

TO: ALL MEMBERS, ELECTED MEMBERS
AND OFFICER REPRESENTATIVES OF
THE DUNDEE CITY HEALTH AND
SOCIAL CARE INTEGRATION JOINT
BOARD
(Please see distribution list)

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

City Chambers
DUNDEE
DD1 3BY

24th October, 2019

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 Integration Joint Board to be held on Tuesday, 29th October, 2019 and now enclose the undernoted items of business which were not received at time of issue.

Yours faithfully

DAVID W LYNCH

Chief Officer

A G E N D A

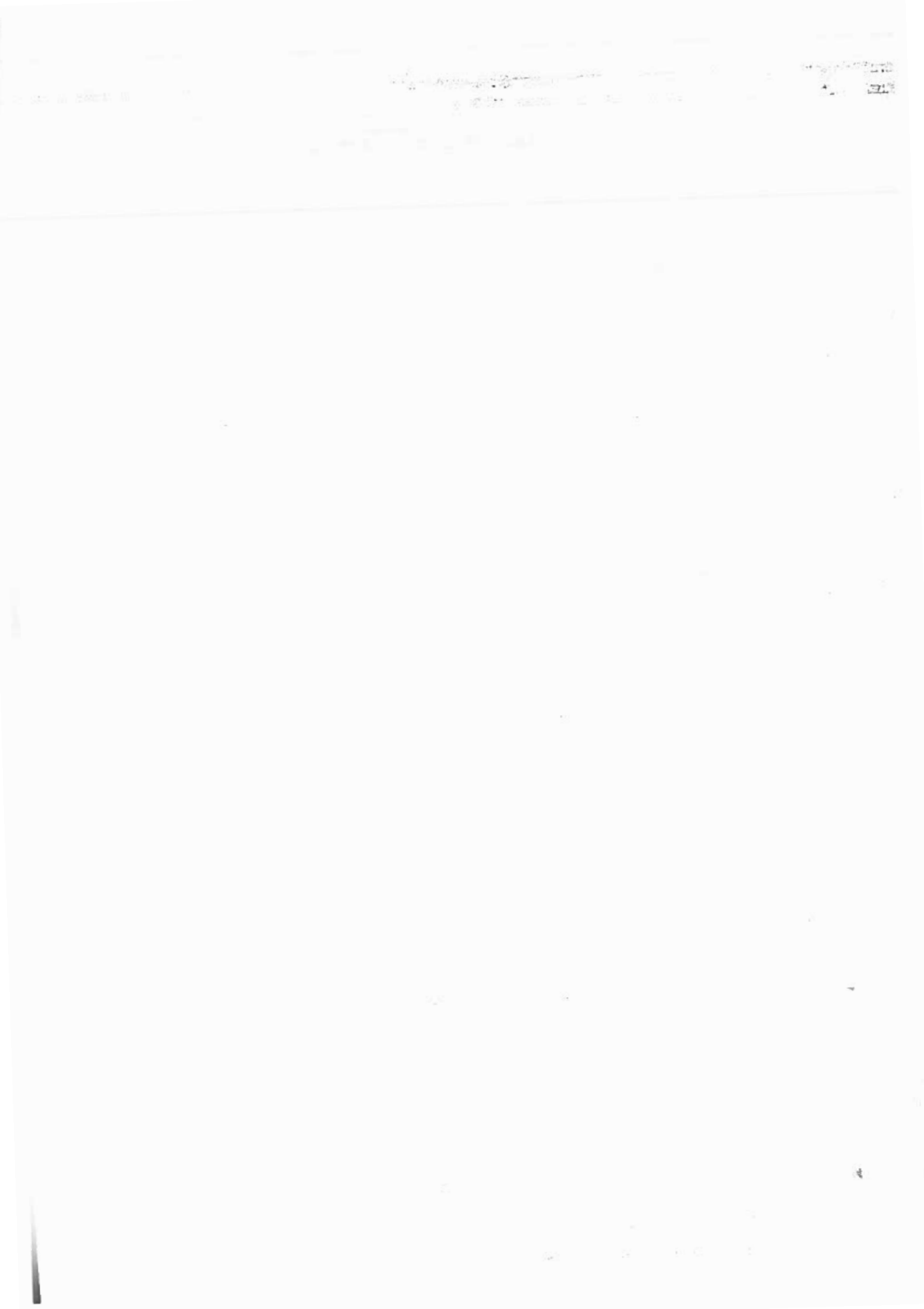
4 PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 24TH SEPTEMBER, 2019 – Page 1

(Copy attached).

(b) CHAIR'S ASSURANCE REPORT – Page 7

(Report No DIJB48-2019 by the Chairperson of the Performance and Audit Committee, copy attached).



ITEM No ...4(a).....



At a MEETING of the PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD held at Dundee on 24th September, 2019.

Present:-

<u>Members</u>	<u>Role</u>
Ken LYNN (Chairperson)	Nominated by Dundee City Council (Elected Member)
Nic BEECH	Nominated by Health Board (Non Executive Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Dave BERRY	Chief Finance Officer
Tony GASKIN	Chief Internal Auditor
Diane McCULLOCH	Chief Social Work Officer
Martyn SLOAN	Person providing unpaid care in the area of the local authority

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

Bruce CROSBIE	Audit Scotland
Ann Marie MACHAN	Audit Scotland
Kathryn SHARP	Health and Social Care Partnership
Lynsey WEBSTER	Health and Social Care Partnership

Councillor Ken LYNN, Chairperson, in the Chair (items I to V).
Bailie Helen WRIGHT, Chairperson, in the Chair (items VI to XVII).

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:

Jenny ALEXANDER, Nominated by Heath Board (Non Executive Member)
David LYNCH, Chief Officer
Raymond MARSHALL, Staff Partnership Representative

II DECLARATION OF INTEREST

No declarations of interest were made.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of the Committee held on 28th May, 2019 was submitted and approved.

IV AUDIT SCOTLAND ANNUAL REPORT AND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2018/19

There was submitted Report No PAC34-2019 by the Chief Finance Officer presenting the Integration Joint Board's Draft Audited Annual Statement of Accounts for the year to 31st March, 2019 for approval, noting the draft external auditor's report in relation to the accounts and approving the response to the report.

The Committee:-

- (i) noted the contents of the Audit Scotland cover letter that was attached as Appendix 1 and the draft external auditor's report attached as Appendix 2 including the completed action plan, and in particular that Audit Scotland had indicated they would issue an unqualified audit opinion on the Integration Joint Board's (IJB) 2018/2019 Annual Accounts;
- (ii) endorsed the report as the IJB's formal response to the external auditor's report;
- (iii) instructed the Chief Finance Officer to provide an update on progress of the action plan, noted in Appendix 1 of the external auditor's report, by January 2020;
- (iv) approved the Audited Annual Accounts attached as Appendix 2 for signature and instructed the Chief Finance Officer to return these to the external auditor;
- (v) instructed the Chief Finance Officer to arrange for the Annual Accounts to be published on the Dundee Health and Social Care Partnership website no later than 31st October, 2019;
- (vi) delegated the Chief Finance Officer to consider any post balance sheet events on the actual date of signing of the accounts; and
- (vii) delegated the Chief Finance Officer to ensure the ISA580 Letter of Representation is signed and submitted to the certifying auditor on the revised authorised for issue date.

The Committee further agreed:-

- (viii) to note that due to the unavailability of the Chief Officer to sign the accounts by the required date of 30th September, 2019, the Integration Joint Board would fail to comply with the Local Authority Accounts (Scotland) Regulations 2014;
- (ix) to note that there may be potential post balance sheet implications given the timescales between the date the Performance and Audit Committee approved the accounts for signature and the earliest date on which the accounts could be signed being 1st October, 2019;
- (x) to note that the Chief Finance Officer could not sign the balance sheet and authorise the accounts for issue until the accounts were signed by the Chief Officer and the Chair of the Integration Joint Board;
- (xi) that the Chief Finance Officer inform the voting members of the Committee of any post balance sheet events prior to formal signing and issue of the accounts;
- (xii) to note that a change in the External Auditor's Annual Audit Report would be required and that this would be brought to the next meeting of the Committee for information.

V QUARTERLY COMPLAINTS PERFORMANCE – 1ST QUARTER 2019/20

There was submitted Report No PAC39-2019 by the Chief Finance Officer summarising for Committee the complaints performance for the Health and Social Care Partnership in the first quarter of 2019/20, and to highlight the proposed changes to improve complaints reporting for the Performance and Audit Committee. The complaints included complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

The Committee:-

- (i) noted the complaints handling performance for health and social work complaints set out within the report;
- (ii) noted the work which had been undertaken to address outstanding complaints within the Health and Social Care Partnership; and
- (iii) noted the ongoing work taking place to improve complaints handling, monitoring and reporting within the Health and Social Care Partnership.

VI CARE INSPECTORATE GRADINGS – REGISTERED CARE SERVICES FOR ADULTS (EXCLUDING CARE HOMES) 2018-2019

There was submitted Report No PAC25-2019 by the Chief Finance Officer summarising for Committee the grades awarded by the Care Inspectorate to registered care services for adults (excluding care homes), these services having a contractual arrangement with Dundee Health and Social Care Partnership, for the period 1st April, 2018 to 31st March, 2019.

The Committee:-

- (i) noted the content of the report and the gradings awarded as detailed in Appendix A of the report and highlighted in section 4.2 of the report; and
- (ii) noted the range of continuous improvement activities progressed during 2018-19, as described in section 4.3 of the report.

VII CARE INSPECTORATE GRADINGS – DUNDEE REGISTERED CARE HOMES FOR ADULTS 2018-2019

There was submitted Report No PAC26-2019 by the Chief Finance Officer summarising for Committee the gradings awarded by the Care Inspectorate to Dundee registered care homes for adults in Dundee for the period 1st April, 2018 to 31st March, 2019.

The Committee:-

- (i) noted the content of the report and the gradings awarded as detailed in Appendix A of the report and highlighted in section 4.2 of the report; and
- (ii) noted the range of continuous improvement activities progressed during 2018-19 as described in section 4.3 of the report.

VIII DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2018/19 QUARTER 4

There was submitted Report No PAC30-2019 by the Chief Finance Officer updating Committee on 2018/19 Quarter 4 performance against the National Health and Wellbeing Indicators and Measuring Performance under Integration interim targets.

The Committee:-

- (i) noted the content of the report;
- (ii) noted the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) Levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 and section 6 of the report; and

- (iii) noted the Performance of Dundee Health and Social Care Partnership against the Measuring Performance Under Integration interim targets as summarised in Appendix 1 (table 2) and section 6 of the report.

IX DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP SUMMARY PERFORMANCE REPORT – 2019/20 QUARTER 1

There was submitted Report No PAC33-2019 by the Chief Finance Officer updating Committee on 2019/20 Quarter 1 performance against the National Health and Wellbeing Indicators and Measuring Performance under Integration interim targets.

The Committee:-

- (i) noted the content of the report;
- (ii) noted the performance of Dundee Health and Social Care Partnership, at both Dundee and locality levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 3 and 4) and section 6 of the report; and
- (iii) noted the performance of Dundee Health and Social Care Partnership against the Measuring Performance under Integration interim targets as summarised in Appendix 1 (table 2) of the report.

X DISCHARGE MANAGEMENT PERFORMANCE UPDATE ON COMPLEX AND STANDARD DELAYS

There was submitted Report No PAC37-2019 by the Chief Finance Officer updating Committee on Discharge Management performance in Dundee in relation to delays.

The Committee:-

- (i) noted the current position in relation to complex delays as outlined in section 5 of the report, and in relation to standard delays as outlined in section 6 of the report;
- (ii) noted the improvement actions planned to respond to areas of pressure as outlined in section 7 of the report; and
- (iii) agreed to the Audit Scotland NHS workforce planning – part 2 report being discussed at the next Performance and Audit Committee.

XI DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE

There was submitted Report No PAC27-2019 by the Chief Finance Officer updating Committee on the business of the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group.

The Committee:-

- (i) noted the exception report for the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group; and
- (ii) noted that the Dundee Health and Social Care Partnership had received a report from the Drugs Commission and would provide a comprehensive response to the recommendations at a future Performance and Audit Committee meeting.

XII DUNDEE CITIZENS SURVEY 2018 – HEALTH AND SOCIAL CARE RESULTS

There was submitted Report No PAC31-2019 by the Chief Finance Officer summarising the results on the Dundee Citizens Survey 2018 that were of relevance to the Health and Social Care Partnership strategic priorities.

The Committee:-

- (i) noted the content of the report and the result of the Citizens Survey 2018 as detailed in Appendix 1 and section 4.2 of the report; and
- (ii) noted that the Health and Social Care results had been incorporated into the Partnership's locality needs assessment profiles that would be published on the Partnership website by 30th September, 2019.

XIII GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC35-2019 by the Chief Finance Officer providing Committee with an update on the progress of the actions set out in the Governance Action Plan.

The Committee noted the progress made in relation to the actions set out in the Governance Action Plan as outlined in Appendix 1 of the report.

XIV DUNDEE INTEGRATION JOINT BOARD AUDIT PLAN 2019/20

There was submitted Report No PAC36-2019 by the Chief Finance Officer considering the proposed Dundee Integration Joint Board's 2019/20 Internal Audit Plan.

The Committee noted and approved the proposed Dundee Integration Joint Board 2019/20 Internal Audit Plan as outlined in Appendix 1 of the report.

XV DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC38-2019 by the Chief Finance Officer providing Committee with a progress update in relation to the current Internal Audit Plan.

The Committee noted the continuing delivery of the 2018/19 plan as well as commencement of work on the 2019/20 plan as outlined in the report.

XVI MEETING OF PERFORMANCE AND AUDIT COMMITTEE 2019 ATTENDANCES

There was submitted Agenda Note PAC23-2019 providing a copy of the attendance return for meetings of the Performance and Audit Committee held over 2019.

The Committee noted the position as outlined.

XVII DATE OF NEXT MEETING

The Committee noted that the next meeting of the Performance and Audit Committee would be held in Committee Room 1, 14 City Square on Tuesday, 26th November, 2019 at 2.00 pm.

Ken LYNN, Chairperson.

Helen WRIGHT, Chairperson.

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



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD -
29 OCTOBER 2019

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

REPORT BY: CHAIR, PERFORMANCE AND AUDIT COMMITTEE

REPORT NO: DIJB48-2019

This assurance report relates to the meeting of the Performance and Audit Committee of the 24th September 2019. The meeting was chaired initially by myself and I would like to thank Baillie Wright for taking over the chair on my behalf as I had to leave part of the way through the meeting.

Instructions Issued by the Committee

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

- Item IV Audit Scotland Report and Integration Joint Board Annual Accounts 2018/19 – approved the Audited Annual Accounts for signature and instructed the Chief Finance Officer to return these to the external auditor and to publish the accounts on the Health and Social Care Partnership's website. The committee also instructed the Chief Finance Officer to provide an update on progress with the action plan set out within the External Auditors report by January 2020.
- Item X Discharge Management Performance Update on Complex and Standard Delays – agreed to the Audit Scotland NHS Workforce Planning – Part 2 Report being discussed at the next Performance and Audit Committee.

Issues to highlight to the Board

- Bruce Crosbie from Audit Scotland as External Auditor took the Committee through in detail the main findings and recommendations of the annual audit report for Dundee Integration Joint Board. It was noted that due to the Chief Officer's annual leave, the audited annual accounts would not be signed by the necessary parties within the statutory timescale of the 30th September, therefore the IJB would be in breach of the legislation. An additional recommendation was made to delegate to the Chief Finance Officer to consider any post balance sheet events between the accounts being approved for issue at the committee and the date of signing of the accounts. Subsequently there were no such events to report. The accounts were acknowledged to provide a true and fair view of the financial position for the year ended 31st March 2019.
- The external auditors report highlighted some concerns around the financial viability of the IJB in the short term given the projected financial shortfall in 2019/20 and the low level of reserves.
- A number of recommendations for improvement have been made for which an action plan in response has been prepared. The Chief Finance Officer will progress these and report on progress by January 2020 to ensure these have been actioned prior to the 2019/20 annual audit review.
- The committee noted the latest quarterly complaints report which showed performance in responding to complaints received through both the council and NHS complaints system regarding services provided by Dundee Health and Social Care Partnership. It was noted that while there was steady performance in meeting target response dates there significant room for improvement and opportunities to streamline complaint handling processes.
- The committee were also presented with two separate reports summarising Care Inspectorate Gratings for registered care services for adults and Dundee registered care homes for adults for 2018/19. The committee discussed the performance of services and were assured that any

poor performing service had either seen a more recent improvement in grades, were working closely with the HSCP to improve or were no longer providing a service.

- Given the timescales associated with the publication of performance information, the committee received and discussed both the quarter 4 from 2018/19 and the quarter 1 for 2019/20 performance reports, the latter being a summary report. In relation to the quarter 1 report, it was noted that current performance for emergency admissions, emergency bed day rate for acute specialties and bed days lost to delayed discharges are not on track to meet the 2019/20 trajectories.
- Further detailed performance information was discussed in relation to a report on Discharge Management Performance Update on Complex and Standard Delays with a range of improvement actions identified to address a recent increase in the rate of standard delays.
- The committee was also provided with an exception report in relation to Dundee HSCP Clinical, Care and Professional Governance. This included acknowledgement that the Dundee Drugs Commission report had been received and a comprehensive response to the recommendations would be provided to a future meeting of the PAC.
- The Health and Social Care Results from the Dundee Citizens Survey 2018 were presented and the committee was given the assurance that the detail of these have been incorporated into the Partnership's locality needs assessment profiles to be published on the Partnership's website by 30th September 2019.
- The 2019/20 Internal Audit Plan was presented by the Chief Internal Auditor. It was acknowledged that there had been slippage in the 2018/19 plan which was being monitored through the regular progress report provided to the committee. The 2019/20 substantive audits will cover Performance Management and Adverse Events Management in addition to continued support around governance and assurance.

Councillor Ken Lynn
Chair

16th October 2019



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

(See Distribution List attached)

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

Assistant to Clerk:
Willie Waddell
Committee Services Officer
Dundee City Council

City Chambers
DUNDEE
DD1 3BY

22nd October, 2019

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I would like to invite you to attend a meeting of the above Integration Joint Board which is to be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 29th October, 2019 at 2.00 pm.

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

Yours faithfully

DAVID W LYNCH

Chief Officer

A G E N D A

1 APOLOGIES FOR ABSENCE

2 DECLARATION OF INTEREST

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

3 MINUTE OF PREVIOUS MEETING (page no. 1)

The minute of previous meeting of the Integration Joint Board held on 27th August, 2019 is attached for approval.

4 PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 24TH SEPTEMBER, 2019

(Copy to follow).

(b) CHAIR'S ASSURANCE REPORT

(Report No DIJB48-2019 by the Chairperson of the Performance and Audit Committee, copy to follow).

5 FINANCIAL MONITORING POSITION AS AT AUGUST 2019 (page no. 7)

(Report No DIJB47-2019 by the Chief Finance Officer, copy attached).

6 DELEGATED BUDGET 2020/2021 – INITIAL OUTLOOK (page no. 25)

(Report No DIJB49-2019 by the Chief Finance Officer, copy attached).

7 WINTER PLAN (2019/2020) – NHS TAYSIDE AND PARTNER ORGANISATIONS (page no. 35)

(Report No DIJB50-2019 by the Chief Officer, copy attached).

8 APPOINTMENT OF CHIEF OFFICER DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (DIJB51-2019)

Following the announcement of his retirement by the current postholder, the Integration Joint Board is asked to note that recruitment and selection processes are being undertaken to identify a successor and to agree that the voting members of the Integration Joint Board and the Chief Executives of NHS Tayside and Dundee City Council be authorised to act as an appointments committee with powers to interview candidates on a date to be confirmed and, if so minded, to make an appointment to the post.

9 PROGRAMME OF MEETINGS – DUNDEE INTEGRATION JOINT BOARD – 2020

The Integration Joint Board is asked to agree that the Programme of Meetings of the Dundee City Health and Social Care Integration Joint Board over 2020 be as follows:-

<u>Date</u>	<u>Venue</u>	<u>Time</u>
Tuesday, 25th February, 2020	Committee Room 1, 14 City Square	2.00 pm
Friday, 27th March, 2020	Committee Room 1, 14 City Square	2.00 pm (Budget Meeting)
Tuesday, 28th April, 2020	Committee Room 1, 14 City Square	2.00 pm
Tuesday, 23rd June, 2020	Committee Room 1, 14 City Square	2.00 pm
Tuesday, 25th August, 2020	Committee Room 1, 14 City Square	2.00 pm
Tuesday, 27th October, 2020	Committee Room 1, 14 City Square	2.00 pm
Tuesday, 15th December, 2020	Committee Room 1, 14 City Square	2.00 pm

10 PROGRAMME OF MEETINGS – PERFORMANCE AND AUDIT COMMITTEE – 2020

The Integration Joint Board is asked to note that the Programme of Meetings of the Performance and Audit Committee over 2020 will be recommended as follows:-

<u>Date</u>	<u>Venue</u>	<u>Time</u>
Tuesday, 11th February, 2020	Committee Room 1, 14 City Square	2.00 pm
Tuesday, 24th March, 2020	Committee Room 1, 14 City Square	2.00 pm
Tuesday, 30th June, 2020	Committee Room 2, 14 City Square	2.00 pm
Tuesday, 22nd September, 2020	Committee Room 1, 14 City Square	2.00 pm
Tuesday, 24th November, 2020	Committee Room 1, 14 City Square	2.00 pm

11 MEETINGS OF THE INTEGRATION JOINT BOARD 2019 – ATTENDANCES (DIJB51-2019) (page no 85)

(A copy of the Attendance Return for meetings of the Integration Joint Board held to date over 2019 is attached for information and record purposes).

12 DATE OF NEXT MEETING

The next meeting of the Integration Joint Board will be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 17th December, 2019 at 2.00 pm.

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

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

<u>Role</u>	<u>Recipient</u>
VOTING MEMBERS	
Non Executive Member (Chairperson)	Trudy McLeay
Elected Member (Vice Chairperson)	Councillor Ken Lynn
Elected Member	Councillor Roisin Smith
Elected Member	Bailie Helen Wright
Non Executive Member	Jenny Alexander
Non Executive Member	Professor Nic Beech
NON VOTING MEMBERS	
Chief Social Work Officer	Diane McCulloch
Chief Officer	David W Lynch
Chief Finance Officer (Proper Officer)	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr Frank Weber
Registered nurse	Kathryn Brechin
Registered medical practitioner (not providing primary medical services)	Dr James Cotton
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Erik Knox
Service User residing in the area of the local authority	Linda Gray
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Dr Drew Walker

(b) DISTRIBUTION – FOR INFORMATION ONLY

<u>Organisation</u>	<u>Recipient</u>
NHS Tayside (Chief Executive)	Chief Executive
Dundee City Council (Chief Executive)	David R Martin
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Kathleen Sharkey
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Linda Rodger
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Senior Audit Manager)	Bruce Crosbie
Dundee University (PA to Professor Nic Beech)	Lynsey Mcirvine
NHS Tayside (PA to Dr James Cotton)	Jodi Lyon



At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 27th August, 2019.

Present:-

Members

Role

Trudy McLEAY (<i>Chairperson</i>)	Nominated by Health Board (Non-Executive Member)
Ken LYNN (<i>Vice-Chairperson</i>)	Nominated by Dundee City Council (Elected Member)
Roisin SMITH	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Jenny ALEXANDER	Nominated by Health Board (Non-Executive Member)
Nic BEECH	Nominated by Health Board (Non-Executive Member)
David W LYNCH	Chief Officer
Dave BERRY	Chief Finance Officer
James COTTON	Registered Medical Practitioner (not providing primary medical services)
Kathryn BRECHIN	Registered Nurse
Diane McCULLOCH	Chief Social Work Officer
Drew WALKER	Director of Public Health
Raymond MARSHALL	Staff Partnership Representative
Jim McFARLANE	Trade Union Representative
Christine LOWDEN	Third Sector Representative
Linda GRAY	Service User Representative

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

Dr David SHAW	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership
Arlene MITCHELL	Dundee Health and Social Care Partnership
Linda GRAHAM	Dundee Health and Social Care Partnership
Ruth BROWN	Dundee Health and Social Care Partnership
Sheila ALLAN	Dundee Health and Social Care Partnership
David STRANG	The Independent Inquiry into Mental Health Services in Tayside (Independent Chair)
Denise JACKSON	The Independent Inquiry into Mental Health Services in Tayside (Secretary to the Inquiry)
Ann ERIKSEN	NHS Tayside

Trudy McLEAY, Chairperson, in the Chair.

Prior to the commencement of the business, the Chairperson advised of the forthcoming retiral of Christine Lowden and gave thanks to her for the contribution she had made over her period of membership and wished her well in her retiral. The Chairperson also took the opportunity to welcome Professor Nic Beech and Kathryn Brechin to their first meeting of the Integration Joint Board and also welcomed David Strang, Independent Chair of The Independent Inquiry into Mental Health Services in Tayside and Denise Jackson, Secretary to the Inquiry to the meeting.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

<u>Members</u>	<u>Role</u>
Frank WEBER	Registered Medical Practitioner (whose name is included in the list of primary medical performers)
Martyn SLOAN	Carer Representative

II DECLARATION OF INTEREST

No declarations of interest were made.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of the Integration Joint Board held on 25th June, 2019 was submitted and approved.

IV MEMBERSHIP OF DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – THIRD SECTOR REPRESENTATIVE

Reference was made to Article III(c) of the minute of meeting of this Integration Joint Board held on 30th October 2018, wherein it was agreed to appoint Christine Lowden to be a member of the Integration Joint Board in the capacity of Third Sector Representative.

It was reported that Christine Lowden, who was a member of the Integration Joint Board, was to retire from Dundee Voluntary Action on 1st October, 2019. The Third Sector had advised that Eric Knox had been nominated as her replacement to the position of Third Sector Representative.

The Integration Joint Board agreed to the appointment of Eric Knox to the position of Third Sector Representative on the Integration Joint Board.

V MEMBERSHIP OF DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – CHIEF SOCIAL WORK OFFICER

It was reported that following the retiral of Jane Martin from the position of Chief Social Work Officer, Diane McCulloch, Head of Health and Community Care would cover all Chief Social Work Officer functions effective from 1st August, 2019,

The Integration Joint Board agreed to note the position.

VI DUNDEE MENTAL HEALTH AND WELLBEING STRATEGIC PLAN 2019/2024

There was submitted Report No DIJB44-2019 by the Chief Officer providing a briefing on the consultation about the draft Dundee Mental Health and Wellbeing Strategic Plan and seeking approval to publish and implement the final version of the Plan which was attached to the report as an Appendix.

The Integration Joint Board agreed:-

- (i) to note the outcome of the consultation undertaken about the draft Dundee Mental Health and Wellbeing Strategic Plan (the Strategic Plan) as outlined in Sections 4.2.1-4.2.6 of the report;
- (ii) to approve the publication of the revised Strategic Plan, which was attached to the report as Appendix 1, by 1st September 2019 on the Dundee Health and Social Care Partnership website;

- (iii) to approve the financial framework embedded within the Strategic Plan as outlined at pages 11 to 13 of the Strategic Plan;
- (iv) to approve the accompanying Dundee Mental Health and Wellbeing Commissioning Framework (2019/2024) which was attached to the report as Appendix 2;
- (v) to instruct the Chief Officer to present a 6 monthly performance report to the Integrated Strategic Planning Group that incorporated all priority areas for improvement, as set by both Dundee Mental Health and Wellbeing Strategic and Commissioning Group and Tayside Mental Health Alliance; and
- (vi) that having heard Raymond Marshall, to note the content of the Statement from Trade Unions and Professional Organisations within the Area Partnership Forum as follows:-

“The Area Partnership Forum acknowledges the work so far in identifying the service needs of Dundee regarding Mental Health and Learning Disabilities as delegated under the Integration Scheme and also the engagement with User Groups.

Given the complexity and broad range of service delivered across the whole of the population of Tayside we do not feel that there is enough assurance within this report that there is a whole system approach. This would include all services in Tayside across all other Health and Social Care Partnership and Hosted In-Patient Services.

Although the document mentions the Mental Health Alliance, this is in its infancy and has only met a couple of times which again does not give the confidence needed.

In regards to the Dundee Mental Health and Wellbeing Strategic and Commissioning Group this does not meet the Staff Governance Standards in relation to inclusion of staff at all levels in decisions which affect them.

The Staffside are raising their concerns not only with yourselves but also with the Perth and Kinross Health and Social Care Partnership and also directly with Ms Jeane Freeman MSP, Cabinet Secretary for Health and Sport”;

- (vii) that the Chief Officer be remitted to invite the former Commissioners of the Dundee Fairness Commission who presented their recommendations that came out of the research into mental health at the meeting of the Integration Joint Board held on 26th June, 2019 to a meeting of this Integration Joint Board to be held in a year's time to give an update on the position in relation to their findings; and
- (viii) to note that in relation to the content of the report that reference may also be made to the Transforming Psychological Trauma publication and the annual report on the current implementation of Realistic Medicine in Scotland.

VII FINANCIAL MONITORING POSITION AS AT JUNE 2019

There was submitted Report No DIJB42-2019 by the Chief Finance Officer providing an update of the projected financial monitoring position for delegated health and social care services for 2019/2020.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the overall projected financial position for delegated services to the 2019/2020 financial year end as at 30th June, 2019 as outlined in Appendices 1, 2 and 3 of the report; and
- (ii) to note that officers within the Health and Social Care Partnership would assess a number of actions required to effect a recovery plan which would be reflected in the August financial monitoring report to be presented at the meeting of this Integration Joint Board to be held on 29th October, 2019 as outlined in section 4.7.1 of the report.

VIII THE USE OF ELIGIBILITY CRITERIA TO MAXIMISE AVAILABLE RESOURCES

There was submitted Report No DIJB45-2019 by the Chief Officer setting out the Dundee Health and Social Care Partnership Eligibility Criteria for Adult Social Care services and the financial guidelines to be used to maximise the use of resources across the partnership. The report confirmed the rationale for applying national eligibility criteria and provided information on the five categories of need that were used to prioritise the provision of service for individuals following assessment. The report also described the approach taken to maximise the use of available resources to the Partnership.

The Integration Joint Board agreed:-

- (i) to approve the adoption of the Dundee Health and Social Care Partnership eligibility criteria which was attached as Appendix 1 of the report and confirmed application of this across all Dundee Health and Social Care Partnership social care services as detailed in section 4.3 of the report;
- (ii) to note the intention to prioritise Dundee Health and Social Care Partnership resources at those presenting with Critical and Substantial need as detailed in section 4.3.6 of the report;
- (iii) to note the current arrangements for the financial assessment of social care packages and confirmed approval of the upper limit for the funding of social care services for older people living in the community as detailed in sections 4.1.5 and 4.4.1 of the report;
- (iv) to note that due to the varied levels of needs across younger adults with disabilities a review would be undertaken to ensure spend on adults under the age of 65 years reflected the best use of public resources and that there was further clarity around the allocation of funded support as detailed in section 4.4.2 of the report; and
- (v) to note the intention to review the criteria for the delivery of integrated health and social care services alongside service redesign and implementation as detailed in section 4.4.3 of the report.

IX JOINT INSPECTION (ADULTS): THE EFFECTIVENESS OF STRATEGIC PLANNING IN NORTH AYRSHIRE (MARCH 2019) – DUNDEE POSITION STATEMENT

There was submitted Report No DIJB41-2019 by the Chief Officer informing of the published inspection report of strategic planning within North Ayrshire Health and Social Care Partnership. As part of the partnership's commitment to continuous improvement the report also highlighted areas for learning for the Dundee Health and Social Care Partnership.

The Integration Joint Board agreed:-

- (i) to note the content of the report and the North Ayrshire Inspection report published by the Care Inspectorate and Healthcare Improvement Scotland which was attached to the report as Appendix 1;
- (ii) to note the Dundee position as assessed against the North Ayrshire report as outlined in section 4.2.1 and Appendix 2 of the report; and
- (iii) to instruct the Head of Service, Finance and Strategic Planning to develop an action plan to address priority areas for improvement as outlined in section 4.2.2 of the report and that this be submitted to the Performance and Audit Committee for approval no later than 26th November, 2019.

X MEMORANDUM OF UNDERSTANDING BETWEEN INTEGRATION JOINT BOARDS AND INDEPENDENT SCOTTISH HOSPICES

There was submitted Report No DIJB40-2019 by the Chief Officer on the Memorandum of Understanding between Integration Joint Boards and Independent Scottish Hospices and to confirm that as the host provider of specialist palliative care, the provision of 'hospice' services were provided within the statutory framework.

The Integration Joint Board agreed:-

- (i) to note the content of the report; and
- (ii) to note the content of the Memorandum of Understanding between Integration Joint Boards and Independent Scottish Hospices.

XI TAYSIDE SEXUAL HEALTH AND REPRODUCTIVE SERVICES UPDATE

There was submitted Report No DIJB46-2019 by the Chief Officer providing an update about the progress with the redesign of Tayside Sexual and Reproductive Health Services.

The Integration Joint Board agreed:-

- (i) to note the Tayside Sexual and Reproductive Health Services Redesign progress described at section 4 of the report; and
- (ii) to approve the proposed partnership arrangement between NHS Tayside Elective Medicine and Dundee Integration Joint Board Tayside Sexual and Reproductive Health Services regarding the delivery of services for people living with HIV as reflected in Section 4.5 of the report.

XII PUBLICATION OF ANNUAL PERFORMANCE INFORMATION – ANNUAL PERFORMANCE REPORT AND DRAFT ANNUAL ACCOUNTS - DIJB43-2019

Reference was made to Articles VIII and XI of the minute of meeting of this Integration Joint Board of 25th June, 2019 wherein the Partnership's Annual Performance Report and Draft Annual Accounts 2018/19 were approved for publication.

There was submitted Agenda Note DIJB43-2019 reporting that, following publication, statistical advice was issued by National Services Scotland, Information Services Division (NSS, ISD) to all Integration Joint Boards in respect of the quality of data submissions from NHS Boards for the period January to March 2019 in terms of data completeness. NSS, ISD advised Integration Joint Boards that in relation to inclusion of Scotland level figures and benchmarking information for National Health and Wellbeing Indicators 12 (emergency admissions), 13 (emergency bed days), 14 (readmissions), 16 (falls) and 20 (% of resources spent on hospital stays resulting from emergency admissions) in Annual Performance Reports figures should be presented up to 31st December, 2018 (end of Quarter 3). Furthermore NSS, ISD advised that benchmarking figures for these indicators as at 31st March, 2019 (end of Quarter 4) would give an impression of benchmarked performance that was not reliable and that headline Scotland level figures should not be published if NSS, ISD has not already published equivalent national statistics (in compliance with the UK Code of Practice for Statistics). Consequently the Partnership's annual performance report was amended prior to publication in relation to indicators 12, 13, 14, 16 and 20 to include:-

- Dundee level data to 31st March, 2019 (end of Quarter 4); and
- Benchmarking data that provided a comparison with performance at Scotland level and other Partnerships as at 31st December, 2018 (end of Quarter 3) (with the exception of indicator 20 where benchmarking data was not available and therefore had not been included).

The Integration Joint Board agreed:-

- (i) to note that the change in information published did not materially impact on the performance review of the Integration Joint Board and that the revised version could be accessed through the partnership website;
- (ii) to note that at the point at which NSS, ISD published end of year data for these indicators the Annual Performance Report would be amended and a replacement version uploaded to the Partnership website; and
- (iii) to note that In addition, the Draft Annual Accounts included an extract of performance information as set out in the Annual Performance Report and that this document had also now been updated accordingly and could be accessed through the partnership website.

XIII MEETINGS OF THE INTEGRATION JOINT BOARD 2019 – ATTENDANCES

There was submitted Agenda Note DIJB21-2019 providing a copy of the attendance return for meetings of the Integration Joint Board held to date over 2019.

The Integration Joint Board agreed to note the content.

XIV DATE OF NEXT MEETING

The Integration Joint Board noted that the next meeting of the Integration Joint Board would be held in Committee Room 1, 14 City Square, Dundee on 27th August, 2019 at 2.00pm.

Trudy McLEAY, Chairperson.



REPORT TO: DUNDEE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
21 OCTOBER 2019

REPORT ON: FINANCIAL MONITORING POSITION AS AT AUGUST 2019

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB47-2019

1.0 PURPOSE OF REPORT

The purpose of this report is to provide the Integration Joint Board with an update of the projected financial monitoring position for delegated health and social care services for 2019/20.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report including the overall projected financial position for delegated services to the 2019/20 financial year end as at 31 August 2019 as outlined in Appendices 1, 2 and 3 of this report.
- 2.2 Notes the progress with implementation of savings initiatives as outlined in Appendix 4.
- 2.3 Notes that officers within the Health and Social Care Partnership are progressing with a number of actions required to effect a recovery plan as outlined in section 4.7.1 of this report.
- 2.4 Instructs the Chief Finance Officer to formally write to the Chief Finance Officer of Perth & Kinross IJB to request an update on progress of the Transformation of In-Patient Mental Health Services as outlined in paragraph 4.3.6.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The financial monitoring position for Dundee Health and Social Care Partnership based on expenditure to 31 August 2019 shows a net projected overspend position at the year-end of £2,123k. Officers within the Health and Social Care Partnership continue to assess a number of actions required to effect a recovery plan.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 As part of the IJB's financial governance arrangements, the Integration Scheme outlines that "The Chief Finance Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances."
- 4.1.2 The IJB set out its final budget for delegated services at its meeting of the 25 June 2019 following receipt of confirmation of NHS Tayside's budget (DIJB31-2019). Within this report, the risks around the prescribing budget were reiterated after being formally noted in the budget report presented to a meeting of the IJB held on 29 March 2019 (Article VI of the minute refers).
- 4.1.3 The financial information presented has been provided by the finance functions of NHS Tayside and Dundee City Council as set out within the Integration Scheme.

- 4.1.4 Under the terms of the Integration Scheme, the risk sharing arrangements in relation to any residual overspends incurred by the end of the financial year will be met proportionately by the Council and NHS Tayside. Discussions will be ongoing throughout the financial year with both parties to consider the implications of this should an overspend arise. Officers within the partnership will however continue to explore areas to control expenditure and achieve the savings targets identified.

4.2 Projected Outturn Position – Key Areas

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

4.3 Services Delegated from NHS Tayside

- 4.3.1 The financial projection for services delegated from NHS Tayside to the IJB indicates a projected overspend of around £266k by the end of the financial year. Community based health services managed directly by Dundee Health and Social Care Partnership are projected to be underspent by approximately (£401k) and prescribing is projected to be underspend by (£319k). An overspend of £226k is projected in the General Medical /Family Health services and an overspend of £760k as a result of the net effect of hosted services risk sharing.
- 4.3.2 Service underspends are reported within Allied Health Professionals (£265k), Keep Well (£180k), hosted services such as Psychology (£600k) and Tayside Dietetics and Sexual Health (£350k) mainly as a result of staff vacancies.
- 4.3.3 Service overspends are anticipated in Enhanced Community Support £575k, Intermediate Care £105k and Medicine for the Elderly £465k. These are associated with the Delayed Discharge issues highlighted at section 4.4.2 below. Community Mental Health services are also anticipated to be overspent by £300k. Additional staffing pressures have contributed to the adverse position within these services through ensuring safe staffing levels in accordance with the National Nursing and Midwifery workload tools requirements.
- 4.3.4 The Family Health Services prescribing budget currently projects an underspend of (£319k) based on the expenditure trends to date. General Medical Services forecast an overspend of £226k.
- 4.3.5 Members of the IJB will also be aware that Angus and Perth and Kinross IJBs host delegated services on behalf of Dundee IJB and a number of services are hosted by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth and Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows net overspends to the value of £762k being recharged with the net impact of hosted services to Dundee being an overspend of £760k.
- 4.3.6 As with 2018/19, the financial position of Dundee City IJB continues to be impacted upon by the significant overspend in the Mental Health Inpatient service which is hosted by Perth & Kinross IJB. Perth & Kinross IJB in collaboration with NHS Tayside and the Scottish Government have invested in project management capacity to seek to address these issues and to support the transformation of In-Patient Mental Health Services. However, the latest projection from Perth and Kinross shows Dundee's share of this overspend increased from the £473k previously reported to £588k. It is recommended that the Chief Finance Officer formally writes to the Chief Finance Officer of Perth & Kinross IJB to request an update on progress with implementation of the transformation programme and likely impact on the financial position for 2019/20 and beyond.

4.4 Services Delegated from Dundee City Council

- 4.4.1 The financial projection for services delegated from Dundee City Council to the IJB shows an anticipated overspend of £1,857k based on the expenditure position to date.
- 4.4.2 A significant financial challenge facing the IJB's delegated budget continues to be the provision of home and community based social care at a sufficient level to meet increasing demographic demand and reduce delayed discharges in hospital while balancing financial resources. At this stage of the financial year, the activity in this area is at such a level that a significant overspend is projected across a range of services. An overspend of approximately £773k is anticipated within externally purchased care at home services while expenditure on private and voluntary sector care homes is significantly higher than projected with an increased number of placements compared to the previous years position and anticipated trajectory resulting in a further overspend of around £570k. In addition, expenditure on respite care is higher than budget by around £155k again mainly due to high levels of demand. Furthermore, expenditure on the Assessment at Home Service, an essential part of the multi-disciplinary Enhanced Community Support Service was originally planned to be funded through reserves as part of transitional arrangements leading to a further overspend of £824k, however current reserve balances set aside for this purpose are no longer sufficient to support this level of spend.
- 4.4.3 A range of underspends within Learning Disabilities, Substance Misuse and Mental Health functions mainly arising from staff turnover as well as slippage in the development of new services are currently projected to partly offset these budget pressure areas.

4.5 Reserves Position

- 4.5.1 The IJB's reserves position was adversely affected at the year ended 31st March 2019 as a result of a greater than anticipated overspend incurred during last financial year. The reserves position is noted below and is subject to the audit of the 2018/19 annual accounts.

	Opening Balance £000	Anticipated Commitments	Projected Net Position at Year end
Non-Earmarked Reserves	561	-	561
Earmarked Reserves – Transformation	400	(300)	100
Earmarked Reserves – Specific*	1,805	(1,805)	-
Total	2,766	(2,105)	661

*These balances mainly consist of Primary Care, Alcohol and Drug Partnership and Mental Health Action 15 Scottish Government Funds which must be spent on the purposes for which they were provided for. In addition, a balance of funding of around £300k is to be used to support the assessment at home service.

4.6 Savings and Transformation Plan

- 4.6.1 The IJB agreed a savings and transformation programme at its meeting of 29th March 2019 to the value of approximately £5,400k which was around £500k short of the required target to fully balance the budget. This shortfall is included within the projections contained within this report.
- 4.6.2 A review of progress in relation to these reviews has been made and is set out in Appendix 4 to this report. This notes that £2,808k of these agreed savings have been or are on track to be achieved with a further £2,582k regarded as either unlikely to be achieved or high risk of not being delivered. Officers from the Health and Social Care Partnership will continue to progress the outstanding savings proposals where possible to reduce the risk of non-delivery of savings. The impact of these risks are considered as part of the financial monitoring projections set out in this report.

4.7 Recovery Action

- 4.7.1 Given the level of overspend projected and continued increasing demand for services officers from the Health and Social Care Partnership are progressing a number of actions to restrict future spend and recover the overspend incurred to date. These actions are as follows:

Action:

- *Review of health and care pathways to reduce hospital stays including delayed discharge to ensure any system blockages are cleared and systems and processes are working at their optimum level.*

An action plan has been developed and is in the process of being implemented by operational services to ensure component parts of pathways can work effectively

- *Continuous scrutiny of staff vacancies and managing these effectively where safe to do so.*

All requests for approval to recruit signed off by Head of Health and Community Care Services and Chief Finance Officer with requirement to demonstrate all other alternative approaches have been explored. Patient and service user safety remains the priority.

- *Continuous review of discretionary spend across all service areas.*

Budget holders to ensure expenditure is only incurred when absolutely necessary.

- *Review of specific expenditure areas such as Learning Disability Services.*

Benchmarking exercise to be undertaken to compare cost base with other systems across other authorities in Scotland

- *Work with partners to ensure resources are maximised across the whole system supporting health and social care.*

Continued dialogue with partner agencies to ensure relevant services continue to prioritise complementary services which support the health and wellbeing of the local population. Explore joint areas of investment, for example through the agreement of the Winter Plan with NHS Tayside and the other Tayside IJBs

- *Review of progress of previously agreed savings proposals.*

As noted in Section 4.6 above and Appendix 4

- *Options around use of remaining reserves.*

The reserves position is noted at Section 4.5 above. In relation to the overspend, £300k has already been identified to support the Assessment at Home team. The balance of uncommitted reserves of £561k will need to be applied to the IJB's final outturn position at the year end should the overspend remain at its current level.

- *Restatement of eligibility criteria for access to services to critical and substantial*

As agreed at the August 2019 IJB meeting (Article xx refers)

- *Review of additional support in care packages*

Ensure any support arrangements above standard levels (eg 1:1 support in care homes) remain appropriate to meet the needs of service users

- *Review of Intermediate Care Provision*

Ensure maximum value is achieved through current contractual arrangement

4.8 Budget Variation

- 4.8.1 Throughout the financial year, adjustments are made to the original approved budget as a result of additional funding and service transformation. Changes to the delegated budget are provided below:

	Dundee City Council £000k	NHS Tayside £000k	Total £000k
Approved budget	77,047	158,879	235,926
Adjustments	82 Women's Aid 140 Apprenticeship Levy Budget	496 Superannuation Adjustments / Action 15 Mental Health	718
Adjusted Budget	77,269	159,375	236,644

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 4th October 2019

DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2019/20

Aug-19

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000
Older Peoples Services	40,047	2,335	15,777	1,100	55,824	3,435
Mental Health	4,307	(55)	3,559	230	7,866	175
Learning Disability	24,452	-976	1,409	70	25,861	(906)
Physical Disabilities	6,043	-74	0	0	6,043	(74)
Substance Misuse	1,977	(199)	2,824	0	4,802	(199)
Community Nurse Services/AHP/Other Adult	773	-321	12,449	(380)	13,222	(701)
Hosted Services	0	0	20,018	(586)	20,018	(586)
Other Dundee Services / Support / Mgmt	-330	1,148	26,206	(330)	25,876	818
Centrally Managed Budgets	0		866	(505)	866	(505)
Total Health and Community Care Services	77,269	1,857	83,109	(401)	160,378	1,456
Prescribing (FHS)	0	0	32,233	(73)	32,233	(73)
Other FHS Prescribing	0	0	821	(246)	821	(246)
General Medical Services	0	0	25,051	231	25,051	231
FHS - Cash Limited & Non Cash Limited	0	0	18,161	(5)	18,161	(5)
Grand Total	77,269	1,857	159,375	(494)	236,644	1,363
Less: Planned Draw Down From Reserve Balances						
Net Effect of Hosted Services*			6,113	760	6,113	760
Grant Total	77,269	1,857	165,487	266	242,756	2,123

*Hosted Services - Net Impact of Risk Sharing Adjustment

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

Dundee City Integration Joint Board – Health and Social Care Partnership – Finance Report August 2019

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Psychiatry Of Old Age (POA) (In Patient)			4,863	75	4,863	75
Older People Serv. – Ecs			1,062	575	1,062	575
Older Peoples Services -Community			511	5	511	5
Medicine for the Elderly			5,274	465	5,274	465
Medical (POA)			668	0	668	0
Psychiatry Of Old Age (POA) - Community			1,972	(200)	1,972	(200)
Intermediate Care			(44)	104	(44)	105
Dundee- Supp People At Home			0	0	0	0
Medical (MFE)			1,472	75	1,472	75
Older People Services	40,047	2,335			40,047	2,335
Older Peoples Services	40,047	2,335	15,777	1,100	55,824	3,435
General Adult Psychiatry			3,559	220	3,559	230
Mental Health Services	4,307	(55)			4,307	(55)
Mental Health	4,307	(55)	3,559	230	7,866	175
Learning Disability (Dundee)	24,452	(976)	1,409	70	25,861	(906)
Learning Disability	24,452	(976)	1,409	70	25,861	(906)

		Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
		Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
		£,000	£,000	£,000	£,000	£,000	£,000
Physical Disabilities		6,043	(74)			6,043	(74)
	Physical Disabilities	6,043	(74)	0	0	6,043	(74)
Substance Misuse		1,977	(199)	2,824	0	4,802	(199)
	Substance Misuse	1,977	(199)	2,824	0	4,802	(199)
A.H.P. Admin				406	(50)	406	(50)
Physiotherapy				3,777	(160)	3,777	(160)
Occupational Therapy				1,454	(55)	1,454	(55)
Nursing Services (Adult)				6,262	0	6,262	0
Community Supplies - Adult				155	(25)	155	(25)
Anticoagulation				394	(90)	394	(90)
Joint Community Loan Store				0	0	0	0
Intake/Other Adult Services		773	(321)			773	(321)
Community Nurse Services / AHP / Intake / Other Adult Services		773	(321)	12,449	(380)	13,222	(701)

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Palliative Care – Dundee			2,774	0	2,774	0
Palliative Care – Medical			1,152	0	1,152	0
Palliative Care – Angus			348	10	348	10
Palliative Care – Perth			1,730	160	1,730	160
Brain Injury			1,710	200	1,710	200
Dietetics (Tayside)			3,001	(180)	3,001	(180)
Sexual and Reproductive Health			2,175	(170)	2,175	(170)
Medical Advisory Service			160	(60)	160	(60)
Homeopathy			28	4	28	4
Tayside Health Arts Trust			62	0	62	0
Psychology			5,190	(600)	5,190	(600)
Psychotherapy (Tayside)			863	50	863	50
Learning Disability (Tayside AHP)			825	0	825	0
Hosted Services	0	0	20,018	(568)	20,018	(586)
Working Health Services			0	30	0	30
The Corner			416	(20)	416	(20)
Grants Voluntary Bodies Dundee			84	0	84	0
IJB Management			807	(100)	807	(100)
Partnership Funding			23,271	0	23,271	0
Urgent Care			0	0	0	0
Public Health			469	0	469	0
Keep Well			630	(180)	630	(180)
Primary Care			529	(60)	529	(60)
Support Services/Management Costs	(330)	1,148			(330)	1,148
Other Dundee Services / Support / Mgmt	(330)	1,148	26,206	(330)	25,876	818

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Centrally Managed Budgets			866	(505)	866	(505)
Total Health and Community Care Services	77,269	1,857	83,109	(401)	160,378	1,456
Other Contractors						
Prescribing (FHS)			32,233	(73)	32,233	(73)
Other FHS Prescribing			821	(246)	821	(246)
General Medical Services			25,051	231	25,051	231
FHS - Cash Limited and Non Cash Limited			18,161	(5)	18,161	(5)
Grand Total HSCP	77,269	1,857	159,375	(494)	236,644	1,363
Hosted Recharges Out			(11,851)	29	(11,851)	29
Hosted Recharges In			17,963	732	17,963	732
Hosted Services - Net Impact of Risk Sharing Adjustment			6,113	760	6,113	760
Less: Planned Draw Down from Reserves						
Total	77,269	1,857	165,487	266	242,756	2,123

NHS Tayside - Services Hosted by Integrated Joint Boards - Charge to Dundee IJB
Risk Sharing Agreement - August 2019

Appendix 3

Services Hosted in Angus	Annual Budget	Forecast Over (Underspend)	Dundee Allocation
Forensic Service	991,113	(73,000)	(28,762)
Out of Hours	7,839,323	(40,000)	(15,760)
Tayside Continence Service	1,440,352	(9,000)	(3,546)
Ang-loc Pharmacy	1,850,651	0	0
Speech Therapy (Tayside)	1,128,661	(48,000)	(18,912)
Hosted Services	13,250,100	(170,000)	(66,980)
Apprenticeship Levy	41,188	1,405	554
Superannuation Cost Pressure	-73,793	73,793	29,074
Balance of Savings Target	-109,308	109,308	43,067
Grand Total Hosted Services	13,108,187	14,506	5,715
Services Hosted in Perth			
Angus Gap Inpatients	1,379,437	(20,000)	(7,880)
Dundee Gap Inpatients	6,110,515	332,500	131,005
Dundee Gap Snr Medical	3,561,738	1,700,000	669,800
P+K Gap Inpatients	4,927,925	(560,000)	(220,640)
Learning Disability (Tayside)	6,419,964	40,000	15,760
T.A.P.S.	704,799	0	0
Tayside Drug Problem Services	830,784	(50,000)	(19,700)
Prison Health Services	3,813,640	67,000	26,398
Public Dental Service	2,114,039	(6,500)	(2,561)
Podiatry (Tayside)	3,035,794	(192,500)	(75,845)
Hosted Services	32,898,635	1,310,500	516,337
Apprenticeship Levy - Others	41,700	(1,303)	(513)
Apprenticeship Levy - IPMH	76,600	241	95
Superannuation Cost Pressure - Others	-112,711	112,711	44,408
Superannuation Cost Pressure - IMPH	-211,047	211,047	83,153
Balance of Savings Target	82,718	291,765	114,955
Balance of Savings Target - IPMH	(291,765)	-82,718	(32,591)
Grand Total Hosted Services	32,484,130	1,842,243	725,844
Total Hosted Services	45,592,317	1,856,749	731,559

DUNDEE INTEGRATION JOINT BOARD					
2019/20 BUDGET - BUDGET SAVINGS LIST – UPDATE OCTOBER 2019	2019/20 Original Savings Proposal	Projected Savings Delivered 2019/20	Projected Savings Undelivered 2019/20		
	£000	£000	£000	Nature of Saving	Reason for Projected Delay in Savings Delivery / Revised timescales
Base Budget Adjustments:					
<i>These are operational budget savings to reflect decisions already made by the IJB or through changes in service to reflect demand levels or operational requirements</i>					
Housing Support Service Changes - Resource Release	125	125	0	Resources released through change in model of provision of housing support through sheltered and very sheltered housing	n/a
General increase in income through increasing existing charges	54	54	0	Already set out within the Council's Review of Charges Exercise through the annual uprating of charges to service users	n/a
Realignment of Practical Support & Meals Service Staffing Levels to reflect reduced service demand	517	517	0	Demand for practical support and meals services continue to decrease with alternatives available from external care providers. Staff numbers in post have reduced accordingly but budget has not reduced accordingly.	n/a

Review use of voids in accommodation with support for people with a learning disability	100	0	100	Reconfigure in-house accommodation with support to ensure void levels are reduced and capacity is maximised	Delays due to legal process in transferring tenancies to other units. Some level of savings may be achieved during the latter part of 2019/20. Full saving to be achieved from April 2020
Review of transport services for day care services	50	0	50	Review of transport arrangements for service users who access building based services	Review not commenced at this stage. Reflection that this needs to be wider review of supports and should not be looked at in isolation.
Income generation for White Top Centre through offering services to neighbouring authorities	77	0	77	Maximise capacity of Whitetop Respite service through offering spare capacity to neighbouring authority areas	No current spare capacity within the service to offer to other areas due to current staffing levels impacted by recruitment difficulties
Review external provision of day care	40	17	23	Demand for traditional day services for people with a disability has reduced significantly over recent years due to an increase in the range of alternative supports available. Resources will be reviewed to ensure they are more appropriately aligned with demand levels.	Negotiation with care provider taken longer than anticipated. Full year saving to be achieved in 2020/21
Test of Change - Move from sleepovers to overnight responder services within Mental Health and Learning Disability Services (external care providers)	75	25	50	Test of change to complement existing waking night workers and replace some sleepover services where safe to do so. Working in partnership with external care providers	Care provider commissioned to implement test of change has had difficulty in recruiting. Anticipated start date now January 2020

Realign level of domestic service required for housing support / care at home services for people with a learning disability	32	32	0	An internal review of domestic services has been undertaken which assessed current levels of provision against need, including the need to encourage service user independence. This has resulted in a net reduction in the number of hours of domestic support required	n/a
Reduce External Care Home Budget	500	0	500	Due to transformational change around the way in which community based health and social care is provided locally, demand for care home placements has reduced and the budget required should reduce accordingly	Despite a trend over recent years in line with national and local policy to reduce care home placements, pressures around delayed discharge and a reduction in the number of self funded residents from January 2019 onwards has increased expenditure levels back to previous budgeted levels
Community Equipment Store Initiatives (eg new procurement arrangements)	40	40	0	Procurement arrangements already agreed by IJB in December 2018 (Report DIJB68/2018)	n/a
Implement Substance Misuse Service Investment Plan	40	0	40	The Substance Misuse Service Investment Plan was considered and approved by the IJB at its meeting of the 18th December 2018	Progress of redesign stopped pending response to Drugs Commission findings
Review of Operational Budgets	100	100	0	Reduce discretionary expenditure budgets and ensure all operational budgets are subject to tight control	n/a
Realign Meals Service contract to reflect lower levels of demand	100	73	27	Renegotiate contract with Tayside Contracts to reflect a reduced number of meals provided per year. This would be an interim arrangement prior to benefit realisation from the new Tayside Contracts Central Processing Unit to be developed by August 2020	Reduction in meals numbers purchased less than anticipated
Total Base Budget Adjustments	1,850	983	867		

Transformation Programme Financial Savings					
Review of Community Based Health and Social Care Services	1,400	300	1,100	Progress a whole system move to more locality working with integrated teams and co-located service provision. Expected to deliver reduction in duplication and increase efficiencies, reduction in demand for community services through early intervention, prevention, self directed support, technology enabled care and eligibility criteria. Changes anticipated to continue to reduce unscheduled care and delayed discharge leading to positive impact on the value of the large hospital set aside.	Redesign of Kingway Care centre beds base underway as agreed by IJB. Re-statement of eligibility criteria agreed at August IJB meeting. Progress with other programmes behind schedule.
Redesign of Homeless Services	150	0	150	Joint approach with DCC Neighbourhood Services Department to develop a Homelessness Investment plan to include investment and disinvestment of resources to build capacity, focus on early intervention and prevention of homelessness in line with the Homelessness Strategic Plan, Rapid Rehousing Plan and DHSCP Strategic & Commissioning Plan.	Progression of local homelessness strategy commissioning arrangements through partnership with DCC Neighbourhood services department and partner third sector agencies slower than anticipated
Integrated Admin Review	100	25	75	Explore opportunities arising as more systems and process are integrated with resultant reduction in duplication.	Limited opportunities in 2019/20 – pending review of community based health and social care services
Mobile Working / IT systems review	100	0	100	Explore ways of supporting a more mobile workforce through the use of technology and ensure MOSAIC client recording system working effectively.	Pilot project underway within OT services but unlikely to now deliver savings in 2019/20. Progress being made in reviewing processes within MOSAIC system however no cost efficiencies identified as yet.

Review Charging Policies to ensure equity across client groups as part of move to "Contributions Policy"	140	0	140	Development of a charging policy which ensures equity in charging, is compatible with Self Directed Support legislation and considers the impact of free personal care for under 65s and the waiving of charges for carers.	Review underway however now unlikely to deliver changes during 2019/20.
Total Transformation Programme Savings	1,890	325	1,565		
Corporate Savings					
Reduction in Funding Available to Support Change Projects	850	850	0	Former Integrated Care Fund and Delayed Discharge Fund now incorporated into mainstream budgets with successful change projects now funded	n/a
Assessment of impact of demand for new legislation (Free Personal Care for Under 65s, Carers Act demand)	800	800	0	Total additional funding for new legislation of approximately £1.2m includes elements to support projected increases in demand for services. It is anticipated that much of this demand will not materialise within the first full year therefore a non-recurring saving is anticipated, reducing year on year.	n/a
Total Corporate Savings	1,650	1,650	0		
Total Savings Proposals	5,390	2,958	2,432		



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
29th OCTOBER 2019

REPORT ON: DELEGATED BUDGET 2020/21 – INITIAL OUTLOOK

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB49-2019

1.0 PURPOSE OF REPORT

The purpose of this paper is to provide the Integration Joint Board (IJB) with an initial forecast of the cost pressures anticipated within the delegated budget 2020/21. This paper forms phase one of a series of budget development reports to be presented to each IJB meeting leading up to the IJB meeting in March 2020 when the delegated budget will be laid before the IJB for approval.

2.0 RECOMMENDATIONS

It is recommended that the IJB:

- 2.1 Notes the content of this report including the potential implications to the delegated budget of the impact of the Scottish Government's Budget on Dundee City Council and NHS Tayside's financial settlements as set out in sections 4.2 and 4.3 of this report;
- 2.2 Notes the potential implications of these and the range of increased costs and cost pressures to Dundee Integration Joint Board's delegated budget and subsequent indicative level of budget requisition to Dundee City Council and NHS Tayside as set out in section 4.4 and Appendix 1 of this report to enable the IJB to deliver the priorities as set out within its Strategic and Commissioning Plan;
- 2.3 Remits to the Chief Finance Officer to bring updated reports to each of the remaining IJB meetings to the end of this financial year culminating in the presentation of a proposed budget for 2020/21 for consideration by the IJB at its meeting in March 2020.

3.0 FINANCIAL IMPLICATIONS

The financial planning projections highlighted in Appendix 1 are provisional at this stage of the budget process and will continue to be refined following subsequent negotiations with Dundee City Council and NHS Tayside. An updated position will be presented to each IJB meeting until the end of this financial year as further clarity is available in relation to the various factors impacting on the budget with the final budget proposal to be considered by the IJB at its' meeting in March 2020.

The potential cost pressures within the delegated budget for 2020/21 could be around £8.3m prior to the outcome of the Scottish Government's Budget Settlement and subsequent impact on local authorities, NHS Boards and Integration Authorities. Therefore this is not the projected shortfall in resources as it is anticipated that funding provision will be made to support inflationary pressures and the cost of implementing national policies.

4.0 MAIN TEXT

4.1 Discussions are underway between officers of the Health and Social Care Partnership and Dundee City Council in relation to the shape of the delegated budget for 2020/21 with early dialogue with NHS Tayside around the likely financial framework within which the NHS Tayside financial proposition will be based. Dundee City Council recently approved its Long Term Financial Strategy 2020-2030 for the council which set out the potential impact of a range of macro-economic factors (eg inflation, interest rates, UK and Scotland GDP growth etc), local demographic projections and local expenditure projections (eg pay awards, price inflation) on the council's budget and expenditure profile and potential savings requirements. The council also reiterated the terms of its Medium Term Financial Strategy which includes the statement that services will be expected to accommodate recurring cost pressures within their overall annual budget allocations. This includes cost pressures arising from demographic growth. The latter is of particular significance to the IJB where increasing demographic pressures continue to be a major factor in increased costs in providing health and social care services. These financial frameworks however remain provisional until the detail of the Scottish Government's proposed Budget for 2020/21 is made clear by mid to late December 2019. This report, as an initial financial outlook is one of a set of papers to be laid before the IJB over the coming months, with future papers focussing on the funding associated with the level of delegated budget available, including additional funding for inflationary uplifts and national policies, with any efficiency and transformation savings which may be required.

4.2 Dundee City Council Long Term Financial Outlook & Financial Strategy 2020-2030

4.2.1 Dundee City Council Policy and Resources Committee noted the detail of the above report (Report Number 274-2019) and approved the Long Term Financial Strategy for the Council at a meeting of the Policy and Resources Committee of the 19th August 2019.

4.2.2 After applying a range of macro-economic, demographic and local expenditure factors, the report set out a projected council budget expenditure requirement against anticipated levels of Scottish Government and Council Tax Funding and resultant anticipated funding gap for the years 2020/21 to 2029/30. An excerpt of this information from years 1-3 is set out for the IJB's information in the table below.

	Net Revenue Budget Requirement	Anticipated Scottish Government Grant & Council Income Tax	Savings Required for the financial year	Cumulative Savings Required
	£000	£000	£000	£000
2019/20 (Current Year)	353,705	(353,705)	-	-
2020/21	363,922	(346,612)	17,310	17,310
2021/22	371,359	(346,612)	7,437	24,747
2022/23	378,815	(347,274)	6,795	31,541

Given the reliance on Scottish Government grant funding (81% in 2019/20), the Council's financial outlook is largely linked to the longer term prospects for the Scottish Government Budget and the priorities reflected within that budget. The above projections represent a considerable challenge to the council given the scale of savings required to be delivered in previous years. IJB members will note the considerable decrease in anticipated funding from 2020/21. This represents an assumed reduction in support for loan charges to reflect the pattern of repayment of the Council debt (reduction of £4.8m) and removal of grant to support teachers additional pension contributions (£2.3m per annum). The underlying assumption made by the Council is that with the exception of these two amounts, funding will be at a flat cash level for

the next two financial years. These are important to consider in relation to the IJB's anticipated budget settlement from the council over these years.

4.2.3 The key aspects of the Council's Medium Term Financial Strategy have now been formally adopted as the Council's Long-Term Financial Strategy, a number of which have a direct relevance to the IJB's delegated budget. These relevant aspects are noted below with the implications of these set out in section 4.4.

- services will be expected to operate within the limits of their overall revenue budget allocation. Cost pressures which emerge in-year should, where possible, be accommodated within the relevant service revenue budgets. The General Contingency should normally be used to fund items of a non-recurring or emergency nature. Expenditure of a recurring nature should normally be funded from within service revenue budgets.
- budget provision will be made for estimated pay awards and, in limited circumstances, for areas of specific price inflation. The costs of incremental progression for staff will be funded from service revenue budgets.
- demographic growth will not be funded given the scale of the financial challenge. All services are expected to redesign services and work in partnership with other bodies to meet the cost of additional pressures.
- the reduction of grant that the Council receives after providing for new responsibilities will be shared by all directly provided and commissioned services, including Health and Social Care, Leisure & Culture Dundee and the Third Sector.
- the Organisational Change Fund, together with any capital receipts set aside to fund costs associated with future transformation projects, will help support and resource, on a spend-to-save basis, the organisational transformation that will be needed to deliver the required savings and efficiencies. This may include costs associated with Voluntary Early Retirements (VERs) / Voluntary Redundancies (VRs) however if no balances are available then the initial costs associated with VERs / VRs will normally be met from service revenue budgets. On-going staff costs savings from VERs / VRs will be reflected in service revenue budgets.
- a review of resources within the Council will be undertaken to look at ways to deliver services more efficiently and effectively. Given employee costs currently account for around 65% of the net revenue budget, there is likely to be a significant reduction in the workforce of the Council.

4.3 Scottish Government Medium Term Health and Social Care Financial Framework

4.3.1 An overview of this document, published in October 2018 (<https://www.gov.scot/publications/scottish-government-medium-term-health-social-care-financial-framework/>) was previously set out to the IJB at its meeting of 18 December 2018 (Report DIJB72-2018) as part of a similar paper to this setting out the potential impact of overall resources on the delegated budget. The framework sets out the potential scale of the challenges facing the health and social care system within a financial planning context and at the same time looks at the Scottish Government's approach to addressing these pressures through a combination of investment and reform. The report sets out an estimate of the future resource requirements across health and social care in line with the Health and Social Care Delivery Plan and the anticipated demographic and other pressures which will shape these requirements and set within a context of funding growth for health and social care services, including the consequential of the Barnett formula as a result of increased investment by the UK Government in health services. This framework remains relevant to the financial planning assumptions of the IJB and the main issues are reflected below again for background information.

4.3.2 The assumptions within the framework for growth and reform are as follows:

- Price effects will move in line with UK Government GDP deflator projections and will reflect the impact of the NHS pay deal (combined impact of 2.2-2.4% each year over the next five years);
- Demographic factors will on average increase the demand for healthcare by 1% year on year;
- Non-Demographic growth will contribute 2-2.5% growth year on year within the healthcare sector;
- Benefits realised from savings and reform will amount to 1.3% each year and will be retained locally.

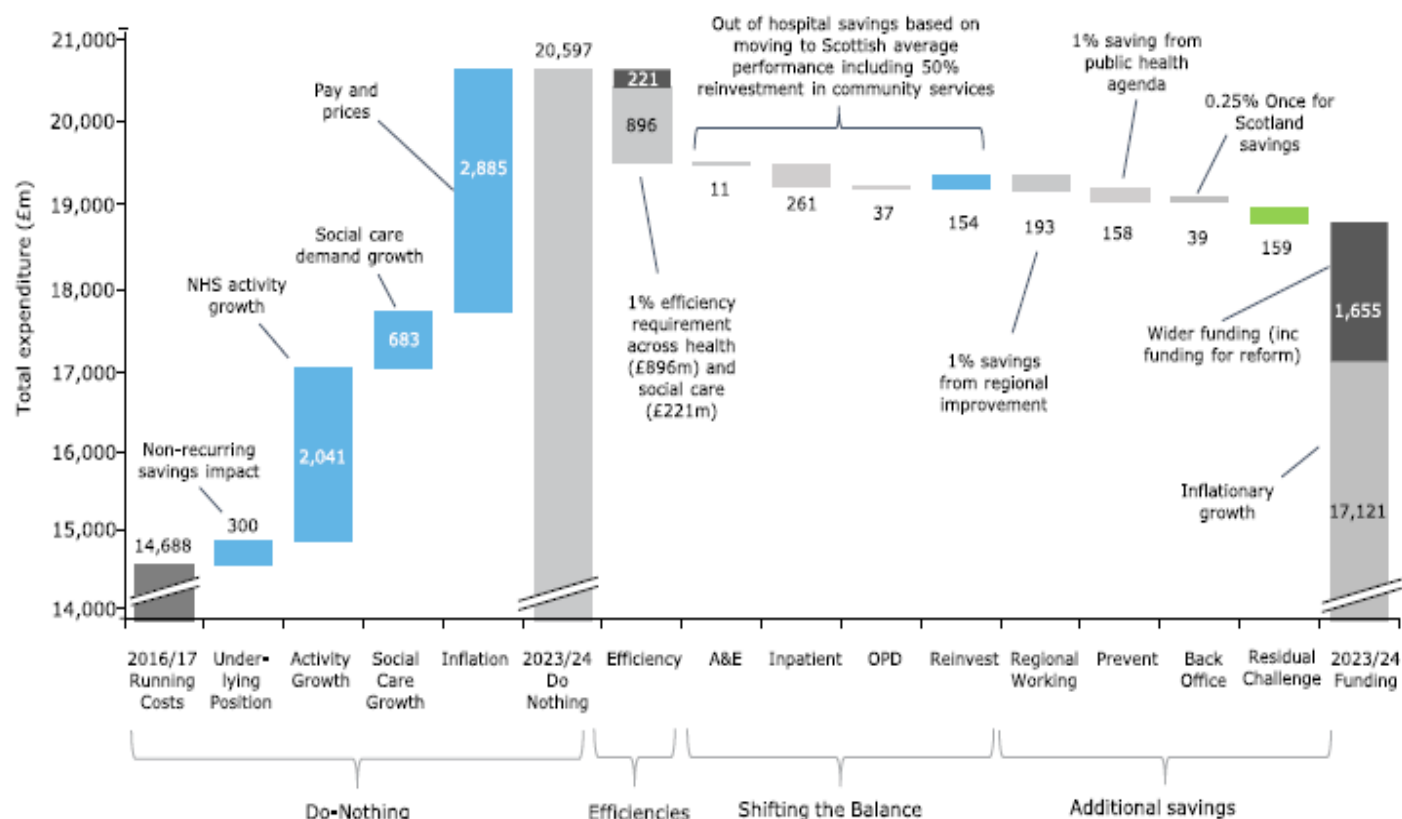
The net impact of the above with the variable and fixed costs within the overall health system results in an anticipated annual growth rate of 3.5%. Taking into consideration the various estimates of social care growth, pressures on the social care sector are likely to be slightly higher than in healthcare, with demographic pressures around the frail elderly in particular, an annual growth rate of 4% has been applied to the framework.

4.3.3 The actions required to address these challenges are set out in the Health and Social Care Delivery Plan and are described as five distinct areas:

- Shifting the balance of care – from hospital based to community based care;
- Regional working – better collaboration and regional approaches to the planning and delivery of services (assumption of 1% saving);
- Public Health and Prevention – through tackling a range of lifestyle behaviours (assumption of 1% reduction in demand);
- Once for Scotland – to improve, integrate and coordinate the way services are delivered (assumption of 0.25% reduction in cost of services);
- Annual Savings Plans – through the delivery of productivity and efficiency savings (assumption of 1% savings).

- 4.3.4 The financial framework pulls all of the above together and estimates that by 2023/24, a residual shortfall between available resources and the cost of providing health and social care services nationally of £159m will require to be found. This is illustrated below:

Bridging the Gap Analysis (£m)



While these assumptions are at a national level, it is reasonable to assume a similar impact for services locally.

4.4 Dundee IJB Financial Planning Assumptions 2020/21

- 4.4.1 The estimated financial impact of the range of factors likely to affect the level of delegated budget, including current year's pressures and moving from non-recurring savings for 2019/20 to recurring savings is set out in Appendix 1.

These figures are provisional and will continue to evolve over the budget process however this sets out for the IJB the potential cost pressures which will require to be funded through a combination of the levels of funding received by Dundee City Council, NHS Tayside and the Scottish Government, efficiency savings and significant service redesign. In addition, as noted in the Scottish Government's Medium Term Health and Social Care Financial Framework as set out in Section 4.3 of this report, planning for further shifts of the balance of care from hospital settings to community based care will be required, including making progress with a commissioning and financial framework around the Large Hospital Set Aside in conjunction with NHS Tayside and Angus and Perth and Kinross IJB's.

- 4.4.2 Before considering the impact of growth and new pressures impacting on the delegated budget for 2020/21, there are a number of current financial pressures which will need to be addressed within the budget process. The IJB agreed to balance the 2019/20 budget at its meeting of the 29th March 2019 (DIJB14-2019) by applying some ambitious savings proposals and some non-recurring savings. In addition, risks were highlighted around the delivery of a balanced budget in relation to hosted services recharges, particularly around In Patient Mental Health Services. The 2019/20 financial monitoring position highlights these risks as being partly realised with a further range of actions being explored to reduce or balance the scale of the overspend in 2019/20.
- 4.4.3 New cost pressures driven by inflation (pay awards, purchased services cost increases etc) will also have a significant impact on the delegated budget. The impact of pay awards are estimated to be around £3m. Other inflationary issues include the impact on the cost of externally purchased care services such as the National Care Home Contract and supporting care providers with similar inflation based cost increases in their cost base. The cost of prescribing is also likely to be subject to price increases and demand growth. The Council has reflected pay inflationary uplifts and third party inflation for the Health and Social Care Partnership as part of its additional budget pressures provision however the outcome of whether funding for this will be forthcoming won't be confirmed until the Council agrees its budget in February 2020. Planning assumptions from NHS Tayside assume the level of uplift provided in relation to Scottish Government funding will be passed on to the IJBs. Inflationary pressures are anticipated to result in additional cost pressures of around £5m.
- 4.4.4 The impact of national policies will also result in a further increase in the cost of delegated services. 2020/21 marks the third year since the implementation of the Carers Act which is anticipated to result in further increased demand for services. In addition, with a further increase in the living wage anticipated, sustaining the Scottish Government's commitment to ensure all adult social care workers receive at least this level of remuneration will further increase the cost base. Further cost pressures associated with Primary Care Improvement Plans and Action 15 of the Mental Health will be funded from additional Scottish Government funding. The cost of national policy implementation could potentially be around £2.7m in 2020/21.
- 4.4.5 Increases in demand for services as a result of an increasingly frail elderly population and high prevalence rates of disabilities, mental health and substance misuse problems within Dundee are predicted to continue to present funding challenges for the foreseeable future. This includes ensuring sufficient community based supports are available to service users and patients to reduce the number of people admitted to hospital settings on an unplanned basis and reducing delayed discharges for those who are ready to be discharged from hospital, including those with complex care needs. The IJB invested an additional £1.1m in social care provision in 2017/18 to meet additional demand with a further £500k estimated to be required in 2020/21. A further £750k is anticipated to be required in 2019/20 for people with complex care needs, many of whom are delayed in hospital.
- 4.4.6 This report sets out the potential scale of the financial pressures which may impact on the delegated budget for 2020/21. Given the detail of the Scottish Government's proposed budget will not be known until December 2019, including what it means in relation to both the Local Authority Finance Settlement and NHS Budget and the scale and route of funding for new legislation and national policy initiatives, the level of funding to be provided to meet these pressures is as yet unknown. However, as reflected in Dundee City Council's long term financial strategy, demographic growth or service pressures will not be funded and reductions in grant the council receives will be shared by all directly provided and commissioned services (including the Health and Social Care Partnership). Therefore there is a high risk of unfunded budget pressures reflected in the delegated budget from the council. It can also be assumed that given the financial challenges facing NHS Tayside that while inflationary funding uplifts are likely to be provided for, budget pressures may not.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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 4 x Impact 4 = 16 (Extreme)
Mitigating Actions (including timescales and resources)	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.
Residual Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Planned Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Approval recommendation	Despite the high level of risk, it is recommended that this should be accepted at this stage of the budget process with a reviewed position set out as the proposed budget is set out to the IJB in March 2020.

7.0 CONSULTATION

The Chief Officer and the Clerk have been consulted on the content of this paper.

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 14 October 2019

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP					Appendix 1
REVENUE BUDGET 2020/21					
Anticipated Cost Pressures:		2020/21 Total Delegated Budget Cost Pressures			
		£000			
Non-Recurring Savings 2019/20		200			
Current Year Budget Pressures		1,000			
Total Current Years Funding Requirements		1,200			
New Pressures 2020/21 - Inflationary Pressures					
Staff Pay Increases		2,974			
Increased Costs of Externally Provided Services		1,147			
Other Inflation		216			
Prescribing		686			
Total Inflationary Pressures		5,024			
National Policy Costs					
Carers Act Implementation - Year 3		348			
Living Wage Increases		420			
Free Personal & Nursing Care Rate Increases		66			
Primary Care Improvement Funding		1,629			
Action 15 Mental Health Funding		207			
Total National Policy Costs		2,671			
Demographic Pressures		1,250			
Total Anticipated Cost Pressures 2020/21		10,144			
Less: Known Scottish Government Funding Uplifts (Primary Care Improvement / Action 15 Mental Health Funding)		-1,836			
Net Anticipated Cost Pressures 2020/21		8,308			



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
29 OCTOBER 2019

REPORT ON: WINTER PLAN (2019/20) – NHS TAYSIDE AND PARTNER
ORGANISATIONS

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB50 - 2019

1.0 PURPOSE OF REPORT

To inform the Dundee Integration Joint Board of the Winter Plan (2019/20) – NHS Tayside and Partner Organisations (the Winter Plan) to be submitted on behalf of NHS Tayside and its partner organisations to the Scottish Government. The Winter Plan sets out the arrangements across Tayside to support seasonal variations across health and social care services and describes the level of preparedness. A copy of the Winter Plan is attached at Appendix 1.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of the report and the associated Winter Plan attached at Appendix 1.
- 2.2 Approve the Winter Plan as presented at Appendix 1 and the submission of the Winter Plan to Scottish Government.
- 2.3 Notes the detailed actions for the Dundee Health and Social Care Partnership as detailed in Section 4.6 of this report and Section 4.4 of the Winter Plan.

3.0 FINANCIAL IMPLICATIONS

Additional resources are provided through NHS Boards in support of Preparing for Winter 2019/20. NHS Tayside's share of the resource is £368,938. This additional resources is managed through the Unscheduled Care Programme Board who have allocated the resources to support service initiatives.

4.0 MAIN TEXT

- 4.1 Each year NHS Boards and IJB's are asked by the Scottish Government to prepare a Winter Plan which ensures that plans and systems are in place to support early intervention and action at points of pressure and to minimise the potential disruption to services, people who use services and their carers during the winter period. The development of the Winter Plan takes into account the Scottish Government's winter planning correspondence Preparing for Winter (2019/20) and Supplementary Checklist of Winter Preparedness. It was collaboratively developed across all key partners and stakeholders within Tayside. The plan will apply from December 2019 until March 2020.

4.2 The Scottish Government's Preparing for Winter (2019/20) correspondence, defines the priorities and use of allocated resources as follows:

- Reducing Attendances
- Managing/Avoiding Admissions wherever possible
- Reducing Length of Stay
- Focus on Flow through Acute Care
- Workforce – appropriate levels of staffing are in place across the whole system to facilitate efficient and effective patient care, to ensure consistent discharge during weekends and holiday periods. Adequate festive staffing cover across acute, primary and social care settings

4.3 The Winter Plan within Tayside is a whole system health and care response to ensure the needs of the population are met over the winter period through resilience and effective planning. It aims to provide safe and effective care for people using services by ensuring appropriate levels of capacity and staffing are in place to meet unexpected activity levels in communities and across the acute sector.

4.4 The Winter Plan has a specific focus on maintaining 'business as usual' through periods where services may be reduced, such as public holidays, and to prepare for and respond to increased demand arising from seasonal flu and adverse weather through good use of data forecasting and effective communication. The Winter Plan will address the following key areas:

- Resilience;
- Unscheduled/Elective Care;
- Out of Hours Services;
- Integrated approaches by key partners and services
- Community Services resilience;
- Seasonal Influenza/Influenza-like Illnesses/Norovirus;
- Respiratory Pathway; and
- Mental Health.

4.5 A Winter Planning Sub Group was established to consider learning from the winter of 2019/20 and to proactively plan for initiatives which will maintain key services over public holidays and periods of increased illness. In line with the aims of the Unscheduled Care Programme Board, the plans place an emphasis on the prevention of illness through self-care and the maintenance of people out-with hospital settings through appropriate triage and support. The proposed initiatives within the plan support an approach of prevent, inform, respond and communicate and which proactively conveys the aim to maintain service delivery. The following sets out the approach and actions.

Prevent - Illness and Admissions within our population and staff:

- Infection Prevention and Control - prevent illness in the first place
- Flu Campaign, Respiratory Pathway
- Community Based Care : Enhanced Care Support (ECS)
- Rehabilitation at home or community rather than hospital
- Shared decision making: Professional to Professional advice
- Assess to Admit - Ninewells and Perth Royal Infirmary, >65% discharge rate

Inform: Whole System Escalation Framework:

- System Pressures, Triggers & Escalation
- Safety and Flow Huddles
- Data Intelligence - using and applying information and intelligence to planning
- Use of common themes in all learning
- Predictive Data
- Out-of-Hours, NHS 24, General Practice
- 'System watch' all can access

- Health Protection Scotland (HPS)

**Respond: Whole System Escalation Framework & Business Continuity Planning:
(Health Social Care & Partner Organisations)**

- Action and respond to local triggers
- Departmental/sector winter action cards
- Pressure period hospital site huddle framework
- Communication plan – local knowledge & use of escalation & response processes
- Winter Plan two weekly planning meetings become operationally focussed from October

Business as Usual is the primary aim:

Strategies include:

- Increased capacity over and post public holiday
- Use data intelligence of pressures (Orthopaedics & Medicine for the Elderly)
- Whole system communication: optimise huddles and responses
- Urgent and planned care - Festive planning
- Respiratory Pathway – acute and community
- GP/Primary Care Services/Out-of-Hours capacity planning
- Health & Social Care Capacity
- Scottish Ambulance Service additional vehicle capacity
- Learning from Local Review of Winter

Plan for more Business as Usual Capacity

Unscheduled Care Board/Winter funding to prevent admission/ promote flow:

- Increase AMU capacity: >65% discharges
- More beds within footprint for medicine: two sites
- Increase Respiratory Unit capacity in Ninewells
- Increase business as usual to seven days/ longer days
- Ambulatory seven days
- More senior decision makers over public holidays/Festive Holidays
- Adequate Festive Staffing cover across acute, primary and social care setting including: Pharmacists, AHPs, Social Care Staff, Porters

Communicate: to ensure full understanding of approach

- Communicate Identified pressures and the action needed to maintain Business as Usual
- Communicate Whole System Approach
- Final Winter Plan submission to Scottish Government by 31 October 2019
- Tayside wide Winter Communication Campaign (internal/external)
- Festive 'Ready Reckoner' including all key services and contacts communicated across Health Social Care & Partner Organisations

4.6 Key areas highlighted as part of the system wide winter planning in the Dundee Health and Social Care Partnership are detailed in section 4.4 of the Winter Plan and include:

- Further development and embedding of the Dundee Enhanced Community Support (DECSA) service including the acute element of the model
- Further development of the Acute Frailty model with enhanced support from Integrated Discharge Hub and strengthen links with ECS/DECSA
- Additional AHP and Discharge Coordinator resource funded through Unscheduled Care Board to extend the Acute Frailty model to Emergency Department and Acute Surgical Receiving Unit
- Continue to develop seven day discharge service across the whole system
- Expansion of Home First model over the winter period to ensure timely discharge
- Linking of Integrated Discharge Hub safety huddle to the wider cross site huddles to enhance whole system communication and escalation
- Expansion of 'Step Down Housing' model to incorporate substance misuse/homelessness pathway
- Further development of intermediate care model to enable completion of assessment in a more homely environment with provision of rehabilitation

- Provision of step down beds for younger adults to complete assessment in a community setting following brain injury rehabilitation
- Remodeling and realignment of resource allocation processes to enable Integrated Discharge Hub to ensure focus remains on patient flow
- Continued investment in Resource Matching Unit to ensure efficient allocation of social care resource
- Additional Mental Health Officer located in Integrated Discharge Hub which has reduced guardianship delays
- Continued promotion of Power of Attorney campaign to reduce number of guardianship requests made
- Ongoing development of Anticipatory Care Planning
- Ongoing development of a range of specialist accommodation with support through the strategic commissioning process to support adults with mental health problems and learning disabilities to leave hospital when they are ready
- Extension of COPD Team to improve support to people following discharge
- Development and expansion of the care home team
- Planned End of Life Care (PEOLC) improvement work in care homes
- Development of a Rehab Pathway which focuses the provision of social care more closely on rehabilitation
- Focus on the development of an ANP workforce which will enhance the community model
- All health and social care partnership staff will be encouraged to accept the flu vaccination

4.7 The Scottish Government allocates additional funding to NHS Boards to support the implementation of the local Winter Plans. For the Tayside Board area the allocation for 2019/20 was £368,938 a reduction from the funding of £737,000 in 2019/20. To ensure we address the anticipated challenges, NHS Tayside has made available additional financial resources to support the actions recommended to implement the Winter Plan. This resource is allocated through the Unscheduled Care Programme Board. To support the delivery of social care provision within Dundee, financial resources were provided to Dundee IJB from the Winter Planning Funding and the Unscheduled Care Funding to deliver the following projects:

- The development of generic support workers to provide a rehabilitation based model of daily care within inpatient wards
- Additional resources for social care services to support winter pressures across social care
- Additional Discharge Co-ordinator and Allied Health Professions (inpatient services) to support the development of a discharge pathway across surgical services
- Additional Allied Health Professionals to support the community rehabilitation pathway.

4.8 Current Dundee Position

Dundee, like many areas of Scotland is currently experiencing an increase in the use of both inpatient and community services. As a result the Dundee Health and Social Care Partnership is drawing on the widest range of discharge supports available to ensure that the best patient flow to and from hospital is maintained. Despite this, demand for social care services continues to exceed capacity and we are experiencing an increase in people being delayed in hospital while awaiting social care services. The Dundee Health and Social Care Partnership continues to support the development of discharge pathways and the implementation of efficient, tested models of assessment and care. In addition, the principles and actions detailed within the Winter Plan are currently being actioned. During the next two months, and in tandem with the implementation of the revised eligibility criteria, we will test an enhanced model of rehabilitation/enablement in the community to support individuals to maintain and/or optimise a higher level of independence. This will form part of a rehabilitation pathway and will ensure appropriate levels of support and care are provided.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	While every effort has been made to anticipate the potential implications of the winter period, should there be unprecedented exceptional circumstances, the Winter Plan may be insufficient to manage the increased demand for services and any implications for staffing, capacity or service delivery. In these circumstances there would be a negative impact on: Inpatient capacity and flow; Discharge of patients from hospital; Ability to deliver community services; A&E attendance
Risk Category	Service Delivery, Health and Wellbeing, Financial
Inherent Risk Level	Likelihood 2 x Impact 5 = 10
Mitigating Actions (including timescales and resources)	Winter Plan is robust and agreed across partners. Regular communication with escalation procedures agreed. Resources allocated to support initiatives.
Residual Risk Level	Likelihood 2 x Impact 2 = 4
Planned Risk Level	Likelihood 2 x Impact 2 = 2
Approval recommendation	Agree to implement Winter planning arrangement as described within the Winter Plan.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

There are no directions required through this report.

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

	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None.

David Lynch
Chief Officer

DATE: 09/10/19

Diane McCulloch
Head of Health and Community Care



Winter Plan

NHS Tayside and Partner Organisations

NHS Tayside Unscheduled Care Board

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Executive Leads for Winter

Lorna Wiggan, Director of Acute Services, NHS Tayside

Vicky Irons, Chief Officer, Angus, Health & Social Care Partnership

David Lynch, Chief Officer, Dundee, Health & Social Care Partnership

Gordon Paterson, Chief Officer, Perth & Kinross, Health & Social Care Partnership

Executive Summary

NHS Tayside, the Health and Social Care Partnerships of Angus, Dundee and Perth & Kinross, Scottish Ambulance Service and other key stakeholders have taken a collaborative approach towards preparedness and planning for winter 2019/20 through the Tayside Unscheduled Care Board.

The NHS Tayside Unscheduled Care Programme Board formed in 2016 has responsibility for supporting and facilitating the implementation of the National Unscheduled Care – Six Essential Actions Improvement Programme across NHS Tayside and the three Health and Social Care Partnerships, with the aim to improve patient safety, flow and sustainable performance in unscheduled care.

All three Health and Social Care Partnership plans sit within the overarching Tayside and Partners Winter Plan demonstrating the increased level of partnership thinking and integrated working. It is underpinned by the Unscheduled Care Six Essential Actions taking full account of the Scottish Government's winter planning correspondence, 'Preparing for Winter' 2019/20 and Supplementary Checklist of Winter Preparedness.

This year collaborative working has continued for winter preparedness with learning from previous winter challenges. Investments in initiatives have been aligned to maintain key services over public holidays and periods of increased illness as well as to try and prevent illness and admissions. NHS Tayside continues to undergo transformation and much of this work is integrated into our winter plan.

The winter plan has been developed based upon the key areas highlighted in the 'Preparing for Winter' Guidance (2019/20) to ensure early prevention and response to minimise potential disruption to services and ensure that we continue to provide safe and effective care of our population and timely access to services. In particular, continuous improvement work with our Partner organisations to reduce attendances, managing and avoiding admissions, with Emergency Departments and acute service areas to focus on the flow through acute care, cancer, mental health and outpatient services, to deliver against national standards and maintain progress over this winter. Our plan is strengthened by resilience planning and business continuity arrangements to provide to NHS Tayside Board, Scottish Government and our population for winter period December 2019 – March 2020.

In response to the needs of our frail, elderly population and patients with chronic conditions affected by winter, a whole system Health and Social Care approach to develop an integrated plan was essential. The Tayside and Fife Health and Social Care Partnerships, the Scottish Ambulance Service (SAS) as well as staff side/partnership representation have been involved in the development of the plan to ensure timely access to the right care in the right setting. Third sector involvement is through the Health and Social Care Partnerships.

The focus on improved resilience over the festive period taking account of learning from previous winters and actions from the Local Review of Winter 2018/19 Scottish Government's Report (May, 2019), will ensure arrangements are in place to mitigate disruption to critical services. The plan will be underpinned by full business as usual continuity arrangements and daily management of safety, capacity and flow through the NHS Tayside Safety and Flow Triggers and Escalation Framework with senior clinical and management leadership and multiprofessional input to the safety and flow huddle infrastructure seven days per week.

This Winter Plan will be supported by a suite of measures across the system. This will include the use of the 'SafeCare' System which provides information in relation to staffing capacity within each ward as well as System Watch providing predictive data to inform

decision support for the Safety and Flow Triggers and Escalation Framework. This will be further supported by weekly look back to encourage system learning and continuous improvement.

The NHS Tayside Medical Model is embedded, with the “Assess to Admit” model, at its core the principal tenet of realistic medicine that patients wish to be cared for in their own homes. Several strands across the whole Health and Social Care community mean that enhanced social care, community nurses, therapists and doctors see that hospital admission is not inevitable.

Professional to other professional communication can share decision making and discharge home from an assessment area to complete investigation and treatment continues as the norm. This has helped to maintain our discharge rate from Acute Medicine Unit (AMU) and Acute Medicine for the Elderly (AME) at >65%.

1. Introduction

1.1 Aim

The Winter Plan aim is to demonstrate clear engagement and alignment between Health and Social Care Partnerships for winter planning across Tayside. Setting key Partnership actions and planning processes to effectively manage the potential challenges associated with the winter period for 2019/20 and delivering against the national and local targets and standards for Health and Social Care.

This is to ensure that Tayside is prepared as far as possible for the coming winter period in order to minimise any potential disruption to services or diminished experience for patients and carers.

1.2 Rationale and Planning Assumptions

This Winter Plan has been informed by external and internal sources, involving planning, discussions and feedback, learning from previous experience, assessing winter risk and agreeing shared approaches going forward for winter 2019/20. These sources include;

- Six Essential Actions, Unscheduled Care Programme
- Tayside Winter Planning Group
- NHS Tayside local Review of Winter 2019/20 Workshop (March 2019)
- Scottish Government Health & Social Care: Local Review of Winter 2018/19 Report (May 2019)
- Scottish Government Preparing for Winter correspondence & Winter Preparedness: Self Assessment Guidance 2019/20
- Partners', sectors' and services' winter plans and surge plans

Review and local feedback has informed that the winter period December to March creates a number of challenges for all partners delivering health and social care services. The main challenges are reflected by the key headings of the 'Supplementary Checklist of Winter Preparedness' (2019/20) detailed below in the approach taken to deliver the winter plan aims:

1.3 Approach

The scope of the plan is whole system with a focus on the following key areas in line with the Scottish Government 'Preparing for Winter', (2019/20) guidance:

- Resilience
- Unscheduled/ Elective care
- Out-of-Hours
- Norovirus
- Seasonal Influenza/ Influenza like illness
- Respiratory Pathway
- Integration of Key partners/ Services
- Mental Health. This has been added as a priority by our board.

The plan will be delivered, with each of the key areas underpinned by the following approach of prevent, inform, respond and communicate with corresponding key actions as follows:

Prevent:**Illness and Admissions within our population and staff:**

- Infection Prevention and Control - Prevent illness in the first place
 - Flu Campaign, Respiratory Pathway
- Community based care : Enhanced Care Support (ECS)
- Rehabilitation at home or community rather than hospital
- Shared decision making: Professional to Professional advice
- Assess to Admit - Ninewells and Perth Royal Infirmary, >65% discharge rate

Inform:**Whole System Escalation Framework:**

- System Pressures, Triggers & Escalation
- Safety and Flow Huddles
- Data Intelligence - using and applying information and intelligence to planning
 - Use of common themes in all learning
 - Predictive Data:
 - Out-of-Hours, NHS 24, General Practice
 - 'System watch" all can access
 - Health Protection Scotland (HPS)

Respond:**Whole System Escalation Framework & Business Continuity Planning (Health Social Care & Partner Organisations)**

- Actions/Response to local triggers
- Departmental/sector winter action cards
- Pressure period hospital site huddle framework
- Communication plan – local knowledge & use of escalation & response processes
- Winter Plan two weekly planning meetings become operationally focussed from October

Business as Usual is the primary aim:**Strategies include:**

- Increased capacity over and post public holiday
- Use data intelligence of pressures (Orthopaedics & Medicine for the Elderly)
- Whole system communication: optimise huddles and responses
- Urgent & planned care - Festive planning
- Respiratory Pathway – acute and community
- GP/Primary Care Services/Out-of-Hours capacity planning
- Health & Social Care Capacity
- Scottish Ambulance Service additional vehicle capacity
- Learning from Local Review of Winter

Plan for more Business as Usual Capacity

Unscheduled Care Board/Winter funding to prevent admission/ promote flow:

- Increase AMU capacity: >65% discharges
- More beds within footprint for medicine: two sites
- Increase Respiratory Unit capacity in Ninewells
- Increase business as usual to seven days/ longer days
- Ambulatory seven days
- More senior decision makers over public holidays/Festive Holidays
- Adequate Festive Staffing cover across acute, primary and social care setting including: Pharmacists, AHPs, Social Care Staff, Porters

Communicate:

- Communicate Identified pressures and the action needed to maintain Business as Usual
- Communicate Whole System Approach

- Final Winter Plan submission to Scottish Government by 31 October 2019
- Tayside wide Winter Communication Campaign (internal/external)
- Festive 'Ready Reckoner' including all key services and contacts communicated across Health Social Care & Partner Organisations

1.4 Finance

The Tayside Unscheduled Care Board provides the governance and oversight required around the allocation of winter planning funding for 2019/20.

The aim for 2019/20 is to proactively invest in work that will aim to maintain "business as usual". This will include periods where we may have reduced services such as public holidays and to respond to increased seasonal illness such as flu and adverse weather.

Preparing for Winter funding as well as the Unscheduled Care Programme 6EA funding, will be allocated across the eight target areas detailed throughout the Tayside Winter Plan 2019/20. In accordance with national 'Preparing for Winter' (2019/20) recommendations funding will be specifically targeted to deliver a key focus on the following areas:

- Reducing Attendances
- Managing/Avoiding Admissions wherever possible
- Reducing Length of Stay
- Focus on Flow through Acute Care
- Workforce – appropriate levels of staffing are in place across the whole system to facilitate efficient and effective patient care, to ensure consistent discharge during weekends and holiday periods. Adequate festive staffing cover across acute, primary and social care settings

The funding has been allocated in three phases in line with the winter planning approach:

Phase 1 Prevent

- Additional funding across all three Health and Social Care Partnerships to prevent admissions/attendance managing care closer to home, supporting discharges
- Out of Hours additional funding

Phase 2 Assurance - Initiatives to ensure winter flow

- Extended Ambulatory Service, late access to senior decision maker support
- Seven day rehabilitation model of care
- Near patient testing for Flu prevent unnecessary admissions for Influenza like Illnesses
- Cardiology initiatives
- Pharmacy
- ED additional junior medical cover
- Respiratory

Phase 3 Provision of Surge Beds

- Acute Medicine for the Elderly (AME) beds in Ninewells to boost and target capacity.
- Increased (surge)bed numbers across both acute main sites and same day discharge, social support

Appendix 1 provides detail of the indicative funding allocation to services.

As part of the governance and reporting arrangements of the Unscheduled Care Programme Board as these funding allocations are to pump prime services and enable tests of change to be implemented over the winter period it is expected that a progress report is completed and submitted to the Unscheduled Care Board. This report will include details around each initiative, funding allocated, spend to date with any variance, aligned outcome measures, progress update and exit strategy.

1.5 Approval of Plan

The process and timeline for preparation, review and approval of this plan allows for the following groups to discuss it as demonstrated in the table below:

Table 1.

Date	Format	Committee / Board
19 September	First Draft	Winter Planning Group/Executive Leads for Winter
23 September	First Draft	Executive Leadership Team Meeting
23 September	First Draft	Chief Executive Officers of Angus, Dundee Perth & Kinross Localities
23 September	First Draft	Scottish Government
25 September	First Draft	Unscheduled Care Programme Board
24 October	Final Approval	Unscheduled Care Programme Board
29 October	Final Approval	Dundee Integrated Joint Board
30 October	Final Approval	Angus Integrated Joint Board
31 October	Final Approval	NHS Tayside Board
31 October	Submission	Scottish Government
November (date to be confirmed)	Final Approval	Perth & Kinross Integrated Joint Board

1.6 Governance Arrangements

- The Unscheduled Care Board is chaired by the Associate Medical Director for Medicine and Head of Service, Health and Community Care for Dundee Health & Social Care Partnership and will use measures to assess the impact of the plan. Please see Reporting Structure Diagram (Appendix 2)
- An Unscheduled Care Programme Team is in place led by a programme manager, and with an improvement advisor and data analyst for each major site. These posts form part of the support teams for unscheduled care, continuous improvement and the implementation and evaluation of the winter plan.
- Resilience and Business Continuity arrangements and management plans are in place and have been tested prior to winter.
- NHS Tayside's Board Assurance Framework has a corporate whole system risk related to capacity and flow. A scoring system has been developed for the key

measures to enable an overall risk score to be presented. This is presented and discussed at each Board meeting.

- Weekly Senior Operational Leadership meeting chaired by Medical Director with senior clinical and managerial input
- Clinically-led and managerially-enabled operational structure for acute services
- Whole system Safety and Flow Huddle process including an additional huddle with key partners during pressure periods throughout winter i.e. Public Holidays
- A Tayside-wide severe weather plan is in place including triggers for multi-agency coordination.
- Communications teams will inform the public and staff on planning for winter, where to go for services and public health messages

2. Key Drivers and Changes from Previous Winters

Key drivers for winter planning include ensuring optimal patient flow through the hospital journey in particular to delivering against the 4 hour emergency access target as well as ensuring a robust whole system approach to planning for winter as part of the overall approach to the safe and effective delivery of unscheduled care.

This Winter Plan has been developed with a commitment to the Unscheduled Care Programme, 6 Essential Actions using a collaborative approach across Health and Social Care Partnerships to whole system planning across the local system and services. Progress of the 6 Essential Actions local improvement work is continuous, focussed on key actions to improve unscheduled care in all settings.

In addition, this Winter Plan has been developed aligned to Transforming Tayside and associated Improvement Programmes with shared priorities, focus and areas for improvement, working across partnership groups.

Unscheduled Care 6EA Programme key priorities for 2019/20 are illustrated in Appendix 3 with the key drivers to inform the winter planning illustrated in Appendix 4.

2.1 Striving To Deliver High Quality, Safe, Person-Centred Care

Tayside continuously strives to meet local and national standards and performance targets which focus on delivering high quality, safe, person-centred care. To do this we must deliver national standards and targets on an ongoing basis regardless of the pressures periods across the system. Tayside is fully committed to sustaining delivery of the 95% Emergency Access Target and National Waiting Times Plan and as such, will establish trajectories to work towards in relation to this as set out in the Chief Executive, NHS Scotland and Director General Health and Social Care's letter of 4th September 2019.

Specific to this winter plan are the following standards:

- 4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%)
- Earlier in the Day Discharges - Hour of Discharge (inpatient wards)
- Weekend Discharge Rates - Day of Discharge weekday v's weekend discharges
- Reduction in delayed discharges
- Early initiation of flu vaccination programme to capture critical mass of staff with a target of >60% of staff vaccinated
- Site surge plans to optimise care
- Use of information and intelligence from Primary Care, OOH Services and NHS 24 to predict secondary care demand
- Standardised approach to departmental action plans
- Using whole system triggers and escalation with clear and timely communication
- Maintain performance against the 12 week treatment time guarantee (TTG)
- Maintain achievement of waiting times standards for patients with a newly diagnosed primary cancer
 - 31-day target from decision to treat until first treatment, regardless of the route of referral.
 - 62-day target from urgent referral with suspicion of cancer, including referrals from national cancer screening programmes, until first treatment.

The NHS Tayside Health and Business Intelligence produce and provide data all year round in relation to the above standards and targets. Appendix 1 illustrates some of the key data to support capacity and flow. Measure 1 in particular illustrates ED performance with the last 6 to 12 months showing a downward trend in the NHS Tayside Emergency Medicine performance against the 4 hour standard across both the Ninewells and Perth Royal Infirmary departments. The senior nursing and medical teams have had extensive discussions about the decline in performance to delineate cause and identify potential areas for quality improvement work to return performance to previous levels. The top breach category continues to be 'wait for first assessment', as such a workforce review has been carried out, with recruitment plans in place to address the staffing shortfall

This winter plan, inclusive of the actions relating to prevention and management of seasonal illness, reflects the collective actions NHS Tayside and its partner organisations will take to achieve our intention to provide a consistent high quality of service for all of our patients throughout winter and beyond.

2.2 Lessons Learned from Winter 2018/19

The following section outlines the key lessons learned from the review of the 2018/19 winter period. Key themes around areas that worked well and areas for improvement were collated and fed back into the Scottish Government's Health & Social Care: Local Review of Winter 2018/19 (May 2019) Report. This report is available separately.

Key themes, learning and actions from local reviews across Tayside have informed the development and approach of the Tayside Winter Plan 2019/20.

Main themes highlighted regarding areas of good practice include:

- Business Continuity Team was set up locally at senior management level working in collaboration with partner organisations across Health and Social Care
- Preparedness and pre-planning in relation to winter plan and associated Business Continuity Plans
- Whole system collaborative approach – Step Up Step down, communication
- Dedicated communication channels across the system to improve preparedness and planning
- Safety and Flow Huddles involving Partnership as well as Local Partnership Huddles
- Winter Planning meeting structure monthly, weekly & cross site huddles effective in promoting cross site and service working
- Built on relationships, promoting Business as Usual, trusting in good systems
- Emergency Department waiting times had been one of the strongest performing areas in Scotland
- Supported clinical risk assessment and management decisions at the front door
- Acute Medicine for the Elderly (AME)
- Increased senior clinical decision makers, including senior nurses over the public holiday period, to support a reduction in weekend discharge rates
- Specialist Mental Health Nurse input to the care of deliberate self-harm patients requiring psychiatric assessment at Perth Royal Infirmary showing very significant benefits
- Additional GPs on duty to deal with the increased winter demand had a positive impact not only for OOH Service itself but impacted positively on the system as a whole
- Earlier Flu Vaccination Campaign

- Point of Care Testing - Increased awareness, knowledge , education amongst staff and patients to prevent admissions
- Infection Prevention and Control - positive feedback in particular around the prevention of illness within our population and staff as well as the winter preparedness and planning - less reactive, planning in advance, promoting the 'prevent' message.
- Winter period was busy for OOH, the nature of the flu season last winter meant that there was a lot of lower level illnesses that OOH were able to deal with successfully in the community
- Winter preparedness for adverse weather communications campaign including the use of Smarty the Penguin to promote winter wellness

Common themes across all local reviews identified for improvement include:

- Despite increased seven day working, acute sites remained full on Sunday there is a need to increase weekend discharges and maximise ambulatory care over seven days
- Recruitment challenges, in particular problems recruiting to vacant therapy posts over winter reduced the ability to assess and discharge
- Reduction in homecare impacted adversely on inpatient bed capacity

The Tayside Winter Plan will aim to improve areas highlighted from the local review as well as the key priorities indicated within the 'Preparing for Winter' (2019/20) correspondence, as follows:

- Promoting all year round planning with a business as usual
- Maintaining a whole system, multi-professional, multi-agency approach to planning as well as informing and responding to system pressures
- Continuing with the development and investment of the infrastructure to support escalation and early resolution at weekends
- A focus on home care planning/Enhanced Community Support services with the aim of reducing attendances and admissions by managing care closer to home
- Continual access to senior decision makers who can support rapid assessments to avoid unnecessary admission and ensure effective discharge
- Focus on flow through acute with flexible staffing plans to enable the rapid deployment of surge capacity as soon as it is required
- Effective forecasting for unscheduled and elective winter demand and plan capacity accordingly
- Focus on reducing delayed discharges, continuing to support care in the right setting and an improved patient experience
- Staffing across multi-professions to facilitate efficient and effective patient care seven days a week, specifically during weekends and holiday periods
- Focus on frailty across all applicable services
- Plans in place to continue to increase staff flu vaccination across local health and social care systems

3. Winter Plan 2019/20

The Tayside Winter Plan 2019/20 is set out under the following key headings in line with the Scottish Government 'Preparing for Winter', (2019/20) guidance:

- Resilience
- Unscheduled/ Elective care
- Out of Hours (OOH)
- Norovirus
- Seasonal Influenza/ Influenza-like illness
- Respiratory Pathway
- Integration of Key partners/ Services
- Mental Health. This has been added as a priority by our board

3.1 Resilience Preparedness

NHS Tayside and its partner organisations have robust business continuity management arrangements and plans in place. Tayside wide groups involving all partner organisations such as the Local Resilience Partnership (LRP) meet regularly with a Winter Pressure Plan in place describing the structure and key areas to be addressed in the Tayside response to extreme winter pressure. The purpose of the Tayside Winter Plan is to:

- Provide information about the potential effects and local impact of the winter pressure
- Identify early and longer term actions for LRP
- Identify strategic objectives for LRP during winter pressures
- Describe the multi agency structure for co-ordination and delivery of outcomes

The LRP links directly with the Tayside Significant Infection Group around the co-ordination, command, control and communication required in the event of a significant winter pressure alert being triggered.

3.1.2 Adverse Weather

Previously themes highlighted from the local review of winter in relation to the effects of adverse weather were staff transport and accommodation. These issues were addressed by a short life working group which included Support Services and Resilience Planning in advance of winter last year. Areas addressed will remain the same for this coming winter:

- Organisational procedure for 4x4 vehicles review undertaken and policy in place
- The list of volunteers to be collated for 2019/20 highlighting any challenges/risks to procedure around obtaining volunteer
- List of available 4x4 vehicles, locations, access arrangements/keys etc
- List of lease owners who have 4x4 vehicles
- Accommodation arrangements to be clarified for 'essential' staff in the event of adverse weather
- Catering arrangements to be clarified for 'essential' staff in the event of adverse weather
- A 'Vital Signs' communication to be sent out seeking volunteer standby drivers
- Training and guidance for NHS Tayside volunteer drivers

- Structure to monitor requests for essential transportation of critical staff, criteria to establish 'essential' staff, dedicated email to collate requests across NHST including IJB's
- Contact arrangements to be co-ordinated for NHS Tayside wide volunteers
- Duty Executive awareness of status – linked into daily huddle meetings/Whole System Safety and Flow Framework
- Early and continued engagement with Local Resilience Partnership
- Engagement with Arnold Clark - this would be dependent on number of volunteer drivers
- Links to existing plans, NHS Tayside Contingency Arrangements, Adverse Weather Policy
- Link to HR policies
- Ownership - operational rather than service specific

3.1.3 Scottish Ambulance Service (SAS) Resilience Planning

The Scottish Ambulance Service maintains a comprehensive contingency planning framework to manage the consequences of when the level of demand exceeds the ability of the Service to meet it. The Generic Capacity Management Contingency Plan and Resource Escalatory Action Plan (REAP)¹ Guidance Document are used for this purpose. The Capacity Management Contingency Plan may need to be implemented in circumstances when there is: increased demand, reduced capacity or reduced wider NHS services over festive periods.

SAS manages capacity and contingency through the REAP, which establishes levels of 'stress' within service delivery, whether from increased demand or reduced resource, and identifies measures to be implemented to mitigate the impact of such stress. Measures are service-wide and include activity from the Operational Divisions, Ambulance Control Centres (ACCs), National Risk and Resilience Department (NRRD), and Airwing.

The REAP provides the actions to cope with increased demand at any point, with SAS making decisions regarding what is relevant for the circumstances. For example cancelling all non-essential meetings to allow the managers to provide support and concentrate on the management of resources / shift coverage etc.

The REAP is followed with a few additional directives for adverse weather:-

- Ensuring there are shovels on each vehicle
- Additional supplies of consumables, grit/salt for the stations etc
- Map out where staff reside so that they can be directed to their nearest station rather than their base station if they can't make it there
- List and map all 4x4 vehicles so that they can be allocated to transport essential staff and patients e.g. renal/ oncology patients
- Liaise with the Health Board around activity and ensure any resources freed up from cancellations are used as additional staff on vehicles that require to go out in the severe weather to give us resilience

Our finance plan has recognised the pivotal role played by SAS and we have committed to funding extra ambulance crew and SAS will provide the vehicle for the winter period. This is in addition to separate SAS national funding.

¹ Scottish Ambulance Service. 2016.Version 6., Generic Contingency Plan, Capacity Management Incorporating the Resource Escalatory Action Plan – REAP

3.1.4 System Wide Escalation Framework

The Whole System Safety and Flow Triggers and Escalation Framework has been produced to assist in the management of health and social care capacity across Tayside and Fife when the whole system, or one constituent part of the system is unable to manage the demand being placed upon it.

The aim of this Framework is to provide a consistent approach to provision of care in times of pressure by:

- Enabling local systems to maintain quality and safe care
- Providing a consistent set of escalation levels, triggers and protocols for local services to align with their existing business as usual and escalation processes
- Setting clear expectations around roles and responsibilities for all those involved in escalation in response to surge pressures at local level, within local authorities, and partner agencies
- Seeking to work within consistent terminology across partner organisations for person centred care

The whole system framework is currently under review in advance of winter 2018/19. The reviewed framework will be tested with partners to bring about a consistency to local approaches, improve management of system-wide escalation, encourage wider co-operation, and make local and regional oversight more efficient and effective. The framework will bring together the variance in operational escalation systems and protocols across the partner organisations across Tayside to manage local and regional monitoring of operational pressures.

A recurring theme from our learning was that our whole system framework last winter missed opportunities for clear and simple communication of decisions. This has been addressed with simplification and clarity of huddles to allow staff at all levels to deliver consistent and relevant decision making.

3.1.5 Pressure Period Hospital Site Huddle Framework

The Safety & Flow Huddle process is fundamental in identifying triggers and supporting the subsequent escalation processes required in response to system pressures.

The current arrangement of daily, weekend and public holiday Safety & Flow Huddles as outlined in Appendix 6 provides a Safety & Flow Huddle framework across seven days at both Ninewells Hospital and Perth Royal Infirmary.

There are currently four huddles across NHS Tayside sites with input from the Integrated Joint Boards and Community Services. The huddle process steps up to address demand when required during pressure periods in winter. The Huddle process has been revised to reflect feedback from last winter's review of process, areas that have been considered included:

Communications

- Clear and co-ordinated expectations of Information that each service can provide, trigger points that require action to maintain "business as usual" and what response is needed to achieve this for example aiming to meet the call for rapid deployment of surge capacity
- Clear expectation of role and responsibilities as part of the safety and flow huddle process

- De-escalation as soon as the pressure is managed to prevent loss of engagement of staff
- Huddle Reports format and content review
- Data Dashboard to inform huddle

The revised Safety and Flow Huddles process will involve the Clinical Care Group Manager huddle taking place at 12:00 hrs. The huddle format will stay the same. Consideration is being given to changing the timing of the morning huddle to 08:30am and combining the Perth and Ninewells site huddles into one. There will be Senior Nurses based each day on a rota system in both flow hubs, 2 nurses in Ninewells and 1 nurse in Perth. They will be supported by a Leadership Team each day comprising of a Clinical Lead, Clinical Care Group Manager and a Lead Nurse.

Flow Hub: An area within the main hospital site has been refurbished with modern video conferencing equipment to facilitate cross site communication. This will improve real time flow management with co-location the flow team with the hospital at night and hospital at weekend team. By identifying an area for teams to meet this will promote collaborative working.

3.1.6 Winter Planning Activity/Departmental/Sector Winter Action Cards

NHS Tayside has seen significant change in its management structure over in 2018/19. Triumvirates have been established and a clinically led and managerially delivered ethos embedded.

A template for local services to develop their own Winter Action Plan was developed to bring consistency of approach to winter preparedness. The Action Card used previous winter is being reviewed for 2019/20 to ensure suitability for use across all Health and Social Care Services. This follows the approach laid out at the start of this plan:

- Prevent illness and admission
- Inform of pressures and escalation
- Response required to maintain Business as Usual
- Communicate - When to de-escalate and recover

The Action Card Template is attached in Appendix 6.

The card is a single sided document that allows all services from a whole clinical care group to a small team of specialist nurses to organise their response to winter pressure. The aim is that it can be held by the team to co-ordinate planning for public holidays as well as combining to describe a whole system approach.

3.1.7. Safety and Flow - Using and Applying Information and Intelligence to Planning

The use of information and data is critical for effective forecasting of unscheduled and elective winter demand and capacity planning.

Feedback highlighted that our systems were not optimised, around being prepared and responding to demand on time.

Data intelligence from the following services should be considered to inform planning:

- OOH

- NHS 24
- General Practice
- Health Protection Scotland (HPS)

Public Health will co-ordinate and report HPS data weekly to support better use of data for predictive decision making. This will be fed into the Triumvirate structure and cascaded out to sites and partners via site wide huddles.

The Infection and Prevention Control Team (IPCT) also share data from HPS regarding the current epidemiological picture on influenza and Norovirus surveillance data across Scotland. It is planned that this information will be routinely monitored over the winter period to help us detect early warning of imminent surges in activity.

System Watch will also be used locally to support forecasting of demand and capacity. The enhanced version of System Watch has been available from September 2018 with development of local processes linked to the daily Safety and Flow Huddles, to make full use of this predictive data.

Summary of Key Actions for Resilience

Adverse Weather

- Transport - procedure review for 4x4 vehicles
- Staff accommodation & catering arrangements
- Links to across resilience and contingency planning and adverse weather policies arrangements across Health and social care Partnerships

SAS

- REAP - for capacity management and contingency planning
- Additional directives regarding adverse weather planning
- Additional funding for extra ambulance crew for extra vehicles

System Wide Escalation Framework

- Whole System Safety and Flow Triggers and Escalation Framework with partner organisations

Pressure Period Hospital Site Huddle Framework

- Revised Safety and Flow Huddle Process
- Clear and concise communications as part of Safety and Flow Huddle Process
- Flow Hub

Sector Action Cards

- Use of Winter Actions Cards to support resilience planning across services

Safety and Flow Using and Forecasting and Applying Information Intelligence to Planning

- Effective forecasting and data intelligence for unscheduled and elective winter demand, planning accordingly through the use of predictive data systems

4. Unscheduled and Elective Care Preparedness

This is recognised as a key area for NHS Tayside. There has been considerable change to the bed model within Ninewells Hospital and the Transforming Tayside programmes will continue to have major changes on the configuration of services.

NHS Tayside will maximise theatre efficiency by focussing on treating urgent and cancer patients to ensure that our most urgent elective cases are treated promptly over the festive period. This will eliminate the short notice cancellation of non-urgent elective cases during the winter/ festive pressure period. Simultaneously we will focus on maximising our day case activity through our dedicated day case facilities ward at Perth, Ninewells and optimise Stracathro to maintain a consistent level of elective activity during the winter pressure period.

Key activities regarding unscheduled and elective care preparedness across main hospital sites include:

- Theatre scheduling to determine the management of the unscheduled care/cancer and clinically urgent scheduled care as a priority
- Planned/Elective Care shut down over public holiday periods. Emergency and cancer care remain a priority
- Cancellation of non urgent scheduled care surgery to create unscheduled care capacity
- Surge Plans across main sites including respiratory
- 7 day and extended Ambulatory Care cover from 8am to 8pm, from 1st December 2019 to 31st March 2020 with Medical cover at weekends for surge beds
- Acute Frailty Unit to contribute to increased flow and reduced bed occupancy
- In preparation Medicine have now embedded a Red, Amber, Green (RAG) status on available beds on the medical floor from September to drive flow and optimise care
- Driving forward aspects of the Transforming Tayside programme: Orthogeriatric Pathway
- Continue with Prof to Prof discussion between Paediatrics and Medicine (AMU) regarding in-school 16-18 year olds being admitted to Paediatrics to create additional capacity
- Late evening senior decision maker support – AMU
- Rehabilitation model of daily care within wards – 7 days to support discharge process
- Implementation of Day Case Cardiology Lounge, extended cardiac device implantation service and Cath Lab Sessions
- Review of non urgent outpatient clinics to support potential staff redeployment for urgent care over days where there is often a high DNA rate i.e. Christmas Eve and Hogmanay where urgent and urgent suspect cancer patients are more likely to attend

4.1 Emergency Department (ED) - Winter Preparedness

Tayside ED attendances have been static over the last five years. Data does however indicate that the dependency scoring and age of patients presenting to the ED are increasing. With this comes the requirement to deliver a greater and more intensive level of care in the ED which impacts on patient flow within the department. This is evidenced by an increase in the number of 4 hour breaches and a shift in the average ED length of stay from 2-3 hours to 3-4 hours.

In response to this analysis the ED team will provide extra junior doctor shifts to decrease the time to first assessment and this has been put in place as a priority funding allocation as part of the winter plan.

Due to the demand led nature of Emergency Medicine, the service is subject to peaks in attendances resulting from seasonal illness such as influenza and injuries resulting from adverse weather. Festive public holidays and the resultant reduction in Primary Care services also impacts on ED attendances with the need for staff to redirect non-emergency patients to alternative services such as local pharmacies, NHS 24 and OOH. Surges in departmental activity can also occur due to timings of emergency ambulance arrivals, resulting from ambulance control dispatch procedures, which impact significantly on ED patient flow – evidenced by a recent ED review exercise.

To ensure the continued delivery of timely, high quality emergency care across Tayside adequate medical and nursing staffing of both Emergency Departments is essential.

Improvement work will continue using the ED breach analysis data to inform areas for consideration. This currently involves a focus on the 'Front Door' pathway, patient flow from ED and Acute Medical Admissions Unit (AMU), including diagnostics (chest x-rays) carried out on route from ED to AMU.

4.2 System Wide Planning

The aim is to have the appropriate levels of staffing in place across the whole system to facilitate efficient and effective patient care, to ensure consistent discharge during weekends and the holiday periods. As such system-wide planning is in place to ensure the appropriate levels of cover needed to effectively manage predicted activity across the wider system and discharge over the festive holiday periods. Examples of this include:

- Clinical Pharmacist cover as well as pharmacy distribution and dispensing centre to be available for extended opening hours to respond to service demand for medicine supply (e.g. discharge prescriptions and in-patient treatments)
- Infection, Prevention and Control Teams (IPCT) rotas organised to ensure appropriate levels of cover in particular to days following the festive break/public holiday periods
- Nursing rosters are managed in accordance with NHS Tayside Roster policy, Health roster are provided six weeks in advance. Patient demand and acuity is managed in accordance with Safecare to support reallocation of staff
- To manage staffing gaps in ward areas, proposed focused update for staff being moved or deployed through the clinical educators/Practice Education Facilitator with familiarisation to new areas, documentation and ways of working before winter and if possible aligning individual staff to identified wards where they will have confidence to be redeployed during the winter months
- Medical floor nurse co-ordinator post to support timely discharge and flow
- Within surgery there is a twice weekly senior charge nurse (SCN) staffing huddle to review next 72 hour period and identify concerns which may be mitigated through an internal plan
- Additional sessions for medical staff (including junior doctors)
- Seven day working over winter period across NHS Tayside and partner organisations i.e. AHPs, pharmacy and SAS. This is pan-Tayside and covers home care providers as well as high dependency areas. This has been planned and funded through winter plan money to increase the likelihood of sessions been filled
- Procurement of supplies e.g. PPE/facial protection

4.3 Angus Health and Social Care Partnership

Key areas highlighted as part of the system wide winter planning in the Angus Health and Social Care Partnership include:

- Development of the Angus Care Model continues incorporating a full review and utilisation of community hospitals including a review and redesign of the Psychiatry of Old Age (POA) discharge pathway
- Discharge checklist reviewed. Test of change in North localities and Care Homes underway
- Range of interventions which were applied last winter can be applied this year depending on severity of demand (e.g. free short term respite provision in certain circumstances, additional incentives to providers for prompt engagement, increase in ERT provision)
- A Day of Care Audit in POA was undertaken to capture meaningful information about availability and alternatives to admission, as well as considering barriers and challenges to timely discharge
- Improved focus on Anticipatory Care Planning (ACPs) and staff education. Work focused on raising awareness amongst public and staff, use of technology and accessing/sharing information, and ensuring carer support aligned with ACPs
- Enhanced Community Support (ECS) continues to work effectively. A sharing and learning event has taken place to review ECS across Angus and provide an opportunity to share good practice and inform future developments
- Additional care management investment to be provided to support Discharge Co-ordinator Team role
- Senior Nurse for Palliative and End of Life Care (PEOLC) in Angus appointed. The post holder will work alongside staff in community hospitals and care homes to improve care and have developed a PEOLC improvement plan. The plan for PEOLC includes all areas where people are cared for and supported
- Enablement and Response Team established in December 2017 continues to improve community capacity by developing an innovative approach to support care at home, provide preventative enablement and respond to short term care needs. This has been reviewed and additional capacity is required
- Personal Care Services are 7 days and we are attempting to strengthen co-ordination /matching processes
- Help to Live at Home is in its concluding stages. Resource Allocation Meetings are held jointly with private and third party providers to improve the matching process and to enable increase in capacity
- We have appointed a Mental Health Officer (MHO) team manager which has reduced the length of guardianship delays and improved the guardianship process to enable identification and status of all cases. Awareness training sessions have been provided to staff
- Continuing to promote the National Power of Attorney Campaign across Angus.
- Providers are supportive of 7 day discharges however, discharge planning from Acute Hospital requires review
- Successful pilot for AHP, 7 day service in Arbroath Infirmary, to provide cover Saturday, Sunday and public holidays from November 2018 to March 2019. Scoping out a solution to sustain this on a permanent basis
- Examination of 24 hour discharge model in Dundee for applicability in rural setting.
- Test of change with Dundee HSCP to provide Care Management support to ensure timely discharge of Angus patients in Ninewells
- The Discharge Team is involved in a Test of Change to develop a Tayside Integrated Discharge Hub
- Proactive review of all non complex patient delays by Health & Social Care Partnership senior staff
- A pilot has commenced with the introduction of three intermediate care beds in the North East locality. Evaluation underway
- All Health & Social Care Partnership staff have access and will be encouraged to accept the annual flu vaccination

- Managers to be requested to share rationale for effective winter holiday planning with all staff and highlight that the Monday following the festive weekend breaks should not be routinely used as a day off thereby creating a 5 day weekend
- AHSCP website to be updated to include: information on travel appointments during severe weather and prospective cancellation of clinics, MIIU opening times and arrangements for community pharmacies, dentists etc
- Introduction of CM2000 to approximately 12 personal care providers across Angus.
- Funding received from the Scottish Government Technology Enabled Care Programme to undertake a project entitled 'Check TEC Out' which enables people to test a range of telecare equipment for up to 4 weeks, before purchasing themselves. Initial test of change successful and additional improvement funding received to test expansion of range 'on offer'
- ASCHP participating in the iHub Living and Dying Well with Frailty Collaborative. Working with 21 other HSCPs we aim to improve earlier identification, anticipatory care planning and shared decision-making, and support a multidisciplinary approach so that people living with frailty get the support they need, at the right time and at the right place
- The new Integrated Overnight Service in Angus (IONA), where MIIU staff and the out of hours GPs to provide a multi-disciplinary approach to overnight care, offers a more flexible service by seeing patients at home

The Angus Hospital Admission & Discharge Management Group Improvement Plan is detailed in the Integrated Joint Board (IJB) Report. The NHS Tayside Winter Plan 2019/20 was submitted to the IJB meeting on 30 October 2019.

4.4 Dundee Health and Social Care Partnership

Key areas highlighted as part of the system wide winter planning in the Dundee Health and Social Care Partnership include:

- Further development and embedding of the Dundee Enhanced Community Support (DECSA) service including the acute element of the model
- Further development of the Acute Frailty model with enhanced support from Integrated Discharge Hub and strengthen links with ECS/DECSA
- Additional AHP and Discharge Coordinator resource funded through Unscheduled Care Board to extend the Acute Frailty model to Emergency Department and Acute Surgical Receiving Unit
- Continue to develop seven day discharge service across the whole system
- Expansion of Home First model over the winter period to ensure timely discharge
- Linking of Integrated Discharge Hub safety huddle to the wider cross site huddles to enhance whole system communication and escalation
- Expansion of 'Step Down Housing' model to incorporate substance misuse/homelessness pathway
- Further development of intermediate care model to enable completion of assessment in a more homely environment with provision of rehabilitation
- Provision of step down beds for younger adults to complete assessment in a community setting following brain injury rehabilitation
- Remodeling and realignment of resource allocation processes to enable Integrated Discharge Hub to ensure focus remains on patient flow
- Continued investment in Resource Matching Unit to ensure efficient allocation of social care resource
- Additional Mental Health Officer located in Integrated Discharge Hub which has reduced guardianship delays

- Continued promotion of Power of Attorney campaign to reduce number of guardianship requests made
- Ongoing development of Anticipatory Care Planning
- Ongoing development of a range of specialist accommodation with support through the strategic commissioning process to support adults with mental health problems and learning disabilities to leave hospital when they are ready
- Extension of COPD Team to improve support to people following discharge
- Development and expansion of the care home team
- Planned End of Life Care (PEOLC) improvement work in care homes
- Development of a Rehab Pathway which focuses the provision of social care more closely on rehabilitation
- Focus on the development of an ANP workforce which will enhance the community model
- All health and social care partnership staff will be encouraged to accept the flu vaccination

4.5 Perth & Kinross Health and Social Care Partnership

The focus of the winter plan and improvement actions for Perth & Kinross Health & Social Partnership is to ensure that people get the right care, at the right time, in the right place, avoiding unnecessary admissions to hospital and ensuring that, once admitted, people are discharged as soon as they are ready, contributing to better health outcomes and making best use of resources.

The key developments are;

- Additional Surge Beds in Tay ward
- Implement a Health & Social Care Perth City Supported Discharge service to increase capacity and support to actively 'pull' patients from PRI acute sector wards
- Develop with British Red Cross home support option
- Expand the Royal Voluntary Service complimentary discharge service embedding 'Home from Hospital' in discharge process.
- Extended AHP Weekend Working for OT and PT staff within acute services to facilitate assessment and discharge
- Ensure process in place to continue to authorise care home placements rapidly over Festive Period
- Improvement plan to increase flow through Tay Ward back to Perth city
- Continue proactive review of all delayed patients on a daily basis by case holder and discharge teams
- All health and social care staff will be encouraged to accept the flu vaccination
- Continue to develop and deliver frailty team linked to emerging Acute Frailty Unit to support the potential surge in emergency admissions
- Integrate the Discharge Hub and Hospital Discharge Team and put in place a rota for weekend / public holiday cover
- Ongoing developments with HART team and successful recruitment
- Collaborate with Third Sector for additional volunteer drivers as and when required
- Agree process for senior manager to participate in weekend cross site huddles during winter period
- Explore Friday huddle sessions for Partnership Services to support capacity and flow at weekends
- Review of Care Home liaison staff to support complex discharges to Care Homes from hospital settings
- Realignment of AHP staff to the Unscheduled Care flow across Perth Royal Infirmary linked to development of AMU

- ANP rapid assessment for Perth city for the deteriorating patient with workforce plan to extend to other localities.
- Increasing Rapid Response carers to Enhanced Community Support (ECS)
- Community crisis admission pathway to community hospitals through ANP's and GP's
- Falls intelligence group set up to look at prevention indicators.

4.6 Fife Health and Social Care Partnership

North East Fife is a key area for NHS Tayside. Their Acute and Community plan for winter preparedness will be submitted as the NHS Fife Winter plan however we recognise the need to work with our partners in Fife and will continue to develop links to ensure continuity of services.

Current improvement work as part of the Unscheduled Care and Transforming Tayside Programmes include collaborations across Tayside and Fife Health and Social Care Partnerships to reduce delayed discharges. The work involving discharge teams across all localities is aimed at supporting an effective, timely, person centred discharge process with the development of a fully integrated acute hospital discharge service, working 7 days per week and functioning via the same agreed planned date discharge pathway across the localities.

Summary of Key Actions for Unscheduled and Elective Care Preparedness

Acute Sector

- Flexible Staffing plans to enable rapid deployment of surge capacity as required: Staff rosters aligned with demand and patient acuity including all professions; Medical, Nursing, AHP, Pharmacy
- 7 Day working across multiprofessions and partner services i.e. SAS, Pharmacy and AHP
- Acute Frailty Pathway
- 7 Day and extended hours in Ambulatory Care
- Acute bed & Respiratory Surge Plan
- Theatre Scheduling
- Planned /Elective Care shutdown over holiday period
- Orthogeriatric Pathway
- Review of non urgent Outpatient Clinics to support staffing resource

Health and Social Care Partnerships

- Enhance Community Support Services
- Anticipatory Care Planning/ Planned End Of Life Care in Care Homes
- 7 day discharge services and increased AHP provision
- Discharge Hubs supporting discharge planning
- Development of acute frailty models

5. Out of Hours Preparedness

5.1 Out of Hours Services

Planning for Out of Hours services includes the following actions:

- Increased capacity with number of GP shifts over the festive period
- NEWS (National Early Warning Score) pathways are in place to ensure rapid identification of deteriorating patient
- An Advanced Paramedic Practitioner will be based in the Kings Cross Primary Care Emergency Centre, Dundee to consult patients
- GP triage – it is intended that additional GP triage shifts will cover the busy public holiday periods with a view to increasing the time, appointing patients the following morning rather than within a four hour period, or dealing with problems over the telephone where appropriate.
- Community pharmacies can deal with minor illnesses with direct referral to out-of-hours where required
- Access to mental health out-of-hours crisis team to triage patients
- NHS24 prediction data is not available until late October but where this and out-of-hours service data differ, capacity will be planned around the greater of the two.
- Resource availability over festive public holiday period confirmed for all Primary Care Emergency Centres at Arbroath Infirmary, Kings Cross Health and Community Care Centre and Perth Royal Infirmary including GP shifts, drivers, nursing staff etc
- Annual leave applications from 17th December 2019 to 6th January 2020 will be considered on an individual basis but are unlikely to be compatible with maintaining full staff availability. Duty manager in place over the festive period
- The management team monitor activity weekly and decide on any extra capacity required.
- 10 cars will be available for use over the two festive holiday weekends to assist with the expected level of demand of home visits at peak times. (Three more than base level)
- Increase GP triage to two GPs on 25/26 December 2019 and 1/2 January 2020
- All Practices are contacted pre festive period requesting that they keep patient special notes up to date
- Demand Management - resources will be targeted around priorities across Tayside by the team leaders and dispatchers. Patients will be offered transportation to other Primary Care Emergency Centres if no alternatives can be identified
- Out-of-hours service staff will email a briefing in December to all staff outlining the arrangements for the festive period and winter period (January to March) which will include extra staffing and escalation plans and communication arrangements with NHS24 and other agencies both internal and external
- Tayside out-of-hours and NHS24 communicate regularly. Agreement around escalation process and local contingency arrangements for local centres. Agreement reached around the sharing of information between NHS 24 and out-of-hours.
- Contact arrangements are in place for a clear process for reporting vehicle faults and breakdowns over the public holiday period and emergency out-of-hours contact list is available to the management team in case of severe weather.
- An enhanced payment for GPs is offered across the festive period to support shift coverage
- A process has been developed to ensure effective and efficient use of the Scottish Ambulance Service paramedic service.

Summary of Key Actions for Out of Hours Preparedness

Out of Hours Service

- Resource availability over the winter season including arrangements for dealing with influenza.
- Resource availability over the Festive period
- Increased availability of cars for home visiting
- Additional Triage/ Professional Advice to support whole system working.
- Increased capacity re GP cover of festive period
- Demand management - resources targeted around priorities across Tayside
- Access to Mental Health OOH Crisis Team to triage patients
- OOH Escalation Process in place - agreed with key stakeholders

6. Infection Prevention and Control

6.1 Norovirus

NHS Tayside's Infection Prevention and Control Team (IPCT) ensures that staff have access to and are adhering to the national guidelines on *Preparing for and Managing Norovirus in Care Settings* along with the HPS National Infection Prevention and Control Manual (Chapter 2 Transmission Based Precautions). IPCT provides all guidance on the Infection Prevention Staffnet site. For those staff groups who are unable to access Staffnet (Independent providers / social care teams), this information is available on the Health Protection Scotland (HPS) website.

6.2 Norovirus Training and Communications

There is an established communications process between the IPCT and the Health Protection Team to optimise resources and response to the rapidly changing norovirus situation. In addition there is established communication with Health & Social Care Partnership Leads and via Governance Forums to ensure the partnerships are aware of norovirus publicity materials and are prepared to distribute information internally and locally as appropriate, to support the 'Stay at Home Campaign' message.

To further support the communications and training requirements in preparation for Norovirus the following is in place:

- IPCT provides regular updates to the NHS Tayside Communication Team regarding ward closures, and advice for staff in relation to infection prevention and control precautions, communicated over winter period.
- Winter preparedness and raising awareness through education sessions for staff commenced by IPCT September 2019.
- A collaborative event with colleagues from NHS Tayside Health Protection Team in relation to a local Significant Hospital Infection Incident Tabletop Exercise was successfully held on Friday 06 September 2019 with approximately 72 key stakeholders. The event focused on a hospital response to an infectious incident taking into account systems and communication required to be able to rapidly respond
- Dedicated Transmission Based Precaution education sessions provided as per IPC Annual Training Programme

- Norovirus leaflets and posters provided to NHST by HPS shared across the Health and Social Care Partnerships
- Infection Prevention and Control: NHS Tayside prioritisation flow chart to aid decision making at 'front door'
- Information on Norovirus is sent out to all local care homes by Public Health. The Health Protection Team also supports the management of all outbreaks of diarrhoea and vomiting within care homes, and Public Health routinely informs the IPCT, Communication Team and Resilience Teams regarding the closure of homes.

6.3 Norovirus Planning and Control

IPCT plans are in place to support the execution of the Norovirus Preparedness Plan before the season starts. Norovirus Control Measures are accessible to all staff across Health and Social Care Partnerships on NHS Tayside's Staffnet intranet site, or on HPS website

Communications regarding bed pressures and norovirus ward closures will be managed through an agreed distribution list which will detail bay or ward closures due to a known or suspected infection is in place.

IPCT will ensure that the partnerships and NHS Tayside are kept up to date regarding the national norovirus situation by communicating HPS national prevalence data on a weekly basis. Debriefs will be provided following individual outbreaks or end of season outbreaks to ensure any system modifications required to reduce the risk of future outbreaks. The HPS Hot Debrief tool is currently used with clinical teams for this purpose. Lessons learnt are shared as required across clinical teams and at Safety, Clinical Governance and Risk Meetings and SCN Forums.

To ensure arrangements are in place to provide adequate cover across the whole of the festive holiday period there will be an on-call microbiologist available 7 days per week.

6.4 PPE Procurement (Flu and Norovirus)

Clinical areas must ensure adequate resources are in place to manage potential outbreaks of seasonal influenza like illness/norovirus that might coincide with, severe weather and festive holiday periods. Key actions for this winter include:

Key actions for this winter include:

- FFP3 Staff testing and fit tested, maintenance of staff fitting programme.
- Early procurement stock management of PPE
- Assurance of governance for respiratory powered hoods (3 in Ninewells, 2 in PRI)

6.5 Seasonal Flu

6.5.1 Flu Vaccination Programme

All Health Care staff have access and will be encouraged to accept the annual flu vaccination. Plans to significantly increase staff flu vaccinations across health and social care systems are in place and include:

- This year's target is >60%
- Flu vaccinations clinics will begin late September with Occupational Health sessions taking place in Ninewells and PRI several weeks earlier this year
- As in previous years, having Flu vaccination clinics within the Ninewells concourse area have been particularly successful in boosting staff uptake of the vaccination

mainly due to the convenience of the location. Flu clinics will be held there this year again for a three month period

- Peer vaccination will also take place in clinical areas to boost the staff uptake of the Flu vaccination.
- Staff also able to attend participating community pharmacies to be vaccinated
- Vaccination Programme Manager has attended Head of Nursing Forum to plan requirements for the peer vaccination programme.
- Medical leads will also be asked to consider peer vaccination programme to boost uptake numbers.
- Plan to use in-hospital vaccination to “catch up” vulnerable patient who have missed community vaccination

6.5.2 Flu Communication Campaign

The NHS Tayside Communications Team has a communications plan in place specific to seasonal flu vaccination. The team promotes our flu vaccination campaign to all NHS Tayside staff and volunteers, as well as members of the public in at-risk groups.

A Communications Pack is produced for each area with posters giving details of local staff clinic sessions on NHS Tayside sites, participating community pharmacies offering the jab, ‘myth busters’ and key messages about protecting yourself and your family, your patients and the service. Information about public vaccination clinics in GP surgeries across Tayside are advertised in the local media, NHS Tayside website and on social media.

Regular updates about staff clinic sessions are shared through weekly e-bulletin LowDown, standalone e-bulletins targeted at staff on individual sites and on the homepage of our staff intranet and dedicated intranet flu page. Myth-busting digital assets, photographs and quotes from staff getting vaccinated and ‘talking head’ videos using members of staff are also shared widely with staff and the public.

6.5.3 Near Patient Testing for Flu

Near Patient Testing was successfully carried out in winter 2018/19 contributing to reducing admissions and avoidance of ward closures due to Flu, maximising flow and reducing risk of harm to patients. The ‘Preparing for Winter’ funding 2019/20 will be used to support Near Patient Testing for Flu again, in addition to a planned and budgeted way to maximise bed utilisation across the main hospital sites.

A short term working group has assessed the evidence of benefit of this approach and identified that there is likely to be a reduction in bed closures and also a considerable reduction in the time to patients receiving appropriate anti viral medication which will reduce the duration of their illness.

6.5.4 Care Home Flu Management and High Risk Groups

Public Health will monitor vaccination rates for High Risk, over 65s, Long Term Health Conditions and Pregnant Woman. The care home vaccination lead sits on Unscheduled Care Programme Board and will provide rapid updates regarding current status and impact of Flu within care homes.

Information on flu vaccination for residents is sent out to all local care homes by Public Health. The Health Protection Team, within Public Health also supports all local homes with their management of respiratory outbreaks. Information regarding home closures due to outbreaks is routinely shared with the Communications Team, IPCT and the Resilience Team.

Summary of Key Actions for Infection Prevention and Control

- Staff access to and adherence to national guidance on Preparing for and Managing Norovirus in Care Settings
- IPCT plans in place now to support the execution of Norovirus Preparedness Plan in advance of season
- IPCT guidance on Staff website and HPS Website
- Awareness event/sessions for winter preparedness
- Prioritisation Flow chart to aid decision making at the 'front door'
- Procurement and adequate resource availability
- Plans to increase staff Flu Vaccination Uptake: Programme - commenced one month earlier (September) for staff, convenient Flu clinic locations, peer vaccination programme to increase uptake
- Communication Campaign specific to seasonal illness including Flu
- Near Patient Testing for Flu

7. Respiratory Pathway

Winter planning in respect of the Respiratory Pathway will aim to ensure there is an effective, co-ordinated respiratory service provided. Clinicians across the relevant Primary and Secondary Care Services will have the required information and knowledge regarding their local pathways for patients with different levels of severity of exacerbation in their area. There is effective discharge planning in place for people with chronic respiratory disease including COPD delivered seven days by the respiratory clinicians, with additional help from respiratory liaison team.

Plans are also in place to enhance home support respiratory services in particular for COPD patients post discharge.

People with an exacerbation of chronic respiratory disease/COPD have access to oxygen therapy and supportive ventilation where clinically indicated in Emergency Departments, Acute Admitting Units and hospital sites as well as GP and OOH services.

Anticipatory Care Planning is completed for people with significant COPD, and palliative care plans are in place across the Respiratory Pathway for those with end stage disease.

7.1 Respiratory Pathway Communications

As part of the wider Winter Planning Communications Strategy across the Health and Social Care Partnerships information and messages in relation to keeping warm throughout the winter months and potential adverse weather are well displayed at key points of contact, and are covered as part of any clinical review.

In addition, as part of the Communications Plan to support the work of the Respiratory Pathway and Service, 'Business Card' style information cards around Flu and Respiratory illness as part of the prevention approach will be distributed across all localities, GP, Primary Care and OOH services

Summary of Key Actions for Respiratory Pathway

- Enhanced Home support to respiratory services in particular to COPD patients post discharge
- Effective Discharge planning for patient with COPD, 7 days by Respiratory Clinicians
- Access to Oxygen Therapy hospital sites, GP and OOH services
- ACP for patients with Significant COPD and Palliative Care plans for those with end stage disease are in place across respiratory pathway
- Extra Respiratory Nurses and Physicians over public holiday periods
- Respiratory surge beds
- Communication plans to support the work of the Respiratory Pathway and service
 - Information Cards - Prevention approach

8. Mental Health

Access to Mental Health Services is a national and local priority. NHS Tayside recognises that the majority of mental health acute presentations are as unscheduled care as such we have added this as one of our key priorities and recognise that this must continue beyond winter. There will be a requirement to build enquiry into the Safe Affordable Workforce (SAW) process about how the proposed clinical and staff models meet the mental health and well being needs of people in acute care.

To support winter planning arrangements in Mental Health, in particular to meeting demand and facilitating flow through Emergency Departments, Psychiatry Liaison Team provides support seven days per week.

Mental Health services are reviewed their trigger, escalation and business continuity plans and have developed Winter Action Cards in line with other areas using this approach for winter planning. Site Safety and Flow Huddles across Mental Health Services are also in place to support the triggers and escalation process, sharing safety, demand and capacity information. A proposal for an in-patient Capacity and Flow Coordinator will be implemented which will incorporate monitoring capacity of Tayside wide intensive home treatment teams to ensure provision of early supported discharge All of these processes aimed at ensuring robust business continuity management arrangements are in place to maintain business as usual throughout the winter period.

Summary of Key Actions for Mental Health

- Implement proposal for In Patient Capacity and Flow Co-ordinator 5 days per week
- To meet demand through ED enhance Psychiatry Liaison Team Capacity
- Escalation, Business Continuity arrangements and Winter Action Cards implemented across Mental Health Services to support winter and resilience planning

9. Communication Strategy

The NHS Tayside Communications Team has communication plans in place specific to the winter period including adverse weather and seasonal illness including Influenza, influenza like illness and Norovirus. The NHS Tayside communication team actively promotes related publicity materials and national campaign assets and shares widely through social media channels. This is targeted at staff, patients and the public alike.

As in previous years, the Communications Team support the organisation's preparations for winter through the local and national winter campaigns, tailoring the national key messages for the local situation and a local audience and releasing media releases and social media messages throughout the winter period. Social media is the best channel for instant updates to information and will be used extensively, along with media releases, website updates, radio updates and sharing of messages with local partners for onward distribution.

The Communications Team updates the NHS Tayside website with weather and travel information as necessary and promotes Ready Scotland on the front page of its website.

The Communications Team will continue with regular press releases reminding people where to go seek appropriate support out of hours and over the holiday period. They will have a public communications strategy to raise awareness of access arrangements over the festive period, which includes an advertising campaign in local media with GP, pharmacy and MIIU opening hours. This is supported by regular social media and website posts to share information and signpost to available services.

Appendix 1 Winter Preparedness Funding Summary

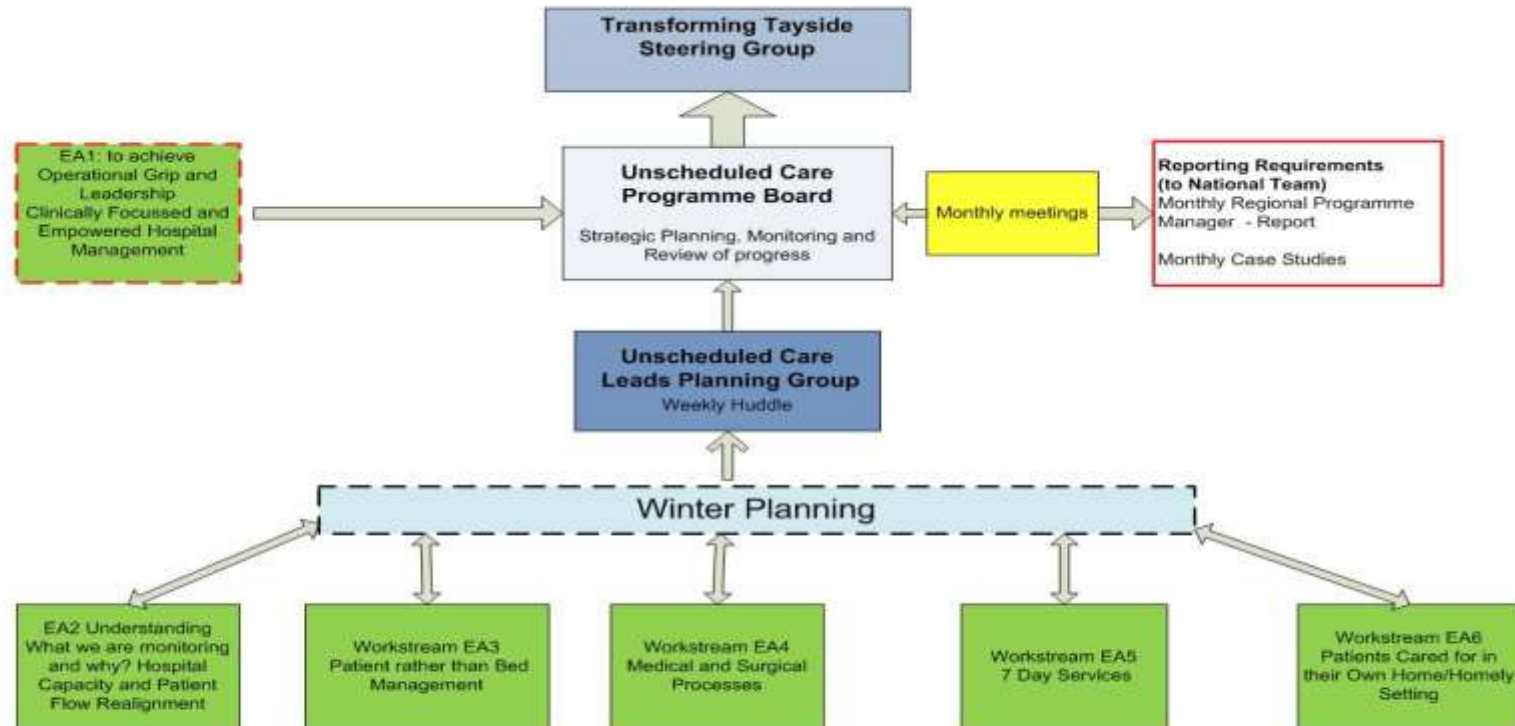
WINTER PLANNING 2019/20

PROPOSED PLAN TO DELIVER SG PRIORITIES

	Description	£
Funding		
Funding Scottish Government		£368,938
Funding NHS Tayside	To match last year's allocation of £737,734	£368,796
Proposed Commitment against Priority		
Phase 1	Prevent <ul style="list-style-type: none"> Additional funding across all three Health and Social Care Partnerships to prevent admissions/attendance managing care closer to home, supporting discharges Out of Hours additional funding 	£273,435
Phase 2	Assurance - Initiatives to ensure winter flow <ul style="list-style-type: none"> Extended Ambulatory Service, late access to senior decision maker support Seven day rehabilitation model of care Near patient testing for Flu prevent unnecessary admissions for Influenza like Illnesses Cardiology initiatives Pharmacy ED additional junior medical cover Respiratory 	£242,285
Phase 3	Provision of Surge Beds <ul style="list-style-type: none"> Acute Medicine for the Elderly (AME) beds in Ninewells to boost and target capacity. Increased (surge)bed numbers across both acute main sites and same day discharge, social support 	£852,507
Total Cost		£1,368,227
SURPLUS /(DEFICT)		(£630,493)

Appendix 2 Reporting Structure

NHS Tayside Unscheduled Care Programme Reporting /Meeting Structure



Unscheduled Care Leads Planning Group: to include Clinical/Service Leads, Programme Board Chairs, Programme Manager & Improvement Support – agree priority actions from Programme Plan, activity planning, issues and risks. Programme Board Agenda Planning

Workstream Groups: to include site/locality teams involved as well as identified workstream leads. Testing and Implementation of agreed activities/interventions. Reports to Unscheduled Care Board via clinical area representative

Appendix 3 Unscheduled Care 6EA 2019/20 Priorities

NHS Tayside Key Priorities for Delivering Unscheduled Care 6EA 2019/20



National Emergency Access Target
Sustained delivery of the 95% target, and
work to deliver the 98% standard.

Key National Milestones 2019/20



Systematic removal of breach reasons to
maximise patient flow through the ED and
acute assessment areas to eliminate crowding
and exit block.



Avoiding attendance and admission
wherever clinically appropriate.



Eradicate boarding and minimise all delays
where admission is required.



Reduce variation in out of hours, weekends
and across 7 days.



Support patients to be cared for at home
whenever appropriate.

NHS Tayside Operational Plan

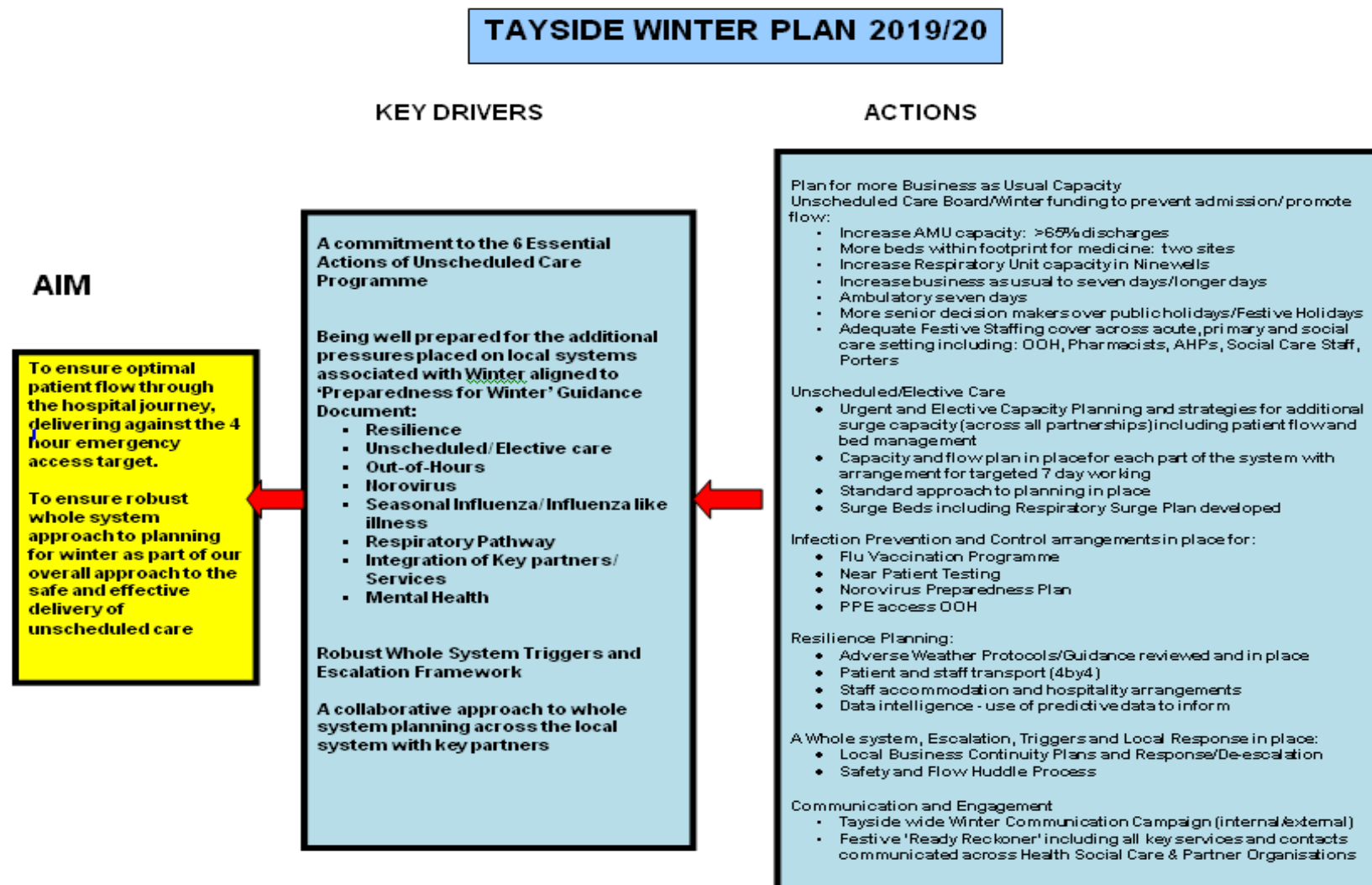
The plan is aligned to Transforming Tayside 2019-2022, our
corporate plan to make sure we deliver safe, accessible,
effective, high-quality, person-centred care for everyone in
Tayside.

Our commitment to Unscheduled Care in 2019/20 is to:

- focus on frailty irrespective of age
- promote earlier time-of-day of discharge
- increase weekend discharges
- increase hospital front door discharges
- reduce length of stay
- deliver more timely diagnostics
- focus on admission and referral avoidance
- focus on review of unscheduled surgical pathways
- focus on redesign of orthopaedic trauma pathways



Appendix 4 Winter Plan Driver Diagram

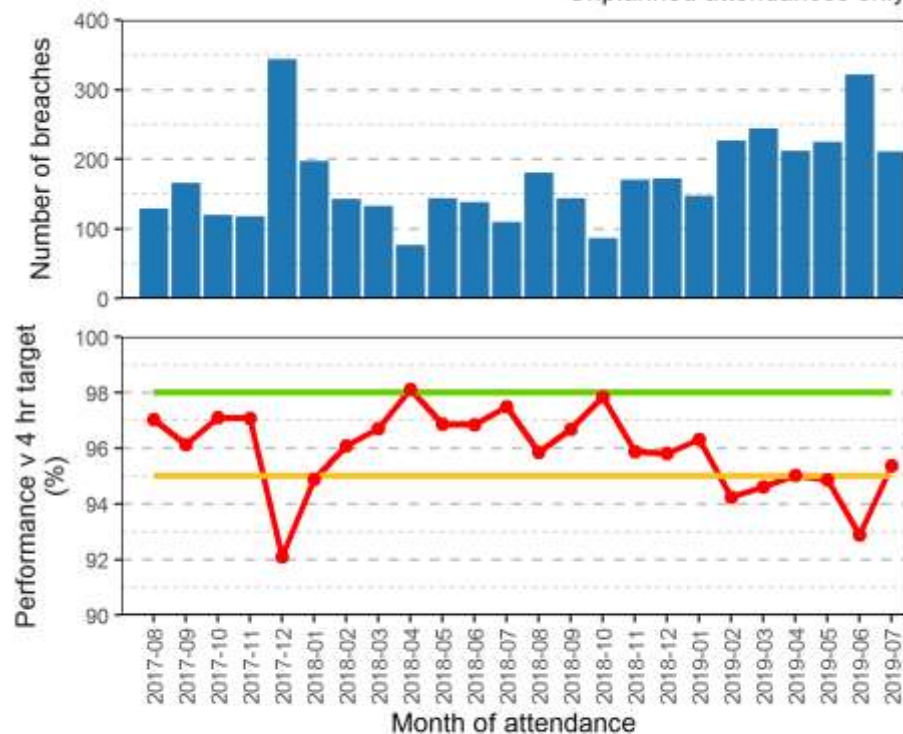


Appendix 5 Measures

Measure 1 – ED Performance

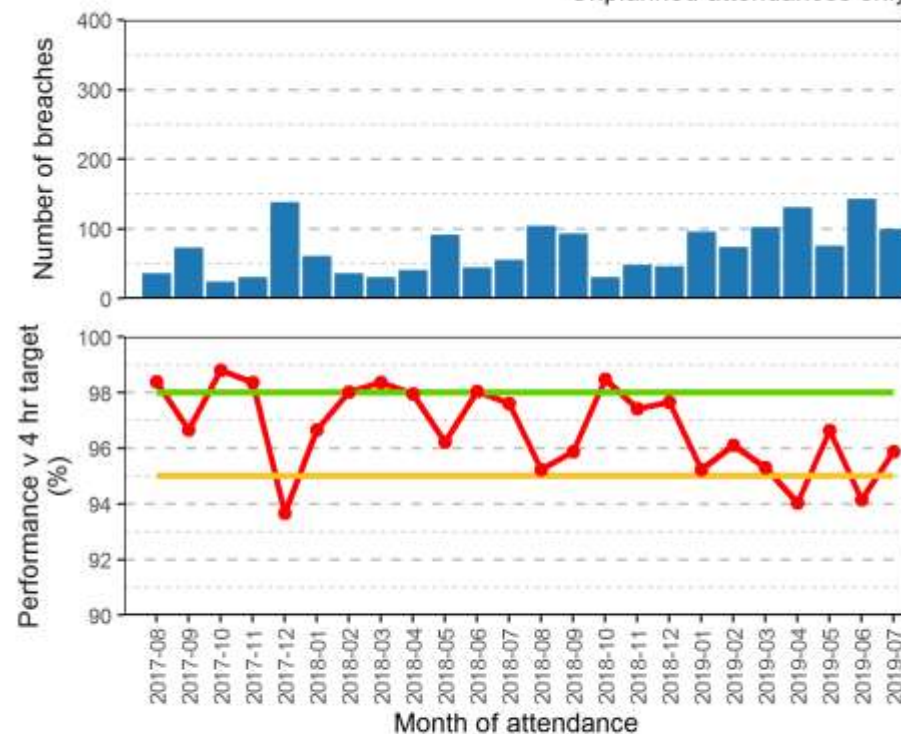
A&E: 4 hour Breaches in Ninewells

Unplanned attendances only



A&E: 4 hour Breaches in PRI

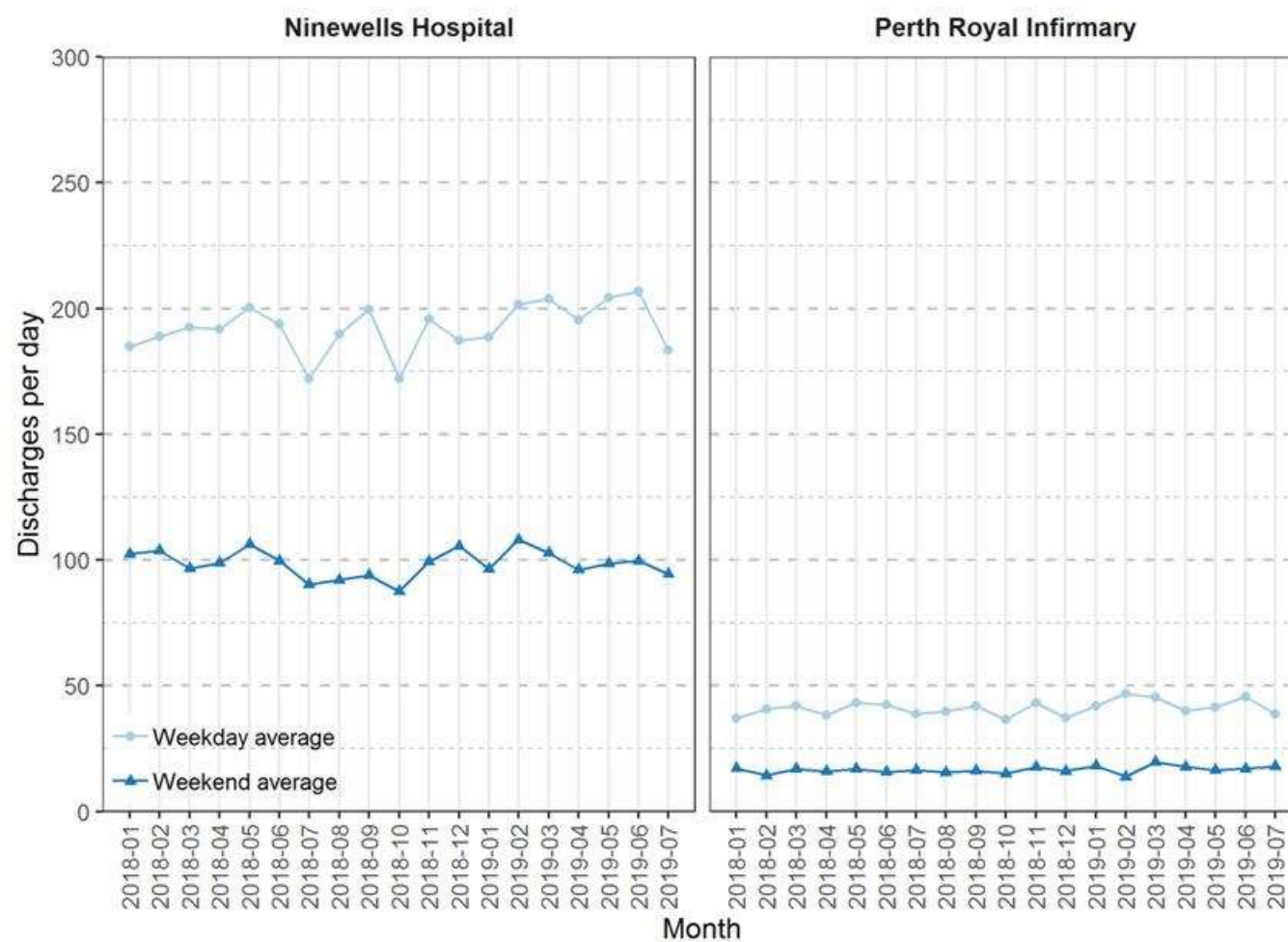
Unplanned attendances only



ITEM No ...7.....

Measure 2 - Weekday v's Weekend Discharges

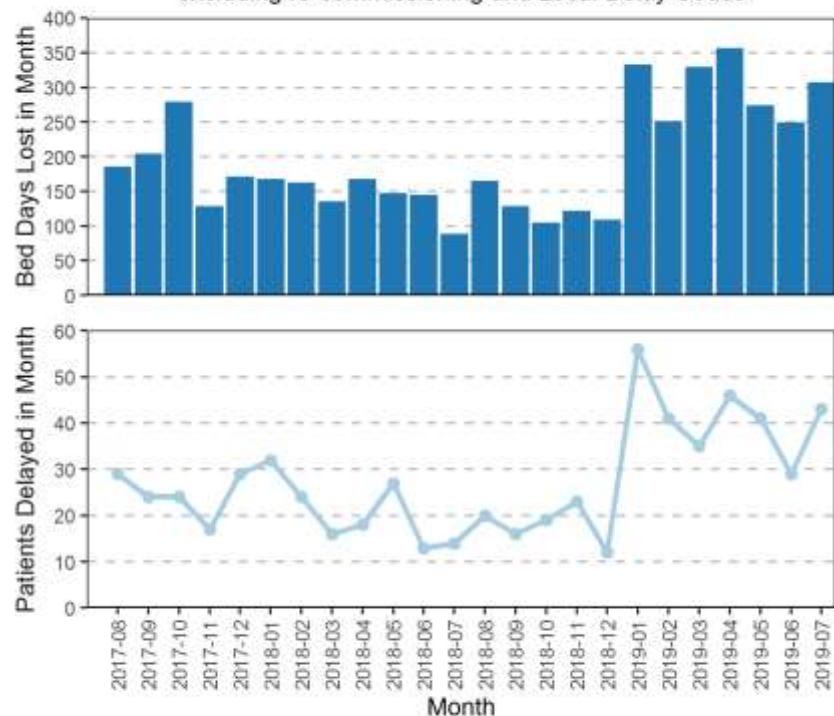
Weekday and weekend daily discharges



Measure 3

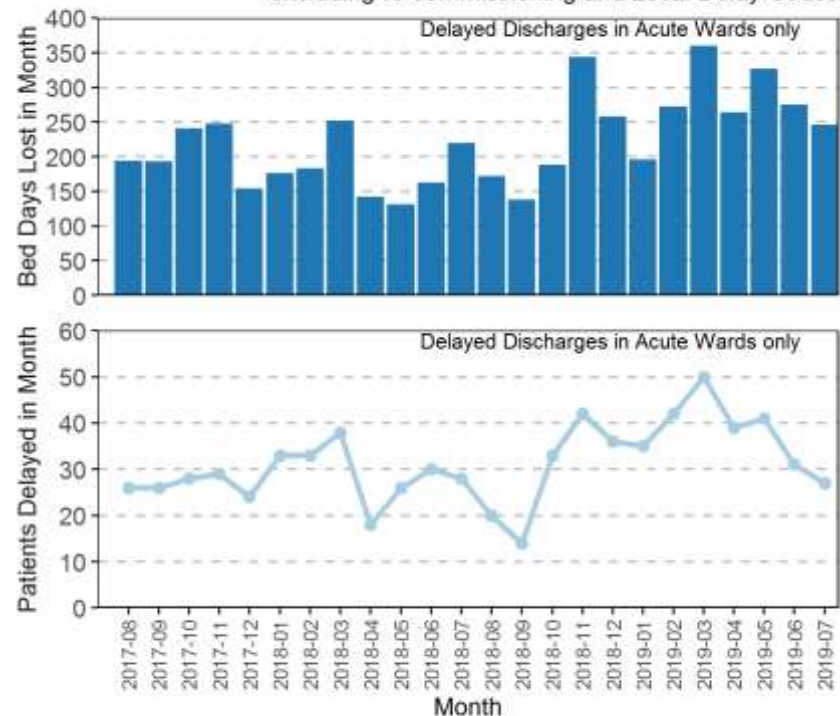
Patients in Inappropriate Locations - Delayed Discharges: No. of patients and bed days lost. Medicine Directorate and Surgical Directorate

Medical Directorate - Delayed Discharges in Ninewells
excluding re-commissioning and Local Delay Codes



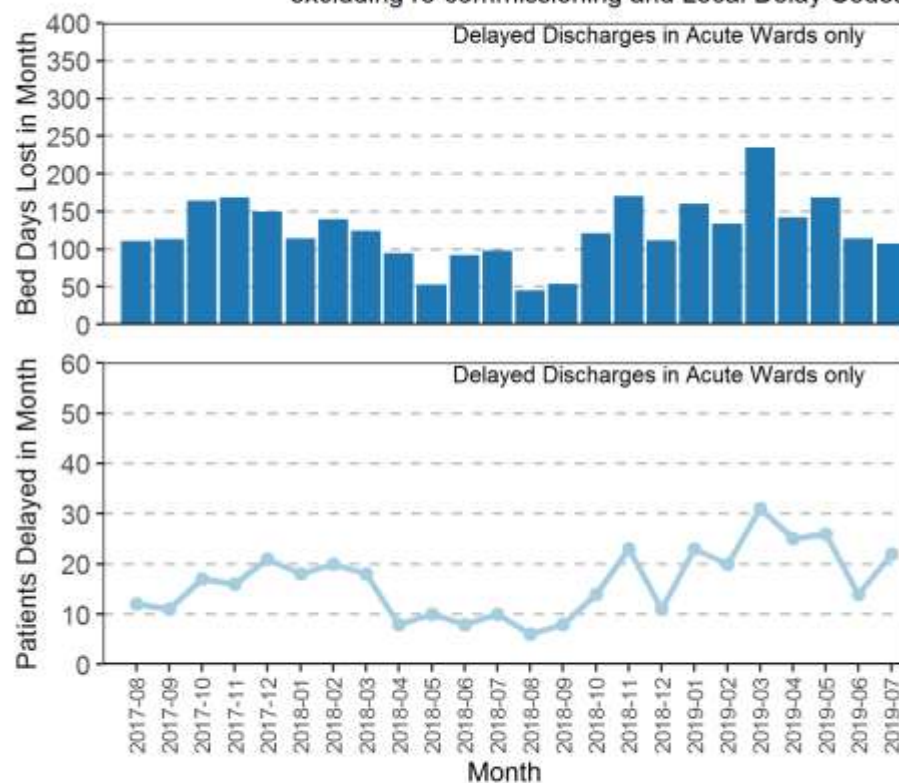
Bed Days Lost Patients Delayed

Medical Directorate - Delayed Discharges in PRI
excluding re-commissioning and Local Delay Codes



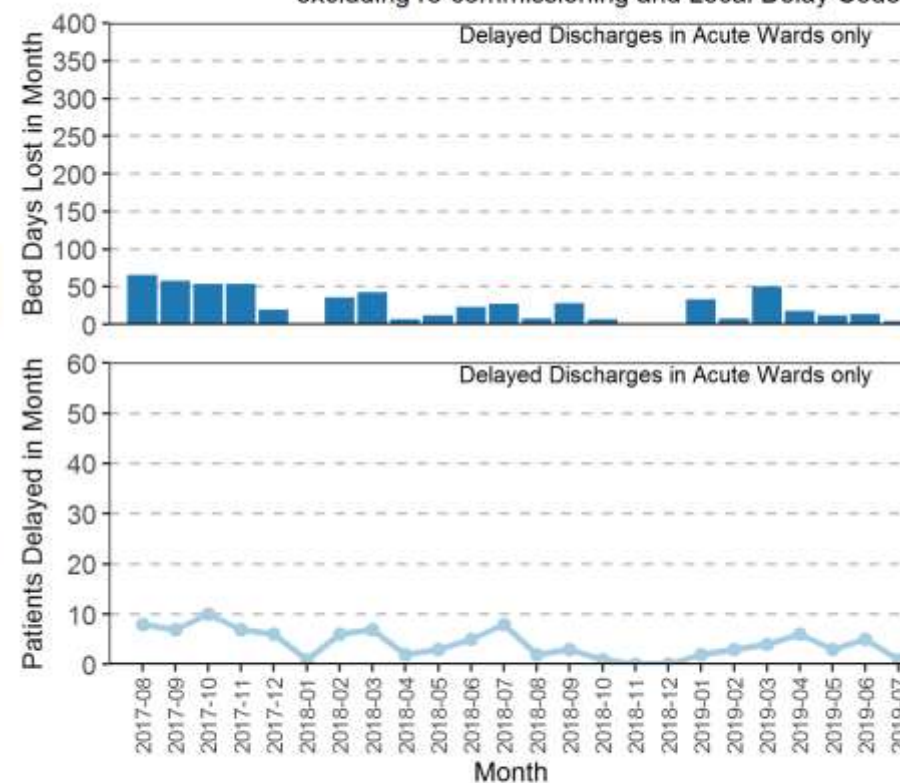
Bed Days Lost Patients Delayed

Surgical Directorate - Delayed Discharges in Ninewells
excluding re-commissioning and Local Delay Codes



Bed Days Lost Patients Delayed

Surgical Directorate - Delayed Discharges in PRI
excluding re-commissioning and Local Delay Codes



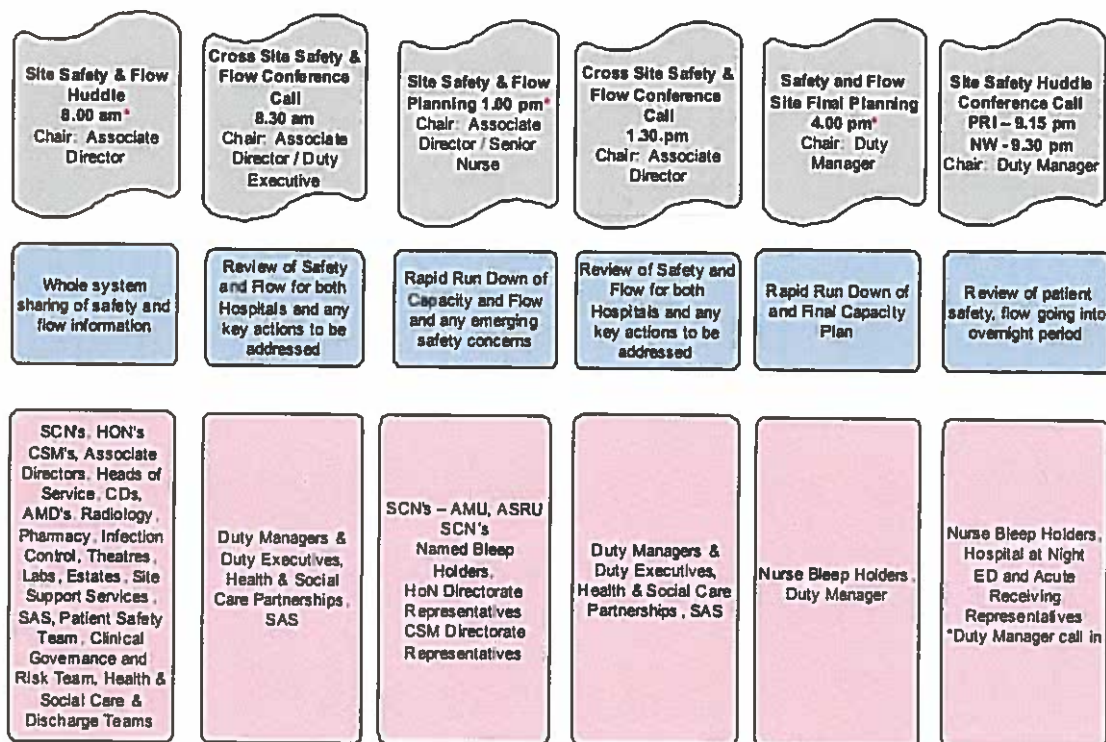
Bed Days Lost Patients Delayed

Appendix 6 Safety and Flow Huddle

SAFETY AND FLOW HUDDLES NINEWELLS AND PRI

Safety & Flow Framework for Business as Usual, Weekend and Public Holiday Working

Figure 1: Monday to Friday Huddle Arrangements

NHS TAYSIDE SAFETY & FLOW FRAMEWORK
Monday to Friday (non public holidays)

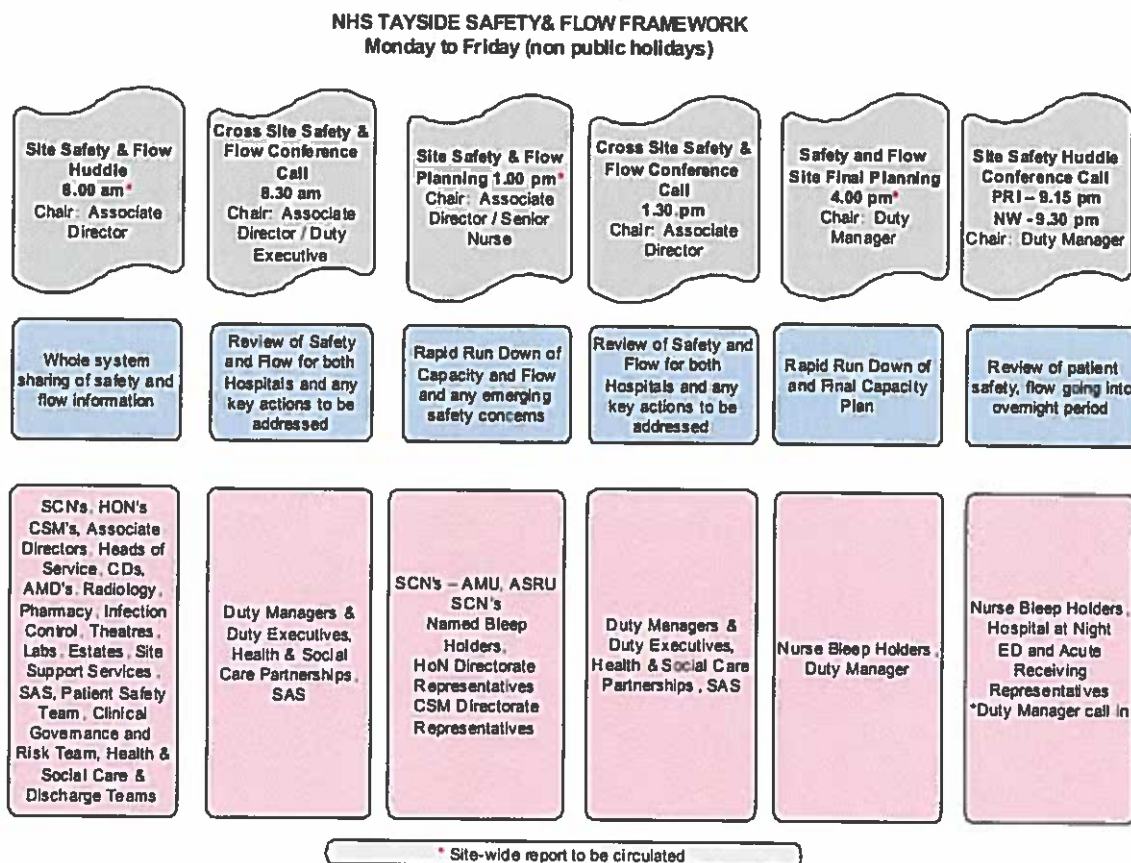
* Site-wide report to be circulated

Appendix 6 Safety and Flow Huddle

SAFETY AND FLOW HUDDLES NINEWELLS AND PRI

Safety & Flow Framework for Business as Usual, Weekend and Public Holiday Working

Figure 1: Monday to Friday Huddle Arrangements



Appendix 7 Winter Action Card Template

WINTER ACTION CARD



DEPARTMENT:

LOCATION: (e.g. Ninewells, PRI)

YEAR ROUND PLANNING – BUSINESS AS USUAL (Summary of Activity)

Example:

Workforce Planning and development, Staff duty rotas

Support Services – equipment, stores and transport

Information Technology

Risk of patient becoming delayed on their pathway is minimised

WINTER PREPAREDNESS – PLANNING AHEAD

Develop activity plans for winter: Festive shutdown, elective and urgent care

Ensure timely and continuous access to local infrastructure services including:

Workforce Capacity Plans, Staff duty rotas

Sufficient levels and numbers of senior decision makers from all sectors are duty rostered at all times

Support Services - equipment, stores and Transport(SAS), Information Technology

Data Intelligence to inform planning, monitoring and action for winter capacity, activity, pressures and performance

Instigate discharge planning at weekends & before pressure periods/public holidays

Communication internal/external

ALERT/TRIGGERS

Consider triggers: seasonal illness, adverse weather, effects on staffing, service pressures:

Pressures on timely and continuous access to local infrastructure services including:

Workforce capacity – staff duty rotas

Support Services - equipment, stores and transport, Information Technology

Use of predictive data from partner agencies to inform alerts/triggers and actions to be taken

Communication of Demand Capacity pressures via Hospital site huddle Framework

Communication internal/external

ESCALATION – Action & Response

What do we need to know?

Staffing levels

Local Priorities

Roles/responsibilities

Demand capacity data from hospital site huddles/partner agencies

Communications internal/external

Consider:

7 day working

Duty rota cover

Flexible ways of working

DE-ESCALATION - Stepdown

How will we know we can step down?

Workforce capacity levels

Demand Capacity levels etc

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2019 TO DECEMBER 2019

Organisation	Member	Meeting Dates January 2019 to December 2019						
		26/2	29/3	23/4	25/6	27/8	29/10	17/12
Dundee City Council (Elected Member)	Cllr Ken Lynn	✓	✓	✓	✓	✓		
Dundee City Council (Elected Member)	Cllr Roisin Smith	✓	✓	✓	✓	✓		
Dundee City Council (Elected Member)	Bailie Helen Wright	✓	✓	✓	✓	✓		
NHS Tayside (Non Executive Member)	Trudy McLeay	✓	✓	✓	✓	✓		
NHS Tayside (Non Executive Member)	Jenny Alexander	A	✓	A	✓	✓		
NHS Tayside (Non Executive Member)	Dr Norman Pratt	✓	✓					
NHS Tayside (Non Executive Member)	Professor Nic Beech			A	A	✓		
Dundee City Council (Chief Social Work Officer)	Jane Martin	✓	✓	✓	✓			
Dundee City Council (Chief Social Work Officer)	Diane McCulloch					✓		
Chief Officer	David W Lynch	✓	✓	✓	✓	✓		
Chief Finance Officer	Dave Berry	✓	✓	✓	✓	✓		
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))	Dr Frank Weber	A	A	A	A	A		
NHS Tayside (Registered Nurse)	Sarah Dickie	✓	✓	A	✓			
NHS Tayside (Registered Nurse)	Kathryn Brechin					✓		
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Dr Cesar Rodriguez	✓	✓					
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Dr James Cotton			A	✓	✓		
Trade Union Representative	Jim McFarlane	✓	A	✓	✓	✓		
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	✓	✓	✓	✓		
Voluntary Sector Representative	Christine Lowden	✓	✓	✓	✓	✓		
Service User Representative	Linda Gray	✓	✓	✓	✓	✓		
Carer Representative	Martyn Sloan	✓	✓	✓	A	A		
NHS Tayside (Director of Public Health)	Dr Drew Walker	✓	A	✓	✓	✓		

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

