



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

City Chambers
DUNDEE
DD1 3BY

24th March, 2023

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

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I 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 29th March, 2023 and now enclose the undernoted item of business which was not received at the time of issue.

Yours faithfully

VICKY IRONS
Chief Officer

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(Report No DIJB15-2023 by the Chief Officer attached).

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
29 MARCH 2023

REPORT ON: MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB15-2023

1.0 PURPOSE OF REPORT

The purpose of this report is to bring forward a detailed Mental Health and Learning Disability Services Improvement plan for approval.

This plan was prepared in response to six recommendations set out in the final report of the Independent Oversight and Assurance Group into Tayside Mental Health Services published in January 2023. It is set in the context of a revised governance structure and work to refine the priorities which had been identified in the Living Life Well Strategy.

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

2.0 RECOMMENDATIONS

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

- 2.1 Approves the Mental Health and Learning Disability Services Improvement Plan - attached as Appendix 1 to the report;
- 2.2 Authorises the Chief Officer for Perth and Kinross IJB as Lead Partner to submit the Mental Health and Learning Disability Services Improvement Plan to Scottish Government by 31 March 2023 following approval by the three Tayside Integration Joint Boards and consideration by NHS Tayside Board;
- 2.3 Requests that the Chief Officer brings forward a further iteration of the Mental Health and Learning Disability Services Improvement Plan for approval by end of June 2023 which includes detailed plans for implementation in relation to the additional four priorities; and
- 2.4 Notes the revised governance arrangements for the Tayside Mental and Learning Disability Whole System Change Programme – attached as Appendix 2 to the report.

3.0 FINANCIAL IMPLICATIONS

The Mental Health and Learning Disability Improvement Programme will require a financial framework which takes account of the budgets for the entire service landscape in order to support new models of care and a rebalancing towards community provision. This is now contained within the improvement plan as a key deliverable.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The final report of the Independent Oversight and Assurance Group (IOAG) on Tayside's Mental Health Services was published on Wednesday 11 January 2023. The final report followed a 12-month period of engagement with a range of key stakeholders across Tayside. The IOAG's remit was to provide independent assurance to the Minister for Mental Wellbeing and Social Care about progress being made in relation to 49 recommendations made within Trust and Respect, the report of the Independent Inquiry into Mental Health Services in Tayside, Dr David Strang, published in February 2020.
- 4.1.2 The IOAG reflect positively within the report that, whilst there remain areas where the respective RAG assessments differ, there is now more of a shared view about some of the fundamental areas that require further improvement/ attention. The IOAG met many individuals and groups across Angus, Dundee, and Perth and Kinross and NHS Tayside within the course of their work. Their discussions with the workforce, local organisations and people with lived experience was commented upon positively in terms of their keenness to listen and understand, offer constructive challenge and share experience. A number of local services and developments are highlighted as demonstrating good practice.
- 4.1.3 There are six areas of priority laid out in the report. The six priorities are set out in table 1 below.

Table 1 IOAG priorities

IOAG Priorities	
1	<p>Progress on "single site"; Strathmartine; and delayed discharges</p> <ul style="list-style-type: none"> • Progressing the decision around single site provision in Tayside for inpatient mental health care • The physical environment in Strathmartine which raised concerns for both patients and staff • Addressing the issue of significant delayed discharges, meaning patients are kept in inpatients beds longer than they need to
2	<p>Streamline and prioritise the change programme in support of Living Life Well</p> <ul style="list-style-type: none"> • Simplify governance arrangements • Prioritise areas for improvement • Put in place clear resource framework to support delivery
3	<p>Making integration work</p> <ul style="list-style-type: none"> • Collaborative working to make the new arrangements work in practise • A clear understanding of the role of each partner • The role of TEP in providing leadership to ensure innovation flourishes and sustainable change can take place
4	<p>Engaging the workforce</p> <ul style="list-style-type: none"> • Resources, support, and leadership • Effective engagement in major decisions
5	<p>Engaging with patients, families, partners, and communities</p> <ul style="list-style-type: none"> • Build relationships • Meaningful engagement • Third sector as partners
6	<p>Continued focus on patient safety</p> <ul style="list-style-type: none"> • Systems, processes, and physical infrastructure to ensure patient safety across partners

- 4.1.4 A detailed improvement plan has been prepared which addresses these six priorities and this is provided at Appendix 1 (The Mental Health and Learning Disability Improvement Plan). Priority 1 seeks progress on the issue of dedicated site provision for inpatient adult mental health services and this is encompassed within a programme of work to redesign adult inpatient mental health services. Priorities 2 – 6 relate to actions which are already being taken forward and for which progress has been reported in previous reports to the IJBs and NHS Tayside Board.
- 4.1.5 In advance of the publication of the IOAG, the recently formed Executive Leadership Group and Programme Board for Tayside Mental Health Services had already begun to refine the priorities for a refreshed Mental Health and Learning Disability Whole System Change Programme. It is positive to see that there is significant overlap and agreement about the focus for a revised improvement programme and the areas identified by the IOAG.
- 4.1.6 The Executive Leadership Group and the Programme Board are in agreement that the improvement programme should also address four of additional key areas as priorities and that these should be developed in a similar format to set out key milestones and deliverables. It is proposed that these will be developed and presented as additions to the Mental Health and Learning Disability Services Improvement Plan by end of June 2023. Together this will form the Mental Health and Learning Disability Whole System Change Programme for Tayside, our whole-system strategic plan for the next 2 years.
- 4.1.7 The additional priorities for the Mental Health and Learning Disability Whole System Change Programme which will be set out in a detailed improvement plan are:
- Whole Systems re-design of Learning Disability Services
 - Specialist Community Mental Health re-design
 - Crisis and Urgent Care Pathway
 - Integrated Substance Misuse and Mental Health Services
- 4.1.8 The development of the improvement plan has been underpinned by a series of engagements and opportunities to comment and influence the content of the plan. This has ensured that it has been prepared in the spirit of openness, transparency and with appropriate engagement on its content. The development of the plan has included discussion and commentary as follows:
- Executive Leadership Group 8 Feb and 15 March
 - Programme Board 15 Feb and 9 March
 - Tayside Executive Partners 28 Feb and 24 March

A series of opportunities to consult and engage has included:

- Members of Integration Joint Boards
- Local Strategic Planning Groups in the three HSCPs
- Area Clinical Forum
- Stakeholder Participation Group
- Area Partnership Forum
- Workstream workshops which included stakeholder and health staff partnership representation

In addition, fortnightly engagement has taken place with the Lead Partner Chief Officer, members of the Programme Team, and Scottish Government Mental Health Directorate officials which has enabled external support and challenge in the process.

4.1.9 The table below is a reminder of the timeline previously approved for the development of the plan.

Table 2 Timeline for the development and approval of a detailed action plan

8 Feb 2023	Strategic Leadership Group (now renamed the Executive Leadership Group)	Comment on draft plan & agree workstream leads
8 Feb – 7 Mar 2023	Workstream Leads	Develop <i>final</i> draft plan
15 Feb 2023	Programme Board Perth and Kinross IJB Angus IJB	Comment on draft plan Asked to approve refined priorities and timeline
23 Feb 2023	NHS Tayside Board	Asked to approve refined priorities and timeline
24-27 Feb 2023	Tayside Executive Partners	Asked to comment on draft plan
28 Feb 2023	Submit high level draft plan to Scottish Government	
15 Mar 2023	Executive Leadership Group	Comment on draft plan
w/b 20 Mar 2023	Programme Board Stakeholder Participation Group Tayside Executive Partners	Comment on <i>final</i> draft plan
27-30 Mar 2023	Perth and Kinross IJB Angus IJB Dundee IJB NHS Tayside Board	Approve <i>final</i> plan
31 Mar 2023	Submit <i>final</i> plan to Scottish Government	

4.2 Update on strengthening governance

4.2.1 In response to feedback from the IOAG, the Lead Partner Chief Officer has worked in collaboration with the Chief Officers for Angus and Dundee, the Executive Nurse Director as Lead for Mental Health and Learning Disability Services in NHS Tayside, the Medical Director for NHS Tayside, senior officers across partners and the programme team to:

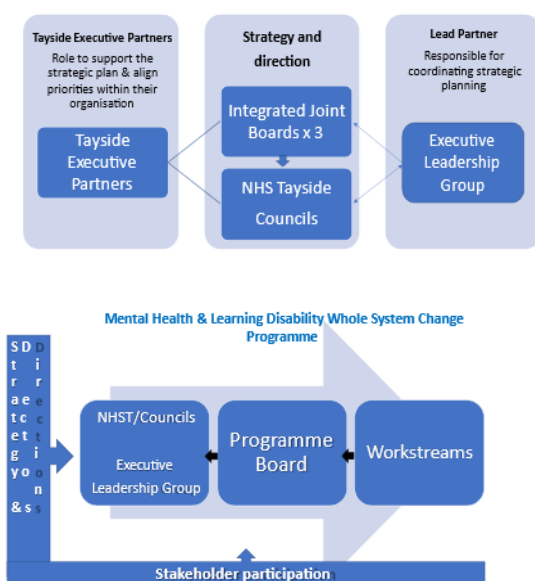
- Revise the governance arrangements, using existing structures and streamlining wherever possible;
- Take account of responsibilities set out in the revised Integration Schemes;
- Clarify decision-making & use of Directions by IJBs;
- Provide a forum to enable collaboration across the three IJBs;
- Resource a permanent programme team;
- Refine and clarify priorities for the 31 workstreams for Living Life Well;
- Provide leadership to increase pace of change and transformation and to focus on new models of care;
- Give prominence to developing a financial and resourcing framework to deliver the programme; and
- Ensure that meaningful engagement & co-production with people with lived experience and across the whole workforce are central to the work

4.2.2 The Integration Scheme approved in June 2022 clarifies that operational management responsibilities for mental health and learning disability inpatient services rests with NHS Tayside and the Executive Lead for Mental Health and Learning Disabilities. The Scheme states that they will have in place appropriate reporting structures which provide adequate and effective oversight and assurance to the Integration Joint Board

in relation to performance, professional, clinical and care governance. It also clarifies that the coordination of strategic planning for Inpatient Mental Health Services and Learning Disability Services is delegated to the Integration Joint Boards.

- 4.2.3 As previously reported, a review of the governance structures has been underway for Listen Learn Change and Living Life Well and soundings taken from the Tayside Executive Partners, the Strategic Leadership Group, members of the Integrated Leadership Group and the Programme Board.
- 4.2.4 A new streamlined arrangement takes account of the roles and responsibilities of the parties and delegated functions set out in the Integration Schemes. It also includes the introduction of an Executive Leadership Group (ELG) to bring together senior leaders and provide collective leadership of the whole-system change programme. This includes the introduction of Executive Sponsors for each element of the action plan/change programme. The Terms of Reference for the ELG are agreed and produced at Appendix 2 (The Terms of Reference of the Executive Leadership Group for the Mental Health and Learning Disability Whole System Change Programme). The Programme Board now reports to the ELG and the Terms of Reference are being refreshed to include a broader membership. These changes are designed to better support transformational change and strengthen reporting on progress to the Integration Joint Boards and NHS Tayside Board. The diagrams below illustrate the relationship and reporting lines.

Mental Health & Learning Disability Whole System Change Programme



- 4.2.5 A productive workshop took place on 30 January 2023 which involved the IJB Chairs, Vice Chairs and Chief Officers supported by senior officers who led on the development of the revised integration schemes. The aims were to:
- To gain a deeper understanding of the Integration Scheme
 - To explore the role and responsibilities of the Integration Joint Board
 - To consider the role of the Chief Officer and Lead Partner arrangements
 - To highlight the operation of Directions
 - To have an open discussion on cooperation and collaboration across the three Tayside IJBs and opportunities for improving governance

This has provided a platform for cooperation across the IJBs and for integration to succeed. This is bringing about confidence in the authority of the IJBs to direct the strategic planning for mental health and learning disability inpatient services and new mechanisms for working together on shared aspirations for these services. The workshop will be of interest for all IJB members, and it was agreed that further sessions will be arranged.

4.2.6 The first of a series of relationship-building experiences involving senior managers and people with lived experience of mental health services and their carers took place on 30 November 2022. This was attended by 10 people and supported by Norman Drummond and Calum MacSween of Columba 1400 who gave their time and experience voluntarily. The Gannochy Trust have also provided a neutral venue free of charge. The experience was entitled *Leading Through Relationships* and was extremely successful in building positive relationships, shared purpose, and values. This was followed by a second event on 12 December 2022. Participants felt listened to, safe and respected. This successful approach has now been considered by the Programme Board and viewed as a productive way to build relationships, involve people with lived experience, and to move from engagement to co-production. A proposal to resource this approach and embed this across the Mental Health and Learning Disability Whole System Change Programme will be brought forward.

4.3 Conclusion

4.3.1 This report updates the IJB on the current position in relation to mental health services across Tayside and steps being taken by the IJBs to strengthen cooperation and in making integration work in this complex area. The work of the Independent Oversight and Assurance Group into Tayside's Mental Health Services has concluded culminating in a final report published on 11 January 2023. The IOAG report sets out six priority areas for improvement and it is reassuring that these correspond closely to the reprioritisation of the Living Life Well workstreams which has been carried out. The Minister for Mental Health and Social Care has requested a detailed action plan which sets out how these six priorities will be addressed. The Mental Health and Learning Disability Improvement Plan has been developed in response to the Minister's request. A draft was prepared by end of February 2023 and over the last few weeks been considered by a number of important groups and stakeholders. This plan is presented to the each of the three Tayside IJBs for approval.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. An Integrated Impact Assessment is to follow and will be based on a Tayside wide assessment.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that the implementation of the Mental Health and Learning Disability Improvement Plan is not delivered within the reported time framework
Risk Category	Operational; Governance;
Inherent Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Mitigating Actions (including timescales and resources)	Identification of additional resources to support implementation Clarity of improvement plans and new governance framework Increased leadership to support development across Mental health, learning disabilities and drug and alcohol services
Residual Risk Level	Likelihood 2 x Impact 4 = 8 (High)
Planned Risk Level	Likelihood 2 x Impact 4 = 8 (High)
Approval recommendation	Although the risk levels remain high, the impact of revised framework will support early identification of any barriers to implementation and enable a whole Tayside approach to address these.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	✓
	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: 24th March 2023

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Tayside Mental Health and Learning Disabilities Improvement Plan

March 2023



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Priority 1:		Intended Outcome:	
Progress the decision about Adult Inpatient Redesign		Excellent care and treatment for people for whom inpatient treatment is the best option through a redesigned service model with a strong evidence base.	
Executive Sponsor:	Workstream Lead(s):	Responsible Officer(s):	
<ul style="list-style-type: none"> Chief Officer, P&K HSCP (Lead Partner) 	<ul style="list-style-type: none"> General Manager, Inpatient Mental Health, Crisis, IHTT and Liaison, NHS Tayside Clinical Lead, GAP Inpatients, NHS Tayside 	<ul style="list-style-type: none"> Chief Officers Medical Director Executive Nurse Director 	
Delivery Timeline:		Route to Delivery:	
<ul style="list-style-type: none"> Phase 1: July-2023 Phase 2: Decision March 2026, Implementation Jul26-onwards 		<ul style="list-style-type: none"> Phase 1: Operational Line Phase 2: Programme 	
Milestones:			
<p>Phase 1: Plan to support sustainability of safe Inpatient care. The aim of this phase is to understand the current pressures on the system and develop a short term plan to support sustaining safe delivery of Inpatient care</p>			
#	Timeline	Activity	
1	By 31Mar2023	Analysis of immediate pressures completed and shared with stakeholders which assists in decision-making about what actions may be required to maintain stable service in short term.	
2	By 30Apr2023	Appraisal and costing of estate options is completed alongside stakeholders, to include consideration of wider estate to support short term service continuity.	
3	By 31May2023	Equality Impact Assessment to be undertaken to assess the impact of all options. Approval of a plan for rapid whole-system engagement on short-term stability and continuity options. Communication and engagement with wider group of internal and external stakeholders, prior to submitting a plan for a rapid short term contingency for approval by NHS Tayside.	
4	By 30June2023	Options paper presented to NHS Tayside which aligns with progress of other work streams to support change.	
5	By 31Jul2023	Clarity on timescale for Implementation of short-term contingency alongside ongoing engagement with people using the service.	
<p>Phase 2: Mental Health Needs Analysis, Option appraisal and development of an implementation and evaluation plan with timelines. The aim of this phase is to understand the current and future mental health service needs of the population of Tayside and come to an agreed plan for redesigning MH services to best meet that need both now and for the next 20 years. This phase includes ongoing engagement with our communities, through analysis, development and scoring of options.</p> <p>Definition of a health needs analysis A health needs assessment is ‘a systematic method of identifying unmet health and healthcare needs of a population and making changes to meet these unmet needs.’* It includes a quantitative approach to enumerate the size and scale of the problem alongside a</p>			

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<p>qualitative assessment of the nature and meaning of the problem from the perspective of those who experience it. It typically has three parallel assessments: Epidemiological analysis, Comparative analysis and Corporate analysis</p>		
#	Timeline	Activity
6	By 31Mar2024	Epidemiological analysis and prepare data plan in order to describe the mental health needs of people in Tayside, to inform future service provision and planning.
7	By 30Sep2024	Implement data plan
8	By 30Nov2023	Workforce and recruitment analysis completed
9	By 31Jan2024	Review of existing service (Inpatients, Outpatients, Emergency Dept, community including crisis hub, primary care i.e. all MH services) is completed. This will include an equality impact assessment.
10	By 30Jul2024	Comparative analysis completed – review of best practice models via literature search and also by learning from and about Mental Health services in other Health Boards and other parts of the UK. This may include a site visit and time with service leads. This would then allow a gap analysis to be undertaken – identifying areas where NHS Tayside could learn from/improve.
11	By 31Jan2025	Corporate analysis completed – stakeholder engagement – review/consider findings alongside on the ground expertise and experience to help shape option appraisal
12	By 31Mar2025	Modelling of options incorporating cost analysis, with forecasted projections by working with Whole System Modelling Team. Model existing service using historical trends and then use Scottish Burden of Disease analysis and epidemiological analysis of service pressures to both assess existing pressures and project forwards to assess what impact that will have on the service. Future projections can then be translated across to other scenarios (as identified from the options appraisal to assess impact of different service models. Incorporate an economic analysis and generate a modelled costed options appraisal alongside the rest of the Needs analysis.
13	By 30Jun2025	Option appraisal development - Pull together all the information gathered to develop a fully costed options appraisal. This would include equality impact assessments of each option.
15	By 31Dec2025	Consultation with our communities on the results of the option appraisal
14	By 31Mar2026	The 3 x IJBs and NHS Tayside Board will consider the Options Appraisal and will make a decision about which option to pursue, including agreement on the resourcing for the preferred option and considering both service needs now and potential service needs over the next 20 years
16	By 30Jun2026	Agree a detailed implementation plan, governance, evaluation plan and timelines which clearly sets out the involvement of staff, service users and providers in the design and implementation of the new inpatient model. Alongside this review the data/intelligence plan to ensure fit for purpose and adapt as appropriate.
17	July2026 onwards	Implementation - preferred option is fully enacted and evaluated using performance, safety, financial and health intelligence data.

*(Wright J, Williams R, Wilkinson JR. Development and importance of health needs assessment. BMJ 1998;316 (7140):1310-13. doi: 10.1136/bmj.316.7140.1310)

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Priority 2: Improve Strathmartine Physical Environment		Intended Outcomes: <ul style="list-style-type: none"> • Significant reduction in volume of environment-related incidents, • Improved experience for people receiving care in Strathmartine 																
Executive Sponsor: <ul style="list-style-type: none"> • Director of Facilities 	Workstream Lead(s): <ul style="list-style-type: none"> • General Manager, Inpatient Learning Disability Service, NHS Tayside 	Responsible Officer(s): <ul style="list-style-type: none"> • General Manager, Inpatient Learning Disability Service 																
Delivery Timeline: Aug 2023		Route to Delivery: Operational Line																
Milestones: <table border="1"> <thead> <tr> <th>#</th> <th>Timeline</th> <th>Activity</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>By 28Feb2023</td> <td>Analysis of current environment has been completed.</td> </tr> <tr> <td>2</td> <td>By 30Jun2023</td> <td>Plans are brought forward for a whole system redesign of Learning Disability Services, including consideration of the whole available estate.</td> </tr> <tr> <td>3</td> <td>By 31Aug2023</td> <td>Environmental concerns that can be resolved within current provision have been attended to, with the appropriate maintenance agreements in place.</td> </tr> <tr> <td>4</td> <td>By 31Aug2023</td> <td>Re-evaluation of the current LD Inpatient environment has taken place, including the views of people who need and use this service. If satisfactory, moves to Business as Usual. If not, repeat steps 1, 3 and 4.</td> </tr> </tbody> </table>				#	Timeline	Activity	1	By 28Feb2023	Analysis of current environment has been completed.	2	By 30Jun2023	Plans are brought forward for a whole system redesign of Learning Disability Services, including consideration of the whole available estate.	3	By 31Aug2023	Environmental concerns that can be resolved within current provision have been attended to, with the appropriate maintenance agreements in place.	4	By 31Aug2023	Re-evaluation of the current LD Inpatient environment has taken place, including the views of people who need and use this service. If satisfactory, moves to Business as Usual. If not, repeat steps 1, 3 and 4.
#	Timeline	Activity																
1	By 28Feb2023	Analysis of current environment has been completed.																
2	By 30Jun2023	Plans are brought forward for a whole system redesign of Learning Disability Services, including consideration of the whole available estate.																
3	By 31Aug2023	Environmental concerns that can be resolved within current provision have been attended to, with the appropriate maintenance agreements in place.																
4	By 31Aug2023	Re-evaluation of the current LD Inpatient environment has taken place, including the views of people who need and use this service. If satisfactory, moves to Business as Usual. If not, repeat steps 1, 3 and 4.																

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Priority 3: Address significant delayed discharges		Intended Outcome: People are able to leave hospital without delay, to home or community with the support they need.
Executive Sponsor: <ul style="list-style-type: none"> Chief Officer, Angus HSCP Chief Officer, Dundee HSCP Chief Officer, P&K HSCP 	Workstream Lead(s): <ul style="list-style-type: none"> Head of Community Health and Care Services, Angus HSCP MH&LD Strategic Commissioning Lead/ Locality Manager, Dundee HSCP Mental Health Strategic Lead, P&K HSCP 	Responsible Officer(s): <ul style="list-style-type: none"> General Managers and Inpatients, Strategic Commissioning Leads
Delivery Timeline: March 2024		Route to Delivery: Programme
Milestones:		
#	Timeline	Activity
1	By 30April2023	Reasons for significant delay are understood and acted upon. Other relevant services including housing and welfare rights are active participants. Improvement work is underpinned by accurate delayed discharge reports to enable improved tracking of performance.
2	By 31July2023	There is a personalised planning process for discharge in place, and information is available on progress and plans for all Inpatients
3	By 31July2023	Effective joint and multi-agency/ disciplinary working between Inpatients and Community is embedded into ways of working. This should include relevant agencies and organisations who are involved in discharge planning process.
4	By 31Oct2023	Mental Health Planned date of discharge is reliably embedded within GAP Inpatient pathways, underpinned by inclusive approaches to patient involvement.
	By 31Oct2023	Learning Disabilities Planned date of discharge is reliably embedded within LD Inpatient pathways, underpinned by inclusive approaches to patient involvement.
5	By 30Nov2023	Mental Health A strategic needs assessment in relation to the factors influencing delayed discharges has been completed to support future commissioning of care and support to reduce delays in hospital for people with mental health needs.
	By 31Dec2023	Learning Disabilities A strategic needs assessment in relation to the factors influencing delayed discharges has been completed to support future commissioning of care and support to reduce delays in hospital for people with learning disability needs.
6	By 31March2024	Mental Health A commissioning plan is in place to support people with learning disabilities and which will; reduce the likelihood of unnecessary admissions to hospital; reduce the likely hood of unnecessary delays once people are ready for discharge; ensure that community health and

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	<p>By 31March2024</p>	<p>social care resources are increased to avoid admission to, and support timely discharge from, hospital wherever possible.</p> <p>Learning Disabilities A commissioning plan is in place to support people with mental health needs and which will; reduce the likelihood of unnecessary admissions to hospital; reduce the likelihood of unnecessary delays once people are ready for discharge; ensure that community health and social care resources are increased to avoid admission to, and support timely discharge from, hospital wherever possible.</p>
7		<p>Moves to Business as Usual.</p>

This work will be underpinned by ongoing conversation with people who use and need our services, as well as with carers and third sector delivery partners, to ensure people understand the processes being put in place as well as seeking their views as part of how we evaluate revisions to the service.

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Priority 4: Streamline and Prioritise the LLW Change Programme		Intended Outcome: Streamlined programme, clear governance, appropriate resources for the changes needed.
Executive Sponsor: • Chief Officer, P&K HSCP (Lead Partner)	Workstream Lead(s): • Programme Manager, Mental Health Whole System Change Programme	Responsible Officer(s): • Chief Officers, Medical Director, Executive Nurse Director
Delivery Timeline: • Implement June23 • Review June24		Route to Delivery: Executive Leads and Programme
Milestones:		
#	Timeline	Activity
1	By 31Mar2023	The governance arrangements for the Whole-System LLW Change Programme are agreed by all Parties through a formal report to NHS Tayside Board and the three Integration Joint Boards. By end of March 2023 the priorities for a refreshed Programme are reviewed and agreed. Completed for Perth and Kinross IJB 15 Feb 2023.
2	By 30Apr2023	Revised governance structures for the Whole System Change Programme will be approved across all parties with revised terms of reference and membership of the Mental Health and Wellbeing Programme Board. The role of each partner in the Integration Scheme, the priorities, roles and responsibilities will be set out in easy to understand Governance diagrams.
3	By 30Jun2023	The resourcing framework to support delivery of a Whole System Change Programme is agreed and in place, including an outline financial plan.
4	By 30Jun2023	The Executive Leadership Group is providing collaborative leadership across the whole system change programme. and the Strategic Programme Board is taking responsibility for the delivery of the revised and refined Whole System Change Programme - the system "to be". The role of the Integrated Leadership Group is clarified as working together to manage the system "as is".
	By 30Sep2023	Detailed Financial Framework including agreed financial recovery actions for inpatient services will be reported to IJBs and NHS Tayside
5	By 30Apr2024	There will be a review and evaluation completed of the effectiveness of how we are making integration work and improvements identified and actioned.
6		Moves to Business as Usual.

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Priority 5: Make Integration work		Intended Outcome: Clear and effective arrangements for integration in place, which supports collaborative leadership across partners and sustainable strategic change and innovation. Clarity for staff and the general public with regards to the roles and responsibilities of each organisation across Tayside. Clear governance and decision-making structures.
Executive Sponsor: Chief Officer, Angus HSCP	Workstream Lead(s): <ul style="list-style-type: none"> • Chief Officer Angus HSCP • Chief Officer Dundee HSCP • Chief Officer Perth & Kinross HSCP 	Responsible Officer(s): <ul style="list-style-type: none"> • Chief Officers, • Medical Director, • Executive Nurse Director
Delivery Timeline: June 2023, review April 2024		Route to Delivery: Executive Leads and IJB Chairs
Milestones:		
#	Timeline	Activity
1	By 30Jun2022	Revised Integration Schemes (IS) drafted, consulted upon with communities, updated based on feedback, and approved. The IS include the delegation of responsibility for the strategic planning and coordination for inpatient mental health and inpatient learning disability services to IJBs and to the Chief Officer of Perth and Kinross IJB as lead partner. - Complete.
	By 30Jun2023	Approval of revised Directions Policy for each IJB which sets out how decisions and directions in relation to strategic planning for inpatient services will work in practice through approval by all IJBs, ensuring effective consultation at a local level, and therefore have regard to the needs of all communities in Tayside.
2	By 30Jun2023	Collaborative working arrangements in place to make the new integration arrangements work in practice.
3	By 31Oct2022	Programme support team appointed on a permanent basis, funded by all partner organisations to support change programme.
4	By 30Nov2022	Integration Schemes approved by 3 IJBs and Scottish Government. - Complete
5	By 30Apr2023	Revised governance structures for a Whole System Change Programme will be approved across all parties with revised terms of reference and membership of the Mental Health and Wellbeing Programme Board. The role of each partner in the Integration Scheme, the priorities, roles and responsibilities will be set out in easy to understand Governance diagrams.
6	By 30Apr2023	There will be agreed re-prioritisation for the whole-system change programme work for 2023-2025, taking cognisance of the work progressing within each of the HSCP areas related to their Strategic Commissioning Plans and respective Mental Health and Wellbeing Plans.
7	By 30Jun2023	Staff, service users, and their careers, and the general public will have clear information about what is going to change, what will be different for them, who will be responsible for making the change and how they can take part.

Tayside Mental Health and Learning Disabilities Improvement Plan Mar23

8	By 30Jun2023	The Executive Leadership Group is providing collaborative leadership across the whole system change programme to ensure innovation flourishes and sustainable change can take place in line with the integration scheme and revised governance structures.
	By 30Jun2023	The Integrated Joint Boards and NHS Tayside Board have clear systems in place to ensure appropriate directions are provided and decisions made.
9	By 30Apr2024	There will be a review and evaluation of the effectiveness of how we are making integration work and improvements identified and actioned.
10		Moves to Business as Usual

Tayside Mental Health and Learning Disabilities Improvement Plan Mar23



Priority 6: Engage the Workforce		Intended Outcome: An engaged workforce who feel listened to, involved and engaged in service design, evidenced through feedback and participation in major decisions.	
Executive Sponsor: Executive Nurse Director, NHS Tayside	Workstream Lead(s): <ul style="list-style-type: none"> Operational Medical Director Mental Health & Learning Disability Services, NHS Tayside Nurse Director Mental Health & Learning Disability Services, NHS Tayside HSCP Chief Officers x 3 	Responsible Officer(s): <ul style="list-style-type: none"> General Managers and Strategic Commissioning Leads Clinical Leaders 	
Delivery Timeline: Dec 2023		Route to Delivery: Programme	
Milestones:			
#	Timeline	Activity	
1	By 30Jun2023	A workforce development and engagement plan and work at a system-wide level around culture, is agreed.	
2	By 31Aug2023	A review and refresh of leadership training, for key staff groups (Senior Nurses test), which includes how to engage staff and service users in service design, is in place.	
3	By 31Jul2023	The arrangements for monitoring progress against the workforce development plan are agreed and in place.	
4	By 30Sep2023	A Codesign and Coproduction Plan is agreed and implemented.	
5	By 31Dec2023	An evaluation of the extent to which change is being coproduced by people who work in our services has been completed and used to inform the next cycle of planning.	
6		Moves to Business as Usual.	

Tayside Mental Health and Learning Disabilities Improvement Plan Mar23

**Priority 7:**

Engage with patients, families, partners and communities

Intended Outcome:

Patients, family, friends, carers and the wider community are partners in the change programme and in redesigning new models of care. Stakeholder consultation will be a core element throughout the Whole System Change Programme. Leading through relationships - started in December 2022 will be expanded to all of the workstreams to build a broad platform of working in equal partnership throughout the programme. Appropriate systems will be in place throughout the whole system of care to enable co-production, meaningful engagement and feedback, and relationship building.

Executive Sponsor:

Chief Officer, Angus HSCP

Workstream Lead(s):

- Head of Community Health and Care Services, Angus HSCP
- MH&LD Strategic Commissioning Lead/Locality Manager, Dundee HSCP
- Mental Health Strategic Lead, P&K HSCP

Responsible Officer(s):

- General Managers and Strategic Commissioning Leads

Delivery Timeline:

Aug 2024

Route to Delivery:

Programme

Milestones:

#	Timeline	Activity
1	By 31May2023	There will be a shared understanding across the whole system of care regarding current approaches to leading together and co-production. Good practice will be shared and new mechanisms for supporting meaningful engagement, collating views and experiences will involve all relevant stakeholders/groups who support the engagement, building relationships; with the Third Sector as partners in this work.
2	By 30Jun2023	Data about current engagement methods/stakeholders/groups will be analysed and any gaps identified. With good practice highlighted.
3	By 30Sep2023	A co-design and co-production Plan will be agreed and implemented across the whole system of care, with independent support provided from Healthcare Improvement Scotland to support this work. Patients, carers, family, friends and the wider community will be supported to meaningfully engage in planning. Key performance and quality indicators will be established and monitoring systems put in place.
4	By 31Jan2024	A co-evaluation tool will be developed and tested which measures the impact of the change that will be undertaken.
5	By 30Jun2024	A co-produced evaluation of the impact of the change will be completed. The outcomes will inform the effectiveness of the processes, highlight good practice and identify areas for improvement.
6	By 31Aug2024	Learning will be shared with all stakeholders. This will inform the next cycle of planning and improvement.
7		Moves to Business as Usual.

Tayside Mental Health and Learning Disabilities Improvement Plan Mar23



Priority 8: Continue to focus on Patient Safety		Intended Outcome: All patients will experience high quality, safe and person centred care every time.																								
Executive Sponsor: Medical Director, NHS Tayside	Workstream Lead(s): <ul style="list-style-type: none"> Operational Medical Director, Mental Health & Learning Disability Services, NHS Tayside Director of Nursing, Mental Health & Learning Disability Services, NHS Tayside 	Responsible Officer(s): <ul style="list-style-type: none"> Heads of Service/Strategic Commissioning Leads, General Managers, Clinical Leads, Clinical Directors 																								
Delivery Timeline: Sep 2023 with the arrangements to monitor the outcome transferred into an ongoing programme centred on Least Restrictive Practice, reviewed in Sep2024		Route to Delivery: Clinical Governance arrangement and reporting																								
Milestones: <table border="1"> <thead> <tr> <th>#</th> <th>Timeline</th> <th>Activity</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>By 31Jul2023</td> <td>The required scope of the continued focus on patient safety work will be developed in collaboration with stakeholders.</td> </tr> <tr> <td>2</td> <td>By 31Jul2023</td> <td>The draft Terms of Reference for a patient safety collaborative/group will be developed to include: <ul style="list-style-type: none"> scope and focus role and remit governance reporting chair and deputy chair membership </td> </tr> <tr> <td>3</td> <td>By 31Aug2023</td> <td>The draft Terms of Reference is agreed and ratified through the Programme Board</td> </tr> <tr> <td>4</td> <td>By 30Sep2023</td> <td>The revised Tayside Mental Health Patient Safety Collaborative will have had its first meeting</td> </tr> <tr> <td>5</td> <td>By 30Sep2024</td> <td>A 1-year review of the Patient Safety Collaborative against the Terms of Reference will be completed to inform any required developments/changes.</td> </tr> <tr> <td>6</td> <td></td> <td>Moves to Business as Usual.</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			#	Timeline	Activity	1	By 31Jul2023	The required scope of the continued focus on patient safety work will be developed in collaboration with stakeholders.	2	By 31Jul2023	The draft Terms of Reference for a patient safety collaborative/group will be developed to include: <ul style="list-style-type: none"> scope and focus role and remit governance reporting chair and deputy chair membership 	3	By 31Aug2023	The draft Terms of Reference is agreed and ratified through the Programme Board	4	By 30Sep2023	The revised Tayside Mental Health Patient Safety Collaborative will have had its first meeting	5	By 30Sep2024	A 1-year review of the Patient Safety Collaborative against the Terms of Reference will be completed to inform any required developments/changes.	6		Moves to Business as Usual.			
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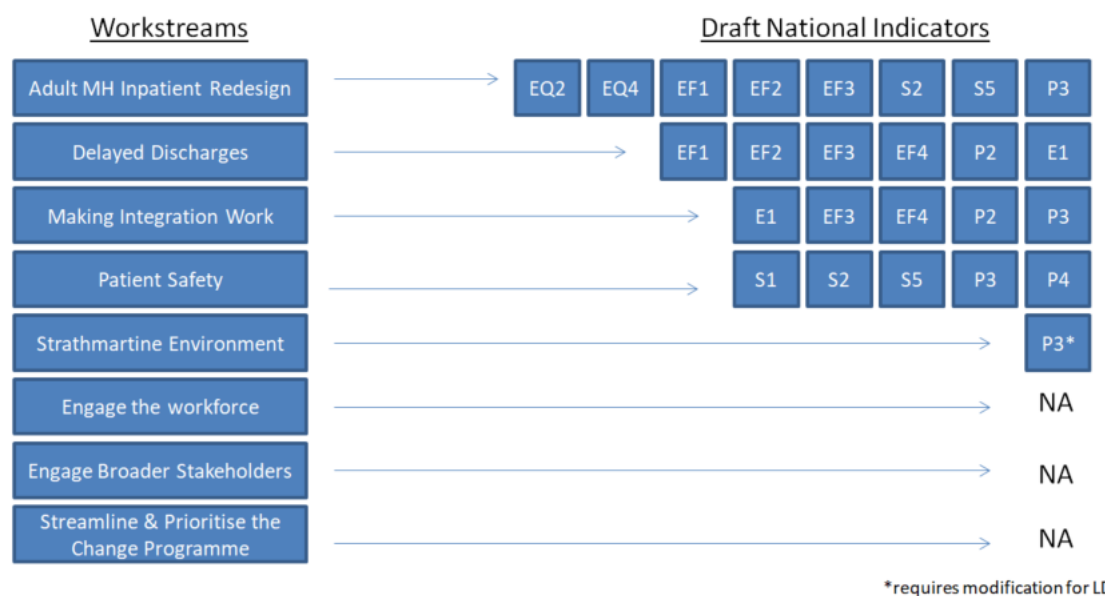
Tayside Mental Health and Learning Disabilities Improvement Plan Mar23

Appendix One: Mapping of work streams to draft National Mental Health Indicators

Measurement plans are in the process of being prepared for all work streams, in order to ensure that progress and achievement of outcomes is well evidenced. There is a connection to the work elsewhere to develop national Mental Health indicators. An initial mapping of work streams to the indicators in development has been undertaken and is summarised in figure 1. Descriptions of the indicators and a link to the source publication are also provided.

Figure 1:

Tayside Mental Health Improvement work streams mapped to Draft National MH Indicators



Glossary of Indicator Descriptions

Timely –

T1 % of people who commence Psychological therapy-based treatment within 18 weeks of referral.

T2 % of young people who commence treatment by specialist Child and Adolescent Mental Health services within 18 weeks of referral.

T3 % of people who wait less than three weeks from referral received to appropriate drug or alcohol treatment that supports recovery.

Safe –

S1 suicide rates per 100,000 population.

S2 % of all discharged psychiatric inpatients followed-up by community mental health services within 7 calendar days.

S5 incidents of physical violence per 1,000 occupied psychiatric bed days.

Effective –

E1 number of days people spend in hospital when they are clinically ready to be discharged per 1,000

Reference

[Quality Indicator Profile for Mental Health \(publichealthscotland.scot\)](https://publichealthscotland.scot)

Executive Leadership Group

Mental Health & Learning Disabilities Whole System Change Programme

TERMS OF REFERENCE

Author:	Jacque Pepper, Chief Officer/Lead Partner
Executive Director Responsible:	Jacque Pepper, Chief Officer/Lead Partner
Governance or Assurance Committee	Reporting to <ul style="list-style-type: none"> • NHS Tayside Board • Angus Integrated Joint Board • Dundee Integration Joint Board • Perth & Kinross Integration Joint Board
Version Number Date	1 21 February 2023
Review Date	End of March 2024
Responsible Person	Jacque Pepper, Chief Officer/Lead Partner

Executive Leadership Group: Mental Health & Learning Disabilities Whole System Change Programme

1. Purpose: Strategic Leadership, Direction & Scrutiny

Provide a whole-system strategic leadership forum to provide leadership and direction to the Mental Health & Learning Disabilities Whole System Change Programme Board;

Provide collective and collaborative leadership for the delivery of the **Mental Health & Learning Whole System Change Programme** and for achieving the best possible care and treatment for the people of Tayside;

Oversee progress and successful implementation of the Mental Health & Learning Disabilities Whole System Change Programme ensuring appropriate priority and pace to the delivery of the **detailed improvement plan** to deliver on the recommendations set out in the final report of the Independent Oversight and Assurance Group (January 2023) and additional priorities approved through the governance route;

Ensure a coherent approach to the coordination and interface of whole system change activity with business-as-usual activity, including the resolution of competing demands;

Jointly scrutinize, support and challenge progress and provide overall assurance that the change programme is delivering the expected benefits at the required pace;

Providing strategic direction for a whole system model of care with optimal resourcing at each tier of care driven by need, and, where possible supports a shift in the balance of care from acute inpatient services to high quality prevention and early intervention at a community level;

Devise and deliver a Mental Health Property Strategy for inpatient mental health and learning disability services and community services;

Ensure a Financial Framework to support the delivery of the programme;

Provide strategic direction for whole system communications, engagement and co-production/design activity;

Provide strategic direction for managing whole system risks and dependencies for the programme;

Provide strategic direction on deployment of resources to ensure programme support, project prioritization and support for delivery; and

Promote an energized culture focused on transformation and whole-system collaborative working.

2. Membership

The membership will be:

1. Chief Officer for Perth and Kinross IJB/Lead Partner Coordination of Strategic Planning (CHAIR)
2. Chief Officer for Angus IJB
3. Chief Officer for Dundee IJB
4. NHST Medical Director
5. NHST Employee Director
6. NHST Executive Nursing Director
7. NHST Director of Facilities
8. NHST Director of Finance
9. NHST Director of Corporate Communications & Engagement

Also attending in support:

- Senior Responsible Officer for Programme Board
- Associate Director Improvement
- Operational Medical Director Mental Health and Learning Disabilities
- Nurse Director Mental Health and Learning Disabilities
- Members of the Programme Team, Workstream leads as required

3. Quorum

A quorum will exist when FOUR members are present at the meeting.

4. Frequency of meetings

The group will meet monthly until April 2024 and at this point the TOR will be reviewed.

Timing of meetings will be scheduled to ensure a timely flow of information from the Mental Health & Learning Disabilities Whole System Change Programme Board and reporting through the governance routes to NHS Tayside Board and the Integration Joint Boards.

Ad-hoc meetings can be called as required.

5. Agenda and Papers

The agenda and supporting papers will be relevant to the business of the day and sent out at least 5 working days in advance of the meeting.

The target day for distribution of minutes will be 1 working week following each meeting.

Secretariat support will be arranged through the Programme Team.

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

City Chambers
DUNDEE
DD1 3BY

21st March, 2023

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

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I would like to invite you to attend a meeting of the above Joint Board which is to be held remotely on Wednesday 29th March, 2023 at 10.00 am.

Apologies for absence should be intimated to Arlene Hay, Committee Services Officer, on telephone 01382 434818 or by e-mail arlene.hay@dundeecity.gov.uk.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at committee.services@dundeecity.gov.uk by 5pm on Friday, 24th March, 2023.

Yours faithfully

VICKY IRONS
Chief Officer

AGENDA**1 APOLOGIES****2 DECLARATION OF INTEREST**

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

3 APPOINTMENT OF NON-VOTING MEMBER

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

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

4 DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2023/2024 - Page 1

(Report No DIJB13-2023 by the Chief Finance Officer, copy attached).

5 MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN

(Report No DIJB -2023 by the Chief Officer, TO FOLLOW).

6 MEETINGS OF THE INTEGRATION JOINT BOARD 2023 – ATTENDANCES - Page 43

(A copy of the Attendance Return DIJB14-2023 for meetings of the Integration Joint Board held over 2023 is attached for information and record purposes).

7 DATE OF NEXT MEETING

The next meeting of the Integration Joint Board will be held remotely on Wednesday 19th April, 2023 at 10.00 am.

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

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

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

(b) CONTACTS – FOR INFORMATION ONLY

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

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



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
29 MARCH 2023

REPORT ON: DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2023/24

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB13-2023

1.0 PURPOSE OF REPORT

The purpose of this report is to advise Dundee Integration Joint Board of the implications of the proposed delegated budget for 2023/24 from Dundee City Council and indicative budget from Tayside NHS Board and to seek approval for the range of investments and expenditure proposed to set a balanced budget for Dundee Health and Social Care Partnership for 2023/24.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the implications of the proposed delegated budget to Dundee Integration Joint Board from Dundee City Council and indicative delegated budget from Tayside NHS Board for 2023/24 as set out in sections 4.2 and 4.4 of this report.
- 2.2 Accepts the delegated budget proposed by Dundee City Council as set out in section 4.4 and Table 3 within this report.
- 2.3 Instructs the Chief Finance Officer to report back to the IJB following receipt of formal notification from Tayside NHS Board of the budget offer with associated recommendations including any implications of the finalisation of lead partner services budgets and the Large Hospital Set Aside on the IJB's net budget position.
- 2.4 Notes the range of estimated cost pressures and funding uplifts anticipated to impact on the IJB's 2023/24 delegated budget (Appendix 1).
- 2.5 Approves an uplift to staff pay element of Adult Social Care Providers' Contract Value to enable the increased hourly wage payment to staff providing direct care with effect from April 2023, as detailed in 4.7.4, and approve an inflationary uplift of 3% on these Providers' non-pay element plus 3% uplift on Contract Values for other Adult Social Providers with effect from April 2023, as detailed in 4.6.5 to this report..
- 2.6 Approves the budget savings and financial support from reserves as outlined in [Appendix 2](#) to this report.
- 2.7 Remits to the Chief Officer to issue directions as set out in Section 8 of this report.

3.0 FINANCIAL IMPLICATIONS

The proposals outlined in this report set out an overall budget for 2023/24 for Dundee Integration Joint Board of £284.1m as noted in section 4.11 of this report.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Agenda note DIJB89-2022 (Dundee Integration Joint Board Budget Development 2023/24) presented to the 14th December 2022 meeting of the IJB (Article XIII of the minute refers) set out an initial overview of the budget setting process for 2023/24. This was the first in a series of budget development reports to ensure the IJB was fully informed of the financial environment impacting on Dundee City Council, NHS Tayside and ultimately the IJB's delegated budget.
- 4.1.2 The IJB was provided with an update at its meeting on 22nd February 2023 (Report DIJB11-2023 – Dundee IJB 2023/24 Budget Development Update) (Article XI of the minute refers) which provided further details in relation to Scottish Government's Draft Budget Bill, the anticipated budget settlement proposal from Dundee City Council and the indicative budget information from NHS Tayside.
- 4.1.3 Since then, further work has been undertaken to refine the financial assumptions included in the delegated budget. The detail of this is set out in Appendix 1
- 4.1.4 The factors noted above have shaped the development of Dundee Health and Social Care Partnership's proposed 2023/24 budget which is set out within the following sections.

4.2 Proposed NHS Tayside Delegated Budget

- 4.2.1 NHS Tayside's Financial Plan 2023/24 continues to be developed and is expected to be signed off by Tayside NHS Board on 27th April 2023 therefore the figures contained in this report are indicative at this stage. In relation to the delegated budget, NHS Tayside's Director of Finance has indicated that the recurring delegated baseline budget will be uplifted by 2.0% in line with the uplift received by NHS Tayside from the Scottish Government. This will result in an increase in IJB funding of £2,525k in 2023/24. In addition, NHS Boards will receive an additional uplift for the impact of the 2022/23 Agenda for Change Pay Award to be consolidated into the recurring budget allocation taking the total uplift to 5.9%. A proportionate share of this is to be transferred to IJB's to meet the recurring additional 2022/23 pay costs. This funding will be additional to the funding outlined in this report. The Scottish Government has indicated that any additional costs of an agreed Agenda for Change pay settlement in 2023/24 above the 2% provision will be fully funded. The indicative budget has been developed in accordance with the Scottish Government's expectations around the funding of IJB delegated budgets from NHS Boards for 2023/24 and notwithstanding the areas still to be clarified, the Chief Finance Officer deems this to be consistent with the parameters set out by the Scottish Government.

4.3 Large Hospital Set Aside

- 4.3.1 A key component of the overall funding of health and social care is in relation to progressing the arrangements to release resources through the Large Hospital Set Aside mechanism. The system reform assumptions in the Scottish Government's Health and Social Care Medium Term Financial Framework include material savings to be achieved from reducing variation in hospital utilisation across partnerships. Planning across the whole unplanned care pathway is key to delivering this objective. NHS Tayside have not as yet provided a calculation for the large hospital set aside for 2023/24 and this will be incorporated into the final budget once agreed. There is currently no provision for a further release of resources to Dundee given the current demands on the acute sector.

4.4 Dundee City Council Budget Implications

- 4.4.1 Dundee City Council approved its budget on the 23rd February 2023 which set out the net budget offer to the IJB. The changes to the delegated budget as part of this offer are set out in table 1 below and consists of a 'flat cash' settlement to the IJB's core funding with no provision for inflationary pressures and no savings adjustments.
- 4.4.2 As part of the national Local Government Budget Settlement from the Scottish Government, additional funding of £100 million has been provided to deliver a £10.90 per hour minimum pay settlement for adult social care workers in commissioned services, in line with the Real Living Wage Foundation rate. The budget settlement also provides funding to support the uprating of Free Personal and Nursing Care with additional funding of £15m provided nationally. This is partly offset however by the ending of the non-recurring Interim Care funding of £20m. Local Government has also received an additional £140m on a recurring basis to contribute to the additional cost of the 2022/23 pay award.
- 4.4.3 The Scottish Government's direction on this funding explicitly states that this is to be additional to each council's existing recurrent 2022/23 budget levels for social care. By passing this additional Scottish Government funding on to the IJB's delegated budget, Dundee City Council has met this minimum requirement.

Table 1 – Dundee City Council Budget Uplift Details

	£000
Inflationary Uplift	0
Net Council Uplift	0
Additional Scottish Government Funding (share of £95m):	
Free Personal Care Uprating	221
Adult Social Care Pay Uplift (£10.90 from April 2023)	2,916
Interim Care (non-recurring)*	(571)
Share of Reduction in Supporting People Funding	(82)
Recurring Share of 2022/23 Additional Pay Award	600
Total Net Additional Funding	3,084
*Expenditure reduced accordingly	

4.5 Delegated Budget Anticipated Financial Pressures

- 4.5.1 The IJB's delegated budget will be subject to a range of cost pressures over the course of 2023/24. A significant driver for these increased costs is the impact of higher than usual levels of inflation which will influence pay awards and the cost of externally contracted services in addition to the impact of price increases on GP prescribing. Increases in demand for health and social care services also need to be considered due to the impact of an increasingly frail population and the legacy impact of the Covid19 pandemic. These are reflected in provisions for increased social care in older people and adult services and also in terms of volume of prescriptions in the GP prescribing budget. The range of cost pressures the IJB is likely to experience in 2023/24 are summarised and set out in table 2 below.

Table 2 – IJB Delegated Budget Anticipated Cost Pressures

	£000
Estimated 2023/24 Staff Pay Awards	2,900
Local Authority 2022/23 Increased Pay Settlement	1,600
Estimated GP Prescribing Costs Increase	1,500
Increase to Commissioned Services (including Real Living Wage Uplift)	4,100
Provision for Demographic Pressures	1,200
Total	11,300

4.5.2 The cost pressures will continue to be monitored throughout the 2023/24 financial year through the IJB's regular financial monitoring reporting process with any risks highlighted to the IJB.

4.6 Provision For 3rd Sector Rolling Contract Uplifts

4.6.1 The delegated budget funds a range of health and social care services provided by the third and voluntary sector on behalf of the Health and Social Care Partnership. These arrangements are governed by contractual frameworks with baseline funding agreed at the commencement of the service through the tendering process. Subsequent increases in the level of contractual funding for these (other than to reflect changing needs of individual service users) are a matter for the commissioning body to decide.

4.6.2 As highlighted in 4.5, Scottish Government additional funding is being made available to support a further pay uplift for Adult Social Care staff providing direct care to at least £10.90 per hour with effect from April 2023.

4.6.3 To avoid individual contract negotiations, national weighted percentages have been set to uplift contract values, in line with proportion of typical workforce costs, and revised Contract Variations Letters will be issued accordingly. Care providers must spend this uplift on staff costs only.

4.6.4 The IJB is asked to approve this payment of increased Contract Payments to Providers with effect from April 2023 to ensure the pay uplift for Adult Social Care staff is actioned appropriately in line with Scottish Government policy.

4.6.5 The IJB is also asked to approve payment of additional inflationary uplift of 3% on the Non-Staff pay element of the Contract Value for providers entitled to the Adult Social Care uplift; and 3% uplift on the full Contract Value for all other contracted services not covered by the Scottish Government's policy.

4.7 Reserves Position

4.7.1 At the financial year end 2021/22 the IJB's reserves stood at £38,998k. This primarily consisted of earmarked reserves in relation to Scottish Government funding including Mental Health, Primary Care, Alcohol and Drug Partnership and Covid19. During the 2022/23 financial year, the Scottish Government adopted a policy of only releasing some grant funding for the delivery of specific national policy objectives once reserve funding held by IJB's was applied. In addition, the Scottish Government requested and actioned the return of unspent Covid19 funding during the financial year. This has resulted in a significant use of IJB reserves throughout the financial year. In December 2022, the IJB approved a Reserves Investment Strategy (Article XIV of the minute of the 14th December 2022 refers) which set out plans to enable the IJB to fully utilise these reserves to support the delivery of the IJB's strategic priorities in addition to contributing to financial sustainability. The combination of these is likely to see a substantial reduction in reserves by 31st March 2023.

4.7.2 The Integration Scheme risk sharing agreement notes that should there be any residual overspend in operational services at the end of the financial year, reserves should be drawn on prior to overspends being picked up by the partner bodies. The IJB has a reserves policy which states that reserves should be at a level of around 2% of budgeted resources therefore

an appropriate level of reserves would equate to between £5-6m for Dundee IJB. While the IJB's latest operational financial monitoring position for 2022/23 is showing a projected underspend to the year end, the final draft position will not be known until mid May. It is currently projected that the total reserves available to the IJB for 2023/24 will be approximately £15,750k consisting of around £9,123k of committed reserves and £6,628k of uncommitted reserves. Of the committed reserves, the IJB agreed in December 2022 to ring fence £2,500k to support the IJB's 2023/24 budget position. It is therefore anticipated that there will remain to be sufficient uncommitted reserves available in 2023/24 and meet the IJB's reserves strategy.

4.8 Net IJB Budget Position – Budget Balancing Proposals

- 4.8.1 The impact of all the elements in the previous sections on the proposed delegated budget is noted in Appendix 1 attached. This highlights the additional funding provided to the IJB and additional associated expenditure. Once these are all applied, there is a financial gap of £5.1m for which financial savings and other financial interventions will be required to provide a balanced budget for 2023/24.
- 4.8.2 Throughout the IJB's 2023/24 budget development process, officers from Dundee Health and Social Care Partnership have continued to review current expenditure against budgets, and factors likely to impact on expenditure during 2023/24 to identify how the IJB could manage the financial gap without impacting on the delivery of front line services which continue to face significant demand pressures. Based on this review, a range of proposals to manage the financial gap have been identified and are set out in detail in Appendix 2 for approval by the IJB.

4.9 Proposed Dundee IJB Delegated Budget 2023/24

- 4.9.1 Factoring all of the above against the delegated budget results in a proposed position for 2023/24 as noted in Table 2 below.

Table 3 – Dundee Health & Social Care Partnership Proposed Delegated Budget 2023/24

	Dundee City Council	NHS Tayside (indicative only)*	Total Proposed Budget 2023/24
	£m	£m	£m
2022/23 Baseline Budget			
Hospital & Community Based Services		94.0	94.0
Family Health Services Prescribing		32.3	32.3
General Medical Services		53.0	53.0
Large Hospital Set Aside (value tbc)			
Adult Social Care	99.2		99.2
Total Baseline Budget	99.2	179.3	278.5
Add:			
Inflationary Uplifts		2.5	2.5
Investment in New Scottish Govt Legislation/National Policy	3.1		3.1
Total Proposed Budget 2023/24	102.3	181.8	284.1
Note:			
Hosted Services Transfer Out		tbc	tbc
Hosted Services Transfer In		tbc	tbc

Note* - Figures to be confirmed once NHS Tayside final budget agreed.

- 4.9.2 The scale and pace of the delivery of the IJB's revised Strategic and Commissioning Plan is dependent on the level of resources delegated to the IJB. Officers of the IJB will continue to

review and develop Services and Transformation Plans to reflect the changing demands, working practices and demographic needs that have arisen as a result of the Covid-19 pandemic. Relevant plans and proposals will be presented to the IJB and will be incorporated into future budget planning to ensure a financially sustainable Strategic and Commissioning Plan beyond 2023/24.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. An Integrated Impact Assessment is attached.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that the IJB will not be able to balance its resources and achieve its strategic objectives should the combination of the level of funding provided through the delegated budget and the impact of the IJB's Transformation Efficiency Programme be insufficient.
Risk Category	Financial
Inherent Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Mitigating Actions (including timescales and resources)	Additional Scottish Government Funding provided Developing a robust and deliverable Transformation Programme. Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget. Application of IJB's reserves
Residual Risk Level	Likelihood 2 x Impact 4 = 8 (High)
Planned Risk Level	Likelihood 2 x Impact 4 = 8 (High)
Approval recommendation	Although the risk levels remain high, the impact of additional Scottish Government funding and availability of reserves has reduced the risks from previous years and given no savings are required to balance the 2022/23 budget the risks are at an acceptable level.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

DATE: 9 March 2023

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DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB13-2023
2	Date Direction issued by Integration Joint Board	29 March 2023
3	Date from which direction takes effect	1 April 2023
4	Direction to:	NHS Tayside & Dundee City Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes
6	Functions covered by direction	All delegated services.
7	Full text of direction	Dundee Integration Joint Board directs Dundee City Council and NHS Tayside to provide health and social care services as commissioned by Dundee Integration Joint Board within the resources allocated as set out in this report, subject to formal notification from NHS Tayside as to the level of budget offer. Further Directions will be issued by Dundee Integration Joint Board during 2023/24 as to the future provision of these services.
8	Budget allocated by Integration Joint Board to carry out direction	To be confirmed once the final budget has been agreed following formal notification from NHS Tayside as to the level of budget offer
9	Performance monitoring arrangements	Through regular financial monitoring reports to Dundee Integration Joint Board.
10	Date direction will be reviewed	June 2023 (following receipt of NHS Tayside's formal budget offer)

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Appendix 1

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP	
REVENUE BUDGET 2023/24	
	Total Delegated Budget Cost Pressures
	£000
Cost Pressures 2023/24	
Staff Pay Increases	4,449
Increased Costs of Externally Provided Services	4,027
Demographic Pressures	1,232
Increased Prescribing Costs (Cost and Volume)	1,545
Free Personal and Nursing Care Increase	64
Less: Interim Care Spend	(571)
Total Cost Pressures	10,746
Funding Increases:	
Additional Scottish Government Funding (Passed through Dundee City Council)	3,084
NHS Tayside	2,525
Total Anticipated Additional Funding	5,609
Net Anticipated Residual Funding Shortfall	5,137

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Dundee Integration Joint Board Budget Savings / Initiatives 2023/24

	Savings / Initiative	2023/24 Value £000
	Recurring Proposals	
1)	Dundee City Council Review of Charges – Additional Income	287
2)	Remove 2022/23 Budget Contingency	300
3)	Reduce Service Budgets for Supplies and Services and Transport Costs	300
4)	Impact of National Insurance Increase Policy Change	550
	Total Recurring Savings / Initiatives	1,437
	Non-Recurring Proposals	
5)	Utilisation of IJB Reserves – Previously Agreed by IJB	2,500
6)	Proposed Further Utilisation of Reserves	500
7)	Management of natural staff turnover	700
	Total Non Recurring Savings / Initiatives	3,700
	Total Savings / Initiatives	5,137

Detailed Overview of Saving / Initiative**Note 1) Dundee City Council Review of Charges – Additional Income**

The setting of annual charges for social care services is not a delegated matter for the IJB and remains a retained function of the local authority. Dundee City Council agreed an increased level of charges for social care at its Budget meeting held on the 23rd February 2023. The additional income anticipated to be generated by the increased level of charges is subsequently taken into the IJB's budgeted position. The review of charges document approved by Dundee City Council can be found here: <https://www.dundee.gov.uk/reports/agendas/pr230223ag.pdf>

Note 2) Remove 2022/23 Budget Contingency

As part of the IJB's 2022/23 Budget, a contingency allowance was made to support any unforeseen cost pressures arising throughout the financial year. Given the overall financial position in 2022/23, this has not been required and it is proposed that this allowance is removed from the budget in 2023/24 with the funding allocated directly to offset cost pressures.

Note 3) Reduce Service Budgets for Supplies and Services and Transport Costs

As a result of changes to the way a number of services are now delivered following the Covid19 pandemic, there is an impact on the pattern of spend for supplies and services and transport costs within Dundee Health and Social Care Partnership's budget. With a move to hybrid working and through the expansion of mobile IT equipment and associated software packages, a range of areas of expenditure within the delegated budget have consistently reduced. This includes traditional "office" costs such as photocopying, stationary and postages but also with less requirement for staff to travel to meetings resulting in staff transport costs reducing on an annual basis. It is proposed that the IJB reduces the budget provision to the Health and Social Care Partnership accordingly.

Note 4) Impact of National Insurance Increase Policy Change

The IJB faced an increased staff costs pressure in 2022/23 as a result of the UK Government's decision to increase National Insurance Contributions. A change in national policy during 2022/23 reversed that decision with effect from November 2022 thereby reducing employees and employers National Insurance Contributions which will result in reduced staff costs expenditure in 2023/24. This will be reflected in the Health and Social Care Partnership's budgeted requirement from the IJB.

Notes 5 & 6) Utilisation of IJB Reserves

As noted in Section 4.7 of this report, the IJB has already committed to utilising some of its reserves (£2.5m) to support the budget in 2023/24. Given the anticipated level of reserves available to the IJB at the start of the 2023/24 financial year, it is proposed that a further utilisation of reserves to the value of £0.5m is applied. It is anticipated that the 2022/23 year-end position will generate a surplus which would take the IJB's reserves back to the level set out in its Reserves Policy of around 2% of budgeted resources.

Note 7) Management of Staff Turnover

Staff costs expenditure within the Health and Social Care Partnership's budget has been consistently underspent over the last two financial years with the primary driver being the impact of recruitment challenges to a range of disciplines. This is an issue experienced across the country and not specific to the local area. Recruitment activity has continued and the situation does not reflect any policy decision to purposefully slow down or stop recruitment to posts. In recognition that this is likely to continue to some extent over the financial year 2023/24, it is proposed that budgets are adjusted accordingly to reflect the reality of the situation. The IJB's workforce strategy alongside developing recruitment initiatives delivered by the partner bodies and the Scottish Government (eg social care recruitment campaign) will support future recruitment therefore it is proposed that this is a non-recurring budget adjustment for 2023/24.

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment

Integrated Impact Assessment Record

Report Author	Dave Berry
Author Title	Chief Finance Officer
Dundee Health and Social Care Partnership	
Author Email	Dave.berry@dundeecity.gov.uk
Author Telephone	07939460780
Author Address	5 City Square

IJB Chief Executive	Vicky Irons
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Address	Claverhouse East, Jack Martin Way, Dundee

Document Title	Dundee Integration Joint Board Proposed Budget 2023/24		
IJB Report Number	DIJB13-2023		
Document Type	Budget proposal report		
New or Existing Document?	New		
Document Description	The purpose of the report is to advise the Dundee IJB of the implications of the proposed delegated budget for 2023/24 from Dundee City Council and the indicative budget from Tayside NHS Board, and to seek approval for the range of investments and expenditure proposed to set a balanced budget for Dundee Health and Social Care Partnership for 2023/24.		
Intended Outcome	To enable the Dundee IJB to set a balanced budget that supports the delivery of ambitions and priorities within their strategic commissioning plan, which aims to support improved health and wellbeing for people living within Dundee, including unpaid carers.		
Planned Implementation Date	1 April 2023		
Planned End Date	31 March 2024		
How the proposal will be monitored and how frequently	Financial monitoring reports are submitted to every meeting of the IJB.		
Planned IIA review dates	The impact of the budget will continue to be monitored and reported through the financial monitoring reports that are submitted to every IJB. Where there is any indication that planned expenditure in areas impacting equality and fairness is not being managed within the budget this will be identified, further IIAs will be completed where required.		
IIA Completion Date	14 March 2023		
Anticipated date of IJB	29 March 2023		
Summary of Activities undertaken as part of information gathering and assessment of potential impacts including local involvement, research and meeting discussions.			
Officer	People/groups	Activity/Activities	Date

Dundee Integration Joint Board Integrated Impact Assessment

Chief Finance Officer / Partnership Finance Manager / Service Manager		Review of equality and fairness statistical information and evidence aligned to expenditure and savings proposals. This includes review of the IJB's Strategic Needs Assessment.	14 March 2023
Chief Finance Officer / Partnership Finance Manager	IJB members	Budget development sessions included questions and discussion regarding equality and fairness impacts of proposed savings.	25 January 2023 15 February 2023 8 March 2023
Service Manager, Strategy and Performance / Senior Officer	Members of the public Members of the health and social care workforce Unpaid carers Third and independent sector health and social care providers	Range of engagement activities related to the development of the replacement strategic commissioning plan for the IJB and the new IJB equality outcomes. This included a survey and a number of focus groups, as well as information gathered through consultation sessions related to primary care services. Specific sessions were held with groups representing older people and unpaid carers.	Throughout January and February 2023

Equality and Fairness Impact Assessment Conclusion

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

Overall the budget proposals have a range of both potential positive and negative impacts for protected and disadvantaged groups. However, all potential negative impacts have already been mitigated or will be subject to close monitoring, so that if they do arise in the future they will be recognised, escalated and resolved.

In broad terms the key budget proposals can be said to have the following overall impacts:

- Uprating of free personal care – this has universally positive impacts for people in receipt of free personal care, and unpaid carers through their close connection to these people.
- Pay awards and pay uplifts – these have positive impacts for people employed in the health and social care workforce. This is particularly so for females, older workers (aged 50 to 67 years) and for workers on lower incomes (due to the impact of differentiated pay awards in the public sector).
- Management of staff turnover – this has potentially negative impacts for the workforce (predominantly females and older (50-67) year olds) as well as for employment opportunities. However, proposals in the budget relating to management of staff turnover reflect wider challenges in recruitment and retention for the health and social care sector within the UK. The proposal reflects the cumulative value of periods for which posts are vacant because they are unable to be filled despite ongoing recruitment activity. It does not reflect any policy decision to purposefully stop recruitment to posts. Close monitoring of this area will continue throughout the year and be reported to the IJB regularly.

Dundee Integration Joint Board Integrated Impact Assessment

- Reductions in specific funds (interim care and Supporting People) and reduced budget contingency – these have potential negative impacts for people who have the highest levels of health and social care need, including older people, people with disabilities, people from the most deprived areas of Dundee, people who have mental health care and support needs and people who use drugs and alcohol, as well as for unpaid carers. However, this will not result in the total removal of any model / choice of care for service users and their families. Close monitoring of demographic demand will continue throughout the year and be reported to the IJB regularly.
- Reduction in supplies, services and transport costs – these have potential negative impacts for both services users and the workforce. Specific groups may be more affected including those who have the highest levels of social care needs (older people, people with disabilities, people from the most deprived areas of Dundee, people who have mental health care and support needs and people who use drugs and alcohol), unpaid carers and particular groups within the workforce (females and staff aged 50-67). However, reductions have been carefully planned to reflect changes in actual expenditure recorded since 2020. These have been impacted by post-covid changes in models of service delivery and implementation of hybrid working. Staff travel and expense policies remain unchanged, ensuring that claims can continue to be made for travel costs incurred.
- Inflationary uplifts for adult social care services and utilisation of reserves – these have potential positive impacts for service users, particularly those who have the highest needs for health and social care services and poorest outcomes (older people, people with disabilities, people from the most deprived areas of Dundee, people who have mental health care and support needs and people who use drugs and alcohol). The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services.

PART 2- Assessment (continued)

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

Equality, Diversity & Human Rights Indicate Yes or No by marking Y or N in each Box

Age	Y/N	Explanation, assessment and any potential mitigations
Positive	X	<u>Free personal care uprating – positive</u>
No Impact		Free personal care is only available to people aged 65 or over in Scotland.
Negative	X	Uprating of personal care therefore has a direct positive impact.
Not Known		<p><u>Pay awards – Dundee City Council / NHS Tayside - positive</u> 40% of the Dundee Health and Social Care Partnership workforce (employed by Dundee City Council and NHS Tayside) are aged 50 years of over. Pay awards supported via the budget therefore benefit people aged between 50 and 67 more significantly than other age groups.</p> <p><u>Reduction in funding – Interim Care – negative (mitigated)</u> The withdrawal of ring-fenced interim care funding by the Scottish Government will reduce the choice of provision available for people being discharged from hospital. The majority of people being discharged from hospital who might benefit from interim care are older people (aged 65 and over). However, interim care options that were already part of the DHSCP model of service delivery will remain available. There continues to be a focus on supporting safe discharge from hospital without delay to mitigate against any impact of reductions in interim care funding. Delayed discharge performance is closely monitored at an operational level as well as being publicly reported via the Performance and Audit Committee on a 6-monthly basis.</p>

Dundee Integration Joint Board Integrated Impact Assessment

	<p><u>Inflationary uplift for non-staff pay element of Adult Social Care providers – positive</u> Inflationary uplifts for adult social care providers will support sustainability of third and independent sector service providers. A high proportion of people receiving services from these providers are older people (aged 65 and over), and therefore there is an indirect positive benefit to them.</p> <p><u>Reduced budget contingency -negative (mitigated)</u> Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. As older people are largest proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Reduced service budgets for Supplies and Services and Transport costs – negative (mitigated)</u> Reduced budget for transport costs includes some elements that relate to the provision of transport for users of health and social care services. As older people are largest proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population. The reduced budget also includes elements relating to staff travel costs for DHSCP staff; as 40% of that workforce is aged 50 years and over there is a risk of a direct impact on them.</p> <p>However, reductions to both service user and staff travel have been proposed following careful analysis of actual expenditure trends since 2020. This expenditure has significantly reduced, reflecting post-covid changes in service delivery models and reduced demand for travel, as well as a move to hybrid working for many members of staff across the workforce. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p>In relation to staff travel the IJB can take assurance that there has been no underlying change to staff travel and expense policies in either Dundee City Council or NHS Tayside. Staff remain able to travel and claim expenses where this is a requirement of their job role.</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services. As older people are the largest proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population.</p>
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Dundee Integration Joint Board Integrated Impact Assessment

Disability	Y/N	Explanation, assessment and potential mitigations
Positive	X	<u>Inflationary uplift for non-staff pay element of Adult Social Care providers – positive</u>
No Impact		
Negative	X	Inflationary uplifts for adult social care providers will support sustainability of third and independent sector service providers. Many people receiving these services have a disability (physical, sensory or learning), and therefore there is an indirect positive benefit to them.
Not Known		<p><u>Reduction in funding – Interim Care – negative (mitigated)</u> The withdrawal of ring-fenced interim care funding by the Scottish Government will reduce the choice of provision available for people being discharged from hospital. Some people being discharged from hospital who might benefit from interim care will have a disability. However, interim care options that were already part of the DHSCP model of service delivery will remain available. There continues to be a focus on supporting safe discharge from hospital without delay to mitigate against any impact of reductions in interim care funding. Delayed discharge performance is closely monitored at an operational level as well as being publicly reported via the Performance and Audit Committee on a 6-monthly basis.</p> <p><u>Reduced budget contingency -negative (mitigated)</u> Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. As people with a disability are known to have a high level of health and social care needs this will impact on them more significantly than other groups within the population. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Reduced service budgets for Supplies and Services and Transport costs – negative (mitigated)</u> Reduced budget for transport costs includes some elements that relate to the provision of transport for users of health and social care services. As people with a disability are a significant group of people utilising health and social care services this will impact on them more significantly than other groups within the population. However, reductions have been proposed following careful analysis of actual expenditure trends since 2020. This expenditure has significantly reduced, reflecting post-covid changes in service delivery models and reduced demand for travel. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services. As people with a disability are a significant proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population.</p>

Dundee Integration Joint Board Integrated Impact Assessment

Gender Reassignment	Y/N	Explanation, assessment and potential mitigations
Positive		At the present time there is not sufficient data available to assess the demand for and use of delegated health and social care services by people who have undergone gender re-assignment and therefore the impact of the budget on them as a specific group is not able to be accurately assessed at this time.
No Impact		
Negative		
Not Known	X	
Marriage & Civil Partnership	Y/N	Explanation, assessment and potential mitigations
Positive		
No Impact	X	
Negative		
Not Known		
Race & Ethnicity	Y/N	Explanation, assessment and potential mitigations
Positive		At the present time there is not sufficient data available to assess the demand for and use of delegated health and social care services by black and ethnic minority people and therefore the impact of the budget on them as a specific group is not able to be accurately assessed at this time. It is known through wider research evidence that black and minority ethnic people experience inequalities in health and social care needs and outcomes, for example they were at a higher risk of dying during the pandemic. Although it could be reasonable to theorise that proposal such as utilising reserves to maintain the range, choice and quality of health and social care services will benefit the 5% of the population of Dundee who describe their ethnicity as either Asian, African or Caribbean further data is required to accurately assess impact.
No Impact		
Negative		
Not Known	X	
Religion & Belief	Y/N	Explanation, assessment and potential mitigations
Positive		
No Impact	X	
Negative		
Not Known		
Sex	Y/N	Explanation, assessment and potential mitigations
Positive	X	<u>Free personal care uprating – positive (females)</u>
No Impact		Free personal care is only available to people aged 65 or over in Scotland.
Negative	X	Due to differences in life expectancy between males and females in Dundee, a higher proportion of people aged 65 and over are females. Uprating of personal care therefore has a direct positive impact on females in particular.
Not Known		<p><u>Adult Social Care Pay Uplift – positive (females)</u></p> <p>It is known that across Scotland 80% of adult social care staff are female. Pay uplifts for adult social care providers therefore has a significantly greater impact on females than males.</p> <p><u>Pay awards – Dundee City Council / NHS Tayside – positive (females)</u></p> <p>87% of the Dundee Health and Social Care Partnership workforce is female (those staff employed via Dundee City Council and NHS Tayside). There is also evidence that females in the workforce are more likely to be employed in lower paying roles, specifically in social care services. NHS Tayside and Dundee City Council both have a history of agreeing differentiated pay awards that see people who are lower paid receiving a higher % increase in their pay. Pay awards therefore have a significantly greater impact on females than males.</p>

Dundee Integration Joint Board Integrated Impact Assessment

	<p><u>Reduced budget contingency -negative (mitigated)</u> Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. As older people are largest proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population. However, due to differences in life expectancy between males and females in Dundee, a higher proportion of people aged 65 and over are female so there is also a risk of greater impact on females. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Reduced service budgets for Supplies and Services and Transport costs – negative (mitigated)</u> Reduced budget for transport costs includes some elements that relate to staff travel costs for DHSCP staff; as 87% of that workforce is female there is a risk of a direct impact on them. However, reductions in staff travel have been proposed following careful analysis of actual expenditure trends since 2020. This expenditure has significantly reduced, reflecting post-covid changes in service delivery models and reduced demand for travel, as well as a move to hybrid working for many members of staff across the workforce. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p>In relation to staff travel the IJB can take assurance that there has been no underlying change to staff travel and expense policies in either Dundee City Council or NHS Tayside. Staff remain able to travel and claim expenses where this is a requirement of their job role.</p> <p><u>Management of staff turnover – negative (mitigated)</u> As 87% of the DHSCP workforce is female any actions to manage staff turnover will disproportionately impact upon them. However, proposals in the budget relating to management of staff turnover reflect wider challenges in recruitment and retention for the health and social care sector within the UK. The proposal reflects the cumulative value of periods for which posts are vacant because they are unable to be filled despite ongoing recruitment activity. It does not reflect any policy decision to purposefully stop recruitment to posts. The DHSCP will continue to work with NHS Tayside, Dundee City Council, Trade Unions and national bodies on a range of recruitment and retention initiatives with the aiming of improving the staff positioning across the workforce, however in the meantime it is reasonable to assume some posts will be vacant for periods of time and that the value associated with that can be utilised to contribute to a balanced budget. Potential negative impact will also be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If the recruitment and retention position significantly improves, impacting the actual value of vacancies, this will be escalated through that report (where necessary a further impact assessment will be completed to accompany any proposals to address this issue). The Partnership’s Workforce Planning</p>
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Dundee Integration Joint Board Integrated Impact Assessment

		<p>Group also receives data about recruitment, retention and vacancies and will monitor the position on an ongoing basis, escalating any matters of concern to the senior leadership team.</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services. As older people are the largest proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population. Due to differences in life expectancy between males and females in Dundee, a higher proportion of people aged 65 and over are females.</p>
Sexual Orientation	Y/N	Explanation, assessment and potential mitigations
Positive		
No Impact	X	
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above.		
None identified		

PART 2- Assessment (continued)

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

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

Y or N	Area	Fairness Explain Impact / Mitigations / Unknowns
Y/N	Strathmartine (Ardler, St. Mary's & Kirkton)	<i>(Note: this section of the record asks for a single, collective narrative for each of positive, negative, or not known given as a response in one or more areas)</i>
X	Positive	
	No Impact	
X	Negative	
	Not Known	<u>Inflationary uplift for non-staff pay element of Adult Social Care providers – positive</u> The IJB's strategic needs assessment clearly demonstrates that health and social care needs and outcomes are very closely associated with deprivation; with people from the most deprived areas having the highest levels of needs and poorest outcomes. Inflationary uplifts for adult social care providers will support sustainability of third and independent sector service providers. This will have the greatest indirect benefit to people with the highest level of need.
Y/N	Lochee (Lochee Beechwood, Charleston & Menzieshill)	
X	Positive	
	No Impact	
X	Negative	<u>Reduction in funding – Interim Care – negative (mitigated)</u> The withdrawal of ring-fenced interim care funding by the Scottish Government will reduce the choice of provision available for people being discharged from hospital. Evidence shows that people from the most deprived areas of Dundee have the greatest chance of being admitted for
	Not Known	
Y/N	Coldside (Hilltown, Fairmuir & Coldside)	
X	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	Maryfield (Stobswell & City Centre)	
X	Positive	
	No Impact	
	Negative	
X	Negative	

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	Not Known	<p>hospital for a wide range of health conditions. However, interim care options that were already part of the DHSCP model of service delivery will remain available. There continues to be a focus on supporting safe discharge from hospital without delay to mitigate against any impact of reductions in interim care funding. Delayed discharge performance is closely monitored at an operational level as well as being publicly reported via the Performance and Audit Committee on a 6-monthly basis.</p> <p><u>Reduction in funding – Supporting People – negative (mitigated)</u></p> <p>The IJB's strategic needs assessment clearly demonstrates that health and social care needs and outcomes are very closely associated with deprivation; with people from the most deprived areas having the highest levels of needs and poorest outcomes. Any reduction in funding is therefore more likely to impact on LCPPS that contain higher proportions of people living in the most deprived areas (SIMD 20%). However, the small reduction in supporting people funding (£82k) does not fund a specific support service and therefore will not result in a service reduction or closure. The proposal to utilise reserves to enable a balanced budget to be set also mitigates any potential negative impact.</p> <p><u>Reduced budget contingency – negative (mitigated)</u></p> <p>The IJB's strategic needs assessment clearly demonstrates that health and social care needs and outcomes are very closely associated with deprivation; with people from the most deprived areas having the highest levels of needs and poorest outcomes. It is therefore likely that any increase in demand for services and supports will arise from LCPPs that contain higher proportions of people living in the most deprived areas (SIMD 20%). Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Reduced service budgets for Supplies and Services and Transport costs – negative (mitigated)</u></p> <p>Reduced budget for transport costs includes some elements that relate to the provision of transport for users of health and social care services. As people from deprived areas have higher levels of health and social care needs any reduction in travel support may also have a greater impact on them than other groups within the population. However, reductions to service user travel have been proposed following careful analysis of actual expenditure</p>
Y/N	North East (Whitfield, Fintry & Mill O'Mains)	
X	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	East End (Mid Craigie, Linlathen & Douglas)	
X	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	The Ferry	
X	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	West End	
X	Positive	
	No Impact	
X	Negative	
	Not Known	

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		<p>trends since 2020. This expenditure has significantly reduced, reflecting post-covid changes in service delivery models and reduced demand for travel, as well as a move to hybrid working for many members of staff across the workforce. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Utilisation of reserves - positive</u></p> <p>The IJB's strategic needs assessment clearly demonstrates that health and social care needs and outcomes are very closely associated with deprivation; with people from the most deprived areas having the highest levels of needs and poorest outcomes. The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services. As people from the most deprived areas of Dundee (SIMD 20%) have the greatest level of needs for services and supports this proposal also has a greater direct positive impact on them than for other groups within the population.</p>
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Household Group- *consider the impact on households and families may have the following people included.*

Y/N	Looked After Children & Care Leavers	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Carers	Explanation, assessment and potential mitigations
X	Positive	<u>Reduction in funding – Interim Care – negative (mitigated)</u>
	No Impact	The withdrawal of ring-fenced interim care funding by the Scottish Government will reduce the choice of provision available for people being discharged from hospital. As well as impacting the person receiving care it may also have an impact on unpaid carers. However, interim care options that were already part of the DHSCP model of service delivery will remain available. There continues to be a focus on supporting safe discharge from hospital without delay to mitigate against any impact of reductions in interim care funding. This includes a continued commitment to working in partnership with unpaid carers at the point of discharge. Delayed discharge performance is closely monitored at an operational level as well as being publicly reported via the Performance and Audit Committee on a 6-monthly basis.
X	Negative	
	Not Known	<p><u>Reduced budget contingency – negative (mitigated)</u></p> <p>Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. The potential impact on protected and disadvantaged groups is outlined in other sections of the impact assessment. However, through their close connection to people within these groups unpaid carers might also be negatively impacted by this proposal. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Utilisation of reserves - positive</u></p> <p>The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services, including services and supports for unpaid carers. The potential impact of this proposal on protected and disadvantaged groups is outlined in other sections of the impact assessment. However, through their close connection to people within these groups unpaid carers might also be positively impacted by this proposal.</p>
Y/N	Lone Parent Families	Explanation, assessment and potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	

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Y/N	Single Female with Children	Explanation, assessment and any potential mitigations
X	Positive	<u>Adult Social Care Pay Uplift – positive</u>
	No Impact	It is known that across Scotland 80% of adult social care staff are female. Pay uplifts for adult social care providers therefore has a significantly greater impact on females than males.
X	Negative	<u>Pay awards – Dundee City Council / NHS Tayside – positive</u>
	Not Known	<p>87% of the Dundee Health and Social Care Partnership workforce is female (those staff employed via Dundee City Council and NHS Tayside). There is also evidence that females in the workforce are more likely to be employed in lower paying roles, specifically in social care services. NHS Tayside and Dundee City Council both have a history of agreeing differentiated pay wards that see people who are lower paid receiving a higher % increase in their pay. Pay awards therefore have a significantly greater impact on females than males.</p> <p><u>Reduced service budgets for Supplies and Services and Transport costs – negative (mitigated)</u></p> <p>Reduced budget for transport costs includes some elements that relate to staff travel costs for DHSCP staff; as 87% of that workforce is female there is a risk of a direct impact on them. However, reductions in staff travel have been proposed following careful analysis of actual expenditure trends since 2020. This expenditure has significantly reduced, reflecting post-covid changes in service delivery models and reduced demand for travel, as well as a move to hybrid working for many members of staff across the workforce. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p>In relation to staff travel the IJB can take assurance that there has been no underlying change to staff travel and expense policies in either Dundee City Council or NHS Tayside. Staff remain able to travel and claim expenses where this is a requirement of their job role.</p> <p><u>Management of staff turnover – negative (mitigated)</u></p> <p>As 87% of the DHSCP workforce is female any actions to manage staff turnover will disproportionately impact upon them. However, proposals in the budget relating to management of staff turnover reflect wider challenges in recruitment and retention for the health and social care sector within the UK. The proposal reflects the cumulative value of periods for which posts are vacant because they are unable to be filled despite ongoing recruitment activity. It does not reflect any policy decision to purposefully stop recruitment to posts. The DHSCP will continue to work with NHS Tayside, Dundee City Council, Trade Unions and national bodies on a range of recruitment and retention initiatives with the aiming of improving the staff positioning across the workforce, however in the meantime it is reasonable to assume some posts will be vacant for periods of time and that the value associated with that can be utilised to contribute to a balanced budget. Potential negative impact will also</p>

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		be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If the recruitment and retention position significantly improves, impacting the actual value of vacancies, this will be escalated through that report (where necessary a further impact assessment will be completed to accompany any proposals to address this issue). The Partnership's Workforce Planning Group also receives data about recruitment, retention and vacancies and will monitor the position on an ongoing basis, escalating any matters of concern to the senior leadership team.
Y/N	Young Children and/or Greater Number of Children	Explanation, assessment and potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Retirement Pensioner (s)	Explanation, assessment and potential mitigations
X	Positive	<u>Free personal care uprating – positive</u>
	No Impact	Free personal care is only available to people aged 65 or over in Scotland. Uprating of personal care therefore has a direct positive impact.
X	Negative	
	Not Known	<p><u>Reduction in funding – Interim Care – negative (mitigated)</u> The withdrawal of ring-fenced interim care funding by the Scottish Government will reduce the choice of provision available for people being discharged from hospital. The majority of people being discharged from hospital who might benefit from interim care are older people (aged 65 and over). However, interim care options that were already part of the DHSCP model of service delivery will remain available. There continues to be a focus on supporting safe discharge from hospital without delay to mitigate against any impact of reductions in interim care funding. Delayed discharge performance is closely monitored at an operational level as well as being publicly reported via the Performance and Audit Committee on a 6-monthly basis.</p> <p><u>Inflationary uplift for non-staff pay element of Adult Social Care providers – positive</u> Inflationary uplifts for adult social care providers will support sustainability of third and independent sector service providers. A high proportion of people receiving services from these providers are older people (aged 65 and over), and therefore there is an indirect positive benefit to them.</p> <p><u>Reduced budget contingency -negative (mitigated)</u> Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. As older people are largest proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the</p>

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		<p>year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Reduced service budgets for Supplies and Services and Transport costs – negative (mitigated)</u> Reduced budget for transport costs includes some elements that relate to the provision of transport for users of health and social care services. As older people are largest proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population. However, reductions to service user travel have been proposed following careful analysis of actual expenditure trends since 2020. This expenditure has significantly reduced, reflecting post-covid changes in service delivery models and reduced demand for travel, as well as a move to hybrid working for many members of staff across the workforce. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services. As older people are the largest proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population.</p>
Y/N	Unskilled Workers and Unemployed	Explanation, assessment and any potential mitigations
	Positive	<u>Management of staff turnover – negative (mitigated)</u>
	No Impact	Proposals to manage staff turnover could impact on employment opportunities within the health and social care sector for unemployed people. However, proposals relate to wider challenges in recruitment and retention for the health and social care sector within the UK. The proposal reflects the cumulative value of periods for which posts are vacant because they are unable to be filled despite ongoing recruitment activity. It does not reflect any policy decision to purposefully stop recruitment to posts. The DHSCP will continue to work with NHS Tayside, Dundee City Council, Trade Unions and national bodies on a range of recruitment and retention initiatives with the aiming of improving the staff positioning across the workforce, however in the meantime it is reasonable to assume some posts will be vacant for periods of time and that the value associated with that can be utilised to contribute to a balanced budget. Potential negative impact will also be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If the recruitment and retention position significantly improves, impacting the actual value of vacancies, this
X	Negative	
	Not Known	

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		will be escalated through that report (where necessary a further impact assessment will be completed to accompany any proposals to address this issue). The Partnership's Workforce Planning Group also receives data about recruitment, retention and vacancies and will monitor the position on an ongoing basis, escalating any matters of concern to the senior leadership team.
Y/N	Serious & Enduring Mental Health	Explanation, assessment and potential mitigations
X	Positive	<u>Inflationary uplift for non-staff pay element of Adult Social Care providers – positive</u>
	No Impact	
X	Negative	Inflationary uplifts for adult social care providers will support sustainability of third and independent sector service providers. Many people receiving these services have mental health care and support needs, and therefore there is an indirect positive benefit to them.
	Not Known	<p><u>Reduced budget contingency -negative (mitigated)</u> Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. As people with a mental health care and support needs are a significant group accessing services this will impact on them more significantly than other groups within the population. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services. As people with mental health care and support needs are a significant proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population.</p>
Y/N	Homeless	Explanation, assessment and potential mitigations
X	Positive	<u>Inflationary uplift for non-staff pay element of Adult Social Care providers – positive</u>
	No Impact	
X	Negative	Inflationary uplifts for adult social care providers will support sustainability of third and independent sector service providers. People who experience homelessness are known to have higher level as of health and social care need than the general population, and therefore there is an indirect positive benefit to them.
	Not Known	<p><u>Reduction in funding – Supporting People – negative (mitigated)</u> The IJB's strategic needs assessment clearly demonstrates that health and social care needs and outcomes are very closely associated with deprivation; with people from the most deprived</p>

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		<p>areas having the highest levels of needs and poorest outcomes. People from more deprived areas are also more likely to experience homelessness. Any reduction in funding is therefore likely to impact on homeless people. However, the small reduction in supporting people funding (£82k) does not fund a specific support service and therefore will not result in a service reduction or closure. The proposal to utilise reserves to enable a balanced budget to be set also mitigates any potential negative impact.</p> <p><u>Reduced budget contingency -negative (mitigated)</u> Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. As people who are homeless are a significant group accessing services this will impact on them more significantly than other groups within the population. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services, including services and supports for homeless people.</p>
Y/N	Drug and/or Alcohol	Explanation, assessment and any potential mitigations
X	Positive	Inflationary uplift for non-staff pay element of Adult Social Care providers – positive
	No Impact	
X	Negative	Inflationary uplifts for adult social care providers will support sustainability of third and independent sector service providers. People who use drugs and alcohol are known to have higher level as of health and social care need than the general population, and therefore there is an indirect positive benefit to them.
	Not Known	<p><u>Reduction in funding – Supporting People – negative (mitigated)</u> The IJB’s strategic needs assessment clearly demonstrates that health and social care needs and outcomes are very closely associated with deprivation; with people from the most deprived areas having the highest levels of needs and poorest outcomes. People from more deprived areas are also more likely to experience drug and alcohol issues. Any reduction in funding is therefore likely to impact on people who use drugs and alcohol. However, the small reduction in supporting people funding (£82k) does not fund a specific support service and therefore will not result in a service reduction or closure. The proposal to utilise reserves to enable a balanced budget to be set also mitigates any potential negative impact.</p> <p><u>Reduced budget contingency -negative (mitigated)</u> Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget.</p>

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		<p>However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. As people who use drugs and alcohol are a significant group accessing services this will impact on them more significantly than other groups within the population. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services, including drug and alcohol services.</p>
Y/N	Offenders and Ex-Offenders	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	

PART 2- Assessment (continued)

Socio-Economic Disadvantage- consider if the following circumstances may be impacted		
Y/N	Employment Status	Explanation, assessment and any potential mitigations
X	Positive	<u>Management of staff turnover – negative (mitigated)</u>
	No Impact	<p>Proposals to manage staff turnover could impact on employment opportunities within the health and social care sector for unemployed people. However, proposals relate to wider challenges in recruitment and retention for the health and social care sector within the UK. The proposal reflects the cumulative value of periods for which posts are vacant because they are unable to be filled despite ongoing recruitment activity. It does not reflect any policy decision to purposefully stop recruitment to posts. The DHSCP will continue to work with NHS Tayside, Dundee City Council, Trade Unions and national bodies on a range of recruitment and retention initiatives with the aiming of improving the staff positioning across the workforce, however in the meantime it is reasonable to assume some posts will be vacant for periods of time and that the value associated with that can be utilised to contribute to a balanced budget. Potential negative impact will also be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If the recruitment and retention position significantly improves, impacting the actual value of vacancies, this will be escalated through that report (where necessary a further impact assessment will be completed to accompany any proposals to address this issue). The Partnership’s Workforce Planning Group also receives data about recruitment, retention and vacancies and will monitor the position on an ongoing basis, escalating any matters of concern to the senior leadership team.</p>
X	Negative	
	Not Known	
Y/N	Education & Skills	Explanation, assessment and any potential mitigations
	Positive	

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X	No Impact	
	Negative	
	Not Known	
Y/N	Income	Explanation, assessment and any potential mitigations
X	Positive	<u>Adult Social Care Pay Uplift – positive</u> Pay uplifts for adult social care providers will directly increase incomes for those people employed in the sector.
	No Impact	
X	Negative	
	Not Known	<p><u>Pay awards – Dundee City Council / NHS Tayside – positive</u> Pay awards for the workforce will directly increase incomes for those people employed in DHSCP. NHS Tayside and Dundee City Council both have a history of agreeing differentiated pay wards that see people who are lower paid receiving a higher % increase in their pay.</p> <p><u>Management of staff turnover – negative (mitigated)</u> Proposals in the budget relating to management of staff turnover reflect wider challenges in recruitment and retention for the health and social care sector within the UK. The proposal reflects the cumulative value of periods for which posts are vacant because they are unable to be filled despite ongoing recruitment activity. It does not reflect any policy decision to purposefully stop recruitment to posts which could negatively impact on income. The DHSCP will continue to work with NHS Tayside, Dundee City Council, Trade Unions and national bodies on a range of recruitment and retention initiatives with the aiming of improving the staff positioning across the workforce, however in the meantime it is reasonable to assume some posts will be vacant for periods of time and that the value associated with that can be utilised to contribute to a balanced budget. Potential negative impact will also be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If the recruitment and retention position significantly improves, impacting the actual value of vacancies, this will be escalated through that report (where necessary a further impact assessment will be completed to accompany any proposals to address this issue). The Partnership’s Workforce Planning Group also receives data about recruitment, retention and vacancies and will monitor the position on an ongoing basis, escalating any matters of concern to the senior leadership team.</p>
Y/N	Fuel Poverty	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Caring Responsibilities (including Childcare)	Explanation, assessment and any potential mitigations
X	Positive	<u>Reduction in funding – Interim Care – negative (mitigated)</u> The withdrawal of ring-fenced interim care funding by the Scottish Government will reduce the choice of provision available for people being discharged from hospital. As well as impacting the person receiving care it may also have an impact on unpaid carers. However, interim care options that were already part of the DHSCP model of service delivery will remain available. There continues to be a focus on supporting safe discharge from hospital without delay to mitigate against any impact of
	No Impact	
X	Negative	
	Not Known	

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		<p>reductions in interim care funding. This includes a continued commitment to working in partnership with unpaid carers at the point of discharge. Delayed discharge performance is closely monitored at an operational level as well as being publicly reported via the Performance and Audit Committee on a 6-monthly basis.</p> <p><u>Reduced budget contingency – negative (mitigated)</u> Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. The potential impact on protected and disadvantaged groups is outlined in other sections of the impact assessment. However, through their close connection to people within these groups unpaid carers might also be negatively impacted by this proposal. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services, including services and supports for unpaid carers. The potential impact of this proposal on protected and disadvantaged groups is outlined in other sections of the impact assessment. However, through their close connection to people within these groups unpaid carers might also be positively impacted by this proposal.</p>
Y/N	Affordability & Accessibility of Services	Explanation, assessment and any potential mitigations
X	Positive	<u>Free personal care uprating – positive</u>
	No Impact	Free personal care is only available to people aged 65 or over in Scotland. Uprating of personal care therefore has a direct impact on the affordability of services for that specific group.
X	Negative	
	Not Known	<p><u>Inflationary uplift for non-staff pay element of Adult Social Care providers – positive</u> Inflationary uplifts for adult social care providers will support sustainability of third and independent sector service providers. This therefore will have an indirect impact on the continued availability of health and social care supports and services for a range of groups including protected and disadvantaged groups with the highest levels of health and social care need.</p> <p><u>Reduction in funding – Interim Care – negative (mitigated)</u> The withdrawal of ring-fenced interim care funding by the Scottish Government will reduce the choice of provision available for people being discharged from hospital. However, interim care options that were already part of the DHSCP model of service delivery will remain available. There continues to be a focus on supporting safe discharge from hospital without delay to mitigate against any impact of reductions in interim care funding. Delayed discharge performance is closely monitored at an operational</p>

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		<p>level as well as being publicly reported via the Performance and Audit Committee on a 6-monthly basis.</p> <p><u>Reduction in funding – Supporting People – negative (mitigated)</u> The small reduction in supporting people funding (£82k) does not fund a specific support service and therefore will not result in a service reduction or closure. The proposal to utilise reserves to enable a balanced budget to be set also mitigates any potential negative impact.</p> <p><u>Reduced budget contingency -negative (mitigated)</u> Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. This could result in negative impacts on service accessibility if left unmanaged. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Reduced service budgets for Supplies and Services and Transport costs – negative (mitigated)</u> Reduced budget for transport costs includes some elements that relate to the provision of transport for users of health and social care services. However, reductions to service user travel have been proposed following careful analysis of actual expenditure trends since 2020. This expenditure has significantly reduced, reflecting post-covid changes in service delivery models and reduced demand for travel, as well as a move to hybrid working for many members of staff across the workforce. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services.</p>
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Inequalities of Outcome- <i>consider if the following may be impacted</i>		
Y/N	Connectivity / Internet Access	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Income / Benefit Advice / Income Maximisation	Explanation, assessment and any potential mitigations
X	Positive	Adult Social Care Pay Uplift – positive

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	No Impact	<p>Pay uplifts for adult social care providers will directly increase incomes for those people employed in the sector.</p> <p><u>Pay awards – Dundee City Council / NHS Tayside – positive</u> Pay awards for the workforce will directly increase incomes for those people employed in DHSCP. NHS Tayside and Dundee City Council both have a history of agreeing differentiated pay wards that see people who are lower paid receiving a higher % increase in their pay.</p> <p><u>Management of staff turnover – negative (mitigated)</u> Proposals in the budget relating to management of staff turnover reflect wider challenges in recruitment and retention for the health and social care sector within the UK. The proposal reflects the cumulative value of periods for which posts are vacant because they are unable to be filled despite ongoing recruitment activity. It does not reflect any policy decision to purposefully stop recruitment to posts which could negatively impact on income. The DHSCP will continue to work with NHS Tayside, Dundee City Council, Trade Unions and national bodies on a range of recruitment and retention initiatives with the aiming of improving the staff positioning across the workforce, however in the meantime it is reasonable to assume some posts will be vacant for periods of time and that the value associated with that can be utilised to contribute to a balanced budget. Potential negative impact will also be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If the recruitment and retention position significantly improves, impacting the actual value of vacancies, this will be escalated through that report (where necessary a further impact assessment will be completed to accompany any proposals to address this issue). The Partnership’s Workforce Planning Group also receives data about recruitment, retention and vacancies and will monitor the position on an ongoing basis, escalating any matters of concern to the senior leadership team.</p>
X	Negative	
	Not Known	
Y/N	Employment Opportunities	Explanation, assessment and any potential mitigations
	Positive	<p><u>Management of staff turnover – negative (mitigated)</u> Proposals to manage staff turnover could impact on employment opportunities within the health and social care sector for unemployed people. However, proposals relate to wider challenges in recruitment and retention for the health and social care sector within the UK. The proposal reflects the cumulative value of periods for which posts are vacant because they are unable to be filled despite ongoing recruitment activity. It does not reflect any policy decision to purposefully stop recruitment to posts. The DHSCP will continue to work with NHS Tayside, Dundee City Council, Trade Unions and national bodies on a range of recruitment and retention initiatives with the aiming of improving the staff positioning across the workforce, however in the meantime it is reasonable to assume some posts will be vacant for periods of time and that the value associated with that can be utilised to contribute to a balanced budget. Potential negative impact will also be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If the recruitment and retention position significantly improves, impacting the actual value of vacancies, this will be escalated through that report (where necessary a further impact assessment will be completed to accompany any proposals to address this issue). The Partnership’s Workforce Planning Group also receives data about recruitment, retention and vacancies and will monitor the position on an ongoing basis, escalating any matters of concern to the senior leadership team.</p>
	No Impact	
X	Negative	
	Not Known	

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Y/N	Education	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Health	Explanation, assessment and any potential mitigations
X	Positive	<u>Free personal care uprating – positive</u>
	No Impact	Free personal care makes a direct contribution to improving health outcomes for people aged 65 and over.
X	Negative	
	Not Known	<p><u>Inflationary uplift for non-staff pay element of Adult Social Care providers – positive</u> Inflationary uplifts for adult social care providers will support sustainability of third and independent sector service providers. This therefore will have an indirect impact on the continued availability of health and social care supports and services and therefore outcomes for a range of groups including protected and disadvantaged groups with the highest levels of health and social care need.</p> <p><u>Reduction in funding – Interim Care – negative (mitigated)</u> The withdrawal of ring-fenced interim care funding by the Scottish Government will reduce the choice of provision available for people being discharged from hospital and therefore could have a negative impact on health outcomes. However, interim care options that were already part of the DHSCP model of service delivery will remain available. There continues to be a focus on supporting safe discharge from hospital without delay to mitigate against any impact of reductions in interim care funding. Delayed discharge performance is closely monitored at an operational level as well as being publicly reported via the Performance and Audit Committee on a 6-monthly basis.</p> <p><u>Reduction in funding – Supporting People – negative (mitigated)</u> The small reduction in supporting people funding (£82k) does not fund a specific support service and therefore will not result in a service reduction or closure and any related impact on health and wellbeing outcomes. The proposal to utilise reserves to enable a balanced budget to be set also mitigates any potential negative impact.</p> <p><u>Reduced budget contingency -negative (mitigated)</u> Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. This could result in negative impacts on health outcomes if left unmanaged. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings</p>

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		proposals that might result in reduced availability, choice or levels of services or poorer health outcomes.
Y/N	Life Expectancy	Explanation, assessment and any potential mitigations
X	Positive	<u>Reduced budget contingency -negative (mitigated)</u>
	No Impact	Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. This could result in negative impacts on health outcomes and in the longer-term life expectancy if left unmanaged. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).
X	Negative	
	Not Known	<p><u>Utilisation of reserves - positive</u></p> <p>The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services or in the longer-term poorer life expectancy.</p>
Y/N	Mental Health	Explanation, assessment and any potential mitigations
X	Positive	<u>Inflationary uplift for non-staff pay element of Adult Social Care providers – positive</u>
	No Impact	Inflationary uplifts for adult social care providers will support sustainability of third and independent sector service providers. Many people receiving these services have mental health care and support needs, and therefore there is an indirect positive benefit to them in terms of meeting their needs and improving outcomes.
X	Negative	
	Not Known	<p><u>Reduced budget contingency -negative (mitigated)</u></p> <p>Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. As people with a mental health care and support needs are a significant group accessing services this will impact on them more significantly than other groups within the population. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Utilisation of reserves - positive</u></p> <p>The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services or poorer health and wellbeing outcomes. As people with mental health care and support needs are a significant proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population.</p>

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Y/N	Overweight / Obesity	Explanation, assessment and any potential mitigations
X	Positive	<u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services or poorer health and wellbeing outcomes. This includes maintaining services and supports that make a contribution to tackling overweight / obesity.
	No Impact	
	Negative	
	Not Known	
Y/N	Child Health	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Neighbourhood Satisfaction	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Transport	Explanation, assessment and any potential mitigations
	Positive	<u>Reduced service budgets for Supplies and Services and Transport costs – negative (mitigated)</u> Reduced budget for transport costs includes some elements that relate to the provision of transport for users of health and social care services. However, reductions to service user travel have been proposed following careful analysis of actual expenditure trends since 2020. This expenditure has significantly reduced, reflecting post-covid changes in service delivery models and reduced demand for travel, as well as a move to hybrid working for many members of staff across the workforce. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).
	No Impact	
X	Negative	
	Not Known	

PART 2- Assessment (continued)

Environment- Climate Change		
Y/N	Mitigating Greenhouse Gases	Explanation, assessment and any potential mitigations
X	Positive	<u>Reduced service budgets for Supplies and Services and Transport costs – positive</u> From an environmental perspective the reduction in budget associated with travel costs is likely to have a positive impact. The realignment of the budget to match expenditure trends since 2020 primarily relates to a move to hybrid working by the health and social care workforce with fewer journeys being made to attend meetings and offices.
	No Impact	
	Negative	
	Not Known	

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Y/N	Adapting to the Effects of Climate Change	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	

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PART 2- Assessment (continued)

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

Transport		
Y/N	Accessible Transport Provision	Explanation, assessment and any potential mitigations
	Positive	<p>Reduced service budgets for Supplies and Services and Transport costs – negative (mitigated)</p> <p>Reduced budget for transport costs includes some elements that relate to the provision of transport for users of health and social care services. However, reductions to service user travel have been proposed following careful analysis of actual expenditure trends since 2020. This expenditure has significantly reduced, reflecting post-covid changes in service delivery models and reduced demand for travel, as well as a move to hybrid working for many members of staff across the workforce. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p>
	No Impact	
X	Negative	
	Not Known	
Y/N	Sustainable Modes of Transport	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	

Natural Environment		
Y/N	Air, Land and Water Quality	Explanation, assessment and any potential mitigations
	Positive	

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X	No Impact		
	Negative		
	Not Known		
Y/N	Biodiversity	Explanation, assessment and any potential mitigations	
	Positive		
X	No Impact		
	Negative		
	Not Known		
Y/N	Open and Green Spaces		Explanation, assessment and any potential mitigations
	Positive		
X	No Impact		
	Negative		
	Not Known		

Built Environment

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

PART 2- Assessment (continued)

There is a requirement to assess plans that are likely to have significant environmental effects.

SEA provides economic, social and environmental benefits to current and future generations.

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

Strategic Environmental Assessment- SELECT One of the following statements

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

Dundee Integration Joint Board Integrated Impact Assessment

	<p>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</p>	<p><i>Insert the 'Summary of Environmental Effects' from your SEA screening report</i></p>
	<p>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>	<p><i>Environmental Implications: Describe the implications of the proposal on the characteristics identified:</i></p> <hr/> <p><i>Proposed Mitigating Actions: Describe any mitigating actions which you propose to take to overcome negative impacts or implications:</i></p>

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

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

NB Corporate Risk- is addressed in IJB reports

Administrative Use	<p><i>Provide a link to relevant IJB Agenda for IJB Report including Agenda record page numbers where report is found.</i></p>
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DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2023 TO DECEMBER 2023

<u>Organisation</u>	<u>Member</u>	<u>Meeting Dates January 2023 to December 2023</u>						
		22/02	29/03	19/4	21/6	23/8	25/10	13/12
NHS Tayside (Non Executive Member (Chair)	Pat Kilpatrick	✓						
Dundee City Council (Elected Member) (Vice Chair)	Cllr Ken Lynn	✓						
Dundee City Council (Elected Member)	Cllr Siobhan Tolland	✓						
Dundee City Council (Elected Member)	Cllr Dorothy McHugh	✓						
NHS Tayside (Non Executive Member)	Anne Buchanan	✓						
NHS Tayside (Non Executive Member)	Sam Riddell	✓						
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓						
Chief Officer	Vicky Irons	✓						
Chief Finance Officer	Dave Berry	✓						
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers)	Dr David Wilson	✓						
NHS Tayside (Registered Nurse)	Sarah Dickie	✓						
NHS Tayside (Registered Medical Practitioner (not providing primary medical services)	Dr James Cotton	✓						
Trade Union Representative	Jim McFarlane	✓						
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓						
Voluntary Sector	Christina Cooper	✓						
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	✓						
Clinical Director	Dr David Shaw	✓						

- ✓ 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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