

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

City Chambers
DUNDEE
DD1 3BY

19th August, 2022

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

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I refer to the agenda of business issued in relation to the meeting of the above Integration Joint Board which is to be held remotely on Wednesday, 24th August, 2022 at 10.00am and now enclose the undernoted items of business which were not received at the time of issue.

Yours faithfully

VICKY IRONS
Chief Officer

4 MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

- (b) The Action Tracker (DIJB63-2022) for meetings of the Integration Joint Board is attached for noting. - **Page 1**

5 PERFORMANCE AND AUDIT COMMITTEE

- (b) CHAIRPERSON'S ASSURANCE REPORT - **Page 5**

(Report No DIJB65-2022 by the Chairperson of the Performance and Audit Committee, copy attached).

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

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 22ND JUNE 2022

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Original Timeframe	Status	Comment
1.	23/06/21	VII(iv)	LEADERSHIP OF PUBLIC PROTECTION ARRANGEMENTS	Training on Trauma Informed Leadership to be extended to the membership of the Integration Joint Board;	Strategy and Performance Service Manager	30 th July 2021	In progress	Ongoing discussions with Improvement Service. Timescale tied to national developments; session likely to follow local government elections in May 2022. Links to on-line training have been circulated in the meantime.
3.	25/8/21	IV (ii)	SUICIDE PREVENTION STRATEGIC UPDATE	to remit to the Chief Officer to submit a report to a future Integration Joint Board meeting regarding the outcomes of the suicide prevention stakeholder event planned for November 2021 as outlined in section 4.3.4 of the report.	Chief Officer	June 2022 (Awaiting external production of report)	In progress	Event 'Suicide Prevention is Everyone's Business' was held on 23 rd November via Microsoft Teams. The event was well attended and a record of the outcomes is being produced. This will be shared once available.
4.	25/08/21	IV(iii)	SUICIDE PREVENTION STRATEGIC UPDATE	to remit to the Chief Officer to submit the draft Dundee Suicide Prevention Strategic and Commissioning Plan for approval once this has been refreshed as outlined in section 4.3.5 of the report.	Chief Officer	August 2022	In progress	The outcome report from the event held on 23 rd November will inform the completion of a final draft of the Dundee Plan for submission to IJB in December 2022.
5.	25/08/21	IV(iv)	SUICIDE PREVENTION STRATEGIC UPDATE	to remit to the Chief Officer to submit the draft Tayside Suicide Prevention Action Plan 2021/2024 for approval once this had been finalised as outlined in section 4.3.5 of the report.	Chief Officer	August 2022	In progress	The outcome report from the event held on 23 rd November will inform the final draft of the Tayside Action Plan, this will be submitted to IJB once

							available.	
7.	25/08/21	VII(vi)	DUNDEE PRIMARY CARE IMPROVEMENT PLAN UPDATE	to instruct the Chief Officer to provide a further report on progress made in the fourth year of delivering the Dundee Primary Care Improvement Plan to a future meeting of the Integration Joint Board.	Chief Officer	27 th October 2021	In progress	Report deferred to October due to impact of Covid-19 pandemic response and clarity of available funding required from Scottish Government.
8.	25/08/21	IX(iv)	FINANCIAL MONITORING POSITION AS AT JUNE 2021	to note that Dave Berry would refine the content of the report for next meeting in relation to explanation of underspends and overspends following enquiry from Bailie Helen Wright in relation to impact of Covid.	Chief Finance Officer	27 th October 2021	Complete	Included in August Financial Monitoring Report.
9.	25/08/21	XI(iii)	ANGUS AND DUNDEE STROKE REHABILITATION PATHWAY REVISION	to request a detailed implementation plan was brought back to Dundee Integration Joint Board.	Chief Officer	27 th October 2021	In progress	Implementation plan being developed with the aim of bringing to both Dundee and Angus IJB's by October 2022
10.	27/10/21	VIII(ii)	ANNUAL PERFORMANCE REPORT	to instruct the Chief Officer to update the Annual Performance Report with financial year 2020/2021 data for all National Health and Wellbeing indicators as soon as data was made available by Public Health Scotland as outlined in section 4.2.2 of the report.	Chief Officer	15 th December 2021	Complete	Superseded by 2021/22 Annual Performance Report Information
12.	27/10/21	IX(vi)	MENTAL HEALTH AND WELLBEING PLANNING IN LIGHT OF THE IMPACT OF COVID 19 ON CITIZENS IN DUNDEE	to note following enquiry from Councillor Short that the Chief Officer would examine the possibility of briefings being held for the membership of the Integration Joint Board on protected characteristics	Chief Officer	15 th December 2021	In progress	To be arranged following new IJB membership confirmed from June 2022
14.	27/10/21	XIII(iv)	CARERS STRATEGY – A CARING DUNDEE	to instruct the Chief Officer, working in collaboration with the Carers Partnership, to develop a delivery	Chief Officer	15 th December 2021	In progress	Delayed by Covid Sept 22 Engagement event planned

				plan and performance framework to support the implementation of A Caring Dundee 2 and submit this to the IJB for approval not later than 31st March, 2022.				for April to develop the delivery plan. Once this is complete the performance framework can be developed.
19.	23/02/22	XVII(iv)	SUPPORTING PEOPLE WITH LEARNING DISABILITIES	to remit to the Chief Officer to submit a report to update the Integration Joint Board on the engagement outcomes and to present a final draft Strategic and Commissioning Plan for Learning Disabilities approval to the meeting of the Integration Joint Board to be held in August 2022.	Chief Officer	August 2022	Complete	Report submitted to August 2022 IJB meeting.
20.	22/06/22	VII(ii)	COMMUNITY CUSTODY UNIT	to note following enquiry from Donald McPherson on measurement of delivery of service the advice of Diane McCulloch that the Scottish Prison Service would attend a future meeting to further outline the model of delivery.			In progress	Future suitable date to be agreed
21.	22/06/22	VIII(vi)	REDUCING HARM ASSOCIATED WITH DRUG USE	to instruct the Chief Officer to submit the replacement strategic framework and delivery plan to the Integration Joint Board following approval by the Dundee Partnership.			In progress	Development work continues on the strategic framework and associated delivery plan
22.	22/06/22 (cont'd)	IX(ii)	TRAUMA-INFORMED PRACTICE AND LEADERSHIP UPDATE	to note that a briefing session for Integration Joint Board members and Dundee City Council elected members would be offered by the end of the summer.			Complete	Session delivered in August 2022 and recording and papers circulated to IJB members
24.	22/06/22	XI(ii)	DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT REPORT 2021/2022	to instruct the Chief Finance Officer to incorporate the recommendations of the Annual Internal Audit Report into the Integration Joint Board's Governance Action Plan, presented to and monitored by the Performance and Audit Committee.			In Progress	To be included in Governance Action Plan update report to September Performance and Audit Committee

25.	22/06/22	XII(iv)	UNAUDITED ANNUAL ACCOUNTS 2021/2022	to instruct the Chief Finance Officer to submit the Unaudited Accounts to the Integration Joint Board's external auditors (Audit Scotland) by the 30th June 2022 to enable the audit process to commence.			Complete	Submitted to Audit Scotland on 24 th June 2022
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ITEM No ...5(b).....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD -
24 AUGUST 2022

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

REPORT BY: CHAIR, PERFORMANCE AND AUDIT COMMITTEE

REPORT NO: DIJB65-2022

This assurance report relates to the meeting of the Performance and Audit Committee (PAC) of the 20th July 2022.

Decisions Made and Instructions Issued by the Committee

- The Committee approved the 2022/23 Annual Internal Audit Plan and the continuation of Fife, Tayside and Forth Valley Audit and Management Services as the IJB's lead internal auditors for the year.

Issues to highlight to the Board

- I welcomed everyone to the meeting and noted this was my first meeting as chair of the PAC. The Committee also noted the appointment of Councillors Dorothy McHugh and Siobhan Tolland to the IJB and PAC.
- The Committee assessed the Action Tracker in detail which led to the view that some of the narrative needed to be updated while some of the actions may no longer be relevant and could be removed. In relation to the recent induction session which was an item on the tracker, the committee was given assurance that further themed sessions would be held during the year including consideration of more exploration of IJB members roles and responsibilities.
- The results of the national Health and Care Experience Survey for 2021/22 were presented to the Committee which provided an up to date overview of how Dundee citizens feel about their health and the care and support services offered to them. These form part of the suite of IJB performance indicators and the Committee were provided with benchmarking information to assess performance. The Committee noted that the local performance showed some improvement compared to the previous survey with Dundee performing the same or better than average on five of the nine indicators compared to two of the nine in the previous survey. The Committee noted that in relation to services predominantly provided from GP practices, the Dundee position was in line with the Scottish average however both the local and national position had declined from previous surveys with changes in service provision due to the pandemic thought to have had a big impact.
- The regular performance report was provided (2021/22 Quarter 4) and members of the Committee were given the opportunity to scrutinise a wide range of areas which led to further information being requested and provided around specific interventions including staff wellbeing.
- An updated IJB Risk Register was provided and I was pleased to see the addition of a number of new risks including the lack of capital investment in community health and social care facilities in the local area given levels of investment I've seen being provided

elsewhere in the country. Given the turnover of IJB members it was agreed to hold a further development session on risk management.

- Tony Gaskin, Chief Internal Auditor talked the Committee through the outcome of the Internal Audit review of the IJB as a Category 1 responder, a new duty for the IJB which was introduced during the pandemic which sets out responsibilities as a key emergency response partner alongside the local authority and health board. The report noted a number of improvements are required to ensure the IJB meets its statutory duties although progress on this has been partly impacted on by the delay in guidance from the Scottish Government. An action plan is being produced to ensure these gaps are filled and the Committee will be closely following progress of these actions.

- The Committee tracked progress of both the Internal Audit Plan and the Governance Action Plan with reports on both of these presented to the meeting. Given the continuing challenges faced by officers in completing a number of the outstanding actions, the Committee has asked the Chief Finance Officer to undertake a further review of the Governance Action Plan to rationalise as much as possible.

- The Clinical Care and Professional Governance Assurance report presented to the Committee provided a reasonable level of assurance of arrangements in place. I noted the reduction in the number of complaints received by our services and thanked the staff for their hard work in achieving this.

Pat Kilpatrick
Chair

15 August 2022

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

City Chambers
DUNDEE
DD1 3BY

16th August, 2022

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

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I would like to invite you to attend a meeting of the above Integration Joint Board which is to be held remotely on Wednesday, 24th August, 2022 at 10.00am.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434228 or by email at committee.services@dundeecity.gov.uk by no later than 12 noon on Monday, 22nd August, 2022.

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

Yours faithfully

VICKY IRONS
Chief Officer

AGENDA

1 APOLOGIES

2 DECLARATION OF INTEREST

3 MEMBERSHIP

(a) APPOINTMENT – PROXY MEMBER

It is reported that at the meeting of NHS Tayside Board held on 30th June, 2022 it was agreed that Professor Graeme Martin be appointed to the position of Proxy Member on Dundee Integration Joint Board as replacement for Dr Norman Pratt who had resigned

The Integration Joint Board is asked to note the position.

4 MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE - Page 1

The minute of previous meeting of the Integration Joint Board held on 22nd June, 2022 is attached for approval.

(b) ACTION TRACKER

The Action Tracker (DIJB63-2022) for meetings of the Integration Joint Board, copy to follow.

5 PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 20TH JULY, 2022 - Page 9

(Copy attached for information and record purposes).

(b) CHAIRPERSON'S ASSURANCE REPORT

(Report No DIJB-2022 by the Chairperson of the Performance and Audit Committee, copy to follow).

6 ANNUAL PERFORMANCE REPORT 2021/2022 - Page 15

(Report No DIJB54-2022 by the Chief Officer, copy attached).

7 QUARTERLY COMPLAINTS PERFORMANCE 1ST QUARTER 2022/2023 - Page 53

(Report No DIJB57-2022 by the Chief Officer, copy attached).

8 FINANCIAL MONITORING POSITION AS AT JUNE 2022 - Page 63

(Report No DIJB60-2022 by the Chief Officer, copy attached).

9 MINISTERIAL STRATEGIC GROUP SELF ASSESSMENT FINDINGS – IMPLEMENTATION UPDATE - Page 73

(Report No DIJB51-2022 by the Chief Officer, copy attached).

10 COMMUNITY WELLBEING CENTRE UPDATE - Page 95

(Report No DIJB61-2022 by the Chief Officer, copy attached).

11 VETERANS FIRST POINT TAYSIDE - Page 101

(Report No DIJB56-2022 by the Chief Officer, copy attached).

12 LEARNING DISABILITY STRATEGIC PLAN - Page 107

(Report No DIJB58-2022 by the Chief Officer, copy attached).

13 REQUEST TO UTILISE DUNDEE INTEGRATION JOINT BOARD RESERVES – ADDITIONAL GP CAPACITY – LOCHEE (DIJB62-2022)

As part of the response to the Dundee Drugs Commission report, a need has been identified to enhance General Practitioner support to those with drug use problems within the city. It is proposed that an additional GP post is established at the Lochee practice as part of the directly managed GP services arrangement (2c practice.) This role would provide much needed capacity within the Dundee drug service and will play a key role in working to reduce addiction and drug related deaths in Dundee. The Lochee practice alone has over 100 people who have a drug use problem therefore developing services to support their recovery journey is essential. The post would also provide further GP capacity for General Medical Services in the Lochee practice.

The postholder would:

- Be responsible for a cohort of stable patients, undertaking the patient's assessment, prescribing, harm reduction and stabilisation.
- Support holistic medicine, encouraging those with drug use to have physical health checks and tests.
- Liaise with the Dundee Drug and Alcohol Service.
- Be part of a dedicated team providing care to those with drug use problems.
- Oversee a small team, including Third Sector colleagues, who will offer psychosocial interventions.
- Work to develop a local GP network, sharing best practice with colleagues.

Funding for half of the post will be supported by funding provided by the Primary Care Drug Services Redesign Group for 2 years. It is proposed that the other 50% of the funding is provided by the IJB through utilising its reserves. The total annual cost of the post is £132k therefore the IJB is asked to authorise the release of this funding over a two-year period from its non-earmarked reserves to transfer to an earmarked reserve for this purpose.

14 STRATEGIC COMMISSIONING PLAN - Page 159

(Report No DIJB55-2022 by the Chief Officer, copy attached).

15 NATIONAL CARE SERVICE (SCOTLAND) BILL - Page 181

(Report No DIJB52-2022 by the Chief Officer, copy attached).

16 REVISION OF DUNDEE HEALTH AND SOCIAL CARE INTEGRATION SCHEME (DIJB53-2022)

In December 2020, the Integration Joint Board was informed that NHS Tayside and Dundee City Council had completed the statutory review of the Dundee Health and Social Care Integration Scheme (required by section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014) and had agreed that a revised scheme should be prepared (Article X of the minute of the meeting of the Dundee Integration Joint Board held on 15th December 2020 refers). The report provided to the IJB at that time set out the intended approach to the preparation of a revised scheme and committed to providing an update on progress no later than 31st March, 2021. Further updates were provided to the Integration Joint Board in August, 2021, February, 2022 and June, 2022 on the progress of work to prepare a revised scheme (Article VI of the minute of the meeting of the Dundee Integration Joint Board held on 25th August, 2021, Article XV of the minute of the meeting of the Dundee Integration Joint Board held on 23rd February, 2022 and Article X of the minute of the meeting of the Dundee Integration Joint Board held on 22nd June, 2022 refer).

Sections 46 (4) and 46 (5) of the Public Bodies (Joint Working) (Scotland) Act 2014 require the Health Board and local authority to jointly consult on the draft revised scheme and to take into account views expressed in finalising the scheme prior to it being submitted to Scottish Ministers for approval. The public, on-line consultation on the draft revised scheme for Dundee took place between 17th March and 24th April 2022. Many of the comments received during the consultation period did not directly relate to the draft content of the revised Integration Scheme; those comments that related primarily to strategic planning, opportunities for service improvements and communication were shared across the corporate bodies (NHS Tayside and Dundee City Council) and with the IJB's Strategic Planning Advisory Group for further consideration. However, as a result of the consultation some changes have been made to the draft revised Integration Scheme that aim to further improve clarity and understanding. This includes re-wording some sections, improving clarity of existing definitions and adding additional definitions.

On 27th June, 2022, Dundee City Council's Policy and Resources Committee approved the updated draft revised Integration Scheme for submission to the Scottish Government (full report available at: <https://www.dundeecity.gov.uk/reports/agendas/pr270622ag.pdf>). The Council's Chief Executive was also delegated authority to agree any minor technical changes subsequently required during the process of gaining Parliamentary approval for the revised scheme. Similarly, on 30th June, 2022 Tayside NHS Board approved the updated draft and delegated authority to their Chief Executive to agree subsequent minor technical changes (full report available at: https://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&dDocName=PROD_357534&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1).

The final draft revised Integration Scheme was submitted to the Scottish Government on 20th July, 2022 and is currently being considered by them. The final, approved Integration Scheme will be circulated to IJB members when available.

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

17 MEETINGS OF THE INTEGRATION JOINT BOARD 2022 – ATTENDANCES - Page 191

(A copy of the Attendance Return DIJB64-2022 for meetings of the Integration Joint Board held over 2022 is attached for information and record purposes).

18 DATE OF NEXT MEETING

The next meeting of the Integration Joint Board will be held remotely on Wednesday 26th October, 2022 at 10.00 am.

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

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

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

(b) CONTACTS – FOR INFORMATION ONLY

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

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



At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 22nd June, 2022.

Present:-

Members

Role

Ken LYNN (<i>Chairperson</i>)	Nominated by Dundee City Council (Elected Member)
Jenny ALEXANDER	Nominated by Health Board (Non-Executive Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Donald McPHERSON	Nominated by Health Board (Non-Executive Member)
Vicky IRONS	Chief Officer
Dave BERRY	Chief Finance Officer
Diane McCULLOCH	Chief Social Work Officer
Sarah DICKIE	Registered Nurse
Jim McFARLANE	Trade Union Representative
Martyn SLOAN	Carer Representative
James COTTON	Registered Medical Practitioner (not providing primary medical services)
Dr David WILSON	NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))
Dr David SHAW	Clinical Director
Dr Emma FLETCHER	Director of Public Health

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

Christine JONES	Finance Manager
Jenny HILL	Head of Health and Community Care
Angella CUNNINGHAM	Tayside Prison Health Care

Ken LYNN, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Members

Role

Pat KILPATRICK	Nominated by Health Board (Non Executive Member)
Anne BUCHANAN	Nominated by Health Board (Non Executive Member)

II DECLARATIONS OF INTEREST

There were no declarations of interest.

III MEMBERSHIP AND CHAIRPERSON

It was reported that Dundee City Council at its meeting on 23rd May, 2022 had nominated the following members to serve as members of the Integration Joint Board:-

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

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

Councillor Lynne Short
Councillor Roisin Smith
Baillie Helen Wright

The Integration Joint Board noted the position and that their terms of appointment would be until May 2025.

The Integration Joint Board also noted that Councillor Lynn had been appointed as Chairperson.

IV MEMBERSHIP – PERFORMANCE AND AUDIT COMMITTEE

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

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

V STANDING ORDERS

The current Standing Orders for the Integration Joint Board were submitted.

The Integration Joint Board agreed to adopt the current Standing Orders for the Integration Joint Board.

VI MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

- (a) The minutes of the previous meeting of the Integration Joint Board held on 20th April, 2022 was submitted and approved subject to adjustment to Article V to reflect that Donald MacPherson had indicated for feedback on completion of progress in relation to MAT Standards to be notified to the Integration Joint Board.
- (b) The Action Tracker (DIJB50-2022) for meetings of the Integration Joint Board was submitted and noted.

VII COMMUNITY CUSTODY UNIT

There was submitted Report No DIJB45-2022 by the Chief Officer providing the Integration Joint Board with an overview of the progress to develop a women's only Scottish Prison Service, Community Custody Unit within Dundee.

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

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

- (i) to note following enquiry from Donald McPherson about the ethos of the service being that women were close to their families the explanation from Angella Cunningham on the filling of places and that where possible the Unit would be provided to women from Tayside Area and the criteria for filling places ;
- (ii) to note following enquiry from Donald McPherson on measurement of delivery of service the advice of Diane McCulloch that the Scottish Prison Service would attend a future meeting to further outline the model of delivery: and

- (iii) to note following enquiry from Raymond Marshall on the maintaining of staffing levels the advice of Martin Dey that the post of Social Worker at the Unit had been appointed to.

VIII REDUCING HARM ASSOCIATED WITH DRUG USE

There was submitted Report No DIJB41-2022 by the Chief Officer on priority areas for improvement and progress to develop a replacement strategic framework and delivery plan for drug and alcohol recovery following the publication of the update report from the Dundee Drug Commission in March 2022.

The Integration Joint Board agreed:-

- (i) to note the key areas of progress achieved over the last two years in reducing harm associated with drug use as outlined in sections 4.1.2 to 4.1.4 of the report;
- (ii) to note the findings contained within the Dundee Drug Commission Update report and Statement of Intent from Dundee Partnership leaders as outlined in sections 4.2 of the report and Appendices 1 and 2;
- (iii) to note the immediate priority areas for improvement identified by the Alcohol and Drugs Partnership as outlined sections 4.2.4 to 4.2.6 of the report;
- (iv) to note that the Dundee Partnership would consider on 22nd June 2022 the proposals for the co-production and publication of a replacement strategic framework and delivery plan for drug and alcohol recovery as outlined in section 4.3 of the report;
- (v) to note that the Dundee Partnership would consider on 22nd June 2022 a range of ongoing improvement activity and future commitments that, following further consultation and refinement, would be incorporated into the replacement strategic framework and delivery plan for drug and alcohol recovery as outlined in section 4.3 of the report and Appendix 3 of the report; and
- (vi) to instruct the Chief Officer to submit the replacement strategic framework and delivery plan to the Integration Joint Board following approval by the Dundee Partnership.

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

- (vii) to note following enquiry from Councillor Tolland on the relationship between the Council and the Third Sector the explanation from Diane McCulloch in relation to funding and that joint bids for funding had been submitted by the Council and the Third Sector and further discussions and evaluation and possible colocation of services were taking place with services; and
- (viii) to note following enquiry from Councillor Tolland in relation to need for review of progress the advice of Diane McCulloch that reports were primarily submitted to the Alcohol and Drug Partnership and that arrangements would be made for regular progress reports to be submitted to the Integration Joint Board.

IX TRAUMA-INFORMED PRACTICE AND LEADERSHIP UPDATE

There was submitted Report No DIJB38-2022 by the Chief Officer updating the Integration Joint Board on continued progress in embedding trauma informed practice and leadership across the Dundee Partnership.

The Integration Joint Board agreed:-

- (i) to note the content of the report, including progress to date and planned next steps; and

- (ii) to note that a briefing session for Integration Joint Board members and Dundee City Council elected members would be offered by the end of the summer.

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

- (iii) to note following enquiry from Cllr Lynn in relation to possibility of training being available to elected members the advice of Kathryn Sharp that primary focus would be on workforce but would make people aware of his request.

X REVISION OF DUNDEE HEALTH AND SOCIAL CARE INTEGRATION SCHEME

There was submitted Agenda Note DIJB39-2020, where reference was made that in December 2020, the Integration Joint Board was informed that NHS Tayside and Dundee City Council had completed the statutory review of the Dundee Health and Social Care Integration Scheme (required by section 44 of the Public Bodies (Joint Working) Scotland Act 2014) and had agreed that a revised scheme should be prepared (Article X of the minute of the meeting of the Dundee Integration Joint Board held on 15th December, 2020 refers). The report provided to the Integration Joint Board at that time set out the intended approach to the preparation of a revised scheme and committed to providing an update on progress no later than 31st March, 2021. Further updates were provided to the Integration Joint Board in August, 2021 and February, 2022 on the progress of work to prepare a revised scheme (Article VI of the minute of the meeting of the Dundee Integration Joint Board held on 25th August, 2021 and Article XV of the minute of the meeting of the Dundee Integration Joint Board held on 23rd February, 2022 refer).

Report DIJB18-2022 presented to the 20th April, 2022 Integration Joint Board meeting (Article VI of the minute refers) noted the consultation process on the draft scheme was underway and that the Chief Finance Officer had worked with members of the Integration Joint Board to agree and submit a response on their behalf.

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

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

The Integration Joint Board agreed the terms of the note.

XI DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT REPORT 2021/2022

There was submitted Report No DIJB49-2022 by the Chief Finance Officer advising the Integration Joint Board of the outcome of the Chief Internal Auditor's Report on the Integration Joint Board's internal control framework for the financial year 2021/2022.

The Integration Joint Board agreed:-

- (i) to note the content and findings of the Annual Internal Audit Report 2021/2022 attached as Appendix 1 to the report; and
- (ii) to instruct the Chief Finance Officer to incorporate the recommendations of the Annual Internal Audit Report into the Integration Joint Board's Governance Action Plan, presented to and monitored by the Performance and Audit Committee.

XII UNAUDITED ANNUAL ACCOUNTS 2021/2022

There was submitted Report No DIJB46-2022 by the Chief Finance Officer presenting the Integration Joint Board's Unaudited Annual Statement of Accounts 2021/2022.

The Integration Joint Board agreed:-

- (i) to consider and agree the content of the Unaudited Final Accounts Funding Variations as outlined in Appendix 1 of the report;
- (ii) to approve the Draft Dundee Integration Joint Board Annual Corporate Governance Statement as outlined in Appendix 2 of the report;
- (iii) to note the Integration Joint Board's Unaudited Annual Statement of Accounts 2021/2022 as outlined in Appendix 3 of the report; and
- (iv) to instruct the Chief Finance Officer to submit the Unaudited Accounts to the Integration Joint Board's external auditors (Audit Scotland) by the 30th June 2022 to enable the audit process to commence.

XIII YEAR-END FINANCIAL MONITORING POSITION AS AT MARCH 2022

There was submitted Report No DIJB44-2022 by the Chief Finance Officer providing the Integration Joint Board with an update of the year-end financial monitoring position for delegated Health and Social Care Services for 2021/2022 including an overview of the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the overall year-end financial position for delegated services for 2021/2022 as at 31st March, 2022 as outlined in Appendices 1, 2, 3 and 4 of the report; and
- (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.

XIV DUNDEE INTEGRATION JOINT BOARD 2022/2023 BUDGET UPDATE

There was submitted Agenda Note DIJB48-2022 referring to Dundee Integration Joint Board approving its 2022/2023 Delegated Budget at its meeting of the 25th March, 2022 (Article IV of the minute refers). At the time the budget was set, NHS Tayside figures were noted as being provisional given the NHS Tayside Financial Plan was not being presented to Tayside NHS Board until the 28th April, 2022. Following the meeting of the Tayside NHS Board, the Chief Finance Officer had received confirmation that the previous indicative baseline and uplift figures to the NHS delegated budget had been approved and were therefore regarded as final figures with the exception of a figure for the Large Hospital Set Aside which was yet to be determined. Therefore no amendment was required to the Integration Joint Board's delegated budget at this stage.

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

XV FIVE YEAR FINANCIAL FRAMEWORK

There was submitted Report No DIJB16-2022 by the Chief Finance Officer providing the Integration Joint Board with a forecast of the medium to longer term financial challenges which were likely to impact on the Integration Joint Board's future delegated budget and setting out the framework within which these challenges would be mitigated to enable the Integration Joint Board's strategic priorities to be delivered within a balanced budget.

The Integration Joint Board agreed:-

- (i) to note the potential financial challenges which may impact on the Integration Joint Board's delegated budget over the medium to longer term as outlined in sections 4.1.1 to 4.1.8 and Appendix 1 of the report; and
- (ii) to approve the framework and range of principles under which the Integration Joint Board would approach these challenges to ensure the Integration Joint Board was able to deliver its strategic and commissioning priorities while delivering a balanced budget as outlined in sections 4.1.9 and 4.1.10 of the report.

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

- (iii) to note the observation of Donald McPherson that the Integration Joint Board or Performance and Audit Committee needed to have clear oversight of the status of each of the projects listed in the Transformation Programme and the advice of Dave Berry that the Chief Officer would report back on progress of Transformation projects; and
- (iv) to note the observation of Councillor McHugh in relation to the high level of Risk indicated in the Risk Assessment of the report and the advice of Dave Berry in this regard on how to interpret that.

XVI DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022/2025

There was submitted Report No DIJB42-2022 by the Chief Officer seeking approval of the Dundee Health and Social Care Partnership Workforce Plan 2022/2025 prior to submission to the Scottish Government.

The Integration Joint Board agreed:-

- (i) to note and approve the Workforce Plan which was attached to the report as Appendix 1; and
- (ii) to approve the actions detailed as outlined in section 6.3 of the report and note that these would continue to be refined and developed on an ongoing basis.

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

- (iii) to note following observations of Donald McPherson in relation to retention of staff the advice of the Chief Officer that exit interviews were undertaken to allow an understanding of the dynamics for staff leaving the Partnership

XVII CARERS INVESTMENT PLAN UPDATE

There was submitted Report No DIJB43-2022 by the Chief Finance Officer updating the Integration Joint Board in relation to work undertaken by the Carer's Partnership following report DIJB22-2022 presented to the Integration Joint Board meeting of the 20th April, 2022 (Article XII of the minute of refers), and seeking approval of the updated Carers (Scotland) Act Investment Plan 2022/2023.

The Integration Joint Board agreed:-

- (i) to approve the revised Carers (Scotland) 2016 Act Investment Plan 2022/2023 which was attached to the report as Appendix 1; and
- (ii) to remit the Chief Officer to issue the directions as outlined in section 8 of the report.

XVIII ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE GROUP 2021/2022

There was submitted Report No DIJB37-2022 by the Clinical Director, providing assurance to the Dundee Integration Joint Board regarding matters of Clinical, Care and Professional Governance. In addition, the report provided information on the business of the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group ("the Group", DHSCP CCPG Group), and outlined the ongoing planned developments to enhance the effectiveness of the group.

The Integration Joint Board agreed:-

- (i) to note the content of the report; and
- (ii) to note the work undertaken by the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group from April 2021 to March 2022 to seek assurance regarding matters of Clinical, Care and Professional Governance.

XIX ANNUAL COMPLAINTS PERFORMANCE

There was submitted Report No DIJB40-2022 by the Chief Finance Officer providing an analysis of complaints received by the Dundee Health and Social Care Partnership (DHSCP) over the past financial year 2021/2022. This included complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

The Integration Joint Board agreed:-

- (i) to note the analysis of 2021/2022 DHSCP complaint performance as outlined in section 4 of the report; and
- (ii) to note the report was submitted in a different format to previous years to comply with the Scottish Public Services Ombudsman's new standards for complaints reporting.

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

- (iii) to note following observations of Councillor McHugh in relation to figures listed that Dave Berry would revise content for future reports and include actual numbers to allow for further understanding of percentage figures and revise other areas of report as necessary;
- (v) to note following enquiry from Sarah Dickie in relation to early intervention of complaints and compliments to services the explanation from Dave Berry as to steps taken in early intervention process and that he would take forward possible inclusion of information received complimenting Teams on service provided and the inclusion of more information on complaints resolved.

XX MEETINGS OF THE INTEGRATION JOINT BOARD 2022 – ATTENDANCES

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

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

XI PROGRAMME OF MEETINGS

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

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

XXII 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, 24th August, 2022 at 10.00 am.

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 20th July, 2022.

Present:-

<u>Members</u>	<u>Role</u>
Pat KILPATRICK(Chairperson)	Nominated by Health Board (Non Executive Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Donald MCPHERSON	Nominated by Health Board (Non Executive Member)
Vicky IRONS	Chief Officer
Tony GASKIN	Chief Internal Auditor
Diane MCCULLOCH	Chief Social Work Officer
Martyn SLOAN	Person providing unpaid care in the area of the local authority

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

Jenny HILL	Head of Health and Community Care
Christine JONES	Partnership Finance Manager
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Kathryn SHARP	Strategy and Performance Service Manager
Lynsey WEBSTER	Strategy and Performance Service Senior Officer

Pat KILPATRICK, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

There were apologies for absence submitted on behalf of:-

Dave BERRY	Chief Finance Officer
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II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE

The minute of meeting of the Committee held on 2nd February, 2022 was submitted and approved.

(b) ACTION TRACKER

There was submitted the Action Tracker (PAC18-2022) for meetings of the Performance and Audit Committee.

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

Following questions and answers the Committee further agreed:-

- (i) that Vicky Irons and her management team would be remitted to review the Action Tracker prior to the next Committee with a view to amending some of the narrative and deciding if anything should be removed;
- (ii) in relation to action no 25, that Vicky Irons would be remitted to check and report back to Donald McPherson why the Delayed Discharge report had been deferred from this Committee to the September Committee;
- (iii) to note, in relation to action no 28, that although an induction session had taken place for members, themed development sessions would continue to be programmed for members throughout the year; and
- (iv) that Vicky Irons and Dave Berry would be remitted to explore ways in which future induction sessions for members related more to their role on the Intergration Joint Board/Performance and Audit Committee.

IV MEMBERSHIP – PERFORMANCE AND AUDIT COMMITTEE – DUNDEE CITY COUNCIL

Reference was made to Article IV of the minute of meeting of the Dundee Integration Joint Board of 22nd June, 2022. The Committee agreed to note that Councillor Siobhan Tolland and Councillor Dorothy McHugh had been appointed as members of the Committee.

V HEALTH AND CARE EXPERIENCE SURVEY 2021/2022 ANALYSIS

There was submitted Report No PAC10-2022 by the Chief Finance officer updating the Performance and Audit Committee on the responses from the 2021/2022 Health and Care Experience Survey, which was used to provide measurement for National Health and Wellbeing Indicators 1-9.

The Committee agreed:-

- (i) to note the content of the report, including benchmarked performance by Dundee for the 2021/2022 Health and Care Experience survey provided in Appendix 1 of the report;
- (ii) to note the changes to the methodology used to filter responses and report against the National Health and Wellbeing Indicators detailed in section 5 of the report; and
- (iii) to note the performance of Dundee Health and Social Care Partnership against the Scottish average and eight Family Group Partnerships as outlined in section 6 of the report.

Following questions and answers the Committee further agreed:-

- (iv) that timescales and resources should be included, where appropriate, in the mitigating actions of the risk assessment section of future reports.

VI DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT 2021/2022 - QUARTER 4

There was submitted Report No PAC11-2022 by the Chief Finance Officer updating the Performance and Audit Committee on 2021/2022 Quarter 2 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators.

The Committee agreed:-

- (i) to note the content of the summary report contained within Appendix 1 of the report;
- (ii) to note the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 2 and 3) of the report; and
- (iii) to note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3) of the report.

Following questions and answers the Committee further agreed:-

- (iv) to note, following enquiry from Donald McPherson in relation to actions taken by the Health and Social Care Partnership on the grading of Care Services, that there was a team that leads on Care Home issues, the Care Home Oversight Group continued to meet and work at a Tayside level and that there was a well established contract monitoring process in place;
- (v) to note that a discussion would be arranged between Pat Kilpatrick, Vicky Irons, Jenny Hill and Diane McCulloch on the work undertaken by the Royal Maudsley on supporting staff through trauma;
- (vi) that, at request of Councillor McHugh, information would be provided on the support available to care staff;
- (vii) to note that a specific section on Care Homes would be included in future reports; and
- (viii) that Jenny Hill would send information to Councillor McHugh on the Sloppy Slippers Scheme.

VII DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP STRATEGIC RISK REGISTER UPDATE

There was submitted Report No PAC12-2022 by the Chief Finance Officer updating the Performance and Audit Committee in relation to the Strategic Risk Register and strategic risk management activities in Dundee Health and Social Care Partnership.

The Committee agreed:-

- (i) to note the content of the Strategic Risk Register Update report;
- (ii) to note the extract from the Strategic Risk Register attached as Appendix 1 to the report; and
- (iii) to note the new risks escalated to the Risk Register as outlined in section 6 of the report.

Following questions and answers the Committee further agreed:-

- (iv) that, at the request of Pat Kilpatrick, the new risk detailed in section 6.5 of the report be reworded to reflect that this related to health and social care;
- (v) that consideration would be given to what further information could be extracted from Pentana and presented to the Committee;
- (vi) that a date for a development session on risk would be arranged; and

- (vii) that further information on the ADP Residential Rehab Pathway and service restructure would be provided to Pat Kilpatrick.

VIII INTERNAL AUDIT REPORT – DUNDEE INTEGRATION JOINT BOARD AS A CATEGORY 1 RESPONDER

There was submitted Report No PAC13-2022 by the Chief Finance Officer presenting the findings of the Internal Audit Review of Dundee Integration Joint Board (IJB) as a Category 1 Responder.

The Committee agreed:-

- (i) to note the content and findings of the Internal Audit Review of Dundee IJB as a Category 1 Responder which was attached as Appendix 1 to the report; and
- (ii) to note and agree the action plan associated with the report as the management response to the findings.

Following questions and answers the Committee further agreed:-

- (iii) that Dave Berry would be remitted to explain why paragraph 2.3 in the report recommended reporting progress through the Governance Action Plan rather than the way in which other audit reports were tracked; and
- (iv) that an update report would be presented to the next Committee.

IX DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC14-2022 by the Chief Finance Officer providing the Performance and Audit Committee with an update on the ongoing work from the 2021/2022 plan and the one remaining review from the 2020/2021 plan. Progress on the non-discretionary elements of the provisional plan was also incorporated. The report also included internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs were considered relevant for assurance purposes to the Dundee Integration Joint Board.

The Committee agreed:-

- (i) to note the continuing delivery of the audit plans and related reviews as outlined in the report and noted in Appendix 1 to the report.

Following questions and answers the Committee further agreed:-

- (ii) to seek assurance from Dave Berry that the reports, where the target had slipped twice, would definitely be presented to the September Committee.

X INTERNAL AUDIT ANNUAL PLAN 2022/2023

There was submitted Report No PAC15-2022 by the Chief Finance Officer seeking approval of the Annual Internal Audit Plan for Dundee City Integration Joint Board (IJB) for 2022/2023 and for agreement to the appointment of the Chief Internal Auditor.

The Committee agreed:-

- (i) to the continuation of Fife, Tayside and Forth Valley Audit and Management Services (FTF) as the IJB's lead internal auditors and therefore taking the role of the Chief Internal Auditor;
- (ii) to approve the 2022/2023 Annual Internal Audit Plan as set out in Appendix 1 to the report; and

- (iii) to note that no updates were required to the Internal Audit Charter at this time.

XI ANALYTICAL REVIEW OF EMERGENCY ADMISSION RATES

On a reference to Article VII of the minute of meeting of this Committee of 24th November, 2021 wherein the Chief Finance Officer was instructed to submit a further in-depth analysis of readmissions data, there was submitted Agenda Note PAC16-2022 providing the updated position.

The Committee agreed to note the updated position.

XII GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC17-2022 by the Chief Finance Officer providing the Performance and Audit Committee with an update on the progress of the actions set out in the Governance Action Plan.

The Committee agreed:-

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

Following questions and answers the Committee further agreed:-

- (ii) that areas where there was not enough resource available should be highlighted as risks to the IJB; and
- (iii) that Dave Berry would be remitted to undertake a deeper dive review of the Governance Action Plan.

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

There was submitted Report No PAC19-2022 by the Clinical Director providing assurance regarding matters of Government policy directives and legal requirements. This aligned to the safe, effective and person centred quality ambitions of NHS Scotland.

The report was brought to the Committee to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership Integration Scheme. Clinical Governance was a statutory requirement to 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 was to May, 2022.

The Committee agreed:-

- (i) to note 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
- (ii) with the Lead Officer for Dundee Health and Social Care Partnership that the level of assurance provided was: Reasonable.

Following questions and answers the Committee further agreed:-

- (iii) that an explanation on how the risk levels were calculated would be provided in future reports;

- (iv) that Diane McCulloch would provide information relating to the missing heading in the table on page 117;
- (v) that, at the request of Pat Kilpatrick, officers be commended for the work that had gone into reducing the number of complaints;
- (vi) that updates would be provided to the next Committee on the Community Mental Health Service Activity and MAT Standards;
- (vii) to note that reports on the Adult Weight Management Service and the Dundee Drug and Alcohol Recovery Service (DDARS) would be brought to future Committee meetings.

XIV ATTENDANCE LIST

There was submitted Agenda Note PAC20-2022 providing attendance returns for meetings of the Performance and Audit Committee held over 2022.

The Committee agreed to note the position as outlined.

XII DATE OF NEXT MEETING

The Committee agreed to note that the next meeting of the Committee would be held on Wednesday, 28th September, 2022 at 10.00 am.

Pat KILPATRICK, Chairperson.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
24 AUGUST 2022

REPORT ON: ANNUAL PERFORMANCE REPORT 2021/22

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB54-2022

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to submit the Dundee Health and Social Care Partnership Annual Performance Report 2021/22 for noting following its publication on 29 July 2022.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report and of the Annual Performance Report 2021/22, available at <https://sway.office.com/wj8ufacnvn9J4Hcu?ref=Link> and with a printable version contained within appendix 1.

2.2 Note that the Annual Performance Report 2021/22 was published on 29 July 2022 following approval by the Chair and Vice-Chair of the Integration Joint Board, the Committee Clerk and the Partnership's Senior Management Team (section 4.2.1).

2.3 Instruct the Chief Officer to update the Annual Performance Report with financial year 2021/22 data for all National Health and Wellbeing indicators as soon as data is made available by Public Health Scotland (section 4.2.5).

2.4 Note that work will now commence to produce the first quarterly editions of the Annual Performance Report 2022/23 (section 4.3).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Background

4.1.1 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.

4.1.2 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 sixth annual report of the

Dundee Health and Social Care Partnership (for 2021/22) was therefore due for publication by 31 July 2022.

- 4.1.3 In April 2022, the Integration Joint Board agreed a revised approach to producing and publishing Annual Performance Reports for 2021/22 onwards reflecting the view that the principle purpose of the annual report should be to evidence to the public in an open, transparent and accessible way the use and impact of public resources to meet the health and social care needs of the population and improve outcomes (article X of the minute of the meeting of the Dundee Integration Joint Board held on 20 April 2022 refers). At this time the Integration Joint Board agreed that for the 2021/22 reporting year only a summary version of the annual performance report would be published and an alternative approach would be tested in relation to the formatting of the report utilising digital platforms to produce a more interactive, accessible and user-friendly report. For 2022/23, it was agreed that officers will test an incremental approach to delivering the annual reporting requirement over four strategic priority focused editions through the year and a fifth, end of year edition to cover financial and governance information.

4.2 Annual Performance Report 2021/22

- 4.2.1 As agreed by the Integration Joint Board in April 2022, the summary Annual Performance Report for 2021/22 was produced and published on the Partnership's website on 29 July 2022. The report is available at <https://sway.office.com/wj8ufacnvn9J4Hcu?ref=Link> and a printable version is contained within appendix 1. This followed feedback from stakeholders, including members of the Strategic Planning Advisory Group and Integration Joint Board, and approval of the final draft by the Chair and Vice-Chair of the IJB, the Committee Clerk and the Partnership's Senior Management Team.
- 4.2.2 This year the production of the annual report has continued to be impacted by the COVID-19 pandemic, particularly in terms of collaboration with operational colleagues who are experiencing significant additional pressures associated with the ongoing COVID-19 response and related absence levels. This annual reporting period combines content that relates to pandemic specific responses and developments alongside business as usual activity across the health and social care system and with wider community planning partners. In common with many other Partnerships across Scotland it is recognised that the performance report has limited content that directly evidences the impact and outcomes of service transformations and improvement on people who use services, carers and the wider public. The report recognises this as an area for improvement to be address through the development of a replacement strategic commissioning plan for 2023/24 onwards and the revised approach to annual performance reporting to be implemented for 2022/23.
- 4.2.3 This year the Annual Performance Report has been produced on the Sway digital platform. Use of this platform has allowed greater flexibility to include links to supporting documents that provide further detail on specific aspects of work outwith the main summary document and the incorporation of video content and interactive sections. The final document will also be suitable for viewing across a range of digital devices. The use of Sway has significantly reduced the amount of officer time spent on formatting and editing of the report, both from the Partnership's Strategy and Performance Team and Dundee City Council's Design Team. This is the first time that officers have utilised this platform and it is anticipated that further learning about its capabilities will enhance the formatting of the annual report in future years.
- 4.2.4 Alongside the main Sway version of the Annual Performance Report a plain text version has also been produced and published in a PDF format. This will aid accessibility for members of the public who would wish to print the report. The plain text version is contained within appendix 1.
- 4.2.5 Due to the availability of data for National Health and Wellbeing Indicators 11 to 20, which are produced and published by Public Health Scotland, it has not been possible to provide financial year data (2021/22) for all indicators. The Annual Performance Report therefore contains financial year data for indicators 15, 17 and 19 (last 6 months of life, care services gradings and delayed discharge), with all other indicators in this subset being reported against the 2021

calendar year. The report will be updated as soon as financial year data is made available by Public Health Scotland for all indicators.

- 4.2.6 The Annual Performance Report will now be formally submitted to the Scottish Government, Dundee City Council and NHS Tayside, as well as being electronically distributed to organisational stakeholders under the direction of the Strategic Planning Advisory Group. Work has also been progressed with Dundee City Council Communications Service to promote the document to the public through social media and other available channels.

4.3 **2022/23 Annual Performance Report**

- 4.3.1 The conclusion of work on the 2021/22 Annual Performance Report will now allow release of resource to begin to implement the agreed approach to producing the 2022/23 report (as referenced at section 4.1.3). In the first instance the focus will be on producing the editions for the Partnership's strategic priorities on health inequalities and on early intervention and prevention. It is anticipated that these editions will be submitted to the Integration Joint Board for approval no later than 31 December 2022.

5.0 **POLICY IMPLICATIONS**

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

6.0 **RISK ASSESSMENT**

- 6.1 This report has been considered in relation to risk assessment, no risks have been identified.

7.0 **CONSULTATIONS**

- 7.1 The Chief Finance Officer, Heads of Service - Health and Community Care, members of the Strategic Planning Advisory Group and the Clerk were consulted in the preparation of this report.

8.0 **DIRECTIONS**

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

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

9.0 **BACKGROUND PAPERS**

- 9.1 None.

Vicky Irons
Chief Officer

DATE: 9 August 2022

Lynsey Webster
Senior Officer, Strategy and Performance

Kathryn Sharp
Service Manager, Strategy and Performance

Annual Performance Report 2021-22



“Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life”

A message from the Integration Joint Board Chair and the Chief Officer

2021/22 has been another very challenging year for all of us. The impact of the Pandemic has continued to affect the health and wellbeing of the people of Dundee, including many of the citizens who provide unpaid care and support to family members and other loved ones. We know that many people have also felt the negative consequences of increased costs of living. This is why the Dundee Health and Social Care Partnership has continued to focus on addressing health inequalities across Dundee and investing resources in the people, carers and communities with the greatest levels of need.

We are proud of what we have been able to achieve during the last 12 months despite these very difficult circumstances. Our service redesign activity has helped us to make sure that people can live well in their own homes wherever possible and reduce the time that people spend in hospital, including delayed discharges. Important improvements have been made across mental health and drug and alcohol services that are helping to reduce the number of people who experience significant harm and are improving the accessibility of support services, getting more people the right help at the right time. This has also been an important focus for primary care, where our plans to provide local Care and Treatment services have seen 10 new sites for accessing primary care services this year. Our annual reports tells you more about these developments and many other areas of progress from the last 12 months, including how we have continued to both respond to and recover from the COVID-19 pandemic.

Despite what we have been able to achieve there remains much more to be done to improve health and social care outcomes for people living in Dundee, including for unpaid

carers. We know that there is an urgent need to continue our work to prevent drug deaths and alcohol related deaths. We are looking forward to opening Dundee's Community Wellbeing Centre and further improving the range and accessibility of supports to people who have mental health and wellbeing challenges. Our work to improve performance in relation to unscheduled care will also continue over the next year, as will plans to improve primary care services, supports for carers and services and supports for people who have a learning disability. There will also be an enhanced focus on public engagement as we embark on the process of creating a new strategic commissioning plan for health and social care in Dundee with people who use our services, carers and communities.

None of this work would be possible without the dedication, expertise and passion of our workforce and the contribution of providers of health and social care services in the third and independent sectors. Our workforce has also felt the impact of the pandemic and we are committed to prioritising their health and wellbeing over the coming years. We also want to thank the many people who use our services, unpaid carers and wider community members who have given their time this year to work with us to design service changes, develop strategies and plans and give us your feedback about the services we provide. Your contribution has been invaluable in helping to improve health and social care supports for everyone across Dundee.



*Councillor Ken Lynn, Chair of the Dundee
Integration Joint Board*



*Vicky Irons, Chief Officer of the Dundee
Integration Joint Board*

This is the sixth statutory Annual Performance Report of the Dundee Integration Joint Board (IJB), established on April 1st 2016 to plan, oversee and deliver adult health and social care services through the Dundee Health and Social Care Partnership. (“The Partnership”)

The Dundee Health and Social Care Partnership consists of Dundee City Council, NHS Tayside and partners from the third sector and independent providers of health and social care services. The Partnership is responsible for planning and delivering a wide range of adult social work and social care services, and primary and community health services for adults. The Partnership is also responsible for some acute hospital care services.

This report presents performance against the National Health and Wellbeing Indicators as well as providing examples of services and initiatives which have contributed to the achievement of the 4 Strategic Priorities in our Strategic and Commissioning Plan.



1

Health Inequalities

2

**Early Intervention
Prevention**

3

**Localities and Engaging
with Communities**

4

**Models of Support/
Pathways of Care**

Our biggest achievements



- The Independent Inquiry into Mental Health Services in Tayside Progress Report, published in July 2021, found a great deal of commitment from staff, partner organisations and others seeking to make a difference for patients and the wider community. We have introduced new models of mental health and wellbeing support including support for people in crisis, in the community and focused on early intervention. One example of this, is a dedicated paramedic vehicle that was introduced in 2021 to treat people in the community and reduce the need for them to go to hospital (51% reduction in number of people taken to hospital). We have also developed our mental health discharge hub, local mental health hubs, begun work with stakeholders to develop the city centre Community Wellbeing Centre and established a new Distress Brief Interventions Service delivered by Penumbra (focused on police referrals to start with, then extending to primary care, A&E and the Scottish Ambulance Service). **In June 2022 the Independent Oversight and Assurance Group for Mental Health Services in Tayside gave positive feedback about developments in community-based mental health services that had been progressed during 2021/22 including enhanced support to people leaving hospital through the Mental Health Discharge Hub.**
- ***The Partnership has continued to increase the amount of time people spent at home or in a community setting during their last six-months of life (91.7%).*** This further improvement means that Dundee is within the top one-third of all Partnerships in Scotland and is the best performing Partnership amongst those identified as having similar sociodemographic challenges as Dundee. A community palliative care pathway is being developed to support us to further improve specialist palliative care services across Roxburgh House and Cornhill.
- There has been an increase in the use of technology across service user and staff groups and this has allowed for a more flexible provision of services without physical boundaries, increasing accessibility for those who found it difficult to travel across the city. We have been a front-runner in the use of digital therapies and have a fully established service overseeing Beating the Blues, Silvercloud and ieos options. This

includes senior clinical leadership from within Psychological Therapies and administrative support, including patient support.

- **The 2021/22 Health and Care Experience Survey, which is used to report National Indicators 1-9, found that we performed better than the Scottish average in relation to indicators focused on: support to live independently, having a say in how care and support are provided, co-ordination of care and support and the overall perception of quality of care and support.** These indicators reflect focussed improvement work that has been progressed over the last two years to enhance the personalisation of health and social care services and supports, as well as the continuous focus on improving the range and quality of supports targeted to enable people to live independently in their own home for longer.
- Progress has been made in improving services and supports for people who use drugs. The response to non-fatal overdoses and assertive outreach work has been recognised as a sector leading approach. The Naloxone programme has been further extended both in terms of service providers supporting community distribution and also members of the workforce carrying Naloxone. Services providing Independent Advocacy, Peer Support and a gendered approach to better meet the specific needs of vulnerable women have been strengthened and work has continued across the city to develop a trauma-informed approach and to further expand anti-stigma work. **In 2021 there was a further reduction in the number of drug related deaths in Dundee, from 57 deaths in 2020 to 52 deaths in 2021. There has also been a year-on-year reduction in the number of people experiencing a non-fatal overdose for the last three years, from an average of 11 people per week to an average of 6 people per week.**
- Despite challenges maintaining good performance against the National Health and Wellbeing Indicator for bed days lost to delayed discharge during the pandemic period, Dundee has continued to perform similar to the Scottish average. Data also shows that **98% of hospital discharges in Dundee were not associated with a delay.** A large programme of work is in place across all ward areas in Tayside to roll out and embed the Planned Date of Discharge Policy, which promotes more effective multidisciplinary working and improved discharge planning practice.



Lynne Morman, Integrated Manager

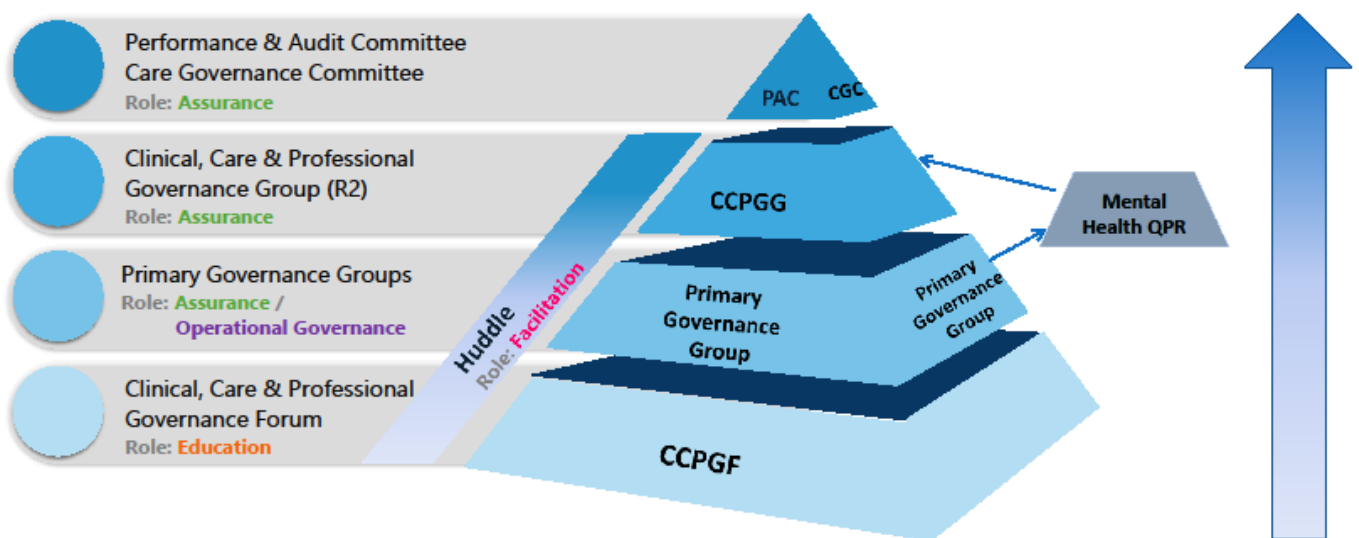
Where we have made progress



- We have reviewed our [Strategic and Commissioning Plan 2019-2022](#) and extended this for a further year until 31 March 2023. The review was informed by the views of our workforce, partner organisations, carers and people who access health and social care services. The Partnership vision and strategic priorities have remained the same but we have updated the list of improvement actions we will focus on in 2022/23.
- We have continued to promote fairer working conditions across our contracted Home Care Services. A number of good practices have been developed alongside stakeholders (living wage, enhanced weekend and public holiday pay, zero hour contracts, travel costs, equipment costs, safe recruitment check costs) and these continue to be monitored across providers with the intention to incorporate these principles more fully within procurement frameworks and contractual arrangements.
- We have worked in partnership with colleagues from other statutory, voluntary and independent sector organisations to maximise financial investment in the City through successful funding bids and efficient use of resources, and we continue to maximise funding income to allow us to further invest in improvements and strategic priorities.

- We have continued to work across our services to better understanding poor performance against national indicators, particularly those for falls, readmissions and gradings achieved in Care Inspectorate inspections of social care and social work services. This has included further analysis of local data and benchmarking against other Partnerships in Scotland. We have also focused on better understanding national indicators as a single measure in a wider system of health and social care and identifying other measures that might better demonstrate changes in performance and quality.
- We published an annual report on the Clinical Care and Professional Governance Group which provides assurance, information, learning from best practice and outlines ongoing planned developments. It was reported that there is a generally sound and improving system of governance, risk management and control in place.

DHSCP Clinical, Care & Professional Governance





1

Health Inequalities



Sheila Allan, Community Health Inequalities Manger

- There is a wide range of activity taking place to tackle health inequalities and support those in most need. The integrated Health Inequalities Service comprises the Community Health Team, Sources of Support social prescribing link workers, the Keep Well Community Team, and the Health and Homelessness Outreach Team.
- Referrals to the Sources or Support Social Prescribing service have seen a steady increase (**844 referrals across 4 cluster areas**) following pandemic remobilisation, offering a blended approach to patient consultations. Eight link workers and two support workers take referrals from health professionals in a primary care / GP setting for patients with poor mental health and wellbeing affected by their social circumstances. Link workers support patients to access services, activities and organisations that can help tackle the causes and consequences of their distress.
- A successful pilot was undertaken with Scottish Ambulance Service (SAS) and Dundee Health and Social Care Partnership to establish a Paramedic Mental Health Response Vehicle (PMHRV). The PMHRV is jointly staffed by a paramedic and an experienced mental health nurse meaning that they can attend to aspects of physical healthcare as well as conducting a specialist mental health assessment. Following the pilot period, the service is now operating 7 nights a week and during weekend days. Early outcomes indicate that most people have been successfully helped in

their own home environment without the need for more intensive mental health assistance. **Data from the first few months shows that the number of mental health emergency admissions fell by 51%.**

- Across the Partnership a number of actions have been taken to improve responses to people at risk of harm. This has included introducing new ways of assessing risk of harm to adults who have vulnerabilities and providing support to the workforce to start using the new tools and systems in their practice. The Partnership has also been part of a number of reviews of circumstance where people have experienced harm, including where people have died in fires. Learning about what could be done differently in the future has been shared with the workforce and work is being done to improve the way that Partnership services work with the Scottish Fire and Rescue Service, carers and other services to reduce risks associated with fires.
- Progress has been made in improving services and supports for people who use drugs; the response to non-fatal overdoses and assertive outreach work has been recognised as a sector leading approach; the Naloxone programme has been further extended both in terms of service providers supporting community distribution and also members of the workforce carrying Naloxone; services providing Independent Advocacy, Peer Support and a gendered approach to better meet the specific needs of vulnerable women have been strengthened; and, work has continued across the city to develop a trauma-informed approach and to further expand anti-stigma work. ***In 2021 there was a further reduction in the number of drug related deaths in Dundee, from 57 deaths in 2020 to 52 deaths in 2021.*** You can view the latest national figures [here](#). There has also been a year-on-year reduction in the number of people experiencing a non-fatal overdose for the last three years, from an average of 11 people per week to an average of 6 people per week.
- [A Caring Dundee 2: A Strategic Plan for Working Alongside, Supporting and Improving the Lives of Carers 2021-24](#) and an associate Carers Strategic Needs Assessment Delivery Plan were developed on behalf of the IJB by the multi-agency Dundee Carers Partnership. This followed engagement with unpaid carers across the city, especially listening to how the COVID-19 pandemic has impacted on their lives and the lives of the people that they care for. Watch the [Carers of Dundee Virtual Hubs Episodes](#).



Carers of Dundee TV advert

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- Since March 2022 an engagement process has been gathering the views and aspirations of people with learning disabilities and autism, and those who provide support, to help shape a new strategic plan for people with learning disabilities and autism. An engagement report and draft strategic plan will be presented to Dundee IJB in August 2022 for approval.
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Joyce Barclay and Arlene Mitchell from the Partnership alongside Sammy who interviewed Arlene about Plans for Supporting People with a Learning Disability



Susan receiving a "Get Out, Get Active" Certificate



Early Intervention Prevention

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- We have reviewed models of care home-based services, including respite care and intermediate care for people living with mental health challenges. A new unit is now operational within Turriff House Care Home which provides assessment and rehabilitation in a more homely setting whilst improving the long term outcomes for individuals and ensure the correct level of care is provided in an appropriate environment and at the right time. Since the unit reopened last November, 8 people have been admitted under the 'Step Up' pathway and 5 people have been admitted under the 'Step Down' pathway. 4 people have been supported to return to their own home. ***We have reduced the number of nights people are admitted to hospital due to their mental health, by 9,934 since 2015/16. This is a 22% reduction.***
 - A significant amount of work has been undertaken around 'trauma informed practice' including a test of change in care homes, a test of change focused on embedding trauma informed principles, tools and models to existing learning and development activity across the city and a test of change focused on enhancing responses to domestic abuse. Additionally, in December 2021 the Dundee Partnership hosted a Violence Against Women and Trauma Summit as part of the programme of activities for the 16 Days of Activism against Gender Based Violence. The summit focussed on raising awareness of the links between violence against women and trauma and for the need for a joined-up approach to improving outcomes for women and children across all policy areas.
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Gendered Services

- Partners have continued to work together to improve the range of services and supports for people with mental health and wellbeing challenges. During 2021/22 work began with stakeholders, including people with lived experience on mental health challenges, to develop the city centre Community Wellbeing Centre that is planned to open in Autumn 2022. This has included workstreams focused on developing pathways and connections, the building facilities and aesthetics and communications and engagement. In the future, it is likely that a number of existing services will become part of the Centre including the Distress Brief Interventions Service provided by Penumbra and the paramedic response vehicle.
- To support independence at home the Independent Living Review team (ILRT) was set up to review packages of care and support in the community as delays in providing packages of care and support in acute care were causing delayed discharges. ***The team provided support to 2,312 service users in their own homes and we have estimated that this service is contributing to an annual saving of almost £1 million.***
- Rehabilitation models are being developed to ensure people can be supported in their own homes when safe and high quality care can be provided. Supporting prevention of admission and facilitating discharge from hospital are key components of community rehab models and these sit alongside rehabilitation for people to enhance general health and wellbeing and to support functional independence in the most appropriate environment.



4

Models of Support/ Pathways of Care

- Under the banner of “Home First”, we have developed a single point of referral for Enhanced Community Support and Dundee Enhanced Community Support Acute and are working to develop an Urgent Care Triage tool and common assessment documentation with Scottish Ambulance Service and advanced paramedics to contribute to avoidable admissions.
- Advanced Nurse Prescribers and Specialist Mental Health Pharmacists have been a positive addition to Community Mental Health Teams, increasing the capacity to prescribe medication and attend to physical aspects of mental healthcare, which supports resources within General Practice. Mental Health and Learning Disability Teams have also benefitted from increased numbers of Social Workers and Support Workers.
- There are now General Practitioner Leads for Mental Health in place for each of the three Tayside Partnerships with a role in ensuring that all mental health developments are ‘whole system’ and cognisant of the specific needs of, and contributions that can be made from, primary care and to contribute to primary care development work and more specialist mental health redesign work. A plan has been submitted to the Scottish Government describing how a share of the national pandemic recovery funding totalling £120m will be used to strengthen mental health and wellbeing responses across primary care.

- Continued to work towards actions in the Primary Care Improvement Plan and increased the support to General Practices by providing community supports such as First Contact Physiotherapy and Ear Care. ***Ten sites for Care and Treatment Services have been opened reducing the need for people to access their GP practice for services such as phlebotomy, wound care, vaccinations and chronic disease review.*** The Partnership is on track to complete the work required to implement national agreements regarding Care and Treatment services by September 2022.
- The redesign of urgent care and the implementation of the Flow and Navigation Centre (FNC) Model has improved decision making support from the Scottish Ambulance Service, Primary Care, Out-Of-Hours, NHS24 and other partners. This is increasingly ensuring that the most appropriate source of care, in the most appropriate place is used to respond to people's needs or that an appropriate digital solution, such as NearMe, is provided.
- In partnership with Angus Health and Social Care Partnership we have completed a review of the hyper-acute and acute stroke pathway and agreed to develop home rehabilitation with one inpatient facility at Royal Victoria Hospital. Providing non acute specialist stroke rehabilitation services on one site will ensure we can deliver safe, effective, high quality person-centred care. This will also ensure adequately staffed clinical teams which can offer specialist inpatient rehabilitation services over 7 days to enhance optimal recovery and earlier discharge from hospital. One unit will also mean that people who have a stroke, irrespective of age, will have equitable access to high quality stroke rehabilitation.

- Our Housing First Pathfinder has now finished and learning from this has been used to develop a new triage system and better screening within Neighbourhood Services, Housing Options Service. A Housing Options Social Worker has been appointed and will work within the new system until the end of 2022/23.
- We have further developed and enhanced our Post Diagnostic Support Team for people who have dementia. Allied Health Professionals have been introduced to the team for the first time and links are also being made with community services and day care for support and training. We are currently piloting an approach to offering Post Diagnostic Support to people with learning disabilities. **89.5% of people across Tayside who were referred for Post Diagnostic Support received a minimum of 12 months support.**



Panel interview discussion Post Diagnostic Support



3

Localities and Engaging with Communities



- Drug and alcohol services moved to a four area locality model led by clinicians and a primary care locality where services are now being delivered by General Practices.
- Pathways to support hospital discharge to and from Scottish Prisons have been developed.
- Three local Health and Wellbeing Networks covering Lochee /Strathmartine, Coldsid /Maryfield and North East /East End LCPPs meet to discuss how strategic priorities are or could be implemented or supported at a local level including the forthcoming Community Wellbeing Centre, Child Healthy Weight Strategy priorities, and the recommendations from the second Drug Commission Report.

- Interventions are being developed in each of the Local Community Planning Partnership areas with the support of Alcohol and Drug Partnership funding, to bring local organisations together to establish new services such as a recovery café in St. Marys, support for young people in new tenancies in Coldside, accredited cooking skills programmes for people with substance use challenges in Menzieshill and drop-in sessions with a range of activities available in the North East.
- We continue to support the development of a GP cluster model, strengthening Dundee Enhanced Community Support Acute (DECSA), Enhanced Community Support (ECS) nursing teams, Care Home Urgent Care Teams, Primary Care Urgent Care and care co-ordination with Allied Health. The Independent Living Review team provision is split into an East and West delivery model and plans are underway to align with the Enablement Service.

How we are remobilising during the Pandemic



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- Across all areas, operational services delivered a pandemic response alongside an incremental return to business as usual activity. As services recommence business as usual activities, waiting times and demand for services are being reviewed. In most areas blended models of service provision, utilising digital systems, continue to be used to maintain services and support multi-agency support and information sharing.
 - During the COVID-19 pandemic our COVID-19 Assessment Centres provided people with ongoing COVID-19 symptoms with advice and, if required, treatment. The Dundee Assessment Centre has now been successfully integrated into core GP services, providing more person-centred support to the health and care needs.
 - Workforce wellbeing has continued to be prioritised across all services. Additional investment has been used to enhance support resources, work environments and contribute to improved physical and mental wellbeing. Support has also been provided to staff returning to the office and adopting new hybrid approaches to working. Work has also been progressed to incorporate learning from the pandemic period about workforce planning and support into the Partnership's Workforce Plan.
 - We have responded dynamically and innovatively to the increased demand on our services as a result of the COVID-19 pandemic. Due to the increased frailty and decreased mobility of people, many of whom already had a range of health and social care needs, we have introduced intermediate care unit for step-up and step-down support at Turriff House, provided a more flexible provision for equipment through the Joint Equipment Store and developed the supported living site at Finavon for people with physical disabilities and complex needs.

- The Partnership's Community Health Inequalities Social Prescribing Service has been responding to increased demand associated with the cost of living crisis. Nursing teams have focused on using their learning from the pandemic to change and improve services, particularly to help them to address unmet health and wellbeing needs including services and support for people who are homeless.
- The Community Nursing Service has opened two new clinics, one in the East and one in the West of the city, to better support people who have COPD, including supporting new diagnosis. Service provision within GP practices has also been re-started over the last year.
- The Nutrition and Dietetics Service has produced seven short training videos to support care at home to staff to identify signs of malnutrition and provide initial information and advice. They have also worked with Third Sector organisations to support four projects that aim to prevent undernutrition in older people.
- Occupational Therapy and Physiotherapy Teams have been working flexibly across acute hospital, rehabilitation and community settings to support transitions for patients and carers. The same therapist working across these services has been beneficial in ensuring continuity of care.
- The Equipment Stores as part of the Community Independent Living service provides prescribed equipment on loan to support independence at home. **In 2021/22 the service provided over 22k pieces of equipment with an average of 1.4 days taken to deliver these.**
- Sexual and Reproductive Health Services have started a postal testing service test of change. They have also strengthened their joint working with The Corner and health outreach and homelessness services with an overall focus on working together with a wide range of agencies to provide a holistic, mental wellbeing response to people using the service and their carers.
- All social care packages that were adjusted due to the COVID-19 response have now been re-started or adjusted back to normal arrangements. Work has progressed to remobilise both day support and respite services and a variety of short-break arrangements have been used in Community Mental Health and Learning Disability Services.
- As part of a £270,000 package of support to violence against women services, the Partnership and Dundee City Council supported temporary enhanced capacity in third sector specialist services. This has directly impacted on reduced waiting lengths for access to services. **At Dundee Women's Aid waiting times for refuge accommodation reduced from 49 days to 0 days and for outreach support from 102**

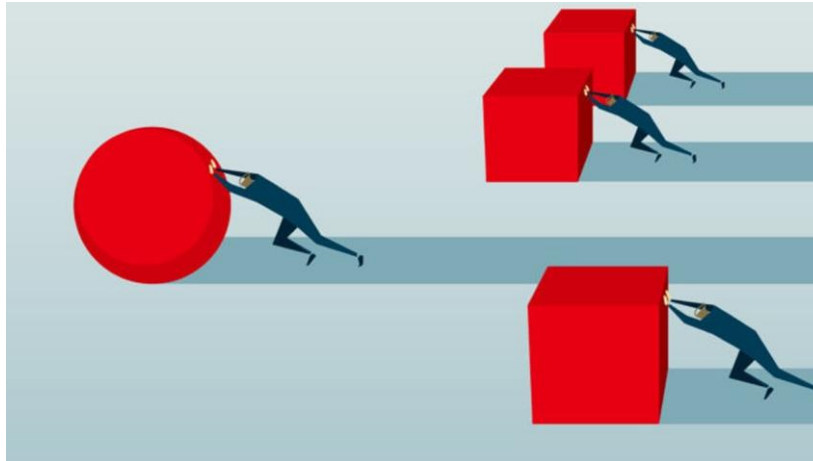
days to 39 days (1 March 2021-30 June 2021 compared to 1 July 2021 - 31 October 2021). At the Women's Rape and Sexual Abuse Centre waiting times for therapeutic and counselling support reduced from 162 days(end of June 2021) to 28 days (end of November 2021).

- Dundee's PPE Hub (Personal Protective Equipment) will now continue to operate until September 2022 and through-out the last year the hub has adapted to changes in national arrangements for PPE and workforce testing. Alongside this staff from the Partnership have supported the completion of the initial and booster vaccination programmes for the workforce and public, as well as successfully completing the 2021/22 flu vaccination programme. **Over £13 million has been spent on PPE since the start of the Pandemic and over £480k was spent in 2021/22.**
 - The COVID-19 pandemic provided an opportunity for the Partnership to take a more flexible and creative approach to changing the skills mix of different health and social care professions and workforce groups across our services and pathways of support. This has led to an improved pathway of care and support in areas such as the Independent Living Review Team, the Irritable Bowel Syndrome Pathway, and Major Trauma Pathways.
 - The IJB has agreed that the Partnership will no longer have a separate COVID-19 remobilisation plan (from 2022/23 onwards). Any specific remobilisation actions have been added to the Partnership's strategic and commissioning plan or individual service plans.
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Dr David Shaw talking to the Dundee IJB February 2022

Challenges faced over the last year



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- The COVID-19 pandemic has further impacted on the already high levels and complexity of health and social care needs of the population. Reduced sensory abilities and physical mobility and increased frailty have led to increased demand for services and supports across a wider range of Partnership services, including those delivered by providers in the Third and Independent Sectors.
 - Dundee had the second lowest uptake of any Partnership in Scotland for the 3rd dose of the COVID-19 vaccination; this has reduced the protection for vulnerable people we are supporting and also impacted the sickness absence rate of our workforce.
 - Partnership services have also experienced an increased demand for alcohol services throughout the pandemic; for every person being supported for drug use in Dundee, 3 people are being supported for alcohol use.
 - Referrals to community mental health services have also increased very significantly following the pandemic, as many people have experienced negative impacts on their mental health and wellbeing.
 - There has been increased demand to support people in community based health and social care services while they wait for specialist medical services that have been delayed because of the restrictions and reduced services that were necessary during the pandemic.
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- Recruitment and retention across the health and social care workforce has been a significant challenge. Following the intensive and difficult period of working during the pandemic many people have left the workforce and many services are experiencing challenges recruiting new staff. As well as impacting the way services are provided to people who need them this has also made it more difficult to offer training and professional development to the workforce and spend time on improvement projects.
 - The pace of change has been very fast and whilst this has generated flexible and creative approaches to change and improvement it has also challenged current resources. Sometimes the pace of change has been different across the whole system of health and social care and it has been difficult to co-ordinate activity to make sure everyone is managing change together and that increased pressure is not unintentionally created in another part of the system.
 - Whilst progress has been made to improve community based treatment and support for people with mental health and wellbeing challenges and / or who use drugs or alcohol, there is still much more work to be done. Extensive improvement plans are in place for mental health services, the Alcohol and Drug Partnership is currently reviewing its strategic and delivery plans and working to report against new national standards (including Medication Assisted Treatment Standards) and frameworks and work is continuing through the 'Working Better Together Project' to develop integrated responses to people who experience both mental health and drug and alcohol challenges.
 - Whilst the Partnership has benefited from significant short-term funding to help us to deal with the impacts of the pandemic, many of the innovative approaches that have been developed require long-term funding to support us to make them part of our service delivery models for the long-term.
 - Finding the right space for services to return to face-to-face service delivery, including clinical treatment space, has been difficult. It has also been challenging to identify new space to support changes and improvements to services.
 - The recording, collation and analysis of information that evidences the impact and outcomes of improvements that have been made across health and social care services continues to be a significant challenge. Performance information and numerical data about processes continues to be more readily available than information about how people have experienced services and the difference they have made to their lives.
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Feedback



- 98% of service users felt the support offered/given by emergency responders was good, very good and excellent (July 2021)
- 91% of people rated the overall quality of the Care at Home service during the Covid-19 Pandemic as excellent (September 2021)

Feedback regarding Community Nursing service



"You are a credit to the ... Organisation"

"Thank you from the bottom of our hearts for the amazing time and effort you have put in"

"All treated (Gran) with dignity and respect"

"Went above and beyond your duties"

"Please know the job you have done has made a huge impact on our lives forever"

"We will never be able to repay your kindness"

Feedback regarding Care at Home service



"Everything is great, fantastic service"

"Very happy with service"

"always very helpful"

"carers are all excellent"

"can't get any better, very grateful"

Feedback regarding CSAT and Dundee Enhanced Community Support Acute



"My 85-year mother received great service from the Dundee enhanced community support acute team. The nurses /doctor were all very friendly and helpful could not fault them they made a big difference to my mother just a pity it had to stop. 10 out of 10 thank you very much"

"I was referred to them by my GP and the pain clinic.... Communication was good with them keeping me informed. The staff were all very nice and helpful, treating me as an adult and not as a patient to be talked at as has happened to me in the past."

Where we need to improve



DEVELOP a shared framework for the delivery of locality based health and social care services, including drawing on learning from the pandemic period.

CONTINUE to develop our approach to locality working and enhance the collation, analysis and reporting of performance information at a locality and neighbourhood level.

STRENGTHEN Clinical, Care and Professional Governance reporting arrangements for lead partner services through governance systems and for Primary Governance Groups.

CONTINUE to work with partners across the Dundee Partnership to develop a range of approaches to meaningfully engage with them.

CONTINUE to implement the Primary Care Improvement Plan, including testing new models of community based service delivery and building on and further developing our new initiatives in response to COVID-19.

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

INCREASE the pace of improvement in relation to key performance challenges including falls, complex delayed discharges and unscheduled care.

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

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

IMPROVE our approach to public and workforce communications, including streamlining how we share information with the public about available services and supports.

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

IDENTIFY sustainable approaches to recording outcomes and impact information, particularly within key programmes of services transformation, alongside data about processes and outputs.

How we have spent our resources

Dundee Integration Joint Board spent £300.8 Million on integrated health and social care services during 2021-22

The actual expenditure profile for Integrated Health & Social Care Services was:

	2017-18 (M)	2018-19 (M)	2019-20 (M)	2020-21 (M)	2021-22 (M)
Total Spend	£257.5	£263.1	£276.1	£292.6	£300.8
Health Service – Hospital In-patient	£40.4	£42.1	£43.6	£43.1	£44.6
Other Social Care Services	£71.1	£72.6	£76.4	£79.4	£87.6
Other Health Care Services	£115.2	£117.5	£123.2	£134.2	£134.2
Care Home and Adult Placement Social Care Services	£29.5	£29.5	£31.5	£34.6	£32.9
Supporting Unpaid Carers	£1.3	£1.4	£1.4	£1.4	£1.5

The COVID-19 pandemic continued to have an impact on Health and Social Care services throughout the year, with lower activity in some community-based social care services. The financial impact to support the additional COVID-19 remobilisation and recovery work amounted to £7,922k of additional expenditure, and this has been funded from additional Scottish Government non-recurring allocations during 2021-22.

The overall financial performance consisted of an underlying underspend of £5,969k in Social Care budgets (overspend of £1,387k in 2020-21) and an underlying underspend of £1,871k in NHS budgets (underspend of £3,482k in 2020-21) resulting in a net surplus of £7,839k.

Complaints



In 2021/22 a total of 192 complaints were received regarding health and social care services provided by the Partnership. This year 56% of complaints were resolved at the first stage of the complaint process, frontline resolution. Following investigation, 53% of complaints were upheld or partially upheld.

Complaints related to a number of different aspects of health and social care provision and the top 3 from each of the Local Authority and NHS Tayside Complaints Processes were

Services provided by Dundee City Council

1. Delay in responding to enquiries & requests
2. Failure to meet our service standards
3. Failure to provide a service

Services provided by NHS Tayside

The highest proportion of complaints continues to be regarding Mental Health Services with more than a quarter of the complaints throughout the year relating to the service (29.1%). Of these complaints, 10 remain open to be resolved and out of the 46 closed complaints almost 40% were either upheld or partially upheld for the service.

Where complaints are upheld or partially upheld we plan service improvements to help prevent similar issues arising again. Planned service improvements in the past year have included: improved communications with service users and family members; and improvements to billing systems for couples. These improvements can include the development of systems, such as case recording systems and support for staff members to prevent complaint issues recurring. Where staff members have complaints raised about their practice there are appropriate support structures for them to access as necessary.

Quality of our services



The inspection of services has not yet returned to pre-Covid levels and Inspectors are carrying out their role remotely and only undertaking visits where necessary. As restrictions were lifted their approach has been to undertake a programme of visits to those services categorised as high risk.

This approach resulted in the majority of services not being graded as normal in 2021/22 and retaining the grades they received at the most recent inspection. Instead the Care Inspectorate intensified oversight using a range of remote and virtual approaches to ensure services were supported and operating well throughout the pandemic. Of the services that were inspected, gradings were focussed around care and support during the COVID-19 Pandemic.

In 2021/22, 18 services for adults registered with the Care Inspectorate in Dundee were inspected. Of the services that were inspected, 7 of the 18 received no requirements for improvement. One Care Home, Balhousie Clements Park received a statutory notice of enforcement due to poor grades. The requirements listed within the improvement notice were met and a compliance letter sent by the Care Inspectorate confirmed the improvement notice was no longer in force.

Gradings measured services on 2 themes

- **How well do we support people's wellbeing?**
- **How good is our care and support during the Covid-19 pandemic?**

None of the services provided directly by the Partnership were inspected during 2021/22.

5 of the 18 services in Dundee which were subject to a Care Inspectorate inspection last year received grades of 'good', 'very good' or 'excellent'.

Awards



- Members of the Tayside Primary Care Team won the 'Team Response to COVID-19 Pandemic Health' category at the Royal College of General Practitioners Inspire Awards.
- [The Dundee Non Fatal Overdose Rapid Response Team was recognised at the COSLA Excellence Awards 2022.](#)
- Therapeutic radiographers at Ninewells Cancer Centre have been nominated for the NHS Education Scotland Allied Health Professional Career Fellowship.
- The Social Care Response Service won in the Category 3 of Outstanding Team for Dundee City Council's OSCAS 2022 for their work during the pandemic.



Team leader Fiona Kennedy and advanced practitioner Kelsey Normand

Performance against National Health and Wellbeing Indicators



You can view our performance towards the [National Health and Wellbeing Indicators](#) [here](#).

Where we improved from the 2015/16 baseline year

- Emergency bed day rate for people aged 18+ decreased by 28% and for the last 3 years the Dundee rate has been less than the Scotland rate.
- The proportion of the last 6 months of life spent at home or in a community setting increase from 87% in 2015/16 to 92% in 2021/22 and since 2015/16 Dundee's performance has been the same as or better than performance for Scotland.
- The % of adults with intensive care needs receiving care at home increased from 50% in 2015/16 to 63% in 2021/22. The number of days people spent in hospital when they were ready to be discharged as a rate per 1,000 population decreased from 832 people in 2015/16 to 799 in 2021/22.






























Areas for improvement which we are currently investigating

- The rate of hospital admissions due to a fall for people aged 65+ increased from 25 per 1,000 people in 2015/16 to 32 in 2021/22 and Dundee's performance was poorer than all other Partnerships.
 - The rate of readmissions to hospital within 28 days of discharge increased from 122 discharges per 1000 people in 2015/16 to 139 discharges per 1,000 people in 2021/22 and Dundee's performance was 3rd poorest out of all Partnerships.
-



























In addition to annual reporting, we also monitor performance quarterly and compare across LCPP areas and report to the Performance and Audit Committee. Where we require further analysis to understand the data and improve services we also produce in-depth analytical reports. These can be viewed [here](#).

National Indicator	Improvement from 2015-16?	Improvement from last year?	Comparison with Scotland 2021-22
1. Percentage of adults able to look after their health very well or quite well			
2. Percentage of adults supported at home who agreed that they are supported to live as independently as possible			
3. Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided			
4. Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated			
5. Percentage of adults receiving any care or support who rate it as excellent or good			
6. Percentage of people with positive experience of care at their GP practice			
7. Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life			
8. Percentage of carers who feel supported to continue in their caring role			
9. Percentage of adults supported at home who agreed they felt safe			

Indicators 1-9 are measured using the National Health and Care Experience Survey disseminated by the Scottish Government every two years. The latest one was completed in 2019/20.

The methodology was changed by Scottish Government for the 2019/20 survey, on how the responses included in these results are filtered, therefore it is not accurate to compare longitudinally. This is because the question which allow the Scottish Government to ascertain which respondents receive care / support from the Health and Social Care Partnerships was changed and the interpretation of these questions is subjective and varies per respondent.

National Indicator	Improvement from 2015-16?	Improvement from 2020-21?	Comparison with Scotland
11. Emergency admission rate (per 100,000 people aged 18+)			
12. Emergency bed day rate (per 100,000 people aged 18+)			
13. Readmission to acute hospital within 28 days of discharge rate (per 1,000 population)			
14. Proportion of last 6 months of life spent at home or in a community setting			
15. Falls rate per 1,000 population aged 65+			
16. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections			
17. Percentage of adults with intensive care needs receiving care at home***			
18. Percentage of days people spend in hospital when they are ready to be discharged, per 1,000 population			



Better
than
Scotland



Worse
than
Scotland



Same
as
Scotland

If you have any questions about the information contained in this document please email: dundehscp@dundecity.gov.uk or phone 01382 434000



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
24 AUGUST 2022

REPORT ON: QUARTERLY COMPLAINTS PERFORMANCE – 1st QUARTER 2022/23

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB57-2022

1.0 PURPOSE OF REPORT

The purpose of this report is to summarise the complaints performance for the Health and Social Care Partnership (HSCP) in the first quarter of 2022/23. The complaints include complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

- 2.1 Notes the complaints handling performance for health and social work complaints set out within this report.
- 2.2 Notes the work which has been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring and report.

3.0 FINANCIAL IMPLICATIONS

None

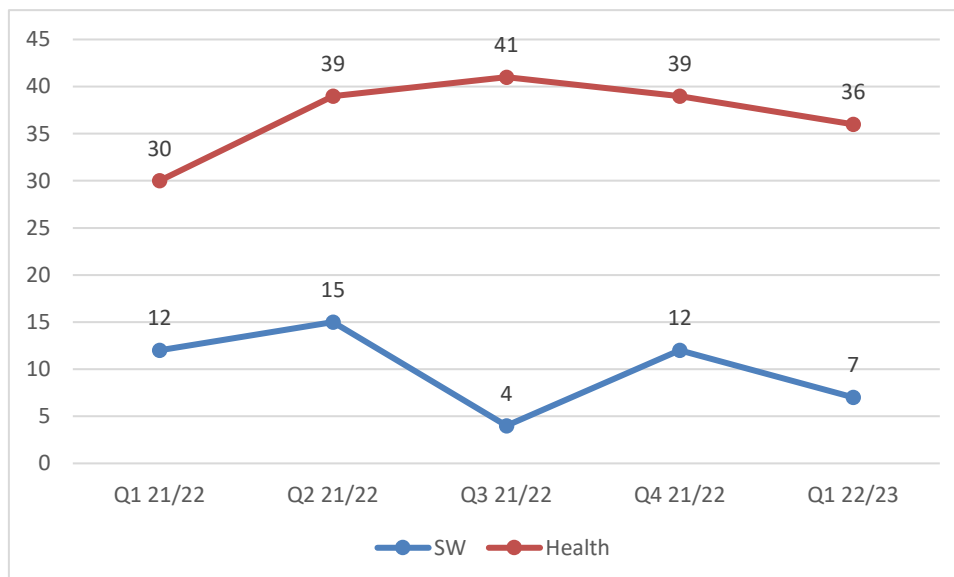
4.0 MAIN TEXT

- 4.1 Since the 1st April 2017 both NHS and social work complaints follow the Scottish Public Service Ombudsman Model Complaint Handling Procedure. Both NHS Tayside Complaint Procedure and the Dundee Health and Social Care Partnerships Social Work Complaint Handling Procedures have been assessed as complying with the model complaint handling procedure by the SPSO.
- 4.2 Complaints are categorised by 2 stages: Stage 1: Frontline Resolution and Stage 2: Investigation. If a complainant remains dissatisfied with the outcome of a Stage 1: Frontline Resolution complaint, it can be escalated to a Stage 2. Complex complaints are handled as a Stage 2: Investigation complaint. If a complainant remains dissatisfied with the outcome of Stage 2: Investigation complaint they can contact the Scottish Public Services Ombudsman who will investigate the complaint, including professional decisions made. Complaints about the delivery of services are regularly presented to the Clinical, Care and Professional Governance Group to inform service improvement.
- 4.3 The required SPSO reporting categories are included as appendix 1 at the end of the report.

4.4 Complaints Received

In the first quarter of 2022/23 a total of 7 complaints were received about social work or social care services and 36 about Health services in the Dundee Health and Social Care Partnership.

Number of complaints received quarterly



The graph shows that compared to quarter four, both channels of complaints have seen a decrease this quarter.

4.5 Social Work complaints by reason for concern

Complaint themes continue to be monitored for trends and looking at the table below, we can see that for the 2nd quarter running Delays have been the most frustrating element for complainants making complaints.

	Q4 2021/22	Q1 2022/23
Attitude, behaviour or treatment by a member of staff	2	0
Delay in responding to enquiries and requests	7	9
Dissatisfaction with our policy	0	1
Failure to provide a service	1	0
Failure to follow the proper administrative process	0	0
Failure to meet our service standards	2	2

The numbers of social work complaints received this quarter are small.

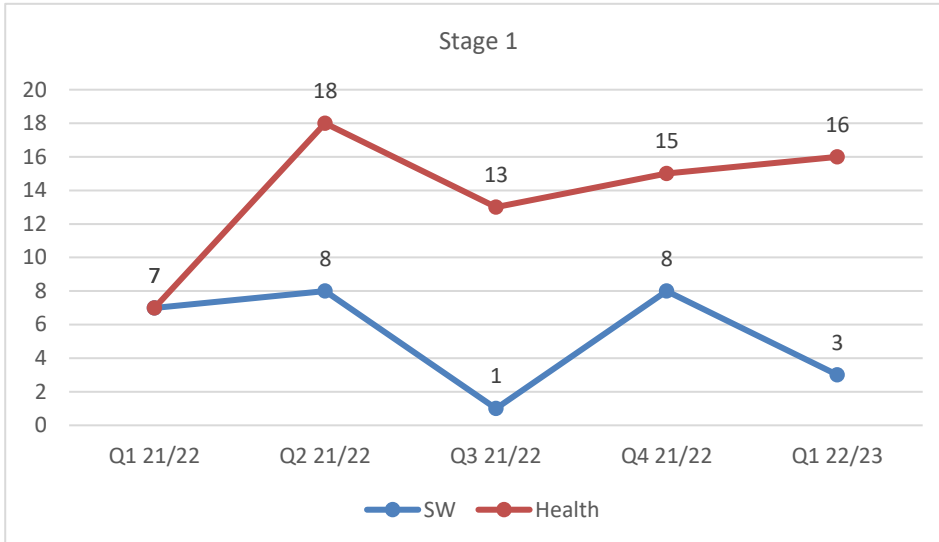
4.6 Health complaints by reason for concern

Disagreement with treatment / care plan	6
Lack of continuity	1
Letter wording	1
Problems with medication	3
Unacceptable time to wait for an appointment	8
Lack of support	6
Shortage of staff	3
Patient not being verbally told	1
Email	1
Telephone	1
Error with prescription	1
Poor medical treatment	1
Abruptness	1
Conduct	1

14 complaints did not have a theme recorded.

For future complaint reports we will track reasons for concern so we can easily see which are the problem areas and require further work.

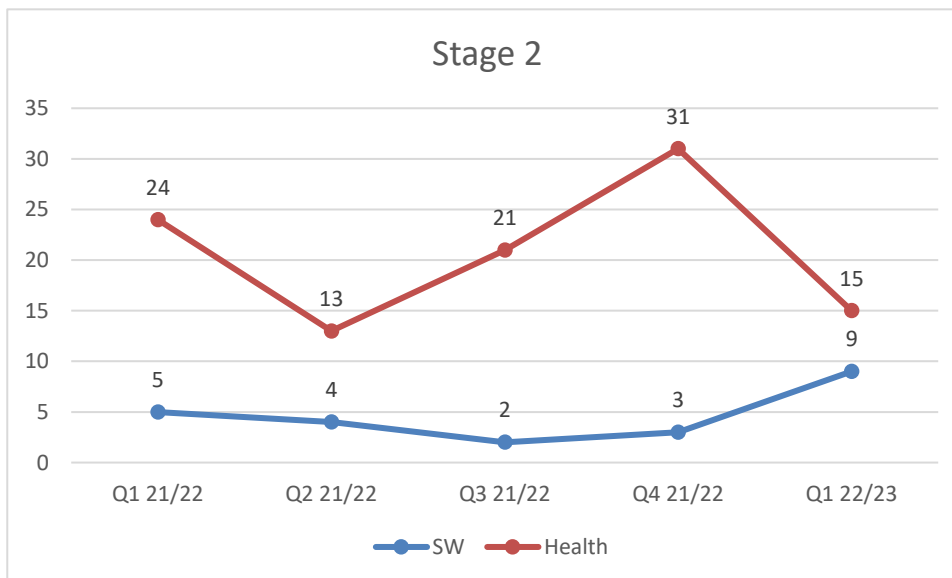
4.7 Complaints Stages



Stage 1 complaints are completed within 5 days or given a maximum extension of a further 10 days.

Numbers fluctuate within Social Work between quarters.

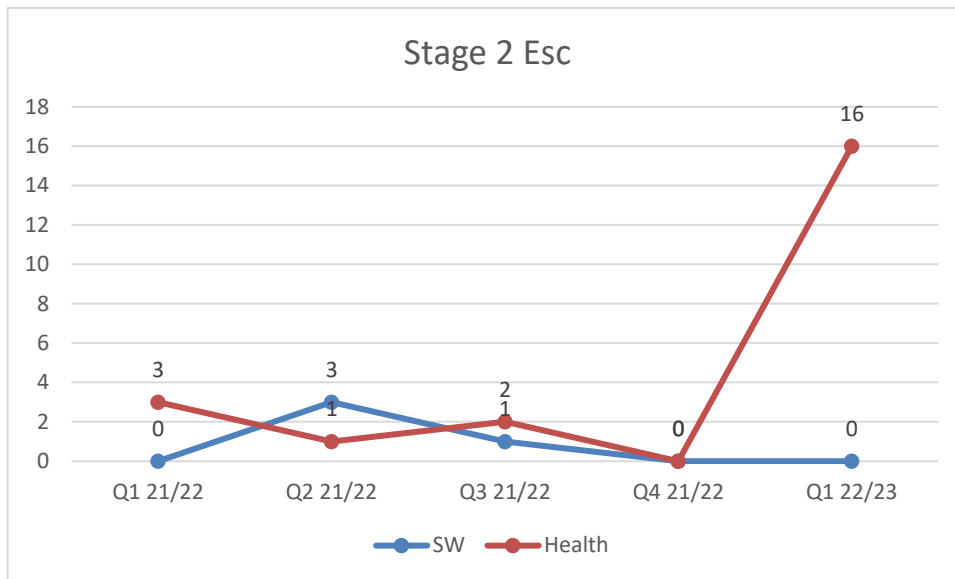
Numbers within Health are creeping back up to the high we saw in Q2 last year.



Stage 2 complaints are completed within 20 working days and can be extended also.

Social Work stage 2 complaints have seen a spike this quarter.

Health stage 2 complaints have seen a decline in over 50% of stage 2 complaints this quarter compared to Q4.



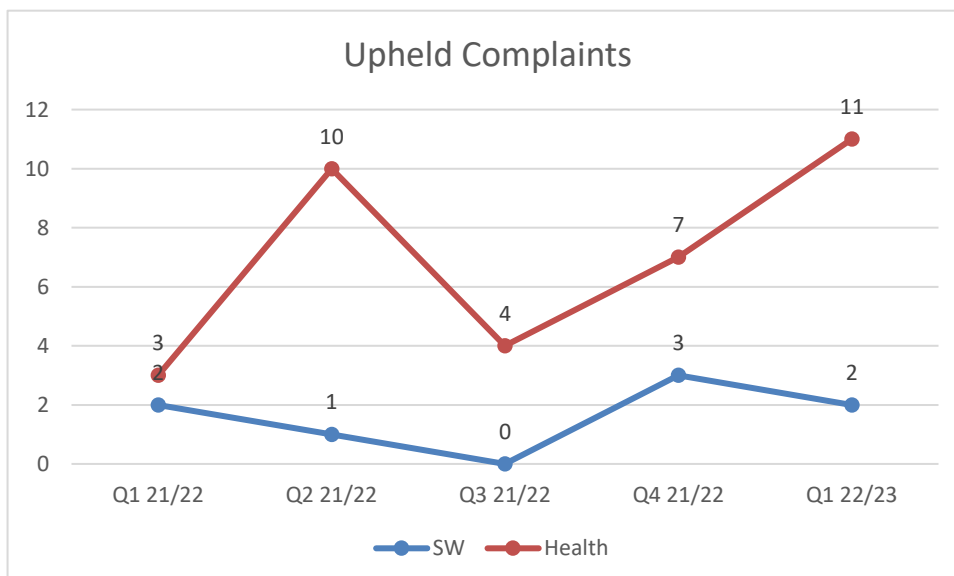
Stage 2 escalated complaints are those which are escalated from stage 1 to stage 2 after being logged and possibly responded to. Health complaints have taken a sharp rise this quarter.

Social Work stage 2 escalated complaints have remained at 0 for the second quarter running.

4.8 Complaint Outcomes

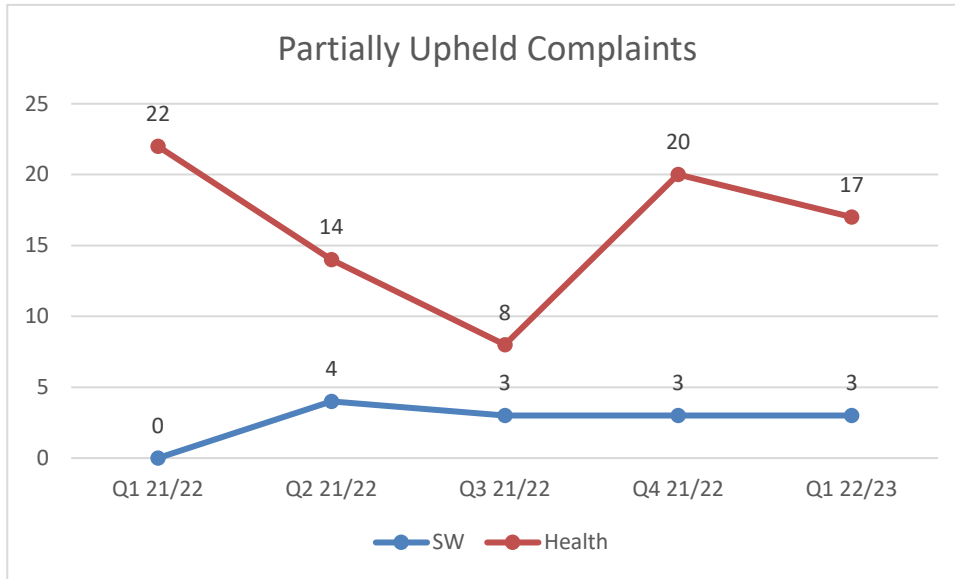
Partially upheld and upheld complaints receive planned service improvements logged against them by the allocated complaint investigator and these must be completed within a set timeframe.

These planned service improvements can range from process improvements or re-design to team briefings regarding staff attitude and behaviour.



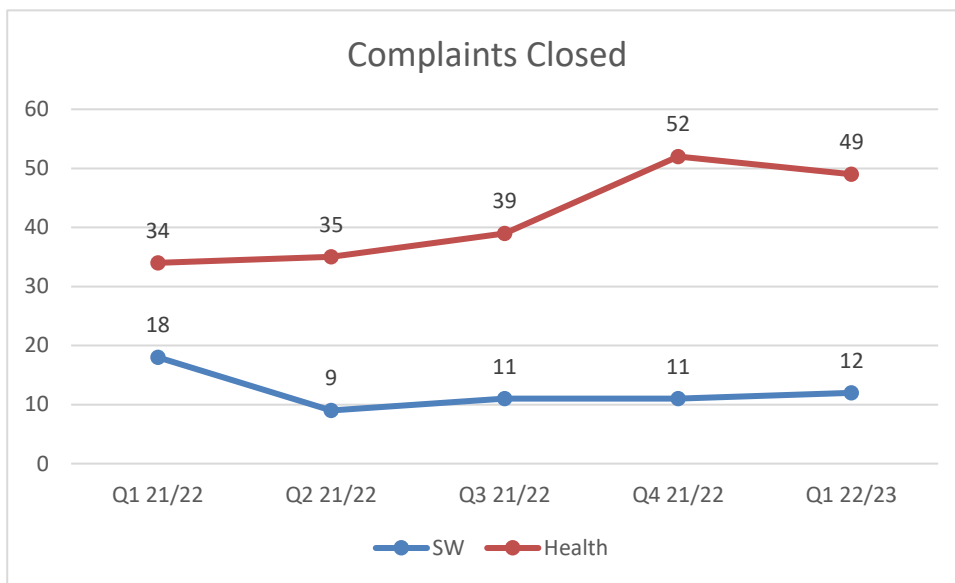
Upheld complaints have increased within Health for the second quarter running and are at an all time high for the last year.

Social Work upheld complaints have declined slightly after seeing an increase in Q4.

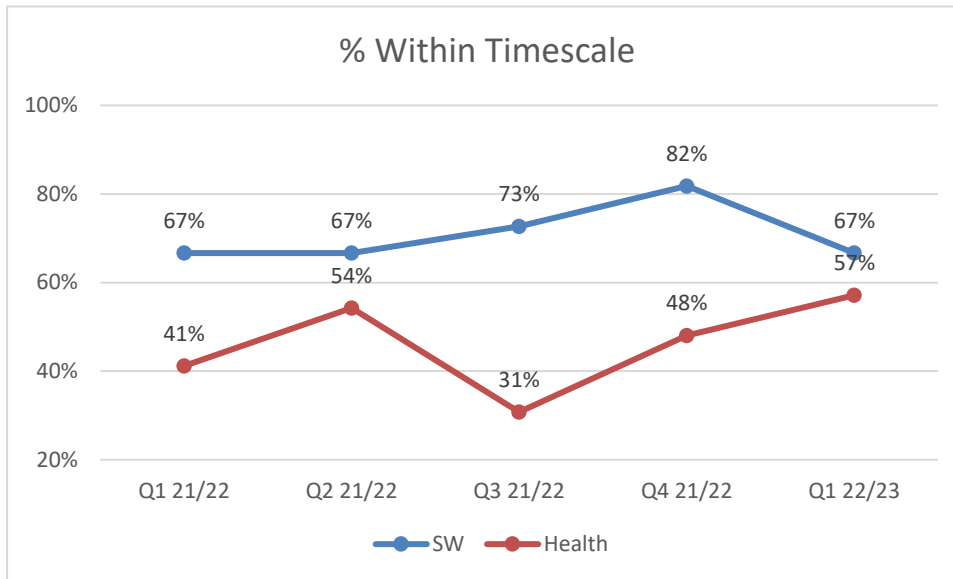


Social Work Partially Upheld complaints have remained relatively stable for the last three quarters while Health have seen a slight decline this quarter compared to last.

4.9 Complaints Closed & Resolved Within Timescales



The numbers of complaints closed have remained relatively stable compared to previous quarters.



There has been a sustained improvement in the numbers of complaints closed within timescales for Health complaints.

Work to improve complaint performance is ongoing and weekly reports on open complaints is provided to the Operational Management Team.

4.10 Planned Service Improvements

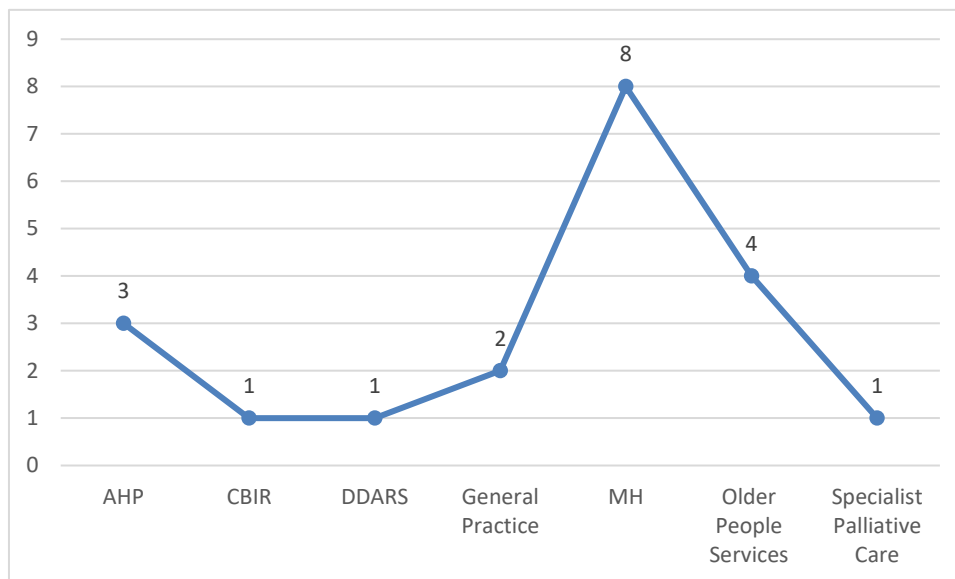
There were 33 partially upheld or upheld complaints which have all identified a cause and have service improvements planned to address these. By putting these planned service improvements in place, we look to minimise complaints of the same nature being received.

4.11 Open Complaints

	Total Open	20 days or less	21-39 days	40-99 days	100 days +	180 days +	Average Days
SW	3	1	0	0	1	1	142
Health	20	11	2	5	1	1	38

The above table shows the numbers of open complaints by the numbers of days open. There are few complaints that are very late and these are being monitored.

4.12 Snapshot of Health open complaints across services



The graph above shows the current volume of open complaints within Health as of 26th July 2022.

4.13 Compliments

We also received compliments about our services. Here are some of the compliments we have received this quarter.

April 2022: Amazed and very happy with the speed of the response from OT First contact and OT store for equipment provision. Delighted with the Service.

April 2022: I just wanted to send a quick message to thank you for your excellent service today. I have been putting off seeing about a chronic shoulder problem. I finally called earlier in the week expecting to have quite a wait before being able to see a physio. After calling at 8am this morning (as advised) I had a call back from the physio at 8.40, followed by an appointment at 10.40. Back at work with a course of exercises to follow by 11! Fantastic!
When I'm sure you receive plenty of grumbles & the press seems to slam primary care on a daily basis I just wanted to send a note of thanks for your efficient service.

May 2022: A nice man just stopped me as I was walking to a client's house and said thank you for all the good work we do. He said his mum passed away 3 weeks ago and the equipment we provided really helped her and also family were caring for her. He was full of praise for our service which was really nice. So well done everyone.

5.0 IJB Complaints

No complaints about the Integration Joint Board have been received.

6.0 POLICY IMPLICATIONS

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

7.0 RISK ASSESSMENT

This report has not been subject to a risk assessment as it is provided for information and does not require a policy decision from the PAC.

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS

None

Dave Berry
Chief Finance Officer

DATE: 26 July 2022

SPSO Categories

	Social Work	Health
	Q1	Q1
1a: the total number of complaints received per 1,000 population	0.06	0.30
1b: the total number of complaints closed per 1,000 population	0.10	0.40
2a: the number of complaints closed at stage 1 as % all complaints closed	25%	33%
2b: the number of complaints closed at stage 2 as % all complaints closed	75%	31%
2c: the number of complaints closed after escalation as % all complaints closed	0%	33%
3a: the number of complaints upheld at stage 1 as % of all complaints closed in full at stage 1	33%	44%
3b: the number of complaints not upheld at stage 1 as % of all complaints closed in full at stage 1	33%	13%
3c: the number of complaints partially upheld at stage 1 as % of all complaints closed in full at stage 1	0%	44%
3d: the number of complaints upheld at stage 2 as % of all complaints closed in full at stage 2	11%	20%
3e: the number of complaints not upheld at stage 2 as % of all complaints closed in full at stage 2	56%	47%
3f: the number of complaints partially upheld at stage 2 as % of all complaints closed in full at stage 2	33%	33%
3g: the number of escalated complaints upheld at stage 2 as % of all escalated complaints closed in full at stage 2	0%	6%
3h: the number of escalated complaints not upheld at stage 2 as % of all escalated complaints closed in full at stage 2	0%	56%
3i: the number of escalated complaints partially upheld at stage 2 as % of all escalated complaints closed in full at stage 2	0%	31%
4a: the average time in working days for a full response to complaints at stage 1	31	10
4b: the average time in working days for a full response to complaints at stage 2	50	31
4c: the average time in working days for a full respond to complaints after escalation	0	39
5a: the number of complaints closed at stage 1 within 5 working days as % of total number of stage 1 complaints	0%	6%
5b: the number of complaints closed at stage 2 within 20 working days as % of total number of stage 2 complaints	22%	33%

5c: the number of complaints closed after escalation within 20 working days as % of total number of escalated complaints	0%	25%
6a: number of complaints closed at stage 1 where extension was authorised as % of all complaints at stage 1	33%	6%
6b: number of complaints closed at stage 2 where extension was authorised as % of all complaints at stage 2	78%	0%
6c: number of complaints closed after escalated where extension was authorised as % of all complaints escalated	0%	19%

**Please note all categories add up to 100% due to missing data, the use of resolved outcomes



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
24 AUGUST 2022

REPORT ON: FINANCIAL MONITORING POSITION AS AT JUNE 2022

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB60-2022

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide the Integration Joint Board with an update of the projected financial monitoring position for delegated health and social care services for 2022/23 including an overview of the costs and financial risks associated with Dundee Health and Social Care Partnership's continued response to the Covid-19 pandemic.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report including the overall projected financial position for delegated services to the 2022/23 financial year end as at 30th June 2022 as outlined in Appendices 1, 2, and 3 of this report.
- 2.2 Notes the costs and financial risks associated with Dundee Health and Social Care Partnership's continued response to the Covid-19 pandemic as set out in section 4.5 of this report.
- 2.3 Notes that officers within the Health and Social Care Partnership will continue to carefully monitor expenditure throughout the remainder of the financial year.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The underlying financial monitoring position for Dundee Health and Social Care Partnership based on expenditure to 30th June 2022 (excluding any implications of additional Covid-19 spend) shows a net projected underspend position for 2022/23 of (£901k).
- 3.2 Dundee Health and Social Care Partnership continues to incur additional expenditure associated with the response to the Covid-19 pandemic and the Scottish Government provided additional funding throughout 2020/21 and 2021/22 to support these additional costs which included provision for unforeseen additional expenditure at the year-end period due to the uncertainty of a range of costs. The Scottish Government instructed that any surplus funding at the year-end would sit as earmarked in IJB's reserve balances.
- 3.3 Dundee IJB currently has a total of £15.6m of Covid-19 reserves, which will be drawn down to meet additional ongoing Covid-19 related demands on delegated services in 2022/23. The Scottish Government has confirmed that no further additional Covid-19 funding will be made available.
- 3.4 As detailed in section 4.5, it is anticipated that the earmarked Reserves balance will be sufficient to meet the additional 2022/23 Covid-19 related expenditure.

4.0 MAIN TEXT

4.1 Background

4.1.1 As part of the IJB's financial governance arrangements, the Integration Scheme outlines that "The Chief Finance Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances."

4.1.2 The IJB's final budget for delegated services was approved at the meeting of the IJB held on the 25th March 2022 (Article IV of the minute of the 25 March refers). This set out the cost pressures and funding available to ensure the IJB had a balanced budget position going into the 2022/23 financial year. The 2022/23 budget did not require to stipulate any additional savings plan to achieve a balanced budget position, therefore the financial monitoring reports will not need to include an updated assessment of the status of the savings plan during this year.

4.2 Projected Outturn Position – Key Areas

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

4.3 Services Delegated from NHS Tayside

4.3.1 The financial projection for services delegated from NHS Tayside to the IJB indicates a projected underspend of around (£554k) by the end of the financial year. Throughout the year, community-based health services managed directly by Dundee Health and Social Care Partnership are projected to be underspent by approximately (£34k). The impact of Lead Partner Service (formerly referred to as Hosted Services) risk sharing adjustment is indicating an additional cost to Dundee IJB of £487k, prescribing is projected to be underspend by (£1,360k) and other Primary Care services are expected to be overspent by £353k. These figures are net of additional Covid-19 costs which will be covered by the IJB's Covid-19 reserve.

4.3.2 A key driver of underspends across various services continues to be staffing vacancies, with ongoing challenges to recruit staff. This is similar across a number of medical, nursing, AHP and other staffing groups and across various bands.

4.3.3 Key drivers of overspends tend to be as a result of reliance on bank, agency or locum staff (with premium costs) to fill vacancies where patient acuity and / or safe-staffing levels necessitate the use of these additional staff.

4.3.4 National discussions in relation to the NHS-employed staff pay award for 2022/23 are continuing. The baseline budget uplift received from NHS Tayside was set at 2%, however it is acknowledged that an offer to staff has been made which is higher than this. As in previous years, it is assumed that additional funding will be received from the Scottish Government should the pay award be higher than the budgeted uplift to offset the increased cost.

4.3.5 Members of the IJB will be aware that Angus and Perth and Kinross IJBs provide Lead Partner (formerly referred to as Hosted Services) arrangements for some services on behalf of Dundee IJB and a number of services are led by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth and Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows net impact of hosted services to Dundee being an increased cost implication of £474k which mainly relates to higher spend within Out of Hours and Forensic Medical Services led by Angus IJB.

- 4.3.6 Members will also be aware that In-Patient Mental Health services are also a delegated function to Tayside IJB's, having previously been Hosted by Perth & Kinross IJB. In early 2020/21, the operational management of these services was returned to NHS Tayside, however under health and social care integration legislation the strategic planning of these services remains delegated to the 3 Tayside Integration Joint Boards. Discussions continue with NHS Tayside around financial risk sharing arrangements for these services however there is unlikely to be any resultant financial risk to Dundee IJB in 2022/23.

4.4 Services Delegated from Dundee City Council

- 4.4.1 The financial projection for services delegated from Dundee City Council to the IJB shows an anticipated underspend of (£347k).
- 4.4.2 Key drivers of underspend include vacancies across various teams and grades, and also lower activity in some areas as services continue to return pre-pandemic levels.
- 4.4.3 Key drivers of overspend includes ongoing lower income levels (due to lower activity levels), and an assumed additional cost pressure against potential pay award agreements.
- 4.4.4 National and local conversations continue in relation to pay award settlement for Dundee City Council-employed staff. The IJB's 2022/23 Budget included an assumption of 2% pay award against a flat-cash settlement from Dundee City Council, with this cost pressure being incorporated into the overall financial plan. It is now acknowledged that the pay award settlement is likely to be higher than this, resulting in an additional unplanned cost pressure for 2022/23. At this stage, the value of this is unknown, however a prudent assumption of additional £1m charge has been built into the current position.

4.5 Financial Impact of the Covid-19 Response

- 4.5.1 The Scottish Government provided additional funding throughout 2020/21 and 2021/22 to support additional health and social care expenditure incurred to respond to the Covid-19 pandemic. This funding included provision for unforeseen additional expenditure at the year-end period due to the uncertainty of a range of costs. The Scottish Government instructed that any surplus funding at the year-end would be required to sit as earmarked in the IJB's reserve balances. Dundee IJB currently has a total of £15.6m of Covid-19 reserves, which must be drawn down to meet additional ongoing Covid-19 related demands on delegated services in 2022/23. The Scottish Government has confirmed that no further additional funding will be made available.

- 4.5.3 The latest financial summary as submitted to the Scottish Government in July 2022 (after Quarter 1 2022/23) is as follows:

Table 1

Mobilisation Expenditure Area	2022/23 Projected Covid-19 Additional Spend (As at Q1) £000	2021/22 Covid-19 Additional Expenditure £000	2020/21 Covid-19 Additional Expenditure £000
Additional Care Home Placements	0	0	336
PPE	63	192	157
Additional Staff Cover / Temporary Staff	1,574	2,659	2,817
Provider Sustainability Payments	1,284	2,538	4,379
IT / Telephony	50	0	50
Additional Family Health Services Contractor Costs	87	143	678
Additional Family Health Services Prescribing Costs	0	226	0
Loss of Charging Income	0	1,028	1,350
Additional Equipment and Maintenance	47	336	189
Primary Care	266	197	0
Additional Services within Remobilisation Plan	0	484	0
Other Costs	276	119	114
Anticipated Underachievement of Savings	0	0	200
Total Mobilisation Costs	3,647	7,922	10,271

- 4.5.4 Based on the current financial information and projected spend profile, it is anticipated that the Covid-19 Reserves balance will be sufficient to fully cover the anticipated additional expenditure during 2022/23
- 4.5.5 Discussions are ongoing with NHS Tayside finance colleagues in relation to potential additional Covid-19 related spend in other delegated services areas – including In-Patient Mental Health services and Unscheduled Car pathways. The financial implications of this are currently unknown and therefore have not yet been included in the above figures. However, it is anticipated these costs for 2022/23 will also be met from within the earmarked reserves balance.
- 4.5.6 The Scottish Government recently confirmed the extension of the financial support offered to social care providers throughout the pandemic to date and funded through IJB remobilisation funding has ended on 30 June 2022 (although some ongoing support under the Social Care Staff Support fund remains in place until 30 September 2022 and financial support arrangement for testing and vaccinations remains until 31 March 2023). This element has been the most significant cost within the remobilisation plan to date and included continued payment of underoccupancy payments to care homes (until the end of October 2021), payments for additional staff sickness and cover and additional PPE.
- 4.5.7 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.
- 4.5.8 Any future year or ongoing financial implications relating to additional Covid-19 costs continues to be reviewed and funding options considered. Where expenditure relates to new ways of working or other strategic priorities, this will be considered during the annual financial planning

and budget setting process with a view to identifying recurring funding. Any appropriate reports will be presented to the IJB.

4.6 Reserves Position

- 4.6.1 The IJB's reserves position significantly improved at the year ended 31st March 2022 as a result of the IJB generating an operational surplus of £7,839k during 2021/22 and the impact of the release of significant funding to all IJB's by the Scottish Government for specific initiatives to be held as earmarked reserves. This results in the IJB having total committed reserves of £29,065k and uncommitted reserves of £9,933k. These values are currently subject to annual external Audit processes. This leaves the IJB with more flexibility to respond to unexpected financial challenges and provides the opportunity for transition funding for transformation of services. The reserves position is noted in Table 2 below:

Table 2

Reserve Purpose	Reserves Balance @ 31/3/22
	£k
Mental Health	1,825
Primary Care	4,995
Service specific	1,947
Community Living Change Fund	613
NHST - shifting balance of care	1,600
ADP	1,220
Covid-19	15,595
Analogue to Digital Grant	876
Other Staffing	394
Total Committed Reserves	29,065
General Reserves (Uncommitted)	9,933

- 4.6.2 Scottish Government funding in relation to Primary Care Improvement Fund, Mental Health Strategy Action 15 Workforce and Alcohol and Drugs Partnerships can only be spent on these areas and reserve balances will be taken into consideration for these funds by the Scottish Government when releasing further in-year funding.
- 4.6.3 Similarly the provision of Covid-19 funding can only be set against Covid-19 related additional expenditure and the Scottish Government had previously advised that there will be no further resource allocation to support any additional expenditure.
- 4.6.4 While it is still relatively early in the financial year, it is anticipated that a significant portion of Committed Reserves will be utilised during 2022/23. This includes Covid-19 due to the understanding that no additional funding will be made available and any additional Covid-19 related costs within delegated services should be funding from this balance, in addition to the expectation that further in-year annual allocations for areas such as Primary Care Improvement fund, Mental Health Action 15 and Alcohol and Drug Partnership will only be made available once current Reserves balances have been utilised.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year.
Risk Category	Financial
Inherent Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (which is a High-Risk Level)
Mitigating Actions (including timescales and resources)	The IJB has agreed a range of savings and other interventions to balance expenditure, which alongside additional in year Scottish Government funding and the impact on service levels due to Covid-19 reduces the risk for 2021/22. Regular financial monitoring reports to the IJB will highlight issues raised.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	While the inherent risk levels are high, the impact of the planned actions reduce the risk and therefore the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

						Appendix 1
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2022/23						Jun-22
	Dundee City Council Delegated Services		NHST Dundee Delegated		Partnership Total	
	Net Budget £,000	Forecast Overspend / (Underspend) £,000	Net Budget £,000	Forecast Overspend / (Underspend) £,000	Net Budget £,000	Forecast Overspend / (Underspend) £,000
Older Peoples Services	52,415	(802)	16,759	790	69,174	(12)
Mental Health	5,707	(9)	3,979	210	9,686	201
Learning Disability	30,638	582	1,514	(43)	32,152	539
Physical Disabilities	6,056	(227)	0	0	6,056	(227)
Drug and Alcohol Recovery Service	1,245	(317)	3,655	215	4,900	(102)
Community Nurse Services/AHP/Other Adult	-69	(88)	14,234	(69)	14,164	(157)
Lead Partner Services			21,874	(846)	21,874	(846)
Other Dundee Services / Support / Mgmt	3,281	515	30,104	(493)	33,384	22
Centrally Managed Budgets			1,301	202	1,301	202
Total Health and Community Care Services	99,272	(347)	93,420	(34)	192,692	(381)
Prescribing (FHS)			33,465	(986)	33,465	(986)
Other FHS Prescribing			-687	(374)	(687)	(374)
General Medical Services			27,955	351	27,955	351
FHS - Cash Limited & Non Cash Limited			21,433	2	21,433	2
Large Hospital Set Aside			0	0	0	0
Total	99,272	(347)	175,585	(1,041)	274,857	(1,388)
Net Effect of Lead Partner Services*			(4,250)	487	(4,250)	487
Grand Total	99,272	(347)	171,336	(554)	270,608	(901)

*Lead Partner Services (formerly known as 'Hosted Services' - Net Impact of Risk Sharing Adjustment

						Appendix 2
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2022/23						Jun-22
	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Forecast Overspend / (Underspend) £,000	Annual Budget £,000	Forecast Overspend / (Underspend) £,000	Annual Budget £,000	Forecast Overspend / (Underspend) £,000
1						
Psych Of Old Age (In Pat)			4,816	210	4,816	210
Older People Serv. - Ecs			262	-10	262	-10
Older Peoples Serv. -Community			597	120	597	120
Ijb Medicine for Elderly			5,689	575	5,689	575
Medical (P.O.A)			742	235	742	235
Psy Of Old Age - Community			2,522	-375	2,522	-375
Medical (MFE)			2,131	35	2,131	35
Care at Home	20,754	307			20,754	307
Care Homes	28,072	-873			28,072	-873
Day Services	1,094	95			1,094	95
Respite	589	-56			589	-56
Accommodation with Support	1,005	79			1,005	79
Other	901	-355			901	-355
Older Peoples Services	52,415	-802	16,759	790	69,174	-12
2						
Community Mental Health Team			3,979	210	3,979	210
Care at Home	598	-10			598	-10
Care Homes	418	321			418	321
Day Services	63	-12			63	-12
Respite	-3	39			-3	39
Accommodation with Support	4,523	-39			4,523	-39
Other	108	-309			108	-309
Mental Health	5,707	-9	3,979	210	9,686	201
3						
Learning Disability (Dundee)			1,514	-43	1,514	-43
Care at Home	-549	328			-549	328
Care Homes	3,085	-121			3,085	-121
Day Services	8,365	718			8,365	718
Respite	582	-140			582	-140
Accommodation with Support	21,736	-143			21,736	-143
Other	-2,581	-59			-2,581	-59
Learning Disability	30,638	582	1,514	-43	32,152	539
4						
Care at Home	916	-180			916	-180
Care Homes	2,040	76			2,040	76
Day Services	1,099	-97			1,099	-97
Respite	10	-26			10	-26
Accommodation with Support	402	-118			402	-118
Other	1,588	118			1,588	118
Physical Disabilities	6,056	-227	0	0	6,056	-227
5						
Dundee Drug Alcohol Recovery			3,655	215	3,655	215
Care at Home	0	0			0	0
Care Homes	274	57			274	57
Day Services	62	1			62	1
Respite	0	0			0	0
Accommodation with Support	310	-112			310	-112
Other	599	-263			599	-263
Drug and Alcohol Recovery Service	1,245	-317	3,655	215	4,900	-102

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Forecast Overspend / (Underspend) £,000	Annual Budget £,000	Forecast Overspend / (Underspend) £,000	Annual Budget £,000	Forecast Overspend / (Underspend) £,000
6						
A.H.P.S Admin			442	33	442	33
Physio + Occupational Therapy			5,995	-125	5,995	-125
Nursing Services (Adult)			6,978	95	6,978	95
Community Supplies - Adult			315	26	315	26
Anticoagulation			504	-98	504	-98
Other Adult Services	-69	-88			-69	-88
Adult Services	-69	-88	14,234	-69	14,164	-157
7						
Palliative Care - Dundee			3,037	-148	3,037	-148
Palliative Care - Medical			1,334	-25	1,334	-25
Palliative Care - Angus			372	25	372	25
Palliative Care - Perth			1,849	-20	1,849	-20
Brain Injury			1,860	-78	1,860	-78
Dietetics (Tayside)			3,316	50	3,316	50
Sexual & Reproductive Health			2,341	-228	2,341	-228
Medical Advisory Service			170	-85	170	-85
Homeopathy			30	7	30	7
Tayside Health Arts Trust			75	0	75	0
Psychological Therapies			5,503	-250	5,503	-250
Psychotherapy (Tayside)			936	65	936	65
Perinatal Infant Mental Health			141	0	141	0
Learning Disability (Tay Ahp)			909	-160	909	-160
Lead Partner Services	0	0	21,874	-846	21,874	-846
8						
Working Health Services			0	20	0	20
The Corner			445	12	445	12
Ijb Management			914	-195	914	-195
Partnership Funding			25,475	0	25,475	0
Urgent Care			1,288	-110	1,288	-110
Health Inequalities			641	45	641	45
Keep Well			644	-215	644	-215
Primary Care			696	-50	696	-50
Support Services / Management Costs	3,281	515			3,281	515
Other Dundee Services / Support / Mgmt	3,281	515	30,104	-493	33,384	22
Centrally Managed Budget			1,301	202	1,301	202
Total Health and Community Care Services	99,272	-347	93,420	-34	192,692	-381
Other Contractors						
FHS Drugs Prescribing			33,465	-986	33,465	-986
Other FHS Prescribing			-687	-374	-687	-374
General Medical Services			27,955	351	27,955	351
FHS - Cash Limited & Non Cash Limited			21,433	2	21,433	2
Large Hospital Set Aside			0	0	0	0
Grand H&SCP	99,272	-347	175,585	-1,041	274,857	-1,388
Lead Partner Services Recharges Out			-13,315	174	-13,315	174
Lead Partner Services Recharges In			9,066	313	9,066	313
Adjustment			-4,250	487	-4,250	487
Grand Total	99,272	-347	171,336	-554	270,608	-901

NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards			Appendix 3
Recharge to Dundee IJB			
Risk Sharing Agreement - June 2022			
	Annual Budget £000s	Forecast Over / (Underspend) £000s	Dundee Share of Variance £000s
Lead Partner Services - Angus			
Forensic Service	1,046	250	99
Out of Hours	8,258	700	276
Locality Pharmacy	2,186	0	0
Tayside Continence Service	1,529	50	20
Speech Therapy (Tayside)	1,241	(75)	(30)
Sub-total	14,260	925	365
Apprenticeship Levy & Balance of Savings Target	(61)	32	13
Total Lead Partner Services - Angus	14,198	957	378
Lead Partner Services - Perth & Kinross			
Prison Health Services	4,104	(121)	(48)
Public Dental Service	1,501	42	17
Podiatry (Tayside)	3,351	(389)	(153)
Sub-total	8,955	(468)	(184)
Apprenticeship Levy & Balance of Savings Target	(144)	304	120
Total Lead Partner Services - Perth&Kinross	8,811	(164)	(64)
Total Lead Partner Services from Angus and P&K			
	9,066		314

ITEM No ...9.....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
24 AUGUST 2022

REPORT ON: MINISTERIAL STRATEGIC GROUP SELF-ASSESSMENT FINDINGS –
IMPLEMENTATION UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB51-2022

1.0 PURPOSE OF REPORT

To update the Integration Joint Board on progress made to address the areas of improvement identified through the Ministerial Strategic Group (MSG) for Health and Community Care self-assessment conducted in 2019/20.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this report, including the detailed update on improvement actions arising from the 2019/20 self-assessment activity contained within appendix 1.
- 2.2 Approve the proposal that the IJB ceases to receive any separate reports on the progress of the original MSG improvement plan, with reporting on individual areas continuing via the Governance Action Plan and individual workstream reports (section 4.2.7).

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 In February 2019, following the publication of the Audit Scotland 'Health and Social Care Integration: Update on Progress' report (November 2018, report available at: <https://www.audit-scotland.gov.uk/publications/health-and-social-care-integration-update-on-progress>), the Ministerial Strategic Group for Health and Community Care (MSG) published its own review report 'Ministerial Strategic Group for Health and Community Care, Review of Progress with Integration of Health and Social Care – Final Report' (report available at: <https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/>). At this time, the MSG also re-convened its Leadership Group to take on a new role of driving forward and supporting implementation of the proposals set out in the MSG review. Included within the MSG review report was the expectation that Health Boards, Local Authorities and Integration Authorities would take the opportunity to evaluate their position in relation to the review report's findings and the findings contained within the earlier Audit Scotland report. The MSG subsequently issued a template for use by Health and Social Care Partnerships and partners to complete and submit.
- 4.1.2 In Dundee, the Strategic Planning Advisory Group (then known as the Integrated Strategic Planning Group) led the completion of the self-assessment template, with active input from both NHS Tayside and Dundee City Council. The completed self-assessment was submitted in draft to the government in May 2019, subsequently being approved by NHS Tayside, Dundee City Council and Dundee IJB in June 2019 (article VII of the minute of the Dundee Integration Joint Board held on 25 June 2019 refers).

- 4.1.3 The self-assessment identified a number of priority areas for improvement that required to be progressed collaboratively by the IJB, Dundee City Council and NHS Tayside. Partners agreed that the Strategic Planning Advisory Group should take the lead role in developing specific arrangements and resources to support progression in identified areas of improvement.

4.2 Improvement Plan

- 4.2.1 By August 2019, the Strategic Planning Advisory Group had completed work to develop an improvement plan. This covered seven key themes:

- Collaborative leadership and building relationships;
- Integrated finances and financial planning;
- Effective strategic planning for improvement;
- Governance and accountability arrangements;
- Ability and willingness to share information;
- Meaningful and sustained engagement; and,
- Cross-cutting actions.

Actions within the plan were originally scheduled for completion between October 2019 and June 2020.

- 4.2.2 From September 2020 an overarching action was added to the Governance Action Plan; *implementation of and reporting on all outstanding recommendations arising from the MSG report on health and social care integration* (article XVII of the minute of the Performance and Audit Committee held on 22 September 2020 refers). A final implementation date of December 2020 was assigned at that time, reflecting delays that had already been experienced due to the onset of the COVID-19 pandemic.
- 4.2.3 Updates continued to be provided to the Performance and Audit Committee through the Governance Action Plan throughout 2020/21 and into the first half of 2021/22. In May 2021 the expected completion date for the action was amended from December 2020 to March 2022, noting that the relevance and progress of the improvement work would be fundamentally impacted by the Independent Review of Adult Social Care in Scotland (the Feeley Report) (article XII of the minute of the Performance and Audit Committee held on 25 May 2021 refers). Following this significant work was undertaken, with the support of internal and external audit, to revise and consolidate the Governance Action Plan. The full list of original MSG improvement actions was considered alongside actions from other sources (for example, internal audit reports), actions that were no longer relevant were removed and actions that had the same intention were grouped together and replaced by a single consolidated action. A revised Governance Action Plan was presented to the Performance and Audit Committee in September 2021 (article VII of the minute of the Performance and Audit Committee held on 29 September 2021 refers). Therefore, whilst the current Governance Action Plan does not have any actions that explicitly refer to the MSG assessment and improvement plan, it does reflect the actions from this that remain relevant in the post-pandemic context.
- 4.2.4 The work of the Ministerial Strategic Group for Health and Community Care concluded in January 2020. Prior to this, no specific updates were requested from individual IJBs regarding local progress to address the findings of self-assessments and subsequent improvement plans. Since this time, the Scottish Government has published the Independent Review of Adult Social Care in Scotland (February 2021) and subsequently introduced the National Care Service (Scotland) Bill to the Scottish Parliament on 20 June 2022. It is widely understood that these developments have been informed by the findings of the MSG Review of Progress and set out the Scottish Government's intended approach to improving the arrangements for the governance, planning and delivery of integrated health and social care in the future.
- 4.2.5 The Integration Joint Board's Annual Internal Audit Report 2021/2022 noted that "*Action agreed under the MSG self-assessment have not been specifically monitored in 2020/21 and 2021/22 when focus has understandably been on responses to the pandemic. Attention is now shifting towards preparation for the introduction of the National Care Service....A number of these*

actions...remain extant...The IJB, either directly or through PAC, should receive an update on progress together with an assessment of what is required to ensure the agreed actions are implemented, including any input needed from partners.” (article XI of the minute of the Dundee Integration Joint Board held on 22 June 2022 refers). Appendix 1 contains an update position in relation to the original improvement plan developed by the Strategic Planning Advisory Group for Dundee. The table contained within appendix 1 also identifies where outstanding actions align to current items within the Governance Action Plan.

- 4.2.6 The information contained within appendix 1 demonstrates variable progress has been made across the actions identified within the MSG improvement plan. Good progress has been made in relation to alignment of budgetary processes, enhanced resources within the HSCP finance team, approaches to long-term financial planning and the management of reserves. Clinical, Care and Professional Governance actions have also been progressed successfully, including actions arising from a previous internal audit and the refresh of the Getting it Right for Everyone framework. The majority of actions reflect some progress having been made, with further work planned or required, this includes areas such as: visible and collaborative leadership; the use of directions; development of a financial framework linked to the strategic commissioning plan; re-design of the HSCP transformation programme; clarification of governance and accountability arrangements; induction and development sessions for the IJB; the operation of the Large Hospital Set Aside; and reducing duplication of effort across planning and governance systems within the corporate bodies. In some areas it is identified that very limited progress has been made, including work to enhance the contribution of the independent sector to strategic planning arrangements, activity to strengthen the overall strategic planning structure, enhancement of public reporting (beyond the annual performance report), and expanding community engagement in the work of the IJB and Strategic Planning Advisory Group.
- 4.2.7 The Scottish Government is no longer monitoring local progress in relation to MSG improvement plans and it is apparent that their intended route to resolve the remaining challenges and barriers to achieving health and social care integration is through the National Care Service programme of work. The MSG report informed the Independent Review of Social Care which led to the National Care Service proposals; with recognition that many of the challenges and barriers identified at a local level may require national leadership, policy and legislation to be able to be fully resolved. At a local level the Partnership is continuing to progress the majority of outstanding actions as reflected in the updates in appendix 1; many actions are aligned to items already contained in the Governance Action Plan or are planned to be delivered through the development of the replacement strategic commissioning plan and revised approach to annual reporting in 2022/23. These plans / programmes of work are already reported to the IJB (or the Performance and Audit Committee) on a regular basis and it is therefore proposed that the IJB ceases to receive any separate reports on the progress of the original MSG improvement plan.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

- 6.1 This report has been considered in relation to risk assessment, no risks have been identified.

7.0 CONSULTATIONS

- 7.1 The Chief Finance Officer, Heads of Service, Health and Community Care and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 9 August 2022

Kathryn Sharp
Service Manager, Strategy and Performance

Appendix 1

MSG Improvement Plan Update

1 - Collaborative leadership and building relationships				
Action (Governance Action Plan links in italics)		Progress Measures	Current Status	Comments
1 a	Map gaps in collaborative leadership and practice to inform focused improvement activity.	Mapping exercise complete and improvement priorities identified.	RED	Progress on this impacted by the Covid-19 pandemic response. Review to be undertaken of new models of care implemented as part of the Covid-19 response alongside existing services which will support the mapping exercise.
1 b	Enhance visible leadership for integration across NHS Tayside and Dundee City Council, with continued support from the IJB, including an expectation that the needs of the IJB and integrated workforce will be considered at an early stage in single agency re-designs of systems and processes.	Evidence of earlier involvement of IJB in single agency re-design activity. Staff feedback regarding visibility of leadership through workforce surveys.	AMBER	Resilience planning and workforce arrangements during the pandemic period demonstrated earlier involvement of the Health and Social Care Partnership in some key areas. This includes workforce wellbeing and support, and digital / hybrid working arrangements. Staff feedback on visibility of leadership has been limited by the suspension of staff surveys / low response rates during the pandemic period and move to hybrid working.
1 c	Refresh the HSCP Learning and Organisational Development Strategy to reflect: <ul style="list-style-type: none"> a shared understanding of the needs of the integrated workforce. the need for collaborative leadership and practice resources across all statutory partners. the resources and investment required from each statutory 	A published workforce plan for 2019-2022.	GREEN	Dundee Health and Social Care Partnership Workforce Plan was approved in June 2022. A workforce planning group has been established and is continuing to lead further enhancement of the plan, including finalisation of an associated action plan.

1 - Collaborative leadership and building relationships				
	Action (Governance Action Plan links in italics)	Progress Measures	Current Status	Comments
	partner to deliver this in practice. <i>PAC8-2018-1</i>			
1 d	Further enhance the availability of integrated/collaborative leadership resources to the workforce, including the delegated workforce as well as key services within the Council and NHS that have a close interface with the IJB (for example, the range of support services).	Increase in range, accessibility and uptake of leadership resources across all statutory partners.	AMBER	Dundee City Council has significantly enhanced learning and development opportunities for leadership development. All materials and opportunities have been extended to the full Health and Social Care Partnership workforce (regardless of employing organisation). Post-pandemic and in advance of national developments related to the proposed National Care Service there have also been enhanced offers regarding integrated / collaborative leadership. Further progress would require capacity from Learning and Organisational Development Services in both NHS Tayside and Dundee City Council.
1 e	Work with the Third Sector to better manage the demand on their time / capacity whilst maintaining and further improving opportunities for partnership working with the widest possible range of Third Sector organisations. <i>Strategic Commissioning Plan Review – review of strategic planning structure</i>	Enhanced contribution of third sector partners within strategic planning processes. Broader representation from third sector partners across strategic planning processes.	AMBER	Third sector partners have continued to be well represented in local planning arrangements. This includes consistent representation at the IJB, Strategic Planning Advisory Group and across a number of care groups specific Strategic Planning Groups. The rationalisation of strategic planning activity during the pandemic period helped to reduce demand on their time / capacity, however it is

1 - Collaborative leadership and building relationships				
Action (Governance Action Plan links in italics)		Progress Measures	Current Status	Comments
				<p>recognised that this is no re-emerging as an area for concern.</p> <p>The Strategic Planning Advisory Group will review this action and identify any further progress that can now be made.</p>
1 f	<p>Work with the Independent Sector to:</p> <ul style="list-style-type: none"> map out current strengths and gaps in partnership working, and to agree priorities for improvement. develop a shared understanding of an appropriate and realistic model of partnership working that takes account of resource issues and builds on learning from our experience of working with the Third Sector. <p><i>Strategic Commissioning Plan Review – review of strategic planning structure</i></p>	Enhanced contribution of independent sector partners across strategic planning processes.	RED	<p>There have been no significant additional actions taken to enhance the contribution of independent sector partners. However, some key opportunities for contribution have been maintained, including membership of the Strategic Planning Advisory Group and operation of care group specific Strategic Planning Groups and provider forums.</p> <p>The Strategic Planning Advisory Group will review this action and identify any further progress that can now be made.</p>

2 - Integrated finances and financial planning				
Actions		Progress Measures	Current Status	Comments
2 a	Improve aligned and integrated budgeting and financial reporting at all levels within the Partnership.	Enhanced availability of integrated budget and financial reports.	AMBER	Although we continue to work with two distinct financial reporting systems, work has progressed to improve the integrated finance reports that are presented to IJB. The finance team has been re-aligned to better support integrated managers by working across both sides of the services and pathway. Further reporting enhancements are being implemented in 2022/23 to improve the reporting to senior management.
2 b	Establish a fully aligned budget setting process and procedures, including confirming Health Board budgets by the end of March each year.	Agreed budget setting date in March each year Resolution of historic issues.	GREEN	Although NHS Tayside does not formally approve its annual financial plan until April, the information provided from NHS Tayside's Director of Finance in relation to the level of resources provided enables the IJB to set its budget before the year-end.
2 c	NHS Tayside to streamline and further strengthen finance resources to support the CFO through a restructure of the NHST Finance Team.	Agreement with NHST and DCC on available dedicated resource to support financial management.	GREEN	A resource transfer has been actioned from NHS Tayside to part-fund a Finance Manager post, and this post is now in place.
2 d	Improve the use and quality of directions, including: <ul style="list-style-type: none"> the level of financial detail included in directions. Provision of developmental input regarding drafting of directions to staff writing them, including clear information about expected content and level of detail. 	Increased number of IJB reports including directions. Improved quality of directions. Agreed system for monitoring the implementation of directions across statutory partners.	AMBER	A Directions Policy has been drafted following the revision to the Integration Scheme. Once the Scottish Government confirm approval of the revised scheme, the Directions Policy will be progressed through the appropriate approval processes.

	<ul style="list-style-type: none"> co-ordination and consideration of whole system impact of directions, where relevant, with the other Tayside IJBs and bordering Health Boards. identifying appropriate approaches to monitoring the implementation and impact of directions once they have been issued. 			
2 e	Agree next steps to improve longer-term financial planning on a whole systems basis.	Agreed arrangements for financial planning.	GREEN	IJB five-year financial framework has been developed and approved.
2 f	<p>Further develop the three-year financial framework supporting the Strategic and Commissioning Plan, including developing specific financial frameworks for commissioning statements developed at Strategic Planning Group level.</p> <p><i>Strategic Commissioning Plan Review</i></p>	<p>Financial framework to support Strategic and Commissioning Plan 2019-2022 published.</p> <p>All Strategic Commissioning statements agreed by the IJB include financial frameworks.</p>	AMBER	IJB 5-year Financial Framework presented to the IJB and updated on an annual basis. Financial frameworks continue to be updated as revised Strategic Plans are progressed (eg Mental Health Strategy, ADP).
2 g	Further develop the planned and unscheduled care approaches under a collaborative management arrangement	<p>Agreement on management of set aside budget.</p> <p>Commissioning plan in respect to hospital prevention in place.</p>	AMBER	Progress on this between NHS Tayside and Tayside IJBs impacted by Covid19 Pandemic. Further discussions will take place over 2022/23 to progress this process.
2 h	Ensure that timescales for the use of reserves are set and agreed in all instances.	All decisions regarding use of reserves include clear timescale.	GREEN	Most of the IJB's earmarked reserves relate to specific Scottish Government funding (e.g. Covid19, Action 15 Mental Health) therefore timescales for spend are directed nationally. The only other earmarked reserve relates to a specific initiative around supporting the switch

				from analogue to digital telephony which has a specific end date.
2 i	<p>Implement the previously agreed actions from the Transformation and Service Redesign Audit:</p> <ul style="list-style-type: none"> • Review and enhance Transformation Delivery Group documentation to reflect requirement for an overarching transformation programme. • Review terms of reference for DHSCP governance and strategic groups. • Implement more regular reporting to Performance and Audit Committee (PAC) and IJB. • Transformation Programme documentation to be strengthened to include specific reference to programme / project impact on quality and on clinical /and or social work standards. • Produce comprehensive summary of 2019/20 savings proposals methodology as part of the final 2019/20 budget development source files. <p><i>PAC36-2020-1</i> <i>PAC20-2019-1</i> <i>PAC20-2019-2</i></p>	<p>Agreed structure and reporting arrangements for DHSCP Transformation Programme.</p> <p>All groups have updated terms of reference agreed.</p> <p>Savings proposal methodology for 2019/20 complete.</p>	AMBER	<p>The Transformation and Delivery Group was disbanded with responsibilities transferring to the Strategic Planning Advisory Group. These actions will be progressed during 2022/23 as we emerge from the Covid-19 pandemic to ensure the IJB's Transformation Programme is robust.</p>

	PAC20-2019-3			
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3 - Effective strategic planning for improvement				
Actions		Progress Measures	Progress Update	Comments
3 a	<p>Complete ongoing work to map out 'triple tracking' and inefficiencies associated with multiple systems and processes, and identify areas for streamlining and removing duplication where appropriate.</p> <p><i>PAC28-2020-3</i> <i>PAC28-2020-1</i></p>	<p>Agreed framework for reporting interfaces between the statutory partners.</p>	AMBER	<p>Some progress has been made through the revision of the Dundee Integration Scheme. However, this remains an ongoing area of concern.</p> <p>Proposed that this is best addressed for the long-term through active participation in the co-design process associated with the National Care Service.</p>
3 b	<p>Consolidate the respective roles and accountabilities of Chief Executives, Chief Operating Officers (or equivalent for NHS and Council) and Chief Officers.</p> <p><i>PAC7-2019-1</i></p>	<p>Enhanced shared understanding of roles and accountabilities.</p>	GREEN	<p>Addressed through process of revision of Dundee Integration Scheme.</p>
3 c	<p>Complete the review of the Partnership's strategic planning structure and function of the central Strategy and Performance Team to ensure adequate support to core / statutory planning and performance functions, including ensuring:</p> <ul style="list-style-type: none"> • sufficient opportunities for statutory partners to be involved in integration planning and delivery, with statutory partners committing to fully engaging with these opportunities. • continued engagement of service users, carers and communities to enable whole 	<p>Agreed SPG structure implemented.</p> <p>Increased engagement with SPG structure from statutory partners.</p> <p>Increased opportunities for service users, carers and communities to contribute to strategic work within HSCP.</p>	RED	<p>Planned work in this area was significantly disrupted by the pandemic impact on strategic planning arrangements.</p> <p>Current agreed approach is to deliver a revised strategic planning structure as part of work to develop a replacement strategic and commissioning plan for April 2023 onwards.</p> <p>Work is planned for 2022/23 to reset approach to strategic engagement with service users, carers and communities as this is identified as a priority within the 2022/23 strategic and commissioning plan extension.</p>

3 - Effective strategic planning for improvement				
Actions		Progress Measures	Progress Update	Comments
	<p>system approach to local service design and delivery, including involving them in the SPG review process.</p> <p><i>PAC31-2021-4</i></p>			
3 d	<p>Complete planned work to strengthen the functioning of the Integrated Strategic Planning Group, including securing appropriate and consistent participation from the Council and Heath Board</p> <p><i>Strategic Commissioning Plan Review – review of strategic planning structure</i></p>	<p>Increased attendance at the ISPG.</p> <p>ISPG meetings are held as planned.</p> <p>ISPG demonstrates clarity of role and remit.</p>	<p>AMBER</p>	<p>Now known as the Strategic Planning Advisory Group. Attendance has improved, including consistent representation from Dundee City Council. NHS Tayside attendance remains inconsistent. Meetings are held as planned and over the last year there has been a consistent focus on leading the review of the strategic and commissioning plan.</p> <p>Recent induction activity with the IJB has indicated a need to enhance visibility and understanding of the role of the Strategic Planning Advisory Group.</p> <p>Further progress in this area can be achieved through review of Strategic Planning Advisory Group representation by NHS Tayside.</p>
3 e	<p>Develop a Tayside Strategic Planning Framework, including alignment of organisational transformation programmes to ensure they are mutually supportive.</p> <p><i>Strategic Commissioning Plan Review</i></p>	<p>Strategic planning framework agreed amongst statutory partners.</p>	<p>AMBER</p>	<p>A framework has not yet been agreed. However, since the beginning of 2022 NHS Tayside has been hosting a Planning Interfaces Group including representation from the three Tayside IJBs. Early discussions are helping to clarify planning arrangements in each partner body and inform discussion about joint planning opportunities.</p>

4 - Governance and accountability arrangements				
	Actions	Progress Measures	Progress Update	Comments
4 a	<p>Progress work across statutory partners to clarify governance arrangements (Accountability and Governance Framework), including communicating a shared understanding to the delegated workforce and staff who work with it.</p> <p><i>PAC7-2019-4</i></p>	<p>Accountability framework agreed between statutory partners and communicated to key staff.</p>	AMBER	<p>Clarification with statutory partners achieved via review of Dundee Integration Scheme. Further work required to complete elements related to communication to key staff.</p> <p>Following the approval of the revised Integration Scheme, NHS Tayside and Dundee City Council must publish the final scheme. This will provide an opportunity for the corporate bodies to work with the IJB to further raise public and workforce awareness of integration arrangements, reflecting feedback provided during the public consultation stage of the review of the scheme.</p>
4 b	<p>Develop refreshed framework for accountability and reporting for assurance to Tayside NHS Board.</p>	<p>Agreed framework for reporting interfaces between the statutory partners.</p>	AMBER	<p>Accountabilities clarified following revision of Integration Scheme which will assist the development of the framework.</p>
4 c	<p>Complete the internal review of IJB governance and reporting arrangements to clarify and streamline structures and processes.</p> <p><i>PAC28-2020-2</i></p>	<p>Reduced duplication of reporting within IJB structures.</p> <p>Update terms of reference in place for all groups.</p>	AMBER	<p>Progress delayed due to Covid-19 pandemic. Will be taken forward during 2022/23 alongside reporting framework development noted in 4b.</p>
4 d	<p>Further develop approaches to public reporting, including direct engagement with community groups and considering potential for shared approaches across the statutory partners in Tayside.</p>	<p>Increased direct engagement with communities regarding locality needs and performance data.</p> <p>Increased availability of accessible information on DHSCP website.</p>	RED	<p>This area of work has been significantly delayed by staffing pressures, as well as the impact of the pandemic that reduced opportunities for direct community engagement.</p> <p>Planned future activity includes:</p>

	<i>PAC7-2019-6</i>			<ul style="list-style-type: none"> • addition of partnership performance section on website; • use of open data platforms currently being progressed by Dundee City Council; and, • revised arrangements for delivery of statutory Annual Performance Report.
4 e	Developing transparent public reporting at the Integrated Strategic Planning Group level to supplement and support that already taking place at an IJB level. <i>PAC7-2019-6</i>	ISPG minutes and reports available on DHSCP website.	RED	This is not yet in place. Additional administrative / committee support capacity would be required to enable this to be implemented.
4 f	Plan and implement a standard induction programme for IJB and ISPG members. <i>PAC36-2020-2</i>	Induction programme developed and implemented.	AMBER	An induction session has recently been developed and delivered for the IJB. This requires further revision to take account of feedback from members. Further progress would require capacity from Learning and Organisational Development Services in both NHS Tayside and Dundee City Council. Longer-term it is anticipated that induction arrangements will be developed as part of the co-design and proposed implementation of the National Care Service.
4 g	Plan and implement a continuous programme of development opportunities for IJB and ISPG members. <i>PAC36-2020-2</i>	Development programme established and implemented. IJB and ISPG members demonstrate good attendance at development activities.	AMBER	Development sessions continue to be offered to IJB members on a regular basis. This includes some joint sessions with elected members of Dundee City Council and Tayside NHS Board members.

				<p>On a small number of occasions sessions have also been held jointly with Strategic Planning Advisory Group members, for example on the Independent Review of Adult Social Care.</p> <p>Further progress would require capacity from Learning and Organisational Development Services in both NHS Tayside and Dundee City Council.</p> <p>Longer-term it is anticipated that development arrangements will be developed as part of the co-design and proposed implementation of the National Care Service.</p>
<p>4 h</p>	<p>Implement outstanding actions from Audit report D07/17, including reviewing Clinical, Care and Professional Governance structures to:</p> <ul style="list-style-type: none"> • undertake review to set out remit for PAC, R2 and Forum and reporting lines between these groups. • Produce terms of reference to define governance arrangements including clear reporting between groups. • Clarify and agree datasets and information to be presented to each group and associated timescales. • Annual workplans to be developed for each group. • Clarify reporting arrangements between R1 and IJB. 	<p>Annual workplan agreed.</p> <p>Revised terms of reference and reporting arrangements agreed.</p>	<p>GREEN</p>	<p>GIRFE (Getting it Right for Everyone) Framework reviewed and approved through NHS Tayside and Tayside Integration Joint Boards.</p> <p>Tayside GIRFE Steering Group continues to develop consistent reporting arrangements with agreed template, which is used for both reporting to the Care Governance Committee (NHS Tayside) and the Dundee IJB's Performance and Audit Committee. Reports are supported by appropriate representation at every meeting.</p> <p>Annual workplan is in place and annual report produced for both committees to evidence progress.</p>

	<ul style="list-style-type: none"> Regular representation at R1 and CQF to be provided by R2. 			
4 i	Fully implement the Chief Social Work Officer Governance Framework.	Full framework implementation achieved.	AMBER	<p>Scottish Government Office of the Chief Social Work Advisor provides guidance for annual reports.</p> <p>The CSWO Governance Framework is to be reviewed and updated to incorporate learning from the pandemic and national guidance on reporting arrangements.</p>
4 j	Progress and complete the refresh of the GIRFE.	Updated framework published.	GREEN	GIRFE (Getting it Right for Everyone) Framework reviewed and approved through NHS Tayside and Tayside Integration Joint Boards.

5 - Ability and willingness to share information				
Actions		Progress Measures	Progress Update	Comments
5 a	Participate in ongoing work within the Scottish Commissioning and Improvement Network to align approaches to annual reporting across all IJBs.	National annual reporting template agreed.	ABANDONED	This action has been abandoned at a national level, following significant delays associated with the pandemic. It is anticipated that annual reporting requirements will be revised as part of the development of the National Care Service.
5 b	<p>Further develop our approach to Annual Performance Reporting, including to:</p> <ul style="list-style-type: none"> enhance the accessibility of our annual report for members of the public, including through digital formats. Align our approach to annual reporting with available resources, to ensure that both full and summary versions are published prior to the end of July each year, and with annual reporting processes in the Council and Health Board. Support system wide engagement and participation in the development of the annual reports to enable sharing of information and learning. <p><i>2022/23 Annual Performance Report</i></p>	<p>Annual Performance Report is more accessible to members of the public.</p> <p>Annual report and summary version published by 31st July each year.</p> <p>Annual report template revised to focus on essential information, including sharing of information and learning.</p>	AMBER	<p>The Dundee IJB has continued to publish its annual report by the statutory deadline, including throughout the pandemic period.</p> <p>The annual report template has been significantly revised in recent years to focus on essential information. The IJB has recently approved a revised approach to delivering the annual performance report in future years that is focused on enhancing public accessibility.</p> <p>It is anticipated that annual performance reporting requirements will be amended in the longer-term through the proposed National Care Service.</p>
5 c	Enhance capacity within support services to consistently formally	Increased number of inspection reports reviewed.	AMBER	Strategic inspection activity has been suspended since the start of the pandemic

5 - Ability and willingness to share information				
Actions		Progress Measures	Progress Update	Comments
	<p>review relevant inspection reports and undertake appropriate improvement actions.</p> <p><i>PAC31-2021-4</i></p>			<p>period. Operational inspection reports have continued to be reviewed through Clinical, Care and Professional Governance arrangements and an annual report submitted to the Performance and Audit Committee.</p> <p>Ongoing review of capacity in the Partnership's Support Services includes proposals to enhance quality assurance activity.</p>
5 d	<p>More consistently utilise additional resources and support available through national improvement bodies to support local improvement.</p>	<p>Increased engagement with national improvement bodies.</p>	<p>GREEN</p>	<p>The Partnership's Support and Operational Services continue to progress this. Additional, national support has been secured in key areas of service development, including for improvements that relate to drug and alcohol and mental health services.</p>

6 - Meaningful and sustained engagement				
	Actions	Progress Measures	Progress Update	Comments
6 a	<p>Develop opportunities for more meaningful involvement of community groups at an ISPG and IJB level.</p> <p><i>Strategic Commissioning Plan Review – review of strategic planning structure</i></p>	<p>Increased participation of community representatives at IJB and ISPG.</p>	RED	<p>Developments in this area have been significantly impacted by the circumstances associated with the pandemic.</p> <p>Work to improve arrangements for meaningful engagement of service users, carers and communities is planned for 2022/23.</p>
6 b	<p>Test approaches for sharing and jointly analysing needs and performance data with communities (geographic and of interest).</p>	<p>Increased direct engagement with communities regarding locality needs and performance data.</p> <p>Increased availability of accessible information on DHSCP website.</p>	RED	<p>Developments in this area have been significantly impacted by the circumstances associated with the pandemic.</p> <p>Ongoing review of capacity in the Partnership's Support Services includes proposals to enhance performance management activity.</p>
6 c	<p>Complete the refresh of the Participation and Engagement Strategy, with particularly attention to:</p> <ul style="list-style-type: none"> • enabling a system wide approach to engagement and involvement. • sharing best practice and learning from other partnerships. <p><i>Strategic Commissioning Plan Review – review of strategic planning structure</i></p>	<p>Participation and Engagement Strategy 2019-2022 published.</p>	AMBER	<p>This work was completed; however, a further revision is now required as part of the development of the replacement strategic and commissioning plan for April 2023 onwards.</p> <p>Work to improve arrangements for meaningful engagement of service users, carers and communities is planned for 2022/23.</p>
6 d	<p>Consider how current approaches to engagement can be expanded to include a broader range of people beyond those core representatives within established structures, including through better use of social media.</p>	<p>Increased number and range of community representatives actively engaged in DHSCP strategic activities.</p>	RED	<p>Developments in this area have been significantly impacted by the circumstances associated with the pandemic.</p> <p>Work to improve arrangements for meaningful engagement of service users, carers and communities is planned for 2022/23.</p>

6 - Meaningful and sustained engagement				
	Actions	Progress Measures	Progress Update	Comments
6 e	Consider the viability of establishing a large-scale service user and carer experience survey.	Feasibility assessment complete.	GREEN	<p>Although a formal feasibility assessment was not completed, it is apparent that there is insufficient capacity available in any of the partners bodies to support such a survey.</p> <p>The Dundee Carers Partnership has continued to undertake focused engagement activity with carers from 2021/22, including assessing the impact of the pandemic on carers and cared for people.</p> <p>National arrangements for large-scale surveys are expected to be reviewed as part of the co-design process for the proposed National Care Service.</p>
6 f	<p>Consider how resources in support services could be utilised to further remove barriers to participation at the IJB and ISPG by carers and public representatives.</p> <p><i>Strategic Commissioning Plan Review – review of strategic planning structure</i></p>	IJB and ISPG representatives report being better supported in their role.	AMBER	<p>Some progress has been made to improve support to existing members, including provision of IT equipment and pre-meeting discussions.</p> <p>Work to improve arrangements for meaningful engagement of service users, carers and communities is planned for 2022/23.</p> <p>It is anticipated that some progress will be made in this area through the co-design process for the proposed National Care Service.</p>

7. Cross-cutting actions				
	Actions	Progress Measures	Progress Update	Comments
7 a	<p>Implement the previously agreed action from the Workforce Audit to agree a more formal statement of the expected level of support from each statutory partners to the IJB:</p> <ul style="list-style-type: none"> Fully embed vision and objectives of the Workforce and Organisational Development Strategy Progress formal statement of expected level of support to the IJB from statutory partners, with subsequent monitoring and reporting to the IJB. Ensure that workforce implications, continued development of integrated locality based services and redesign of services is reflected in the integrated workforce plan. <p><i>PAC8-2018-1</i></p>	<p>Implementation of Workforce and Organisational Development Strategy 2019-2022.</p> <p>SLA regarding support services arrangements agreed between statutory partners.</p>	AMBER	<p>Dundee Health and Social Care Partnership Workforce Plan was approved in June 2022.</p> <p>A workforce planning group has been established and is continuing to lead further enhancement of the plan, including finalisation of an associated action plan.</p> <p>No progress has been made regarding development of an SLA for support services. IT was agreed between the parties that a Memorandum of Understanding should be produced as part of the revised Dundee Integration Scheme but this has not been achieved. This was an area of concern highlighted by the IJB in their consultation response to NHS Tayside and Dundee City Council.</p>
7 b	<p>Implement a commissioning approach against the hospital and set aside budgets.</p> <p><i>PAC7-2019-3</i></p>	<p>Agreement on management of set aside budget.</p> <p>Commissioning plan in respect to hospital prevention in place</p>	AMBER	<p>Progress on this between NHS Tayside and Tayside IJBs impacted by Covid19 Pandemic. Further discussions will take place over 2022/23 to progress this process</p>



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 24 AUGUST 2022

REPORT ON: COMMUNITY WELLBEING CENTRE UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB61-2022

1.0 PURPOSE OF REPORT

To brief the Integration Joint Board about the progress being made to introduce a Community Wellbeing Centre as a core element of immediate support in the city for people experiencing distress.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the progress that has been made as outlined within section 4 of this report.
- 2.2 Notes the revised timescale for implementation as outlined within section 4.9 of this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The capital costs of developing the building are being incurred by Hillcrest with provision made in Dundee City Council's financial plan for a financial contribution to the overall capital costs. Funding for furnishings and equipment will be met from additional grant funding awarded to Dundee Health and Social Care Partnership.
- 3.2 The cost of the contracted care and support service associated with the centre as outlined in section 4.5 of this report will be met from provision made within the Integration Joint Board's Revenue Budget 2022/23 for new developments.

4.0 MAIN TEXT

- 4.1 The most recent update about the Community Wellbeing Centre was submitted to the IJB in April 2022. This report provides an update as to progress which continues to be made.
- 4.2 A stakeholder group to drive the development forward has been in place since autumn 2021. The group have held several development sessions and members have also joined specific workstreams.
- 4.3 Four workstreams were agreed by the stakeholder group as follows; Building/ Aesthetics, Procurement, Communication and Engagement and Pathways, Connections and Technology. The workstreams have been in operation for several months and plans are well advanced.

4.4 Building Works / Aesthetics

- 4.4.1 Planning Approval for the development was received during July 2022, and Building Warrant approval is expected imminently. Work has already commenced on the building and it is now anticipated that the programme of work will be completed by the end of December 2022.
- 4.4.2 Stakeholders had the opportunity to view the premises at South Ward Road during March and have been involved in the planning of the internal decoration/ design of the public rooms identified within the Centre. This has included input into the shared space of the reception area and community cafe.
- 4.4.3 Decisions agreed by the group have been used to influence internal features such as paint colours, flooring and furniture and fittings.
- 4.4.4 Stakeholders will continue to be involved as the development progresses and the next focussed area for consideration will be the furnishings required for the short-term accommodation with support.

4.5 Procurement (of Care Support Service)

- 4.5.1 A prior information notice (PIN) was published 15th February 2022 giving potential bidders an overview of the planned care support service development and tender process. This has generated interest from several care providers which is positive.
- 4.5.2 The workstream group met to consider and agree the questions which will be incorporated into the Invite to Tender document. With regards to the service specification, it is planned to issue the slides compiled after a comprehensive consultation exercise to a range of stakeholders. It is felt the information gathered through this process gives a real and honest account of what stakeholders want from the centre and the support service. It also gives an opportunity to seek creative bids from those who have noted their interest.
- 4.5.3 The Tender was published on the 18th July 2022 with the following being agreed as an indicative timetable for the tender process:

Stage	Date/Time
Publish Invitation to Tender	Monday 18th July 2022
Last Date for Tender Questions	Tuesday 2nd August 2022 – 12 noon
Latest Tender Return Date/Time	12:00 noon on Wednesday 17th August 2022
Evaluation Process Commences	Wednesday 17th August 2022
Evaluations Process Ends	Friday 26th August 2022
Follow-up Meetings	Week Beginning 22nd August 2022
Notification of Outcome Letters	Week Beginning 29th August 2022
10 Day Standstill Period Ends	Monday 12th September 2022
Contract Award Target Date	Tuesday 13th September 2022
Target Date for Start of Contract	Monday 10th October 2022

4.6 Communication and Engagement

- 4.6.1 The Communications and Engagement Workstream is being facilitated by colleagues within Dundee Volunteer and Voluntary Action (DVVA) and an inclusive communications and engagement plan for the Community Wellbeing Centre project has been produced. The plan includes promoting the centre, its purpose, how to access it, and how to get involved in its

development. It will cover the period from now until the first few months the Centre has been operating.

4.6.2 The group along with their wider networks have co-produced an information leaflet about the centre in PDF and PNG format. The information leaflet will be circulated across the city and will incorporate the inclusive engagement plan.

4.6.3 An outreach model will offer information sessions to the most marginalised groups including people within mental health inpatient settings, the HMP services that are linked to the city, recovery groups, criminal justice, gendered services, young people's services. Street conversations supported by the information leaflet in the city centre and in the areas with the highest level of deprivation will also be on offer.

4.6.4 This group has been meeting every two weeks, with members of the group and their wider workforces and networks implementing the communications and engagement plan.

4.7 **Pathways, Connections and Technology**

4.7.1 The Pathways, Connections and Technology workstream met on 3 occasions, and have developed a framework that captures the journey of a person in distress, and their interaction with the Community Wellbeing Centre. For example:

- Before they arrive at the CWC – how we promote the CWC, how the person makes contact, the range of support needs they may have, potential referral partners (police, OOHs, GPS)
- When they are at the CWC – the triage assessment, the resources required, the roles for staff, peer workers and volunteers, and the considerations around record keeping and information sharing protocols.
- After they leave the CWC – onward and supported referral to other organisations for social support, or to the NHS for medical assessment or admission, transfer to an accommodation base where required, and systems for follow up and aftercare. Further discussions are still to take place around topics that overlap with other ongoing work, for example, technology and communications, referral protocols for NHS, Police and ambulance services, and identifying the organisations across the city that can support the work of the CWC.

4.8.1 A Tayside Crisis and Urgent Care Workstream continues. The five elements of the work are progressing at different rates which is understandable as each has a different set of interdependencies. However, acute staffing shortages in current crisis provision is also impact on people's ability to contribute to the work and mean that some elements of change are being accelerated. The sub stream on Urgent referrals (which impacts only on Dundee) is complete other than final agreement about transfer of staffing resources. This function, which sees Dundee Community Mental Health Teams manage urgent referrals instead of Crisis Resolution Home Treatment Team will be implemented by the beginning of August. The sub Workstream on Community Wellbeing Centres has completed its core work (defining the core functions any CWC must provide) and this has been shared with those leading the Dundee implementation of our CWC. The sub work streams on Intensive Home treatment, emergency mental health assessment and evaluation continue to meet. Importantly, there are no interdependencies that will slow the development of the Dundee CWC; only the interfaces may be different and change over time.

4.9 A target date for completion was previously reported to the IJB as August 2022. Given the unavoidable delays in the building work, and the timescale for the tender as outlined within section 4.5.3 of this report, a revised target date for the building works to be completed is the end of December 2022. By that time, it is anticipated that recruitment for staff will be well underway and that implementation can progress.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	Evidence demonstrates that the ability to predict completed suicide, even where assessment is undertaken by skilled professionals, is limited. There is a risk that the development of an “always open” Community Wellbeing Centre (CWC) and associated supports does not result in a demonstrable reduction in the number of people engaging in serious or fatal self-harm.
Risk Category	Operational, Reputational
Inherent Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9) (High Risk)
Mitigating Actions (including timescales and resources)	Models of best practice from elsewhere have been considered in developing the model of care; levels of care can be stepped up where necessary; the provision of brief interventions (or equivalent) should assist people in addressing some of the core psycho-social factors fueling their distress
Residual Risk Level	Likelihood (3) x Impact (1) = Risk Scoring (3) (Low Risk)
Planned Risk Level	Likelihood (3) x Impact (1) = Risk Scoring (3) (Low Risk)
Approval recommendation	Given the mitigating actions to bring down the level of risk the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None

Vicky Irons
Chief Officer

DATE: 09/08/2022

Arlene Mitchell
Locality Manager

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 24 AUGUST 2022

REPORT ON: VETERANS FIRST POINT TAYSIDE (V1PT)

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB56-2022

1.0 PURPOSE OF REPORT

- 1.1 To provide Dundee Integration Joint Board (IJB) with information about the Veterans First Point Tayside (V1PT) service, which has been delivering welfare and specialist mental health services to veterans and their family members since 2015.

2.0 RECOMMENDATIONS

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

- 2.1 Acknowledge the work of V1PT in operationalising the Armed Forces Covenant across Dundee, Perth & Kinross and Angus, ensuring better access to NHS services, including pathways for ensuring 'no disadvantage' for those veterans who should receive early treatment for health problems that have resulted from military service.
- 2.2 Endorse plans to ensure future sustainability of the V1PT as outlined in sections 3.0 and 4.5.7 of this report.

3.0 FINANCIAL IMPLICATIONS

V1PT is managed and operated via Dundee Health and Social Care Partnership's 'Lead Partner' (previously known as 'Hosted') services on behalf of all 3 Tayside IJB's. Scottish Government has provided 50% matched funding for V1P services on an annual, non-recurring basis since 2017 although this figure has remained static at £83k during recent years. Resources have been identified within Dundee Health and Social Care Partnership's delegated budget to the same value each year to provide total minimum investment of £166k. However, the costs of running the service on the basis of increasing clinical demand – specifically the mandatory requirements to achieve the 18 week waiting time target, means the total costs of the service has increased without the commensurate additional investment.

The projected recurring cost of the service in 2022/23 is anticipated to be in the region of £280k, resulting in a potential cost pressure of £114k – to date this cost pressure has been absorbed within the overall Psychotherapy (Tayside) budget as a result of underspends elsewhere in the service.

The reliance on annual allocations from Scottish Government to part-fund this service increases the risk and uncertainty in terms of longer-term planning. Veterans and their family members are accessing care and support in the context of continued non-recurring, sub-optimal funding.

Additional funding sources are being explored as the existing 'matched funding' commitment ends in March 2023. Scottish Government have been contacted to advise the share of investment has now dropped below the 50% level with a request for increased funding while alternative available funding sources are being explored. For example, Mental Health Recovery and Renewal (Psychological Therapies) funds are being explored to consider if this can be utilised for V1PT purpose. Any residual cost pressure will be incorporated in future IJB Financial Planning reports.

4.0 MAIN TEXT

4.1 BACKGROUND AND CONTEXT

4.1.1 The initial V1P Centre was set up in 2009 by NHS Lothian. The model aims to provide:

- Information and Signposting
- Understanding and Listening
- Support and Social Networking
- Health and Wellbeing - including a comprehensive mental health service delivered by a multi-professional team on site

4.1.2 A strength and key component of the V1P model has been the employment of veterans as peer workers. V1P psychological therapists deliver a range of evidence-based psychological interventions to veterans and their families.

4.1.3 Building on the success of V1P Lothian, a comprehensive proposal was submitted to the LIBOR fund in October 2012. The stated objective was to "*work in partnership to deliver high quality evidence based care, treatment and support for veterans and their families across Scotland*". The proposal set out how a hub and spoke model – supported by a small development team, would establish further three centres in Tayside, Highland and Grampian. The proposal was successful and £2,560,586 was awarded to NHS Lothian to develop and deliver this model.

4.1.4 In 2015, under the corporate leadership of the NHS Tayside Executive Armed Forces Champion, the V1P Tayside service was created. The V1P Tayside service was awarded £302,000 of funding to provide a service between July 2015 and March 2017.

4.1.5 The V1P Scotland development surpassed the original intent to develop an additional three centres. Instead, due to the commitment to partnership working and relationship building, a total of eight centres were established. Six of the eight centres were sustained beyond the initial fund period (March 2017). Highland and Grampian services were disbanded in 2017 when 100% external funding was discontinued. The remaining centres located in: Ayrshire and Arran; Borders; Fife; Lanarkshire; Lothian and Tayside have been offered 50% matched funding by Scottish Government and their local Lead Partner Health and Social Care Partnerships on an annual, non-recurring basis from 2017 to date.

4.2 AN OVERVIEW OF V1P TAYSIDE

4.2.1 The remaining six V1P Centres reflect the local needs, priorities, service landscape and partnerships, there are therefore some differences in their staff composition, premises and partnership arrangements. However, the three core principles of the V1P model are: Creditability, Accessibility and Coordination.

4.2.2 A decision was reached to 'nest' the V1P Tayside Service within the Multidisciplinary Adult Psychotherapy Service (MAPS). In other words, having flexibility to have clinical staff work in

both services and thus support assertive brokerage between V1P Tayside and other psychiatric and psychological therapy services and enhance access to a range of psychotherapies.

- 4.2.3 Veterans seeking support from V1P Tayside meet a peer support worker to register with the service and identify the supports required. This may include: welfare; mental health; physical health, or a combination of presenting needs. Initial mental health assessments are the responsibility of the clinical staff, who are also able to deliver highly specialist psychological interventions. These interventions are subject to the 18 week waiting time target for Psychological Therapies.
- 4.2.4 Sarah Dickie, Nurse Director, Community/HSCPs is now the current NHS Tayside Executive Armed Forces Champion and is leading on a range of work streams, through the Armed Forces Engagement and Strategic Oversight Forum.

4.3 V1P TAYSIDE: WHO HAVE WE SUPPORTED SO FAR?

- 4.3.1 V1P Tayside became operational on 1st September 2015. Since then we have supported over 400 veterans and their family members. 28%, the majority, have self-referred to V1P services. 70% of self-referring veterans are encouraged to do so by forces charities/regimental associations. 90% are male and 91% have been in regular services. 80% were in the Army. 35% served for between 6 and 12yrs, with 21% were discharged on medical grounds. The most common deployments are Northern Ireland, Iraq and Afghanistan.
- 4.3.2 The social circumstances of veterans who access V1P Tayside indicate 40% live in areas which are defined as in the 20% most deprived areas of multiple deprivation; whereas only 8% live in areas which are defined as in the 20% least deprived areas of multiple deprivation. Housing and homelessness is a significant issue with 41% having experienced homelessness and 27% considering their current living situation unstable.
- 4.3.3 In terms of mental health and wellbeing, 91% of the veterans who access V1P Tayside report some degree of problem with anxiety or depression. 50% report more severe and/or enduring problems
- 4.3.4 Physical health issues are also significant. Chronic pain is a reported difficulty for 44% of veterans accessing V1P Tayside. 79% report pain interfered with carrying out daily activities to some degree, with 33% of reporting pain extremely interfered with daily routines.

4.4 HOW DO WE KNOW WE ARE MAKING A DIFFERENCE?

- 4.4.1 Queen Margaret University were commissioned to conduct the evaluation of Veterans First Point services across Scotland. The V1P Centres began accepting referrals at different times; but all contributed to the evaluation. The total number within the data set is **n=692**. Three clinical measures used in the evaluation demonstrated improvements over time in depression, distress and functional impairment. Improvements are clinically significant and reliable. The V1P model was assessed to be is a credible provider of psychological therapies to veterans.
- 4.4.2 V1P services have now registered with the Quality Network for Veteran Mental Health Services with the Royal College of Psychiatrists (RCPsych). We aim to ensure that all V1P services in Scotland have achieved the RCPsych Quality Kitemark. V1P Tayside will undergo a peer review process in late 2022.

4.5 NATIONAL STRATEGIC DEVELOPMENTS

- 4.5.1 The Community Covenant pledge was first established in 2011. It is soon expected to be enshrined in law, so that organisations can be legally held to account if a veteran has been disadvantaged as a result of their military service.
- 4.5.2 The published Forces in Mind report - *Call to Mind: Scotland / Findings from the review of veterans' and their families' mental and related health needs in Scotland*. (2016) stated that Scotland has one of the most robust mental health and related health provision for veterans in the UK, with a thriving specialist statutory and voluntary sector that as has been supported and resourced by the Scottish Government. (p8).
- 4.5.3 Scotland's previous Veterans Commissioner, Eric Fraser, published his report *Veterans' Health and Wellbeing: A Distinctive Scottish Approach*, (April 2018) which set out his ambition for veteran services in Scotland – "The Scottish Government and NHS(S) through the network on veteran's health should produce a Mental Health Action Plan for the long-term delivery of services and support. Systemic issues of funding, collaboration, leadership, planning, governance and training of staff will be key".
- 4.5.4 The *Veterans Mental Health and Wellbeing Action Plan (2022-2027)* was developed and published on 22nd December 2021 by the Scottish Veterans Care Network (SVCN) at the direction of Scottish Ministers.
- 4.5.5 The plan received cross-party support and is centred on three principles:
- High quality veteran's mental health and wellbeing services
 - Clear and timely pathways into the correct help
 - Improved support to those that support our veterans.
- 4.5.6 Scottish Government has recently set up an Implementation Board to progress the recommendations of the Mental Health Action Plan (MHAP). The Board is Chaired by Dr Charles Winstanley. The V1P Tayside Clinical Lead is a member of the Board as a clinical representative. The first meeting took place on 15th June 2022, opened by MSP Kevin Stewart. The aim of the Board is to implement the objectives of the MHAP by June 2024.
- 4.5.7 It is anticipated that the Implementation Board will explore funding requirements for the delivery of Veteran welfare and mental health services across Scotland. Given the early stage of this work, it is not possible to predict what funding arrangements will be recommended and implemented. For that reason, it is important for local service continuity, that all alternative funding streams are considered and utilised where possible.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	<p>Patient safety in the context of financial risk, Veterans and their family members are accessing care and support in the context of continued non-recurring, sub-optimal funding. This may impact patient care, requiring onward referral to, and care planning with, other welfare and mental health services if funding is not continued.</p> <p>Staff Governance. If V1P Tayside is not sustained, arrangements will need to be made to explore alternative employment opportunities for staff working in the service.</p>
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	Reputational risk for the organisation in the context of the Armed Forces Community Covenant (see 8.10).
Risk Category	Governance
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk Scoring 16 (Extreme Risk)
Mitigating Actions (including timescales and resources)	Mitigating actions are incorporated in the strategic plans mentioned in Section 4 of this report.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval recommendation	Given the moderate level of planned risk once the mitigating actions have been implemented, the risk is deemed to be manageable.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

Scottish Veterans Commissioner, *Veterans' Health and Wellbeing: A Distinctive Scottish Approach*, April 2018

Scottish Veterans Care Network Mental Health Action Plan (2021).

Vicky Irons
Chief Officer

DATE: 28th July 2022.

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 24 AUGUST 2022

REPORT ON: LEARNING DISABILITY STRATEGIC PLAN

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB58-2022

1.0 PURPOSE OF REPORT

To brief the Integration Joint Board about the progress that has been made to co-produce a draft strategic plan for adults with a learning disability and adults with a learning disability and autism in Dundee “Living Life Well and Living Life Your Way in Dundee” (the Strategic Plan).

2.0 RECOMMENDATIONS

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

- 2.1 Notes the work that has been undertaken to produce the Engagement Findings Report 2022 and its content (Appendix 1).
- 2.2 Approves the direction of travel outlined within the Strategic Plan (Appendix 2).
- 2.3 Acknowledges that the pace of engagement and planning has been slower than initially anticipated as outlined in sections 4.7 and 4.8 of this report.
- 2.4 Remits to the Chief Officer to submit a further report to the IJB in December 2022 outlining a Commissioning Plan which will accompany the Strategic Plan.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The Strategic Plan will be implemented within the available financial resources of Dundee Health and Social Care Partnership. For Dundee HSCP delegated Learning Disability services, this is currently £33.1m. Tayside wide service developments as outlined in sections 4.11 and 4.12 of this

report will require a sustainable financial framework to be produced in collaboration with Tayside partners. This will require to be submitted to the IJB for approval once available.

4.0 MAIN TEXT

- 4.1 Report DIJB10-2022 “Supporting People with Learning Disabilities, Strategic Update” was submitted to the IJB in February 2022. The report briefed the IJB on progress being made to develop a Strategic and Commissioning plan and to outline plans for further engagement and co-production between March and June 2022. The IJB remitted to the Chief Officer to report the outcome of the engagement process and present a final draft of the Strategic and Commissioning Plan in August 2022.
- 4.2 There is a positive history of engagement and ongoing involvement in relation to learning disability strategic planning in Dundee. Advocating Together are funded to employ Advocators to support this process. For many years Advocators have attended the local Strategic Planning Group (SPG) to reflect back views from Self-Advocates and from more broad consultation and engagement activity. In addition to this the SPG hears information and views from a range of other sources, including the Dundee Learning Disability Providers Forum, the Dundee Involvement Network and Dundee Carers Centre.
- 4.3 Earlier drafts of the Strategic Plan were informed by a large-scale engagement event, which focussed on hearing views about future support from people with learning disabilities and their carers, and which took place in October 2019. The impact of the covid pandemic has undoubtedly restricted the ability to get together in group settings to engage with people and their carers about the further shaping of the Strategic Plan.
- 4.4 Dundee Learning Disability Strategic Plan Engagement Findings Report 2022 (Appendix 1) records the work that has been undertaken during 2022 to hear about what is important for people and their carers. The Engagement Findings Report is supplemented by relevant local and National Research and the information within the report has further informed the Strategic Plan.
- 4.5 In Spring 2022, at an early stage of the engagement process, an engagement working group created a more accessible version of the vision, which forms part of the Strategic Plan. The new version of the vision supported the subsequent discussions and activity to learn people’s views and perspectives.
- 4.6 The report summarises the information gained through a number of engagement activities, focus groups with self-advocates, service users and carers and the results of surveys. There was varied, useful and interesting feedback received. Throughout the life of the Plan it is anticipated that we may learn more views in our changing social and economic environment
- 4.7 Although widespread and strenuous efforts were made to inform people about engagement activity planned, there was a lower level of participation than before the pandemic. It is thought that this may have been the result of a number of factors, including changes in the lives of our target group during and since the pandemic, and changes (and perhaps additional pressures) on carers and the workforce. It is also possible that following the pandemic some people may have less interest in influencing plans for the future, a future which in some ways may seem less certain.
- 4.8 Due to the pace of engagement and planning being slower than had initially been anticipated earlier in 2022 when the engagement plans were being made, a Commissioning Plan is still in the process of being developed. Rather than rush the overall planning process, and taking into account the

need for people with learning disabilities to feel they are driving local strategy, it is recognised that more time will be required to complete a Commissioning Plan to accompany the Strategic Plan.

- 4.9 Despite the overall planning process taking longer than anticipated, Dundee Learning Disability Strategic and Commissioning Group would welcome the approval of the IJB about the direction of travel outlined within the Strategic Plan. It is anticipated that the Commissioning Plan which will form part of the Strategic Plan will be available for submission to the IJB in December 2022. This will allow more time to ensure that the detailed actions are co-produced alongside people with learning disabilities and those who are in a supporting role.
- 4.10 It is recognised that the Commissioning Plan will also require to capture Tayside wide service developments designed to improve support for people with learning disabilities and people with learning disabilities and autism. There are 2 main areas of work which are significant.
- 4.11 Services for people with a range of neurodevelopmental disorders are currently being redesigned on a Tayside wide basis. The work is being co-produced with service users, carers, third sector organisations and health and social care professionals. It is envisaged that service users with Autism Spectrum Disorders, Tourette Syndrome etc can expect a single point of contact and a well co-ordinated response which will direct them to the most appropriate intervention.
- 4.12 A further Tayside wide workstream is underway to improve pathways of care for people with learning disabilities. The scope of the work extends across community/ inpatient care and it is anticipated that one element of the work will be to introduce Tayside wide commissioning arrangements for people with very complex needs, for example new models of accommodation with support.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	That the Strategic Plan is not fully implemented and does not achieve the desired outcomes
Risk Category	Operational
Inherent Risk Level	Likelihood (3) x Impact (4) = Risk Scoring (12)
Mitigating Actions (including timescales and resources)	Support arrangements for people with learning disabilities have developed and improved over a number of years. Some existing models of support are well established and will continue to be available. New and emerging models, some of these Tayside wide, are currently being co-produced and will offer improved support for people when they

	need it, be inclusive and reduce inequalities for people with learning disabilities and people with learning disabilities and autism.
Residual Risk Level	Likelihood (1) x Impact (3) = Risk Scoring (3)
Planned Risk Level	Likelihood (1) x Impact (3) = Risk Scoring (3)
Approval recommendation	That the risk should be accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None

Vicky Irons
Chief Officer

DATE: 29 July 2022

Dundee Learning Disability Strategic Plan Engagement Findings Report 2022

There has been an ongoing involvement of people with a Learning Disability in the Strategic Planning processes in Dundee for a number of years. This has included direct involvement of employees (now called Advocators) at Advocating Together and their support team. In addition to this the SPG hears about issues and concerns raised at self-advocacy groups and broader engagement activity including those who are not self-advocates. Information and views are also shared with the SPG through the Dundee Providers Forum and the Dundee Involvement Network. It is usual the Learning Disability workforce support their service users to engage by attending events or completing accessible surveys. Dundee Carers Centre support a broad range of carers including those caring for adults with a Learning Disability and have regular engagement activity to learn their views.

An Engagement Plan was drawn up to start in February 22 and was due to end in June 22, this was extended to 20/7/22 as some views were received later and there was a slow response to requests for views. The level of engagement and interaction in 2022 has been rich in terms of quality of content but lower in terms of number of people we reached. In previous years we were able to host large events to hear views and these have always created a “buzz” which attracted attention and interest to the questionnaire and focus group activity. We were not in a position to host any events. Historically we have enjoyed a very high response rate from the population of people with a Learning Disability in Dundee, given the ‘known’ population was 1,101 people in 2019.

This is thought to be an outcome of changes in the lives of our target group during and since the pandemic and changes and perhaps additional pressures on carers and on the workforce. The previous response rate has been a result of partners in agencies, supports and services sharing our invitations and supporting people to respond and they may not have managed to do this to the same extent in 2022.

The content of the draft strategic plan has relied on information from previous involvement as well as local and national research and reports to supplement the information gathered from the recent engagement.

2022 Engagement

In February and March 2022 key personnel were recruited to share advice and expertise about engagement and support the process; this included Dundee Carers Centre Involvement Worker (who later left employment), Integrated Manager HSCP, Senior Officer Strategic Planning (X2), Speech and Language Therapy, Manager Advocating Together, 3 Advocators.

Engagement opportunities were publicised broadly through public platforms and newsletters and sent specifically to known stakeholders. The Engagement Plan was adjusted throughout the Engagement Process to optimise opportunities to listen to views but despite this there were few

responses to surveys and few opportunities offered to meet face to face or on line. It is thought risk assessments hindered existing supports offering chances to visit them and there are a very limited number of people in our target group who want virtual meetings or digital engagement or paper surveys.

Lower numbers of carers and members of the workforce took opportunities to engage and to support service users to take up engagement opportunities. It is recognised that many people during this period were only just starting to engage with the outside world, face-to-face opportunities have only just started to be offered and carers and the workforce are extremely busy supporting people to re-engage with the wider world. It is also thought possible that, following the pandemic, some people including their carers and the workforce may have less interest in influencing plans for the future when they feel that control of their future has been taken out of their hands and they can do little to impact it.

When some the Engagement Working Group met in Feb/March to consider what questions to ask in Focus Groups and surveys it became clear the Vision layout and wording was clumsy and not very accessible. Members of the group, including the Advocators looked at more accessible straight forward wording to ask as questions so more people would understand what the Vision was saying. In order to ask questions about the Vision there was a brief summary of what the statements might mean.

This report summarises **Engagement Activities** under the following headings

Miscellaneous Activity

23/3/22 Face to Face Meeting

2/5/22 Visit to Project Search Event.

12/5/22 Learning Disability Strategic Planning Group

May 2022 Focus Groups the information gathered at these has been analysed

16/6/22 Meetings at Wellgate Day Support

July 2022 Feedback from Advocacy workers in Hospital Settings.

Spring 2022 Local Survey Information

Reports and Research Information

Activities

In Mid-February 22 we advertised the March 2022 information session at [/www.dundeehscp.com/our-publications/news-matters/line-information-session](http://www.dundeehscp.com/our-publications/news-matters/line-information-session). The session was aimed at aimed at representatives of local agencies and members of the workforce who support children and/or adults with a Learning Disability and children and/or adults with a Learning Disability and Autism in Dundee or their unpaid carers and family members. Anyone who wanted could attend can attend including carers of people with support needs although the session content will be

delivered with a focus on the workforce. The session was recorded and the information disseminated to people who could not come along. The information session advised about how we planned to hear people's views but was not about learning views about the plan.

On an opportunity was taken to attend an on-line meeting to advise the Learning Disability Providers Forum about the Engagement opportunities.

In March 2022 the Engagement Group developed consultation materials and focus group activity. This activity included developing accessible information about the vision. A Carers and Stakeholders survey was developed which was made available as an electronic survey and distributed in a limited way in paper format.

The Survey was posted on DHSCP website and Dundee City Council Social Media and shared with stakeholders via email lists. These stakeholders (including Dundee Carers Centre) were asked to share with relevant persons.

Engagement Activity

23/3/22 Face to Face Meeting - parent/carers group managed Dundee Carers Centre attended by Senior Officer (JB). 3 staff, 3 Carers/Parents cared for children of school age.

- Concern about the current “silo” type descriptions separating Learning Disability and Physical Disability and “labelling”.
- Children and young people experiencing being turned away as don't fit criteria. Why are there so many rules for people with similar need but different labels.
- Discussion of transition and how decision might be affected by label e.g. Whether young person transitions to Learning Disability or Physical Disability Services. Parents expressed a need to be involved. Transition discussion followed about Transition workers, Transition Project and children with Additional support Needs processes.
- Concerns about scarcity of respite especially wheelchair user tracking hoist.(Shared care suggested)
- As children get older some refuse to go to school
- Need for Housing wheelchair for one young person, very difficult wait.

Group were advised about where to access surveys.

2/5/22 Visit to Project Search Event.

Advised colleagues and students (informally about engagement) Senior Officer along with Advocator AD and advocacy worker A.

Shared fliers and paper surveys.

12/5/22 Learning Disability Strategic Planning Group

Discussions with colleagues about low response to meetings request and surveys.

We usually get a wide response through face-to-face event- interest in this generates survey responses and other queries. Without face to face interest this has not happened.

Social care Staffing levels mean that staff do not have capacity to look at additional requests around more than day to day (which includes reintroducing supported person to outside activities and groups that are starting up again).

May 2022 Focus Groups

The information gathered at these has been analysed and key points identified.

Survey Results

Surveys were available from the March onwards. There were on line surveys and an encouragement to ask for a paper copy or help to complete. Despite the fact that surveys were advertised widely and paper copies shared the response was relatively low.

July 2022 Feedback from Advocacy services who visited Strathmartine and Carseview Hospitals over the last few months



Analysis of Focus Groups



Analysis of Focus Groups by J.B(DHSCP), V.S (Manager Advocating Together), A.D (Advocator) and A.W (Advocator).

The groups were held in May 2022 and each one was led by an Advocator supported by a member of staff. The group discussion included volunteers and members of staff. Where the comments come from the members of staff/volunteer it has been recorded as that. Staff were encouraged to tell us what people had made them aware of especially if the view was not represented in the group. There were four meetings in total and each of the groups had 2-5 self- advocates/DIN members.

It was clear that the participants had a knowledge and understanding of rights. We are aware that we didn't hear from people who weren't part of advocacy or involvement groups. We are also aware that we were not in a position to hear from people who were in Out of Area placements or hospital and anticipate supplementing the information we have with Research – in particular the 'Coming Home' report information and 'How's Life' Report.

Important Points

- The accessible description of the Vision seems the best way to present the vision in future. Someone said 'All important life aspects have been covered'.
- Almost all participants in the groups saw all the statements as "Very Important"
- The statements that form the Vision must not be seen as aspirational but as essential rights to a quality of life. Everybody must be able to do everyday things.
- Some of the developments and progress that had been made was stalled or halted with Pandemic and not yet started again.



Everyone will get help to live well.

- Many people are very appreciative of the good things they have in life but there are some who miss out on this and this is wrong
- People particularly appreciate the mutually supportive relationships they have with family and friends
- It is essential that family carers are supported too
- It would be good to have some support to prevent or resolve family relationships breaking- Family Mediation may be needed- there is likely to be trauma on both sides
- In general people spoke about how they could trust staff when they needed support. It is important that support should be available when we need it not when others decide to give it
- There was not much discussion on rights to health- a different group of people may have raised that access to GP had suffered in pandemic (e.g. a group of retired people in general population) this was not identified
- We recognised the importance of good Mental health and mental wellbeing- people don't always recognise when they need help due to this. People talked about LD Health practitioners providing good opportunities.



Everyone will have good places to live in.

- Home has become even more important now
- People must have good places to live in and many do -a variety of living arrangements- less institutions.
- Some seem to have accepted what was offered to them. Others knew they should say no if it wasn't right (and had done so)
- Some have neighbour issues maybe made worse by pandemic- this is a feature for some in one to one advocacy – especially some people with autism

- Something about choice and rights understanding
- 'Enable' reports/advice re those who live with family in making plans for their future



People will be able to use local shops in friendly communities.

- Most of the self-advocates have a big weekly shop
- We need a good community, with good people around us
- Concerns were expressed about those who couldn't afford to have a large shop or delivery



Everyone will be friendly.

Everyone will look after each other.

- Some people feel safe in their home area
- Some have neighbour issues maybe made worse by pandemic.
- Bullying happens in schools
- Some people have had name calling in public
- We know that disability Hate incidents and hate crime happen
- Support for families is very important



Everyone will have good relationships.

- Relationships are a vital part of people's lives. Healthy relationships are needed including romantically
- Maybe some could benefit from - family mediation and trauma informed support to person and their family advocacy
- People don't have many safe ways of meeting potential partners- other areas have safe friendship and dating schemes 'Dates and mates'- without this people may take risks



Everyone will be able to have a social life.

Everyone will have chances to share their talents

- Socialising has been very restricted recently
- People are only just getting out now
- People like discos etc
- Staff shift timings have affected (evening) socialising in past- probably still will especially knowing that staffing shortages exist at present

In conclusion A lot of good quality information was gathered but we felt that as many people have not resumed a regular pattern of life since Covid we would recommend repeating this exercise in 12-18 months' time to catch up. It may be helpful possible to combine engagement events with information events in local communities for local people to learn more about resources available locally as well as city wide.

June 22- Meetings Wellgate Day Support

1. Service users 6- With JB and WDS colleague
2. Focus groups by WDS colleagues only – 2 groups each with 7 people, one with 6
3. Carers meeting (10 Carers)
4. July 22 Telephone interviews with Carers of people who attend WDS

Analysis of Focus Groups(by Joyce Barclay)

Important Points

- 3 groups were held by WDS colleagues, one group by Joyce Barclay with one WDS colleague.
- Some people in 4th group may have already discussed their view in another group but were happy to talk again.

- The Vision Statement was presented in the same way as the other focus groups – using pictures. The same questions were asked.
- One focus group didn't ask or record level of importance.(so not included in number counts on each statement)
- People said 'we want to be supported to lead the life we want'
- We must have our opinions and choices listened to and acted on
- It is very important that we are made aware of our rights and what choices/options are available.

Responses to Vision statements.

Everyone will get help to live well.

18 thought it was very important- one Quite Important

one person said not important.- because I like having my own independence. I manage a lot of things by myself Mum is there for support if I need it

People who said this was very important said:

I am not able to shower without help and need help getting dressed.

I get help to go shopping (with mum) and help with money to keep me right.

Someone gave a "thumbs up"

For me I need help with my finances- if I didn't I would be skint

It is important because we need good support staff to help us with parts of our day to day life we find difficult to do ourselves

You sometimes need help from others to assist you to do things you want

Everyone will have good places to live in

20 found this very important

"Watching TV in my room" is important It is very important that you are not left homeless or out in the cold.

You should have choice of who you live with

It is important that your home is a safe environment for you

It is important to have a place in where you live so you can be close to friends/family

People will be able to use local shops in friendly communities.

18 thought it was very important- two Quite Important

Someone said "we are part of society as well" someone else agreed with this

Being Safe is important

Everyone will be friendly.

Everyone will look after each other.

19 very important one quite important

We are friendly to them

Everyone has the right

- to feel safe
- to be treated with respect

You should treat others the way you would want to be treated yourself

Everyone will have good relationships.

19 very important one quite important

'Thumbs up'

Important to have a Laugh and family is very important to some.

Friends make me happy and good inside

We rely on them

You have the right to see family and friends and to be in a position that you can meet people

Everyone will be able to have a social life.

Everyone will have chances to share their talents

19 Very important one quite important

It is important you have a chance to learn and develop and to lead the life you want

We all have the right to enjoy yourself

I really like this

Meeting people and chatting is good

It helps mental health and wellbeing

Carers Meeting- 10 carers at Wellgate Day Support- Attended by WDS Manager, Integrated Manager, Senior SCO and JB Senior Officer

Wellgate Day Support has welcomed all existing Service Users back after having restricted attendance due to Covid. Carers are appreciative of the continuing efforts to keep people safe and keen to learn what the person they support has done when they come home.

Carers had good contact throughout and built relationships via the phone. The carers were very supportive of the workforce at Day Support.

For some the new smaller groups available have worked well others like to choose to spend time with particular friends and this has been more limited at meal times etc.

Some new people have started in recent years and there is now more younger people here.

The current group like the Monday- Friday "work-type" day provided. Other might like weekend and evening from Wellgate support.

Some carers think more enabling type support for weekends for recreation.

High cost of activities is a concern. It would be good for community centres to have more weekend activities (at low cost) for people along with their families and friends.

Activities need to be better funded and there shouldn't be differences in costs between providers (eg some expect staff bus fare, meal and refreshment is purchased if person going for an outing including a meal other have (?raised) funds to cover this.

July 22 Carer Telephone interviews by WDS

Mrs A feels that routine and consistency is important for her daughter. She explained that her daughters health and well-being is her priority and when she is well then she is happy. In the city she feels it is important that there continues to be opportunities for people who are isolated. It has been her experience that older adults don't always have the support to leave their home and that they are not able to do this independently. She attends a blether bus and she looks forward to this. It is a short service and not very frequent but it is very valuable and she looks forward to it.

Mrs M - Security and familiarity is important to her daughter, and it is important that as a carer she has confidence and trust that her daughter is in a safe and secure environment. She would like for Dundee to have more residential care options available.

Mrs T - Her daughter is very sociable and it is important for her to be around people every day. She needs to be confident also that her daughter is been well looked after and this gives her much needed respite. She feels kerbs and pavements need to be improved especially in Broughty Ferry. Parking on pavements also need to be addressed.

2022 Local Survey Information

Service User Surveys.

A very low number of surveys came from people who had support services and lived in Dundee. One person said 'I like my house and living where I do, I feel safe. Staff help me-they help me when I get upset and thought it was very important to get help to live well.

I go and get my newspaper and like having shops nearby. I like getting on with people and I see my friends every day when I go out. I like going to cafes and to parties. I enjoy Karaoke.'

Another person said 'I like a warm comfortable house and I feel safe. I enjoy living in my flat. Staff help me organise things like getting my house decorated. Living in a friendly community is very important I like meeting new people who want to speak to me. It is good to get on with each other and look out for one another. I don't always get on with my family. I like to be sociable but sometimes it can get too much for me. Staff support me with digital equipment. I enjoy my volunteer job. I like my support staff they help me maintain my skills and learn new ones.'

Stakeholders and Carers

Stakeholders and carers had access to an on-line survey. Some paper copies were completed and added and the information was added to the on-line survey. There were a total of 25 returned. 42% identified as working (on a paid or volunteer basis) with children and/or with adults with a learning disability in Dundee. Only a small number identified as carers. 74 % agreed that the vision described represented what adults in Dundee with a Learning Disability would want living in Dundee City to be like. (the format and wording of the vision has been changed but the essentials in the statements remain the same).

Additional hand written surveys were received after the on line survey closed on 18th July. These were completed by members of the workforce. One survey recommended changes to the presentation of the diagrams with more explanation needed. There was also an emphasis that Social care as well as health care must be addressed.

1. There were mixed views re diagrams with some people liking the information but not the format of the diagrams and others finding them not helpful. Others really liked how the information was presented in some of the diagrams. The diagrams have been reorganised with more narrative added alongside.
2. Although the survey spoke about the target group for the strategy i.e. “people with a learning disability and people with a learning disability and autism” it did not suggest that all people with autism had a learning disability. Despite this one respondent asked:

Can you please not include Autism as a Learning Disability? I am at university doing a degree, my condition is not a learning disability!

It will be important that the strategy is very clear about who it is for **and** about who it is **not for**, advising that strategic planning regarding autism, sits within Tayside Neurodiversity Planning.

3. Regarding the vision representing what people with a learning disability in Dundee want..... people agreed. Some were unsure but no-one disagreed with it. Some commented on the optimistic nature of the vision and how it might be difficult to realise:

I would hope this is a vision for everyone although some seem slightly unrealistic, over optimistic and unachievable for a huge number of disenfranchised people with and without a learning disability. It's all very well having a vision however timescales, finance, realism and raising false expectations make reporting against them difficult as they weren't achievable in the first place however commendable and visionary they are.

Others saw the vision and the document overall as being about basic human rights that everyone has a right to.

The vision includes what are an individual's human rights. the issue would be to ensure services/resources are available to back these statements for all, not just some. Some are more achievable than others, for any member of society.

4. There was no information received that was contradictory to with the areas recorded from last consultation event.

- About 230 people came along on the day. People enjoyed the event, had fun and learned a lot
- Being healthy was a focus for many people. There was a lot of interest in healthy eating, drinking water and activities that were healthy
- People thought their families were important and were keen to have social activities to build relationships and friendships
- There was confidence that safety was an area that we promoted and protected in Dundee
- Having a home of your own was seen as important by lots of people
- People appreciated the support that they get
- People would like more support to do things in evenings and weekends especially social activities
- People had lots to say about how they want to be part of the world
- Inclusion, involvement and information can be improved
- Transition to adult life needs better support

July 2022 Feedback from Advocacy services who visited Strathmartine and Carseview Hospitals over the last few months

From feedback from a specific project and one-to-one advocacy.-Some people have been in hospital beyond the date they could be discharged from wards in terms of treatment.

Many people in hospital say that activities are very important. Some people identify that they want more activities. This includes a desire for more activities on the ward where some have said they can get very bored. In addition some people want activities away from the ward in local community.

There is a desire from some patients to be able to spend more time in the community either doing organised activities or regular activities such as going to cafes/shops etc

Reports and Research Information

The Scottish Commission for Learning disabilities completed their **How's Life** Survey in 2019. www.sclld.org.uk/sclld-reports-publications/

Firstly, that people with learning disabilities reported a high level of life satisfaction, slightly higher than the general population. Despite this, they also reported a range of things that negatively impacted on their feeling of wellbeing: not seeing friends and family enough. Being lonely. Feeling

unsafe. Conversely, having the freedom to choose what to do, where to live, who to see, were all positively associated with high levels of life satisfaction. Underlying all these insights was the imperative that support, for those that needed it, had to be *right*. The right amount, the right values, the right focus. Without the right support, all these good things just tended not to happen.

On their website [SCLD reflect that after Covid emerged what was true one day was not true the next](#). Services closed down, and the ones that didn't struggled to keep going with PPE and staff shortages. Carers felt overwhelmed; everyone retreated inwards. People with learning disabilities and their families were often affected more than most.

People with learning disabilities were found to be on average **three times more likely to die** from Covid. Not just that – going into lockdown, with less access to communication has led to extreme loneliness.

Now people are still staying at home more. Some people's mental health has been badly affected by the experience of lockdown. Community groups are not all back up and running, many services are not fully re-instated. There is difficulty maintaining the social care workforce creates difficulties in maintaining all the things that are important to people's wellbeing.

Information from 2019 How's Life Survey in Scotland

Many things can affect how happy someone is: relationships, making your own choices, money and being treated with dignity and respect.

75 % of people did paid work.

14 % of people with learning disabilities did any kind of paid work.

People who did not need support were more likely to have a job

48 % of people volunteered

38 % of people with learning disabilities volunteered.

80 % of people did exercise in the last few weeks.

52 % of people with learning disabilities did exercise in the last few weeks.

People that got the support they needed were more likely to exercise than people that did not get the support they needed

People that got the support they needed were more likely to exercise than people that did not need support.

62 % of people used social media in the last few weeks.

33 % of people with learning disabilities used social media in the last few weeks.

People who did not need support use social media more than people that did need support

71 % of people voted in the last few years.

51 % of people with learning disabilities voted in the last few years.

People that got the support they needed were less likely to vote.

Meeting friends was another thing that happened just as often.

Going to the pictures and going to concerts and going to the library happened just as often.

1 person in 3 had taken part in self-advocacy in the last year.

1 person in 3 went to a day centre.

People that got the support they needed were less likely to take part in self-advocacy than people that did not get the support they needed.

People with complex needs found it hard to find things to do in their communities

Some of SCLD recommendations

- People with learning disabilities should have access to appropriate housing.
- There should be more visibility on people with learning disabilities and they need to be represented in all aspects of society.

People with learning disabilities should be supported to have different types of relationships and be educated about relationships, sexual health and parenting.

SCLD thinks these questions should be discussed

How do we make sure that people with learning disabilities can choose to do more things that will improve their wellbeing?

What can be done to make sure that person-centred plans include how people want to spend their time?

How do we make sure that family members and support workers help people decide for themselves what they want to do?

How do we make sure that as many people as possible are able to use and enjoy technology?

How do we make sure that everyone with a learning disability that wants to work gets the support they need to find a job?

How do we make sure that there are toilets and other basic facilities available in the community so that people with complex needs are able to get out of the house and do what they want to do?

Dundee Carers Partnership engaged with Carers in 2020 and reported via the DUNDEE CARERS PARTNERSHIP Covid-19 Engagement Findings Report.

carersofdundee.org/cms/uploads/carers-partnership-covid-19-findings-report-002.pdf

Key Findings included that in Dundee

- 84 % of carers had an increase in care since Pandemic started
- 63% were struggling to balance other commitments alongside caring
- 82% were anxious about the future

The report highlighted a number of areas for improvement including

- Services responding in a more proactive way with carers and the supported person; taking action at an earlier stage to avoid crisis

- Greater range of respite provision giving more choice and increased availability

The Keys To Life ‘Coming Home’ Report was published in 2018 detailing the need for urgent action for people with Learning Disabilities and Complex Needs who were in Out-of-Area Placements and Delayed Discharge. The update on activity from this report is available at www.gov.scot/publications/coming-home-implementation-report-working-group-complex-care-delayed-discharge/

The Scottish Government is supporting Health and Social Care Partnerships (HSCPs) to find alternatives to out-of-area placements, and to eradicate delayed discharge for people with learning disabilities. This will be achieved by the following developments

- A **Community Living Change Fund** to bring home those placed outside Scotland and to discharge those whose discharge from hospital was **implemented in 2021**
- A National **Dynamic Support Register** was accepted as a way to create greater visibility of people.
- A **National Support Panel** (in principle with a need for further work) will provide support and expertise to HSCPs and checks and balances for the local management of the Dynamic Support Register.

The recommendation from the February 2022 **working group was** that Scottish Government and COSLA should make a policy commitment to take forward a **framework to support the register.**

Living Life Well and Living Life Your Way in Dundee



DRAFT -A Strategic Plan for Supporting Adults with a Learning Disability and Adults with a Learning Disability and Autism in Dundee.(2022-2027)

After this plan has been finalised it will be published in a “designed” format and in accessible formats.



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This will also be published separately as a stand-alone document.	
Framework for Action Plan	Available as Separate Documents
Engagement Report	
Extracts from Needs Assessment	

The aim of this Strategic Plan is to support people in Dundee to live life well and live life the way that they want. In 2022 a vision for this plan was developed by Advocating Together. This was done at the request of Dundee Learning Disability and Autism Strategic Planning Group (SPG) following discussions with people, their carers, volunteers and the workforce.

The Vision.

Everyone will get help to live well.
 Everyone will have good places to live in.
 People will be able to use local shops in friendly communities.
 Everyone will be friendly.
 Everyone will look after each other.
 Everyone will have good relationships.
 Everyone will be able to have a social life.
 Everyone will have chances to share their talents.

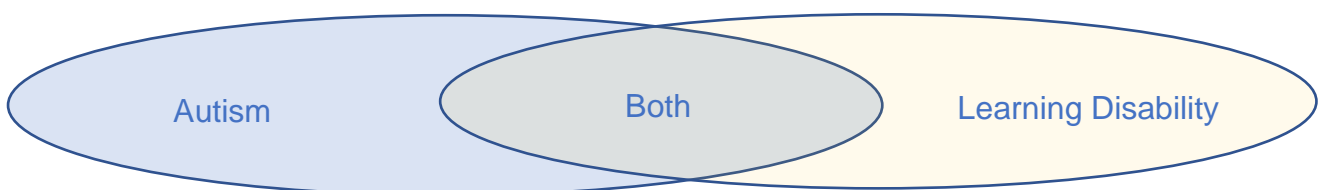
The Advocators have provided more information about the statements in the Vision for this plan and what they mean. (see Supplementary Information 1)

Introduction and Background

This Strategic Plan records a framework to support people in Dundee. The people who are the main focus of this Strategic Plan are Adults with a Learning Disability and Adults with a Learning Disability and Autism. It is recognised that each individual is unique and that their care and support will be personalised and unique to them. However, many of this group of people have needs that can be met with a range of services and supports that they might commonly access and they often choose to share social and recreational activities.

Some of the developments in the plan will also benefit children with additional support needs and people of any age who have Autism but not a Learning Disability. Across Tayside and in Dundee work is developing to support the needs of people impacted by a range of Neurodiversity including people with Autism and no Learning Disability.

Diagram 1- Some people have a Learning Disability and Autism, some people have only Autism, some people only have a Learning Disability.



It is anticipated that unpaid family carers will be supported through some of the actions in this plan as well as through the local Carers Strategy “A Caring Dundee 2“

<https://carersofdundee.org/dundee-carers-strategy-2021-24/>



This Strategic Plan gives information about what local people have said is important as well as taking into account national policies, research and knowledge. An Action Plan will be developed for which will be reviewed annually.

The Dundee Learning Disability and Autism Strategic Planning Group (SPG) support the development of Health, Social Work and Social Care and other supports and services for people with a Learning Disability in Dundee. The SPG reports to Strategic Planning Advisory Group and to the Dundee Integration Joint Board. This plan contributes to achieving the strategic priorities of Dundee IJB which are set in the 2019 Strategic and Commissioning Plan.

Before the Pandemic the SPG met regularly to discuss, plan and make arrangements. On-line meetings have proved unsuitable and unsuccessful for the SPG, in particular it has not supported the best contributions and discussions with the Advocators who attend. The SPG now have small face to face meetings in order to manage infection risks. SPG members work for a range of different agencies across the city and they have worked together to listen to and learn what is important to local people, their families, carers and their support staff. Some of the SPG Members are part of making plans with others in across Dundee and Tayside including planning with NHS Tayside and Dundee City Council.

Living Life Well in Tayside

‘Living Life Well in Tayside’ is the Tayside Mental Health and Wellbeing Strategy, it supports redesign of services Mental Health and Learning Disability Services in local communities and hospitals. The strategy can be found at: https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/MentalHealthandLearningDisabilityServices/PROD_342608/index.htm

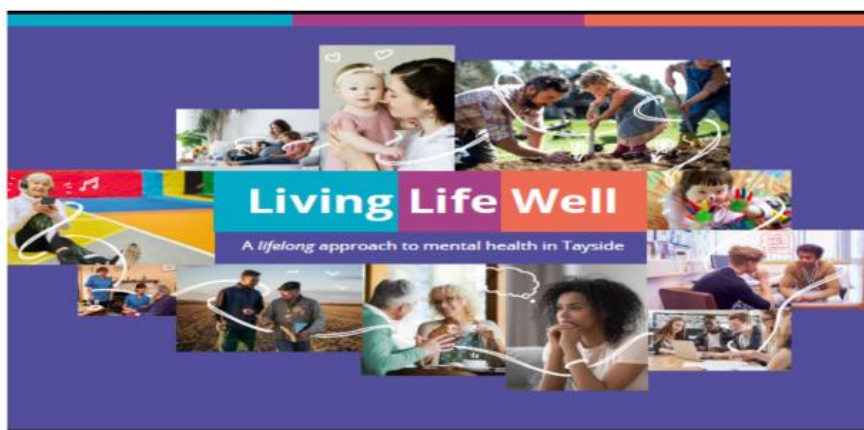


Image 1- the Front cover of Tayside Mental Health and Wellbeing Strategy

Health, Social Work and Social Care services have been further developed and increased in order that more people can live in the community, with the right support, and close to their home community. Although more people can remain in the community for their care a number of people need to be admitted to hospital. When they are well some people can be discharged without delays, however others may be delayed awaiting care and support and accommodation.

Along with the 3 Health and Social Care Partnerships in Dundee, Angus and Perth and Kinross NHS Tayside is redesigning Adult Mental Health and Learning Disability Inpatient Services.

Following the publication of the Trust and Respect Independent Inquiry Report in 2021 there were an number of development areas identified. https://www.nhstayside.scot.nhs.uk/OurServicesAZ/MentalHealthandLearningDisabilityServices/PROD_333752/index.htm Information on the progress of this work can be found at <https://www.gov.scot/groups/oversight-and-assurance-group-on-tayside-mental-health-services/>

In addition to people's family and friends, and the professionals who work in the hospital wards or visit from community services, Independent Advocacy Services engage with in-patients to make sure they have a chance to have their views heard and appropriate action taken.

Many people in hospital say that activities are very important, some have said they can get very bored. There are desires to have more activities on the ward as well as activities away from the ward in the local community. Some patients want to spend more time in the community doing organised activities or day to day living activities such as going to cafes/shops etc.

The Scottish Government's *Coming Home* report (2018) recommended that a more proactive approach was taken to planning and commissioning services and to identify suitable housing options. <https://www.gov.scot/publications/coming-home-implementation-report-working-group-complex-care-delayed-discharge/>

Mental Health Professionals are participating in workshops to develop a process to streamline activity that supports people returning to the community either in new accommodation or with new support packages in their existing accommodation.

The Strategic Housing Investment Plan group is aware of the need to ensure that people awaiting accommodation in hospital are seen as a priority as part of this process and have informed the group of projected future accommodation needs for people with a Learning Disability.

In 'Living Life Well' some main priorities were agreed for supporting for people with a Learning Disability. These priorities mirrored those in the 'National Keys to Life Strategy'. In addition to this, life transitions were identified as another area of priority; in particular transitions like those from childhood to adulthood and from working age to retiral age. There are working groups to implement 'Living Life Well' and some Dundee SPG members are part of these groups.

An important area of work within "Living Life Well" is to improve services and support for people with neurodevelopmental disorders. These lifelong conditions include autism, attention deficit disorder and tic disorders which can affect people with a learning disability as well as people without a learning disability. Some people live with more than one of these conditions. A specific workstream

has formed which will map collated information about what people with these conditions identify as the type of support they need, how help may best be delivered and what resources will be required to do this well. It is recognised that it is important that services can respond to the diverse needs that individuals may have and that services and supports, including support for people with a Learning Disability, work well together.

National Strategy- The Keys to Life

The Keys To Life is is National Strategy recognises that people who have a Learning Disability have the same aspirations and expectations as everyone else.

The **Keys to Life Vision** is:

‘Everyone – including people with learning disabilities - should be able to **contribute to a fairer Scotland where we tackle inequalities and people are** supported to flourish and succeed. People with learning disabilities should be treated with dignity, respect and understanding. They should be able to play a full part in their communities and live independent lives free from bullying, fear and harassment.’

This National Vision is endorsed by the SPG and it is intended that the work of this Strategic Plan will contribute towards it. More Information can be found at <https://keystolife.info/>

The **Strategic Outcomes** in ‘Keys to Life’ are summarised below.

A Healthy Life		People with learning disabilities enjoy the highest attainable standard of living, health and family life.
Choice and Control:		People with learning disabilities are treated with dignity and respect, and are protected from neglect, exploitation and abuse
Independence:		People with learning disabilities are able to live independently in the community with equal access to all aspects of society.
Active Citizenship:		People with learning disabilities are able to participate in all aspects of community and society.

 When interviewed some carers advised...


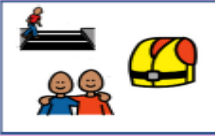




'My daughters health and well-being is my priority and when she is well then she is happy.'

'I need to be confident that my daughter is well looked after' as this gives this much needed respite.

'Security and familiarity is important to my daughter'

Personal Outcomes for People in Dundee

Through co-production people in Dundee developed a group of Personal Outcomes that were important to them. These Personal Outcomes have been adopted by the SPG which is committed to supporting them. The Dundee Personal Outcomes have been aligned with The Keys to Life Priorities to show how they link with our Strategic Plan in Dundee.

	Dundee Personal Outcomes 'Our Commitments to you.'	Keys to Life Outcomes
	Choice and Responsibility We will generate plans and actions in partnership with you that support people to fulfil the Statement 'I have choice and control of my life'	Independence
	Safety We will work together on safety matters. You will feel safe and be as safe as you can be through getting the support and care you need and progress towards enhancing safety.	Choice and Control
	Health and Wellbeing You will have the best possible health and wellbeing with support to get good health care to feel good and stay well.	A Healthy life
	Informed and Involved You, your carers and the workforce will have the right information at the right time and will have a say in decisions about local services and about your community.	Choice and Control
	Family and Relationships You will have opportunities and support to make and maintain relationships with your family and friends. You will have opportunities to have the personal relationships that are right for you.	A Healthy life
	Being Part of the World You will be supported to be part of the world you live in, living your life to the full and always having the opportunity to learn and develop.	Active Citizenship

Your Keys to Life in Dundee October 2019

In October 2019 an event was held at the Marayat Hall in Dundee and this was attended by 230 people. It included around 100 service users and people who had a Learning Disability or Autism as well as family members, carers, members of the workforce and members of the public.

Here are some of the Key Messages

- About 230 people came along on the day. People enjoyed the event, had fun and learned a lot
- Being healthy was a focus for many people. There was a lot of interest in healthy eating, drinking water and activities that were healthy
- People thought their families were important and were keen to have social activities to build relationships and friendships
- There was confidence that safety was an area that we promoted and protected in Dundee
- Having a home of your own was seen as important by lots of people
- People appreciated the support that they get
- People would like more support to do things in evenings and weekends especially social activities
- People had lots to say about how they want to be part of the world
- Inclusion, involvement and information can be improved
- Transition to adult life needs better support

There were a variety of ways used by the team from Advocating Together and others to learn people's views. One of the methods was to give people "fake" money to put in jars (labelled with 6 personal outcomes) to indicate what they would spend their money on. Most money was spent on Family and Relationships which was given 22% of all the money spent.



Image 2 – bank Note used during event for people to put into jar to indicate what aspects of life they would spend money on.

The Table below shows where each group spend their money.

What did people spend on??	People with Support Needs	Workforce	Public, Carers, Others	Total spend by all groups
Family & Relationships	30%	20%	7%	22%
Informed & Involved	10%	16%	13%	13%
Safety	14%	10%	23%	13%
Health and wellbeing	16%	21%	10%	18%
Being Part of The World	13%	13%	23%	14%
Choice & Responsibility	14%	19%	23%	18%
Other Priority	4%	1%	0%	2%

The SPG has considered the views shared at the event along with information from National Research and from Engage Dundee and Dundee Carers Covid Engagement. The basis for this plan has been verified with the Advocators. The SPG know that due to the pandemic not everyone has had a chance to give their view yet. More information will become available about people’s views and needs in the future and any adjustments will be made to the action plan as required.

The level of engagement and interaction in 2022 has been lower than previously in terms of numbers but rich in terms of quality of content. Deadlines for responses have been extended in order to support additional efforts to hear from people and responses are still coming in which may add to the information



Engagement Activities

March 2022	Meeting of Carers at Dundee Carers Centre
May 2022	4 Focus Group Meetings at Advocating Together. (including one on line with Dundee Involvement Network)
June 2022	Focus Group Meetings at Wellgate Day Support (WDS) supported by WDS colleagues
June 2022	WDS Carers Meeting – supported by WDS and Integrated Manager
July 2022	Service User Survey Information collated
July 2022	On- line carer and stakeholder surveys collated
July 2022	WDS colleagues telephone interviews with Carers

What is currently impacting people?

The Strategic Plan has used information from previous involvement and national research and reports to supplement the information gathered from the recent engagement. (see Engagement Report). The information gathered has, in general reflected previous aims and aspirations but there are a number of new circumstances that will need new and dynamic actions to meet these aims. The information gathered so far has been grouped under the Personal Outcome areas.

Health and Wellbeing	
<ul style="list-style-type: none"> Information to be provided about experience in Hospital care in particular hospitals who specialise in Mental Health. Annual Health Check (due to be introduced) is welcomed The local Health and Wellbeing Networks for Local Community Planning Partnerships should be explored as potential partnership area Information about Health impacts following the Covid Pandemic are starting to become known. It is anticipated that more information will become available Increased isolation affected people and also affected their carers, in particular older carers whose social contacts previously gave them respite and support. 	
Choice and Responsibility	
<ul style="list-style-type: none"> Workforce planning- people are impacted by the recruitment and retention issues in social care and health care. SPG members will contribute to work to enhance the position of Learning Disability services in this respect Cost of living. People are starting to become concerned about the Cost of Living, fuel prices and electricity prices. Housing- the limited availability of specialist housing in the City- including Wheelchair accommodation for families 	
Safety	
<ul style="list-style-type: none"> Dundee Violence Against Women and Girls Partnership and Learning Disability Services are exploring use of Specific Talking Mat as part of a National Pilot. People have been more confined to their homes, it may be that they have less experience of safety in public at present although there are reports of harassment in local shops and shopping areas. People understand their rights but have had less opportunity to discuss this with peers face to face and consider what to do if rights are breached. 	
Family and Relationships	
<ul style="list-style-type: none"> Balanced healthy relationships are seen as highly important in a good life. People want to maintain or repair family relationships; connect in a meaningful way people with friends who they know though attending same groups: safe opportunities are sought for developing romantic relationships. People need to explore ways of keeping in touch with friends directly; in the past they have been used to “bumping into” friends at a group or activity and the pandemic ? was a barrier to even phoning a friend in lockdown or meeting for a walk or coffee later. Many family carers are exhausted through the strains of caring more intensely during the pandemic. Work will continue to progress along with the Dundee Carers Partnership 	

Informed and Involved

- Consultation has demonstrated that there seems to be good awareness of Rights. There is limited evidence that these rights are always challenged when not fulfilled
- Mechanisms that support people's rights include:

The National and Local involvement work from Charter for involvement, National Involvement Network and Dundee Involvement Network, The Scottish Assembly (National and North East Group), Self-Advocacy through Advocating Together and one to one Advocacy through Partners in Advocacy, Dundee Independent Advocacy and Advocating Together. Although services continued to meet needs, face to face meetings were restricted and work which would previously have been face to face moved on line. This is anticipated to change but may take time and effort to redevelop.

Being Part of the World

- Covid Pandemic Measures have increased Isolation. People may now be apprehensive about going out.
- People are seeking support to go out and reassurance when returning to activities Many of the previous community activities have not resumed and may not restart,
- Support agencies and carers are helping people overcome barriers but Being Part of the world is impacted by limited opportunities in local communities, risk assessment of bigger events that suggests may not be advisable to hold events
- Workforce circumstances including increased absence due to infection and recruitment and retention difficulties make this even more problematic
- Many family and friends who are carers have been overwhelmed and fatigued during the pandemic with having had increased responsibilities.
- Increases in cost of living have brought concerns about costs for activities to the fore.
- Some carers raised concerns about different approaches from different service providers to what the person being supported is expected to pay for.
- Employment and volunteering opportunities have been very restricted
- Project Search (Employment Preparation) is a significant new employment opportunity for a small number of people and some of this year's Graduates have jobs now and others have positive life plans including volunteering.



Some carers said...

High cost of doing things is a worry. It would be good for community centres to have more weekend activities (at low cost) for people along with their families and friends

Cost of Living

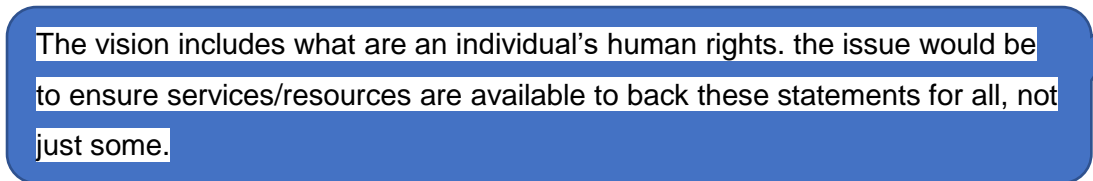
Research by Leonard Cheshire revealed that ‘around 600,000 disabled people already have less than £10 or less per week to pay for food and other essentials.’ And that rising cost rises the impact on some disabled people could be very serious. <https://www.leonardcheshire.org/our-impact/stories/what-do-new-cost-living-payments-mean-disabled-people>

Disability Equality Scotland deliver regular summary reports based on the feedback received from members through a weekly poll. The issues raised across Scotland are likely to be common to local people. In April 2022 85% of respondents were very concerned about the current cost of living – www.disabilityequality.scot. Fuel costs were mentioned specifically including costs of using medical devices like oxygen therapy. For one person “shopping has become a case of finding what is affordable ...rather than what I like.’ These rising costs may have greater impact on people with food intolerances and specific diets (e.g. diabetes). Other people raised worries about the fact that income is not increasing with inflation and changes to benefit rules.

The Learning Disability Workforce along with family carers support people with Money Management and seek help from Money Advice agencies regarding debt management and changes in Disability payments. The new Scottish Social Security Service has been put in place to avoid the severe review and reassessment schemes for Disability Benefits but the impact of this is still to be measured.

It is anticipated that Cost of Living challenges will affect many people including people who access Learning Disability Services and may in future contribute to people needing more support. The SPG are aware of this and will monitor and take appropriate action as required. It is anticipated that actions related to this Strategic Plan will include work towards the Fairness agenda in Dundee and activity to address Health Inequalities and Social Inequality.

Someone responding to the Stakeholder survey said



The vision includes what are an individual's human rights. the issue would be to ensure services/resources are available to back these statements for all, not just some.

Resources

There are some new actions that must be considered now. Following the Pandemic some of the people who previously lived a more independent lifestyle directly accessing support in their local community may have become disconnected with this and may need to re connect with new support. Some people, particularly those in communal living situations and care units have had the sorrow of not being able to spend time with family and friends.

Many unpaid/family carers have been providing additional support due to restrictions and may be in greater need of support to relieve them and respite care support. A small number of other carers indicated that the less busy, less varied, less people environment suited some people during the pandemic and they expressed a desire for this environment to continue although they know that some changes will be inevitable.

The following diagram (Diagram 1) represents what is currently known about people in Dundee who have support or may need support and the levels of support they need. The white block at the base of the triangle indicates the population of Dundee who have a Learning Disability. This can be estimated to be as many as 5,200 people if an assumption is made of 5 % of the local population (approximately 130, 000) possibly have a Learning Disability. It is known that some of these people will never need formal support from Health and Social Care services or may only need this support at some points in their life.

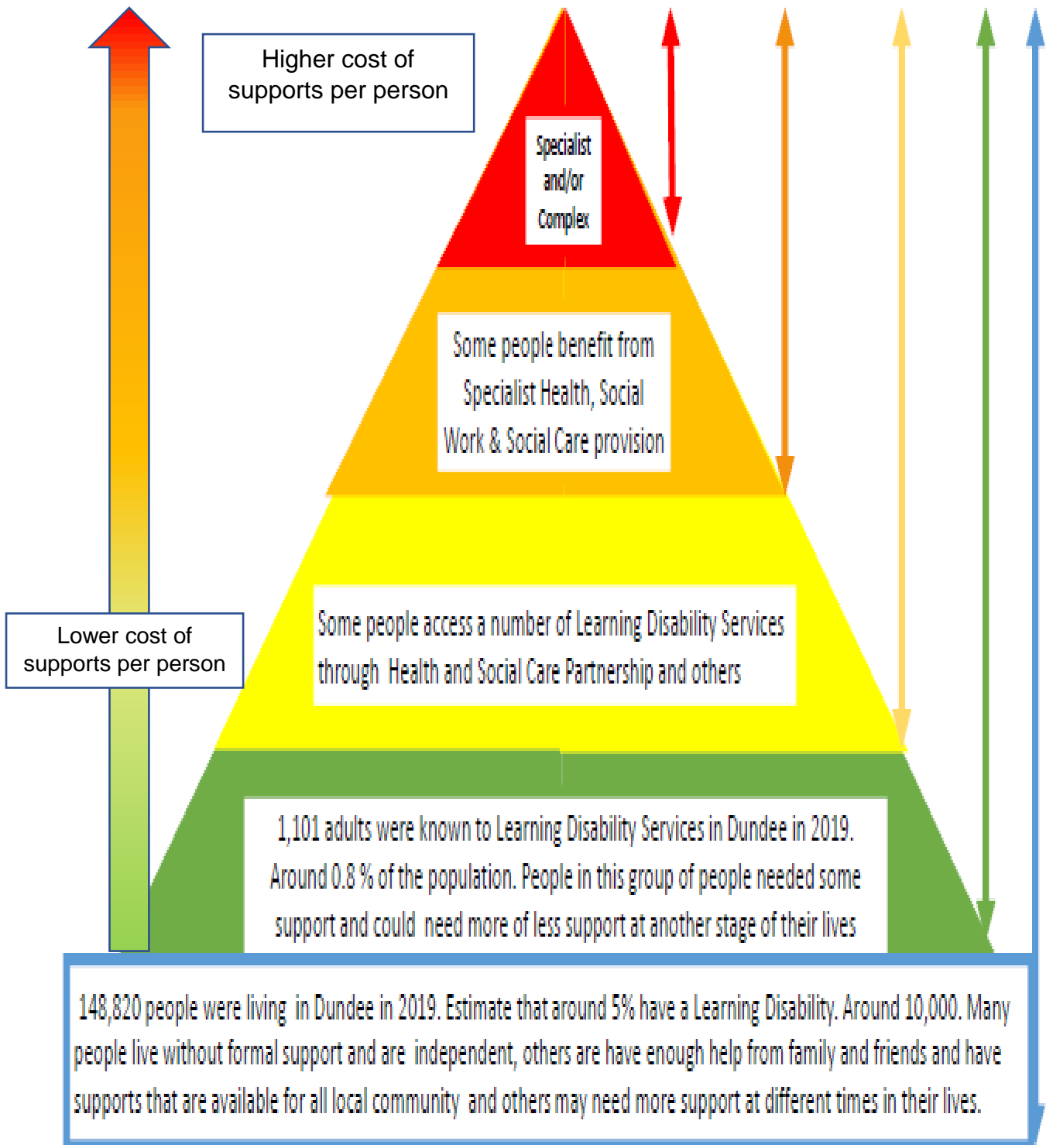
The green part of the triangle indicates people who currently access some support (under 1,200 people) and are individually known to colleagues local Learning Disability services. The percentage of people in this grouping is higher than many other Scottish Local Authorities.

<https://www.sclld.org.uk/2019-report/>.

In this report, Dundee is shown as aware of 8.8 adults per 1,000 adults in the population, where Glasgow City is only aware of 4.4 adults in the population for every 1,000 people. In Perth 3.4 per 1,000 people and Angus it is 5.0 . This indicates that we are keeping contact and potentially supporting a greater percentage people. There is not a clear picture of why this is the case. A number of reasons are possible but there is no research or proof about this. It may be that more parents move or remain in Dundee (to be near Hospital Care or education resources) ; or that young people move to Dundee when they move from a family home, especially for college; or that more people moved to Dundee when leaving long term hospital as they did not have links elsewhere. It may also indicate that the workforce in Dundee are relatively accessible when people need them allowing them to access support readily at times when circumstances change and later maybe move back to mainstream supports with a suitable plan.

The yellow, orange and red parts of the triangle represent the different levels of support people access. An individual may have circumstances where they have had support at all levels during their lifespan and some individuals may remain in the supports at one area only. Some may access support from within all levels at one time.

Diagram 1



What will happen next?

Conversations with you

Much of the information in this plan was gathered before the pandemic and this plan has been supported by you or people like you giving your point of view. Your views are heard in a number of ways including: Participation and Engagement Activities including Focus groups and events. These activities are usually supported by Advocating Together and the Providers Forum as well as other colleagues in Dundee Health and Social Care Partnership and Dundee City Council including Communities Officers. More recently The National Involvement Network has promoted The Charter for Involvement and local people have created a Dundee Charter for Involvement group.

As many opportunities as possible will be taken to learn your views. The SPG will work with partners to arrange local events in local communities, when circumstances permit to provide opportunities for services and supports to let people know what is available and for gathering views and opinions.

Other Developments

The planned actions will take account of new developments planned by Scottish Government and by local strategies and policy developments. This will include proposals as a result of the National Care Service (proposed in NCS Bill) and the Learning Disability Bill which have been published recently.

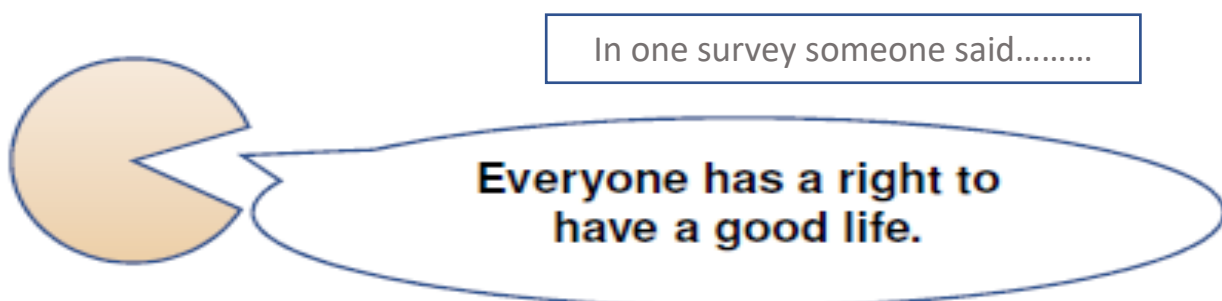
Plan Actions

With the help of people and stakeholders the SPG is developing a plan to make sure everyone has the same chance to meet personal outcomes wherever they live in Dundee. This action plan will be updated regularly with new actions added as required.

Monitoring

The SPG will seek ways of formally monitoring and evaluating progress to check that people are able to live the life they want and life well in Dundee.

Manager Responsible -Arlene Mitchell (Locality Manager)
Dundee Health and Social Care Partnership.



Images used in this draft document were produced by:

Board maker/Mayer Johnston

Photo symbols

Dundee City Council Design Services

BACKGROUND INFORMATION**Words and Terms and what they mean in this Strategic Plan**

Advocators	In Dundee the 'Advocators' are employed by Advocating Together is an independent advocacy and capacity building organisation for adults (over 16) with: learning disabilities, autistic spectrum disorder or complex communication needs. These Advocators are people with a disability who listen to their peers and find creative ways of building capacity and engaging.
Integration Joint Board (IJB)	The IJB has overall responsibility for the planning of services for the parts of Health and Social Care in Dundee that come from NHS Tayside and Dundee City Council.
Learning Disability and Autism Strategic Planning Group (SPG)	The SPG is a group of local people and professionals with an interest in planning health and social care for people with a Learning Disability and people with a Learning Disability and Autism in Dundee.
Neurodiversity.	Neurodiversity planning in Tayside includes adults with and without a Learning Disability who are impacted by autism spectrum conditions, ADHD, dyspraxia, Tourette Syndrome and tic disorder.
Personal outcomes	Personal outcomes describe what a person wants to achieve. These are realistic goals that the person receiving care and support, and their care worker or carer can work towards.
Priorities	Strategic Priorities are the important things that planners want to work together on to achieve.
Pandemic	An infectious disease that has spread across a large area or worldwide, affecting lots of people. In this report the Pandemic referred to is Covid 19 infection which started in 2020.
Strategic Needs Assessment	This sets out current and (predicted) future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services within an IJB area.
Vision	The vision or vision statement sets out our ambition for the future.

Background Information (Continued)

What is a Learning Disability?

“A significant lifelong condition which is present prior to the age of eighteen and which has a significant effect on a person’s development.” People with a Learning Disability may “need more support than their peers to understand information, learn skills and lead independent lives”, this does not mean they are incapable of playing an active role in our society and economy.

Keys to Life <https://keystolife.info/>

What is Autism?

Autism is a lifelong developmental disability which affects how people communicate and interact with the world. <https://www.autism.org.uk/advice-and-guidance/what-is-autism>

Some people with a Learning Disability has autism. Some do not. Some people with autism do not have a Learning Disability.

What are LDSS Statistics?

Learning Disability Statistics Scotland (LDSS) provide information on adults with learning disabilities who are known to Scottish local authorities . Information is included on demographics, day centre use, accommodation, employment, and further education. <https://www.sclld.org.uk/population-statistics/>

Other important documents

Information about all policies, publications, consultations and news relating to health and social care can be found at <https://beta.gov.scot/health-and-social-care/>.

The Scottish Government autism and learning/intellectual disability transformation plan 'Towards Transformation' sets out to ensure that progress is made in transforming Scotland for autistic people and people with learning/intellectual disabilities <https://www.gov.scot/publications/learning-intellectual-disability-autism-towards-transformation/>

Information about local policies, publications, consultations and news relating to health and social care can be found at <https://www.dundeehscp.com/> and <https://www.dundee.gov.uk/>

The Dundee Integration Joint Board are responsible for the Dundee Health and Social Care Partnership Strategic Commissioning Plan (SCP). The SCP has 4 main priorities and these are will be important areas to take account of when implementing this strategic plan. These are Health Inequalities; Early Intervention/Prevention; Person Centred Care and Support ; Models of Support/Pathways of Care. For more information see <https://www.dundeehscp.com/our-publications/news-matters/strategic-and-commissioning-plan-extended>

Needs Assessment

The Dundee SCP is based on a Strategic Needs Assessment which was refreshed in 2021. The Needs Assessment is supported by information from a number of sources in particular the annual Learning Disability Statistics Scotland.

The key information identified through the Strategic Needs assessment includes:

- in Dundee there were 1,101 adults (aged 16+) with a Learning Disability and 272 with an autism spectrum disorder. This is about 1 person in every 100 people in Dundee, which is a higher proportion than most other places in Scotland.
- Most of the people live in Coldside, Strathmartine and East End and nearly half live in the most deprived areas of Dundee. This can really affect their chances of a good life.
- Half of the people known about receive support either in their own homes or in care homes or hospital.
- People with a Learning Disability have a life expectancy of 20 years less than other people with the same physical health.

Other information in the Needs Assessment which is particularly relevant to this Strategic Plan includes: information about MAPPA, Mental Health Orders, Incapacity Act work, Employment Services and Public Protection, Homelessness, Carers, Care Homes, Respite Care and Support Services.

Current Research

The Engage Dundee survey took place online during late 2020. The invite to take part was circulated widely. The survey aimed to explore the impact of the Covid-19 pandemic on Dundee's citizens, particularly in determining whether individuals had accessed specific services during lockdown, their experiences both positive and negative, whether there had been impacts on mental health and wellbeing and in what ways, any positive developments over the lockdown period, and to help assess the priorities of individuals, families and communities going forward. The Engagement was supported by a number of key agencies and bodies across the city; notably Community Learning and Development Service, Faith in the Community, Public Health Services, DVVA and Dundee HSCP).

https://www.dundee.gov.uk/sites/default/files/publications/engage_dundee_covid_impact_report.pdf

The Dundee Carers Covid Engagement report outlines the findings and recommendations from the Dundee Carers Partnership Covid-19 engagement work carried out in 2020. The Carers Partnership undertook engagement with carers and the workforce supporting carers to better understand the impact of COVID-19. The final report presents the findings and contains a series of recommendations to ensure outcomes are met for carers in the City. <https://carersofdundee.org/workforce/carers-partnership/#:~:text=Dundee%20Carers%20Partnership%20Covid%2D19%20Engagement%20Findings,-A%20report%20outlining&text=From%20late%20September%20to%20mid,the%20impact%20of%20COVID%2D19>

In 2021 the Fraser of Allander Institute set out to build evidence-based effective action for people with learning disabilities in Scotland. They advise that they have found that the evidence on which to base effective policy to improve the outcomes for people living with a Learning Disability is severely lacking. The Institute advise that without better data to underpin policy making, Scottish Government ambitions to improve the lives of adults with learning disabilities are unlikely to be realised. <https://fraserofallander.org/a-new-project-on-adults-with-learning-disabilities-in-scotland/>

Supplementary Information 1

Here is the Vision for this plan with more detail



Everyone will get help to live well.

You will have support from people who will help you when day to day living is difficult; this might include going to the shops: budgeting; advice if you are worried; help to wash and dress; clean house and laundry: Health care and support to live your life the way you want. The help can be from friends, family, volunteers or staff



Everyone will have good places to live in.

You will have a choice of where you live and a choice about who you live with. You will have a warm house and comfortable furniture.



People will be able to use local shops in friendly communities.

There will be affordable shops, that sell healthy foods. There will be beautiful public spaces, people will feel safe and welcome when they are in their local area.



**Everyone will be friendly.
Everyone will look after each other**

We will try to be respectful to each other, and fair. We want everyone to be safe. We know Human Rights are important and sometimes it will be difficult to do this.



Everyone will have good relationships.

This includes relationships with friends, with family and romantic relationships.



**Everyone will be able to have a social life.
Everyone will have chances to share their talents.**




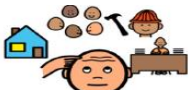





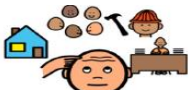





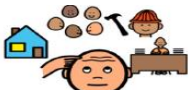





People can go and meet friends when they chose to, people can get involved in different activities and hobbies, people can get online, use digital equipment. People can volunteer or have paid jobs if they want.

Supplementary Information 2 – Short Information about Plan

This will also be published separately as a stand-alone document.

This is information about the Strategic Plan for Supporting Adults with a Learning Disability and Adults with a Learning Disability and Autism in Dundee.(2022-2027).

The Plan is called ‘Living Life Well and Living Life Your Way in Dundee’.

	<p>The Dundee Learning Disability and Autism Strategic Planning Group (SPG) wrote this plan after hearing what people had to say.</p>												
	<p>The plan also considers important local and National policies like ‘Keys to Life’.</p>												
	<p>The plan sets out what is important and why. The Health and Social Care Partnership will work with others to make the Plan happen.</p>												
<table border="1"> <tr> <td data-bbox="161 1375 371 1480">Choice and Responsibility</td> <td data-bbox="371 1375 628 1480"></td> </tr> <tr> <td data-bbox="161 1480 371 1585">Safety</td> <td data-bbox="371 1480 628 1585"></td> </tr> <tr> <td data-bbox="161 1585 371 1691">Health and Wellbeing</td> <td data-bbox="371 1585 628 1691"></td> </tr> <tr> <td data-bbox="161 1691 371 1796">Informed and Involved</td> <td data-bbox="371 1691 628 1796"></td> </tr> <tr> <td data-bbox="161 1796 371 1901">Family and Relationships</td> <td data-bbox="371 1796 628 1901"></td> </tr> <tr> <td data-bbox="161 1901 371 2027">Being Part of the World</td> <td data-bbox="371 1901 628 2027"></td> </tr> </table>	Choice and Responsibility		Safety		Health and Wellbeing		Informed and Involved		Family and Relationships		Being Part of the World		<p>The aim of the plan is to support people in Dundee to live life well and live life the way that they want.</p> <p>People will work together to take action on what is needed.</p> <p>An Action Plan will be made with work for the Personal Outcome areas already agreed in Dundee.</p>
Choice and Responsibility													
Safety													
Health and Wellbeing													
Informed and Involved													
Family and Relationships													
Being Part of the World													

Here is the Vision for the Strategic Plan.



Everyone will get help to live well.



Everyone will have good places to live in.



People will be able to use local shops in friendly communities.



Everyone will be friendly.
Everyone will look after each other



Everyone will have good relationships.



Everyone will be able to have a social life.
Everyone will have chances to share their talents.

Images supplied by Photosymbols

Framework for Action Plan

Personal Outcome (Keys to Life Outcomes)	The Vision for Dundee	Action Area/Planned action	Key People/ Agency	Start Date	Due Date	Status
Health and Wellbeing (A Healthy Life)	Everyone will get help to live well.					
Choice and Responsibility (Independence)	Everyone will get help to live well. Everyone will have good places to live in					
Safety (Choice and Control)	People will be able to use local shops in friendly communities.					
Family and Relationships (A Healthy Life)	Everyone will have good relationships					

Living Life Well and Living Life Your Way in Dundee

Personal Outcome (Keys to Life Outcomes)	The Vision for Dundee	Action Area/Planned action	Key People/ Agency	Start Date	Due Date	Status
Informed and Involved (Choice and Control)	Everyone will get help to live well. Everyone will be friendly. Everyone will look after each other.					
Being Part of the World (Active Citizenship)	Everyone will be able to have a social life. Everyone will have chances to share their talents Everyone will have good places to live in.					

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Document Title	Living Life well and Living Life Your Way in Dundee
Document Type	Strategic Plan
New / Existing Document?	New
Document Description	This is a five year (2022-2027) strategic plan to support people with Learning Disability Strategy, to maintain to improve their quality of life and have better outcomes. The Plan is about adults who live in Dundee and as well as a small number of Dundee citizens who may have moved or been placed out with the city. The plan may have impacts on the workforce and wider partners like NHS Tayside and other agencies in the city as well as carers and young people with a learning disability.
Intended Outcome	To provide a Framework for supports and services for people with a learning Disability and people with a Learning Disability and autism in Dundee.
Document Start Date	1/9/22
Document End Date	1/9/27
How will the proposal be monitored?	Through regular consideration at Learning Disability Strategic Planning Group

Equality, Diversity & Human Rights

	Positive	No Impact	Negative	Not Known	Explanation of Impact / Mitigations / Unknowns
Age	X				People with LD are living longer as a result of health developments and Public Health Developments. This plan supports health and wellbeing activity to support longer healthier lives. People with Learning Disability have an earlier mortality than main population.
Disability	X				The plan will benefit people with Learning Disability who may also be affected by Neuro Devt Conditions or physical disability by supporting personalised care.
Gender Reassignment	X				The range of supports and services provided to individuals will include health and social care and support for individuals who plan to or have undertaken Gender Reassignment or have support needs related to gender identity.
Marriage & Civil Partnership		X			It is not anticipated that the plan will affect the workforce in this respect.
Pregnancy & Maternity		X			It is not anticipated that the plan will affect the workforce in this respect. Personalised care and support will provide individuals with relevant support in relation to this area.
Race / Ethnicity	X				The Plan is for all adults with a Learning Disability. Ongoing engagement activities may highlight Race/ethnicity issues for workforce and adults who are supported. Negative impacts that arise should be addressed with Actions in the action plan.
Religion or Belief	X				The Plan is for all adults with a Learning Disability. Ongoing engagement activities may highlight religion and Belief issues for workforce and adults who are supported. Negative impacts that arise should be addressed with Actions in the action plan.
Sex	X				More Males are currently known to services (?due to higher birth rate and ore identified as needing support)The plan is that Health Care and support is personalised which means that those identified as needing this support will have their sex taken into account when providing care. The workforce is mainly female and this needs considered if any workforce plans impact women/men differently
Sexual Orientation	X				There is a growing understanding of the impact of non- heterosexual Sexual Orientation for people with a Learning Disability and this understanding coupled with personalisation and person-centred care will positively impact individuals.

Are any Human Rights not covered by the Equalities questions above impacted by this report?	Yes
<p>The nature of learning disability means that rights and freedoms may be restricted. The plan means that restrictions are less likely to occur due to personalised support and care. This includes less likelihood of</p> <ul style="list-style-type: none"> torture and inhuman or degrading treatment <p>And increased likelihood of</p> <ul style="list-style-type: none"> liberty and security Respect for your private and family life, home and correspondence Freedom of expression Protection from discrimination in respect of rights and freedoms 	

Fairness & Poverty

Geography

	Positive	No Impact	Negative	Not Known	Explanation of Impact / Mitigations / Unknowns
Strathmartine (Ardler, St. Mary's & Kirkton)	x				<p>It is known that a higher portion of people with learning disability live in Dundee's areas of multiple deprivation.</p> <p>The actions for the Strategic Plan include connecting more with people in local communities in order to hear from local people with disability and their carers and understand their needs.</p> <p>There is an intention that Cost of Living issues will be closely monitored and appropriate support given.</p>
Lochee (Lochee / Beechwood, Charleston & Menzieshill)	x				
Coldside (Hilltown, Fairmuir & Coldside)	x				
Maryfield (Stobswell & City Centre)	x				
North East (Whitfield, Fintry & Mill O'Mains)	x				
East End (Mid Craige, Linlathen & Douglas)	x				
The Ferry	x				
West End	x				

Household Group

	Positive	No Impact	Negative	Not Known	Explanation of Impact / Mitigations / Unknowns
Looked After Children & Care Leavers	x				Care Leavers with a Learning Disability (including those leaving Residential Schools) will benefit from the work to ensure supports and services are optimised in the City.
Carers	x				Carers of adults with a learning disability will benefit from the person they care for having the right support at the right time.
Lone Parent Families		x			
Single Female Households with Children		x			
Greater Number of Children and/or Young Children		x			
Pensioners – single / couple	x				There are potential benefits to carers who are over retirement age and to adults with LD over 65 who will benefit from the right care and support at the right time.
Unskilled Workers or Unemployed	x				People with a Learning Disability will be in this category of working age people. They will have support to seek employment or activity that is meaningful, or education and training.
Serious & Enduring Mental Health Conditions	x				Some people with a learning disability may also be categorised in this group and will benefit from Health, Social work and social Care support
Homeless	x				The aim of this Strategic Plan is to provide the best support to all adults with a learning disability. The intention would be to prevent Homelessness and to resolve homelessness for adults affected by this.
Drug and/or Alcohol usage	x				The aim of this Strategic Plan is to provide the best support to all adults with a learning disability. The intention would be to prevent issues arising from Drug and alcohol use and to resolve issues and support adults affected by this.
Offenders and Ex-Offenders	x				The aim of this Strategic Plan is to provide the best support to all adults with a learning disability. The intention will be to work closely with Community Justice services to address concerns.

Socio-Economic Disadvantage

	Positive	No Impact	Negative	Not Known	Explanation of Impact / Mitigations / Unknowns
Employment Status	x				The actions in the plan will support people with LD to seek employment, volunteering and meaningful activity and sustain this. This will include working with Dundee College and Project Search. In addition there is a great need for recruitment and retention of social care workers and actions will be planned around marketing and filling vacancies.
Education & Skills	x				The plan includes supporting skills training and re training of people with Learning disability in life skills and work skills.
Income	x				There will be work planned re income maximisation and work to avoid impacts of cost of living crisis.
Fuel Poverty	x				Included as part of above cost of living.
Caring Responsibilities (including Childcare)	x				Links with Dundee Carers Strategy actions. Continue work with C&F re supporting parents with LD
Affordability and Accessibility of Services	x				Further work needed to scope out how people meet costs involved in outings including covering care workers expenses while out.

Inequalities of Outcome

	Positive	No Impact	Negative	Not Known	Explanation of Impact / Mitigations / Unknowns
Cost of Living / Poverty Premium		x			
Connectivity / Internet Access		x			
Income / Benefit Advice / Income Maximisation	x				There will be work planned re income maximisation and work to avoid impacts of cost of living crisis.
Employment Opportunities	x				Work with Dundee College and Project Search. In addition, there is a great need for recruitment and retention of social care workers and actions will be planned around marketing and filling vacancies.

Education	x				Work with Schools re transition to adult life
Health	x				Public Health work is ongoing and LD Health team progressing initiatives. Planned annual health check to be delivered by Scottish Government.
Life Expectancy	x				Health work is anticipated to increase life expectancy of our target group.
Mental Health	x				Mental Health and wellbeing of our target group and of carers will be enhanced.
Overweight / Obesity	x				Healthy eating, ways of managing budget for healthy food. LD Health Professionals (including Dietitian) advise
Child Health		x			
Neighbourhood Satisfaction		x			
Transport		x			

Environment

Climate Change

	Positive	No Impact	Negative	Not Known	Explanation of Impact / Mitigations / Unknowns
Mitigating Greenhouse Gases		x			
Adapting to the Effects of Climate Change		x			

Resource Use

	Positive	No Impact	Negative	Not Known	Explanation of Impact / Mitigations / Unknowns
Energy Efficiency and Consumption	x				Individuals will be supported to manage their use of energy. In particular to manage costs but this will have a positive impact on energy use.
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste	x				Individuals will be supported to recycle as required and requested through their tenancy arrangements.
Sustainable Procurement		x			

Transport

	Positive	No Impact	Negative	Not Known	Explanation of Impact / Mitigations / Unknowns
Accessible Transport Provision		x			
Sustainable Modes of Transport		x			

Natural Environment

	Positive	No Impact	Negative	Not Known	Explanation of Impact / Mitigations / Unknowns
Air, Land and Water Quality		x			
Biodiversity		x			
Open and Green Spaces		x			

Built Environment

	Positive	No Impact	Negative	Not Known	Explanation of Impact / Mitigations / Unknowns
Built Heritage		x			
Housing		x			

Strategic Environmental Assessment

Use the [SEA flowchart](#) to determine whether your proposal requires SEA.

No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005	No further response needed
It has been determined that the proposal will have no or minimal environmental effects. The reason(s) for this determination are set out in the following SEA pre-screening determination section	<i>SEA Pre-Screening Determination: Explain how you made the determination that the Plan, Programme or Strategy will have no or minimal negative environmental effect:</i>
Screening has determined that the proposal is unlikely to have any significant environmental effects. The reason(s) for this determination are set out in the	<i>Need to insert the 'Summary of Environmental Effects' from your SEA screening report</i>

Screening Report, a copy of which will be available to view at www.dundee.gov.uk/cplanning/sea	
Screening has determined that the proposal is likely to have significant environmental effects and as a consequence an environmental assessment is necessary. A Scoping Report, which will determine the scope of the environmental assessment is being prepared for submission to the statutory Consultation Authorities for consideration	<i>Need to insert the 'Summary of Environmental Effects' from your SEA screening report</i>
Screening determined that the proposal was likely to have significant environmental effects and as a consequence an environmental assessment was necessary. An Environmental Report has been prepared for submission to the statutory Consultation Authorities together with a draft Plan, Programme or Strategy for consideration. A copy of the Environmental Report will be available to view at www.dundee.gov.uk/cplanning/sea	<p><i>Environmental Implications: Describe the implications of the proposal on the characteristics identified:</i></p> <p><i>Proposed Mitigating Actions: Describe any mitigating actions which you propose to take to overcome negative impacts or implications:</i></p>

Corporate Risk

	Positive	No Impact	Negative	Not Known	Explanation of Impact / Mitigations / Unknowns
Political Reputational Risk	x				The strategic plan is line with Scottish Government Policy and Human Rights
Economic / Financial Sustainability / Security & Equipment		x			
Social Impact / Safety of Staff & Clients	x				Positive Social Impacts for target group and society as a whole.
Technological / Business or Service Interruption		x			
Environmental		x			
Legal / Statutory Obligations	x				Equality and human rights positive impacts
Organisational / Staffing & Competence	x				Workforce development and maintenance is integral to plan.

One of the three statements below will apply

The risk implications associated with the subject matter of this report are 'business as normal' risks and any increase	x	<i>(No further response needed)</i>
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<p>to the level of risk to the Council is minimal. This is due either to the risk being inherently low or as a result of the risk being transferred in full or in part to another party on a fair and equitable basis. The subject is routine and has happened many times before without significant impact.</p>		
<p>There are moderate levels of risk associated with the subject matter of this report. However, having undertaken a full analysis of the upside and downside risks there is a clear benefit in what is proposed and we are satisfied that adequate controls are available to mitigate the downside risks. The downside financial exposure to the Council is less than £250,000 and this together with other areas of risk can be effectively managed.</p>		<p><i>(No further response needed)</i></p>
<p>There are considerable risks associated with the subject matter of this report. This is due either to a significant departure from the previous norm of Council activity, the nature of the proposals or the potential for substantial financial or other impact to be sustained. The report incorporates the potential for losses in excess of £250,000 should the downside risk materialise and/or there is potential for the Council's decision to be challenged and for significant reputational damage.</p>		<p><i>Proposed Mitigating Actions:</i></p>

IJB Report Number .. (Not Known)

ITEM No ...14.....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
24 AUGUST 2022

REPORT ON: STRATEGIC COMMISSIONING PLAN

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB55-2022

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1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Integration Joint Board on the proposed process and timescale for development of a replacement strategic commissioning plan for April 2023 onward, including review of the Board's Equality Outcomes.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this report.
- 2.2 Endorse the proposed approach and timeline for development of a replacement strategic plan and Equality Outcomes (sections 4.2, 4.3 and appendix 1).
- 2.3 Note the factors that present a risk to delivery of a replacement strategic commissioning plan that is of a high quality and within the required timescale (section 4.4).
- 2.3 Instruct the Chief Officer to provide a further update on the progress of work to develop the strategic commissioning plan and Equality Outcomes no later than 31 December 2022.
- 2.4 Instruct the Chief Officer to review and update the strategic risk register to reflect the risk identified in section 6 of this report.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Background

4.1.1 In February 2022 the IJB concluded the statutory review of the Strategic and Commissioning Plan 2019-2022 and agreed to extend the plan for a further one-year period to 31 March 2023 (article XIII of the minute of the meeting of the Dundee Integration Joint Board held on 23 February 2022 refers). In April 2022, the IJB approved an addendum to the 2019-2022 Plan extending it for a further one-year period to 31 March 2023 (article VIII of the minute of the meeting of the Dundee Integration Joint Board held on 20 April 2022 refers).

4.1.2 The report submitted to the IJB in April 2022 also outlined that the Strategic Planning Advisory Group, supported by officers from the Strategy and Performance Service would begin to make detailed plans for the development of a full replacement strategic commissioning plan for the period from 2023/24 onwards. This was to take account of parallel work by the Dundee Partnership to replace Dundee's City Plan during 2022/23 and also strategic planning activities in both NHS Tayside and Dundee City Council. Additionally, the work must consider the current suite of companion documents to the strategic commissioning plan and the need to replace the

IJB’s Equality Outcomes and Mainstreaming Framework by 31 March 2023. The IJB was advised that an update would be provided by the Chief Officer no later than 30 August 2022.

4.2 **Strategic Commissioning Plan**

4.2.1 The process led by the Strategic Planning Advisory Group to undertake the statutory review of the 2019-2022 Plan provided a range of opportunity for reflection on current and future strategic planning arrangements and approaches. These conversations were also informed by feedback received from the public, Internal Audit and external scrutiny partners, as well as the Scottish Government, about Dundee’s planning arrangements. It was not considered appropriate for all of the opportunities for change that were identified to be implemented through the one-year addendum, however they now provide a starting point for the development of the replacement strategic plan. Through these discussions consensus emerged about the following:

- That the strategic plan should be written primarily for Dundee Citizen’s, particularly people that use health and social care services and carers. The strategic plan should also be more accessible to the Health and Social Care Partnership workforce.
- Greater input and resources should be invested in the presentation of the framework and supporting delivery plan. Plans must be written in plain English, have less reliance on the written word and more scope for use of alternative formats such as infographics and audio-visual elements. Consideration should also be given to the production of a wider range of alternative formats, including summary, pictorial and British Sign Language versions of the strategic framework.
- There is a preference to move towards a longer-term strategic framework, supported by more flexible annual delivery plans that are more clearly linked the transformation programme and care group level planning. Discussions with partners at the Strategic Planning Advisory Group have identified that a 10-year strategic framework should be developed, consisting of short term (years 1-3), medium-term (years 4-6) and long-term (years 6-10) milestones and review points (broadly aligning to three-year planning cycles contained within the relevant legislation). This approach also aligns well with the planning cycles used by NHS Tayside, which will be particularly helpful when developing plan content that sits across both community and acute services.

2023	2024	2025	2026	2027	2028	2029	2030	2031	2032
10 Year Strategic Commissioning Framework									
Annual Delivery Plans (x10)									
1	2	3	4	5	6	7	8	9	10
1-3 year plans			1-3 year plans			1-3 year plans			
Detailed Transformation Program Plans and Care Group Plans			Detailed Transformation Program Plans and Care Group Plans			Detailed Transformation Program Plans and Care Group Plans			
Various Service Plans and Team Plans									

4.2.2 An opportunity has been taken to review requirements in terms of the ‘companion documents’ that support the strategic commissioning plan. There are requirements in legislation and associated regulations and statutory guidance for the IJB to publish Equality Outcomes (see section 4.3), maintain a strategic needs assessment to inform the production of their strategic commissioning plan, and a housing contribution statement. The IJB has already approved an updated strategic needs assessment as part of the statutory review process (article IX of the minute of the meeting of the Dundee Integration Joint Board held on 15 December 2021 refers). Proposals regarding the development of revised Equality Outcomes are set out at section 4.3 of this report, and the new housing contribution statement will require to be developed as part of the overall work to prepare the replacement strategy. There are no other requirements in law to produce any other companion documents. However, having considered what is required to support the IJB to fulfil their strategic commissioning function, and in order to maintain a main strategic framework and accompanying delivery plan that is accessible and concise, it is intended that the following will be produced as key companion documents:

- Resource framework, covering finance, property, workforce and digital resources available to the partnership, how these will be deployed to support the implementation of the strategic framework. Areas for improvement will be reflected in the annual delivery plan. Further work is to be undertaken to identify if the resource framework can also deliver content relating to market facilitation.
- Performance framework, setting out how the IJB will measure and report performance and outcomes in order to evidence progress towards the vision and priorities set out in the strategic framework.

4.2.3 This planned approach responds to content within the Annual Internal Audit Report 2020/21 and 2021/22. These reports highlighted the need to improve reporting and monitoring of key transformation programmes; with transformation activity being woven into the strategic plan rather than being considered separately. The reports also recommended that the plan should include a supporting delivery plan to track progress in implementation. Finally, it was recommended that the plan should include assessment of risks to achievement. The process of developing the strategic framework and delivery plan, as well as the companion document, will be informed by the IJB's strategic risk register, particularly in terms of agreeing prioritisation of improvement activity and resource investment. The plan development process may also generate information that can inform the further revision of the strategic risk register.

4.2.4 Appendix 1 contains an overview of the intended strategy development process and timeline. This has been directly informed by strategy principles developed by Internal Audit that are contained within appendix 2.

4.3 Equality Outcomes

4.3.1 The IJB approved its Equality Outcomes and Mainstreaming Framework 2019-2022 in March 2019 following an extensive review that was informed by public engagement with people with protected characteristics and their representatives. At that time the equality mainstreaming framework was aligned to the planning cycle for the strategic commissioning plan.

4.3.2 There is a statutory requirement (Equality Act 2010 and Equality Act 2010 (Specific Duties) (Scotland) regulations 2012) for Integration Joint Boards to substantively review equality outcomes at least every four years and to publish a set of equality outcomes and a report showing progress being made in mainstreaming equality at intervals of not more than two years. The IJB is therefore required to substantively review its equality outcomes again by 31 March 2023 and to publish its next mainstreaming equality report on the same date.

4.3.3 The revision of the IJB's current Equality Outcomes will be undertaken as part of the programme of work to develop the replacement strategic commissioning plan. This approach is being taken to ensure that there is a stronger link between the IJB's Equality Outcomes, the core strategic commissioning activities of the IJB and the improvement activities and transformation programmes implemented through the Dundee Health and Social Care Partnership. The Public Sector Equality Duty includes a mainstreaming requirement; integration of Equality Outcomes and improvement activity within the strategic commissioning plan is congruent with this requirement.

4.3.4 Given the significant focus on health inequalities within the current strategic commissioning plan, as well as the strong likelihood that this priority will continue into the replacement plan a co-ordinated approach to engagement with the public and the workforce will also be beneficial. Health inequalities disproportionately impact upon people who have protected characteristics and experience poverty and socioeconomic disadvantage therefore engagement work focused specifically on these people will be a priority and will inform both Equality Outcomes and the wider strategic commissioning plan.

4.4 Resources and Risks

4.4.1 There are a number of factors that will impact on the ability of the IJB to produce, agree and publish a high-quality replacement strategic commissioning plan and Equality Outcomes prior to 31 March 2023. These factors are outlined in sections 4.4.2 to 4.4.5 and have been considered when setting out the intended strategy development process and timescale in appendix 1.

4.4.2 Producing a high-quality plan will require pro-active contributions over a sustained period of time from a wide range of stakeholders, including strategic planning groups (both within the

Partnership and in linked areas), the workforce, and people who use services, carers and the wider public. The impact of the COVID-19 pandemic continues to impact all stakeholders in terms of their availability and capacity to engage with the planning process. High levels of absence continue to be experienced across many services, with available capacity focused on maintaining service delivery and sustaining critical transformation and improvement programmes. For people who use services, carers and the public the impact of the pandemic continues to affect people negatively and this has also been compounded by the cost of living crisis. Approaches to engagement will require to be multi-faceted, flexible and highly accessible to maximise the opportunity for meaningful engagement.

- 4.4.3 The Partnership is currently operating with a very restricted internal strategic planning and performance management capacity. Whilst the strategic commissioning plan will be the most significant priority for the rest of 2022/23 capacity will also be required to support other critical planning functions, including statutory planning and governance responsibilities in areas such as equalities, climate change, and carers. Temporary arrangements to provide additional capacity are being actively considered by the Chief Finance Officer, alongside longer-term plans to strengthen the Partnership's strategy, performance and business planning functions.
- 4.4.4 Some elements of the planning process will require significant input from Dundee City Council and NHS Tayside in relation to corporate support functions. This is specifically the case in terms of the companion resource framework, where property, workforce and digital elements are led by the corporate bodies. The design and formatting of the plan, as well as publication and subsequent communications activities will also require support from Communications Teams. Best use will be made of existing strategic / working groups that are in place across the Council, NHS and Partnership in relation to property, workforce and digital elements, with early discussions also taking place with Communications colleagues to add detailed activities and timescales to the overview contained within appendix 1.
- 4.4.5 The original national strategic planning guidance for IJBs was published by the Scottish Government in December 2015 (available at: <https://www.gov.scot/publications/strategic-commissioning-plans-guidance/documents/>) and has not been updated since. The Scottish Government has indicated that they are currently reviewing and updating the guidance, although not timescale has been given for the completion of this work. It is therefore possible that new guidance will emerge during the process of developing the replacement plan and that time will be required to review this and consider any adjustments to the process. Similarly, the National Care Service (Scotland) Bill contains provisions that relate to strategic planning functions. Whilst, if enacted, these provisions will not impact for a number of years they will interact with the ten-year strategic framework, however the proposed three-year milestones and review points would accommodate the provisions as they are currently drafted. However, it should be noted that the passage of the Bill through parliamentary processes and the linked co-design process for the National Care Service may generate further detail on the required future approach to strategic commissioning plans that will require to be considered in terms of possible adjustments to the intended approach and process laid out in appendix 1.
- 4.4.6 The Annual Internal Audit Report 2021/22 (Article XI of the minute of the meeting of the Dundee Integration Joint Board held on 22 June 2022 refers) noted that the process of developing a replacement plan will require the IJB to balance very serious risks posed by current operational pressures, with potential existential risks to services created by demographic and workforce pressures which are already threatening sustainability. The report stated that:

"Whilst the IJB will need to be cognisant of Scottish Government ambitions, its priority must be the production of a realistic, achievable strategy which addresses the needs of the local population post-Covid within the parameters of available resources, most particularly financial, digital and workforce. This will almost inevitably involve extremely difficult decisions, which may not fully align with public or Scottish Government expectations."

It will therefore be critical that the IJB itself has significant involvement in the planning process throughout. Opportunities for this have been considered and have been reflected in the process and timeline overview contained within appendix 1.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	Resources pressures and other factors, as outlined in section 4.4 of this report, will significantly delay the production of the strategic commissioning plan, Equality Outcomes and supporting companion documents.
Risk Category	Political, Governance, Legal
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk scoring 16 (which is an Extreme risk level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> The Strategic Planning Advisory Group will be convened more regularly over the next 12 months to maintain regular oversight of progress and barriers, escalating concerns to the IJB where necessary. The completion of element of the workplan that are associated with statutory duties and timescales will be prioritised if required, including the production and publication of revised Equality Outcomes and of the strategic framework. Consideration is being given to elements of the workplan where additional resources can be secured quickly to deliver on specific tasks, this will most likely be through partnership with external commissioned services.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High risk level)
Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High risk level)
Approval recommendation	The IJB should update their strategic risk register to reflect the above risk and to enable ongoing monitoring.

7.0 CONSULTATIONS

- 7.1 The Strategic Planning Advisory Group, Chief Finance Officer, Heads of Service - Health and Community Care, members of the Strategic Planning Advisory Group and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

- 9.1 None.

Vicky Irons
Chief Officer

Joyce Barclay
Senior Officer, Strategy and Performance

Ailsa McAllister
Senior Officer, Strategy and Performance

Kathryn Sharp
Service Manager, Strategy and Performance

Appendix 1

Strategic Commissioning Plan – Overview Process and Timescales

The Strategic Planning Advisory Group will oversee and actively support the planning process on behalf of the IJB. Please note that phases will run concurrently (rather than consecutively).

	ACTIVITY	KEY RESOURCES	TIMESCALE
PHASE 1 – PREPARATORY WORK			
INFORMATION GATHERING	Review and benchmarking of IJB strategic commissioning plans from other areas of Scotland	Strategy and Performance Service National Integration Managers Network Published plans	July / August 2022
	Mapping of national planning context and priorities	Strategy and Performance Service NHS Tayside draft map of strategic plans and priorities Published plans and summaries	August 2022
	Mapping of regional and local planning context and priorities	Strategy and Performance Service Published plans and summaries	August 2022
	Revision of IJB strategic needs assessment		Complete
	Establish infrastructure to maintain records required to inform Integrated Impact Assessment (IIA)	Strategy and Performance Service Dundee City Council IIA process	August 2022

	Confirm governance arrangements and approval routes, including for content related to lead partner services	Finance, Strategic Planning and Business Support Service Dundee / Angus / Perth & Kinross Health and Social Care Integration Schemes Dundee City Council, Legal Service	By end of December 2022
ENGAGEMENT	Briefing sessions and initial discussions with: <ul style="list-style-type: none"> • Integration Joint Board • Care Group Strategic Planning Groups / Transformation Boards • Workforce Planning Group • Property Strategy Group • IT Project Board 	Strategic Planning Advisory Group	August / September 2022
	Focused discussion with Community Planning officers to achieve process alignment with review of Dundee City Plan	Strategic Planning Advisory Group Dundee City Council, Community Planning Service	August / September 2022
	Engagement with NHS Tayside planning functions to achieve process alignment with Annual Deliver Plan and other planning requirements	Strategy and Performance Service NHS Tayside / Tayside Health and Social Care Partnerships Joint Planning Group	Ongoing (group meets every 2-4 weeks)
	Focused discussions with Angus and Perth & Kinross Partnership planning colleagues to achieve agreed approach to planning for lead partner (formerly hosted) services	Strategy and Performance Service NHS Tayside / Tayside Health and Social Care Partnerships Joint Planning Group	Ongoing (group meets every 2-4 weeks)

	Establish Public Reference Group to support planning process throughout	Strategic Planning Advisory Group Existing Community Planning engagement structures, including Health and Wellbeing Networks	August / September 2022
PHASE 2 – CONFIRMING OUR VISION AND STRATEGIC PRIORITIES			
INFORMATION GATHERING	Review of contributions already received through statutory review engagement activities	Strategy and Performance Service Engagement reports from statutory review	August 2022
	Review and benchmarking of IJB strategic commissioning plans from other areas of Scotland	Strategy and Performance Service National Integration Managers Network Published plans	July / August 2022
ENGAGEMENT	Preparation of engagement materials focused on: <ul style="list-style-type: none"> • Our 10-year visions / ambition • Our strategic priorities • Our Equality Outcomes • Setting out the change (improvement / outcomes) we are seeking to achieve at a high level 	Strategic Planning Advisory Group	August / September 2022
	Planning and delivering a variety of routes for engagement including: <ul style="list-style-type: none"> • People who use services • Carers • Communities • Workforce • Operational management teams 	Strategic Planning Advisory Group Existing planning and engagement infrastructure across the Dundee Community Planning Partnership and Health and Social Care Partnership	September / October 2022

	<ul style="list-style-type: none"> Care Group Strategic Planning Groups / Transformation Boards Integration Joint Board Organisational stakeholders <p>Within this there will be a specific focus on supporting engagement with people who have protected characteristics or who are impacted by poverty and socio-economic disadvantage.</p>	Dundee City Council and NHS Tayside Communications Teams	
DRAFTING	Analysis of engagement responses and production of draft vision and priorities	Strategic Planning Advisory Group	October / November 2022
	Update IIA records and strategic risk register	Finance, Strategic Planning and Business Support Service	Continuous updating
PHASE 3– DEVELOPING THE 10 YEAR STRATEGIC FRAMEWORK			
DRAFTING	Vision and strategic priorities developed into 10-year framework, including visual summary (plan on a page)	Strategic Planning Advisory Group Dundee City Council Design Service	November / December 2022
	Draft Equality Outcomes	Strategic Planning Advisory Group Dundee City Council and NHS Tayside Equality Steering Groups	November / December 2022
	Update IIA records and strategic risk register	Finance, Strategic Planning and Business Support Service	Continuous updating

ENGAGEMENT	<p>Testing of draft framework with:</p> <ul style="list-style-type: none"> • Public Reference Group • Operational management teams • Care Group Strategic Planning Groups / Transformation Boards • Integration Joint Board 	Strategic Planning Advisory Group	December 2022
PHASE 4 – DEVELOPING THE 2023/24 ANNUAL DELIVERY PLAN			
	<p>Preparation of engagement materials focused on:</p> <ul style="list-style-type: none"> • Identifying ongoing commitments / expectations in local, regional and national plans • Identifying gaps • Horizon scanning – identification of new /emerging areas of focus • Prioritisation 	Strategic Planning Advisory Group	January 2023
ENGAGEMENT	<p>Planning and delivering a variety of routes for engagement including:</p> <ul style="list-style-type: none"> • People who use services • Carers • Communities • Workforce • Operational management teams • Care Group Strategic Planning Groups / Transformation Boards • Integration Joint Board • Organisational stakeholders • Angus and Perth & Kinross Partnerships re: lead partner services 	<p>Strategic Planning Advisory Group</p> <p>Existing planning and engagement infrastructure across the Dundee Community Planning Partnership and Health and Social Care Partnership</p> <p>Dundee City Council and NHS Tayside Communications Teams</p>	January / February 2023

	Within this there will be a specific focus on supporting engagement with people who have protected characteristics or who are impacted by poverty and socio-economic disadvantage.		
INFORMATION GATHERING	Review and benchmarking of other IJB delivery plans	Strategy and Performance Service National Integration Managers Network Published plans	July / August 2022
DRAFTING	Developing a draft delivery plan for further engagement with stakeholders	Strategic Planning Advisory Group	February 2023
ENGAGEMENT	Testing of draft delivery plan with: <ul style="list-style-type: none"> • Public Reference Group • Operational management teams • Care Group Strategic Planning Groups / Transformation Boards • Integration Joint Board • Angus and Perth & Kinross Partnerships re: lead partner services 	Strategic Planning Advisory Group	February 2023

DRAFTING G	Update IIA records and strategic risk register	Finance, Strategic Planning and Business Support Service	Continuous updating
PHASE 5 - DEVELOPING THE RESOURCE FRAMEWORK			
INFORMATION GATHERING	Review and benchmarking of other IJB resource frameworks (or similar)	Strategy and Performance Service / Finance Service National Integration Managers Network Published plans	September / October 2022
	Review of existing workforce plan, financial plans and emerging property strategy and digital strategies	Finance, Strategic Planning and Business Support Service	September / October 2022
	Further research and discussion regarding inclusion of market facilitation element	Strategic Planning Advisory Group	August 2022
ENGAGEMENT	Focused discussions with key groups to develop initial overview of framework elements and content, to include: <ul style="list-style-type: none"> • Workforce Planning Group • Property Strategy Group • Finance Service • IT Project Board 	Strategic Planning Advisory Group	October / November 2022
DRAFTING	Development of draft resource framework	Finance, Strategic Planning and Business Support Service Strategic Planning Advisory Group	January / February 2023

ENGAGEMENT	Testing of draft resource framework with: <ul style="list-style-type: none"> • Public Reference Group • Operational management teams • Care Group Strategic Planning Groups / Transformation Boards • Integration Joint Board • Angus and Perth & Kinross Partnerships re: lead partner services 	Strategic Planning Advisory Group	February 2023
DRAFTING	Update IIA records and strategic risk register	Finance, Strategic Planning and Business Support Service	Continuous updating
PHASE 6 – DEVELOPING THE PERFORMANCE FRAMEWORK			
INFORMATION GATHERING	Review and benchmarking of other IJB performance frameworks (or similar)	Strategy and Performance Service National Integration Managers Network Published plans	August / September 2022

ENGAGEMENT	<p>Focused discussions with key groups to develop initial overview of framework elements and content, to include:</p> <ul style="list-style-type: none"> • Performance management staff • Operational management teams • Care Group Strategic Planning Groups / Transformation Boards • Angus and Perth & Kinross Partnerships re: lead partner services 	Strategic Planning Advisory Group	October / November 2022
DRAFTING	Development of draft performance framework	<p>Strategy and Performance Service</p> <p>NHS Tayside Business Unit</p> <p>Dundee City Council Corporate Services</p> <p>Public Health Scotland</p>	December 2022 / January 2023
ENGAGEMENT	<p>Testing of draft performance framework with:</p> <ul style="list-style-type: none"> • Public Reference Group • Operational management teams • Care Group Strategic Planning Groups / Transformation Boards • Integration Joint Board • Angus and Perth & Kinross Partnerships re: lead partner services 	Strategic Planning Advisory Group	February 2023

DRAFTING G	Update IIA records and strategic risk register	Finance, Strategic Planning and Business Support Service	Continuous updating
PHASE 7 – FORMATTING, PUBLICATION AND COMMUNICATION			
ENGAGEMENT	Engagement with Design Team to discuss project requirements and timescale	Dundee City Council Design Team	September / October 2022
	Engagement with the public to generate images for use within the plan	Strategic Planning Advisory Group Existing planning and engagement infrastructure across the Dundee Community Planning Partnership and Health and Social Care Partnership Dundee City Council and NHS Tayside Communications Teams	September / October / November 2022
DRAFTING	Drafting of all designed materials, including: <ul style="list-style-type: none"> • Full versions • Summary versions • Alternative formats • Extract of Equality Outcomes aspects 	Dundee City Council Design Team	January / February / March 2023
ENGAGEMENT T	Testing of designed materials framework with: <ul style="list-style-type: none"> • Public Reference Group • Operational management teams • Care Group Strategic Planning Groups / Transformation Boards 	Strategic Planning Advisory Group	February 2023

	<ul style="list-style-type: none"> Integration Joint Board 		
	Final consultation on draft designed materials with public and organisational stakeholders	Strategic Planning Advisory Group	February 2023
DRAFTING	Update IIA records and strategic risk register	Finance, Strategic Planning and Business Support Service	Continuous updating
GOVERNANCE	Submission of final materials to IJB for approval		March 2023
	Submission of approved materials to stakeholders for information, including Dundee City Council Tayside NHS Board		April 2023
COMMUNICATION	Publication of approved materials on digital platforms	Finance, Strategic Planning and Business Support Service Dundee City Council and NHS Tayside Communications Teams	March / April 2023
	Development of approaches for media engagement and ongoing promotion of plans via social media and other communication channels	Dundee City Council and NHS Tayside Communications Teams	March / April 2023
PHASE 8 – REVIEW OF THE TRANSFORMATION / STRATEGIC PLANNING GROUP STRUCTURE			

Through the development of the strategic commissioning plan it is anticipated that a renewed transformation and strategic planning structure will emerge that is for purpose for the future. The structure should directly respond to the priorities, outcomes and actions set out within the plan; form should follow function. It is anticipated that any follow-on work to support this would be completed by end of June 2023.

Appendix 2

Internal Audit – Strategy Development Principles

	The Board continues to be fully engaged in the development of the Strategic Plan and understands and where necessary approves, Process, Products, Parameters, Priorities and Principles;
1.	Has the Board identified and implemented the culture required to achieve successful implementation?
2.	Have the principles to be applied in developing the Strategic Plan been considered by the Board?
3.	How does organisational risk appetite inform Strategic Plan and prioritisation? Has this link been defined either formally or informally?
4.	Does the consultation/engagement strategy for the plan include formal and informal discussions with Board members?
5.	How will areas which are 'off-limits' be identified at the onset to avoid work being undertaken on areas which will not be acceptable to its Board or stakeholders? Has there been discussion/engagement at an early stage with non-executive members, partner bodies, SG?
6.	How will expectations be managed?
7.	Have resource constraints – staff, finance, digital/technology, property been identified?
8.	What has been done to ascertain impact of Covid on demand – mental health, impact of elective, unknown pent-up demand?
9.	How has population need been identified? How will it be incorporated into the Strategy?
10.	Equity – population need, how is inequality measured, defined, is it an embedded principle, are members prepared for potential consequences? Does the Strategy overtly comply with the requirements of https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/documents/ ?
11.	Have Realistic medicine and evidence based care been embedded as core principles?
12.	How will the Strategy link to IJB and Local Authority council strategies – both formally and informally ?
13.	Learning from RMP 3/4– how will the Plan: <ul style="list-style-type: none"> ○ capture the extent to which strategic objectives are still realistic /desirable and which have increased in priority/demand e.g. mental health. ○ Identify potential changes to resource requirements and availability ○ Understand the impact of and potential for different ways of working
14.	Has the approach recognised that many services were unsustainable pre-covid and learn lessons from the successes (or otherwise), of transformation?
15.	Does the strategy build in resilience to allow for unknown consequences of Covid and ongoing pressures?

	The process for developing the Strategic Plan is in accordance with best practice
16.	Has a timetable been approved by the Board?
17.	Is there a project plan consistent with the timetable?
18.	What project methodology is being applied? Does it embed appropriate project/programme management principles?
19.	How are project risks identified, monitored and mitigated?
20.	Does the project plan include robust monitoring, reporting and remediation?
21.	Have risks to key services been assessed to identify urgent issues that may become critical imminently, so that if there are any delays to the overall process, these are prioritised and started now?
22.	How are assurances around delivery structured– project manager, group, reporting, links to Executive Team? (Ascertain the governance and reporting structures.)
23.	How will learning from remobilisation be incorporated?
24.	How will data quality be assessed and assured?
25.	Does the process include genuine innovation incorporating realistic medicine, transformation and efficiency savings?
26.	Does the plan include the impact of Covid on demand and capacity, as well as identifying overall population need and addresses health and care inequalities? Has Covid been considered and flexibility been built into the planning process, recognising potential impact on project staff, availability of management?
27.	Is the plan congruent with Strategies being developed by partner bodies
28.	Will the plan identify staff, IT, Estates and other resource requirements and ensures these are embedded in the supporting strategies of the IJB and its partners? Is there clarity over how these will be embedded in the supporting strategies of the parties, including the use of directions if required? Does the plan take into account the timing of the partner bodies overall and supporting strategies?
29.	Is there agreement on what management processes can be deferred to allow strategic planning work to go ahead?
30.	Is there a process to ensure knowledge gained is used to update Strategic Risks? How will understanding from the identification of strategic objectives, threats to their achievement and mitigating actions feed through into the Strategic Risk Register, including horizon scanning for the coming 5 years?
31.	Does the process recognise the likely challenges that will come and therefore recognise the need for: <ul style="list-style-type: none"> • Transparency of process • Robust data and projections • A positive narrative and vision for future services • An understanding of potential sources of resistance to change and their likely motivations?

32.	Is there a cohesive engagement strategy for development and approval of the Strategic Plan which allows engagement with all relevant parties in the design of individual components and appropriate consultation at the end?
33.	Does the process build in consideration of likely areas of opposition to change and development of remedial action?
34.	Has co-production been considered where appropriate and where timescales allow? Is the plan flexible enough to allow for co-production in the longer term?
	There is appropriate and proportionate reporting to the Board on progress in developing the plan.
35.	Is there a clear timeline for delivery of the Strategic Plan with clear milestones?
36.	Has it been fully agreed with the Board?
37.	Is there a process for regular reporting to the Board on progress against key milestones?
38.	Does the Board understand when and how it will receive products/update papers and whether they will be for approval or noting?
39.	Is there clear delineation between Strategic issues/principles which are the preserve of the Board and operational matters which are not?

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ITEM No ...15.....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
24 AUGUST 2022

REPORT ON: NATIONAL CARE SERVICE (SCOTLAND) BILL

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB52-2022

1.0 PURPOSE OF REPORT

To update the Integration Joint Board on the introduction of the National Care Service (Scotland) Bill to the Scottish Parliament, and on related developments to co-design the proposed National Care Service.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this report, including the summary of the National Care Service (Scotland) Bill and arrangements for co-design of the National Care Service (sections 4.2 and 4.3).
- 2.2 Note that arrangements are being progressed to develop a response to the Scottish Parliament Call for Views on the National Care Service (Scotland) Bill on behalf of Dundee Health and Social Care Partnership by the deadline date of 2 September 2022 (section 4.2.4 and 4.2.5).
- 2.3 Instruct the Chief Officer to review and update the strategic risk register to reflect the risks identified in section 6 of this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The Independent Review of Adult Social Care in Scotland (the Independent Review), published by the Scottish Government in February 2021, made a range of recommendations intended 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 (report available at: <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/>). This included setting out the case for and proposed operation of a National Care Service on an equal footing to NHS Scotland, with a Chief Executive accountable to Scottish Ministers. The Independent Review recommended that the National Care Service should lead on activity best managed 'once for Scotland' (such as workforce planning and development; support for people whose needs are very complex or highly specialist, prison social care and data, research and innovation) and establish a national improvement programme for adult social care, with a view to improving outcomes and closing the implementation gap. It also recommended significant reform of Integration Joint Boards to enable them to take full responsibility for the commissioning and procurement of adult social care support locally, accountable directly to the Scottish Ministers through the National Care Service. A summary of the Independent Review was considered by the Dundee Integration Joint Board in April 2021 (article XI of the minute of the meeting of the Dundee Integration Joint Board held on 21 April 2021 refers).

4.1.2 Following on from the Independent Review, the Scottish Government undertook a public consultation on proposals for a National Care Service to achieve changes to the system of community health and social care in Scotland. The consultation period ran from 9 August 2021 to 2 November 2021. The purpose of the proposed reforms was to consistently deliver high quality care and support to everyone across Scotland that needs them, including better support for unpaid carers, and to ensure that care workers are respected and valued. The consultation was intended to directly shape primary legislation to establish a National Care Service to achieve this purpose. In October 2021, the Integration Joint Board noted a range of activity being progressed at a local level to contribute to the consultation process (article XI of the meeting of the Dundee Integration Joint Board held on 27 October 2021 refers), including:

- Raising awareness of the consultation amongst people who use health and social care services and supports, carers and the wider public and provide information about different routes through which people could contribute their views;
- Issuing information to local providers of health and social care services and supports, to encourage and support providers to respond to the consultation;
- Providing an opportunity to each of the Partnership’s Strategic Planning Groups to have a facilitated discussion regarding key proposals and capture views to inform a response on behalf of the Dundee Health and Social Care Partnership;
- Providing a briefing session to the Integration Joint Board and Strategic Planning Advisory Group (28 September 2021) to enable members to contribute to a response on behalf of the Dundee Health and Social Care Partnership; and,
- Distributing materials across the Partnership workforce to support team / service level facilitated discussions and individual responses to the consultation document.

A consultation response was submitted by the Chief Officer on behalf of the Dundee Health and Social Care Partnership prior to the end of the consultation period. The submitted response is available at: https://consult.gov.scot/health-and-social-care/a-national-care-service-for-scotland/consultation/view_respondent?show_all_questions=0&sort=submitted&order=ascend&q_text=dundee&uuld=747905341.

4.1.3 The Scottish Government received 1,291 responses to the consultation. An independent analysis of the responses received was published by the Scottish Government in February 2022 (available at: <https://www.gov.scot/publications/national-care-service-consultation-analysis-responses/>). The analysis reported a high level of agreement (72% of 660 people) that Scottish Ministers should be accountable for the delivery of social care through a National Care Service. Key themes emerging from the consultation process regarding the proposal to establish a National Care Service included: avoiding additional bureaucracy; maintaining local accountability; the role of local authorities; the need for more detailed proposals to inform the debate; transition risks; the extent of the proposed National Care Service; and, the delivery model for services under the National Care Service.

4.2 National Care Service (Scotland) Bill

4.2.1 On 20 June 2022 the National Care Service (Scotland) Bill was introduced to the Scottish Parliament. The Bill contains provisions that, if passed, will allow Scottish Ministers to transfer social care responsibility from local authorities and healthcare functions from the NHS to a National Care Service. The Bill and associated memorandum and explanatory notes can be viewed at: <https://www.parliament.scot/bills-and-laws/bills/National-Care-Service-Scotland-Bill/introduced>.

4.2.2 The Scottish Government has described the Bill as a ‘framework Bill’ that provides Scottish Ministers with the powers required to establish a National Care Service whilst developing the detail of the arrangements to be put in place in partnership with stakeholders through a co-design process. It is intended that these detailed arrangements will subsequently be implemented through secondary legislation. Key provisions contained within the Bill are:

- Part 1 – The National Care Service
 - Sets out the National Care Service principles that must be reflected in everything that Scottish Ministers do in discharging a new duty to “...promote in Scotland a care service designed to secure improvement in

the wellbeing of the people of Scotland." (See appendix 1 for proposed principles).

- Provides for the establishment of a National Care Service, which is to be understood as an umbrella term (rather than a single legal entity) encompassing functions delivered by or on behalf of Scottish Ministers through Special Care Boards or Local Care Boards.
 - Sets out requirements for all functions to be covered by a three-year strategic plan, including an ethical commissioning statement, developed in consultation with community planning partners and the public and approved by Scottish Ministers.
 - Provides for the establishment of a National Care Service Charter of rights and responsibilities and a national mechanism for receiving and processing complaints about services that the National Care Service provides.
 - Allows for the transfer of functions from local authorities, from a list of specified functions, with the pre-condition that the transfer of children's and justice functions must be subject to consultation and further regulations approved by the Scottish Parliament. The Bill also allows for the transfer of healthcare functions from the NHS and for the redistribution of functions between Scottish Ministers, Local Care Boards and Special Care Boards.
 - Enables the transfer of local authority staff alongside the transfer of functions; the transfer of health board staff is specifically excluded. The Bill also provides for the transfer of properties and liabilities from both local authorities and health boards.
- Part 2 – Health and Social Care Information
 - Allows for the establishment of arrangements that support lawful sharing of information between the National Care Service and the NHS. This includes provisions to establish information standards that the National Care Service, NHS and contractors must follow when processing and storing information.
 - Part 3 – Reforms Connected to Delivery and Regulation of Care
 - Provides for the establishment of a right to a break for unpaid carers through amendment of the Carers (Scotland) Act. This includes a duty for local authorities to provide support to enable sufficient breaks, not subject to local or national eligibility criteria. It also introduces requirements for statutory carers strategies to describe the support to be put in place to enable breaks.
 - Enables Scottish Ministers to require care home providers to comply with Ministerial directions on visiting.
 - Amends existing legislation to enable the Care Inspectorate to move straight to cancellation of registration in specific, defined circumstances without first issuing improvement notices and waiting periods.
 - Schedule 1 – Care Boards – Constitution and Operation
 - Sets out requirements in relation to annual accounts and annual reports, including requirements for submission to the Scottish Parliament and publication.
 - Makes provision for the appointment of members to Care Boards by Ministers and also the appointment of Care Board Chief Executives.
 - Makes provisions that will allow Care Boards to decide what other staff they will employ and clarifies that these staff will have their terms and conditions set by Scottish Ministers.

4.2.3 Alongside the Bill the Scottish Government has published a range of supporting resources, including a National Care Service Statement of Benefits, a series of data and evidence papers setting out key sources of information to support the development of the National Care Service, and impact assessments. These materials are available at: <https://www.gov.scot/collections/national-care-service/>. The Statement of Benefits sets out that the Scottish Government commitment is that the National Care Service will:

- enable people of all ages to access timely, consistent, equitable and fair, quality health and social care support across Scotland;
- provide services that are co-designed with people who access and deliver care and support, respecting, protecting and fulfilling their human rights;

- provide support for unpaid carers, recognising the value of what they do and supporting them to look after their health and wellbeing so they can continue caring, if they so wish, and have a life beyond caring;
- support and value the workforce;
- ensure that health, social work and social care support is integrated with other services, prioritising dignity and respect, and taking account of individual circumstances to improve outcomes for individuals and communities;
- ensure there is an emphasis on continuous improvement at the centre of everything we do;
- provide opportunities for training and development, including the creation of a National Social Work Agency providing national leadership, oversight and support; and,
- recognise the value of the investment in social care support, contribute to the wellbeing economy, make the best use of public funds, and remove unnecessary duplication.

4.2.4 On the 8 July 2022 the Scottish Parliament launched its call for views on the Bill, which will remain open until 2 September 2022 (full details available at: <https://yourviews.parliament.scot/health/national-care-service-bill/>). There are two routes for submitting views. The first is through completion of an online submission form, which contains 42 questions covering general views about the Bill and the Financial Memorandum as well as specific questions about the detailed provisions within the Bill. The second route is through a Scottish Parliament engagement webpage for the Bill where, once registered, anyone can share comments, questions, hopes and concerns about the Bill.

4.2.5 Work has begun to gather views from local stakeholders to inform a Dundee Health and Social Care Partnership response to the call for views through the more detailed online submission form. This will follow a similar process outlined at section 4.1.2 however will be impacted by ongoing resource pressures and the busy holiday period. It is anticipated that a development session will be offered to Strategic Planning Advisory Group and Integration Joint Board members in mid to late-August as part of this process. Discussions are also being progressed with Dundee City Council Communications Team regarding promotion of the opportunity to provide views to members of the public and the workforce; for these stakeholders, the focus will be on promoting the engagement website as it offers a more accessible way for people to contribute their views.

4.2.6 Some national organisations have published statements setting out their initial response to the publication of the Bill, whilst also noting that further time is required to fully consider the detail and respond to the call for views. COSLA's, the organisation providing a collective voice on behalf of local government in Scotland, initial response focuses on the future of Children's Services and their belief that the Bill goes beyond the scope of the Independent Review of Adult Social Care and is not supported by evidence or data. The response also notes concerns about losing focus on locally planned and delivered care and the disruption that could be associated with "*unnecessary structural reform*". The full COSLA statement can be read at: <https://www.cosla.gov.uk/news/2022/national-care-service-bill>. Unison Scotland, a trade union representing workers delivering public and related services across Scotland, has published a response that expresses significant concerns about the Bill and its potential implications. This includes that the proposed National Care Service continues to frame social care as a commodity in a market rather than a public service for citizens and that it represents an "*attack on local democracy*" (see <https://unison-scotland.org/national-care-service-bill/> for full statement). It is expected that further statements will be published during July and August 2022 by other national representative bodies.

4.3 Co-Design of Proposed National Care Service

4.3.1 The Scottish Government has published a Co-design and the National Care Service document (available at: <https://www.gov.scot/publications/national-care-service-co-design-national-care-service/documents/>) to explain the way in which collaboration will work as they co-design the National Care service. The report notes that the majority of decisions about the National Care

Service have not yet been made, with the detail of what the National Care Service may become and how it will function to be developed through the co-design process.

4.3.2 The document sets out the Scottish Government's commitment to putting "...lived experience at the heart of our future co-design programme to ensure that it embodies human rights principles and delivers for the needs of people and not the system." Some of the key ways in which the Scottish Government intends to facilitate the co-design of the National Care Service are:

- Annual National Care Service Gathering to involve a wide range of people with experience of social care support and other relevant services and to provide a yearly check-point in the development process.
- National Care Service Design Investigations (April – June 2022) with members of the public to explore in more detail themes emerging from the consultation process that preceded the Bill. There will be a focus on exploring evidence and issues, as well as looking at how co-design of specific elements can be taken forward. There will be an initial focus on the Charter of Rights, national complaints process and electronic health and social care record.
- National Care Service Design School (launching in Summer 2022) will offer training and support to organisations and people who access and deliver social care support to enable them to work in partnership to design services. The Design School will also provide space for collaborative work between those who deliver and those who receive care services.
- Lived Experience Partners Panel will be established as a mechanism through which people can register to be involved in co-design activities.

4.3.3 In addition, the Scottish Government's Social Covenant Steering Group, made up of people who access and deliver social care support, has been established to review plans for co-design and engagement, ensuring that lived experience and the views of people are central to the development of the National Care Service. The group has been meeting since July 2021. A Key Stakeholder Reference Group has also been established, the purpose of which is to bring together a range of experts and practitioners to provide advice, scrutiny and challenge on proposed process, design and delivery plans.

4.3.4 The Scottish Parliament and Scottish Government have not yet published a timetable setting out the full timeline for the co-design and Bill process. However, information shared through national fora suggests that it is currently planned that the Bill will move to Stage 2 in early 2023 with a view to the Bill passing Stage 3 in Summer 2023. To support this timeline it is anticipated that the co-design process will require to be at an advanced stage by early 2023.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is insufficient capacity within the Dundee Integration Joint Board and Dundee Health and Social Care Partnership to fully engage in the Bill and co-design processes and to fully support to public to engage in these processes
Risk Category	Political, Governance, Social
Inherent Risk Level	Likelihood 4 x Impact 4 = Risk scoring 16 (which is an Extreme risk level)

Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • Range of officers are making active contributions through membership of existing national groups. This will continue throughout the Bill and co-design process. • A member of the IJB is also a member of the Key Stakeholder Reference Group. • Dundee City Council Communications Team has shared information about public engagement opportunities via social media and websites. This will continue to be done as new opportunities arise. • Local services are supporting individuals and groups of people to engage with the Bill and co-design process.
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	The IJB should update their strategic risk register to reflect the above risk and to enable ongoing monitoring.

Risk 2 Description	The uncertainty associated with the Bill and co-design process impacts on workforce health and wellbeing and recruitment and retention (further compounding existing challenges and pressures), continuity of financial and strategic planning, and creates uncertainty and worry for users of health and social care services and carers in Dundee.
Risk Category	Workforce, Operational, Governance, Financial, Social
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk scoring 12 (which is a High risk level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • Plans are being progressed to produce a replacement strategic commissioning plan, providing overall strategic direction and priorities for the period until it is proposed the National Care Service is introduced. • A five-year financial plan has been produced and is refreshed on an annual basis. • Current statutory requirements for financial planning and strategic planning will remain in place while the Bill process is ongoing. • Communications channels will be utilised to emphasise to the workforce, people who use services and carers that service arrangements will remain in place throughout the Bill process. Ongoing reinforcement of this message will be undertaken as required.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk scoring 9 (which is a High risk level)
Planned Risk Level	Likelihood 3 x Impact 3 = Risk scoring 9 (which is a High risk level)
Approval recommendation	The IJB should update their strategic risk register to reflect the above risk and to enable ongoing monitoring.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Heads of Service, Health and Community Care and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

Direction Required to	Direction to:	
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Dundee City Council, NHS Tayside or Both		
	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: 9 August 2022

Kathryn Sharp
Service Manager, Strategy and Performance

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Appendix 1

National Care Service (Scotland) Bill

Part 1, Chapter 1, Section 1 – That National Care Service Principles

The National Care Service principles are—

(a) the services provided by the National Care Service are to be regarded as an investment in society that—

- (i) is essential to the realisation of human rights,
- (ii) enables people to thrive and fulfil their potential, and
- (iii) enables communities to flourish and prosper,

(b) for them to be such an investment, the services provided by the National Care Service must be financially stable in order to give people long-term security,

(c) services provided by the National Care Service are to be centred around early interventions that prevent or delay the development of care needs and reduce care needs that already exist,

(d) services provided by the National Care Service are to be designed collaboratively with the people to whom they are provided and their carers,

(e) opportunities are to be sought to continuously improve the services provided by the National Care Service in ways which—

- (i) promote the dignity of the individual, and
- (ii) advance equality and non-discrimination,

(f) the National Care Service, and those providing services on its behalf, are to communicate with people in an inclusive way, which means ensuring that individuals who have difficulty communicating (in relation to speech, language or otherwise) can receive information and express themselves in ways that best meet their individual needs,

(g) the National Care Service is to be an exemplar in its approach to fair work for the people who work for it and on its behalf, ensuring that they are recognised and valued for the critically important work that they do.

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ITEM No ...17.....

DIJB64-2022

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2022 TO DECEMBER 2022

Organisation	Member	Meeting Dates January 2022 to December 2022						
		23/2	25/3	20/4	22/6	24/8	26/10	14/12
Dundee City Council (Elected Member)	Cllr Ken Lynn	✓	✓	✓	✓			
Dundee City Council (Elected Member)	Cllr Lynne Short	✓	✓	✓				
Dundee City Council (Elected Member)	Cllr Siobhan Tolland				✓			
Dundee City Council (Elected Member)	Bailie Helen Wright	✓	✓	✓				
Dundee City Council (Elected Member)	Cllr Dorothy McHugh				✓			
NHS Tayside (Non Executive Member)	Trudy McLeay	✓	✓					
NHS Tayside (Non Executive Member)	Pat Kilpatrick			✓	A/S			
NHS Tayside (Non Executive Member)	Anne Buchanan	✓	✓	✓	A			
NHS Tayside (Non Executive Member)	Donald McPherson	✓	✓	✓	✓			
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓	✓	A	✓			
Chief Officer	Vicky Irons	✓	✓	✓	✓			
Chief Finance Officer	Dave Berry	✓	✓	✓	✓			
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))	Dr David Wilson	✓	✓	✓	✓			
NHS Tayside (Registered Nurse)	Sarah Dickie	✓	✓	✓	✓			
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Dr James Cotton	A	✓	A	A			
Trade Union Representative	Jim McFarlane	✓	✓	✓	✓			
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	A	A	✓			
Voluntary Sector Representative	Eric Knox	✓	A/S					
Voluntary Sector	Christina Cooper			A	A			
Service User Representative	Vacant	✓						
Person Providing unpaid care in the area of the local authority	Martyn Sloan	✓	✓	✓	✓			
NHS Tayside (Director of Public Health)	Dr Emma Fletcher	✓	A	✓	✓			
Clinical Director	Dr David Shaw	✓	A	✓	✓			

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

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