021 (Item IX of the minute refers.) The total savings to be delivered during 2021/22 amount to £2,042k. A summary of these savings is set out in Appendix 4 and given the overall underspend position of the HSCP in 2021/22 it is confirmed that all of these savings were achieved.

## 4.8 Winter Planning Funding

- 4.8.1 During Autumn 2021, the Scottish Government announced £300m of additional Winter Planning funding to support Health and Social Care (DIJB66-2021).
- 4.8.2 A summary of the funding allocations that were being allocated to Dundee IJB is noted in Table 3 below.

Table 3

<b>SG - Additional Funding</b>						
	2021/22	2022/23			2021/22	2022/23
	Total	Recurring	Non-Recurring	Total	Dundee IJB Share	Dundee IJB Share
	£m	£m	£m	£m	£m	£m
Enhancing Care at Home Capacity	62.0	124.0		124.0	1.787	3.539
Interim 'Step Down' Care	40.0		20.0	20.0	1.153	0.571
Enhancing Multi-Disciplinary Teams	20.0	40.0		40.0	0.577	1.154
Recruitment Band 2-4 Healthcare Support staff	15.0	30.0		30.0	0.206	0.412
Full year impact of £10.02 uplift for Adult Social Care staff	40.2	144.0		144.0	1.384	4.235
Social Care Investment (increase to £10.50 for adult social care commissioned services staff, wef 1/4/22)		200.0		200.0		5.881
Social Work Workforce		22.0		22.0		0.628
Carers Act		20.4		20.4		0.529
Updating Free Personal Nursing Care		15.0		15.0		0.224
Real Living Wage Baseline increase in 21/22		30.5		30.5		0.897
<b>Total Increase in Investment</b>	<b>177.2</b>	<b>625.9</b>	<b>20.0</b>	<b>645.9</b>	<b>5.107</b>	<b>18.070</b>

- 4.8.3 Due to recruitment challenges and delayed implementation of some aspects of these developments during the final months of 2021/22, a portion of this funding has not been utilised and has resulted in approx. £3.4m underspend contribution to the IJB's 2021/22 financial position.

- 4.8.4 The following areas of expenditure were incurred in relation to the Winter Planning funding in 2021/22:

Emergency Additional Care at Home Packages (non framework providers)	£15k
Step Down Interim Care placements -	£260k
Social Care Providers uplift - pay award -	£1,140k
Various Cost Pressures	£230k
<b>Total Identified Expenditure</b>	<b>£1,645k</b>

In addition, the availability of this additional funding enabled the partnership to develop more step down beds within internal services at Menzieshill and Turriff House.

- 4.8.4 Strategic and operational developments continue to be progressed by senior management and assumed expenditure against the 2022/23 funding has been incorporated into the financial plan.

## 5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year.
<b>Risk Category</b>	Financial
<b>Inherent Risk Level</b>	Likelihood 2 x Impact 4 = Risk Scoring 8 (which is a High Risk Level)
<b>Mitigating Actions</b> (including timescales and resources)	The IJB has agreed a range of savings and other interventions to balance expenditure, which alongside additional in year Scottish Government funding and the impact on service levels due to Covid 19 reduces the risk for 2021/22. Regular financial monitoring reports to the IJB will highlight issues raised. Final year end position highlights a surplus for the IJB
<b>Residual Risk Level</b>	Likelihood 1 x Impact 2 = Risk Scoring 3 (which is a Low Risk Level)
<b>Planned Risk Level</b>	Likelihood 1 x Impact 2 = Risk Scoring 3 (which is a Low Risk Level)
<b>Approval recommendation</b>	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.

<b>Direction Required to Dundee City Council, NHS Tayside or Both</b>	<b>Direction to:</b>	
	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.

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						Appendix 1
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2021/22						Mar-22
	Dundee City Council Delegated Services		NHST Dundee Delegated		Partnership Total	
	Net Budget £,000	Year End Overspend / (Underspend) £,000	Net Budget £,000	Year End Overspend / (Underspend) £,000	Net Budget £,000	Year End Overspend / (Underspend) £,000
<b>Older Peoples Services</b>	47,518	(1,554)	16,452	(141)	63,970	(1,695)
<b>Mental Health</b>	5,185	369	4,162	216	9,347	584
<b>Learning Disability</b>	30,094	(393)	1,509	(8)	31,604	(401)
<b>Physical Disabilities</b>	7,233	(319)	0	0	7,233	(319)
<b>Drug and Alcohol Recovery Service</b>	1,727	(249)	3,317	(25)	5,044	(274)
<b>Community Nurse Services/AHP/Other Adult</b>	-30	(98)	16,017	189	15,987	91
<b>Hosted Services</b>			22,743	(1,436)	22,743	(1,436)
<b>Other Dundee Services / Support / Mgmt</b>	4,759	(3,724)	32,802	(868)	37,560	(4,592)
<b>Centrally Managed Budgets</b>			-1,316	1,570	(1,316)	1,570
<b>Total Health and Community Care Services</b>	<b>96,486</b>	<b>(5,969)</b>	<b>95,686</b>	<b>(504)</b>	<b>192,172</b>	<b>(6,473)</b>
Prescribing (FHS)			32,953	(1,253)	32,953	(1,253)
Other FHS Prescribing			262	(836)	262	(836)
General Medical Services			28,716	234	28,716	234
FHS - Cash Limited & Non Cash Limited			21,635	(28)	21,635	(28)
Large Hospital Set Aside			18,200	0	18,200	0
<b>Total</b>	<b>96,486</b>	<b>(5,969)</b>	<b>197,451</b>	<b>(2,387)</b>	<b>293,937</b>	<b>(8,356)</b>
Net Effect of Hosted Services*			(3,582)	517	(3,582)	517
<b>Grand Total</b>	<b>96,486</b>	<b>(5,969)</b>	<b>193,869</b>	<b>(1,871)</b>	<b>290,355</b>	<b>(7,839)</b>
*Hosted Services - Net Impact of Risk Sharing Adjustment						

## DUNDEE INTEGRATED JOINT BOARD - HEALTH &amp; SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2021/22

Mar-22

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Year End Overspend / £,000	Annual Budget £,000	Year End Overspend / £,000	Annual Budget £,000	Year End Overspend / £,000
<b>1</b>						
Psych Of Old Age (In Pat)			4,714	85	4,714	85
Older People Serv. - Ecs			281	-23	281	-23
Older Peoples Serv. -Community			558	-54	558	-54
Ijb Medicine for Elderly			5,680	387	5,680	387
Medical ( P.O.A)			734	164	734	164
Psy Of Old Age - Community			2,371	-517	2,371	-517
Intermediate Care			0	-1	0	-1
Medical (MFE)			2,113	-182	2,113	-182
Care at Home	22,504	98			22,504	98
Care Homes	32,946	-567			32,946	-567
Day Services	1,228	-248			1,228	-248
Respite	1,166	-316			1,166	-316
Accommodation with Support	513	41			513	41
Other	-10,839	-561			-10,839	-561
<b>Older Peoples Services</b>	<b>47,518</b>	<b>-1,554</b>	<b>16,452</b>	<b>-141</b>	<b>63,970</b>	<b>-1,695</b>
<b>2</b>						
Community Mental Health Team			4,162	216	4,162	216
Care at Home	735	-3			735	-3
Care Homes	665	239			665	239
Day Services	66	-34			66	-34
Respite	0	45			0	45
Accommodation with Support	4,273	162			4,273	162
Other	-555	-39			-555	-39
<b>Mental Health</b>	<b>5,185</b>	<b>369</b>	<b>4,162</b>	<b>216</b>	<b>9,347</b>	<b>584</b>
<b>3</b>						
Learning Disability (Dundee)			1,509	-8	1,509	-8
Care at Home	481	-20			481	-20
Care Homes	2,959	-186			2,959	-186
Day Services	9,263	572			9,263	572
Respite	563	-166			563	-166
Accommodation with Support	21,249	-1,047			21,249	-1,047
Other	-4,421	455			-4,421	455
<b>Learning Disability</b>	<b>30,094</b>	<b>-393</b>	<b>1,509</b>	<b>-8</b>	<b>31,604</b>	<b>-401</b>
<b>4</b>						
Care at Home	931	-84			931	-84
Care Homes	2,056	-209			2,056	-209
Day Services	1,417	-188			1,417	-188
Respite	62	-58			62	-58
Accommodation with Support	576	-79			576	-79
Other	2,191	299			2,191	299
<b>Physical Disabilities</b>	<b>7,233</b>	<b>-319</b>	<b>0</b>	<b>0</b>	<b>7,233</b>	<b>-319</b>
<b>5</b>						
Dundee Drug Alcohol Recovery			3,317	-25	3,317	-25
Care at Home	0	0			0	0
Care Homes	275	-22			275	-22
Day Services	60	1			60	1
Respite	0	0			0	0
Accommodation with Support	292	-72			292	-72
Other	1,101	-156			1,101	-156
<b>Drug and Alcohol Recovery Service</b>	<b>1,727</b>	<b>-249</b>	<b>3,317</b>	<b>-25</b>	<b>5,044</b>	<b>-274</b>

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Year End	Annual Budget	Year End	Annual Budget	Year End
	£,000	Overspend / £,000	£,000	Overspend / £,000	£,000	Overspend / £,000
<b>6</b>						
A.H.P.S Admin			453	26	453	26
Physiotherapy			4,678	-636	4,678	-636
Occupational Therapy			1,562	658	1,562	658
Nursing Services (Adult)			8,554	208	8,554	208
Community Supplies - Adult			310	39	310	39
Anticoagulation			460	-106	460	-106
Other Adult Services	-30	-98			-30	-98
<b>Adult Services</b>	<b>-30</b>	<b>-98</b>	<b>16,017</b>	<b>189</b>	<b>15,987</b>	<b>91</b>
<b>7</b>						
Palliative Care - Dundee			2,970	13	2,970	13
Palliative Care - Medical			1,343	-4	1,343	-4
Palliative Care - Angus			372	-3	372	-3
Palliative Care - Perth			1,875	-107	1,875	-107
Brain Injury			1,857	-169	1,857	-169
Dietetics (Tayside)			3,793	-31	3,793	-31
Sexual & Reproductive Health			2,335	-285	2,335	-285
Medical Advisory Service			108	-46	108	-46
Homeopathy			30	6	30	6
Tayside Health Arts Trust			75	-9	75	-9
Psychological Therapies			5,734	-580	5,734	-580
Psychotherapy (Tayside)			1,017	-39	1,017	-39
Perinatal Infant Mental Health			325	0	325	0
Learning Disability (Tay Ahp)			909	-184	909	-184
<b>Hosted Services</b>	<b>0</b>	<b>0</b>	<b>22,743</b>	<b>-1,436</b>	<b>22,743</b>	<b>-1,436</b>
<b>8</b>						
Working Health Services			0	17	0	17
The Corner			506	2	506	2
Grants Voluntary Bodies Dundee			0	0	0	0
Ijb Management			880	-230	880	-230
Partnership Funding			27,778	0	27,778	0
Urgent Care			1,511	-237	1,511	-237
Public Health			783	-65	783	-65
Keep Well			603	-213	603	-213
Primary Care			741	-142	741	-142
Support Services / Management Costs	4,759	-3,724			4,759	-3,724
<b>Other Dundee Services / Support / Mgmt</b>	<b>4,759</b>	<b>-3,724</b>	<b>32,802</b>	<b>-868</b>	<b>37,560</b>	<b>-4,592</b>
Centrally Managed Budget			-1,316	1,570	-1,316	1,570
<b>Total Health and Community Care Services</b>	<b>96,486</b>	<b>-5,969</b>	<b>95,686</b>	<b>-504</b>	<b>192,172</b>	<b>-6,473</b>
<b>Other Contractors</b>						
FHS Drugs Prescribing			32,953	-1,253	32,953	-1,253
Other FHS Prescribing			262	-836	262	-836
General Medical Services			28,716	234	28,716	234
FHS - Cash Limited & Non Cash Limited			21,635	-28	21,635	-28
Large Hospital Set Aside			18,200	0	18,200	0
<b>Grand H&amp;SCP</b>	<b>96,486</b>	<b>-5,969</b>	<b>197,451</b>	<b>-2,387</b>	<b>293,937</b>	<b>-8,356</b>
Hosted Recharges Out			-13,502	394	-13,502	394
Hosted Recharges In			9,920	123	9,920	123
<b>Adjustment</b>			<b>-3,582</b>	<b>517</b>	<b>-3,582</b>	<b>517</b>
<b>Grand Total</b>	<b>96,486</b>	<b>-5,969</b>	<b>193,869</b>	<b>-1,871</b>	<b>290,355</b>	<b>-7,839</b>

NHS Tayside - Services Hosted by Integrated Joint Boards - Charge to Dundee IJB			Appendix 3
Risk Sharing Agreement - March 2022			
	Annual Budget £000s	Year End Over / (Underspend) £000s	Dundee Share of Variance £000s
<b>Services Hosted in Angus</b>			
Forensic Service	1,078	244	96
Out of Hours	8,524	350	138
Locality Pharmacy	3,039	(0)	0
Tayside Continence Service	1,517	(14)	(6)
Speech Therapy (Tayside)	1,241	(52)	(20)
<b>Hosted Services</b>	<b>15,400</b>	<b>529</b>	<b>208</b>
Apprenticeship Levy & Balance of Savings Target	61	(10)	(4)
<b>Total Hosted Services by Angus</b>	<b>15,460</b>	<b>518</b>	<b>204</b>
<b>Services Hosted in Perth &amp; Kinross</b>			
Prison Health Services	4,393	(67)	(27)
Public Dental Service	2,228	(121)	(48)
Podiatry (Tayside)	3,304	(266)	(105)
<b>Hosted Services</b>	<b>9,924</b>	<b>(454)</b>	<b>(180)</b>
Apprenticeship Levy & Balance of Savings Target	(207)	248	98
<b>Total Hosted Services by Perth&amp;Kinross</b>	<b>9,718</b>	<b>(206)</b>	<b>(82)</b>
<b>Total Hosted Services from Angus and P&amp;K</b>	<b>9,920</b>		<b>122</b>

Dundee IJB - Budget Savings List 2021/22		
Agreed Savings Programme		
	2021/22 £000	Risk of non-delivery
<b>(A) Full Year Effect of 2020/21 Savings</b>		
1) New Meals Contract Price from Tayside Contracts under new CPU arrangements	52	Low
<b>Total Base Budget Adjustments</b>	<b>52</b>	
<b>(B) Non Recurring Savings 2021/22</b>		
1) Reduction in GP Prescribing Budget	500	Low
2) Reduction in Discretionary Spend (eg supplies & services, transport costs)	175	Low
3) Anticipated Increased Staff turnover	350	Low
4) Review Anticipated Additional Carers Funding for 2021/22	397	Low
5) Delayed Utilisation of Reinvestment funding	400	Low
<b>Total Non-Recurring Savings</b>	<b>1,822</b>	
<b>(C) Recurring Savings</b>		
1) Impact of DCC Review of Charges	168	Medium
<b>Total Recurring Savings</b>	<b>168</b>	
<b>Total Savings Identified</b>	<b>2,042</b>	
<b>Savings Target</b>	<b>2,042</b>	

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ITEM No ...15.....



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
22 JUNE 2022

**REPORT ON:** 5 YEAR FINANCIAL FRAMEWORK

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB16-2022

## **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to provide the Integration Joint Board (IJB) with a forecast of the medium to longer term financial challenges which are likely to impact on the IJB's future delegated budget and sets out the framework within which these challenges will be mitigated to enable the IJB's strategic priorities to be delivered within a balanced budget.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the potential financial challenges which may impact on the IJB's delegated budget over the medium to longer term as set out in sections 4.1.1 to 4.1.8 and Appendix 1 to this report.
- 2.2 Approves the framework and range of principles under which the IJB will approach these challenges to ensure the IJB is able to deliver its strategic and commissioning priorities while delivering a balanced budget as set out in sections 4.1.9 and 4.1.10 of this report.

## **3.0 FINANCIAL IMPLICATIONS**

3.1 This report sets out the potential financial gaps within the IJB's delegated budget over the coming years. Based on a range of current assumptions, this could potentially result in savings totalling £25.189m being required over the next five financial years.

## **4.0 MAIN TEXT**

### **4.1 Background**

4.1.1 The first 6 financial years of the delivery of integrated health and social care services have been set within a context of severe financial restrictions to the United Kingdom's public spending and continued increases in demographic demand. This position has been exacerbated initially by the uncertainty of the impact of the UK's withdrawal from the European Union but even more so as a result of the response to the Covid19 pandemic and subsequent impact on the UK's public finances, pressures on the economy and further increased demand on health and social care services.

4.1.2 In relation to Dundee Integration Joint Board's delegated budget, these funding pressures and the impact of demographic demand have resulted in year-end overspends being incurred in the pre-Covid19 pandemic financial years (£403k in 2017/18, £1,794k in 2018/19 and £2,274k in 2019/20) with concerns being raised by Audit Scotland about the ongoing financial sustainability of the IJB at this stage and how this could undermine the IJB's ability to improve and deliver vital health and social care services in the future (as set out in the Annual External Auditors Report – Item V of the meeting of the Performance and Audit Committee held on 24 November 2020 refers).

- 4.1.3 The scale of the budgetary challenges faced by the IJB over the last 6 financial years in terms of budgeted cost pressures and the level of funding received from partner bodies can be illustrated by the level of annual savings the IJB has been required to make to balance the delegated budget as follows:

Financial Year	Level of Savings Required to Balance Delegated Budget £000
2016/17 (baseline budget)	6,578
2017/18	2,840
2018/19	4,787
2019/20	5,936
2020/21	2,341
2021/22	2,042
Total	24,524

This position is net of any additional funding provided by the Scottish Government over that time and has clearly had a significant impact on the ability of the IJB to continue its aim of transforming health and social care services from within the delegated budget which is around £280m per annum.

- 4.1.4 The Scottish Government published its Scottish Fiscal Outlook – The Scottish Government’s Medium-Term Financial Strategy in December 2021 alongside the 2022/23 Scottish Budget. It states that *“The Scottish economy has continued to recover across 2021 as restrictions on economic activity have largely been lifted. However, the recent emergence of the Omicron COVID-19 variant and associated uncertainty will weigh on consumer and business confidence. The Organisation for Economic Co-operation and Development’s (OECD) latest assessment from 1st December 2021 is that it could intensify imbalances that are slowing growth, raising costs, and could delay the world economy’s return to pre-pandemic levels.”*

A further update report was published by the Scottish Fiscal Commission on 31<sup>st</sup> May 2022 which noted that *“Global events have continued to move quickly with the Russian invasion of Ukraine and the cost of living crisis closer to home which have also led to significant and rapid changes in the economy and the data on which we base our forecasts.”* These forecasts have been used to inform the Scottish Government’s Medium-Term Financial Strategy 2022 and Resource Spending Review 2022.

This latest report notes the following anticipated growth rates in the Scottish economy:

	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
GDP Growth (%)	2.1	1.1	1.0	1.0	1.0	1.0

Resource funding outlook for the Scottish Government (Excluding (£m))

Resource Funding	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
Upside	38,434	38,249	38,715	39,492	41,008	41,992

Source: Scotland’s Economic and Fiscal Forecast May 2022

As noted in the above table, the Scottish Government’s resource funding is broadly flat after allowing for inflation. Although the final year of the Resource Spending Review is considerably higher than the baseline 2022/23 year, it is only 3% higher in real terms. Therefore, this overall Scottish Government funding position will continue to put a strain on public funds for the foreseeable future and is likely to filter down to all levels of the public sector locally in some form over that period.

The Scottish Government set out its spending priorities in the Resource Spending Review at the end of May 2022. This included specific investment to deliver on national goals including delivering on the commitment to increase year on year funding for the National Health Service to a total of £73 billion over the period of the review with 50% of this invested in community health services. Furthermore, investment is to be made in social care and integration over the spending review period, laying the groundwork for the National Care Service, bringing social care into parity of esteem with healthcare and transforming the provision of social care services. The health and social care portfolio will increase from £17.106m in 2022/23 to £19.029m in 2026/27. It is not clear



at this stage what impact Scottish Government commitments such as fair work in social care will have on this funding and what proportion will be available for investment to meet demographic growth.

The funding available to Local Government however will see a flat cash settlement of £10.616m from 2022/23 until 2026/27 where it increases to £10.716m. With pay awards and other inflationary pressures expected over that period this will pose a significant financial challenge to local authorities and is likely to impact on the availability of funding from Dundee City Council to Dundee Integration Joint Board.

4.1.5 Dundee Health & Social Care Partnership's (DHSCP) own financial modelling to establish the potential financial impact of both the range of cost pressures and the estimated funding from partners and the Scottish Government is set out in Appendix 1 to this report. This model makes a range of assumptions which are subject to change however represents the most up to date information DHSCP has in terms of future financial planning, including those from its statutory partner bodies. This includes assumptions around increasing staff pay awards, increases in demographic demand and increases in costs experienced by external care providers such as through the National Care Home Contract. The financial model does not fully include at this stage an estimate of the increased demand for health and social care services as a result of the Covid19 pandemic as distinct from underlying increases in demographic demand. Indeed, the Dundee Health and Social Care Partnership's Strategic Needs Assessment Report presented to the IJB at its meeting of the 15<sup>th</sup> December 2021 (Article IX of the Minute refers) "*data and modelling information about the impact of the pandemic beyond acute hospital settings is limited and a full understanding of the short, medium and long-term impact of the pandemic on health and social care needs will not be ascertained for some time to come*" Further information on population health, including an updated population needs assessment is required to provide a basis for potential cost estimation for these factors.

4.1.9 Appendix 1 sets out an early indication of the scale of the financial challenge facing the IJB over the coming years. By setting this out now, the IJB can start to consider how it can mitigate the effect of the difficult projected funding position in terms of its forward planning. This will require the IJB to focus on the need to change and transform services and not rely on short term measures to balance the budget. The following range of principles set within an overarching financial framework is recommended to be adopted which will support the IJB in balancing demand and improving health and social care outcomes for Dundee citizens while delivering a balanced budget.

- Ensure the delegated budget is targeted towards areas of spend which contribute to delivering the IJB's strategic priorities.
- Continue to shift the balance of care for bed-based models of care to community-based health and social care services.
- Prioritise investment in early intervention and prevention for longer term impact on demand for health and social care services.
- Maintain investment in services which contribute to the continued good local performance around delayed discharge.
- Ensure community-based health and social care services are as efficient and effective as possible without compromising on the quality of services.
- Embed new ways of working implemented as a response to the Covid-19 pandemic and where possible ensure service delivery does not automatically revert to a pre-pandemic state
- Maximise use of the IJB's earmarked and non-earmarked reserves to provide short term investment which will support longer term sustainability of services.
- Continue to work with statutory partners to develop the use of technology to enhance direct service user/patient contact and to support staff in the community to work in a more mobile way.
- Set out clearly the eligibility criteria under which the local population can access the range of health and social care services available, including signposting to the most appropriate services where applicable.
- Ensure a best value approach to service provision at all times and identify and eliminate waste and inefficiency.
- Identify further partnering opportunities with the 3<sup>rd</sup> and independent sector.
- Increase the pace of major transformation programmes, ensuring these are properly resourced with supporting infrastructure.
- Explore opportunities to develop a change fund from IJB reserves to enable the IJB to commission tests of change and support the transition of old models of care to new.

- Pursue opportunities to access external funding to support specific initiatives (e.g. private, public and charitable funding).
- Develop an effective workforce plan which sets out clearly the future shape of the required workforce to ensure there are no gaps, reducing the risk of incurring more expensive staff costs (e.g. use of agency staff).
- Work with statutory partners, including neighbouring IJB's to identify wider transformation programmes within which health and social care services can benefit.

4.1.10 The IJB's transformation programme currently consists of the following established projects:

- Reshaping Non-Acute Care Programme
- Unscheduled Care
- Living Life Well – Tayside Mental Health and Wellbeing Strategy (Tayside Mental Health Alliance)
- Drug Death Action Plan for Change (Dundee Partnership)
- Transforming Public Protection (Dundee Partnership)
- Dundee HSCP Covid19 Re-mobilisation Programme
- Digital Transformation (with NHS Tayside and Dundee City Council)

The progression of these are critical to the IJB in terms of improving services, reducing risk (reflected in the current Strategic Risk Register), providing assurance to stakeholders and ensuring best value is achieved in the allocation of resources. While progress on these issues are reported to the IJB on a regular basis, consolidated Transformation Programme progress reports will be provided to the IJB.

## 5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. An impact assessment is available.

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	There is a risk that the IJB will not be able to balance its resources and achieve its strategic objectives should the combination of the level of funding provided through the delegated budget and the impact of the IJB's Transformation Efficiency Programme be insufficient.
<b>Risk Category</b>	Financial
<b>Inherent Risk Level</b>	Likelihood 4 x Impact 4 = 16 (Extreme)
<b>Mitigating Actions</b> (including timescales and resources)	Additional Scottish Government Funding provided Developing a robust and deliverable Transformation Programme. Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget. Application of IJB's reserves.
<b>Residual Risk Level</b>	Likelihood 3 x Impact 4 = 12 (High)
<b>Planned Risk Level</b>	Likelihood 3 x Impact 4 = 12 (High)
<b>Approval recommendation</b>	Although the risk levels remain high, the range of interventions identified generally have a medium to low risk of delivery in 2019/20 therefore it is recommended that the risks be accepted. Risks around the Prescribing budget will be continually monitored and reported to the IJB throughout the year.

## 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:** 20 May 2022

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## 5 Year Financial Framework 2022/23 – 2026/27

	2022/23	2023/24	2024/25	2025/26	2026/27
	£000	£000	£000	£000	£000
<b>Estimated Baseline Budget</b>	258,902	280,088	281,615	283,606	286,302
<b>Estimated additional Cost Pressures</b>	23,257	10,169	8,654	7,547	7,782
<b>Estimated Funding Required</b>	282,159	290,257	290,269	291,153	294,084
<b>Estimated Funding Provided</b>	282,159	281,615	283,606	286,302	289,051
<b>Estimated Funding Gap</b>	0	8,642	6,663	4,851	5,033
<b>Total Funding Gap Over 5 Years</b>					25,189

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**REPORT TO:** INTEGRATION JOINT BOARD – 22 JUNE 2022

**REPORT ON:** DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022-2025

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB42-2022

### **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to seek approval of the Dundee Health and Social Care Partnership Workforce Plan 2022-2025 prior to submission to the Scottish Government.

### **2.0 RECOMMENDATIONS**

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

- 2.1 Notes and approves the Workforce Plan as set out in appendix 1 to this report.
- 2.2 Approve the actions detailed at section 6.3 and note that these will continue to be refined and developed on an ongoing basis.

### **3.0 FINANCIAL IMPLICATIONS**

3.1 The actions set out within the Workforce Plan will be contained within the Integration Joint Boards delegated budget.

### **4.0 NATIONAL CONTEXT**

- 4.1 The Scottish Government wrote to NHS Board Chief Executives, Local Authority Chief Executives and IJB Chief Officers on 1 April 2022 advising of the requirement to complete a three year Workforce Plan and included within this letter guidance on content and structure. (DL 2022 (09))
- 4.2 The guidance follows publication on 11 March 2022 of the National Workforce Strategy for Health and Care and should be read alongside the NHS Recovery Plan, published in August 2021.
- 4.3 The National Workforce Strategy for Health and Social Care in Scotland published in March 2022 sits within a wider planning landscape, supported at local level by NHS Boards' and HSCPs' Strategic, Operational, Financial and Workforce Plans.
- 4.3 The DHSCP Workforce Plan is aligned to the NHS Recovery Plan, Dundee Remobilisation Plan DHSCP Strategic and Commissioning Plan and a number of national plans and strategies were considered when preparing the plan.

## 5.0 DUNDEE CONTEXT

- 5.1 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. While adult social care and primary health care are within the scope of this plan, unscheduled adult hospital care is commissioned from NHS Tayside and is out with the scope of this plan. The range of services we provide include inpatient wards, outpatient and other clinical services, domiciliary services and care homes. It is provided by a range of health and social care professionals. Most of these services are provided within Dundee City however there are some lead partnership arrangements across Tayside.
- 5.2 As we have seen an increase in demand for our services we have experienced a reduction in many areas of available staffing across all staffing groups. This has been a combination of COVID-19 and non COVID-19 related absence, a high level of attrition and low availability of bank and agency staff as well as providing and supporting services that did not previously exist. This is exacerbated by an aging demographic in our workforce. It has therefore been a very challenging period.
- 5.3 Staff are our key resource and changing models and changing pressures will require significant remodelling of the workforce. This comes at a time when staff resilience is low and change can seem overwhelming. In order to design the workforce of the future we require to profile the workforce, redesign job roles, undertake a skills analysis and work in a much more integrated way. The focus will continue to promote the wellbeing of staff.
- 5.4 The impact of the Pandemic and current pressure on staff has been profound. We do not have good information regarding absence levels in the private and voluntary sector, but we know they have been badly impacted by the pandemic. While COVID-19 related absences have stabilised, staff are tired and there is a high level of sickness absence across all areas of staffing.

We also know that the impact on wellbeing has been significant, particularly on the social care workforce.

- 5.5 In order to manage the challenges, we recognise we need to support recruitment and retention, invest in new ways of working, develop career progression routes and support wellbeing. Our workforce will need to feel valued and job roles will need to be rewarding. These will continue to be a focus over the next year. We will in particular be seeking to progress the Fair Work in social care agenda. This will involve a move to outcomes based commissioning and rates of pay will need considered as part of this work

## 6.0 DUNDEE WORKFORCE PLAN 2022-2025

- 6.1 The Workforce Plan sets out the current position in relation to workforce planning and acknowledges that there is progress to be made around a number of areas.
- 6.2 The Workforce Plan aims 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 social care workforce, leading to the introduction of a National Care Service for Scotland.



6.3 Future areas of development have been set out in an action plan which will be monitored and reviewed by the Workforce Planning Group. These actions are in a process of continual development and include the following

- ✓ We will continue to develop our understanding of our evolving workforce requirements for key risk areas such as Primary Care, Social Care, Mental Health and Addictions services.
- ✓ We will continue to develop new job roles such as advance practitioners and Band 4 practitioners across physical health, mental health and District nursing
- ✓ We will continue to develop integrated roles
- ✓ We will continue to promote Health and Social Care as a career choice for young people
- ✓ We will continue to support the health and wellbeing of staff across the Partnership
- ✓ We will continue our workforce development including developing innovative approaches that support integrated leadership development and trauma informed practice
- ✓ We will build capacity in support functions to ensure operational services are supported effectively
- ✓ We will continue to explore the use of digital and other technology to improve workforce and service users experience
- ✓ We will continue to find positive ways to support staff who are carers

## 7.0 POLICY IMPLICATIONS

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

## 8.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	Workforce is an identified risk on the DHSCP Strategic Risk Register and details the consequences of not being able carry out strategic objectives and support the people of Dundee. It is also a key factor in the the risks for Dundee Drug and Alcohol Service, Mental Health Services and Primary Care and other strategic risks.
<b>Risk Category</b>	Workforce
<b>Inherent Risk Level</b>	Likelihood 5 x Impact 5 = 25 (Extreme risk)
<b>Mitigating Actions</b> (including timescales and resources )	The Workforce Plan and actions will mitigate the risks identified.
<b>Residual Risk Level</b>	Likelihood 3 x Impact 4 = 12 (High risk)
<b>Planned Risk Level</b>	Likelihood 3 x Impact 3 = 9 (High risk)
<b>Approval recommendation</b>	Given the mitigating actions noted above this risk level is deemed to be acceptable.

## 9.0 CONSULTATIONS

9.1 The Chief Officer, Heads of Service, Health and Community Care and the Clerk were consulted in the preparation of this report. Additionally DHSCP Senior Management Team, DHSCP Workforce Planning Group and the DHSCP Staffside Forum were invited to comment.

## 10.0 BACKGROUND PAPERS

10.1 None.

Vicky Irons  
Chief Officer

~~DATE~~ 07 June 2022

Jenny Hill, Head of Health and Community Care



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 22 JUNE 2022

**REPORT ON:** CARERS INVESTMENT PLAN UPDATE

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB43-2022

## 1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Integration Joint Board (IJB) in relation to work undertaken by the Carer's Partnership following report DIJB22–2022 presented to the IJB meeting of the 20<sup>th</sup> April 2022 (**Article XII** of the minute of refers), and to seek approval of the updated Carers (Scotland) Act Investment Plan 2022-2023.

## 2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board:

- 2.1 Approves the revised Carers (Scotland) 2016 Act Investment Plan 2022-2023 as set out in Appendix 1 to this report.
- 2.2 Remits the Chief Officer to issue the directions set out in section 8 below.

## 3.0 FINANCIAL IMPLICATIONS

3.1 Funding of £20.4 million for the implementation of the Carers (Scotland) Act 2016 has been provided nationally as part of local government finance settlement 2022/2023. This is additional to funding provided by the Scottish Government in previous years. The total budget for Dundee IJB for 2022-2023 is £2,151k which has been planned for as part of the IJB's 2022-2023 budget. Of this total amount, **£378k** has previously been approved by the IJB to be mainstreamed (as set out in Appendix 1).

## 4.0 MAIN TEXT

4.1 Funding referred to in 3.1 above is provided to support the Local Authority to fulfil its duties in relation to implementation of The Carers Act (Scotland) 2016 (The Act). The Act is designed to support carers' health and wellbeing and help make caring more sustainable. Measures include:

- a duty for local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria.
- a specific adult carer support plan (ACSP) and young carer statement (YCS) to identify carers' needs and personal outcomes (separate funding is available to address the majority of needs of Young Carers).
- a requirement for local authorities to have an information and advice service for carers which provides information and advice on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights.
- a requirement for the responsible local authority to consider whether that support should be provided in the form of a break from caring and the desirability of breaks from caring provided on a planned basis.

- 4.2 At its meeting on 20 April 2022 the Integration Joint Board requested that the Carers Partnership reviewed allocation of recurring funding (including new monies from Scottish Government) in order to ensure that it continues to assist the HSCP to meet its Statutory Duties under the Carers (Scotland) Act 2016.
- 4.3 At its meeting on 25th May 2022 The Carers Partnership approved the proposed revisions to the Investment plan for 2022-2023 as set out in Appendix 1.

#### 4.4 PROPOSALS

- 4.4.1 The Carers Partnership proposes additional investment on a non-recurring basis as set out within the revised Investment plan attached as Appendix 1. This includes:
- Increasing the capacity of existing teams to improve identification of carers and provision of support to them. (additional investment of £240k)
  - Provision of funded respite. (£484k) This funding is required from 2023/24
  - Supporting Implementation . (£47.5k)
  - Review of allocation re streamlining assessment from £128,000 to £100,000
  - Existing allocation to HSCP of £23,858 for communication support to be allocated to support Digital Content officer post within the Corner – to allow this post to continue and to be expanded to cover wider remit.

The Carers Investment Plan will be reviewed throughout the financial year to ensure the national policy objective associated with the Carers Act is delivered locally and this will inform future years investment proposals.

#### 5.0 POLICY IMPLICATIONS

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

#### 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	A number of achievements to date have been supported by Scottish Government Carers (Scotland) Act implementation funding. This funding is unlikely to increase in future years which potentially restricts the ability to respond to further increase in demand for carers support..
<b>Risk Category</b>	Financial, Political
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
<b>Mitigating Actions</b> (including timescales and resources )	<ul style="list-style-type: none"> <li>• Refreshed Carers Strategy will identify priorities and resource requirements for the period of the strategy.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 3 x Impact 2 = Risk Scoring 6 (Moderate)
<b>Planned Risk Level</b>	Likelihood 3 x Impact 2 = Risk Scoring 6 (Moderate)
<b>Approval recommendation</b>	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

#### 7.0 CONSULTATIONS

- 7.1 The Chief (Finance) Officer and the Clerk were consulted in the preparation of this report. This report has been developed by the Carer's Partnership, which has broad representation from statutory and voluntary bodies, and from Carers. The workstreams have extended this involvement across NHS Tayside, Dundee City Council and wider third sector.

## 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	X

## 9.0 BACKGROUND PAPERS

9.1 None

Dave Berry  
Chief Finance Officer

DATE: 30/05/2022

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## DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	
2	Date Direction issued by Integration Joint Board	June 2022
3	Date from which direction takes effect	June 2022
4	Direction to:	Dundee City Council and NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes –supersedes direction DIJB22-2022
6	Functions covered by direction	Services for carers in terms of the Carers (Scotland) Act 2016 Investment Plan.
7	Full text of direction	Dundee City Council is directed to enter into contractual arrangements with all relevant service providers and make provision for services to be provided directly by the council as identified in the Carers (Scotland) Act Investment Plan for the delivery of those services required for the implementation of the Act. NHS Tayside is directed to make provision for services to be provided directly as identified in the Carers (Scotland) Act Investment Plan.
8	Budget allocated by Integration Joint Board to carry out direction	2022-2023 Dundee City Council £1,663,339 2022-2023 NHS Tayside £189,393

9	Performance monitoring arrangements	Through the financial monitoring and workforce planning review arrangements to Dundee Integration Joint Board.
10	Date direction will be reviewed	April 2023



**Proposed Carers Investment Plan 2022-23**

**Previously Agreed Mainstreamed Projects**

<b>Year 2022/23 Projected Spend</b>	<b>Service to be Delivered &amp; Organisation</b>	<b>Comments</b>
115,593	Caring Places - Dundee Carers Centre	Formerly funded via ICF* - Agreed in Report DIJB28-2019 - Carers Investment Plan 2019/20 Article XIV of minute of 25 <sup>th</sup> June 2019 refers
32,970	Carers (Scotland) Act Implementation Officer - Dundee Carers Centre	Formerly funded via ICF - agreed in Report DIJB28-2019 - Carers Investment Plan 2019/20 Article XIV of minute of 25 <sup>th</sup> June 2019 refers
127,848	Caring Places - Dundee Carers Centre	Formerly Agreed in Report DIJB16 – 2021 (Article VIII of Minute of 21 <sup>st</sup> April 2021 refers)
11,570	Volunteer Co-ordinator -Dundee Carers Centre	Formerly Agreed in Report DIJB16 - 2021 (Article VIII of Minute of 21 <sup>st</sup> April 2021 refers)
51,638	Strategic Support - Strategy & Performance - DHSCP	Formerly Agreed in Report DIJB16 - 2021 (Article VIII of Minute of 21 <sup>st</sup> April 2021 refers)
41,218	Learning and Development - Dundee Carers Centre	Formerly Agreed in Report DIJB16 - 2021 (Article VIII of Minute of 21 <sup>st</sup> April 2021 refers)
<b>380,836</b>	<b>Total of already mainstreamed Projects</b>	
		*Integrated Care Fund

<b>Year 22/23</b>			
<b>Agreed allocation as per DIJB 22/2022</b>	<b>Proposed Revised Allocation 2022/2023</b>	<b>Service Description</b>	<b>Comment/rationale</b>
27,700	27,700	Increase capacity and signposting of Listening Service - NHST	Increase availability of low level mental health and wellbeing interventions for carers
28,336	28,336	Increase capacity and remove financial barriers to carers counselling - Dundee Carers Centre	Increase availability of low level mental health and wellbeing interventions for carers
58,000	58,000	Bereavement Service – DHSCP (NHST)	Continued provision of bereavement support to carers bereaved during COVID period and beyond
79,835	79,835	Young Carers Health Check - NHST	Improve health of Young Carers
23,858	23,858	Central Support re HSCP information – DHSCP ( <b>The Corner</b> )	To provide additional support re service information available to carers and the people they care for.
13,200	13,200	Carers Charter Implementation - Dundee Carers Centre	Promote the uptake of the Charter by employers. Enhance carer identification and carer support in the workplace
20,200	20,200	Awareness raising campaign - Dundee Carers Centre	12-month campaign including TV advert, increase carer identification and knowledge of supports available and promote Short Breaks & Self-directed support
8,045	8,045	Drop in support by Lead Scotland re IT - DCC	Increase the number of carers able to access information and support online
250,000	<b>490,000</b>	<b>Adults Carer Support Planning</b>	Increase uptake of ACSP and supports, thus improving carer outcomes, to improve carer identification and to embed practice and principles across the HSCP, enhancing carer experience. Increase capacity of HSCP teams
<b>128,000</b>	<b>100,000</b>	<b>Streamline assessment process for replacement care to enable a short break - Dundee Carers Centre/DHSCP</b>	<b>Increase carer outcomes through accessing a break including wellbeing and being able to manage their caring role.</b>
56,800	56,800	Self Directed Support (SDS) posts	Support SDS development enhance carer outcomes. Reduce barriers to access SDS and increase uptake.
141,027	141,027	Participatory Budgeting - Dundee Carers Centre	Carers and communities have a direct say over how money is spent to improve carer outcomes in their locality
47,194	47,194	Involvement & Engagement Team - Dundee Carers Centre	Strengthen the support and opportunities for carer participation in the decisions that impact on their lives, services, and communities.
250,000	<b>250,000</b>	<b>Increase in respite provision</b>	Increase provision of respite provision (non chargeable) for carers. <b>Additional £484k to be allocated from 2023/24</b>
27,000	27,000	Administrative support to Carers Partnership	Provide administrative support to the expanding work of the Carers Partnership
	<b>103,500</b>	<b>Support for Implementation</b>	<b>Contribution towards support for Carers agenda and Personalisation Board</b>

	<b>295,469</b>	<b>Total remaining for allocation 2022/23</b>	
<b>2,151,000</b>	<b>2,151,000</b>	<b>Total Proposed Budget</b>	

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**REPORT TO: DUNDEE INTEGRATION JOINT BOARD**

**REPORT ON: ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP 2021-2022**

**REPORT BY: CLINICAL DIRECTOR**

**REPORT NO: DIJB37-2022**

## **1.0 PURPOSE OF REPORT**

This annual report is to provide assurance to the Dundee IJB regarding matters of Clinical, Care and Professional Governance. In addition, the report provides information on the business of the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group ("the Group", DHSCP CCPG Group), and to outline the ongoing planned developments to enhance the effectiveness of the group.

## **2.0 RECOMMENDATIONS**

It is recommended that the Dundee Integration Joint Board:

- 2.1 Notes the content of this report.
- 2.2 Notes the work undertaken by the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group from April 2021–March 2022 to seek assurance regarding matters of Clinical, Care and Professional Governance.

## **3.0 FINANCIAL IMPLICATIONS**

None.

## **4.0 MAIN TEXT**

### **4.1 Objectives and Responsibilities**

- 4.1.1 Review and enquiry about risks being managed across the Dundee Health & Social Care Partnership (DHSCP) and action progressed to mitigate risk.
- 4.1.2 Review and enquiry to demonstrate there are systems to embed clinical, care and professional governance at all levels from frontline staff to the IJB and to drive a culture of continuous improvement.
- 4.1.3 Sharing and learning from best practice and innovative ways of working in relation to clinical, care and professional governance across DHSCP.

### **4.2 Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group**

4.2.1 The Business considered by the DHSCP CCPG Group during 2021-2022 has addressed the function and remit of the Group; profiling national policy and local application of policy and guidance that affects practice. Key themes considered are outlined below:

- Service Area Reports/Updates
- The Risk Register
- Feedback
- Adverse Events
- Outcome of Inspection Reports
- Updates on Clinical Governance and Risk Management Local Adverse Event Reviews / Significant Adverse Event Reviews / Significant Case Reviews
- Exception reports relevant to the Clinical, Care and Professional Governance with reference to the 6 domains outlined in the Getting it Right for Everyone Framework, from each service.
- Processes for the introduction of new clinical, care and professional policies and procedures

4.2.2 Clinical, Care and Professional Governance Assurance Reports following each CCPG Group meeting have been timeously submitted to the Dundee HSCP Executive Management Team and to the NHS Tayside Care Governance Committee and to the Dundee Performance and Audit Committee for review and discussion and agreement on assurance levels provided.

4.2.3 The Group planned to meet on six occasions during the period 1 April 2021 to 31 March 2022 on the following dates:

- 13 May 2021
- 22 July 2021
- 23 September 2021 – Cancelled
- 18 November 2021
- 20 January 2022 – Exceptions Only Meeting
- 24 March 2022

Providing operational support and a forum for learning, the Clinical, Care and Professional Governance Forum met on the following dates:

- 22 April 2021
- 17 June 2021
- 19 August 2021
- 21 October 2021
- 16 December 2021
- 24 February 2022

Primary Governance Groups and Service Level Governance Groups provide reports into the Clinical, Care and Professional Governance Group and Forum. The service level reports tabled at the Forum encourage supportive discussion to enhance the reports provided to the CCPG Group.

Assurance reports are provided to a range of committees and/or boards with information taken from the range of governance groups mentioned above in line with the reporting timeframes set by each committee/board. The primary areas for this reporting are via:

- NHS Tayside Care Governance Committee
- Dundee Health and Social Care Partnership Performance and Audit Committee
- Dundee Integration Joint Board

These assurance reports were produced in:

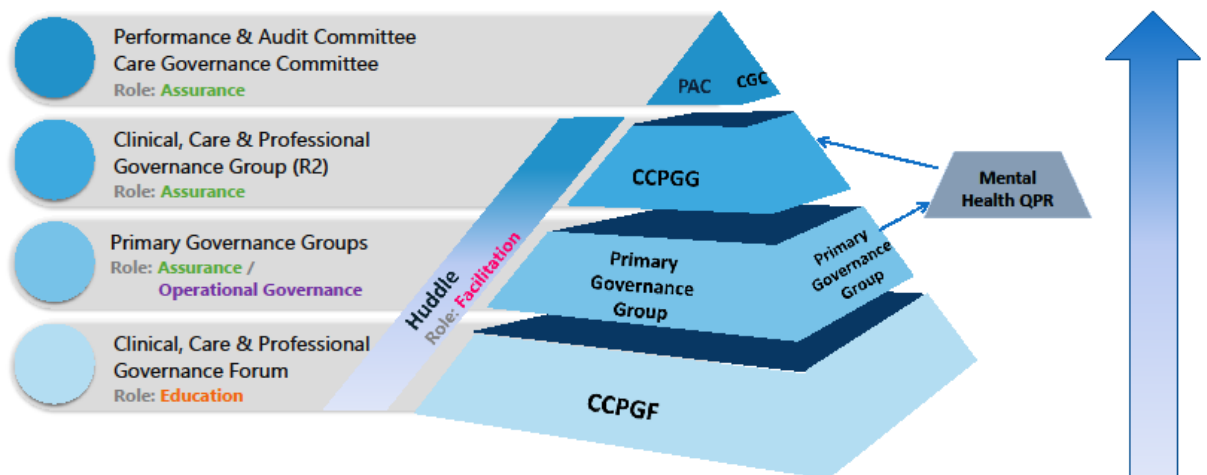
- June 2021

- August 2021
- October 2021
- December 2021
- February 2022
- April 2022

### Dundee HSCP Governance Structure

Dundee HSCP governance structures are outlined in the diagram below. The following narrative explains how each of the aspects functions to provide assurance to NHS Tayside and the Dundee IJB.

### DHSCP Clinical, Care & Professional Governance



### Dundee HSCP CCPG Group

Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group is responsible for directing, collating and monitoring governance arrangements and ensuring that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within Dundee Health and Social Care Partnership. It is chaired by the Clinical Director, and membership, as referenced in the terms of reference, extends to Head of Health and Community Care Services, Associate Nurse Director, Associate Medical Director, Associate Locality Managers, Lead Allied Health Professional, Lead Nurse, Lead Pharmacist, Clinical Governance Lead, Senior Officer – Business Planning and Information Governance, NHS Business Support Representative and Third Sector representative.

Management structures across Dundee HSCP have been redesigned during this reporting period, and continue to be reviewed, and the members of the CCPG Group will be updated to reflect this and the Primary Governance Group structure which sits beneath the CCPG Group.

At each CCPG Group meeting each Primary Governance Group will present an exception report highlighting key areas of concern across the six domains listed in the Getting it Right for Everyone (GIRFE) Governance Framework. They will also reference exceptional pieces of

work undertaken, current challenges and future potential issues identified through triangulation of data reviewed through Primary Governance Group meetings.

Each Primary Governance Group will produce an annual report in line with the reporting programme developed through the CCPG Group.

A range of additional reports are also reviewed at the CCPG Group, which includes DHSCP Analysis Report (Adverse Events and Risks), Complaints, Infection Prevention and Control and Inspection Reports.

Further assurance is sought with a range of reports/discussions relating to topics such as professional registration, GDPR, SPSO and contemporary issues, for example Dundee Drugs Commission review and Trust and Respect Report.

### Primary Governance Groups (PGG)

There are currently nine PGGs:

- In Patient Services (MfE, POA, CBIR, Palliative)
- Adult Community Services
- Acute and Urgent Care
- Mental Health and Learning Disabilities
- Older People's Mental Health / Care Homes
- Psychological Therapies
- Health Inequalities
- Nutrition and Dietetics
- Dundee Drugs and Alcohol Recovery Services

Each Primary Governance Group will meet monthly and the remit of the Primary Governance Group is to:

- Provide assurance to the Clinical, Care and Professional Governance Group on the systems and processes for clinical, care and professional governance activities.
- Develop, prioritise, implement, monitor and review the annual work plan for clinical, care and professional governance activities.
- To create the learning environment and conditions within services by dedicating time to allow staff to share learning, tools and other resources and encourage the dissemination of good practice.
- Ensure that clinical and care leadership underpins service assurance processes and that clinical and care leaders are supported to share tools and resources to spread good practice.
- Encourage an integrated approach to quality improvement across services.
- Ensure appropriate actions in relation to clinical, care and professional governance and quality activities are taken in response to internal reports and external reports from bodies such as NHS Healthcare Improvement Scotland, Care Inspectorate, Audit Scotland, Mental Welfare Commission and Scottish Public Services Ombudsman.
- Ensuring that there is a robust reporting and assurance mechanism for the services which are hosted within the partnership but do not solely operate within Dundee Health and Social Care Partnership.
- Undertake the management, escalation or cascading of issues/risks/concerns as appropriate.
- Collate, review and analyse core and service specific datasets to inform exception report to the CCPGG, reflecting the six domains described in the Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework.
- The exception report should include, but is not limited to:
  - Emergent issues of concern identified
  - Adverse Events



- Recurring themes, Major and Extreme Incidents
- Incidents that trigger Statutory Duty Of Candour
- All Red Adverse Events
- Adverse Event Reviews, Significant Case Reviews
- Complaints
- Risks
- Inspection Reports and Outcomes
- Changes to standards, legislation and guidelines
- Outcomes of care
- Adherence to standards
- Sharing of learning

A representative from each PGG will represent the group at the Dundee HSCP CCPG Group and present and talk to the exception report and, where required, the annual report. The representative will act as a conduit between the PGG and CCPGG ensuring effective communication between groups.

Due to the recent redesign of the management structure, there have been changes in the organisation of the PGGs. The Governance team, alongside the professional leads in the HSCP are working closely with the new Chairs of these PGGs to support development of these groups.

#### Governance Huddle

There is a weekly governance huddle attended by the professional leads and the governance team. A high level review of all adverse events is undertaken with the intention of identifying themes or patterns and triangulating knowledge of service pressures, governance scorecards and service data to identify services who may be struggling, who require support to manage adverse events or who may display a change in their current performance in relation to managing adverse events. This allows for early support to be provided to teams from both a governance and managerial perspective to undertake early management of developing potential risks.

The huddle is open to managers to attend to gain an enhanced overview of the governance arrangements across the HSCP. Managers can also attend to discuss specific aspects of clinical, care and professional governance as required.

The huddle will also undertake work to review risk management, complaints process and quality and any other governance-related theme as required.

#### Clinical, Care and Professional Governance Forum

The forum is used as an education forum for managers and lead governance staff across the HSCP. The format allows for review of scorecard data, encouraging discussion around works of excellence and challenging areas, with managers peer-reviewing one another and sharing learning across a range of themes.

Each forum will also have a dedicated educational element to improve knowledge and understanding of governance systems and processes across the HSCP. Subjects this reporting period have included: Qlikview, Risk Management System, Datix system report building and scorecard development.

#### Summary Assurance Statement





The year April 2021 to March 2022 has been one of the most challenging across the Health and Social Care system, due to the COVID-19 pandemic. The response from staff has been incredible and high quality services have continued to be delivered safely and effectively.

There have, of course, been challenges and the infrastructure that has been built, and continues to evolve, has supported the HSCP and its staff to manage and mitigate risk in a proactive and productive manner.

Learning, and the sharing of learning, remains a key focus within the HSCP, and while this has developed well over the year it remains an area where further improvements will be made. This is instrumental in supporting the HSCP move towards substantial levels of assurance: “A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited, where Controls are applied continuously or with only minor lapses”.

The current “reasonable” levels of assurance demonstrate that a generally sound system of governance, risk management and control is in place. Some issues do persist (timeous management and administration of risks, complaints and adverse event; ongoing workforce availability) and there is evidence of some non-compliance (attendance at governance groups, provision of governance reports at all groups) and there is identified scope for improvement across a range of services and governance domains. Despite all of the challenges faced this year, all of the above have shown an improving picture, with the HSCP being in a strong position to move towards substantial assurance through 2022-2023.

All assurance reports presented to the Care Governance Committee, the Performance and Audit Committee and the Integration Joint Board have provided reasonable assurance.

Level of Assurance	System Adequacy	Controls
Substantial Assurance	 A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.
Reasonable Assurance	 There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance	 Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.
No Assurance	 Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.

4.2.4 During the financial year ending 31 March 2022 membership of the Group comprised:

Clinical Director (Chair)  
 Head of Health and Community Care Services (Vice Chair)  
 Head of Health and Community Care Services  
 Associate Nurse Director  
 Associate Medical Director  
 Associate Locality Managers  
 Mental Health and Learning Disability Manager  
 Clinical Lead, Psychology Services  
 Lead Allied Health Professional (DHSCP)  
 Lead Nurse (DHSCP)  
 Clinical Governance Lead (DHSCP)  
 Senior Officer – Business Planning and Information Governance (DHSCP)

### 4.3 Schedule of Business Considered During the Period April 2021 to 31 March 2022

4.3.1 13 May 2021

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted Psychology Service Report
- Noted Frailty / Older People's Service Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Report
- Noted Community and Specialist Service Report
- Noted Health Inequalities Report

Focussed discussion on Dundee Drug and Alcohol Service staffing risks – nursing staff.

Focussed discussion on making more active links between service and strategic risks as outlined in the internal audit report.

Adult and Older People's Service working with Stirling University to undertake a thematic review relating to adverse events reports regarding fires in people's homes.

COVID-19 – Updates provided on current challenges relating to COVID-19. Focus on staffing, wellbeing, infection rates, vaccination rates and remobilisation plans.

Review of governance structures across the Dundee HSCP with a view to strengthen reports to care governance committee and performance and audit committee. Pyramid model shared with teams. Support provided to chairs of primary governance groups to facilitate implementation of groups across HSCP.

Infection Prevention and Control Committee Report presented. Group maturing well with broadening representation, including care homes. Focus on comprehensive reporting across all HSCP services.

Report provided on the Primary and Secondary Care Interface group which seeks to address challenges across the boundaries of primary and secondary care.

Dundee HSCP Analysis report presented highlighting areas for improvement including consistent reporting of adverse events (types and severity), overdue adverse events and timely management of the risk register.

Complaints Report presented

- Increasing number of complaints

- Absence of key staff leading to increased delays responding to complaints.
- SPSO report presented for awareness.

Verbal report provided on the work of the Drugs Commission detailing subgroup infrastructure and reporting arrangements.

Care Home Gradings Report presented.

#### 4.3.2 22 July 2021

##### Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted mental Health Service Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Service Report
- Noted Community and Specialist Services Report
- Noted In-Patient and Day Care Service Report
- Noted Primary Care Report

COVID-19 – Exceptions and emerging risks noted. Significant staffing issues have been noted although improvement now being seen.

##### Clinical, Care and Professional Governance Forum Report Presented

- Development of score cards for governance being progressed.
- Education provided on use of the Qlikview system for waiting times and clinical activity.

##### Primary Governance Groups

- All groups remain active despite challenges of COVID-19.
- Draft terms of reference developed to support groups.

Clinical Lead for Governance appointed following resignation of previous lead.

Update verbal report provided on the work of the Getting it Right for Everyone Group with a focus on structure and governance arrangement across the HSCPs and the development of a more risk management-based approach to assurance reporting.

Infection and Prevention Control Report provided.

Mental Health Risk Register – It was noted that work has commenced to strengthen the Tayside approach to mental health risks with a subgroup leading on work for this purpose.

Remote consultations for group working was discussed in relation to information governance challenges. A range of teams currently working with information governance team to determine the way forwards.

Digital Strategy consultation shared with group for comment.

Annual Assurance Framework and action plan noted.

Report of Professional Nursing Registration provided demonstrating excellent compliance across the profession.

Dundee HSCP Analysis report presented with a focus on risk management and pending risks. The excellent data provided in relation to adverse events was noted.

Complaints report and SPSO reports noted.

Inspection Report on Registered Services was presented.

Drugs Commission report update provided to group – self-evaluation work complete. Local service pressures have been escalated to relevant committees.

Update provided on the Strang Report (Mental Health). Focus on leadership and performance and culture.

Noted a new group has been established, Clinical Policy Governance Group, with representatives from Dundee HSCP in attendance.

#### 4.3.3 23 September 2021

Meeting Cancelled due to COVID-19.

The CCPG Forum, Primary Governance Groups and the Governance Huddle continued to meet, where able, during this period. Information was collated to ensure a comprehensive report was provided to the appropriate Committee's detailing the levels of assurance provided in the Dundee HSCP.

#### 4.3.4 18 November 2021

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted Mental Health Service Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Service Report
- Noted Palliative Care Report
- Noted Psychiatry of Old Age In Patient and Community Services Report

GIRFE Update

- Working Group reviewing framework – those present agreed to provide feedback to take into the group. Noted a workshop is planned for wider consultation.

Mandatory Training

- Noted some teams were finding maintenance of mandatory training a challenge. Group agreed for this to be monitored through the Forum, with exceptions reported back to the group as required.

Complaints Report

- Noted increase in number of complaints across the HSCP.
- Noted the work which has been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring and reporting.

Dundee HSCP Analysis Report Presented for adverse events and risks.

Infection Prevention and Control Report noted.

Significant Adverse Event Review Process Presentation delivered to members.

Dundee HSCP iMatters Report noted.

Significant Adverse Event Review Learning Summary Presented to Group.

Community Learning and Development Plan 2021-2024 Presented. Key Priorities: Building Stronger Communities; Addressing health inequalities; Improving outcomes for young people; Improving outcomes for adults.

Allied Health Professions Documentation Rationalisation Report noted.

- Paperwork presented for Arts Therapy Documentation
- Paperwork presented for Podiatry Documentation

#### 4.3.5 20 January 2022

Full Meeting cancelled due to COVID-19.

Professional Leads (Chief Social Work Officer, Lead Nurse, Associate Medical Director, Allied Health Professions Lead) and Heads of Service met to discuss key emerging issues, key risks and actions required to support pandemic response, remobilisation and areas to highlight via Care Governance Committee and Performance and Audit Committee reports.

#### 4.3.6 24 March 2022

Clinical, Care and Professional Governance Exception Reporting

- Palliative Care Report noted
- Community Services Report noted.
- Care Homes Report noted
- Mental Health and Learning Disability Report noted.

Discussion regarding remobilisation and challenges and opportunities presented.

Staff Wellbeing – Continued focus on supporting the management of staff wellbeing recognised.

New Policy – Adverse Event Management – noted.

Risk Presented: Mental Health Records – Displacement of Case Files.

Dundee Health and Social Care Partnership Workforce Plan noted.

Strategic Risk Profile Report presented.

- Report noted and discussed
- Noted significant impact of COVID-19 on a number of risks.
- Noted improved links between strategic and service risks recorded.

Care Home Inspection Reports

- Group noted new framework implemented over past year
- Group noted very positive outcomes for Dundee Care Homes

Infection Control Report

- NHS Tayside Report and action plan for next 12 months noted

#### 4.4 Assurance Statement

4.4.1 As Chair of the Dundee HSCP Clinical, Care and Professional Governance Group during the financial year 2021-2022, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings has supported the fulfilment of the Group's objectives and responsibilities.

4.4.2 I would like to offer my thanks to the commitment and dedication of fellow members of the Group. Significant work goes into the preparation of the written reports and I am grateful to all those who have attended and contributed to each of the meetings.

#### 5.0 POLICY IMPLICATIONS

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

#### 6.0 CONSULTATIONS

The Chief Finance Officer, Heads of Service – Health & Community Care, Clinical Director, Allied Health Professions Lead and the Lead Nurse were consulted in the preparation of this report.

#### 7.0 DIRECTIONS

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

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

#### 8.0 BACKGROUND PAPERS

None.

Vicky Irons  
Chief Officer

DATE: 19.05.2022

Diane McCulloch  
Head of Health & Community Care

Krista Reynolds  
Lead Nurse

David Shaw  
Clinical Director

Matthew Kendall  
AHP Lead





**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 22 JUNE 2022

**REPORT ON:** ANNUAL COMPLAINTS PERFORMANCE

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** DIJB40-2022

## **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to provide an analysis of complaints received by the Dundee Health and Social Care Partnership over the past financial year 2021/2022. This includes complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the analysis of 2021/22 DHSCP complaint performance as set out in section 4 of this report
- 2.2 Notes this report is submitted in a different format to previous years to comply with the Scottish Public Services Ombudsman's new standards for complaints reporting.

## **3.0 FINANCIAL IMPLICATIONS**

3.1 None

## **4.0 BACKGROUND INFORMATION**

- 4.1 From the 1<sup>st</sup> April 2017 both NHS and social work complaints follow the Scottish Public Service Ombudsman Model Complaint Handling Procedure. Both NHS Tayside Complaint Procedure and the Dundee Health and Social Care Partnerships Social Work Complaint Handling Procedures have been assessed as complying with the model complaint handling procedure by the SPSO. Complaints are discussed at the quarterly clinical care and professional governance group where action is taken and lessons learned to adapt service delivery as appropriate to mitigate similar complaints being received and improve service delivery for service users.
- 4.2 Complaints are categorised by 2 stages: Stage 1: Frontline Resolution and Stage 2: Investigation. If a complainant remains dissatisfied with the outcome of a Stage 1: Frontline Resolution complaint, it can be escalated to a Stage 2. Complex complaints are handled as a Stage 2: Investigation complaint. If a complainant remains dissatisfied with the outcome of Stage 2: Investigation complaint they can contact the Scottish Public Services Ombudsman who will investigate the complaint, including professional decisions made.

- 4.3 In 2021/22 a total of 217 complaints (157 in 2020/21) were received about health and social care services in the Dundee Health and Social Care Partnership.

This is an increase from the previous year and is closer to the volume of complaints received in 2019/20.

Total number of complaints received by year

	2018/19	2019/20	2020/21	2021/22
Number of complaints received	154	229	157	217

#### 4.4 Total Number of Complaints received per 1,000 population

The total number of complaints received per 1,000 population

SW	Health	Total
0.35	1.22	1.57

The total number of complaints closed per 1,000 population

SW	Health	Total
0.39	1.39	1.78

#### 4.5 Complaint Themes

The highest proportion of complaints for Health continues to be regarding Mental Health Services with more than a quarter of complaints throughout the year relating to the service (29.1%). Of these complaints, 10 remain open to be resolved and out of the 46 closed complaints almost 40% were either upheld or partially upheld for the service.

For Social Work Complaints the most common complaint theme was delay in responding to enquiries and requests. The second most common complaint theme was failure to meet our service standards.

The complaint themes are being monitored for trends across the services to ensure that any failings are responded to within an appropriate timescale.

Further training is being offered to staff for complaints handling and a Microsoft Teams channel has been created for support to staff with staff being able to access the complaints procedure, template letters and request guidance.

#### 4.6 Number of Complaints closed at Stages

The number of complaints closed per stage as % all complaints closed

	Stage 1	Stage 2	Escalated
Social Work	52%	40%	8%
Health	31%	43%	15%
Total	35%	50%	13%

*Some Health complaints had a missing complaint type which has resulted in the figures Above. For example when we add the total of the stage 1 complaints and compare this to the overall closed complaints within the year, due to missing complaint types, we are given a value of 35%*

#### 4.7 Complaint Outcomes at Stages

Complaint outcomes at stage 1 as % of all complaints closed in full at stage 1

	Upheld	Not Upheld	Partially Upheld
Social Work	20%	44%	20%
Health	31%	21%	31%
Total	27%	29%	27%

*Stage 1 complaints do not total 100% as some complaints were closed as resolved / withdrawn / no consent / transferred / missing*

Complaint outcomes at stage 2 as % of all complaints closed in full at stage 2

	Upheld	Not Upheld	Partially Upheld
Social Work	11%	42%	26%
Health	4%	33%	54%
Total	5%	35%	48%

*Stage 2 complaints do not total 100% as some complaints were closed as resolved / withdrawn / no consent / transferred / missing*

Complaint outcomes at stage 2 as % of all escalated complaints closed in full at stage 2

	Upheld	Not Upheld	Partially Upheld
Social Work	0%	50%	0%
Health	16%	36%	36%
Total	14%	38%	31%

*Stage 2 escalated complaints do not total 100% as some complaints were closed as resolved / withdrawn / no consent / missing*

#### 4.8 Average time for full response

The average time in working days for a full response to complaints by stage

	Stage 1 Responses	Stage 2 Responses	Escalated Responses
Social Work	15	39	39
Health	6	60	101
Total	9	56	75

This year, health and social care have reduced the average time taken to respond to complainants in full to 9 working days from 12 at stage 1.

The average time taken to respond in full for a stage 2 complaint has increased this year to 56 days from 42 days in 2020/21.

Complaints after escalation have increased their average days to respond in full from 73 in 2020/21 to 75 in 2021/22.

#### 4.9 Complaints closed within timescale

Number of complaints closed within timescales as a % of total complaints by stage

	Stage 1 within 5 working days	Stage 2 within 20 working days	Escalation
Social Work	60%	79%	100%
Health	69%	22%	44%
Total	66%	34%	52%

Complaints closed within timescales this year are similar to those of 2020/21.

#### 4.10 Extension of complaint timescales

It is the role of the Complaint Co-ordinator, within the Complaints and Feedback Team, to authorise extensions for the Health complaints.

For Social Work it is the Investigating Officers themselves.

However, in both cases, the agreement of the Complainant must be sought and the extension accepted for this to go ahead.

Number of complaints closed at stage 1 where extension was authorised as % of all complaints at stage 1

SW	Health	Total
16%	17%	17%

Number of complaints closed at stage 2 where extension was authorised as % of all complaints at stage 2

SW	Health	Total
47%	1%	11%

Number of complaints closed after escalated where extension was authorised as % of all complaints escalated

SW	Health	Total
50%	24%	28%

In 2021/22 health and social care have had an increase of complaints extended across all stages of complaints compared to 2020/21.

#### 4.11 Service Improvements Following from Upheld Complaints

Where complaints are upheld or partially upheld we plan service improvements to help prevent similar issues arising again. Planned service improvements in the past year have included: improved communications with service users and family members; and improvements to billing systems for couples. Planned service improvements can include the development of systems, such as case recording systems development and where appropriate support for staff members to prevent complaint issues recurring. Where staff members have complaints raised about their practice there are appropriate support structures for them to access as necessary.

### 5.0 POLICY IMPLICATIONS

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

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	The risk of not improving our Complaint resolution timescales will result in increased customer dissatisfaction and non-compliance with our complaint procedure which may result in improvement recommendations from the SPSO.
<b>Risk Category</b>	Governance
<b>Inherent Risk Level</b>	Likelihood 4 L x Impact 3 = 12 – High risk
<b>Mitigating Actions</b> (including timescales and resources)	<ul style="list-style-type: none"> <li>- Weekly reporting on open complaints to Locality Managers, and Head of Service</li> <li>- Exception reporting of complaints out with timescales to the Chief Officer</li> <li>- Increased staff awareness of the complaint procedures.</li> <li>- Recruitment of staff member with focus on complaint administration by the DHSCP</li> </ul>
<b>Residual Risk Level</b>	Likelihood 3 x Impact 3 = 9 High Risk
<b>Planned Risk Level</b>	Likelihood 3 x Impact 3 = 9 High Risk
<b>Approval recommendation</b>	The risk levels are deemed to be acceptable given the expectation that the mitigating actions make the impacts which are necessary to improve the complaint resolution timescales.

## 7.0 CONSULTATIONS

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

## 8.0 DIRECTIONS

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

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

## 9.0 BACKGROUND PAPERS

9.1 None

Dave Berry  
Chief Finance Officer

DATE: 07 June 2022

Cheryl Russell, Customer Care & Governance Officer

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## ITEM No ...20.....

DIJB32-2022

## DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2022 TO DECEMBER 2022

Organisation	Member	Meeting Dates January 2022 to December 2022						
		23/2	25/3	20/4	22/6	24/8	26/10	14/12
Dundee City Council (Elected Member)	Cllr Ken Lynn	✓	✓	✓				
Dundee City Council (Elected Member)	Cllr Lynne Short	✓	✓	✓				
Dundee City Council (Elected Member)	Bailie Helen Wright	✓	✓	✓				
NHS Tayside (Non Executive Member)	Trudy McLeay	✓	✓					
NHS Tayside (Non Executive Member)	Pat Kilpatrick			✓				
NHS Tayside (Non Executive Member)	Anne Buchanan	✓	✓	✓				
NHS Tayside (Non Executive Member)	Donald McPherson	✓	✓	✓				
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓	✓	A				
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	✓	A				
Trade Union Representative	Jim McFarlane	✓	✓	✓				
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	A	A				
Voluntary Sector Representative	Eric Knox	✓	A/S					
Voluntary Sector	Christina Cooper			A				
Service User Representative	Vacant	✓						
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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