



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

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

City Chambers
DUNDEE
DD1 3BY

16th June, 2021

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 to be held on Wednesday, 23rd June, 2021 and now enclose the undernoted item of business which was not received at time of issue.

Yours faithfully

VICKY IRONS

Chief Officer

12 ANNUAL INTERNAL AUDIT REPORT 2020/2021 - Page 1

(Report No DIJB33-2021 by Chief Finance Officer, copy attached).

ITEM No ...12.....

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
23 JUNE 2021

REPORT ON: DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT
REPORT 2020/21

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB33-2021

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 2020/21.

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 2020/21 (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 28th May 2019 (Report PAC24-2019 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 2020/21.
- 4.3 The Internal Audit review examined the framework in place during 2020/21 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 2020/21 includes a Governance Statement based on a self-assessment of the IJB's governance, risk management and control frameworks as they have developed during 2020/21. 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 Auditor has highlighted that there has been ongoing improvement in the overall system of governance despite the challenges of the Covid19 pandemic and this can be enhanced further through the adoption of governance mapping principles. Further recommended improvement to a range of governance areas is reflected in a number of suggested action points for which management have agreed to and will progress against the timescales set out in the report. Progress with these actions will be monitored through the Governance Action Plan presented to each Performance and Audit Committee. The Chief Internal Auditors assessment of these frameworks concludes that reliance can be placed on the IJB's governance arrangements and systems of internal controls for 2020/21.

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

Risk 1 Description	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.
Risk Category	Governance
Inherent Risk Level	Likelihood 3 x Impact 4 = 12 – High risk
Mitigating Actions (including timescales and resources)	- Implementation and monitoring of governance action plan as recommended by Chief Internal Auditor
Residual Risk Level	Likelihood 2 x Impact 3 = 6 – Moderate Risk
Planned Risk Level	Likelihood 2 x Impact 3 = 6 – Moderate Risk
Approval recommendation	Given the 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: 15 June 2021

FTF Internal Audit Service

Dundee City IJB Internal Audit Service

Annual Internal Audit Report 2020/2021

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

D McCulloch, Chief Social Work Officer
D Shaw, Clinical Director

Dundee City Integration Joint Board
External Audit

P Redpath, Senior Manager- Internal Audit, DCC

Contents

Section		Page
Section 1	Introduction and Opinion	2
Section 2	Issues and Actions	16
Section 3	Definition of Assurance	23
Appendix 1	Committee Assurance Principles with Risk Guidance	24

Draft Report Issued	14 June 2021
Management Responses Received	15 June 2021
Target Audit & Risk Committee Date	23 June 2021
Final Report Issued	16 June 2021

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 2020/21 Annual Internal Audit Report should inform the IJB's judgment on the Governance Statement.
7. The IJB has performed well in difficult circumstances, facing long-standing, structural governance issues, which can only be resolved in partnership with other bodies as well as the unprecedented challenges created by Covid19. In particular, Covid19 has meant that the Strategic Commissioning Plan, whilst not technically out of date, no longer reflects the environment in which the IJB operates. Therefore, whilst this report contains a number of important recommendations, this is simply a reflection of the massive changes to the risk profile in which the IJB operates as well as the complex, intertwined governance landscape the IJB must navigate.

8. Against a backdrop of dealing with the operational challenges brought about by the Covid19 pandemic, we have seen ongoing improvement work in the overall systems of governance, including the agreement of a Tayside-wide IJB Risk Management Strategy and work undertaken on the development of the Improvement and Governance Action plan for 2021/22. We also particularly welcome the report on initial learning from the phase 1 response, followed by findings from surveys to explore the experience of citizens during the pandemic (to be used in the development and implementation of the remobilisation plan), and an overview of phase 2 response, all clearly showing that there is much to learn and build on, including as an opportunity for change and for reflection in relation to the Partnership's approach to strategic planning, leadership and governance.
9. There are opportunities now further to enhance governance through the application of assurance mapping principles. Our recommendations are aimed at ensuring coherence between Governance Structures, Performance Management, Risk Management and Assurance.
10. During the initial Covid19 response, IJB and Performance & Audit Committee (PAC) meetings were suspended but regular briefings were issued and video conferences were held. In addition, contingency arrangements for decision making were put in place with an Essential Business Procedure agreed by the Chief Officer and the Clerk to the Board for the August 2020 IJB meeting; all other meetings were held as normal, albeit via teams. Weekly meetings and updates for IJB members continued during the year. Updates on the impact of Covid19 and Dundee City IJB's response to it were provided to each IJB meeting throughout the year.
11. For a number of years, Internal Audit has recommended that accountability and responsibilities of the IJB in respect of all governance arrangements should be clarified and agreed by the IJB, and thereafter flow through to risk management and assurance arrangements. Themes identified have been echoed in reports issued by Audit Scotland as well as in the 2019 Ministerial Steering Group in their report on 'Review of Progress with Integration of Health and Social Care'. A number of longstanding complex issues have remained incomplete for a number of years and continue to feature in the IJBs Governance Statement as well as governance action plans. Our follow up work showed that the single recommendation from our 2019/20 Annual Report has been addressed in full, with an escalation on the Governance Action plan being reported to the October 2020 meeting of Dundee City IJB who *'instructed the Chief Officer and Chief Finance Officer to ensure these initiatives are implemented in order to strengthen the governance arrangements in place within the Integration Joint Boards governance framework'*.
12. In this context, we welcome the work undertaken in producing an integrated Improvement & Governance Action plan which should help to maintain focus and momentum on progress against the actions, particularly given the Chief Officer's personal intervention to reinforce the need for these actions to be completed. We note that a pan-Tayside working group approach successfully delivered an updated Risk Management Strategy and have recommended consideration of extending this approach to other intractable issues common to all 3 Tayside IJBs.
13. Our 2019/20 annual internal audit report noted that the Covid19 recovery and reconfiguration process should include assessment of the impact of the pandemic on the assumptions on which the current Strategic Commissioning Plan is based (demand, resources and ways of working). In addition, all supporting strategies will require review to take account of the impact of Covid19 on population need, resource availability and the impact on modes of delivery as well as the potential for further change, alongside

the delivery of transformation which will need to continue to be rapid and genuinely transformative. The Strategic Planning Group has been tasked with considering arrangements for the review and revision of the Strategic Commissioning plan, including the implications of the Feeley report on this. A full report and recommendations will thereafter be submitted to the IJB for consideration.

14. This presents the opportunity to consider the direction of travel for review and revision of the Strategic Commissioning Plan, including ensuring alignment to improvement and transformation projects to support the sustainability of the HSCP in the future, supported by one overall implementation plan and to ensure that the IJB understands the population health need, identifies changes to service delivery and the risks these may present, as well as identifying positives changes and potential service redesign areas from changed methods of working during the pandemic. It is recommended that a project plan and timetable is set to progress this work.
15. The 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, 2021'* 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 2021'*.
16. Plans are in place to share information on partner assurances at the November 2021 meeting of the IJB Performance & Audit Committee 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.
17. The IJB has produced a draft Governance Statement for 2020/21 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. We welcome the development of the Improvement & Governance Action Plan which is intended as a management tool for 2021-22 to provide focus on outstanding actions.
18. 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 2020/21.
19. Based on the work undertaken, I have concluded that:

- **Reliance can be placed on the IJB governance arrangements and systems of internal controls for 2020/21.**

20. 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

21. The IJB is asked to note this report in evaluating the internal control environment for 2020/21 and consider any actions to be taken on the issues reported for consideration.

INTERNAL CONTROL

22. 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).
23. 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). An External Quality Assessment (EQA) action plan is in place and being monitored through the NHS Tayside Audit & Risk Committee, with 1 action currently outstanding. FTF has updated the self assessment and it will be reported to the NHS Tayside Audit & Risk Committee in early 2021/22. For Dundee City Council Internal Audit, an EQA 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.
24. Internal Audit Activity for 2020/21 was approved under the Essential Business Procedure and reported to the August 2020 IJB meeting. 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.
25. 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.
26. 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 2021; and also comment on where further development is needed in 2021/22. Based on our assessment, we also recommend further issues for consideration by management.

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

A – Corporate Governance
Key arrangements in place as at year end 2019/20 as well as planned and ongoing developments
<p>Response to Covid</p> <p>I. During the initial Covid19 response, IJB and PAC meetings were suspended but regular briefings were issued and video conferences were held. In addition, contingency arrangements for decision making were put in place with an Essential Business Procedure agreed by the Chief Officer and the Clerk to the Board for the August 2020 IJB meeting; all other meetings were held as normal, albeit via teams. Weekly meetings and updates for IJB members continued during the year.</p> <p>II. Updates on Covid19 and Dundee City IJB's response were provided to each IJB meeting throughout the year. We particularly welcome the report on initial learning from the phase 1 response, followed by findings from surveys to explore the experience of citizens during the pandemic (to be used in the development and implementation of the remobilisation plan), and an overview of phase 2 response, all clearly showing that there is much to learn and build on, including as an opportunity for change and for reflection in relation to the Partnership's approach to strategic planning, leadership and governance. We welcome the direction of travel as set out in the April 2021: Overview of response during phase 2: <i>'Learning gained for the Partnership's response to the pandemic to date has been incorporated within the recovery plan. The statutory review of the Partnership's strategic and commissioning plan will provide a further opportunity during the next year to reflect on how learning can be further consolidated into strategic priorities, plans and activities across operational, governance and leadership arrangements.'</i></p> <p>Strategy and Performance</p> <p>III. The impact of Covid19 on the delivery of the Strategic Commissioning Plan has also been regularly reported, including the diminished capacity of the organisation to progress the actions in the current plan. The Strategic Planning Group has been tasked with considering arrangements for the review and revision of the plan, including the implications of the Feeley report on this. A full report and recommendations will thereafter be submitted to the IJB for consideration. In April 2021, the IJB approved the recovery plan which is supported by an implementation plan. Although clear references are made to working in partnership, the plan does not overtly describe how this links to the remobilisation plans of its partners.</p> <p>IV. The IJB has undertaken and reported a number of service redesign initiatives throughout 2020/21 including reshaping care for older people, community and inpatient remodelling and the Dundee Primary Care Improvement Plan as well as a number of mental health initiatives. However, whilst internal audit report D05/18 Transformation and Service Redesign recognised that there had been a conscious effort made by management to bring together and co-ordinate the disparate strands of the transformational change programmes, it assessed arrangements currently in place as inadequate (Category D). As reported to the</p>

PAC in May 2021, of the 6 actions from that report, 2 are no longer relevant, 2 are complete with 2 in progress (updated action by dates August 2021). The Transformation Delivery Group has now been stood down. Improvements to the monitoring and reporting of transformation programmes are being considered by the Strategic Planning Advisory Group (SPAG) for completion in August 2021.

- V. Actions related to facilitating sustainable transformation will need to be clearly aligned to the priorities of the IJB and robustly monitored to ensure intended outcomes are being achieved. It may well be that transformation activity will need to be woven into the new Strategic Plan rather than being considered separately in order to ensure that the Strategic Plan is genuinely transformative and that transformation is used as the vehicle for resolving the challenges and opportunities arising from the pandemic. In this context it is helpful that the SPAG is reviewing the remaining recommendations as it also has responsibility for the SCP.
- VI. As recommended in the Annual Internal Audit Report 2019/20 the recovery and reconfiguration process will need to be subject to an on-going reassessment of the impact the pandemic has on the assumptions on which the current Strategic Commissioning Plan is based (demand, resources and ways of working). This includes understanding the population health need, identifying changes to service delivery and the risks these may present, as well as identifying positives and potential service redesign from changed methods of working during the pandemic. This presents the opportunity to develop the direction of travel for review and revision of the Strategic Commissioning Plan, including ensuring alignment to improvement and transformation projects to support the sustainability of the Health & Social Care Partnership (HSCP) in the future, supported by one overall implementation plan. It is recommended that a project plan and timetable is set to progress this work. Further recommendations around this point can be found at action point 1 below.
- VII. Following a number of years of significant overspends; additional Covid19 funding received has positively impacted the financial position of the IJB. However, it is clear that there will be significant pressures on the financial position in future years. As set out in the 5 year strategic financial framework as agreed in March 2021, *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.* We welcome the principles agreed but would reiterate our position that reporting on transformational change to the IJB should reflect its importance to the IJB, focused on providing an overall picture of progress and risks to delivery. Whilst we have evidenced a number of service redesign projects being monitored separately at IJB level, we would reiterate the need for a holistic overview.
- VIII. Our Annual Internal Audit Report for 2017/18 noted that it was intended to frame the performance report information in the context of the delivery plan to ensure that operational delivery of the new Strategic Commissioning Plan can be monitored. We recommended a Delivery Plan to track actions which will support implementation of the Strategic Commissioning Plan. This is not yet in place. Internal audit report D05/21 will make detailed recommendations in relation to performance monitoring, and will be presented to the September 2021 meeting

of the PAC.

- IX. The 2019/20 Annual Performance Report was submitted to the IJB for approval in October 2020; due to the impact of Covid19 on data collection and management time. The Annual Performance Report for 2020/21 is planned for October 2021 with the summary report still being published at the end of July. Performance during the year was regularly monitored at the PAC with the most recent summary performance report to the February 2021 PAC meeting relating to Quarter 2, following the agreement by the PAC in November 2020 that Measuring Performance under Integration targets were not set for 2020/2021 but that data continued to be integrated into the Quarterly Performance Reports. In addition, detailed reports on discharge management and the impact of repeat elective activity on readmission rates were explored and we commend the quality of the performance reporting provided to the PAC. Internal audit report D05/21 will make further detailed recommendations in relation to performance monitoring.

Review of Integration Scheme

- X. 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. The IJB was provided with updates on review of the integration schemes in August and December 2020, where the IJB was informed of the intention to form a short life working group. A draft Project Initiation Document (PID) is now being developed to progress the revisions required across Tayside. Approval of the PID is still awaited from the Partner Chief Executives. Internal Audit have been asked to contribute towards this work and have held initial discussions with the project lead and shared the Integration Principles which cover many aspects of the Integration Scheme. A progress report on the Integration Scheme review was initially due to be presented to the IJB in March 2021 and will now come to the August meeting of the IJB.
- XI. Noting that the IJB's Standing Orders were last reviewed in 2018, with the Financial Regulations remaining as approved in 2016, we would reiterate our view that an update should ideally flow from any changes to governance arrangements agreed through the updated Integration Scheme at an appropriate time.

Governance arrangements

- XII. The remit of the PAC requires a minimum of 3 meetings per financial year. The PAC did meet on three occasions during 2020/21- September and November 2020, and February 2021. The next meeting took place in May 2021, showing an improvement in the frequency/intervals between meetings, as well as the membership now being fully updated with improved participation. The work of the PAC encompasses a wide range of issues, including receiving assurance from the Clinical & Care Governance Group. Any update to the Standing Orders as referenced above should also 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.
- XIII. No reports on progress against the actions agreed under the MSG self assessment were submitted to the PAC or IJB in 2020/21. A summary action is included in the Governance Action Plan which was last reported to the PAC in May 2021. A Governance Action Plan covering actions agreed through previous

internal reports (including Annual Internal Audit Reports) as well as external audit recommendations continued to be presented to each meeting of the PAC. The PAC escalated the delays in progress against the Governance Action Plan to the IJB in October 2020, outlining initiatives to help with completion of these actions. Minutes show that the IJB *'the Chief Officer and Chief Finance Officer to ensure these initiatives are implemented in order to strengthen the governance arrangements in place within the Integration Joint Boards governance framework.'*

- XIV. More detailed monitoring of individual actions, including timescales, are now recorded in the Improvement & Governance Action Plan which is intended as a management tool for 2021-22, to be reported from June 2021. Internal Audit has had sight of this plan at draft stage and fully supports the direction of travel.
- XV. However, there remain a number of intractable long standing issues outstanding, recognised through the governance action plan based on previous Internal Audit recommendations, actions agreed through the MSG Self Assessment, and mirrored in the IJB's draft Governance Statement as areas requiring further improvement. Internal Audit has previously recommended an integrated Governance Action Plan monitored by the Audit Committee. Last year, we also recommended escalation to the IJB. As set out above, the IJB has addressed both recommendations but progress remains difficult, especially in the context of limited management capacity due to the pandemic as well as the complexity of the issues and interdependencies with partner organisations
- XVI. A pan-Tayside Working Group with representation from across the partners under the leadership of the Dundee City IJB Chief Finance Officer delivered a new Risk Management Strategy. In addition, a project team has been established to progress the review of Integration Schemes. A number of actions such as Large Hospital Set Aside (LHSA), Corporate Support arrangements and Hosted Services are also issues for the other Tayside IJBs, there may be merit in also adopting a joint approach where this may be of benefit.
- XVII. During discussions at the May 2021 PAC, it was noted that following each meeting, there would be benefit in an Action Plan being included in addition to the minutes which would indicate timelines and tracking of Actions. This is to be progressed by the Chief Finance Officer in consultation with the Clerk.

Risk Management

- XVIII. Dundee City IJB has continued to develop its Risk Management arrangements, culminating in the approval of the new IJB Risk Management Strategy in April 2021 based on the work undertaken by the pan-Tayside Working Group under the leadership of the Dundee City IJB Chief Finance Officer. In line with the new Strategy, the IJB plans to review its risk management policy to take into consideration the areas for development in the risk management framework (e.g. establishment of a risk appetite).
- XIX. The IJB's strategic risk register was reported through governance systems twice during the year, to the August 2020 IJB and the February 2021 PAC. The report is based on extracts of the risks from the Pentana system. In addition, monitoring takes place at the Clinical, Care & Professional Governance Group (CCPG), who provides an annual year end assurance report on its overall work to the Audit Committee, in addition to the clinical and care governance assurance reports. In response to the internal audit assessment of risk maturity, a Risk Management

Action Plan was developed and last reported to the PAC in September 2020 and includes a number of further developments needed, such as provision of an overall conclusion on the adequacy and effectiveness of risk management arrangements. These areas would all be addressed through full implementation of the new Risk Management Strategy.

- XX. With the exception of the 'Increased Bureaucracy' risk, all strategic risks have been recently reviewed and updated, including clear reference to the impact of Covid19 on the risk profile of the organisation.
- XXI. Whilst we note the improvement work undertaken in relation to risk management; and a review of all agenda items for the IJB during the year shows that nearly all can be linked to one of the organisation's strategic risks, there is currently no direct reporting to the IJB providing direct overt assurance on each of its strategic risks. To further develop good governance arrangements, an IJB assurance plan could be implemented to ensure assurance on all risks is provided to the IJB, including where necessary assurances from partner organisation. The FTF Internal Audit Assurance Principles are appended to this report and should be used to inform development of any assurance workplan. Any monitoring or performance reports should be overtly related to specific risks and should contain a conclusion on whether the performance reports indicate that controls are operating effectively to mitigate the risk as intended.

Hosted Services

- XXII. Whilst a high level Memorandum of Understanding remains in place, further work is required to improve the sharing of information between partnerships. Arrangements will be reviewed as part of the Review of the Integration Schemes.

Directions

- XXIII. We previously noted the need for a clearer link between the Strategic Plan 2019-2022, its implementation and the use of directions. Dundee City IJB had already amended its committee report template to include a section on directions to ensure clarity where the IJB is asked to make a decision. 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.

Feeley report

- XXIV. The April 2021 IJB received a paper including initial assessment of potential implications on Dundee City IJB against each of the recommendations made within the Independent Review of Adult Social Care (IRASC) report (the Feeley report) which was published by the Scottish Government on February 2021. The IJB instructed the Chief Officer to bring back a report outlining Scottish Government plans to progress implementation of the recommendations of the independent review at an appropriate point following the Scottish Parliamentary Elections in May 2021.

Category 1 responders/ business continuity

- XXV. IJBs are now Category 1 Responder bodies and the IJB was kept updated on this change in status in October 2020 and April 2021, setting out arrangements currently in place across the Dundee HSCP to fulfil the requirements and identifying areas for further development. A further report on local arrangements for the effective implementation of duties by the IJB is planned to

be provided later in the year, following the completion of forthcoming national workshops and publication of national guidance for IJBs. We were informed that Business Continuity and Emergency Planning themes have been brought together under the Local Resilience Planning Group for oversight of an integrated response to these issues. Internal audit D06/22 will review the necessary arrangements to meet the requirements of the Act.

Best Value

XXVI. Assurance was 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 for 2020/21.

B – Clinical & Care Governance/ Financial Governance/ Staff Governance/ Information Governance

Key arrangements in place as at year end 2020/21 as well as planned and ongoing developments

B1- Financial Governance

- I. Financial Monitoring Reports were regularly considered by the IJB throughout 2020/21, including the projected outturn position, as well as details on the Financial Impact of the Covid19 Response, the reserves position, the savings plan and the financial position in relation to hosted services.
- II. The underlying financial monitoring position for Dundee HSCP based on expenditure for the full financial year to 31 March 2021 (excluding any implications of additional Covid19 spend) shows a net underspend position of £2.1m. This is a significantly improved position from the net overspend of £4m incurred during 2019/20 and will be carried forward as a general reserve. In addition, a range of earmarked funding unspent at year end is carried forward in committed reserves totalling c£11.7m; of which around half relates to Covid19 funding.
- III. LHSAs are instrumental to the strategic shift in the balance of care. As part of the 2020/21 budget setting process for the IJB and NHS Tayside, the Chief Officer and Chief Finance Officer have had discussions with the Director of Finance for NHS Tayside with regard to progressing the commissioning and financial framework around the LHSAs. The IJB noted and agreed to remit the Chief Finance Officer to reflect the application of the LHSAs within the IJB financial plans for 2020/2021 onwards as part of the IJB budget setting process. We would recommend that the focus be less on the technicalities of LHSAs and more on strategic, holistic solutions which allow the transfer of resources to facilitate improvements in services and shifting the balance of care.
- IV. Following updates to the IJB in December 2020 and February 2021 on the development of the 2021/22 budget, we welcome the approval by Dundee City IJB of a paper setting out medium to longer term financial challenges as well as a framework and range of principles under which these challenges would be mitigated to enable the IJB strategic priorities to be delivered within a balanced budget.

<p>V. 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.</p>
<p>B2 – Clinical & Care Governance</p>
<p>I. Substantial progress has been reported 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 is being considered through the Getting it Right for Everyone (GIRFE) Steering Group pan-Tayside.</p> <p>II. Throughout the year, work continued through the Getting It Right for Everyone Steering Group with a new Getting It Right for Everyone Framework now in place across Tayside. Dundee HSCP provides regular assurance reports to the NHS Tayside Care Governance Committee, with the format of this reporting remaining under review, with some input from Internal Audit.</p> <p>III. We welcome the fact the PAC also directly receives the same Clinical, Care & Professional Governance assurance report to each meeting, as well as quarterly complaints reports. Clinical & Care Governance assurance reporting makes reference to the Covid19 impact on maintaining safe substance misuse services, although the impact of Covid19 on other aspects of clinical governance is not as clearly set out.</p> <p>IV. An action plan based on ‘Dundee Drugs Commission Report – Responding To Drug Use With Kindness, Compassion And Hope’ has been developed and was noted by the Dundee City IJB Clinical, Care and Professional Governance Group in 2019/20. A progress report was provided in April 2021, showing that whilst Covid19 has inevitably impacted on the actions and timescales, good progress is being made. We would highlight the significant risks associated with drug services highlighted by these reports and welcome the decision to review whether these should be more prominently reported within the IJBs Strategic Risk Register.</p> <p>V. The December 2020 IJB received the Chief Social Work Officer’s Annual Report for 2019/20, which provides a summary of activity over the year. It includes information about leadership; partnerships; statutory decisions made on behalf of the Council; finances; the involvement of service users; and on performance across all service areas. The report is not intended to be exhaustive but gives an indication of key trends, achievements, challenges, opportunities and priorities.</p> <p>VI. 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, reporting on care inspectorate gradings for registered care homes and care services (as received by the PAC in September 2020) provides some assurance around some aspects.</p> <p>VII. In February 2021, the IJB noted the Dundee Adult Support and Protection Committee Biennial report 2018-20 as well as the development of the Adult Support and Protection Committee delivery plan for the current year (2020/2021). The Dundee Child Protection Committee Annual Report 2020 was also presented in April 2021, again including development of a Delivery Plan for</p>

the year ahead.

- VIII. The Final Report Of The Independent Inquiry Into Mental Health Services In Tayside – ‘Trust And Respect’ was presented to Dundee City IJB in February 2020, noting the intention to develop a comprehensive action plan with an update originally planned for April 2020. This was delayed due to the Covid19 response. Although in August 2020, the IJB noted the current position in relation to the draft response, no further updates have been provided. The IJB did however receive updates on the development of the Tayside Mental Health Strategy, most recently in December 2020.

B3 - Staff Governance

- I. Actions previously agreed on the development of a Workforce Plan and review of the Workforce and Organisational development strategy remained outstanding in 2020/21. Dundee City IJB intends to produce a new workforce strategy as a companion document to the updated Strategic Commissioning Plan. This is also referenced as a specific priority for Dundee HSCP in the next phase of the April 21- March 22 Recovery plan.
- II. A review of the Dundee City HSCP’s management structure is currently underway looking to increase and strengthen the management team.
- III. The IJB does not currently receive specific staff governance assurances from the employing partners. The overall review of assurances on strategic risks to the IJB as recommended under action point 6 below should include assurances over staff governance.
- 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 has been undertaken by representatives from NHS Tayside and the three Tayside Health and Social Care Partnerships to agree how the Whistleblowing Standards would be implemented and a Whistleblowing Agreement has been drafted. An update on this work was provided to Dundee City IJB in April 2021 and includes plans for quarterly reporting to the IJB.

B4- Information Governance

- I. Internal audit report D04/19 ‘Information Governance & Technology as Enablers’ graded ‘D’ (Inadequate) was presented to the PAC in September 2020. The most recent Governance Action Plan update to the PAC in May 2021 concluded that all action points have now been addressed.
- II. Information Technology plays an essential part in remobilising and redesigning services and allowing the fundamental and rapid transformation required to achieve sustainable services, particularly in a post Covid19 environment. IT strategies of the partner bodies will require to be reviewed in light of Covid19.
- III. As part of the work on assurance referred to in action point 6 below, 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 these are appropriately prioritised, resourced and monitored. This will be particularly important for the delivery of genuine transformation and the revised approach to the delivery of services required

following Covid19.

ACKNOWLEDGEMENT

29. 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**Finding:**

The Strategic Planning Group has been tasked with considering arrangements for the review and revision of the Strategic Commissioning plan, including the implications of the Feeley report on this. A full report and recommendations will thereafter be submitted to the IJB for consideration.

Audit Recommendation:

The direction of travel for review and revision of the Strategic Commissioning Plan should be documented, to ensure delivery of sustainable services in the future.

This includes understanding the population health need, identifying changes to service delivery and the risks these may present, as well as identifying positives and potential service redesign from changed methods of working during the pandemic. Revision of the Strategy should include alignment to the Transformation and Re-mobilisation Plans to support the sustainability of the HSCP in the future.

A project plan and timetable should be established to progress this work, including arrangements to review and monitor the implementation of the overarching Strategic Commissioning Plan and supporting strategies, and to ensure appropriate resources are available to deliver the strategy, clearly linked to revised service models.

Arrangements could include:

- Identification of a Sponsor and Project Lead for strategic planning and change;
- A plan and timetable for how the new Strategy and supporting strategies will emerge, including governance arrangements and key responsibilities for individuals and groups;
- A stock take of current transformation;
- Articulation of a clear link between strategy and ongoing service developments, to ensure future services are sustainable;
- Overt linkages to realistic medicine, transformative programmes, efficiency savings and other initiatives;
- Assessment of the risks to achievement.

There should be effective governance and oversight of this key area so that the IJB can formally scrutinise the arrangements, and in particular approve the principles underlying remobilisation and reconfiguration planning. The IJB should be engaged in all key decisions, and in setting the vision/ direction for the next iteration of the plan including:

- Products – The IJB should clearly understand which decisions will come to them, when and in what format, and which decisions it is delegating to management
- Processes - The IJB should understand how it will be kept informed of progress, of changes to the risk profile and of the impact of changes including appropriate post-project monitoring
- Priorities - The IJB should agree how it will set its priorities and how these will be communicated and implemented, understanding as above that their implementation may not come to the IJB

- Parameters - The IJB should outline which areas are sacrosanct to ensure officers time is focussed on key development areas.

The Board should be provided with regular overviews of whether Recovery, Remobilisation and strategy development is on track, key achievements, challenges and risks and any significant implications for strategy and priorities.

Assessment of Risk:

Whilst circumstances were such that it would not have been possible to update the Strategic Commissioning Plan (SCP) until operational exigencies have been resolved and the impact of Covid19 was better understood; the SCP is a vital component of the IJB's governance arrangements and therefore, 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.

Management Response/Action:


Work is currently being undertaken by the Strategic Planning Advisory Group to assess impact of Covid19 and other factors on the direction of the Strategic Plan with consideration given already to much of the framework set out above.


Action by:

Date of expected completion:


Chief Finance Officer

March 2022

Action Point Reference 2	
Finding:	
<p>Overall, the economic impact of Covid19 will continue to have a significant impact on the financial environment in both the short and medium to longer term. Both UK and Scottish Government Budgets currently only set out one-year spending plans with longer term, post Covid, economic strategies emerging later. Given this uncertainty, there will be a need to continually review and adapt partnership financial plans over coming months and years as resource availability and projected costs become clearer.</p> <p>We have been informed that the organisation is working on improvements to the monitoring and reporting of transformation programmes. In addition, an action to develop an overall delivery plan for the Strategic Plan currently remains outstanding.</p>	
Audit Recommendation:	
<p>Actions related to facilitating sustainable transformation will need to be clearly aligned to the priorities of the IJB and robustly monitored to ensure intended outcomes are being achieved. It may well be that transformation activity will need to be woven into the new Strategic Plan rather than being considered separately in order to ensure that the Strategic Plan is genuinely transformative and that transformation is used as the vehicle for resolving the challenges and opportunities arising from the pandemic.</p> <p>In this context, we would recommend one overall implementation plan with reporting linking performance/ risk/ resources and recommend that reporting ensures a rounded view of overall performance, financial sustainability and progress in implementing the Strategic Plan priorities of the Partnership, including any transformational activity, linked to assurance on strategic risks (see action point 6 below).</p>	
Assessment of Risk:	
<p>In line with our comments on the risk assessment of Action Point 1 above, our assessment of the above finding is as follows:</p>	
<p>Significant</p>	<div style="display: flex; align-items: center;">  <p>Weaknesses in control or design in some areas of established controls.</p> <p>Requires action to avoid exposure to significant risks in achieving the objectives for area under review.</p> </div>
Management Response/Action:	
<p>A review of the reporting of progress of transformation programmes will be undertaken by the Strategic Planning Advisory Group over the course of 2021/22 which will encompass delivery of the IJB's Strategic Priorities as they continue to evolve post Covid19 pandemic response.</p>	
Action by:	Date of expected completion:
Chief Finance Officer	March 2022

Action Point Reference 3	
Finding:	
<p>The IJB's Standing Orders were last reviewed in 2018, with the Financial Regulations remaining as approved in 2016. The remit of the PAC is set out in the Standing Orders but does not currently include the work of the PAC in relation to receiving assurance from the Clinical & Care Governance Group.</p>	
Audit Recommendation:	
<p>We would reiterate our view that an update should flow from any changes to governance arrangements agreed through the updated Integration Scheme.</p> <p>Any update to the Standing Orders as referenced above should also 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 with clear links to the assurance flows outlined in recommendation 7 below.</p>	
Assessment of Risk:	
<p>Our assessment of the above finding is as follows:</p> <p>Moderate  Weaknesses in design or implementation of controls which contribute to risk mitigation.</p> <p>Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.</p>	
Management Response/Action:	
<p>Given the time which has elapsed since the previous review it is agreed that the IJB's Standing Orders should be undertaken during 2021/22 in line with the Integration Scheme Review. Financial Regulations will be reviewed separately.</p>	
Action by:	Date of expected completion:
Chief Finance Officer	<p>Standing Orders – March 2022 (in line with integration scheme review timescale)</p> <p>Financial Regulations – October 2021</p>

Action Point Reference 4	
Finding:	
<p>There remain a number of intractable long standing issues outstanding, recognised through the governance action plan based on previous Internal Audit recommendations, actions agreed through the MSG Self Assessment, and mirrored in the IJB's draft Governance Statement as areas requiring further improvement. Internal Audit has previously recommended an integrated Governance Action plan monitored by the Audit Committee. Last year, we also recommended escalation to the IJB. As set out above, the IJB has addressed both recommendations but progress remains difficult, especially in the context of limited management capacity due to the pandemic as well as the complexity of the issues and interdependencies with partner organisations</p> <p>A pan-Tayside Working group with representation from across the partners under the leadership of the Dundee City IJB Chief Finance Officer delivered a new Risk Management Strategy. In addition, a project team has been established under Angus leadership to progress the review of Integration Schemes</p> <p>Implementation of national guidance on LHSA has been problematic across Scotland, with engagement with the issue being focused on technical finance issues rather than strategic, holistic solutions which allow the transfer of resources to facilitate improvements in services and shifting the balance of care.</p>	
Audit Recommendation:	
<p>Consideration should be given to adopting pan-Tayside solutions to LHSA, Corporate Support arrangements and Hosted Services.</p> <p>With a new Strategic Commissioning Plan being developed, the focus should be increasingly on strategic, holistic solutions which allow the transfer of resources to facilitate improvements in services and shifting the balance of care, alongside the technical aspects of LHSA.</p>	
Assessment of Risk:	
<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>Requires action to avoid exposure to significant risks in achieving the objectives for area under review.</p>	
Management Response/Action:	
<p>All of these issues are to be considered as part of the Integration Scheme Review which is being approached on a pan Tayside basis.</p>	
Action by:	Date of expected completion:
Chief Officer	March 2022

Action Point Reference 5	
Finding:	
Whilst we were pleased to see the approval of a revised Risk Management Strategy (RMS) for the IJB, we note that there was no provision for monitoring its implementation.	
Audit Recommendation:	
The PAC should receive regular reports on the implementation of the RMS and should receive the Strategic Risk Register regularly as required by the RMS.	
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.
Management Response/Action:	
Regular risk management reporting to be implemented as per recommendation.	
Action by:	Date of expected completion:
Chief Finance Officer	August 2021

Action Point Reference 6**Finding:**

Strategic risks and their controls are well articulated and nearly all IJB agenda items can be linked to one of the organisation's strategic risks. However, there is currently no direct reporting to the IJB on its risk profile; nor direct, overt assurance on each of its strategic risks with risk monitoring occurring at the CCPG and the PAC receiving assurance on the overall system of risk management as above. Where controls sit within the partner bodies, the IJB receives only a general annual assurance through the year end processes, for example the IJB does not currently receive specific staff governance assurances from the employing partners, nor on compliance with GDPR and other information governance arrangements.

Audit Recommendation:

To further develop good governance arrangements, an IJB assurance plan could be implemented to ensure assurance on all risks is provided to the IJB, including where necessary assurances from partner organisation. The FTF internal audit assurance principles are appended to this report and should be used to inform development of any assurance workplan. Any monitoring or performance reports should be overtly related to specific risks and should contain a conclusion on whether the performance reports indicate that controls are operating effectively to mitigate the risk as intended.

Some assurances may require to be provided by the partners, to ensure the IJB receives assurance that its strategies and statutory responsibilities are supported by the enabling strategies and governance arrangements of its partners and these are appropriately prioritised, resourced and monitored.

Assessment of Risk:

Our assessment of the above finding is as follows:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

Recommendation to be implemented accordingly.

Action by:





Date of expected completion:

Chief Finance Officer

December 2021

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. Action is imperative to ensure that the objectives for the area under review are met.	None
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. Requires action to avoid exposure to significant risks to achieving the objectives for area under review.	Four
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.	Two
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	None

Committee Assurance Principles

Purpose and Remit

The overall purpose of the Board is to ensure efficient, effective and accountable governance, to provide strategic leadership and direction, and to focus on agreed outcomes. Detailed scrutiny should take place at committee level, with each committee providing assurance and escalating key issues as required. For this to be achieved successfully, Standing Committees must be clear about their priorities, have focused agendas and workplans and must monitor their own performance rigorously. Standing Committee remits are approved by the Board with input from Committees and increasingly from national governance initiatives. However, Standing Committees must ensure that they are focused on Board priorities and on the risks delegated to them.

Sub-committees and groups will frequently have an operational focus but must ensure that they are in a position to provide the required assurances on their operations and on any risks, actions and controls for which they are responsible.

Board or Standing Committee Agenda

In general, for an item to be included on the agenda it should meet the following criteria unless the Committee Chair and Lead Officer agree there are good reasons for its inclusion:

- a. It is a decision delegated to that Committee
- b. It relates to and/or provides assurance upon a risk delegated to that Committee. In this context, performance reports etc should be overtly related to the specific risk and should contain a conclusion on whether the performance reports indicate that controls are operating effectively to mitigate the risk as intended
- c. It is a statutory or regulatory requirement or required by SG guidance
- d. The Committee can add value to a decision or issue by providing a different perspective, setting boundaries, generating ideas etc.

Assurance

At the start of the year, the Committee should consider its remit and determine its assurance requirements together with how these will be met, using assurance mapping principles. This should be set out in the Committee assurance plan or clearly identified within the Committee work plan. The 'three lines of assurance' are often used to help categorise assurances

- First line: management assurance from "front line" or business operational areas;
- Second line: oversight of management activity, including effective management information, separate from those responsible for delivery, but not independent of the organisation's management chain;
- Third line: independent and more objective assurance, including the role of Internal Audit and from external bodies

Appendix 1 Committee Assurance Principles with Risk Guidance

Assurances should be:

- a. Overtly linked to the relevant risk with an overt conclusion from the responsible director or officer
- b. Streamlined so that there is no omission, no unnecessary duplication
- c. Relevant: data should not be presented just because it is readily available
- d. Reliable: assurances should be evaluated so that it is clear how much weight should be placed on any piece of evidence and how they fit in with other relevant evidence
- e. Sufficient: there should be sufficient evidence in total to allow a reasonable conclusion to be reached

The Board has delegated responsibility for most strategic risks to Standing Committees. Following a discussion of an agenda item, the committee should formally assess the level of assurance received. This is reported to the Board via the Chair's assurance report (see below). The following criteria (based on work undertaken by the Good Governance Institute) can help in assessing the level of assurance:

- a. Independent assurance (e.g. an auditor's opinion) carries more weight than internal evidence produced by management
- b. The best assurance is commissioned specifically to assure that a control is effective: reams of evidence with only indirect relevance does not provide good assurance
- c. Assurances are time-limited and should only be relied upon if current
- d. Differentiate between positive, negative and neutral opinion when using independent assurance
- e. Ensure that assurance is consistent: triangulate different sources and use independent evidence to assess the accuracy of internal assurance sources

Appendix A provides examples of questions that Committees and groups should ask about risks.

Chair's report /Assurance Report

Minutes are valuable for the group itself but are not normally an efficient and effective source of assurance. An assurance report allows issues to be collated and presented in a way that gives readers a quick and comprehensive summary of the key issues, without considering unnecessary detail or having to decode or investigate areas of interest. The following questions should be considered at the end of every Standing Committee and sub-group meeting and areas for recording agreed. These should then be included in the Chair's summary/assurance report and taken forward by the Responsible Director:

- a. Are there any issues which could be a disclosure in the Governance Statement (see below) or should be included within the Committee year-end report
- b. Are there any new risks emerging which require escalation to the Board or recording in the Strategic or operational risk registers
- c. Is the Committee fulfilling its workplan and if not, would any omissions have an impact on its ability to provide assurance at year-end
- d. For the risks delegated to the Committee:
 - Are the scores correct?
 - Have there been any significant movements?
 - Has the committee received assurances that internal controls intended to mitigate the risk are working as intended and are effective?
 - Does performance reporting support this?

- Has the committee received assurances that actions intended to reduce the risk to its target level are working as intended and will be effective?

Year-end reports

At the end of the financial year, Standing Committees provide their annual report to the A&RC (and Board). Standing Committee annual reports are an opportunity to reflect on the year just gone and should be used to consider overall progress and key issues going forward. The annual report should be focused on the most important issues and should include, as a minimum:

- a. A clear description of movement in strategic risks aligned to the committee and areas where actions were not effective
- b. Overt identification of areas of non-compliance and explanation of the impact on the control environment
- c. Clear performance information and highlighting of areas of poor performance
- d. Inclusion of Key Performance Indicators where possible
- e. Rather than stating that a report was presented, providing a broad conclusion on whether the level of assurance provided was acceptable (noting that the new process for assessing assurance will aid this recommendation)
- f. Any specific requirements for that Committee based on its remit or duties such as an overt opinion by the SGC on whistle-blowing arrangements based on an appropriate annual report or the P&RC opinion on whether value for money was achieved
- g. Consideration of key risks and concerns and how these will be reflected in the workplan for the year ahead.

The Audit Committee must decide whether an item is of sufficient significance to be included in the narrative of, or disclosed within, the Governance statement. By extension Standing Committees should consider, whether an item should be brought to the attention of the Audit Committee within their annual report/assurance statement. Useful considerations in deciding whether an item should be disclosed include:

- a. Is it material? The HIS risk management 'impact' criteria provide a helpful guide
- b. Does it represent a control weakness? Some issues could not reasonably have been prevented
- c. Was the control weakness in place in the year in question? A weakness in place throughout most of the year should be mentioned, even if resolved after or at year-end. However, if the issue was discovered in year but related to a weakness in previous years now rectified then it need not be disclosed

Appendix A - Assessing risks

Questions for Risk Owners:

- Would you know if your controls are working effectively as intended or failing?
- Can you evidence the effectiveness of the controls?
- Can you assure your Governance Committee of the effectiveness of controls?
- Do you have assurance for all three lines of defence?
 - 1st line - management / performance / data trends
 - 2nd line – oversight / compliance / audits
 - 3rd line – internal audit and/or external audit reports / external assessments
- If Yes - why above appetite?
- If No – How are the mitigating controls reflecting improvement or is there an action plan?
- Do you understand both the criticality and effectiveness of controls
 - Criticality: How important to the mitigation of the risk? The higher the importance of the control in mitigating the risk, the more assurance is required. If the control is of low importance is it a valid control to attach resource / effort
 - Effectiveness: This should measure if the controls are well designed / appropriate as well as how effectively they are implemented

Risk Questions for Committees**General questions:**

- Do the current controls match the stated risk?
- How weak or strong are the controls? Are they both adequate i.e. well-designed and effective i.e. implemented properly
- Will further actions bring risk down to the planned level?
- Does the assurance you receive tell you how controls are performing?
- Are we investing in areas of high risk instead of those that are already well-controlled?
- Do Committee papers identify risk clearly and overtly link to the BAF/risk?

Specific questions when analysing a risk delegated to the committee in detail:

- History of the risk (when was risk opened)- has it moved towards target at any point?
- Is there a valid reason given for the current score
- Is the target score:
 - In line with appetite
 - Realistic/achievable or does the risk require to be tolerated at a higher level?
 - Sensible/worthwhile
- Is there an appropriate split between:
 - Controls – processes already in place which take the score down from its initial/inherent position to where it is now
 - Actions – planned initiatives which should take it from its current to target

- Assurances which monitor the application of controls/actions
- Ensuring there is clarity over what the listed controls etc. actually do e.g. if there is a group, what is it for (noting a group might be all three or actually none)?
- Assessing controls
 - Are they 'Key' i.e. are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)
 - Overall, do the controls look as if they are applying the level of risk mitigation stated
 - Is their adequacy assessed by the risk owner– if so , is it reasonable based on the evidence provided
- Assessing Actions – as controls but accepting that there is necessarily more uncertainty :
 - are they are on track to be delivered
 - are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk?
 - are they likely to be sufficient to bring the risk down to the target score
- Assess Assurances:
 - Do they actually relate to the listed controls and actions (surprisingly often they don't)?
 - Do they provide relevant, reliable and sufficient evidence either individually or in composite?
 - Do the assurance sources listed actually provide a conclusion on whether:
 - the control is working
 - action is being implemented
 - the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level
 - What level of assurance is given or can be concluded and how does this compare to the required level of assurance (commensurate with the nature or scale of the risk):
 - 1st line - management / performance / data trends
 - 2nd line – oversight / compliance / audits
 - 3rd line – internal audit and/or external audit reports / external assessments

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

(See Distribution List attached)

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

City Chambers
DUNDEE
DD1 3BY

15th June, 2021

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, 23rd June 2021 at 10.00 am.

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 by 12 noon on Monday, 21st June, 2021.

Apologies for absence should be submitted to Willie Waddell, Committee Services Officer, on telephone (01382) 434228 or by e-mail willie.waddell@dundeecity.gov.uk.

Yours faithfully

VICKY IRONS

Chief Officer

AGENDA

1 APOLOGIES/SUBSTITUTIONS

2 DECLARATION OF INTEREST

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

3 MINUTE OF PREVIOUS MEETING - Page 1

(The minute of previous meeting of the Integration Joint Board held on 21st April, 2021 is submitted for approval, copy attached).

4 MEMBERSHIP OF DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

(a) MEMBERSHIP –NHS TAYSIDE NOMINATION – POSITION OF VOTING MEMBER

Reference is made to Article III(a) of the minute of meeting of this Integration Joint Board held on 30th October, 2018, wherein it was noted that Jenny Alexander had been nominated by NHS Tayside to serve as a Voting Member on the Integration Joint Board.

It is reported that, at the meeting of the NHS Tayside Board held on 29th April, 2021 it was agreed that Anne Buchanan be nominated to be a member of the Integration Joint Board as replacement for Jenny Alexander in the capacity of voting member.

The Integration Joint Board is asked to note the position.

(b) MEMBERSHIP – NHS TAYSIDE APPOINTMENT – PROXY MEMBER

It is reported that, at the meeting of NHS Tayside Board held on 29th March, 2021 it was agreed that Jenny Alexander be appointed as a Proxy Member for the NHS Voting Members on the Integration Joint Board.

The Integration Joint Board is asked to note the position and that Jenny Alexander may attend as a Proxy Member for the NHS Tayside Voting Members on the Integration Joint Board.

5 PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 26TH MAY, 2021 - Page 9

(Copy attached for information and record purposes).

(b) CHAIR'S ASSURANCE REPORT - Page 15

(Report No DIJB36-2021 by the Chairperson of the Performance and Audit Committee, copy attached).

6 PREPARATION OF THE INTEGRATION JOINT BOARDS ANNUAL PERFORMANCE REPORT 2020/2021 (DIJB27-2021)

Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 states that Integration Authorities must prepare an annual performance report for each reporting year. A performance report is described as a report which sets out an assessment of performance by each Integration Authority in planning and carrying out its integration functions. The Public Bodies (Content of Performance Reports) (Scotland) Regulations 2014 sets out the prescribed content of an annual report prepared by an Integration Authority in terms of Section 42 of the Act. There is a requirement for each Integration Authority to publish their annual performance report within four months of the end of the reporting year. The fifth annual report of the Dundee Health and Social Care Partnership (for 2020/2021) is therefore due for publication by 31st July 2021.

Since 2017 the Partnership has published a summary version of the annual performance report by 31st July following consultation with all IJB members and formal approval of the content and format by the Chairperson, Vice-Chairperson and Clerk of the IJB, Chief Officer, Chief Finance Officer and the Head of Service - Health and Community Care. The summary version has been developed to meet the requirements of the regulations, including information regarding progress against the National Health and Wellbeing Outcomes and information at Partnership and locality level in relation to financial planning and performance, best value and scrutiny / inspection. The Scottish Government has previously indicated that this approach is acceptable, as has the Clerk.

IJB members are asked to note that, consistent with the approach agreed by the IJB in 2020 (Article VIII of the minute of the Dundee Integration Joint Board held on 25th August 2020), it is not intended to utilise the provisions of the Coronavirus (Scotland) Act 2020 Schedule 6, Part 3 to delay publication of the annual performance report until a date after 31st July 2021 but prior to 30th November 2021. To support transparency and public scrutiny a summary version will be published on or before the

statutory deadline (31st July 2021), with a full version submitted to the IJB no later than 27th October 2021 for approval and subsequent publication.

7 LEADERSHIP OF PUBLIC PROTECTION ARRANGEMENTS - Page 17

(Report No DIJB28-2021 by Chief Officer, copy attached).

8 STRATEGIC AND COMMISSIONING PLAN – COVID IMPACT AND STRATEGIC REVIEW - Page 33

(Report No DIJB29-2021 by Chief Officer, copy attached).

9 DUNDEE INTEGRATION JOINT BOARD 2021/2022 BUDGET (DIJB30-2021)

Dundee Integration Joint Board approved its 2021/2022 Delegated Budget at its meeting of the 26th March 2021 (Article IV of the minute refers). At the time the budget was set, there were two areas where further funding confirmation was required which resulted in the following recommendations being agreed to, namely:

- to instruct the Chief Finance Officer to report back to the Integration Joint Board following receipt of formal notification from Tayside NHS Board of the budget offer with associated recommendations including any implications of the finalisation of hosted services budgets and the Large Hospital Set Aside on the Integration Joint Boards net budget position and associated savings.
- to Instruct the Chief Finance Officer to report back to the Integration Joint Board on the implications to the Integration Joint Board's budget should the additional funding received by the Integration Joint Board to implement the national living wage policy vary from the anticipated cost.

NHS Tayside Board met to agree it's Strategic Financial Plan 2021/2022 on 29th April 2021 and the Chief Finance Officer has received confirmation that the previous indicative 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.

The Scottish Government has now confirmed Dundee's share of additional funding provided to meet in full the cost of implementing the living wage for all adult social care workers, including the national policy direction to increase the value of all eligible contractual arrangements by 2.2% in 2021/2022. This additional funding recognised a shortfall in the original national allocation of funding for implementation of the policy which the IJB was offsetting through its savings plan in addition to an increased commitment of the policy through the national 2.2% contractual uplift. This has resulted in additional funding not budgeted for within the original IJB Budget proposal of £906k, offset by an additional cost of the policy of £290k. This leaves net additional funding of £616k.

It is recommended that the additional funding is utilised to reduce the IJB's required 2021/2022 savings programme as follows to ease financial pressure on services during the year and to support the remobilisation of services:

Reduce Anticipated Staff Turnover Saving from £700k to £350k (reduction of £350k)
 Reduce Discretionary Spend Saving from £300k to £175k (reduction of £125k)
 Reduce Meals Service Saving from £93k to £52k (reduction of £41k)
 Reduce Delayed Utilisation of Reinvestment Funding from £500k to £400k (reduction of £100k)
 Total Reduced Savings: £616k.

10 FINANCIAL MONITORING POSITION AS AT 31ST MARCH, 2021 - Page 37

(Report No DIJB31-2021 by Chief Finance Officer, copy attached).

11 UNAUDITED ANNUAL ACCOUNTS 2020/2021 - Page 51

(Report No DIJB32-2021 by Chief Finance Officer, copy attached).

12 ANNUAL INTERNAL AUDIT REPORT 2020/2021

(Report No DIJB33-2021 by Chief Finance Officer, copy to follow).

13 STANDING ORDERS – AMENDMENT (DIJB35-2021)

It is reported that as meetings of the Integration Joint Board and the Performance and Audit Committee are now being held at 10.00 am, it is recommended that the Integration Joint Board agree that the Clerk be remitted to make amendment to the Standing Orders accordingly and that Section 15.1 relative to Procedure for Motions and Amendments be amended to reflect that 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.

14 MEETINGS OF THE INTEGRATION JOINT BOARD 2021 – ATTENDANCES - Page 109

(A copy of the Attendance Return DIJB34-2021 for meetings of the Integration Joint Board held to date over 2021 is attached for information and record purposes).

19 DATE OF NEXT MEETING

Wednesday 25th August, 2021 – 10.00am (Being held remotely).

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

<u>Role</u>	<u>Recipient</u>
VOTING MEMBERS	
Elected Member (Chair)	Councillor Ken Lynn
Non Executive Member (Vice Chair)	Trudy McLeay
Elected Member	Councillor Lynne Short
Elected Member	Bailie Helen Wright
Non Executive Member	Anne Buchanan
Non Executive Member	Donald McPherson
NON VOTING MEMBERS	
Chief Social Work Officer	Diane McCulloch
Chief Officer	Vicky Irons
Chief Finance Officer (Proper Officer)	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	VACANT
Registered Nurse	Wendy Reid
Registered medical practitioner (not providing primary medical services)	Dr James Cotton
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Eric Knox
Service User residing in the area of the local authority	Linda Gray
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Dr Emma Fletcher

(b) CONTACTS – FOR INFORMATION ONLY

<u>Organisation</u>	<u>Recipient</u>
NHS Tayside (Chief Executive)	Grant Archibald
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Chief Executive)	Greg Colgan
Dundee City Council (Executive Director of Corporate Services)	Robert Emmott
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Legal Manager)	Kenny McKaig
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee City Council (Members' Support)	Sharron Wright
Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Pauline Harris
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)	Linda Rodger
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs

Audit Scotland (Senior Audit Manager)	Bruce Crosbie
Proxy Member (NHS Appointment for Voting Member)	Dr Norman Pratt
Proxy Member (NHS Appointment for Voting Member)	Jenny Alexander
Proxy Member (DCC Appointment for Voting Members)	Depute Lord Provost Bill Campbell
Proxy Member (DCC Appointment for Voting Members)	Councillor Steven Rome
Proxy Member (DCC Appointment for Voting Member)	Councillor Margaret Richardson



At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 21st April, 2021.

Present:-

Members

Role

Ken LYNN (<i>Chairperson</i>)	Nominated by Dundee City Council (Elected Member)
Trudy McLEAY (<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)
Norman PRATT(for Jenny ALEXANDER)	Nominated by Health Board (Non-Executive Member)
Vicky IRONS	Chief Officer
Dave BERRY	Chief Finance Officer
Diane McCULLOCH	Chief Social Work Officer
Wendy REID	Registered Nurse
James COTTON	Registered medical practitioner(not providing primary medical services)
Raymond MARSHALL	Staff Partnership Representative
Jim McFARLANE	Trade Union Representative
Linda GRAY	Service User Representative
Martyn SLOAN	Carer Representative
Andrew RADLEY(for Emma FLETCHER)	Dundee Health and Social Care Partnership

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

Christine JONES	Dundee Health and Social Care Partnership
Jenny HILL	Dundee Health and Social Care Partnership
Elaine TORRANCE	Dundee Adult Support and Protection Committee
Andrew BECKETT	Dundee Health and Social Care Partnership
Sophe GWYTHYR	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership
Arlene MITCHELL	Dundee Health and Social Care Partnership
Linda GRAY	Dundee Health and Social Care Partnership
Anne Marie MACHAN	Audit Scotland
Roger MENNIE	Clerk and Standards Officer

Ken LYNN, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Members

Role

Jenny ALEXANDER	Nominated by Health Board (Non-Executive Member)
Emma FLETCHER	Director of Public Health

II DECLARATIONS OF INTEREST

Councillor Lynn declared a non-financial interest in Article XV of this minute by virtue of his membership of the Dundee Drugs Commission.

Donald Macpherson declared a non-financial interest in Article XVI of this minute by virtue of being the NHS Tayside Whistleblowing Champion.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of the Integration Joint Board held on 26th March, 2021 was submitted and approved.

IV IMPACT OF COVID-19 PANDEMIC ON DELIVERY OF THE STRATEGIC AND COMMISSIONING PLAN

There was submitted Agenda Note DIJB12-2021 reporting that, in December 2020, the Integration Joint Board considered and approved a report detailing the impact to date of the COVID-19 pandemic on the Partnership's ability to deliver the Strategic and Commissioning Plan 2019-2022 and on early planning for revision of the plan (Article VI of the minute of this Integration Joint Board held on 15th December 2020 refers). At that time the Chief Finance Officer was instructed to work with the Strategic Planning Advisory Group to draft a public statement summarising the impact of the pandemic on the delivery of the plan and to undertake further detailed planning for the revision of the current strategic and commissioning plan.

The recommendations approved by the Integration Joint Board in December 2020 were based on the Chief Officer's understanding of the impact of the pandemic on the delivery of the strategic plan at the time at which the report was produced, end of October 2020. The second wave of the COVID-19 pandemic and associated escalation of operational responses began in November 2020 necessitating a decisive shift from a focus on recovery to a short-term focus on response. This context had meant that for the last four months capacity to progress the actions detailed within the strategic plan had once again been significantly diminished. In the intervening period the demand that would be placed on Partnership resources to support continued pandemic response (in areas such as care homes and vaccination) alongside recovery during 2021/2022 had also become clearer; with a direct impact on capacity available to deliver actions from the strategic plan and to catch-up on delays reported to the Integration Joint Board in December 2020 by the current end date of the plan (31st March 2022).

It was therefore apparent that the Strategic Planning Advisory Group required time to revise and update their assessment of the impact of the pandemic on the ability to deliver the strategic plan and to update their recommendations to the Integration Joint Board on this matter. The Strategic Planning Advisory Group would convene on 22nd April, 2021 to consider in detail the impact of the pandemic on the delivery of the current plan and arrangements for the statutory review and subsequent revision of the plan. This meeting would also consider the implications of the Independent Review of Adult Social Care in Scotland for the timeline and process of revising the Partnership's strategic and commissioning plan, as well as the approach being taken by the other Partnerships in Tayside. A full report and recommendations would thereafter be submitted to the Integration Joint Board on 23rd June, 2021 for consideration.

The Integration Joint Board noted accordingly.

V DUNDEE CHILD PROTECTION COMMITTEE ANNUAL REPORT 2020

There was submitted DIJB13-2021 by the Chief Officer presenting the Integration Joint Board with the Dundee Child Protection Committee's Annual Report 2020.

The Integration Joint Board agreed:-

- (i) to note the content of the report and the achievements and challenges over the April 2019 to July 2020 period which as outlined in the annual report which was attached to the report as Appendix 1;
- (ii) to note the progress that had been made in developing an effective partnership response to Child Protection issues in the city as outlined in section 4.5 of the report and the priority areas for future improvement as outlined in section 4.6 of the report; and

- (iii) to note the development of the Child Protection Delivery Plan for the current year (2020/2021) which was contained within Appendix 1 of the report.

VI CIVIL CONTINGENCIES ACT 2004 - INTEGRATION JOINT BOARD STATUS AS CATEGORY ONE RESPONDERS

There was submitted Report No DIJB14-2021 by the Chief Officer providing assurance to the Integration Joint Board regarding the arrangements in place to fulfil duties as Category 1 Responders under the Civil Contingencies Act 2004.

The Integration Joint Board agreed:-

- (i) to note the content of the report;
- (ii) to note the amendment of the Civil Contingencies Act 2004 to include Integration Joint Boards as Category 1 responders as outlined in section 4.1 of the report and the statutory duties of Category 1 responders as outlined in section 4.2 of the report;
- (iii) to note the arrangements that were currently in place across the Dundee Health and Social Care Partnership to fulfil the duties of Category 1 responders as outlined in section 4.3 of the report and identified areas for further development as outlined in section 4.4 of the report; and
- (iv) to instruct the Chief Officer to provide a further report on local arrangements for the effective implementation of duties by the Integration Joint Board following the completion of forthcoming national workshops and publication of national guidance for Integration Joint Boards as outlined in section 4.2.3 of the report.

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

- (v) to note that the Integration Joint Board did not have dedicated resilience officers but that Diane McCulloch attended meetings of the on the Resilience Group of NHS Tayside.

VII DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP EQUALITY MAINSTREAMING PROGRESS REPORT 2019/2021

There was submitted Report No DIJB15-2021 by the Chief Officer seeking approval of the Dundee Health and Social Care Partnership Equality Mainstreaming Progress Report 2019/2021 and informing the Integration Joint Board of planned work in relation to equalities mainstreaming and outcomes during 2021/2022.

The Integration Joint Board agreed:-

- (i) to note the content of the report;
- (ii) to approve the Dundee Health and Social Care Partnership Equality Mainstreaming Progress Report 2019/2021 as outlined in section 4.2 of the report and Appendix 1 of the report;
- (iii) to approve the intended approach to publication and dissemination as outlined in section 4.2.3 of the report; and
- (iv) to note the planned programme of work for 2021/2022 in relation to equalities mainstreaming and outcomes as outlined in section 4.3 of the report.

Following questions and answers the Integration Joint Board further agreed :

- (v) to remit to the Chief Finance Officer to review the contents of Integrated Impact Assessments;
- (vi) to the publication of Integrated Impact Assessments on the Partnership website (to be available through links to the reports in the published minutes); and
- (vii) to invite the Trade Unions to work with the Social Care Contracts Team to promote fair work practices.

VIII PROGRESS UPDATE ON REVIEW OF 'A CARING DUNDEE: A STRATEGIC PLAN FOR SUPPORTING CARERS IN DUNDEE' AND SHORT BREAKS SERVICES STATEMENT

There was submitted Report No DIJB16-2021 by the Chief Officer providing an update on the findings of engagement work carried out by the Partnership in relation to the impact of COVID-19 on unpaid carers in the City and seeking approval for identified funding allocations to be mainstreamed from 2021/2022.

The Integration Joint Board agreed:-

- (i) to note the content of the report and Appendix 1 of the report;
- (ii) to note the work undertaken by partners as detailed in section 4.1 of the report to engage with unpaid carers in Dundee and in the appended report which gave insight into the impact of COVID-19 on them;
- (iii) to note the establishment of 7 short life workstreams, based on priorities identified by the Carers Partnership and the engagement work which would help to develop future commissioning intentions;
- (iv) to approve the mainstreaming funding of services to support carers as set out in section 4.3.1 of the report; and
- (v) to instruct the Chief Officer to provide a further report to present the draft reviewed Carers Strategic Plan for approval along with the Carers Investment Plan 2021/2023 to the meeting of 25th August 2021.

IX OVERVIEW OF DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP RESPONSE TO COVID-19 PANDEMIC WAVE 2

There was submitted Report No DIJB17-2021 by the Chief Officer providing an overview of Dundee Health and Social Care Partnership's strategic and operational response to the second wave of the COVID-19 pandemic.

The Integration Joint Board agreed:-

- (i) to note the content of the report, including the steps taken by Dundee Health and Social Care Partnership to respond to the challenges at each stage of the second wave of the COVID-19 pandemic as outlined in sections 4.5 to 4.8 of the report and Appendices 1 and 2 of the report.

X REVISED COVID-19 RECOVERY PLAN

There was submitted Report No DIJB18-2021 by the Chief Officer presenting the Partnership's revised COVID-19 recovery plan to the Integration Joint Board for approval.

The Integration Joint Board agreed:-

- (i) to note the content of the report;
- (ii) to approve the revised recovery plan as outlined in Appendix 1 of the report, noting that it would remain a working document and would continue to evolve and develop over time as outlined in sections 4.3 and 4.4 of the report;
- (iii) to note the submission of the revised recovery plan in draft to the Scottish Government, as part of the overall NHS Tayside remobilisation plan on 26th February 2021, alongside accompanying financial returns summarising anticipated COVID-19 recovery funding requirements for 2021/2022 as outlined in section 4.4.3 of the report; and
- (iv) to remit to the Chief Officer to issue directions as set out in section 8 of the report.

XI INDEPENDENT REVIEW OF ADULT SOCIAL CARE IN SCOTLAND

There was submitted Report No DIJB19-2021 by the Chief Officer providing a summary of the content and key recommendations of the Independent Review of Adult Social Care in Scotland, initial responses to the recommendations from key stakeholders and their potential future implications for the Dundee Integration Joint Board.

The Integration Joint Board agreed:-

- (i) to note the summary of the content and recommendations of the Independent Review of Adult Social Care in Scotland as outlined in section 4.2 and Appendices 1 and 2 of the report and initial responses to the report from key stakeholders as outlined in section 4.3 of the report;
- (ii) to note the initial assessment of potential implications of the recommendations made within independent review for the Dundee Integration Joint Board as outlined in section 4.4 of the report and Appendix 3 of the report; and
- (iii) to instruct the Chief Officer to bring forward a report outlining Scottish Government plans to progress implementation of the recommendations of the independent review at an appropriate point following the Scottish Parliamentary Elections in May 2021.

XII TAYSIDE INTEGRATION JOINT BOARD RISK MANAGEMENT FRAMEWORK

There was submitted Report No DIJB20-2021 by the Chief Finance Officer recommending for approval a revised Tayside Integration Joint Board's Risk Management Strategy.

The Integration Joint Board agreed:-

- (i) to note the content of the report and approve the revised Tayside Integration Joint Board's Risk Management Strategy as outlined in Appendix 1 of the report;
- (ii) to instruct the Chief Finance Officer to review the Integration Joint Board's Risk Management Policy and report back to the Integration Joint Board should this require to be amended following adoption of the revised Risk Management Strategy; and
- (iii) to instruct the Chief Finance Officer to arrange a development session on risk management for Integration Joint Board members by the end of June 2021.

XIII FINANCIAL MONITORING POSITION AS AT 28TH FEBRUARY, 2021

There was submitted Report No DIJB21-2021 by the Chief Finance Officer providing the Integration Joint Board with an update of the projected financial monitoring position for delegated Health and Social Care Services for 2020/2021, 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 2020/2021 financial year end as at 28th February 2021, as outlined in Appendices 1, 2, 3 and 4 of the report;
- (ii) to note the costs associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis as outlined in section 4.5 of the report; and
- (iii) to note the year end reserves position as outlined in section 4.6 of the report.

XIV MENTAL HEALTH CRISIS SUPPORT IN DUNDEE

There was submitted Report No DIJB22-2021 by the Chief Officer briefing members on plans to improve support for people experiencing distress in Dundee and, following the outcome of the Tayside wide review of Crisis and Urgent Care, on plans to improve support for people experiencing acute mental health crisis.

The Integration Joint Board agreed:-

- (i) to note the content of the report; and
- (ii) to remit to the Chief Officer to present a progress report to the Integration Joint Board in October 2021.

Following questions and answers the Integration Joint Board further agreed :

- (iii) to note the imminent launch of a dedicated mental health support ambulance to be manned by paramedics and trained mental health nurses.

XV DRUG AND ALCOHOL PARTNERSHIP: ACTION PLAN FOR CHANGE - PROGRESS REPORT

There was submitted Report No DIJB24-2021 by the Chief Officer informing the Integration Joint Board of the progress made in the implementation of the Dundee Alcohol and Drug Action Plan for Change.

The Integration Joint Board agreed:-

- (i) to note the contents of the report, including progress made to date with the implementation of the Action Plan for Change as contained in section 4.2 and Appendix 1 of the report;
- (ii) to note the amended timescales for the Dundee Alcohol and Drug Action Plan for Change implementation as set out in section 4.3 of the report and Appendix 1 of the report;
- (iii) to note the successful bid for Corra Foundation funding to implement a test of change to progress integrated approaches for people who experienced both Mental Health difficulties and who used substances; as contained in section 4.4 of the report; and

- (iv) to note the proposal to reconvene the Dundee Drugs Commission to review progress made against the recommendations detailed in their report Responding to Drug Use with Kindness, Compassion and Hope (2019) as detailed in section 4.5 of the report.

XVI IMPLEMENTATION OF NATIONAL WHISTLEBLOWING STANDARDS

There was submitted Report No DIJB23-2021 by the Chief Finance Officer updating the Integration Joint Board on work being undertaken to prepare for the implementation of the National Whistleblowing Standards.

The Integration Joint Board agreed:-

- (i) to note the information around the implementation of the National Whistleblowing Standards, as outlined in Appendices 1 and 2 of the report;
- (ii) to note the content of the report and the expectation that Integration Joint Boards must ensure that all Health and Social Care Partnership staff, across both the local authority and the NHS, as well as any students, trainees, agency staff or volunteers, must be able to raise a concern through this procedure;
- (iii) to note each Integration Joint Board must develop an agreement which set out how staff employed by both the NHS Board and the local authority could raise concerns about services that were the responsibility of either the NHS Board or the local authority. This agreement must ensure that concerns about NHS services could be considered through the Standards;
- (iv) to note the preparatory work undertaken with NHS Tayside and Tayside Health and Social Care Partnerships as outlined in section 5 of the report and Appendix 3 of the report;
- (v) to note that Dundee City Council had an existing Whistleblowing Procedure as outlined in section 6 and Appendix 4 of the report;
- (vi) to note that reporting of Whistleblowing incidents within the Dundee Health and Social Care Partnership must be undertaken by Dundee Health and Social Care Partnership and by NHS Tayside as outlined in section 7 of the report; and
- (vii) to note the planned training and communication for the workforce around the Whistleblowing Standards as outlined in section 8 of the report.

XVII RECORDING OF MEETINGS

Reference was made to Article VII of the minute of meeting of this Integration Joint Board of 26th March, 2021 wherein the Clerk was remitted to explore the recording of meetings of the Integration Joint Board in consultation with the Chair and Vice Chair and submit a note on any proposals to this meeting of the Integration Joint Board.

There was submitted Agenda Note DIJB26-2021 that reported that, in light of the current pandemic, meetings of the Integration Joint Board and the Performance and Audit Committee, like other public bodies, were not being held face to face and had been held remotely using a technological package for holding meetings remotely. This package included an application to allow for the recording of meetings and the recording of meetings using this package had been utilised by other public bodies whilst meetings were being held remotely. These recordings were then published on their respective websites for public viewing. Agendas and Minutes of meetings of the Integration Joint Board and the Performance and Audit Committee were published on the website of Dundee City Council who acted as Clerk, with dual publication on the Partnership website.

The Integration Joint Board also noted that there was not currently a facility for recording meetings face to face and that recording of meetings was a facility which was available through the remote meetings package. Standing Order 10 stipulated that that "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".

The Integration Joint Board noted the above and agreed to the recording of meetings, whilst they were being held remotely, and further agreed that the recordings be placed on the websites of Dundee City Council and the Partnership, for public viewing, commencing from the meeting of the Performance and Audit Committee to be held on 26th May 2021.

XVIII MEETINGS OF THE INTEGRATION JOINT BOARD 2021 – ATTENDANCES -

There was submitted a copy of the attendance return (DIJB25-2021) for meetings of the Integration Joint Board held to date over 2021.

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

XIX 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 23rd June 2021 at 10.00am.

Ken LYNN, Chairperson.



At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 26th May, 2021.

Present:-

<u>Members</u>	<u>Role</u>
Trudy MCLEAY (Chairperson)	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)
Dave BERRY	Chief Finance Officer
Tony GASKIN	Chief Internal Auditor
Vicky IRONS	Chief Officer
Diane MCCULLOCH	Chief Social Work Officer
Martyn SLOAN	Person proving unpaid care in the area of the local authority
Raymond MARSHALL	Staff Partnership Representative

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

Christine JONES	Health and Social Care Partnership
Matthew KENDALL	Health and Social Care Partnership
Jenny HILL	Health and Social Care Partnership
Anne Marie MACHAN	Audit Scotland
Kathryn SHARP	Health and Social Care Partnership
Lynsey WEBSTER	Health and Social Care Partnership
Sheila WEIR	Health and Social Care Partnership

Trudy MCLEAY, Chairperson, in the Chair.

Prior to the commencement of the business the Chair welcomed everyone to the meeting and reminded those in attendance that meetings would now be recorded with recordings placed on the website for public viewing following on from the decision of the Integration Joint Board at its meeting on 21st April, 2021. The Chair welcomed this development and her view that this would offer greater transparency and ability to share information on the work of the Committee with a wider audience.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

James COTTON	Registered Medical Practitioner employed by the Health Board and not providing primary medical services
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II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of the Committee held on 3rd February, 2021 was submitted and approved.

Following questions and answers the Committee further agreed:-

- (i) to note that in relation to Article IV steps would be made to reissue reports on Delayed Discharge to the membership of the Committee;
- (ii) to note that in relation to Article VII on the advice of Dave Berry that the Partnership were exploring public information being placed on the website in general, separate to information on Voluntary Action Exercise Group and that this would be progressed;
- (iii) to note that in relation to Article VIII the Chair offered the view that in addition to the new style comprehensive minutes being provided that there would be benefit in an Action Plan being included which would indicate timelines and tracking of Actions and that this would be progressed by Dave Berry in consultation with the Clerk; and
- (iv) to note that in relation to Article IX that in terms of information on Risk Management that Dave Berry had had a meeting with Donald McPherson and that this was currently being progressed on a Tayside wide level.

IV MEMBERSHIP – VOTING MEMBER

Reference was made to Article V of the minute of meeting of the Integration Joint Board held on 24th February, 2021, wherein it was noted that Councillor Lynne Short had replaced Councillor Roisin Smith as a voting member on the Integration Joint Board. The Committee noted that the Integration Joint Board agreed to appoint Councillor Lynne Short to the vacant position on the Committee.

V DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2020/2021 QUARTER 3 SUMMARY

There was submitted Report No PAC10-2021 by the Chief Finance Officer updating the Performance and Audit Committee on the 2020/2021 Quarter 3 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators.

The Performance and Audit Committee:-

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

Following questions and answers the Committee further agreed:-

- (iv) to note following enquiry from the Chair in relation to section 4.4 of the report the advice of Lynsey Webster that indicators on balance of care and end of life data were being developed by the Scottish Government;
- (v) to note following enquiry from the Chair in relation to section 4.6 of the report the advice of Jenny Hill that learning from the Covid Pandemic was being examined across a range of partnership services;
- (vi) to note the advice of Tony Gaskin that in addition to learning being cascaded that a range of strategies currently in place would require review and the advice of the Chief Officer that a report would be submitted to a future meeting of the Integration Joint Board on the Strategic Commissioning Plan highlighting these issues;

- (vii) to note that following enquiry from Donald McPherson that Kathryn Sharp would undertake further analysis of the position in relation to the figures for the North East area to establish what learning could be achieved for the benefit of the other areas in Dundee;
- (viii) to note that following enquiry from Councillor Lynne Short in relation to section 6.2.7 the advice of Dr Kendall that these percentages related to people who were admitted to a short stay ward which was classed as an admission in contrast to other areas;
- (ix) to note that following enquiry from Bailie Helen Wright in relation to Table 4 which indicated that the Coldside area had the highest readmission rate in the City that Kathryn Sharp would examine recording patterns with Lynsey Webster and report back to Baillie Wright on outcome; and
- (x) to note that following enquiry from the Chair on definitions such as Code 9 that on the advice of Lynsey Webster these would be included in future reports.

VI DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX AND STANDARD DELAYS

There was submitted Report No PAC11-2021 by the Chief Finance Officer updating the Performance and Audit Committee on Discharge Management performance in Dundee in relation to delays.

The Performance and Audit Committee: -

- (i) noted the current position in relation to complex delays as outlined in section 5 of the report, and in relation to standard delays as outlined in section 6 of the report; and
- (ii) noted the improvement actions planned to respond to areas of pressure as outlined in section 7 of the report.

Following questions and answers the Committee further agreed: -

- (iii) to note as advised by Jenny Hill following enquiry from the Chair that Mental Health Officers were Social Workers who had undertaken an additional qualification which was undertaken during the daytime and was funded by the Children and Families Service of Dundee City Council; and
- (iv) to note following enquiry from Councillor Lynne Short that Jenny Hill would prepare a one page outline document showing an organisational graph of the Partnership and that this would be circulated to the full Committee.

VII LOCAL GOVERNMENT BENCHMARKING FRAMEWORK – 2019/2020 PERFORMANCE

There was submitted Report No PAC12-2021 by the Chief Finance Officer informing the Performance and Audit Committee 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 2019/2020.

The Performance and Audit Committee: -

- (i) noted the performance detailed in the report and in Appendix 1 of the report;
- (ii) approved the proposed targets for future rank set out in Table 1 of Appendix 1 of the report and described in section 4.6 of the report;
- (iii) noted that LGBF performance information would be published on the Dundee City Council website; and

- (iv) instructed the Chief Officer to work with partners, including Dundee City Council and Audit Scotland, to consider the value of the Health and Social Care Partnership's continued participation in the LGBF arrangements for adult social care.

Following questions and answers the Committee further agreed: -

- (v) to note following enquiry from the Chair the advice of Jenny Hill that prior to the Covid 19 pandemic, the partnership were actively working with Dundee Voluntary Service on participation of volunteers in care settings to assist with stimulating activities for the elderly and that the Partnership were currently looking at ways Adult Health Partnership Staff could take part in activities in Care Homes and that this feature in the Remobilisation Plan.

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

There was submitted Report No PAC13-2021 by the Clinical Director providing assurance regarding matters of Government policy directives and legal requirements. This aligned to the safe, effective and person centred quality ambitions of NHS Scotland.

The report was brought to the Committee to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership Integration Scheme. Clinical Governance was a statutory requirement to provide, at Board level, from Scottish Government as per NHS MEL (1998) 75. The Performance and Audit Committee was asked to provide their view on the level of assurance the report provided in regard to clinical and care governance within the Partnership. The timescale for the data within the report included 1st December 2020 to 31st January 2021.

The Performance and Audit Committee: -

- (i) noted the content of the report;
- (ii) noted the Exception Report for the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group as detailed in Section 4 of the report; and
- (iii) agreed with the Lead Officer for Dundee Health & Social Care Partnership (DHSCP) that the level of assurance provided was: Moderate.

Following questions and answers the Committee further agreed: -

- (iv) to note following enquiry from the Chair the advice of Jenny Hill that a pilot was currently in place for GPs with the aim of providing support for prescribing to aid the substance recovery journey and that Dr David Shaw was reviewing the service level agreement with GPs;
- (v) to note that following enquiry from the Chair that Diane McCulloch would revise the content of future reports in consultation with Dave Berry and the Clerk on the need for an Equality Impact Assessment to be included with particular reference to Data Reports which could have an impact on carers groups and that as indicated by Dr Kendall he would outline levels of assurance in future reports;
- (vi) to note the observation of Baillie Bailie Helen Wright on the benefit of information on Equality Impact Assessment being included in New Member Induction Training and the possibility of training not being confined to new members but offered as a refresher for the full membership. Dave Berry agreed to take this forward with Tony Gaskin and that Audit Scotland would also be happy to be involved in any induction work as advised by Anne Marie Machan; and

- (vii) to note the view of Tony Gaskin that the role of the Performance and Audit Committee was to look at Risk Register and if necessary escalate matters to the Integration Joint Board and that he would arrange for information to be shared with the Committee on Good Assurance Principles and that this would be included in the Chairs Assurance report to the Integration Joint Board. Dave Berry will include these points within the Risk Register.

IX AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2020/2021

There was submitted Report No PAC14-2021 by the Chief Finance Officer on the proposed Dundee Integration Joint Board Annual Audit Plan 2020/2021 as submitted by the Integration Joint Board's appointed External Auditor (Audit Scotland).

The Performance and Audit Committee:-

- (i) noted the content of the report; and
- (ii) approved the proposed Audit Plan for 2020/2021 as submitted by Audit Scotland which was attached as Appendix 1 to the report.

Following questions and answers the Committee further agreed:-

- (iii) to note that Audit Scotland would shortly be publishing their Annual Overview Report and that Anne Marie Machan would arrange for this to be provided to the membership of the Integration Joint Board for their interest;
- (iv) to note as advised by the Chair that an expression of interest had been made by a GP within a Dundee Practice in relation to the vacant position of GP member on the Integration Joint Board; and
- (v) to note following enquiry from Donald McPherson in relation to Exhibit 4 of the report and his question as to why Audit Scotland did not plan to place any reliance on work of Internal audit the advice of Anne Marie Machan in reply that Reliance was not attached to Finance Statements.

X DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC15-2021 by the Chief Finance Officer providing the Performance and Audit Committee with a progress update in relation to the 2020/2021 Internal Audit Plan.

The Performance and Audit Committee noted the continuing delivery of the audit plan and related reviews as outlined in the report.

The Performance and Audit Committee: -

- (i) noted the continuing delivery of the audit plan and related reviews as outlined in the report;
- (ii) agreed to the change in how remaining audit days for 2020/2021 were used; and
- (iii) noted the revised recommendation priorities and assurance definitions for use in all future internal audit reports as set out in Appendix 2 of the report.

XI INTERNAL AUDIT ANNUAL PLAN 2021/2022

There was submitted Report No PAC16-2021 by the Chief Finance Officer seeking approval of the Annual Internal Audit Plan for Dundee Integration Joint Board (IJB) for 2021/2022 and for agreement to the appointment of the Chief Internal Auditor.

The Performance and Audit Committee:-

- (i) agreed to the continuation of Fife, Tayside and Forth Valley Audit and Management Services (FTF) as the Integration Joint Board's lead internal auditors and therefore taking the role of Chief Internal Auditor;
- (ii) approved the 2021/2022 Annual Plan as set out in Appendix 1 of the report; and
- (iii) to note that no updates were required to the Internal Audit Charter as noted in section 4.2 of the report.

Following questions and answers the Committee further agreed:-

- (v) to note following enquiry from Councillor Lynne Short the advice of Diane McCulloch that the Dundee Health and Social Care Annual Performance Report was submitted to the Policy and Resources Committee of Dundee City Council and that the Partnership also contributed to the City Plan and that this assisted with all elected members being provided with information on the partnership.

XII GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC17-2021 by the Chief Finance Officer providing the Committee with an update on the progress of the actions set out in the Governance Action Plan.

The Performance and Audit Committee: -

- (i) noted the content of the report and the progress made in relation to the actions set out in the Governance Action Plan as outlined in Appendix 1 of the report.

Following questions and answers the Committee further agreed: -

- (ii) to note following enquiry from Donald McPherson in relation to dates for completion being pushed back on a number of occasions that it was considered by Dave Berry that timescales now indicated could be met; and
- (iii) to note the view expressed by Councillor Lynne Short that the non-filling of the vacant GP position on the Integration Joint Board was not isolated to Dundee alone and that it may be a similar position in many other areas and that Anne Marie Machan would consult with colleagues to examine the position nationally with a view to making a national recommendation if necessary.

XIII ATTENDANCE LIST

There was submitted Agenda Note PAC18-2021 providing a copy of the attendance return for meetings of the Performance and Audit Committee held to date over 2021.

The Performance and Audit Committee noted the position as outlined.

XIV DATE OF NEXT MEETING

The Committee noted that the next meeting of the Committee would be held remotely on Wednesday, 29th September, 2021 at 10.00 am (unless otherwise advised by the Chief Officer).

Trudy MCLEAY, Chairperson.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
23 JUNE 2021

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

REPORT BY: CHAIR, PERFORMANCE AND AUDIT COMMITTEE

REPORT NO: DIJB36-2021

This assurance report relates to the meeting of the Performance and Audit Committee of the 26 May 2021

Instructions Issued by the Committee

The committee issued the following instructions and made the following decisions in relation to the business laid before it:

- Item III – Instructed the Chief Finance Officer and the Clerk to progress an action plan for the benefit of the PAC to track agreed actions from each meeting of the committee.
- Item VII – Agreed the future ranking targets for performance indicators as set out in the Local Government Benchmarking Framework and instructed the Chief Officer to consider the IJB's future participation in the framework following discussion with partner bodies, including Audit Scotland.
- Item VIII – Agreed that the assurance level in relation to the assurance report provided by the Chair of the Clinical and Care Governance Group was moderate.
- Item IX – Approved Audit Scotland's Annual Audit Plan 2020/21 for Dundee IJB.
- Item X – Agreed that the remaining unused Internal Audit days would be used to support the IJB in refining its Governance Action Plan.
- Item XI – Approved the 2021/22 Internal Audit Plan and agreed to the continuation of the current auditors (Fife, Tayside and Forth Valley Audit and Management Services) as the lead auditors and Chief Internal Auditor.

Issues to highlight to the Board

- I am pleased to highlight this was the first meeting of the Performance and Audit Committee to be recorded and made available online for public viewing and this shows the IJB is committed to transparency in going about its business. It was encouraging that the recording of the meeting did not inhibit members asking questions and putting their views across and we had a very good discussion on the range of issues presented to us.
- I was also pleased to be able to take the committee through a much more detailed minute of the meeting and I thanked the Clerk for his excellent work on this. This increased detail supported a more in depth reflection on the minute and some of the outstanding issues from the previous meeting with an agreement to develop an action plan to ensure these are revisited to ensure completion.
- I welcomed Lynne Short to the meeting as her first since formally replacing Roisin Smith on the committee.
- The committee spent a good part of the meeting discussing the various performance reports on the agenda. This included a further focus on the high readmissions rates and consideration of what can be learned from those areas of the city where performance across a range of measures was consistently better than others. A focussed report on performance around complex and standard delays was presented which gave the committee assurance that a number of actions were being progressed to improve performance.

- Anne Marie Machan from Audit Scotland presented their annual external audit plan for 2020/21 which not only assesses the IJB's annual report and accounts but considers the activities of the IJB for the whole of 2020/21 and into the future. The committee took the opportunity to understand the approach external audit would be undertaking and the breadth of the audit itself. The committee was pleased to hear there is a reduction in the number of key risk areas to be considered for 2020/21 due to progress made in implementing previous years recommendations.
- The IJB's Chief Internal Auditor, Tony Gaskin took the committee through the 2020/21 Internal Audit Plan progress report and introduced the 2021/22 plan for consideration by the committee. In addition, the committee was asked to approve the continuation of the current Internal Audit arrangements whereby Tony would continue as Chief Internal Auditor for 2021/22 which was agreed. The 2021/22 plan will focus on the one remaining key strategic risk which has not yet been fully assessed by internal audit plan which is around sustainability of our third and independent sector care providers. The plan will also consider the IJB's arrangements for its new responsibilities as a Category 1 responder for Civil Contingencies.
- Diane McCulloch introduced the latest Clinical Care and Professional Governance Assurance Report which covered up to the period 31 January 2021. As usual with this paper, members gave due consideration to its content with a range of questions and debate. One of the key action points from the meeting was to ensure the availability of an Equality Impact Assessment for future assurance reports. Given the focus on risk as part of the discussion, Tony Gaskin offered to share a paper on Good Assurance Principles with the committee to assist members understanding of what should be in place. This will be circulated to members once received and will be covered as part of the risk management development session being arranged.

Trudy McLeay
Chair

13th June 2021



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
23 JUNE 2021

REPORT ON: LEADERSHIP OF PUBLIC PROTECTION ARRANGEMENTS

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB28-2021

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update Integration Joint Board members regarding arrangements for leadership of the strategic public protection agenda by the Chief Officers (Public Protection) Strategic Group, including key developments over the last six months and future strategic ambitions.

2.0 RECOMMENDATIONS

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

2.1 Note the role of the Chief Officers (Public Protection) Strategic Group in providing leadership for the protection of children and adults at risk (section 4.2).

2.2 Note the work undertaken by the Chief Officers (Public Protection) Strategic Group over the last six months to enhance arrangements for public protection, including the response to the second wave of the COVID-19 pandemic (section 4.3 and section 4.5).

2.3 Note the priorities for the Chief Officers (Public Protection) Strategic Group for the next six months (section 4.6).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Public Protection Overview

4.1.1 The Health and Social Care Partnership, working in partnership with other Community Planning partners, has a range of responsibilities for the protection of vulnerable people which are discharged through operational and strategic arrangements for adult support and protection, alcohol and drugs, child protection, humanitarian protection, the management of high risk of harm offenders, suicide prevention and violence against women. In particular, provisions within the Adult Support and Protection (Scotland) Act 2007 have been delegated by Dundee City Council to the IJB through the Dundee Integration Scheme and a range of drug and alcohol, suicide prevention and humanitarian protection services and supports are provided by the Health and Social Care Partnership.

4.1.2 Dundee has a number of challenges around public protection given the socio-demographic characteristics of the city alongside high prevalence rates of domestic abuse, drug and alcohol use, drug related deaths and mental health needs. Over the last 12 months these challenges have been further compounded by the impact of the COVID-19 pandemic on some of the most

vulnerable citizens in the city and related changes to the nature and complexity of risk for individuals and families in need of support and protection.

- 4.1.3 The Dundee City Plan identifies community safety and the protection of vulnerable people as a top priority and also recognises the importance of excellent collaborative working between the Health and Social Care Partnership, Council, NHS Tayside, Police Scotland, the third sector and local communities if services are to be effective. This necessity for strong partnership working across the public protection agenda has never been greater than in the last 18 months; during this period a range of statutory and third sector organisations have worked together to rapidly adapt and respond to the COVID-19 pandemic.

4.2 Chief Officers (Public Protection) Strategic Group

- 4.2.1 Public protection is led by the Chief Officers (Public Protection) Strategic Group (COG), supported by the multi-agency committees/partnerships which correspond to each of the areas of public protection. Following the retirement of the previous Chief Executive of Dundee City Council, the COG is now chaired by the Chief Superintendent for D Division, Police Scotland and vice-chaired by the Chief Executive, Dundee City Council. The COG continues to comprise of senior representation from health and police, chairs of the various committees and key officers, including the Chief Social Work Officer. The Health and Social Care Partnership is represented by the Chief Officer. The Dundee COG has an inclusive membership extending beyond the public sector to include representation from the third sector. Over the last 6 months NHS Tayside has reviewed its membership and contribution to the COG as part of a wider governance review of its Public Protection Framework, resulting in strengthened representation that is now aligned to strategic direction and oversight of the protecting people portfolio within NHS Tayside.

- 4.2.2 The work of the COG is supported by the appointment of Independent Chairs for each of the public protection committees (with the exception of the Suicide Prevention Partnership and Humanitarian Protection Partnership). Each Chair provides strong strategic leadership, direction and scrutiny in delivering the priorities and associated workplan of the committee they lead. Annual reports summarising the work of the Child Protection Committee, Adult Support and Protection Committee and Tayside Multi-Agency Publication Protection Arrangements (MAPPA) Strategic Oversight Group, as well as a report summarising the work to implement the Alcohol and Drugs Partnership Action Plan for Change have recently been submitted to the IJB for consideration (Article XV of the minute of the Dundee Integration Joint Board held on 21 April 2021 refers). IJB members joined a briefing for Dundee City Council Elected Members in early June 2021 regarding public protection matters.

4.3 COVID-19 Pandemic Response – Wave 2

- 4.3.1 The impact of the COVID-19 pandemic on the welfare and protection needs of the population, how we deliver single and multi-agency protection responses, on inequalities and on the health and wellbeing of our protecting people workforce has been substantial and wide ranging. It has also necessitated rapid change to the way in which our governance, leadership and strategic planning functions operate to support operational service delivery. During the first wave of the pandemic there was significant activity to enhance the focus on and response to ‘hidden harm’, rapid development of a protecting people COVID risk register, adjustments to the frequency and focus of governance meetings, enhanced public communication activity and enhanced arrangements for data reporting and monitoring.
- 4.3.2 Over the last 6 months the primary focus of the COG, public protection committees and operational services across the statutory and third sector has been on the response to the second wave of the pandemic. Learning from wave one, the protecting people COVID risk register and the range of strategic and operational adjustments developed during the first wave have all informed the second wave response. In many cases tried and tested approaches from wave one were re-introduced or continued, for example the Health and Social Care Partnership approach to holding virtual adult protection case conferences and supporting participation by adults at risk and carers. However, driven by the COVID risk register the public protection committees have also overseen a number of developments to further strengthen the multi-agency pandemic response to adults and children who are at risk. This includes:

- Additional investment in IT equipment to support frontline operational teams to implement blended approaches to service delivery (face-to-face and remote contact) and to assess and manage risk more effectively within the context of ongoing public health restrictions. This has also facilitated the movement of some multi-agency risk assessment and management activities, such as MARAC (multi-agency risk assessment care conferences for very high-risk victims of domestic abuse) and MAPPA from tele-conferencing to video-conferencing platforms. Further work is planned to enable adults at risk to participate in adult support and protection case conferences via video-conferencing utilising secure systems available through NHS Tayside.
- Enhanced operational arrangements have been developed in response to evidence of increasing risk associated with domestic abuse, including a sustained increase in the number of children on the child protection register where domestic abuse is a contributing factor. This has included the establishment of a virtual domestic abuse response team to address any excess demand for support services. Enhanced joint working between the Children and Families Service and third sector specialist domestic abuse services to support identification and management of risk and to facilitate access to specialist support services within school settings has been developed and a small increase in capacity within Dundee Women's Aid Children and Young Person's Service has been implemented.
- Statutory and third sector drug and alcohol services have continued to strengthen joint working arrangements, including providing support to community pharmacies when required. A new independent advocacy service has been established, delivered by Dundee Independent Advocacy Services (DIAS) and supported by the Alcohol and Drug Partnership. Additional funding has also been secured to support people to access residential rehabilitation services outwith the city and work is currently being undertaken to develop pathways to support smooth transition to and from community residential treatment. There have also been significant enhancements to the Take Home Naloxone Programme during the second wave including: an increased number of statutory and third sector organisations supplying kits and holding kits for emergency use; amendments to organisational policies to encourage health and social care staff to carry and use kits; and, the establishment of a postal supply service by Hilcrest Futures and We Are With You.
- Further enhancements to public awareness raising activities alongside continued sharing of materials developed in partnership with Dundee City Council Communications Service during the first wave. This includes the launch of the revised Violence Against Women Partnership (VAWP) website that provides a range of information regarding supports and services available during the pandemic. A suicide prevention radio campaign has also been implemented in response to an increase in need identified at the end of 2020 and targeted activity has also taken place to raise awareness of scams targeted at vulnerable adults. Work has also been undertaken to develop accessible, symbolised versions of public communications materials related to domestic abuse in partnership with NHS Tayside Speech and Language Therapy and Dundee Health and Social Care Partnership learning disability and mental health services.
- A range of resources have been developed to support practitioners who are responding to enhanced levels and complexity of risk and need. The VAWP website hosts a range of resources to support practitioners to respond to women, children and young people who are at risk of harm and a number of virtual staff development sessions have been piloted by the VAWP. Written guidance on responding to women impacted by commercial sexual exploitation has been developed and distributed to the workforce. In addition, the public protection committees have maintained an oversight of changes to national legislation and guidance and the local implications of this.

- The Chief Officers Group and public protection committees forming executive groups to meet more frequently during the response period. These groups have had a focus on monitoring key data as well as closely scrutinising and regularly updating the contents of the COVID risk register.

4.3.3 During the second wave there has also been an ongoing focus on the wellbeing of the multi-agency protecting people workforce. The impact of working through the pandemic on the workforce has been significant; as well as rapidly adapting to new ways of working and dealing with changes in the nature and complexity of risk, the workforce has also managed the ongoing context of increased potential for hidden harm. Throughout the pandemic response attention has been given to ensuring that staff have access to appropriate PPE and COVID testing, and in recent months have been prioritised for vaccination in line with national guidance and Joint Committee on Vaccination and Immunisation (JCVI) categories. This has included the vaccination of all social workers and a range of staff in other roles that provide direct health and social care services to the population. Working with Dundee City Council the staff Wellbeing Support Service has been promoted to the workforce and individual agencies have reviewed their approach to support and supervision, including access to clinical supervision where appropriate. The COG and public protection committees are currently working with Dundee City Council Communications Service to take forward specific actions to acknowledge the invaluable contribution the workforce has made over the pandemic period and to thank them for their continued flexibility and dedication. Further work in this area will also be informed by wider activity to implement a trauma informed approach to leadership, detailed in section 4.5.2.

4.4 Key Trends in Public Protection Data

4.4.1 During the COVID-19 pandemic SOLACE (Scottish Organisation of Local Authority Chief Executives) has provided a national leadership role in relation to public protection matters, with Dundee actively participating in activities, including the implementation of a national public protection dataset reported on a weekly basis. An overview of key data and trends is provided in appendix 1. This overview demonstrates that:

- Following an increase in numbers of children on the Child Protection Register during wave one, mainly due to a decrease in the level of de-registrations, numbers have declined and are currently below the historical average. There has been a sustained increase in the proportion of children on the Child Protection Register where domestic abuse is a contributing factor;
- The number of recorded domestic abuse and sexual crimes during lockdown was higher than the comparative period last year with a subsequently higher level of Police Scotland Vulnerable Person Concerns due to domestic abuse. However, referrals to voluntary sector services remained at similar levels to last year, with the exception of significantly increased demand for refuge accommodation; and,
- Neighbourhood Services (Dundee City Council) responded to a significant rise in homeless applications during lockdown, resulting in a subsequent rise in the number of households being provided with temporary accommodation.
- Vulnerable person reports received from Police Scotland continued their upward trajectory during the COVID period. For the first time the Scottish Government published its annual Adult Support and Protection statistics which identified Dundee City as a clear outlier, with more than double the national average for adult support and protection referrals. Further analysis has led to the testing of a new screening process across the partnership and contributed to improvements in triaging adults at risk. These changes are focused on ensuring that adults at risk (in terms of the statutory test which forms part of the Adult Support and Protection (Scotland) Act 2007) are timeously identified and supported through adult support and protection processes and that other adults who have a range of vulnerabilities are supported through a multi-agency risk management approach.

- Decrease in suspected non-fatal overdoses reported by the Scottish Ambulance Service and Police Scotland, reflecting the implementation of a multi-agency pathway to respond to individuals who have experienced a non-fatal overdose in a rapid and co-ordinated manner.

4.5 Other Public Protection Leadership Developments

4.5.1 As well as leading the public protection response to the COVID-19 pandemic the COG has undertaken a programme of work over the last six months that has included:

- A range of activity associated with the review of specific cases under agreed multi-agency case review protocols:
 - Collaborative work through the Tayside Regional Improvement Collaborative to consider the findings of a thematic review of all child protection initial case review (ICR) and significant case review (SCR) activity across Tayside over a two-year period and to agree collective actions in response to these findings.
 - Scrutinising the work of MAPPA partners in relation to progress in implementing the agreed actions arising from the SCR for Prisoner Z.
 - Providing a partnership response to the Scottish Government's consultation to inform the review of national guidance for case reviews within a child protection context.
- Supporting the development and submission of the application to the Corra Fund to secure additional resource to support a test of change to develop an integrated response to substance use and mental health through a whole system of care. The COG has also had a significant role in providing leadership support for the implementation of the Alcohol and Drug Partnership Action Plan for Change and in planning for the return of the Dundee Drugs Commission in the summer of 2021.
- Considering reports related to the ongoing implementation of the Transforming Public Protection Programme, including the agreement of key priorities within the programme for delivery during 2021/22 and the findings of a workforce engagement exercise focused on multi-agency arrangements for screening of child and adult concerns. An overview of progress within the Transforming Public Protection Programme over the last six months is provided in appendix 2.
- Considering a report in relation to pressures within specialist violence against women services, where demand and complexity exceeds service capacity, and the need for an enhanced focus on domestic abuse and violence against women within mainstream service responses. The Executive Director of Neighbourhood Services, Dundee City Council is currently chairing a short-life working group to consider challenges and solutions in further detail and COG members have also committed to advocating for changes in the way that national violence against women monies are distributed to support the implementation of a strategic commissioning approach at a local level. The most recent discussions and lobbying at national level (through the national VAW network) have led to a change in the Scottish Government's Delivering Equally Safe Fund to ensure core specialist service funding is protected for the next 2 years, as well as the overall fund being increased by £5 million. The Scottish Government has committed to reviewing the approach to VAW funding over the next two years to establish a strategic, needs-led approach. Work is also ongoing to consider how COVID recovery monies allocated to Dundee City Council and Dundee Health and Social Care Partnership can be utilised to support an enhanced response to violence against women during the recovery period and the Consultant Clinical Psychology post based within Dundee Women's Aid (the ASPEN Project) has been permanently funded by the Psychological Therapies Service, Dundee Health and Social Care Partnership.

- 4.5.2 In addition to the above areas of activity, the COG has also taken forward work to implement a trauma-informed approach to leadership. The Executive Director of Neighborhood Services and Chief Social Work Officer have been identified as local Trauma Champions at the request of Scottish Government as part of the national trauma framework implementation programme. They are being supported in this role by a Trauma Steering Group that remobilised in November 2020 and is responsible for three key areas of work: mapping of the council and health and social care partnership workforce against the National Trauma Training Framework to develop a training and implementation plan; building on the delivery of Scottish Trauma Informed Leadership Training to the COG in December 2020 and January 2021 to drive forward trauma informed leadership approaches and widespread culture change; and, developing and delivering the innovative 'professionals with lived experience' project which aims to recognise and value lived experience within the workforce.
- 4.5.3 The work of the COG takes place within a wider national context. Independent Chairs and supporting officers actively participate in a number of national networks and work programmes being led by the Scottish Government, Care Inspectorate, Scottish Social Services Council (SSSC), COSLA, NHS Education Scotland and the Improvement Service. This activity provides an important opportunity for Dundee to influence the national policy agenda, for example the Independent Chair of the VAWP has recently been invited to join a sub-group of the Children and Families COVID-19 Collective Leadership Group focused on domestic abuse and child protection.

4.6 Pandemic Recovery and Future Priorities

- 4.6.1 Leadership support to continue the pandemic response whilst also moving forward with learning and recovery will be a key priority for the COG in the coming year. This activity will continue to be focused on the core functions of the COG and public protection committees and be informed by the contents of the strategic risk register. Work has begun across all of the public protection committees to review the contents of risk registers to reflect the move into a period of recovery and the return of a range of business as usual activities alongside ongoing pandemic response.
- 4.6.2 In the first half of 2021 the COG and public protection committees will move forward with a programme of work to revise the protecting people strategic and governance structure. A consultation exercise that invited stakeholders to give their views on options for a future structure concluded at the end of 2020. The consultation exercise followed a programme of development sessions undertaken by the COG in 2019 through which it was identified that structural change is required to ensure that the multi-agency strategic and governance structure enables the delivery of the vision, principles and core functions of the COG and public protection committees. A short-life working group will now consider the outcomes of the consultation exercise, identify and evaluate a preferred option for the future structure and undertake further consultation activities, including opportunities for IJB members to provide their views, prior to a final decision being reached and the new structure being implemented.
- 4.6.3 Other priorities for the next six-month period include continued implementation of the Transforming Public Protection Programme, with a particular emphasis on leadership aspects of the programme (including the further development of the strategic risk register, structural changes and trauma informed leadership referred to above) and service redesign workstreams. In addition, work will be undertaken to support the investment of additional funding available both at a local level and from national sources to develop responses to drug and alcohol use, mental health and to support pandemic recovery. The COG also plans to further consider the implications of the Independent Review of Adult Social Care in Scotland for strategic and operational public protection arrangements and their contribution to local plans for the implementation of The Promise.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been screened for any policy implications in respect of Integrated 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, including the Independent Chairs of the Adult Support and Protection Committee, Child Protection Committee, Tayside MAPPA Strategic Oversight Group and Violence Against Women Partnership, Dundee City Council Management Team, the Chief Finance Officer, Head of Service, Health and Community Care and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

Directions 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: 3 May 2021

Kathryn Sharp
Service Manager, Strategy and Performance

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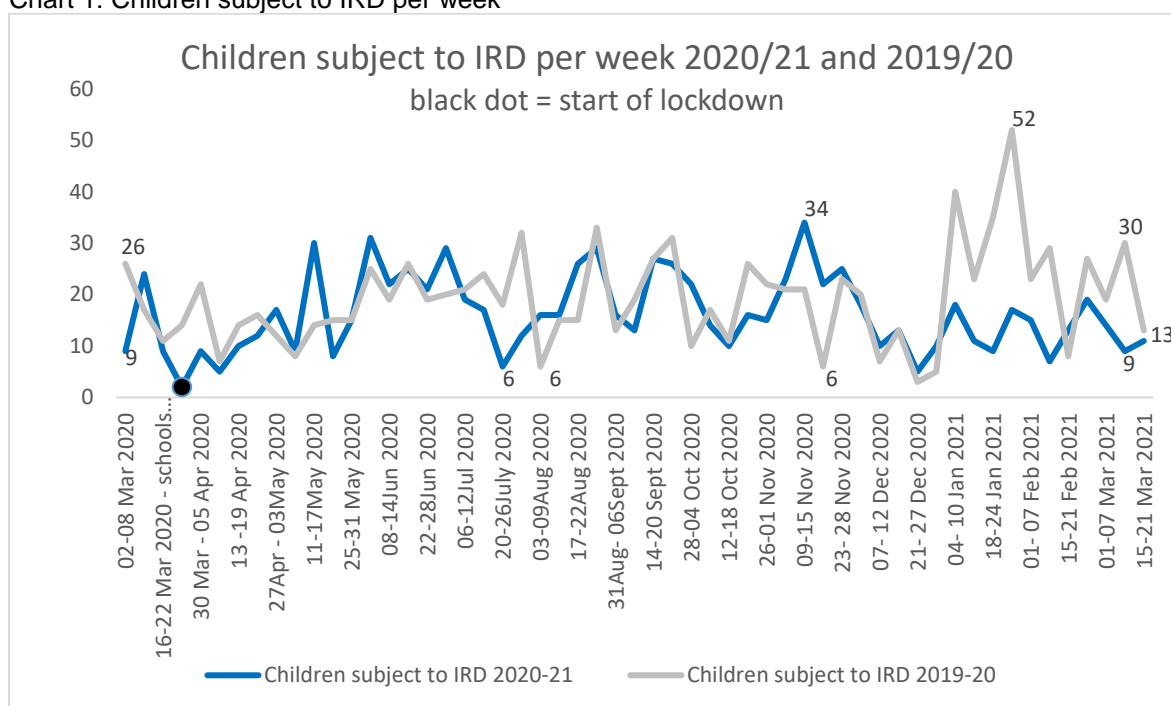
SUMMARY OF SOLACE DATASET AND OTHER KEY MEASURES

1. Child Protection

Overall child protection figures have fluctuated significantly week-by-week and over annual reporting periods. The following charts and narrative summarise key issues.

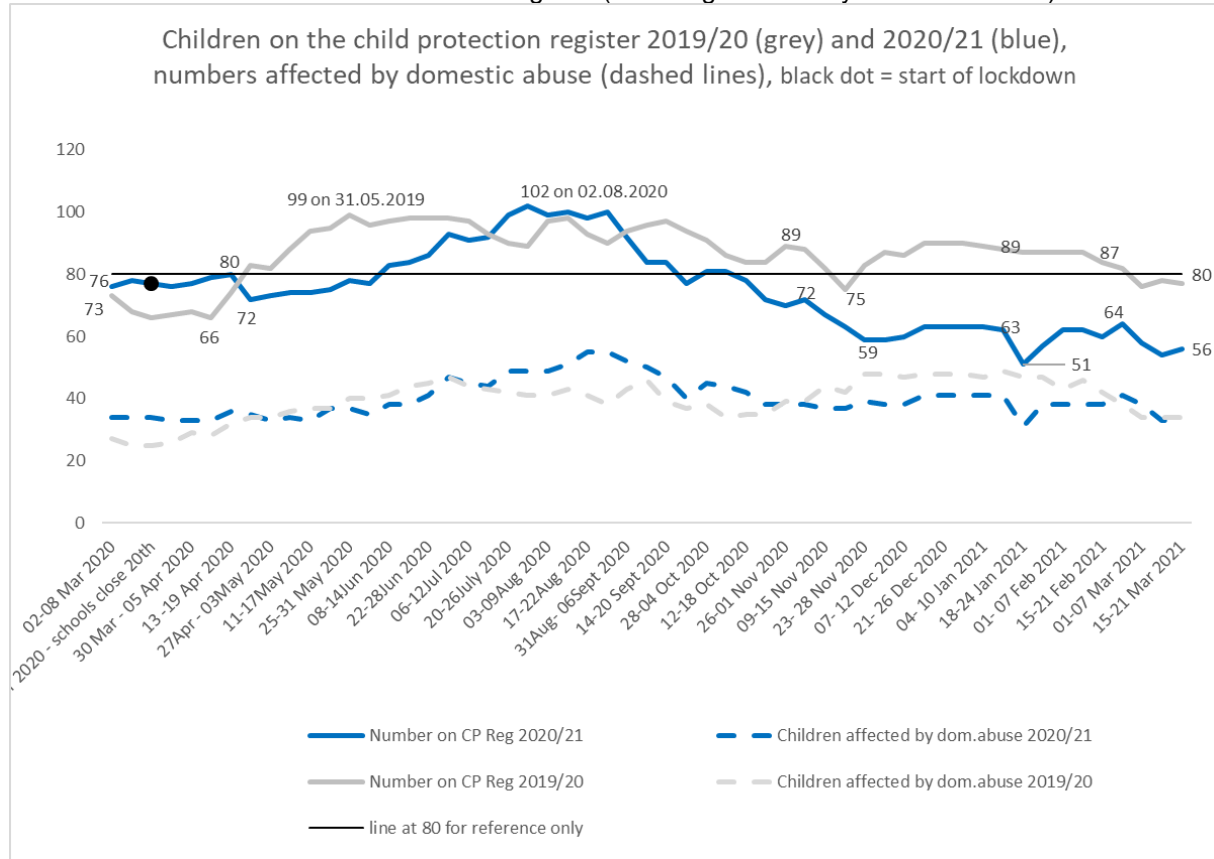
In the early stages of child protection processes figures show a normal strong variation (Chart 1). Two complete years of weekly data lead to a slightly higher average per week in 2019/20 (19 children) than in 2020/21 (16 children) but the graph clearly shows that this due to a pronounced peak in IRDs (initial referrals discussions) before lockdown in January and February 2020 compared to relatively low figures in January and February 2021.

Chart 1: Children subject to IRD per week



There is currently a lower number of children on the Child Protection Register than this time last year. Over 50% of all children registered are affected by domestic abuse compared to around 40% in previous years. Chart 2 further shows that there were peaks of around 100 children on the Child Protection Register in both summers 2019 and 2020 but that figures reduced since August 2020 to a much lower average; around 60 compared to around 80 in early 2020 before lockdown.

Chart 2: Children on the Child Protection Register (including affected by domestic abuse)

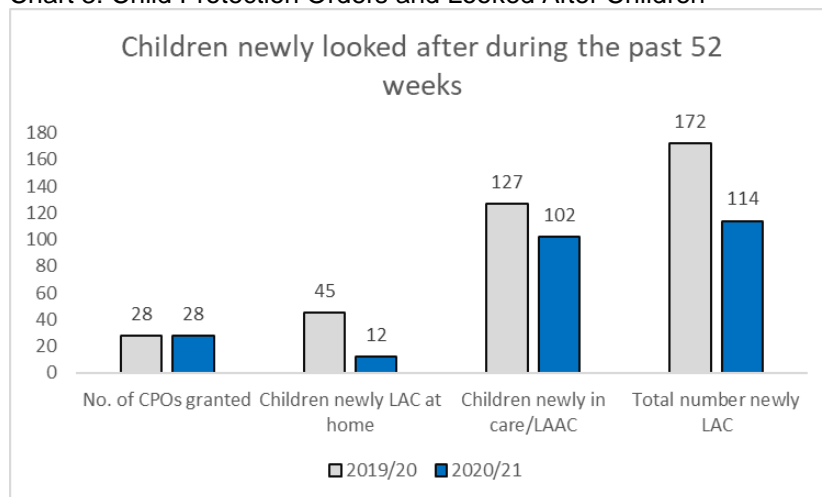


For almost a full year now, the Children and Families Service had been tracking contact with children. Despite lockdowns and social distancing requirements, 99% of children on the Child Protection Register were seen face to face every fortnight as well as having other contacts as required.

Similarly, young people eligible for aftercare received a high level of contact, with an average of 95% of young people having had weekly contact with services (face to face, telephone, email or via social media), an excellent achievement compared to the national average of 65-70% per week.

The number of children newly looked after have reduced from 172 in 2019/20 to 127 in 2020/21 (past 52 weeks). This is largely due to a significant reduction in children looked after at home (from 45 to 12) but also due to a smaller decrease in the number of children accommodated (“in care”) from 127 to 102.

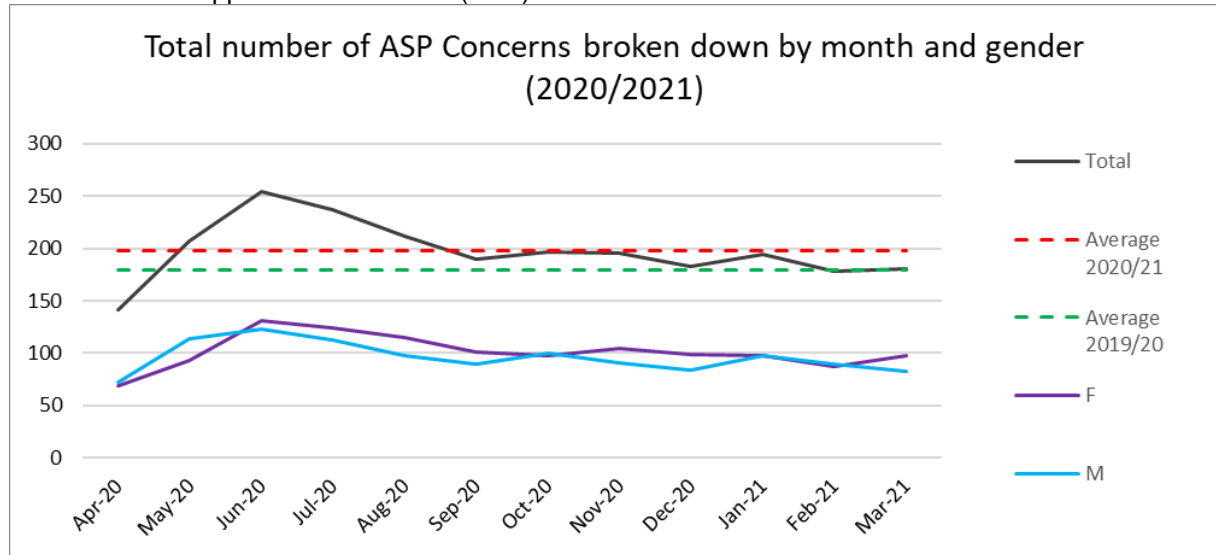
Chart 3: Child Protection Orders and Looked After Children



2. Adult Support and Protection

Both the number of total concerns, including those originating from Police Scotland, has remained fairly steady since September 2020 (Chart 4). There was a peak in early June 2020 which the Health and Social Care Partnership has established was due to different personnel assessing initial concerns during the lockdown period.

Chart 4: Adult Support and Protection (ASP) Concerns



There were significantly fewer adult protection investigations over the last twelve months than for financial year 2019/20. Monthly variation over the past year has been greater than in previous years due to small numbers, however there are three notable peaks where investigations numbers were close to levels experienced in 2019/20. The first peak occurred in June / July 2020, this was predominantly referrals of women; the second peak in mid-autumn can be correlated with an increase in domestic abuse VPD referrals (form Police Scotland); and, the third peak in December 2020 was predominantly associated with referrals of men (Chart 5). Case conference and protection plan numbers were broadly similar to the number encountered in previous years (Chart 6).

Chart 5: Adult Support and Protection (ASP) Investigations

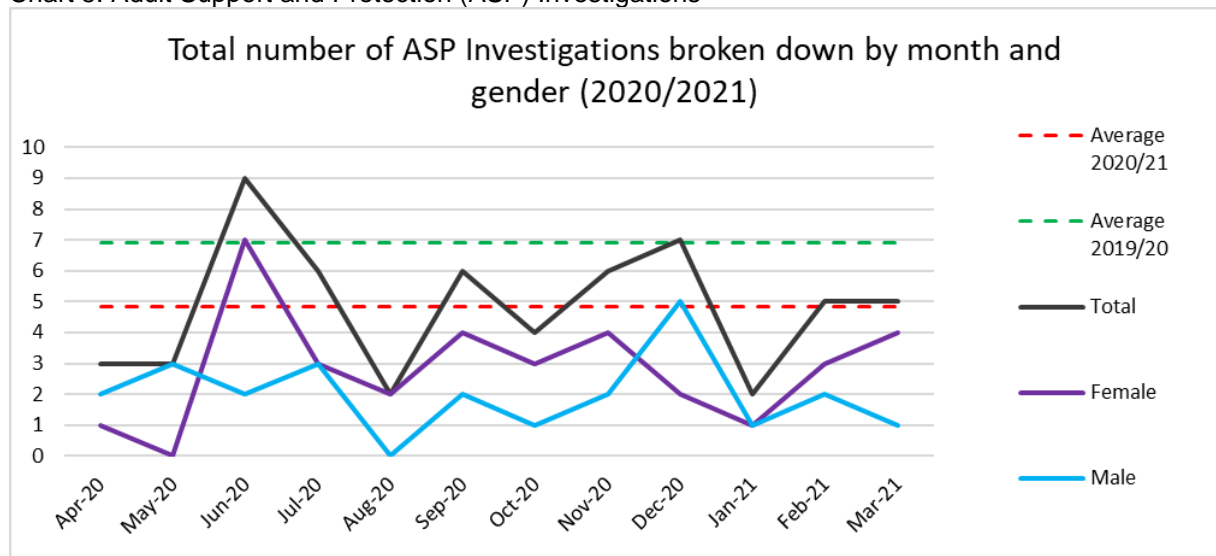
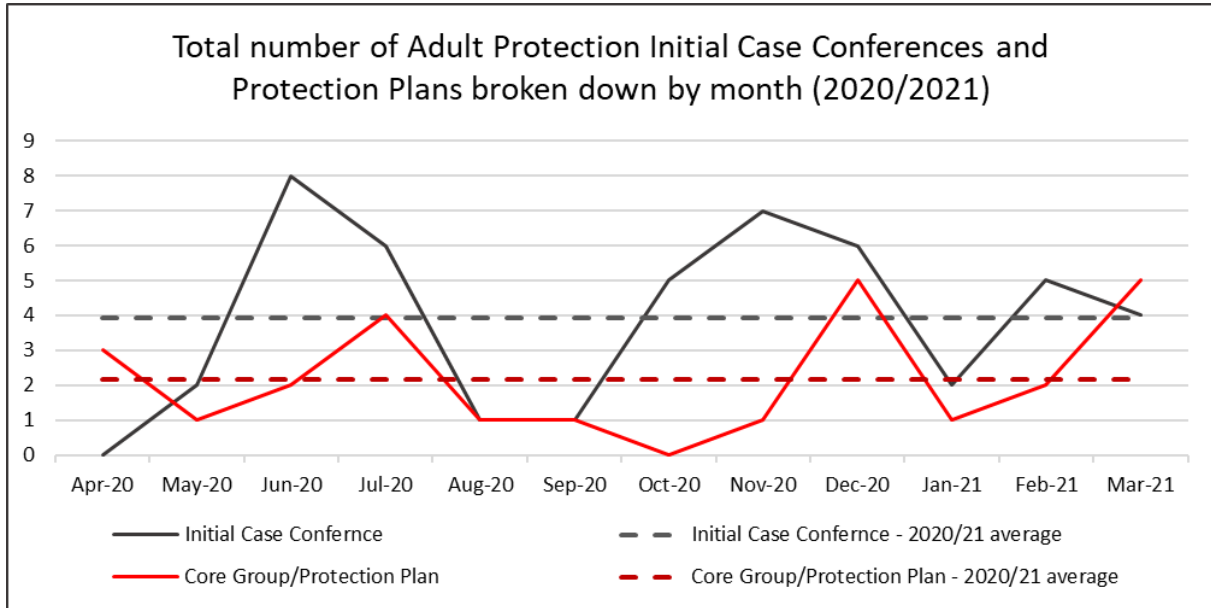


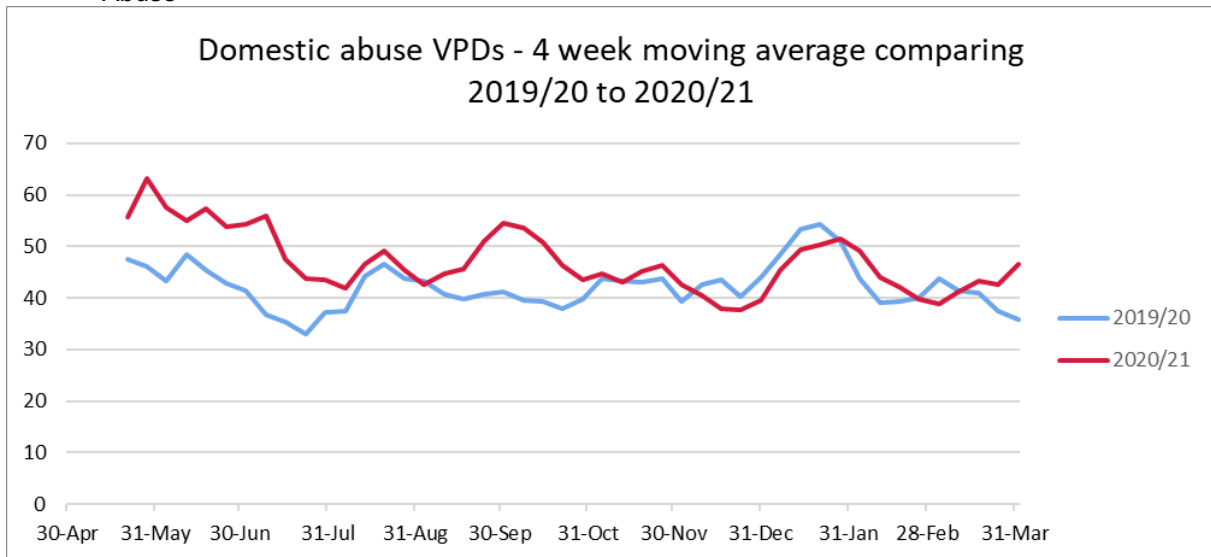
Chart 6: Adult Protection Case Conferences and Protection Plans



3. Domestic Abuse

The number of concern reports arising from domestic abuse incidents that have been recorded by Police Scotland has been higher than during the last 12 months than in 2019/20 (Chart 7), however, this appears to be mostly due to two periods in the spring/early summer of 2020 and over mid-autumn 2020.

Chart 7: Vulnerable Person Database Concerns (VPDs) recorded by Police Scotland for Domestic Abuse

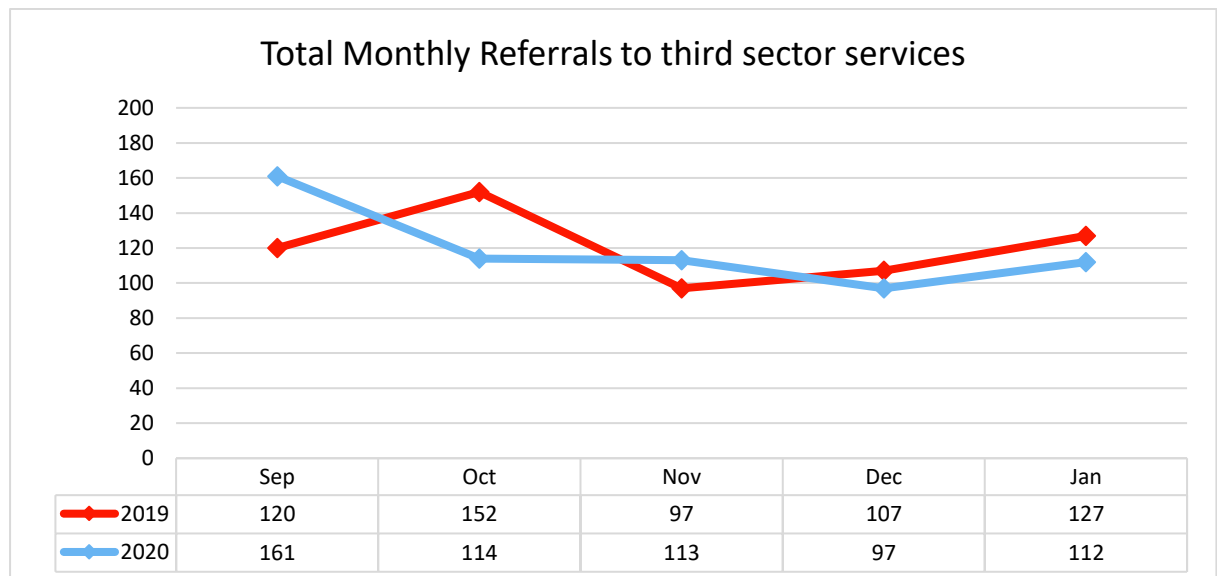


In addition to the data in Chart 7 reported through the SOLACE dataset the Violence against Women Partnership has been monitoring key data throughout the lockdown period. Key trends identified include:

- Total referrals to specialist, third sector violence against women services¹ were 1% lower during September 2020 to January 2021 than in the comparable period during 2019/20 (Chart 8). This is significantly different to the previous period (May to August 2020) when a 16% decrease in total referrals was experienced. The month of September 2020 saw the greatest increase in referrals in comparison with the comparable period in 2019, with a 39% increase.

Despite initial concern regarding moving support provision to remote approaches, many women engaging with services have responded positively to this change and have expressed that they find this new approach more flexible and accessible.

Chart 8: Referrals to Specialist Violence Against Women Services



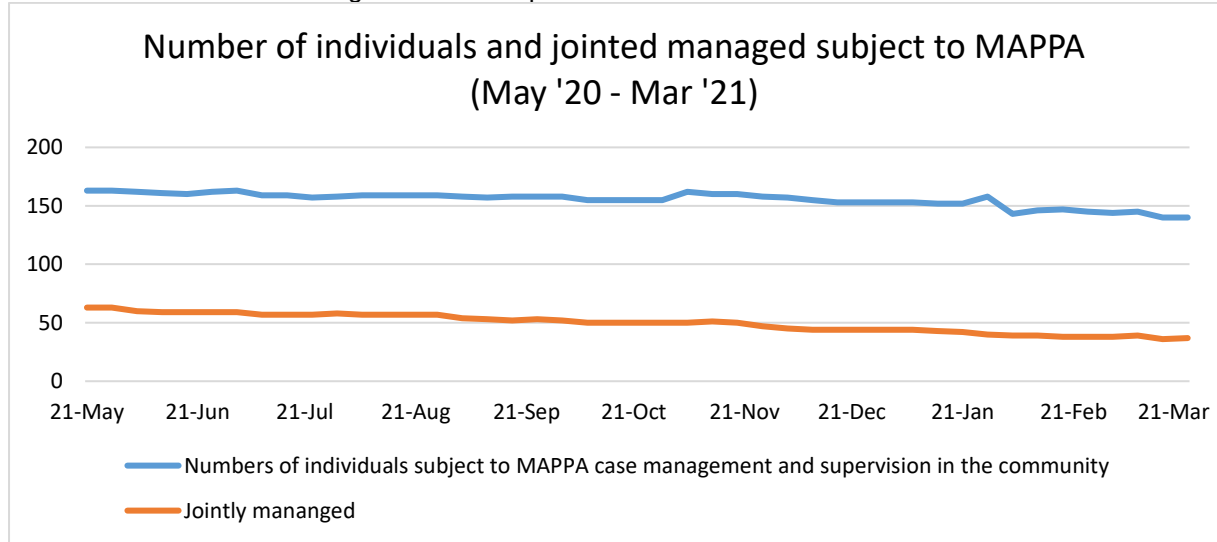
- Between September 2020 and January 2021 requests for refuge accommodation continued to be higher than the comparable period in 2019/20, however there has been a significant reduction in demand for refuge since the very high levels experienced during the first lockdown period.
- MARAC (multi-agency risk assessment conferences for the highest risk victims of domestic abuse) referrals have been lower than the comparative period last year.
- All services have reported an increased complexity of problems so that a higher than average time is needed to be spent to address these issues reducing the overall capacity within services. This has particularly been associated with poor mental health and wellbeing, reduction in social supports, the financial impacts of COVID and general uncertainty regarding the future. Measures have been put in place to support workforce wellbeing whilst working remotely and dealing with increased complexity of need.

¹ Dundee Women's Aid, the Women's Rape and Sexual Abuse Centre, Barnardo's Tayside Domestic Abuse Initiative and Shakti Women's Aid.

4. Individuals subject to MAPPA

The number of individuals subject to MAPPA case management has remained steady, averaging 156 with a shallow decrease noted over the year from week to week. The number of individuals managed jointly by Police Scotland and the Community Justice Service has also shown the shallow decreasing patten, averaging 50 individuals. (Chart 9). This is associated the impact of public health restrictions on the criminal justice system, particularly reduced throughput within the courts.

Chart 9: MAPPA Case Management and Supervision

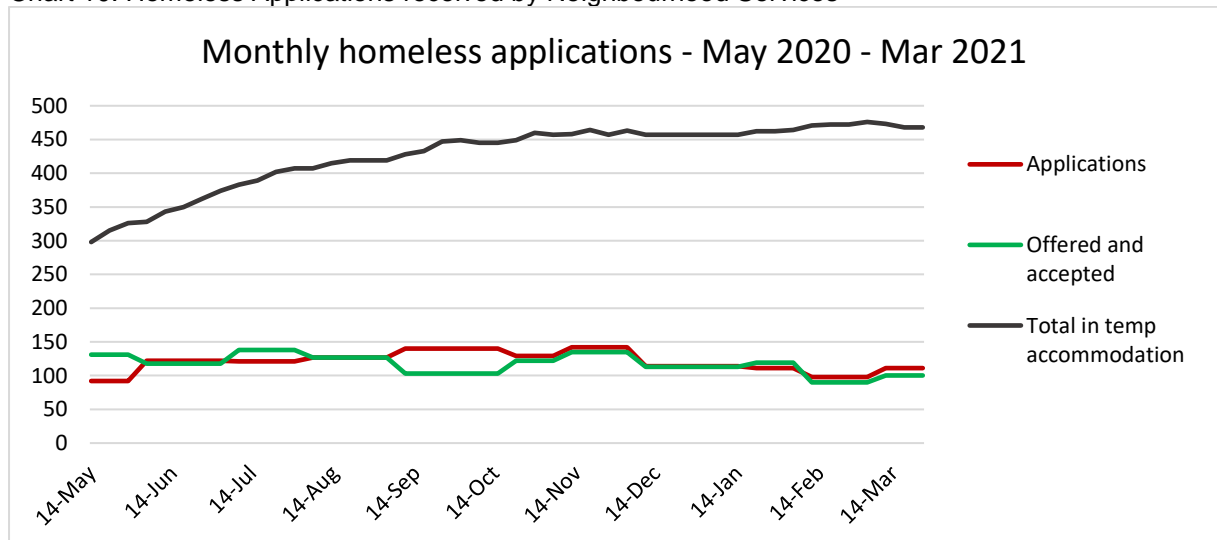


5. Homelessness

The number of homelessness applications per month rose steeply at the end of May 2020 and has maintained a steady state since then until the end of the 2020 calendar year. Applications have since slowly dropped back to level similar to May 2020 (Chart 10). All applicants have been offered accommodation, the number of accepted offers fluctuated between approximately 90 and 140 per month, matching the numbers of applications received.

The total number of households in temporary accommodation has been steadily increasing from approximately 300 in mid-May 2020 to 420 in mid-August 2020 when numbers stabilized. The total households in temporary accommodation currently sits at 468 (Chart 10).

Chart 10: Homeless Applications received by Neighbourhood Services



TRANSFORMING PUBLIC PROTECTION PROGRAMME UPDATE

1. Programme Infrastructure and Governance

- 1.1 An Oversight Group, chaired by the Chief Social Work Officer, continues to provide ongoing leadership support and to actively monitor programme implementation. This is supplemented by regular assurance reporting to the Chief Officers Group.
- 1.2 Significant progress has been made in many of the workstreams that form part of the TPP Programme since August 2018, however the pace of implementation has decreased significantly since the onset of the pandemic in March 2020 as capacity has been prioritised to the maintenance of essential services and immediate adjustments to the circumstances of the pandemic, rather than to planned improvements activity.

2. Cultural Change within Operational Services

- 2.1 Three operational teams across Children and Families Service and Dundee Health and Social Care Partnership have continued their work to improve critical aspects of public protection practice: risk assessment practice, chronologies, quality of supervision and case file auditing. Teams have been utilising the Model for Improvement and PDSA (Plan, Do, Study, Act) cycles to develop and test changes at a small scale within their teams. Across each team activity has been practitioner planned and led.
- 2.2 This area of the programme has been most significantly impacted by the pandemic and therefore limited progress has been able to be made over the last six month period. The Children and Families Service has continued to embed revised chronologies into their practice and have completed testing of the case file audit tool as part of their wider quality assurance activity related to the RAG system applied during the pandemic. Whilst operational progress has been limited, work has been undertaken at a strategic level to plan the next steps for this area of the programme, including the expansion of testing of chronology, risk assessment and case file audit tools beyond social work functions in partnership with education services, health services and the third sector. It is anticipated that this work will be loaded toward the second half of the year (autumn 2021 onwards) when pressures associated with pandemic response will likely be reduced.

3. Enhanced Leadership Support and Scrutiny

- 3.1 Following on from the programme of development activity undertaken by the COG during 2019 work has been undertaken over the last six months months to:
- Complete a consultation exercise to gather stakeholder views on a future integrated protecting people governance and strategic planning structure. This included an open consultation exercise (online consultation document and response form), virtual consultation sessions and dedicated sessions for existing members of the public protection committees.
 - Further development of the protecting people strategic risk register, including changes to the way that risks are recorded and presented to make this more accessible for committee members. Briefing sessions have also been provided to committee members to support them to work more effectively with the risk register. Whilst the committees have continued to work with registers focused on risks associated with the pandemic, supporting officers have been working with the Independent Chairs to develop content that will support the transition to focus on business as usual strategic risks.
 - The COG membership has undertaken two virtual workshops as part of the Scottish Trauma Informed Leadership Training (STILT) programme. The Council, Dundee Health and Social Care Partnership and NHS Tayside have nominated senior trauma champions to provide leadership support for the implementation of

the national trauma framework at a local level. The Dundee Trauma Steering Group has remobilised and agreed a draft action plan for 2021/22, including a focus on training delivery, organisational culture change and valuing lived experience within the workforce.

4. **Transformative Re-design of Protection Processes**

- 4.1 This aspect of the transformation programme, which has a focus on designing approaches that provide an integrated response to risk across all ages (including multiple risks experienced by members of the same household/family group) and minimises the number of protection processes that any individual or family is subject to.
- 4.2 In October 2019 the Senior Officer, Community Justice and Safety was commissioned by the COG workstream sponsors to undertake an initial scoping exercise to obtain an up-to-date picture of current pathways and processes and of workforce perceptions of perceived strengths, challenges and gaps, drawing on the knowledge and expertise of 39 key staff from across multiple agencies. The scoping exercise also included researching information about best practice approaches elsewhere in Scotland and the rest of the UK to screening and multi-agency meetings. The consideration of the findings of this exercise was delayed by the onset of the pandemic; the COG considered a report on the exercise and its findings in November 2020. At that time a further programme of scoping activity was agreed, including review of relevant literature, mapping of current pathways through public protection processes, further statistical analysis and further benchmarking with arrangements in Local Government Benchmarking Framework family group councils. Plans are also in place for the COG to participate in a development session in May 2021 to develop their strategic vision and ambition for multi-agency screening functions.

5. **Future Programme Phases**

- 5.1 As we move through the second wave of the pandemic and into a further phase of recovery the Oversight Group has considered priorities within the programme for 2021/22. Over the next six-months there will be a focus on strategic aspects of the programme to provide time and space for operational colleagues to continue and recover from the pressures of the pandemic response. In the leadership aspect of the programme we will: complete our work to identify a preferred strategic and governance structure for protecting people that is fit for purpose and supports the COG and committees to achieve their vision and functions; complete our transition from a strategic risk register focused on COVID to a business as usual approach and consider the interface between the strategic risk register and single agency operational risk registers; and continue to implement the Trauma Steering Groups agreed action plan. In the transformative redesign aspect of the programme we will complete our desktop research to inform the development of a small number of models for future delivery of screening functions that will subsequently be subject to detailed options appraisal.
- 5.2 Three areas of the programme require further consideration to take account of the impact of the pandemic and changes this has brought to the environment in which we work; support and supervision, workforce communication and digital. This will be progressed by the Oversight Group in the first instance and a revised implementation plan agreed.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
23 JUNE 2021

REPORT ON: STRATEGIC AND COMMISSIONING PLAN – COVID IMPACT AND
STATUTORY REVIEW

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB29-2021

1.0 PURPOSE OF REPORT

- 1.1 To update the Integration Joint Board regarding progress made by the Strategic Planning Advisory Group to assess the impact of the second wave of the COVID-19 pandemic on the delivery of priorities and actions within the Strategic and Commissioning Plan 2019-20 and considerations in relation to the timescale and approach to the statutory review of the Plan.

2.0 RECOMMENDATIONS

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

- 2.1 Note the contents of this report including ongoing work led by the Strategic Planning Advisory Group to assess the impact of the second wave of the COVID-19 pandemic on the delivery of the current strategic and commissioning plan and of a range of factors on the planned approach and timeline for the statutory review of the plan (section 4.6).
- 2.2 Instruct the Chief Officer, on behalf of the Strategic Planning Advisory Group, to make detailed recommendations to the IJB regarding the approach and timeline for completion of the statutory review of the strategic and commissioning plan no later than 27 October 2021.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

- 4.1 In December 2020 the IJB considered and approved a report detailing the impact to date of the COVID-19 pandemic on the Partnership's ability to deliver the Strategic and Commissioning Plan 2019-2022 and on early planning for revision of the plan (Article VI of the minute of the Dundee Integration Joint Board held on 15 December 2020 refers). At that time the Chief Finance Officer was instructed to work with the Strategic Planning Advisory Group to draft a public statement summarising the impact of the pandemic on the delivery of the plan and to undertake further detailed planning for the revision of the current strategic and commissioning plan.
- 4.2 The recommendations approved by the IJB in December 2020 were based on the Strategic Planning Advisory Group's understanding of the impact of the pandemic on the delivery of the strategic plan at the time at which the report was produced at the end of October 2020. The second wave of the COVID-19 pandemic and associated escalation of operational responses began in mid-October 2020 necessitating a decisive shift from a focus on recovery to a short-term focus on response. This context has meant that for the last four months capacity to progress the actions detailed within the strategic plan has once again been significantly diminished. In the intervening period the demand that will be placed on Partnership resources

to support continued pandemic response (in areas such as care homes and vaccination) alongside recovery during 2021/22 has also become clearer; with a direct impact on capacity available to deliver actions from the strategic and commissioning plan and to catch-up on delays reported to the IJB in December 2020 by the current end date of the plan (31 March 2022). This change in circumstances was reported to the IJB in April 2021 (Article IV of the minute of the Dundee Integration Joint Board held on 21 April 2021 refers).

- 4.3 The Strategic Planning Advisory Group considered matters relating to the impact of the second wave of the pandemic on the delivery of priorities and actions within the strategic and commissioning plan at their meeting on 21 April 2021. The group also reviewed their planned approach to undertaking the statutory review of the plan.
- 4.4 Under section 37 of the Public Bodies (Joint Working) (Scotland) Act 2014 the IJB must carry out a review of the effectiveness of its strategic plan by 31 March 2022; this review must have regard to the views of the Strategic Planning Advisory Group and to the integration delivery principles and national health and wellbeing outcomes. Having completed the statutory review the IJB may decide to subsequently prepare a replacement strategic plan or to extend the current plan. A timescale is not set in the legislation for the preparation of a replacement strategic plan should the IJB agree that this is required.
- 4.5 In December 2020 the Strategic Planning Advisory Group set out to the IJB a broad timeline to support the statutory review requirement, and to make allowance for the possibility of preparation of a replacement plan by the deadline date.

Revision of strategic needs assessment (October 2020 - March 2021)

- Review of the Partnership's high level strategic needs assessment and supporting locality needs assessment. This will include taking account of any emerging evidence regarding the impact of the pandemic on the short, medium and long-term health and social care needs of the population. Detailed planning for this work has commenced. Some elements may overlap with the stakeholder engagement and consultation stage as the needs assessment reflects both quantitative and qualitative information.

Stakeholder engagement and consultation (April 2021 - September 2021)

- Significant planning will be required for this activity to take account of the need to develop effective remote / virtual means for consultation. Depending on public health guidance at the time there may be some scope for more traditional face-to-face consultation and engagement activities. This stage will involve interaction with people who use services, carers, communities and organisational stakeholders (local, regional and national).
- At the end of this stage there will be a need to analyse information and for the ISPG to support the IJB to complete the formal statutory review of the current plan and make a final decision regarding the need to replace the plan.

Preparation of replacement plan (as required) (October 2021 - March 2022)

- If the IJB concludes that a replacement plan is required this stage will focus on the production of that plan based on information generated in earlier stages. The preparation of a draft plan will be followed by further consultation and engagement activity prior to the plan being presented for approval.

4.6 Following the second wave of the pandemic the Strategic Planning Advisory Group is actively reviewing the viability of this timeline and approach to the statutory review to take into account the following factors:

- An updated assessment of the impact of wave 2 on the delivery of actions within the current strategic and commissioning plan using the RAG (red, amber green) categorisation previously utilised. This will include identifying accelerated actions, delayed actions, actions that are no longer relevant in the present circumstances and any new actions arising from over the last six months.
- The developing understanding at a national and local level of the recovery and remobilisation period for health and social care services, including the recently submitted remobilisation plan for 2021/22 and increasing clarity at a national level that the formal recovery period (and associated supports) is likely to continue for a two year period until March 2023. It is also likely that over that period there will be a much clearer and more comprehensive understanding of the impact of the pandemic on the health and social care needs of the population.
- The implications of the Independent Review of Adult Social Care, including the expectation that detailed plans for national implementation of recommendations and the implications of these will continue to emerge over the next 12-24 month period.
- Timelines within the other two IJBs across Tayside for the expiration, review and replacement of their strategic and commissioning plans. This will include considering whether or not there are significant advantages to aligning planning timescales in Dundee with those in Angus and Perth and Kinross.
- It is understood that a substantive review of the Dundee City Plan will take place during the 2022/23 financial year. There may be advantages to aligning the timescale for review of the strategic and commissioning plan with that of the City Plan.
- Limited resources available across all teams and partners, including the Strategy and Performance Team, to lead and contribute to activity over the next 12 months.

4.7 The Strategic Planning Advisory Group will reconvene no later than August 2021 to consider the updated draft of the Partnership's Strategic Needs Assessment and revised RAG assessment of the current strategic and commissioning plan (see section 4.6). Following this the group will make detailed recommendations to the IJB regarding the approach to and timeline for completion of the statutory review of the strategic and commissioning plan.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Integrated 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 Strategic Planning Advisory Group, the Chief Finance Officer, Head of Service, Health and Community Care and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

Directions 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: 3 May 2021

Kathryn Sharp
Service Manager, Strategy and Performance



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
23 JUNE 2021

REPORT ON: FINANCIAL MONITORING POSITION AS AT 31 MARCH 2021

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB31-2021

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 2020/21 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 actual financial position for delegated services to the 2020/21 financial year end as at 31st March 2021 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.
- 2.3 Notes that the year end reserves position as set out in section 4.6 of this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The underlying financial monitoring position for Dundee Health and Social Care Partnership based on expenditure for the full financial year to 31st March 2021 (excluding any implications of additional COVID-19 spend) shows a net underspend position of £2.1m. This is a significantly improved position from the net overspend of £4m incurred during 2019/20.
- 3.2 The Scottish Government has made a commitment to provide additional funding for mobilisation plans developed by Health and Social Care Partnership's in response to the COVID-19 crisis. Estimated and actual funding requirements for 2020/21 have been submitted to the Scottish Government regularly and these have included a number of assumptions around the scale of increasing costs, some of which have been agreed nationally. This includes estimated additional costs which care providers are anticipated to incur alongside in-house services in relation to issues such as increased staff absence levels, increased use and cost of PPE, under occupancy of care homes and loss of income. Providers can request reimbursement of these additional costs from Health and Social Care Partnerships.
- 3.3 The projected total cost of the most recent Mobilisation Plan financial return submitted to the Scottish Government in January 2021 (Quarter 3 return) is £11.942m.

- 3.4 In late September 2020, the Scottish Government announced a total funding package to the value of £1.083 billion to cover NHS and Integration Authority additional costs anticipated to be incurred during 2020/21. This is set out in detail in section 4.5.4 of this report.
- 3.5 Over the period November 2020 to February 2021, the Scottish Government released funding to cover Integration Authorities estimated additional costs of responding to the pandemic in addition to contingency funding for any unknown expenditure which may arise by the year end. The Dundee allocation of this fully covers the estimated cost of the mobilisation plan thereby removing any financial risk associated with Covid19 in 2020/21.

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 2020/21 budget for delegated services was approved under the Essential Business Procedure in operation due to the COVID-19 crisis. This was set out in Report DIJB15-2020 (Article V of the minute of the 25 August refers).
- 4.1.3 The financial information presented has been provided by the finance functions of NHS Tayside and Dundee City Council as set out within the Integration Scheme.
- 4.1.4 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. Discussions will be ongoing throughout the financial year with both parties to consider the implications of the IJB's projected financial position. Officers within the Partnership will continue to explore areas to control expenditure and achieve the savings targets identified.

4.2 Projected Outturn Position – Key Areas

- 4.2.1 The following sets out the main areas of note from the financial information contained within Appendices 1 (Summary Position) and 2 (More Detailed Position) and provides commentary on the reasons for significant variances, actions being taken to manage these and outlines the key elements of risk which may remain. These figures exclude the potential 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 £3,482k at the end of the financial year. All additional Covid costs have been covered by additional funding, resulting in community based health services managed directly by Dundee Health and Social Care Partnership being underspent by (£2,145k) and overall prescribing being underspent by (£1,398k).
- 4.3.2 The individual variances reported for the majority of budget lines delegated from NHS Tayside are reported gross of additional Covid-19 spend, with the Scottish Government funding relating to this expenditure noted separately in the table.
- 4.3.3 Service underspends are reported within community-based Psychiatry of Old Age (£827k), Physiotherapy (£95k), Keep Well (£133k), Public Health (£156k), Learning Disability (£80k) and in hosted services such as Psychology (£460k), Learning Disability (Tayside AHP) (£116k) and Sexual & Reproductive Health (£453k) mainly as a result of staff vacancies.

- 4.3.4 Service overspends are reported in Enhanced Community Support £579k, Medicine for the Elderly £658k and Psychiatry of Old Age In-Patients £638k. Occupational Therapy budgets have overspent by £294k with further overspends arising in Community Nursing of £340k, Substance Misuse Services of £247k and General Adult Psychiatry of £145k. Additional staffing pressures have contributed to the adverse position, mainly through the Covid-19 response with additional Scottish Government funding received to cover the relevant additional costs.
- 4.3.5 Members of the IJB will also be aware that Angus and Perth and Kinross IJBs host 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 projected net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth and Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows net impact of hosted services to Dundee being an overspend of £61k.
- 4.3.6 GP Prescribing budgets are showing an underspend of £1,398k for the year. This is primarily due to favourable movements of volumes of prescriptions issued compared to financial plan (7.2%) with average pricing being slightly higher than plan (4.4%). A significant portion of the underspend appeared in the first few months of the financial year, during the first lockdown period, however recent months have continued to reflect a continued favourable variance against budget.
- 4.3.7 The IJB should note that following the transfer of the operational management arrangements in relation to In-Patient Mental Health Services in June 2020 from Perth and Kinross IJB to NHST Tayside, the operational financial management responsibility has also transferred. This has removed a significant financial risk from Dundee Integration Joint Board's financial position. A year end transfer with actual spend equal to budget was made by NHS Tayside to reflect the cost of these services against each of the Tayside IJB's given these are still legally delegated services.

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 overspend of £1,387k which is a significant improvement from the 2019/20 year end position where an overspend of £5,600k was incurred.
- 4.4.2 The individual variances reported for the majority of budget lines delegated from NHS Tayside are reported net of additional Covid-19 spend, with the Scottish Government funding relating to this expenditure incorporated in each relevant line.
- 4.4.3 A significant financial challenge facing the IJB's delegated budget continues to be the provision of home and community based social care at a sufficient level to meet increasing demographic demand and reduce delayed discharges in hospital while balancing financial resources. As a result of this, care at home services have overspent by around £2.5m. Staff costs have underspend by £404k.

4.5 Financial Impact of the COVID-19 Response

- 4.5.1 The HSCP's response to the crisis to date and plans for the immediate recovery period continue to evolve through the development of the HSCP's Mobilisation Plan. This is a live document which reflects the changing response as more is known about the impact of COVID-19, the response to it and how services have and will continue to adapt to life living with the disease. This has had to be submitted regularly to the Scottish Government through NHS Tayside for review.
- 4.5.2 Alongside the Mobilisation Plan, a financial return has been regularly submitted to the Scottish Government setting out the actual additional expenditure by HSCP's incurred during the financial year in responding to the impact of COVID-19. This included a range of as yet unknown costs for which assumptions have been made based on the best information available at this time. It is anticipated that regular financial reporting to Scottish Government will continue into the new financial year as recovery from the pandemic continues.

- 4.5.3 The mobilisation plan includes additional expenditure incurred through both NHS Tayside and Dundee City Council services. Additional funding has been released by the Scottish Government to HSCP's to meet additional health and social care costs of the response.
- 4.5.4 In late September 2020, the Scottish Government announced an overall funding package for health and social care totalling £1.083 billion (inclusive of the £100m for social care already announced) to fund additional costs incurred by Health Boards and Integration Authorities in responding to the COVID-19 pandemic. Funding has been released during November 2020 and January 2021 to fund mobilisation plans as well as a further £112m to support adult social care through the winter plan, £100m to ensure ongoing financial sustainability across the social care sector and £20m to support discharge from hospital of people with complex needs and associated costs. Dundee IJB's confirmed allocation to date for mobilisation funding has fully covered all projected additional COVID-19 expenditure during 2020/21 with further flexibility to support any unexpected funding pressures in addition to the new initiatives through the winter plan and complex needs. The additional initiative allocation for Dundee is £5m, most of which was unspent in 2020/21 and will be carried forward as a ring fenced reserve into 2021/22. Therefore, there is no longer any residual funding shortfall risk to the IJB for 2020/21.
- 4.5.5 The mobilisation plans are expected to cover all reasonable additional expenditure incurred in response to the COVID-19 crisis. This includes additional staff costs incurred as a result of additional COVID-19 related absences such as through sickness, self-isolating or shielding, additional staff brought in to meet demand levels and to support new services or different ways of working. Additional expenditure has been incurred on increased requirement for PPE and the increasing cost of this due to short supply issues. Further costs have been incurred in relation to additional IT equipment to facilitate home / mobile working. Increased expenditure in relation to the provision of General Practice and prescribing costs are also reflected in the financial return. Further provision was made for increased capacity over the winter period to increase the bed base in Royal Victoria Hospital and Kingsway Care Centre and appropriate community supports in preparation for any increase in COVID-19 cases. Loss of charging income from service users due to services no longer being provided or through lack of financial assessments being made are also a feature of the mobilisation plan. Provision has also been made for the non-achievement of financial savings as set out in the IJB's financial plan for 2020/21.
- 4.5.6 The most significant projected costs within the mobilisation plan relate to care provider sustainability expenditure. Health & Social Care Partnerships are expected to support local care providers financially to ensure the social care market is stabilised. Providers can request additional payments through a financial support claim process to Dundee Health & Social Care Partnership. This covers similar expenditure incurred within in-house services such as PPE and additional staff cover for sickness absence but also includes some sector specific, Scottish Government directed requirements such as the Social Care Support Fund, which ensures any worker in the sector who is or has been absent from work due to COVID-19 related issues are paid their normal contractual pay and not just statutory sick pay.
- 4.5.7 Care homes have been impacted on significantly and national agreements are in place, funded through mobilisation plans for HSCP's to make under occupancy payments to ensure they remain viable while some are closed to admissions. The weekly fee payable to care homes has been agreed nationally and represents 80% of the national care home rate (£592 per place per week for nursing care and £508.63 per place per week for residential care). This ensures that standard running costs of the home are funded. Given the continued high level of vacancies within care homes this is expected to be one of the largest expenditure areas within the mobilisation plan. While these payments were tapered down over September to November as the impact of the initial stages of the pandemic started to subside, the Scottish Government reinstated the original underoccupancy agreement from December until at least the end of June 2021.
- 4.5.8 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.

- 4.5.9 The latest financial summary of the mobilisation plan spend following the reconciliation of the position to 31st March 2021 is as follows (with comparison to the previously submitted return to Scottish Government):

Mobilisation Expenditure Area	Actual Additional Expenditure to Year End (2020/21) £000	Estimated Expenditure to Year End @ Jan '21 (Previous Scottish Government Return) £000
Additional Bed Capacity (Royal Victoria / Kingsway Care Centre)	336	906
PPE	157	131
Additional Staff Cover / Temporary Staff	2,817	2,697
Provider Sustainability Payments	4,379	5,087
Additional Support to Vulnerable People	9	19
IT / Telephony	50	93
Additional GP Practice Costs	678	718
Additional GP Prescribing Costs	0	0
Loss of Charging Income	1,350	1,320
Increased Equipment & Supplies	189	205
Increased Transport Costs	64	113
Additional Winter Planning	0	60
Rehab & Recovery Costs	41	111
Total Projected Additional Costs	10,071	11,461
Underachievement of Savings	200	481
Total Projected Mobilisation Cost	10,271	11,942
Projected NHS Tayside Spend	3,522	3,505
Projected Dundee City Council Spend	6,749	8,437

- 4.5.10 As a result of an underspend against the previously projected spend and Scottish Government allocation, the unspent funding of £1.7m will be carried forward as a ring-fenced reserve balance.

4.6 Reserves Position

- 4.6.1 The IJB's reserves position was adversely affected at the year ended 31st March 2020 as a result of a planned drawdown from reserves to support service delivery and to contribute to funding the significant overspend incurred during last financial year under the risk sharing arrangement. This left the IJB with no uncommitted reserves for 2020/21, with those reserves remaining set aside for Scottish Government specific funding commitments.

IJB Committed Reserves	Value £k
Primary Care Improvement / Transformation Funding	86
GP Premises Funding	89
Action 15 Mental Health Funding	36
Historic Alcohol & Drugs Partnership (ADP) Funding Carried Forward	281
Total	492

- 4.6.2 Outstanding balances held by Scottish Government in relation to Primary Care Improvement Fund, Mental Health Strategy Action 15 Workforce and Alcohol and Drugs Partnerships have now been allocated to Integration Authorities. This totals £57.5m nationally and represents the required funding on the three programmes to meet the full commitments as set out previously by the Scottish Government. The released funding for Dundee equates to around £2.1m. Given the significant level of additional allocations during 2020/21, it was previously reported that the value of the earmarked reserves position at the end of the current financial year would likely be significantly higher than detailed in section 4.6.1.
- 4.6.3 The additional funding packages detailed in 4.5.4 are available to support the current additional costs (including any additional costs at the financial year end) as well as the ongoing recovery, financial sustainability and redesign of services, therefore it was also recognised that a significant part of this funding would likely to be unspent at 31st March 2021 and would be identified as a new earmarked reserve at that point.
- 4.6.4 Following completion of the Year End process, and quantification of spend against the various funding streams, as well as recognition of the operational financial position of the delegated IJB services, the Reserves position at Year End 2020/21 has increased as detailed in the following table.

	Opening Committed Reserves	Closing Committed Reserves @ 31/3/21
	£k	£k
Primary Care	175	2,424
Mental Health Action 15	36	527
ADP	281	358
Service Specific Projects	0	129
Community Living Change Fund	0	613
Covid-19	0	6,084
NHST - shifting balance of care	0	1,600
Total Committed Reserves	492	11,734
General Reserves (Uncommitted)	0	2,094

4.7 Savings Plan

- 4.7.1 The IJB's savings for 2020/21 were considered under the Essential Business Procedure however IJB members were provided with the opportunity to consider the implications of these prior to agreement being reached. The total savings to be delivered during 2020/21 amounted to £2,342k and the risk of these not being delivered was considered low with any potential non-delivery of savings met through the Covid mobilisation funding. This assessment is set out in Appendix 4.

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

Risk 1 Description	There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year.
Risk Category	Financial
Inherent Risk Level	Likelihood 4 x Impact 5 = Risk Scoring 20 (which is Extreme Risk Level)
Mitigating Actions (including timescales and resources)	The IJB has agreed a range of efficiency savings and other interventions to balance expenditure. A range of service redesign options through the Transformation Programme will offer opportunities to further control expenditure. Regular financial monitoring reports to the IJB will highlight issues raised.
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Planned Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Approval recommendation	While the inherent risk levels are extreme, the impact of the planned actions reduce the risk and therefore the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

						Appendix 1
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2020/21						Mar-21
	Dundee City Council Delegated Services		NHST Dundee Delegated		Partnership Total	
	Net Budget £,000	Actual Overspend / (Underspend) £,000	Net Budget £,000	Actual Overspend / (Underspend) £,000	Net Budget £,000	Actual Overspend / (Underspend) £,000
Older Peoples Services	43,953	1,921	15,840	1,347	59,793	3,268
Mental Health	4,995	146	4,106	145	9,101	291
Learning Disability	27,367	-69	1,492	(80)	28,860	(149)
Physical Disabilities	5,314	257	0	0	5,314	257
Substance Misuse	2,150	(279)	3,123	247	5,273	(32)
Community Nurse Services/AHP/Other Adult	1,107	(441)	15,569	547	16,676	106
Hosted Services	0	0	22,041	(543)	22,041	(543)
Other Dundee Services / Support / Mgmt	353	(148)	43,059	(343)	43,412	(491)
Centrally Managed Budgets			755	(511)	755	(511)
Less: Covid 19 Spend			2,954	(2,954)	2,954	(2,954)
Total Health and Community Care Services	85,240	1,387	108,940	(2,145)	194,179	(758)
Prescribing (FHS)			31,922	(1,130)	31,922	(1,130)
Other FHS Prescribing			529	(268)	529	(268)
General Medical Services			28,045	91	28,045	91
FHS - Cash Limited & Non Cash Limited			22,265	(91)	22,265	(91)
In-Patient Mental Health			10,669	0	10,669	0
Large Hospital Set Aside			17,608	0	17,608	0
Total	85,240	1,387	219,978	(3,543)	305,217	(2,156)
Net Effect of Hosted Services*			(3,459)	61	(3,459)	61
Grand Total	85,240	1,387	216,518	(3,482)	301,758	(2,094)
*Hosted Services - Net Impact of Risk Sharing Adjustment						

- AHP – Allied Health Professionals
- FHS – Family Health Services

Dundee City Integration Joint Board – Health and Social Care Partnership – Finance Report February 2021

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Actual Over / (Under)	Annual Budget	Actual Over / (Under)	Annual Budget	Actual Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Psychiatry of Old Age (POA) (In Patient)			4,576	638	4,576	638
Older People Serv. – Ecs			-223	579	-223	579
Older Peoples Services -Community			610	-32	610	-32
Continuing Care			0	289	0	289
Medicine for the Elderly			5,596	658	5,596	658
Medical (POA)			740	29	740	29
Psychiatry Of Old Age (POA) – Community			2,458	-827	2,458	-827
Intermediate Care			26	-24	26	-24
Medical (Medicine for the Elderly)			2,058	37	2,058	37
Older People Services	43,953	1,921			43,953	1,921
Older Peoples Services	43,953	1,921	15,840	1,347	59,793	3,268
General Adult Psychiatry			4,106	145	4,106	145
Mental Health Services	4,995	146			4,995	146
Mental Health	4,995	146	4,106	145	9,101	291
Learning Disability (Dundee)	27,367	-69	1,492	-80	28,860	-149
Learning Disability	27,367	-69	1,492	-80	28,860	-149

		Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
		Annual Budget	Actual Over / (Under)	Annual Budget	Actual Over / (Under)	Annual Budget	Actual Over / (Under)
		£,000	£,000	£,000	£,000	£,000	£,000
Physical Disabilities		5,314	257			5,314	257
	Physical Disabilities	5,314	257	0	0	5,314	257
Substance Misuse		2,150	-279	3,123	247	5,273	-32
	Substance Misuse	2,150	-279	3,123	247	5,273	-32
A.H.P. Admin				434	-19	434	-19
Physiotherapy				4,605	-95	4,605	-95
Occupational Therapy				1,546	294	1,546	294
Nursing Services (Adult)				8,236	340	8,236	340
Community Supplies - Adult				315	75	315	75
Anticoagulation				434	-49	434	-49
Intake/Other Adult Services		1,107	-441			1,107	-441
	Community Nurse Services / AHP / Intake / Other Adult Services	1,107	-441	15,569	547	16,676	106

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Actual Over / (Under)	Annual Budget	Actual Over / (Under)	Annual Budget	Actual Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Palliative Care – Dundee			2,908	41	2,908	41
Palliative Care – Medical			1,285	158	1,285	158
Palliative Care – Angus			367	28	367	28
Palliative Care – Perth			1,841	53	1,841	53
Brain Injury			1,820	154	1,820	154
Dietetics (Tayside)			3,663	32	3,663	32
Sexual and Reproductive Health			2,287	-453	2,287	-453
Medical Advisory Service			106	-48	106	-48
Homeopathy			29	6	29	6
Tayside Health Arts Trust			65	-12	65	-12
Psychology			5,805	-460	5,805	-460
Psychotherapy (Tayside)			999	74	999	74
Learning Disability (Tayside AHP)			866	-116	866	-116
Hosted Services	0	0	22,041	-543	22,041	-543
Working Health Services			4	-8	4	-8
The Corner			476	-23	476	-23
Grants Voluntary Bodies Dundee			-11	0	-11	0
IJB Management			611	68	611	68
Partnership Funding			39,680	0	39,680	0
Urgent Care			245	0	245	0
Public Health			787	-156	787	-156
Keep Well			631	-133	631	-133
Primary Care			636	-91	636	-91
Support Services/Management Costs	353	-148			353	-148
Other Dundee Services / Support / Mgmt	353	-148	43,059	-343	43,412	-491

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Actual Over / (Under)	Annual Budget	Actual Over / (Under)	Annual Budget	Actual Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Centrally Managed Budgets			755	-511	755	-511
Less: Covid Identified Spend			2,954	-2,954	2,954	-2,954
Total Health and Community Care Services	85,240	1,387	108,940	-2,145	194,179	-758
Other Contractors						
Prescribing (FHS)			31,922	-1,130	31,922	-1,130
Other FHS Prescribing			529	-268	529	-268
General Medical Services			28,045	91	28,045	91
FHS - Cash Limited and Non Cash Limited			22,265	-91	22,265	-91
In-Patient Mental Health			10,669	0	10,669	0
Large Hospital Set Aside			17,608	0	17,608	0
Grand Total HSCP	85,240	1,387	219,978	-3,543	305,217	-2,156
Hosted Recharges Out			-13,048	-31	-13,048	-31
Hosted Recharges In			9,588	93	9,588	93
Hosted Services - Net Impact of Risk Sharing Adjustment			-3,459	61	-3,459	61
Total	85,240	1,387	216,518	-3,482	301,758	-2,094

**NHS Tayside - Services Hosted by Integrated Joint Boards - Charge to Dundee
Integration Joint Board
Risk Sharing Agreement – March 2021**

Appendix 3

Services Hosted in Angus	Annual Budget	Over (Underspend)	Dundee Allocation
Forensic Service	1,033,198	267,308	105,300
Out of Hours	8,166,538	361,531	142,400
Locality Pharmacy	2,759,291	-3	0
Tayside Continence Service	1,514,593	-29,245	(11,500)
Speech Therapy (Tayside)	1,224,934	-108,443	(42,700)
Hosted Services	14,698,554	491,148	193,500
Apprenticeship Levy	46,000	1,891	700
Balance of Savings Target	-28,734	28,734	11,300
Grand Total Hosted Services	14,715,820	521,773	205,500

Services Hosted in Perth

Prison Health Services	4,365,646	-89,731	(35,400)
Public Dental Service	2,181,187	-146,282	(57,600)
Podiatry (Tayside)	3,265,829	-282,196	(111,200)
Hosted Services	9,812,661	-518,209	-204,200
Apprenticeship Levy - Others	41,700	-2,428	(1,000)
Balance of Savings Target	-234,208	234,208	92,300
Grand Total Hosted Services	9,620,153	-286,429	-112,900

Total Hosted Services Recharge In

92,600

Appendix 4

Dundee IJB - Budget Savings List 2020/21			
	Proposed savings	2020/21 £000	Delivery Status
(A)	Base Budget Adjustments		
1)	Reduction in GP Prescribing Budget	306	Delivered
2)	Full Year Effect of 2019/20 Saving - Review of Learning Disability Day Care	58	Delivered
3)	Reduction in NHS Operational Discretionary Spend	400	Delivered
	Total Base Budget Adjustments	764	
(B)	New Savings for 2020/21		
1)	New Meals Contract Price from Tayside Contracts under new CPU arrangements	114	Delivered
3)	Reshaping Non-Acute Care Programme: Net Reduction in Withdrawing Intermediate Care Contract	496	Delivered
4)	Review of Voluntary Sector funding for Older People	96	Delivered
5)	Impact of DCC Review of Charges	152	Delivered
6)	Review Investment of Additional Carers Funding (short term)	148	Delivered
7)	Increasing Eligibility Criteria for Access to Services	271	Partly Delivered
8)	Learning Disability Benchmarking Review	100	Not Delivered
9)	Review of Strategic Housing Investment Planning	200	Delivered
	Total New Savings	1,578	
	Total Base Budget Adjustments and New Savings	2,342	
	Savings Target	2,342	



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
23 JUNE 2021

REPORT ON: UNAUDITED ANNUAL ACCOUNTS 2020/21

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB32-2021

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 2020/21.

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 2020/21 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 30th June 2021 to enable the audit process to commence.

3.0 FINANCIAL IMPLICATIONS

3.1 The unaudited annual accounts statement for the year end 31 March 2021 highlights that the IJB made an overall surplus of £13,337k in 2020/21. This consists of an operational underspend of £2,094k and additional earmarked funding received of £11,243k 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 2021 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 2021 to the IJB's external auditors (Audit Scotland for 2020/21). It is acknowledged that the Covid-19 crisis has caused significant disruption to the provision of services and the governance arrangements around those services. Accordingly, provisions made in the Coronavirus (Scotland) Act 2020 in relation to the publication of statutory reports provide some flexibility around reporting requirements and timescales associated with the statutory accounts process as set out within the Local Authority Accounts (Scotland) Regulations 2014. This particularly relates to the potential postponement of the publication of the unaudited accounts, associated inspection periods and publication of the audited accounts with a 2 month extension available if required. It is the view of the Chief Finance Officer that the extended timescales are not required for the IJB's unaudited accounts. Audit Scotland have advised that they will carry out the work necessary to meet the audited accounts deadlines with a latest date for publication by the end of November 2021 likely to be achievable. Following approval by the IJB of the Unaudited Annual Accounts, the Chief Finance Officer will submit the unaudited accounts to Audit Scotland by the 30th June 2021 to enable the external audit to commence.
- 4.1.3 The 2020/21 Annual Accounts comprise:-
- a) Comprehensive Income and Expenditure Statement – This statement shows that Dundee Integration Joint Board made an overall surplus of £13,337k in 2020/21 (deficit of £2,274k in 2019/20) on the total income of £305,957k (£273,803k in 2019/20).
 - b) Movement in Reserves – Dundee Integration Joint Board has year-end reserves of £13,829k at the year ended 31st March 2021 (£492k in 2019/20), of which £2,094k is Uncommitted and £11,735k is Committed (£nil and £492k respectively at 31st March 2020). 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 26th May 2021 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

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

7.0 CONSULTATIONS

7.1 The Chief Officer 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: 27^h May 2021

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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 2020/21 provided for a budgeted payment of £80,078k 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 outwith 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:-

DCC Funding to Dundee Integration Joint Board (DIJB)	£000
Initial DCC contribution to DIJB	80,078
PCIF / Action 15 Mental Health / ADP Adjustments	1,090
Additional Funding from DCC – pension costs	4,179
Miscellaneous Additional Funding	128
Additional Scottish Government COVID19	6,749
Increased Intra-IJB Resource Transfer income – SG Allocation	-14028
Carried Forward as a Committed Reserve	6,189
Total Funds provided by Dundee City Council	84,385

NHS Tayside Variations – The agreed delegated budget 2020/21 provided for a budgeted payment of £121,433k 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:-

NHS Funding to Dundee Integration Joint Board (DIJB)	£000
Initial NHS Contribution to DIJB	121,433
PCIF / Action 15 Mental Health / ADP Adjustment	3,070
Hospital & Community Health Services	5,133
FHS Drugs Prescribing	-3,874
General Medical Services	27,367
FHS - Cash Limited & Non Cash Limited	21,021
Net Effect of Hosted Services*	7,210
Large Hospital Set Aside	17,608
Additional Scottish Government COVID19	3,522
Increased Intra-IJB Resource Transfer income – SG Allocation	14,028
Carried Forward as a Committed Reserve	5,054
NHS contribution to DIJB	221,572

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 2020/21 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 Hosted 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 stood down over the first few months of the 2020/21 financial year in line with DCC and NHST governance arrangements with the essential business procedure implemented to ensure decisions could continue to be made through the IJB Chair, Vice Chair and Chief Officer as required.

The main features of the governance framework in existence during 2020/21 were:

- Regular IJB voting members briefing meetings to provide updates on the Health and Social Care Partnership's (HSCP's) response to the Covid19 pandemic
- Establishment 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 participation in corresponding DCC and NHST command structure responses.
- Implementation of essential business procedure to ensure continuation of IJB decision making as required
- A virtual IJB session was held in June 2020 to enable IJB members to formally sign off a number of reports with formal meetings, using a digital meetings platform, reinstated from August 2020.
- 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.
- 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 Head of Health and Community Care. 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 2020/21.
- The Integration Joint Board met remotely on five occasions throughout the year to consider its business. Three development sessions were also held remotely as part of the 2021/22 budget development process.

- The Integration Joint Board's Performance and Audit Committee met remotely on three 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. This is the minimum number of meetings required in line with the Terms of Reference. While further meetings had been timetabled, these were cancelled as there was no outstanding business which could not be dealt with at a later date.
- Internal Audit arrangements for 2020/21 were approved 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 2020/21 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.

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2020/21 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.
- 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.
- A process of formal regular reporting of financial performance and monitoring to the Integration Joint Board was in place throughout 2020/21.
- The provision of regular budget development reports for 2021/22 to the Integration Joint Board.
- 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.

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.

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. During 2020/21 the number of carried forward days from previous annual audit plans has been a significant factor causing changes to target dates for reporting. The complexity of the control environment for IJBs, the demand on IJB management time to feed into the audit process; as well as the time taken to clear reports with the range of parties involved means some audits planned for 2020/21 were not reported by year-end. Fieldwork on these audits was either substantially completed by the end of May 2021, or a risk assessment process for inclusion in the 2021/22 internal audit plan carried out. The Chief Internal Auditor has assured the Performance and Audit Committee that the work completed at year end on the governance checklist and annual internal audit report is sufficient to allow them to provide robust assurance for the governance statement.

The IJB's Performance and Audit Committee was presented with three substantive internal audit reports during 2020/21 (Finance, Governance Mapping, Information Governance and Technology as Enablers), each of which concluded there was limited assurance. A small number of actions were recommended for the HSCP and partner bodies 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.

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. This was a theme within the findings of the three substantive audit reports presented during the year. Plans to enhance capacity throughout 2020/21 to mitigate this risk in future years were superseded by the work required in response to the pandemic. This issue was escalated by the Performance and Audit Committee to the Integration Joint Board with the presentation of an update report to the October 2020 meeting of the Integration Joint Board. Senior management capacity has now been enhanced with the temporary appointment to an additional Head of Service role within operational services appointed in April 2021. A holistic review of these outstanding actions is underway which will include consideration of those actions no longer deemed a priority due to the Covid19 pandemic or those now superseded by other actions. In the context of the other controls in place, this is not deemed to undermine the systems of governance and control within the IJB.

The IJB approved and adopted the Tayside IJB's Risk Management Framework at its meeting of 21st April 2021. This updated the previous framework taking into consideration the experience of integration since the original framework was introduced and included providing clarity on roles and responsibilities for risk management across the IJB and its partner bodies.

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 2020/21 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 2020/21. A management response, actions and planned completion dates in relation to these areas of improvement will be developed with the progress of these actions monitored through the Performance and Audit Committee.

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 2020/21. A number of these are outstanding from previous year's continuous improvement plans and are now included in the Governance Action Plan and updated at each Performance and Audit Committee meeting with revised planned completion dates as appropriate. These have primarily been delayed due to resource capacity and the impact of other priorities across the wider partnership with NHS Tayside and the other Tayside Integration Joint Boards. The unprecedented implications of responding to the challenges of the Covid-19 pandemic have had an impact throughout 2020/21 of progressing a range of governance improvement actions. The impact of the Covid-19 pandemic on the capacity of the service to take these actions forward has been taken into consideration and a report setting out the revised actions to be undertaken to ensure completion of these actions will be presented to the PAC with any actions outwith the power of that Committee escalated to the IJB Board. This may include an update to these areas for improvement and prioritisation of actions within the final version of the governance statement.

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 Hosted Services	Lead Allied Health Professional/ Head of service Health & Community Care	Sept-2021
Reporting on workforce issues including the Workforce and Organisational Development Strategy as well as the partnership forum.	Chief Officer	March-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-2022
Development of improved Hosted Services arrangements around risk and performance management for hosted services.	Chief Finance Officer	March-2022
Further develop the Integration Joint Board's local Code of Governance.	Chief Finance Officer	March-2022

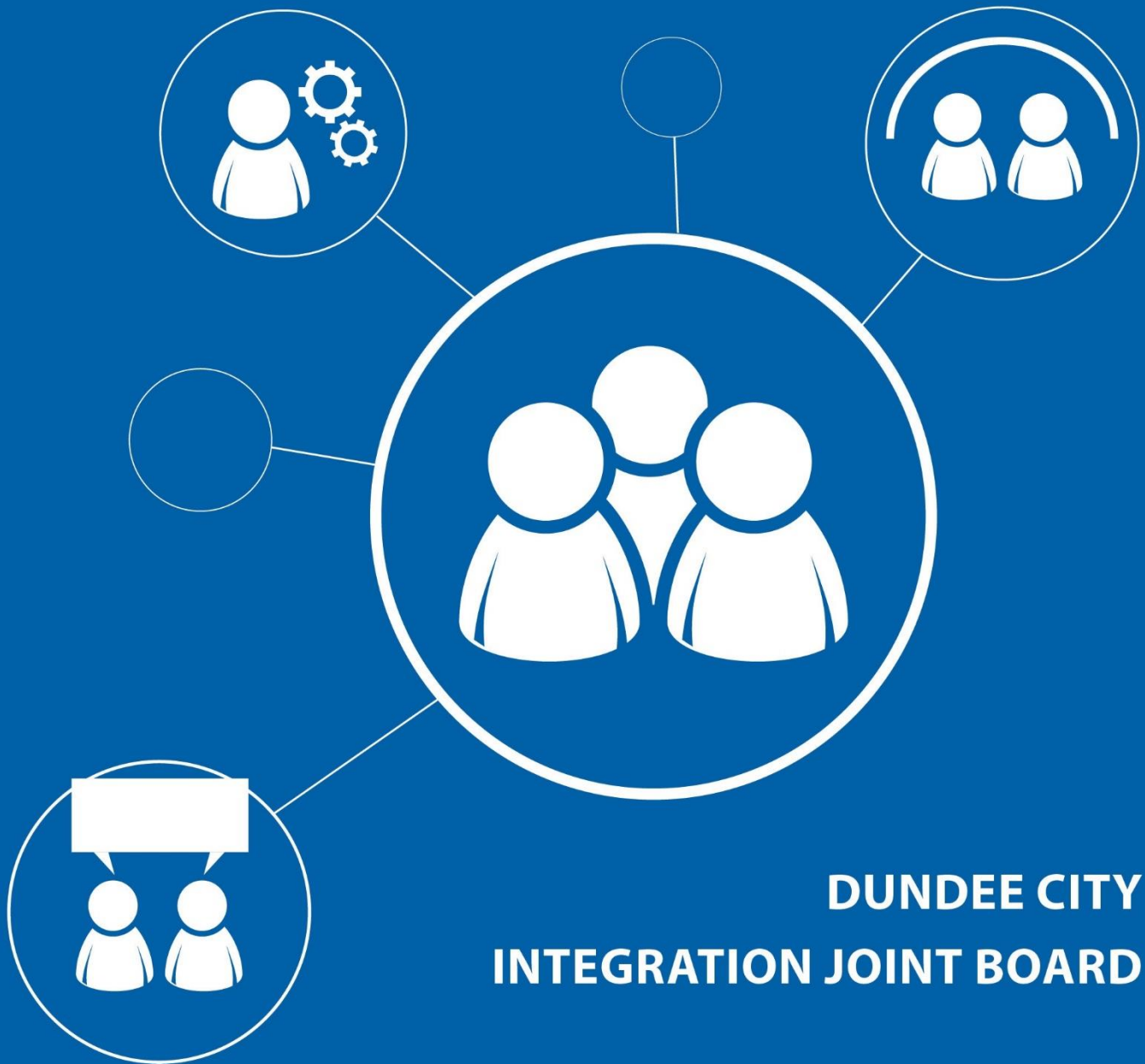
Further develop performance report information into a delivery plan framework to ensure IJB fulfils its remit in delivering the direction of travel within the Strategic Commissioning Plan.	Chief Finance Officer	Dec-2021
Liaise with partner organisations to ensure an agreed budget is approved prior to the start of the year.	Chief Finance Officer	March-2022
Combine financial and performance reporting to members.	Chief Finance Officer	Dec-2021
Review reserves to ensure they are adequate	Chief Finance Officer	June-2021
Implementation of and reporting on all outstanding recommendations arising from the Ministerial Steering Group report on Health & Social Care Integration	Chief Officer	March-2022
Further development of governance arrangements considering agreed governance principles and updated advice from the Scottish Government Health & Social care Division	Chief Officer	March-2022
Regularly report on the position on the achievement of savings proposals and transformation to members. The impact from Covid-19 and delivering pandemic remobilisation plans will also need to be considered.	Chief Finance Officer	March-2022
Embed a programme of development and training opportunities for Board members should be progressed.	Chief Officer	March-2022
Escalate to NHS Tayside that the IJB has not had professional input from a 'registered medical practitioner whose name is included in the list of primary medical services performers' for a number of years and request NHS Tayside appoint to this non-voting role	Chief Finance Officer/Clerk to the Board	June-2021
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	March-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	March-2022
Develop an action plan was in relation to lessons learned from the Edinburgh inspection and what improvements would be required in Dundee.	Various with latest timescales for completed action identified as March 2019.	Sept-2021
Clarification of deputising arrangements for the Chief Officer to be presented to the IJB.	Chief Officer	March-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, Dundee HSCP	March-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.	Head of Finance & Strategic Planning,	March-2022
Review the strategic risk in relation to Increased Bureaucracy.	Head of Finance and Strategic Planning,	March-2022
Develop a formal Service Level Agreement (SLA) detailing all key corporate support services to be provided to the DH&SCP by Dundee City Council and NHS Tayside	Chief Finance Officer	March-2022

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
2020-21**

Unaudited

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Dundee City Integration Joint Board

Annual Accounts 2020-21

Contents

	Page Number
Management Commentary	3
Statement of Responsibilities	20
Remuneration Report	21
Annual Governance Statement	25
The Financial Statements:	
Comprehensive Income and Expenditure Statement	33
Movement in Reserves Statement	34
Balance Sheet	35
Notes to the Financial Statements	36
Independent Auditor's Report	44

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Introduction

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

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

Dundee City Integration Joint Board (IJB) formally became responsible for the operational governance and oversight of delegated health and social care functions with effect from 1 April 2016 and through the Chief Officer is responsible for the operational management of integrated services excluding delegated acute services. The Integration Joint Board directs Dundee City Council and NHS Tayside to deliver these services in accordance with the Strategic Plan. 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 2021. The Management Commentary highlights the key activities carried out to date and looks forward, outlining the anticipated financial outlook for the future and the challenges and risks facing health and social care services over the medium term.

Role and Remit of Dundee City Integration Joint Board

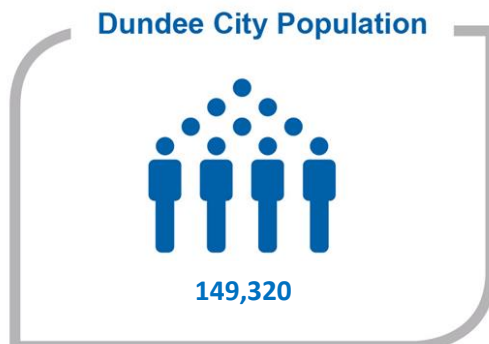
Dundee City Integration Joint Board has responsibility for planning and providing defined health care and social care services for the residents of Dundee encompassing an area of 60 square kilometres and a population of around 149,000. These services are provided in line with the Integration Joint Board's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

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

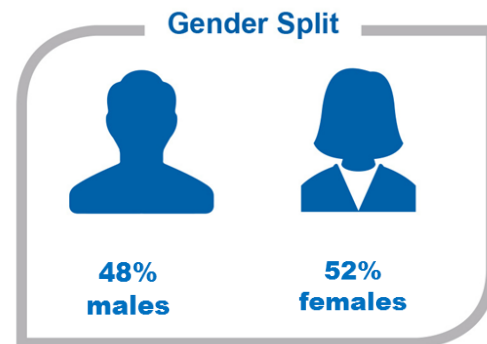
Population, health and deprivation impact directly on demand for health and social care services and can often result in higher support levels being required. Dundee has high levels of inequalities within the city with significant variances across locality areas, driven by high levels of deprivation and resultant impact on higher prevalence levels of health and multiple long-term conditions. In addition to frailty and ill health which is prevalent in the ageing population, many younger adults in Dundee are experiencing health conditions earlier in life as a result of deprivation and associated impact of substance misuse 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.

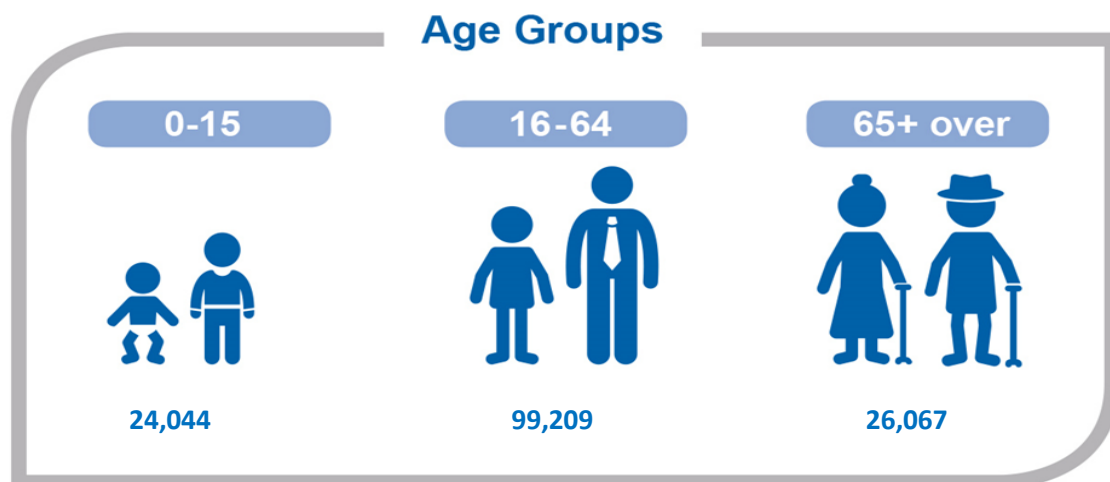
POPULATION PROFILE AND PROJECTIONS



(Source: [National Records of Scotland](#), 2019)



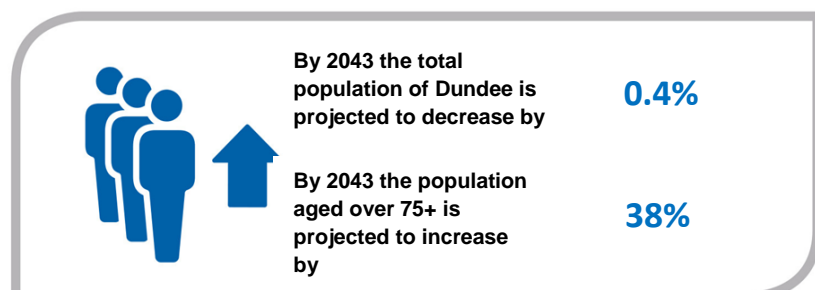
(Source: [National Records of Scotland](#), 2019)



(Source: [National Records of Scotland](#), 2019)

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 **third 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 2017-19](#))

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 Misuse



Dundee has the **4th** highest prevalence of drug misuse 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 2019, there were **8.8** 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](#))

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 2020/21:

Voting Members:

Role	Member
Nominated by Tayside Health Board	Trudy McLeay
Nominated by Tayside Health Board	Jenny Alexander (until 23/06/2021 but remains as Proxy Member) Anne Buchanan (from 23/06/2021)
Nominated by Tayside Health Board	Donald McPherson Norman Pratt (Proxy Member)
Councillor Nominated by Dundee City Council	Councillor Ken Lynn
Councillor Nominated by Dundee City Council	Bailie Helen Wright
Councillor Nominated by Dundee City Council	Councillor Roisin Smith (until 22/02/2021) Councillor Lynne Short (from 22/02/2021)

Non-voting members:

Role	Member
Chief Social Work Officer	Diane McCulloch (Dundee City Council)
Chief Officer	Vicky Irons
Proper Officer Appointed under section 95 (Chief Finance Officer)	Dave Berry
Registered medical practitioner whose name is included in the list of primary medical performers prepared by the Health Board	Vacant
Registered nurse who is employed by the Health Board	Kathryn Brechin (until 29/06/2020) Wendy Reid (from 29/06/2020)
Registered medical practitioner employed by the Health Board and not providing primary medical services	James Cotton
Staff of the constituent authorities engaged in the provision of services provided under integration functions	Raymond Marshall (NHS Tayside Staff Side Representative) Jim McFarlane (Dundee City Council Trade Union Representative)

Director of Public Health	Drew Walker (NHS Tayside) (until 18/10/2020) Emma Fletcher (NHS Tayside) (from 18/10/2020)
Third Sector Representative	Eric Knox
Service user residing in the area of the local authority	Linda Gray
Persons providing unpaid care in the area of the local authority	Martyn Sloan (Carer, Dundee Carers Centre)

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.

There was a change to the position of Registered nurse who is employed by the Health Board with effect from 29 June 2020 following the appointment of Wendy Reid with Kathryn Brechin stepping down from the role. In addition, Emma Fletcher replaced Drew Walker as Director of Public Health following his retirement and became an IJB member in that role from the 18th October 2020.

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

Impact of the COVID-19 PANDEMIC

The COVID-19 pandemic has been the biggest public health challenge facing society, including our health and social care system, in our lifetimes. Daily life has been significantly restricted, particularly following the imposition of lockdown arrangements by the UK Government on 26 March 2020. On 17 March 2020 the Cabinet Secretary for Health placed NHS Scotland on an emergency footing as a direct consequence of substantial and sustained transmission of COVID-19, with non-urgent elective operations and routine care suspended.

The impact of the COVID-19 pandemic 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 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. Emerging 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 an instant change in the traditional working environment with the closure of most office bases and a move to home working for large parts of the workforce.

Changes to operational arrangements have been overseen and supported by a rapidly 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.

The IJB's governance arrangements were disrupted through the need to stand down formal meetings during the height of the crisis with the introduction of the Essential Business Procedure providing delegated authority to the Chief Officer and Chair of the IJB. A virtual weekly IJB voting members briefing meeting has been established in the interim period to provide an update on the major issues throughout the emergency period. Formal IJB meetings re-commenced in August 2020 with the Performance and Audit Committee reinstating meetings from September 2020. Due to the continued COVID-19 restrictions, these have been held via video conference.

In recognition of the additional demands experienced by Health and Social Care Partnership's across the country, the Scottish Government has made available additional funding to support additional costs incurred as a response to the COVID-19 crisis. During 2020/21, DHSCP was provided with additional funding of £11.9m 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 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 2021/22 before further funding will be released by the Scottish Government.

During 2021/22, DHSCP will continue to respond to the challenges of COVID-19 through the development and implementation of its recovery plan which will require new approaches to providing health and social care services in the context of increasing demand for services.

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 misuse 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.

The future delivery of health and social care services will not only be directed by this revised plan but 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 dominated the operations of Dundee City Integration Joint Board over the entire 2020/21 financial year. The service landscape was subject to rapid change with the enforced closure of a range of services such as day care, 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.

The priorities in the 2019-2022 Strategic Commissioning Plan are consistent with and support the Scottish Government's nine National Health and Wellbeing Outcomes which apply across all health and social care services. These are:

Table 1 National Outcomes

Outcome 1. Healthier Living	People are able to look after and improve their own health and wellbeing and live in good health for longer
Outcome 2. Independent Living	People, including those with disabilities, long term, conditions, or who are frail, are able to live as far as reasonably practicable, independently at home or in a homely setting in their community.
Outcome 3. Positive Experiences and Outcomes	People who use health and social care services have positive experiences of those services and have their dignity respected.
Outcome 4. Quality of Life	Health and social care services are centred on helping to maintain or improve the quality of life of service users.
Outcome 5. Reduce Health Inequalities	Health and social care services contribute to reducing health inequalities.

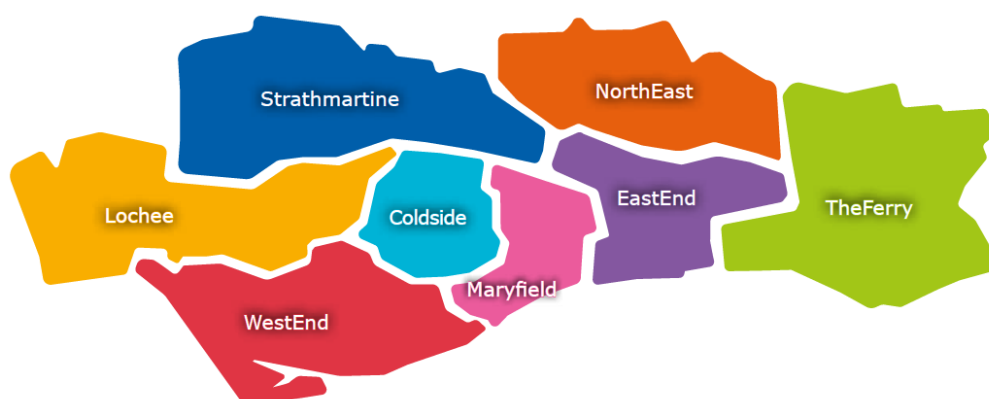
Outcome 6. Carers are Supported	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
Outcome 7. People are Safe	People who use health and social care services are safe from harm.
Outcome 8. Engaged Workforce	People who work in health and social care services feel engaged with the work they do, are supported to continuously improve the information, support, care and treatment they provide
Outcome 9. Resources are used Efficiently and Effectively	Resources are used effectively and efficiently in the provision of health and social care services

Over the course of 2021/22, Dundee City Integration Joint Board will continue to monitor the impact of the COVID-19 crisis on the Strategic and Commissioning Plan and will review and amend it accordingly if necessary.

Operational Delivery Model

During 2020/21, 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 misuse 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 misuse services. Further restructuring of services below this level will be progressed over the course of 2021/22. This structure is based around the eight Local Community Planning Partnership (LCPP) areas within the city as noted below.

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 2020/21, 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 2020/21 performance against a range of national indicators will be reflected in **Table 2** once publicly available. Further information regarding the performance of Dundee Integration Joint Board can be found within the 2020/21 Annual Performance Report. (insert link)

Table 2

National Indicator	Dundee 15/16 (Baseline Year)	Dundee 2019/20	Dundee 2020/21*	Scotland 2020/21*
Emergency admissions rate to hospital per 100,000 people aged 18+	12,168	12,520	Tbc	Tbc
Emergency bed days rate per 100,000 people aged 18+	146,192	119,246	Tbc	Tbc
Readmissions to acute hospital within 28 days of discharge rate per 1,000 population	122	127	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	443	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 2020/21 due to the challenges of responding to the COVID-19 pandemic, this response also required some services to change 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 continued expansion of community supports under the Reshaping Non Acute Care Programme enabled a sustained reduction in required care home beds leading to the closure of Craigie House and a remodelling of how intermediate care is provided with subsequent resource release for further investment. Progress continues to be made in relation to more efficient and effective prescribing which has seen GP prescribing expenditure for Dundee reduce to 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.

Through delivery of the Dundee City Integration Joint Boards Strategic and Commissioning Plan, Dundee Health and Social Care Partnership continues to reduce the number of hospital beds it directly manages and continues to reduce the number of emergency bed days used by the Dundee population through the acute hospital sector. The bed base is part of the overall description within the legislation around health and social care integration known as the large hospital set aside, with the Dundee City Integration Joint Board being responsible for the planning of acute services that are delegated with NHS Tayside responsible for the operational oversight and management of these services. The sustained progress made by DHSCP in reducing the number of emergency bed days has resulted in NHS Tayside committing to the release of £1 million of financial resources to DHSCP on a recurring basis from 2020/21.

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 misuse services and supports to respond to the recommendations of the Dundee Drugs Commission Report “Responding to Drug Use with Kindness, Compassion and Hope” (published in August 2019).

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 summary of the key achievements over 2020/21 is as follows:

- Progress continues to be made in relation to more efficient and effective prescribing which has seen GP prescribing expenditure for Dundee reduce to below the Scottish average per weighted patient.
- The success of the ‘Discharge to Assess’ model which promotes discharge prior to major assessment decisions being made. The aim of this is to reduce the numbers of patients moving directly to a care home from hospital, and therefore reduces the demand for guardianship applications under the Adults with Incapacity legislation.

- Frailty assessment is now fully embedded within the Surgical and Orthopaedic inpatient pathways which is contributing to reduced length of stay
- Increased the number of people receiving a Self Directed Support Direct payment by 17%
- Supported the organisation and development of the local Vaccination Centres to ensure vulnerable care groups are supported when they attend their appointment
- Developed innovative and creative services for people with learning disabilities and mental health problems, including the use of safe open spaces, where it was not possible to engage remotely and activity resources for people to use at home.
- Further developed the use of digital technology in order to provide safe and city-wide services during the Pandemic.
- Enhanced support to homeless people through the ASPEN project, the Safe Zone Bus, the Positive Steps Assertive Outreach service, Social Prescribing, Keep Well / Health and Homeless Outreach Team supporting hotels and presence at food distribution points, The Gendered Services Project
- As a response to the findings of the Dundee Drugs Commission and Tayside Mental Health Inquiry we have significantly improved the Non Fatal Overdose Response
- Increased the availability of the Take Home Naloxone in Dundee, with more organisations issuing naloxone kits to individuals
- Continued to adapt services to respond to the challenges of the Covid19 pandemic

Dundee Adult Psychological Therapies Services - Case Study Example

Mrs A was a 50+ year old lady referred to the Dundee Adult Psychological Therapies Service by her GP for anxiety. Mrs A was diagnosed with social anxiety and low self-esteem and she often had thoughts such as “I am stupid” and “others will be judgemental”. Having recently retired she had become increasingly withdrawn and avoided social situations. Mrs A had tried psychological therapy 5 years ago but struggled to engage and she was offered a place at the virtual Building Confidence Group. The group includes 10 weekly 2 hour sessions with a follow up 7 weeks after. It uses a Cognitive Behaviour Therapy approach and is hosted on a virtual platform – ‘The National Video Conferencing Service’. Initially Mrs A was reluctant to attend due to anxiety and was apprehensive about using the technology. However, she actually found the system really easy to use and although initially she only wanted to have part of her head visible on camera and talked only occasionally: over time this became easier. Mrs A began to feel more confident to contribute to the exercises, was able to show her face on camera, provided advice to other group members, made jokes and chatted during the break. Mrs A was also able to attend the group even after she was contacted by Track and Trace when she had to self isolate for 10 days. At the end of the group Mrs A said “I would not have attended if this was in person, I’m happy I got this opportunity”. At the follow up, group members were planning a social meet up once Covid-19 restrictions lifted.

Analysis of Financial Statements 2020/21

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 2020/21). The 2020/21 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 2020/21 Annual Accounts comprise: -

- a) Comprehensive Income and Expenditure Statement – This statement shows that Dundee City Integration Joint Board made an overall surplus of £13,337k in 2020/21 (deficit of £2,274k in 2019/20) on the total income of £305,957k (£273,803k in 2019/20).
- b) Movement in Reserves – Dundee City Integration Joint Board has year-end reserves of £13,829k (£492k in 2019/20), of which £2,094k is General Reserve (£nil 2019/20). 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.
- 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 2020/21 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 2021

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	121,433	80,078
PCIF / Action 15 Mental Health / ADP Adjustments	3,070	1,090
Hospital & Community Health Services	5,133	
Family Health Services Drugs Prescribing	-3,874	
General Medical Services	27,367	
Family Health Services – Cash and Non Cash Limited	21,021	
Net Effect of Hosted Services	7,210	
Large Hospital Set Aside	17,608	
Additional DCC Funding – Pension Adjustment		4,179
Miscellaneous Additional Funding		128
20/21 Scottish Government COVID19	3,522	6,749
Increased Intra-IJB Resource Transfer - SG Allocations	14,028	-14,028
Carried Forward as Committed Reserves	5,054	6,189
Revised Partners Funding Contribution	221,572	84,385

The IJB reported a year end underlying underspend of £2,094k for 2020/21, arising from an underlying deficit of £1,388k in social care budgets and an underlying underspend of £3,482k in health budgets. This net underspend has been utilised to create the Uncommitted Reserve within the Balance Sheet.

The Integration Joint Board approved the investment of ring-fenced Scottish Government funding in relation to Primary Care Improvement Plan, Action 15 Mental Health and Alcohol and Drug Partnership funding in line with the Scottish Government's expectations.

Within the Dundee City Council overspend position, high demographic demand for community based social care services led to an overspend in services provided by third and independent sector care providers of £1,731k across budgeted provision, with a significant increase in care at home services in particular. A bad debt provision made by Dundee City Council of £335k mainly contributed to an overspend in supplies and services of £137k.

The NHS underspend position is mainly due to underspends within the overall GP and other prescribing budget of £1,398k. During 2020/21, the operational financial management of In-Patient Mental Health services transferred from Perth and Kinross Integration Joint Board to NHS Tayside. This has removed a significant financial risk from Dundee City Integration Joint Board's financial position.

MANAGEMENT COMMENTARY

During 2020/21, the IJB has utilised £10,271k 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:-

Expenditure Area	COVID-19 Additional Expenditure 2020/21 £000
Additional Bed Capacity (Royal Victoria / Kingsway Care Centre)	336
PPE	157
Additional Staff Cover / Temporary Staff	2,817
Provider Sustainability Payments	4,379
Additional Support to Vulnerable People	9
IT / Telephony	50
Additional GP Practice Costs	678
Loss of Charging Income	1,350
Increased Equipment & Supplies	189
Increased Transport Costs	64
Rehab & Recovery Costs	41
Total Additional Expenditure	10,071
Underachievement of Savings	200
Total Mobilisation Cost	10,271
NHS Tayside Spend	3,522
Dundee City Council Spend	6,749

The impact of the overall financial position for integrated services in Dundee for 2020/21 has resulted in the level of reserves held by Dundee City Integration Joint Board increasing to £13,829k at the year ended 31 March 2021 (as against £492k at the year ended 31 March 2020). This is reflected in the Movement in Reserves Statement.

	Opening Committed Reserves £k	Closing Committed Reserves @ 31/3/21 £k
Primary Care	175	2,424
MH Action 15	36	527
ADP	281	358
Service Specific Projects	0	129
Community Living Change Fund	0	613
COVID-19	0	6,084
NHST - shifting balance of care	0	1,600
Total Committed Reserves	492	11,735
Plus Uncommitted Reserves	0	2,094
Total Reserves	492	13,829

The reserve balance of £13,829k at the year ended 31 March 2021 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 acknowledged that the majority of these reserves are committed for specific initiatives.

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 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 crisis are being assessed by DHSCP 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 implications of the UK's withdrawal from the EU, would likely to be significant for 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 longer 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 £18m over the period 2021/22 to 2025/26, the current uncertainty around funding and demand means this estimate will require to be reset in line with the most current predictions as they become available. There is the potential this is an underestimate.

With the focus of DHSCP over the course of 2020/21 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 budget planning process with the 2021/22 savings programme consisting almost entirely of non-recurring savings. As DHSCP takes forward its remobilisation plan throughout 2021/22, 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 2022/23 savings programme which is likely to include the recurring 2021/22 deficit and anticipated funding shortfall in 2022/23.

The Scottish Government has provided additional funding to IJB's to support the response to the COVID-19 pandemic and to recognise the additional costs incurred by health and social care, including the third and private sector in delivering essential front-line services and

ensuring financial sustainability through local re-mobilisation plans. There is a risk that over the course of 2021/22, the cost of delivering the re-mobilisation plan will be greater than the funding the Scottish Government provides by the end of the financial year leading to an additional funding pressure.

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 running and business costs. While the implementation of a national approach to uplifts to contract values to ensure payment of the living wage in 2020/21 and 2021/22 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.

During 2019/20 the IJB received the outcome of two significant publications which involve services delegated to the IJB. The Dundee Drugs Commission Review "Responding to Drug Use with Kindness, Compassion and Hope" and the Independent Inquiry into Mental Health Services in Tayside "Trust and Respect" both contained significant recommendations which the IJB as a partner organisation has developed plans to respond to and resource effectively in order to ensure improvements to services and ultimately outcomes for service users are made in line with these recommendations.

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 is the proposed redesign of the system with proposals for a National Care Service, given an equal footing with NHS Scotland and reformed IJB's with a strengthened role. This is envisaged to include IJB's having full responsibility for the commissioning and procurement of adult social care support locally, accountable directly to the Scottish Government as part of the National Care Service. Local Authorities would no longer be responsible for commissioning and procuring adult social care support but can continue to provide social care services procured by reformed IJBs. 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.

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 2021 for Dundee City Integration Joint Board. The accounts show that Dundee City Integration Joint Board has had to continue to deliver its operational services within an increasingly challenging environment of limited funding and demographic driven growth in demand for services. The impact of this environment over recent years has resulted in a considerable reduction in the Dundee City IJB's level of available reserves.

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 misuse 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:

STATEMENT OF RESPONSIBILITIES

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 Performance and Audit Committee on

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").

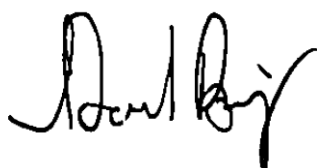
In preparing the Annual Accounts, the Chief Finance Officer has:

- 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 2021 and the transactions for the year then ended.



Dave Berry CPFA
Chief Finance Officer
Dundee City Integration Joint Board

Date: 23 June 2021

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	Vice Chair From 30 October 2018 to 27 October 2020 Chair From 28 October 2020	Dundee City Council
T McLeay	Chair From 30 October 2018 to 27 October 2020 Vice Chair From 28 October 2020	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 2020/21.

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 2019/20 £	Post	Senior Employees	Total Salary, Fees & Allowances 2020/21 £
16,539 (FYE 99,234)	Chief Officer	Vicky Irons From 3/2/2020 to date	110,096
89,056	Chief Finance Officer	Dave Berry	95,828
105,595		Total	205,924

FYE = Full Year Equivalent

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 Finance Officer is a member 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 current and previous Chief Officer are members of the NHS Pension Scheme (Scotland). 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 31/03/20 £	For Year to 31/03/21 £		Difference from 31/03/20 £000	As at 31/03/21 £000
V Irons From 3/2/2020 to date Chief Officer	3,441	21,480	Pension	0	36
			Lump Sum	(7)	73
D Berry Chief Finance Officer	15,139	16,291	Pension	5	40
			Lump sum	4	60
Total	18,580	37,771	Pension	5	76
			Lump Sum	(3)	133

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 Hosted 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 stood down over the first few months of the 2020/21 financial year in line with DCC and NHST governance arrangements with the essential business procedure implemented to ensure decisions could continue to be made through the IJB Chair, Vice Chair and Chief Officer as required.

The main features of the governance framework in existence during 2020/21 were:

- Regular IJB voting members briefing meetings to provide updates on the Health and Social Care Partnership's (HSCP's) response to the Covid19 pandemic
- Establishment 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 participation in corresponding DCC and NHST command structure responses.

- Implementation of essential business procedure to ensure continuation of IJB decision making as required
- A virtual IJB session was held in June 2020 to enable IJB members to formally sign off a number of reports with formal meetings, using a digital meetings platform, reinstated from August 2020.
- 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.
- 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 Head of Health and Community Care. 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 2020/21.
- The Integration Joint Board met remotely on five occasions throughout the year to consider its business. Three development sessions were also held remotely as part of the 2021/22 budget development process.
- The Integration Joint Board's Performance and Audit Committee met remotely on three 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. This is the minimum number of meetings required in line with the Terms of Reference. While further meetings had been timetabled, these were cancelled as there was no outstanding business which could not be dealt with at a later date.
- Internal Audit arrangements for 2020/21 were approved 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 2020/21 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.

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2020/21 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.

- 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.
- A process of formal regular reporting of financial performance and monitoring to the Integration Joint Board was in place throughout 2020/21.
- The provision of regular budget development reports for 2021/22 to the Integration Joint Board.
- 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.

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.

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. During 2020/21 the number of carried forward days from previous annual audit plans has been a significant factor causing changes to target dates for reporting. The complexity of the control environment for IJBs, the demand on IJB management time to feed into the audit process; as well as the time taken to clear reports with the range of parties involved means some audits planned for 2020/21 were not reported by year-end. Fieldwork on these audits was either substantially completed by the end of May 2021, or a risk assessment process for inclusion in the 2021/22 internal audit plan carried out. The Chief Internal Auditor has assured the Performance and Audit Committee that the work completed at year end on the governance checklist and annual internal audit report is sufficient to allow them to provide robust assurance for the governance statement.

The IJB's Performance and Audit Committee was presented with three substantive internal audit reports during 2020/21 (Finance, Governance Mapping, Information Governance and Technology as Enablers), each of which concluded there was limited assurance. A small number of actions were recommended for the HSCP and partner bodies 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.

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. This was a theme within the findings of the three substantive audit reports presented during the year. Plans to enhance capacity throughout 2020/21 to mitigate this risk in future years were superseded by the work required in response to the pandemic. This issue was escalated by the Performance and Audit Committee to the Integration Joint Board with the presentation of an update report to the October 2020 meeting of the Integration Joint Board. Senior management capacity has now been enhanced with the temporary appointment to an additional Head of Service role within operational services appointed in April 2021. A holistic review of these outstanding actions is underway which will include consideration of those actions no longer deemed a priority due to the Covid19 pandemic or those now superseded by other actions. In the context of the other controls in place, this is not deemed to undermine the systems of governance and control within the IJB.

The IJB approved and adopted the Tayside IJB's Risk Management Framework at its meeting of 21st April 2021. This updated the previous framework taking into consideration the experience of integration since the original framework was introduced and included providing clarity on roles and responsibilities for risk management across the IJB and its partner bodies.

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 2020/21 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 2020/21. A management response, actions and planned completion dates in relation to these areas of improvement will be developed with the progress of these actions monitored through the Performance and Audit Committee.

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 2020/21. A number of these are outstanding from previous year’s continuous improvement plans and are now included in the Governance Action Plan and updated at each Performance and Audit Committee meeting with revised planned completion dates as appropriate. These have primarily been delayed due to resource capacity and the impact of other priorities across the wider partnership with NHS Tayside and the other Tayside Integration Joint Boards. The unprecedented implications of responding to the challenges of the Covid-19 pandemic have had an impact throughout 2020/21 of progressing a range of governance improvement actions. The impact of the Covid-19 pandemic on the capacity of the service to take these actions forward has been taken into consideration and a report setting out the revised actions to be undertaken to ensure completion of these actions will be presented to the PAC with any actions outwith the power of that Committee escalated to the IJB Board. This may include an update to these areas for improvement and prioritisation of actions within the final version of the governance statement.

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 Hosted Services	Lead Allied Health Professional/ Head of service Health & Community Care	Sept-2021

ANNUAL GOVERNANCE STATEMENT

Reporting on workforce issues including the Workforce and Organisational Development Strategy as well as the partnership forum.	Chief Officer	March-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-2022
Development of improved Hosted Services arrangements around risk and performance management for hosted services.	Chief Finance Officer	March-2022
Further develop the Integration Joint Board's local Code of Governance.	Chief Finance Officer	March-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	Dec-2021
Liaise with partner organisations to ensure an agreed budget is approved prior to the start of the year.	Chief Finance Officer	March-2022
Combine financial and performance reporting to members.	Chief Finance Officer	Dec-2021
Review reserves to ensure they are adequate	Chief Finance Officer	June-2021
Implementation of and reporting on all outstanding recommendations arising from the Ministerial Steering Group report on Health & Social Care Integration	Chief Officer	March-2022
Further development of governance arrangements considering agreed governance principles and updated advice from the Scottish Government Health & Social care Division	Chief Officer	March-2022
Regularly report on the position on the achievement of savings proposals and transformation to members. The impact from Covid-19 and delivering pandemic remobilisation plans will also need to be considered.	Chief Finance Officer	March-2022
Embed a programme of development and training opportunities for Board members should be progressed.	Chief Officer	March-2022

ANNUAL GOVERNANCE STATEMENT

Escalate to NHS Tayside that the IJB has not had professional input from a 'registered medical practitioner whose name is included in the list of primary medical services performers' for a number of years and request NHS Tayside appoint to this non-voting role	Chief Finance Officer/Clerk to the Board	June-2021
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	March-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	March-2022
Develop an action plan was in relation to lessons learned from the Edinburgh inspection and what improvements would be required in Dundee.	Various with latest timescales for completed action identified as March 2019.	Sept-2021
Clarification of deputising arrangements for the Chief Officer to be presented to the IJB.	Chief Officer	March-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, Dundee HSCP	March-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.	Head of Finance & Strategic Planning,	March-2022
Review the strategic risk in relation to Increased Bureaucracy.	Head of Finance and Strategic Planning,	March-2022
Develop a formal Service Level Agreement (SLA) detailing all key corporate support services to be provided to the DH&SCP by Dundee City Council and NHS Tayside	Chief Finance Officer	March-2022

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

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.

2019/20		2020/21
Net Expenditure (Income) £000		Net Expenditure (Income) £000
78,085	Older People Services	85,756
21,062	Mental Health	22,761
35,448	Learning Disability	37,401
8,672	Physical Disability	8,133
5,256	Substance Misuse	6,825
15,128	Community Nurse Services / AHP* / Other Adult Services	17,351
10,776	Community Services (Hosted)**	11,842
4,875	Other Services / Support / Management	3,251
32,406	Prescribing	31,053
26,687	General Medical Services (FHS**)	28,136
19,216	FHS – Cash limited & Non-Cash Limited	22,174
257,611	Net Cost of Operational Services during the Year	274,683
294	IJB Operational Costs	329
18,172	Large Hospital Set Aside	17,608
276,077	Total Cost of Services	292,620
(273,803)	Taxation and Non- Specific Grant Income (Note 5)	(305,957)
2,274	(Surplus) or Deficit on Provision of Services	(13,337)
2,274	Total Comprehensive Income & Expenditure	(13,337)

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 STATEMENT 98

MOVEMENT IN RESERVES STATEMENT

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

Total Reserves 2019/20 £000	Movements in Reserves	General Fund Balance Total Reserves £000
2,766	Opening Balance at 31 March 2020	492
(2,274)	Total Comprehensive Income and Expenditure	13,337
(2,274)	Increase/(Decrease)	13,337
492	Closing Balance at 31 March 2021	13,829

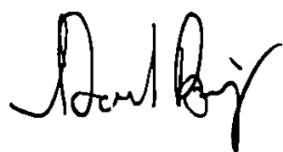
THE FINANCIAL STATEMENTS

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 2020 £000		Notes	31 March 2021 £000
5,600	Short Term Debtors	Note 6	13,886
5,600	Current Assets		13,886
(5,108)	Short Term Creditors	Note 7	(57)
(5,108)	Current Liabilities		(57)
492	Net Assets		13,829
492	Usable Reserve: General Fund	Note 8	13,829
492	Total Reserves		13,829

The unaudited accounts were issued on 23 June 2021



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

Date: 23 June 2021

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 2021. 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 2021 shows the extent of resources which the Dundee City IJB can use in later years to support service provision.

Indemnity Insurance

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

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

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

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

The value of the Large Hospital "set aside" expenditure reported within the total Integration Joint Board expenditure is £17.608m. This figure for 2020/21 has been agreed with NHS Tayside and will be included in both the NHS Tayside and Dundee City IJB annual accounts. The figure is based on the most recently available, full year activity levels for hospital inpatient and day case activity (2019/20) as provided by NHS Scotland's Information Services Division and 2018/19 unit costs information uplifted to 2020/21 provided by NHS Tayside. As such, the sum set aside included in the accounts will not reflect actual hospital usage in 2020/21. This is a transitional arrangement for 2020/21 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

The Chief Finance Officer has been advised of a potential adjustment to the accounts in relation to National Services Scotland's accounting treatment of expenditure associated with PPE hubs which have been created in local areas to support the response to the COVID-19 pandemic. At the time the draft accounts are presented, this potential impact on the accounts including materiality is not known.

It is considered that there have been no events occurring between 1 April 2021 and the date the accounts were authorised for issue that would have an impact on the 2020/2021 financial statements.

4. Expenditure and Income Analysis by Nature

2019/20 £000	Description	2020/21 £000
166,641	Services commissioned from NHS Tayside	177,123
109,142	Services commissioned from Dundee City Council	115,168
266	Other IJB Operating Expenditure	300
28	Auditor Fee: External Audit Work	29
(190,228)	Partners Funding Contributions – NHS Tayside	(221,572)
(83,575)	Partners Funding Contributions – Dundee City Council	(84,385)
2,274	(Surplus) or Deficit on the Provision of Services	(13,337)

NOTES TO THE FINANCIAL STATEMENTS

5. Taxation and Non-Specific Grant Income

2019/20 £000	Description	2020/21 £000
(190,228)	Funding Contribution from NHS Tayside	(221,572)
(83,575)	Funding Contribution from Dundee City Council	(84,385)
(273,803)	Taxation and Non-Specific Grant Income	(305,957)

The funding contribution from the NHS Board shown above includes £17.608m 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 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

2019/20 £000	Description	2020/21 £000
4,298	NHS Tayside	5,265
1,302	Dundee City Council	8,621
5,600	Total Debtors	13,886

Amounts owed by the funding partners are stated on a net basis. Debtor balances relating to income yet to be received by the funding partners but not yet settled are offset against the funds they are holding on behalf of the Dundee City Integration Joint Board.

7. Creditors

2019/20 £000	Description	2020/21 £000
3	NHS Tayside	16
28	Other Bodies	41
5,077	Dundee City Council	0
5,108	Total Creditors	57

Amounts owed are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding partners but not yet settled are offset against the funds they are holding on behalf of the Dundee City Integration Joint Board.

NOTES TO THE FINANCIAL STATEMENTS

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.

2019/20	Balance at 1 April 2019 £000	Transfers Out 2019/20 £000	Transfers In 2019/20 £000	Balance at 31 March 2020 £000
Uncommitted	561	(561)	-	0
Committed	2,205	(2,147)	434	492
Total – General Fund Balances	2,766	(2,708)	434	492

2020/21	Balance at 1 April 2020 £000	Transfers Out 2020/21 £000	Transfers In 2020/21 £000	Balance at 31 March 2021 £000
Uncommitted	0	0	2,094	2,094
Committed	492	0	11,243	11,735
Total – General Fund Balances	492	0	13,337	13,829

Committed Balances

The transfers in reflect the impact of funding for specific initiatives carried forward to 2021/22. The reserves balance of £11,735k 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.

9. Related Party Transactions

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

NOTES TO THE FINANCIAL STATEMENTS

Transactions with NHS Tayside

2019/20 £000	Description	2020/21 £000
190,228	Funding Contributions received from the NHS Tayside Board	221,572
(166,641)	Net Expenditure on Services Provided by the NHS Tayside Board	(177,123)
23,587	Net Transactions with NHS Tayside	44,449

NHS Tayside did not charge for any support services provided in the year ended 31 March 2021 (2020: nil)

Balances with NHS Tayside

2019/20 £000	Description	2020/21 £000
4,298	Debtor balances: Amounts due from the NHS Board	5,265
(3)	Creditor balances: Amounts due to the NHS Board	(16)
4,295	Net Balance with the NHS Board	5,249

Transactions with Dundee City Council

2019/20 £000	Description	2020/21 £000
83,575	Funding Contributions received from Dundee City Council	84,385
(109,436)	Net Expenditure on Services Provided by Dundee City Council	(115,497)
(25,861)	Net Transactions with Dundee City Council	(31,112)

Dundee City Council did not charge for any support services provided in the year ended 31 March 2021 (2020: nil).

The Net Expenditure on Services Provided by Dundee City Council figure includes IJB Operating Expenditure of £294k.

Balances with Dundee City Council

2019/20 £000	Description	2020/21 £000
1,302	Debtor balances: Amounts due from Dundee City Council	8,621
(5,077)	Creditor balances: Amounts due to Dundee City Council	0
(3,775)	Net Balance with Dundee City Council	8,621

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.

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

2019/20 (£000)	Description	2020/21 (£000)
11,904	Expenditure on Agency Services	13,079
(11,904)	Reimbursement for Agency Services	(13,079)
0	Net Agency Expenditure Excluded from CIES	0

12. Provisions

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

13. Accounting Standards that have been issued but not adopted

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

Independent Auditor's Report

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

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 FCA
Audit Director
Audit Scotland
4th Floor
The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2021 TO DECEMBER 2021

<u>Organisation</u>	<u>Member</u>	<u>Meeting Dates January 2021 to December 2021</u>						
		24/2	26/3	21/4	23/6	25/8	27/10	15/12
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)	Jenny Alexander	A/S	A	A/S				
NHS Tayside (Non Executive Member)	Donald McPherson	✓	✓	✓				
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓	✓	✓				
Chief Officer	Vicky Irons	✓	✓	✓				
Chief Finance Officer	Dave Berry	✓	✓	✓				
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))	Vacant							
NHS Tayside (Registered Nurse)	Wendy Reid	A	A/S	✓				
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Dr James Cotton	✓	✓	✓				
Trade Union Representative	Jim McFarlane	✓	✓	✓				
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	A	✓				
Voluntary Sector Representative	Eric Knox	A	✓	✓				
Service User Representative	Linda Gray	✓	✓	✓				
Carer Representative	Martyn Sloan	✓	✓	✓				
NHS Tayside (Director of Public Health)	Dr Emma Fletcher	A	A	A/S				

- ✓ 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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