



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

17th April, 2018

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, 24th April, 2018 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 MINUTES OF PREVIOUS MEETINGS

- (a) The minute of meeting of the Integration Joint Board held on 27th February, 2018 is attached for approval. - **Page 1**
- (b) The minute of special meeting of the Integration Joint Board held on 30th March, 2018 is attached for approval. - **Page 7**

4 PERFORMANCE AND AUDIT COMMITTEE

- (a) Minute of Meeting of 13th February, 2018. - **Page 11**
- (b) Minute of Meeting of 27th March, 2018. - **Page 17**

(Copies attached for information and record purposes.)

- (c) Chairs Assurance Report

(Report No DIJB23-2018 by the Chair of the Performance and Audit Committee, to follow.)

5 AMENDMENT TO INTEGRATION SCHEME

- (a) Integration Scheme – Amendment - Background (DIJB24-2018)

The Carers (Scotland) Act 2016 came into force on 1st April, 2018. The Act imposes new duties on Local Authorities and Health Boards which are to be delegated to Integration Joint Boards. In order to implement the Carers (Scotland) Act the Scottish Government amended those Regulations which identify the functions which are to be delegated by Local Authorities and Health Boards respectively to Integration Joint Boards. As a result of the changes to the Regulations, Local Authorities and Health Boards, working with Integration Joint Boards, were required to amend their Integration Schemes to take account of the new provisions.

The Integration Joint Board is requested to note that Dundee City Council and NHS Tayside submitted a revised Integration Scheme to the Scottish Government on 2nd March, 2018. On 3rd April, 2018 the Scottish Government advised that the revised Dundee Integration Scheme had been approved.

The Appendices to the Integration Scheme which contain the tracked changes are attached (DIJB25-2018).

- (b) Integration Scheme – Amendment – Tracked Change Document (DIJB25-2018) - **Page 23**

The tracked change document is attached for noting.

The Integration Joint Board is asked to note the content of the note and the amendments.

6 DUNDEE ADULT CARERS ELIGIBILITY FRAMEWORK

- (a) Presentation by Lucinda Godfrey, Chief Executive Officer, Dundee Carers' Centre.
- (b) Report No DIJB22-2018 by the Chief Officer, copy attached. - **Page 39**

7 FINANCIAL MONITORING POSITION AS AT 28TH FEBRUARY, 2018 – Page 89

(Report No DIJB19-2018 by the Chief Finance Officer, copy attached.)

8 UPDATE ON GENERAL DATA PROTECTION REGULATIONS PREPARATIONS – Page 101

(Report No DIJB18-2018 by the Chief Finance Officer, copy attached.)

9 UPDATE ON DUTY OF CANDOUR PREPARATIONS – Page 105

(Report No DIJB20-2018 by the Chief Finance Officer, copy attached.)

10 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, 26th June, 2018 at 2.00 pm.

The Integration Joint Board may resolve under Section 50(a)(4) of the Local Government (Scotland) Act 1973 that the press and public be excluded from the meeting for the undernoted on the grounds that they involve the likely disclosure of exempt information as defined in paragraph 3, 6 and 9 of Part I of Schedule 7A of the Act.

11 GENERAL MEDICAL SERVICES

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

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

(* - DENOTES VOTING MEMBER)

<u>Role</u>	<u>Recipient</u>
Elected Member (Chair)	Councillor Ken Lynn *
Non Executive Member (Vice Chair)	Doug Cross *
Elected Member	Councillor Roisin Smith *
Elected Member	Bailie Helen Wright *
Non Executive Member	Judith Golden *
Non Executive Member	Munwar Hussain *
Chief Officer	David W Lynch
Chief Finance Officer	Dave Berry
Registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978(b)	Frank Weber
Registered medical practitioner employed by the Health Board and not providing primary medical services	Cesar Rodriguez
Registered nurse who is employed by the Health Board	Sarah Dickie
Chief Social Work Officer	Jane Martin
Third Sector Representative	Christine Lowden
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Director of Public Health	Drew Walker
Person providing unpaid care in the area of the local authority	Martyn Sloan
Service User residing in the area of the local authority	Andrew Jack

(b) DISTRIBUTION – FOR INFORMATION ONLY

<u>Organisation</u>	<u>Recipient</u>
NHS Tayside (Chief Executive)	Lesley McLay
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 Health and Social Care Partnership (Chief Officer's Admin Assistant)	Arlene Hay
Dundee City Council (Communications rep)	Steven Bell
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Linda Rodger
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Senior Audit Manager)	Bruce Crosbie

At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 27th February, 2018.

Present:-

Members

Role

Ken LYNN (<i>Chairperson</i>)	Nominated by Dundee City Council (Elected Member)
Doug CROSS (<i>Vice Chairperson</i>)	Nominated by Health Board (Non-Executive Member)
Judith GOLDEN	Nominated by Health Board (Non-Executive Member)
Munwar HUSSAIN	Nominated by Health Board (Non-Executive Member)
David W LYNCH	Chief Officer
Dave BERRY	Chief Finance Officer
Cesar RODRIGUEZ	Registered Medical Practitioner (not providing primary medical services)
Frank WEBER	Registered Medical Practitioner (whose name is included in the list of primary medical performers)
Sarah DICKIE	Registered Nurse
Ann ERIKSEN	(for Drew Walker) (Director of Public Health)
Jane MARTIN	Chief Social Work Officer
Jim MCFARLANE	Trade Union Representative
Andrew JACK	Service User residing in the area of the local authority
Martyn SLOAN	Person providing unpaid care in the area of the local authority

Ken LYNN, Chairperson, in the Chair.

Also in attendance at the request of the Chief Officer:-

Diane McCulloch
Kathryn Sharp
Lynsey Webster
Jackie Stewart
Avril Smith-Hope
Doctor David Shaw,
Doctor James Cotton
Sue Muir
Shona Hyman.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Roisin SMITH	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Drew WALKER	Director of Public Health
Raymond MARSHALL	Staff Partnership Representative
Christine LOWDEN	Third Sector Representative

II DECLARATIONS OF INTEREST

No declarations of interest were made.

III MINUTE OF PREVIOUS MEETING

- (a) The minute of meeting of the Integration Joint Board held on 19th December, 2017 was submitted and approved.
- (b) The minute of meeting of the Integration Joint Board held on 24th January, 2018 was submitted and approved.

IV ISSUING OF DIRECTIONS

There was submitted Agenda Note DIJB14-2018 reporting that The Public Bodies (Joint Working) (Scotland) Act 2014 placed a duty on the Integration Joint Board to develop a strategic plan for integrated functions and budgets under its control. To action this plan the Integration Joint Board was required to issue binding Directions to one or both of Dundee City Council and NHS Tayside. A Direction had to be given in respect of every function that had been delegated to the Integration Joint Board. The Direction had to be in writing and had to set out how each integrated health and social care function was to be exercised and the budget associated with that.

As the strategic plan developed and in order to ensure proper governance it was proposed that a 'Directions' section be included in Integration Joint Board Reports. The section would identify whether a Direction from the Integration Joint Board was necessary and if so to whom was it to be issued. If a Direction was to be issued, the formal written Direction would be contained within the body of the Report. This would keep all members of the Integration Joint Board fully informed of the terms of any Direction prior to its being issued. It would also enhance transparent governance by the Integration Joint Board in the issuing of Directions.

The Integration Joint Board agreed to implement the proposal as outlined.

V TAYSIDE INTEGRATED CLINICAL STRATEGY

There was submitted Report No DIJB5-2018 by the Chief Officer providing an update on progress towards the development of an Integrated Clinical Strategy for Tayside.

Sue Muir, Programme Lead Integrated Clinical Strategy and Dr James Cotton, Consultant, NHS Tayside gave a joint presentation in supplement to the report.

The Integration Joint Board agreed:-

- (i) to note the content of the presentation;
- (ii) to note the progress made to date on the development of an Integrated Clinical Strategy and the Staging Report that was approved by NHS Tayside Board in December 2017 a copy of which was attached to the report as Appendix 1;
- (iii) to endorse the ongoing development of the Integrated Clinical Strategy in collaboration with Tayside Health and Social Care Partnerships as outlined in the report; and
- (iv) to note the intended public informing and awareness raising whilst a plan for long term, ongoing engagement with the stakeholders of the Partnerships was developed as outlined in the report.

VI FINANCIAL MONITORING REPORT AS AT DECEMBER 2017

There was submitted Report No DIJB12-2018 by the Chief Finance Officer providing an update of the projected financial monitoring position for delegated health and social care services for 2017/18.

The Integration Joint Board agreed to note the content of the report including the overall projected financial position for delegated services to the 2017/18 financial year end as at 31st December, 2017.

VII DUNDEE INTEGRATION JOINT BOARD 2018/2019 BUDGET PROGRESS REPORT

There was submitted Report No DIJB13-2018 by the Chief Finance Officer providing an update with regards to the development of the delegated budget 2018/19 and associated developing Transformation Programme required to deliver a balanced budget.

The Integration Joint Board agreed:-

- (i) to note the anticipated level of increased costs associated with the delegated budget and indicative funding levels from Dundee City Council and NHS Tayside and associated funding gap; and
- (ii) to remit the Chief Finance Officer to bring forward a full range of deliverable Transformation Programme efficiencies for consideration of the Integration Joint Board at the special meeting arranged for 30th March, 2018.

VIII PERSONALISATION PROGRAMME (SELF-DIRECTED SUPPORT)

There was submitted Report No DIJB3-2018 by the Chief Finance Officer providing an overview of the Partnership's progress and challenges in realising the aspirations and vision of delivering Person Centred Care, under Self-directed Support legislation, through the personalisation and transformation programmes.

The Integration Joint Board agreed:-

- (i) to note the detail of Dundee Health and Social Care Partnership's Personalisation self evaluation report as summarised in Appendix 1 of the report, as a response to the direction and recommendations reflected in Dundee Health and Social Care Partnership's Strategic and Commissioning Plan 2016-2021, Scottish Government's National Self-directed Support Strategy and Audit Scotland August 2017 Progress Report: Self-directed Support; and
- (ii) to instruct the Chief Finance Officer to report back to the Integration Joint Board on the progress being made in achieving the actions set out in the self evaluation report to meet the recommendations detailed in Dundee Health and Social Care Partnership's Strategic and Commissioning Plan 2016-2021, Scottish Government's National Self-directed Support Strategy and Audit Scotland August 2017 Progress Report: Self-directed Support, on behalf of the Personalisation Programme Board.

IX DELIVERING THE NEW 2018 GENERAL MEDICAL SERVICES CONTRACT IN SCOTLAND

There was submitted Report No DIJB8-2018 by the Chief Officer outlining the content of the new 2018 General Medical Services Contract in Scotland, the Memorandum of Understanding between the Scottish Government, British Medical Association, Integration Authorities and NHS Boards, the requirement for Primary Care Improvement Plans to be developed by 1st July, 2018 and outlining how the Primary Care Improvement Plan would be developed and the timescales for this.

The Integration Joint Board agreed:-

- (i) to note the content of the report; and
- (ii) to instruct the Chief Officer to progress the necessary actions within Dundee and jointly with the other Tayside Health and Social Care Partnerships to develop the Primary Care Improvement Plan as set out in paragraph 4.12.1 of the report, and present this to the Integration Joint Board for approval at its meeting on 26th June, 2018.

X EQUAL, EXPERT AND VALUED – INVOLVEMENT OF CARERS IN THE WORK OF DUNDEE INTEGRATION JOINT BOARD

There was submitted Report No DIJB10-1028 by the Chief Officer advising of the outcome of assessment against "Equal and Expert" – Best Practice Standards for Carers Engagement.

The Integration Joint Board agreed:-

- (i) to note the assessment undertaken;
- (ii) to instruct the Carers Strategic Planning Partnership (supported by the Communication and Engagement Sub-Group of the Integrated Strategic Planning Group) to address the identified gaps in relation to carer engagement; and
- (iii) to instruct the Communication and Engagement Sub-Group to take the Best practice Standards for Carers Engagement into account in the ongoing development of engagement and participation mechanisms.

XI CLIMATE CHANGE REPORTING

There was submitted Report No DIJB8-2018 by the Chief Finance Officer informing the Integration Joint Board of its duties in relation to Climate Change reporting under the Climate Change (Scotland) Act 2009, to present the latest submitted Climate Change report and the subsequent high level analysis report from Sustainable Scotland Network published on 31st January, 2018.

The Integration Joint Board agreed:-

- (i) to note the duties of the Integration Joint Board in relation to Climate Change Reporting;
- (ii) to note the Climate Change Report submitted by the Chief Finance Officer on behalf of the Integration Joint Board which was attached to the report as Appendix 1;
- (iii) to note the high level analysis report published by Sustainable Scotland Network on 31st January, 2018 which was attached to the report as Appendix 2; and
- (iv) to instruct the Chief Finance Officer to continue to work with NHS Tayside, Dundee City Council and the Sustainable Scotland Network to ensure that its Climate Change duties continued to be met, including reviewing the high level analysis report and identifying any impact on the Integration Joint Board.

XII MEASURING PERFORMANCE UNDER INTEGRATION – 2018/19 SUBMISSION

There was submitted Report No DIJB11-2018 by the Chief Officer seeking approval of the 2018/19 submission made by the Partnership to the Ministerial Strategic Group for Health and Community Care as part of the Measuring Performance under Integration work stream.

The Integration Joint Board agreed:-

- (i) to note the summary table of targets under each service delivery area as outlined in Appendix 1 of the report;
- (ii) to approve the 2018/19 submission to the Ministerial Strategic Group for Health and Community Care which was attached to the report as Appendix 2;
- (iii) to note the methodology used to develop proposed targets for submission to the Ministerial Strategic Group as outlined in sections 4.2.3 and 4.2.4 of the report and Appendix 3 of the report; and

- (iv) to note that 2018/19 targets would remain in draft until such times as the Integration Joint Board budget for 2018/19 had been confirmed as outlined in section 4.2.5 of the report.

XIII TARGETS AND INDICATORS IN HEALTH AND SOCIAL CARE: A REVIEW

There was submitted Report No DIJB7-2018 by the Chief Officer informing of the key points and recommendations from 'Targets and Indicators in Health and Social Care: A Review' (Professor Sir Harry Burns, November 2017) and informing of the potential implications for the Dundee Health and Social Care Partnership should the Scottish Government decide to implement the recommendations within the review.

The Integration Joint Board agreed:-

- (i) to note the key points and recommendations from 'Targets and Indicators in Health and Social Care: A Review' as summarised within the report;
- (ii) to note the potential implications for the Dundee Health and Social Care Partnership of any future implementation of the recommendations made within the review by the Scottish Government as outlined in section 4.6 of the report; and
- (iii) to instruct the Chief Finance Officer to bring forward a full report on local implications if, following consideration of the review, the Scottish Government proceeded to implement any of the recommendations made by Professor Sir Harry Burns.

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 Tuesday, 24th March, 2018 at 2.00 pm.

Ken LYNN, Convener.

At a SPECIAL MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 30th March, 2018.

Present:-

Members

Ken LYNN (*Chairperson*)
Doug CROSS (*Vice Chairperson*)
Roisin SMITH
Helen WRIGHT
Judith GOLDEN
Munwar HUSSAIN
David W LYNCH
Dave BERRY
Sarah DICKIE
Jane MARTIN
Jim MCFARLANE
Christine LOWDEN
Andrew JACK

Role

Nominated by Dundee City Council (Elected Member)
Nominated by Health Board (Non-Executive Member)
Nominated by Dundee City Council (Elected Member)
Nominated by Dundee City Council (Elected Member)
Nominated by Health Board (Non-Executive Member)
Nominated by Health Board (Non-Executive Member)
Chief Officer
Chief Finance Officer
Registered Nurse
Chief Social Work Officer
Trade Union Representative
Third Sector Representative
Service User residing in the area of the local authority

Also in attendance at the request of the Chief Officer:-

Name

Diane McCULLOCH
Arlene HAY
Dr David SHAW
Joyce BARCLAY
Shona HYMAN
Arnot TIPPETT
Jonathon MILNE

Organisation

Dundee Health and Social Care Partnership
Dundee Health and Social Care Partnership
Dundee Health and Social Care Partnership
Dundee Health and Social Care Partnership
NHS Tayside
NHS Tayside
NHS Tayside

Ken LYNN, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Cesar RODRIGUEZ, Registered Medical Practitioner (not providing primary medical services), Frank WEBER, Registered Medical Practitioner (whose name is included in the list of primary medical performers) and Raymond MARSHALL, Staff Partnership Representative.

II DECLARATIONS OF INTEREST

No declarations of interest were made.

III EQUALITIES MAINSTREAMING PROGRESS REPORT 2016-2018

There was submitted Report No DIJB15-2018 by the Chief Officer seeking approval of the Dundee Health and Social Care Partnership Equality Mainstreaming Progress Report 2016-2018 informing the Integration Joint Board of planned work in relation to equalities mainstreaming and outcomes during 2018/19.

The Integration Joint Board agreed:-

- (i) to approve the Dundee Health and Social Care Partnership Equality Mainstreaming Progress Report 2016-2018 which was attached to the report as Appendix 1;
- (ii) to approve the intended approach to publication and dissemination as outlined in Section 4.2.5 of the report;
- (iii) to note the planned programme of work for 2018/19 in relation to equalities mainstreaming and outcomes as outlined in Section 4.3 of the report;
- (iv) to note that Fairer Scotland Duty, which the Integration Joint Board would be subject to, would come into force on 1st April, 2018 as outlined in Section 4.3.3 of the report; and
- (v) to instruct the Chief Officer to submit for approval to the Integration Joint Board a revised set of Dundee Health and Social Care Partnership equality outcomes, co-produced with people with protected characteristics, prior to 31st March, 2019.

IV TRANSFORMATION OF LOCHEE HEALTH CENTRE

There was submitted Report No DIJB16-2018 by the Chief Officer outlining proposals to transform the Lochee Health Centre and seek the support of the Integration Joint Board to proceed to the next phase of the programme.

The Integration Joint Board agreed:-

- (i) to note the content of the report and support the development of Lochee Health Centre as described in the report and associated floor plan which was attached to the report as Appendix 1;
- (ii) to request that NHS Tayside release the provision made within its Capital Plan for primary care developments of £250k, inclusive of VAT, to enable the required structural changes to be made; and
- (iii) to instruct the Chief Officer to take forward the necessary arrangements to deliver the programme of work.

V DUNDEE INTEGRATION JOINT BOARD BUDGET 2018/2019

There was submitted Report No DIJB17-2018 by the Chief Finance Officer advising of the implications of the proposed delegated budget for 2018/19 from Dundee City Council and indicative budget from Tayside NHS Board and seeking approval for the range of interventions required to set a balanced budget for Dundee Health and Social Care Partnership for 2018/19.

Thereafter following discussion, Councillor Ken Lynn, seconded by Doug Cross, moved that the Integration Joint Board:-

- (i) notes the implications of the proposed delegated budget to Dundee Health and Social Care Partnership from Dundee City Council and indicative delegated budget from Tayside NHS Board for 2018/19;
- (ii) notes the implications of the change in the risk sharing agreement as set out within the Integration Scheme and referred to in paragraph 4.1.5 of the report;
- (iii) formally adopts the prescribing budget subject to a number of caveats and notes the risks associated with this as set out in paragraph 4.3;

- (iv) approves an uplift of 1% for 2018/19 to rolling contractual arrangements with the third sector for the provision of health and social care services as outlined in paragraph 4.9 in addition to required uplifts to implement the Scottish Living Wage and Sleepover payments at the Scottish Living Wage;
- (v) approves the extension of service funded by the Integrated Care Fund from June 2018 to March 2019 as set out in paragraph 4.12 and Appendix 3 of the report;
- (vi) approves the range of interventions set out in Appendixes 1 and 2 of the report in order to provide a balanced budget;
- (vii) approves the delegated budget proposed by Dundee City Council;
- (viii) instructs the Chief Finance Officer to report back to the Integration Joint Board following receipt of formal notification from Tayside NHS Board of the budget offer with associated recommendations including any implementations of the finalisation of hosted services budgets and the Large Hospital Set Aside;
- (ix) notes the current position in relation to additional Scottish Government funding for Mental Health, Primary Care Transformation and Alcohol and Drug Partnership funding as set out in paragraph 4.7 and instructs the Chief Finance Officer to report back to the Integration Joint Board with the implications of these once determined at a local level;
- (x) instructs the Chief Finance Officer to progress the Transformation Efficiency Programme to the next stage in partnership with relevant stakeholders including Trade Union and Staff Side representatives; and
- (xi) agrees that in future the Budget should be presented in a spreadsheet form showing income and expenditure for forthcoming and previous years to allow a much clearer understanding of the Integration Joint Board's Budget. Monitoring Reports should also follow this format.

As an amendment, Bailie Helen Wright, seconded by Jim McFarlane, moved that the Integration Joint Board further agrees to £941k from uncommitted reserves to address hospital re-admissions. The aim of this fund would be to address the issues that see too many individuals returning to hospital within 28 days of being discharged. This fund should also look to address the number of admissions caused by trips and falls.

This fund, linked to the availability of our Health & Social Care Workers whose time, if better managed, should help eliminate the service inefficiencies such as non-contact time and in turn help to save the cost of re-admissions.

On a division, there voted for the motion – Councillor Ken Lynn, Doug Cross and Councillor Roisin Smith (3); and for the amendment – Judith Golden and Bailie Helen Wright (2) – Munwar Hussain declining to vote – whereupon the motion was declared carried.

As a further amendment Bailie Wright, seconded by Munwar Hussain moved that the Integration Joint Board agree to instruct the Chief Finance Officer to bring back a Report as soon as possible confirming the level of uncommitted reserves at the year-end along with proposals to use these reserves to address hospital re-admissions. The aim of this fund would be to address the issues that see too many individuals returning to hospital within 28 days of being discharged. This fund should also look to address the number of admissions caused by trips and falls.

This fund, linked to the availability of our Health and Social Care Workers whose time, if better managed, should help to eliminate the service inefficiencies such as non-contact time and in turn help to save the cost of re-admissions.

On a division, there voted for the motion – Councillor Ken Lynn, Doug Cross and Councillor Roisin Smith (3); and for the amendment – Judith Golden, Munwar Hussain and Bailie Helen Wright (3) – there being no majority of votes in favour of the motion or the amendment, the motion, as originally carried, became the finding of the meeting.

VI 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 Tuesday 24th April, 2018 at 2.00 pm.

Ken LYNN, Chairperson.

At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 13th February, 2018.

Present:-

Members

Role

Doug CROSS (<i>Chairperson</i>)	Nominated by Health Board (Non-Executive Member)
Judith GOLDEN	Nominated by Health Board (Non-Executive Member)
Roisin SMITH	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
David W LYNCH	Chief Officer
Dave BERRY	Chief Finance Officer
Jane MARTIN	Chief Social Work Officer
Cesar RODRIGUEZ	Registered Medical Practitioner (not providing primary medical services)

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

Tony GASKIN	Chief Internal Auditor
Diane McCULLOCH	Dundee Health and Social Care Partnership
Arlene HAY	Dundee Health and Social Care Partnership
Lynsey WEBSTER	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership

Doug CROSS, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Raymond MARSHALL Staff Partnership Representative

II DECLARATIONS OF INTEREST

No declarations of interest were made.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of this Committee held on 28th November, 2017 was submitted and approved.

IV OUTCOME OF CARE INSPECTORATE INSPECTIONS – JANET BROUGHAM HOUSE, MENZIESHILL HOUSE AND CRAIGIE HOUSE

There was submitted Report No PAC3-2018 by the Chief Finance Officer advising of the outcome of the recent Care Inspectorate inspections of the older people care homes Janet Brougham House, Menzieshill House and Craigie House.

The Committee agreed:-

- (i) to note the content of the report and the content of the inspection reports which were attached to the report as Appendices 1, 2 and 3;
- (ii) to note the one recommendation for Janet Brougham House as noted in paragraph 4.1.6 of the report and the three recommendations for Menzieshill House as outlined in paragraph 4.2.6 of the report;
- (iii) to note the grades awarded to the services, the strengths of the services, and the very positive comments made by service users and carers as outlined in the report;
- (iv) to note that from April, 2018 Care Inspectorate inspections would be measured against a new set of standards and that the Chief Social Work Officer would submit a report on this to a future meeting of the Committee; and
- (v) to record their appreciation for the contribution and diligence of staff within the Partnership with responsibility for the individual services referred to in the report towards achieving positive reports for the inspections carried out by the Care Inspectorate.

V OUTCOME OF CARE INSPECTORATE INSPECTION – DUNDEE COMMUNITY LIVING

There was submitted Report No PAC1-2018 by the Chief Finance Officer advising of the outcome of the Care Inspectorate inspection of Dundee Community Living which was undertaken in October, 2017.

The Committee agreed:-

- (i) to note the content of the Inspection Report dated 13th October, 2017 which was attached to the report as Appendix 1;
- (ii) to note the grades awarded to the services, the strengths of the services, and the very positive comments made by service users and carers as outlined in the report; and
- (iii) to record their appreciation for the contribution and diligence of staff within the Partnership with responsibility for the service referred to in the report towards achieving the positive report from the inspection carried out by the Care Inspectorate.

VI OUTCOME OF CARE INSPECTORATE INSPECTION – SUPPORTED LIVING TEAM

There was submitted Report No PAC2-2018 by the Chief Finance Officer advising of the outcome of the recent Care Inspectorate inspection of the Supported Living Team which was undertaken in December, 2017.

The Committee agreed:-

- (i) to note the content of the Inspection Report dated 12th December, 2017 which was attached to the report as Appendix 1;
- (ii) to note the grades awarded to the services, the strengths of the services, and the very positive comments made by service users and carers as outlined in the report; and

- (iii) to record their appreciation for the contribution and diligence of staff within the Partnership with responsibility for the service referred to in the report towards achieving the positive report from the inspection carried out by the Care Inspectorate.

VII DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT (QUARTER 3)

There was submitted Report No PAC4-2018 by the Chief Finance Officer providing an update on the Quarter 3 performance against the National Health and Wellbeing Indicators and Measuring Performance Under Integration interim targets.

The Committee agreed:-

- (i) to note the content of the report;
- (ii) to note the performance of Dundee Health and Social Care Partnership against the Measuring Performance Under Integration interim targets as outlined in Appendix 1 of the report and section 4.8 of the report; and
- (iii) to note the performance of Dundee Health and Social Care Partnership against the National Health and Wellbeing Indicators as outlined in Appendix 2 of the report and section 4.9 of the report.

VIII 2017/18 MID YEAR PERFORMANCE SUMMARY

There was submitted Report No PAC5-2018 by the Chief Finance Officer providing a summary of performance against key areas of service delivery reflected in the national health and wellbeing outcomes and indicators and Measuring Performance under Integration targets in the first six months of 2017/18.

The Committee agreed:-

- (i) to note the performance in each service delivery area from 1st April, 2017 to 30th September, 2017 as outlined in Appendix 1 of the report;
- (ii) to note the performance achieved by the Partnership in comparison to the pre-integration position (2015/16) as outlined in section 4.2 of the report;
- (iii) to note the variation in performance between Local Community Planning Partnerships in comparison to the pre-integration position as outlined at section 4.3 and Appendix 2 of the report; and
- (iv) to note planned improvement actions and timescales and planned investment in relation to areas of service delivery where performance had not been improving as outlined at sections 4.6 and 4.8 of the report.

IX MEASURING PERFORMANCE UNDER INTEGRATION – 2018/19 SUBMISSION

There was submitted Report No PAC6-2018 by the Chief Finance Officer informing of the 2018/19 submission made by the Partnership to the Ministerial Strategic Group for Health and Community Care as part of the Measuring Performance under Integration work stream.

The Committee agreed:-

- (i) to note the summary table of targets under each service delivery area as outlined in Appendix 1 of the report and the 2018/19 submission to the Ministerial Strategic Group for Health and Community Care as outlined in Appendix 2 of the report;

- (ii) to note the methodology used to develop proposed targets for submission to the Ministerial Strategic Group for Health and Community Care as outlined in sections 4.2.3 and 4.2.4 and Appendix 3 of the report;
- (iii) to note that 2018/19 targets would remain in draft until such times as the Integration Joint Board budget for 2018/19 had been confirmed as outlined in section 4.2.5 of the report and the submission had been approved by the Integration Joint Board at its meeting on 27th February, 2018; and
- (iv) to note that in relation to indicator 21 of Appendix 1 of the report the number under 2017/2018 Trajectory heading should have been 97.6%.

X ANALYSIS ON RE-ADMISSIONS TO HOSPITAL

Reference was made to Article XI of the minute of meeting of this Committee held on 12th September, 2017 wherein it was agreed to direct the Chief Finance Officer to submit a full analysis of reasons for re-admission to hospital by January, 2018 following completion of analytical work commissioned by the Unscheduled Care Board.

There was submitted Agenda Note PAC7-2018 reporting that resources identified by the Unscheduled Care Board had not yet been available as expected and as a result the detailed analysis had been delayed. The Unscheduled Care Board had given a commitment to identify alternative resources to support the progression of this work.

The Committee noted the position as outlined in the note and requested that this work be completed as soon as possible to allow for submission to be made to the Committee at the earliest opportunity.

XI DUNDEE INTEGRATION JOINT BOARD HIGH LEVEL RISK REGISTER UPDATE

There was submitted Report No PAC10-2018 by the Chief Finance Officer noting the status of the risks identified within Dundee Integration Joint Board's High Level Risk Register.

The Committee agreed:-

- (i) to note the status of the risks identified within Dundee Integration Joint Board's High Level Risk Register as reflected in Appendix 1 of the report;
- (ii) to instruct the Chief Finance Officer to continue to monitor and update these risks and other emerging strategic risks and present the risk position to the Performance and Audit Committee on a regular basis; and
- (iii) to instruct the Chief Finance Officer to bring forward an annual Risk Management report to the Performance and Audit Committee on 29th May, 2018, covering the year to 31st March 2018.

XII DUNDEE INTEGRATION JOINT BOARD CLINICAL, CARE AND PROFESSIONAL GOVERNANCE INTERNAL AUDIT REVIEW

There was submitted Report No PAC9-2018 by the Chief Finance Officer noting the findings of the Clinical, Care and Professional Governance Internal Audit Review and noting the management response and associated action plan.

The Committee agreed:-

- (i) to note the findings of the Clinical, Care and Professional Governance Internal Audit Review, which was attached to the report as Appendix 1; and
- (ii) to note the management response to the review and associated action plan as outlined in the report and instruct the Chief Officer to progress the action plan accordingly.

XIII DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC12-2018 by the Chief Finance Officer providing a progress update in relation to the current Internal Audit Plan.

The Committee agreed to note the progress of the current Internal Audit Plan as outlined in the report.

XIV DATE OF NEXT MEETING

The Committee agreed to note that the next meeting of the Committee would be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 27th March, 2018 at 2.00 pm.

Doug CROSS, Chairperson.

At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 27th March, 2018.

Present:-

Members

Role

Doug CROSS (<i>Chairperson</i>)	Nominated by Health Board (Non-Executive Member)
Roisin SMITH	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
David W LYNCH	Chief Officer
Dave BERRY	Chief Finance Officer
Jane MARTIN	Chief Social Work Officer

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

Diane McCULLOCH	Dundee Health and Social Care Partnership
Lynsay WEBSTER	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnership
Arlene HAY	Dundee Health and Social Care Partnership
Tony GASKIN	Chief Internal Auditor
Bruce CROSBIE	Audit Scotland
Colin McCASHEY	Independent Convenor, Adult Support and Protection Committee

Doug CROSS, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence was/were submitted on behalf of:-

Raymond Marshall	Staff partnership representative
Judith GOLDEN	Nominated by Health Board (Non-Executive Member)
Cesar RODRIGUEZ	Registered Medical Practitioner (not providing primary medical services)

II DECLARATIONS OF INTEREST

No declarations of interest were made.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of this Committee held on 13th February, 2018 was submitted and approved.

IV ADULT SUPPORT & PROTECTION COMMITTEE – INDEPENDENT CONVENOR'S ANNUAL REPORT

There was submitted Report No PAC13-2018 by the Chief Finance Officer presenting the Independent Convenor of the Adult Support and Protection Committee's Annual Report for the period April 2016 -

March 2017 which included a summary of the work undertaken and the priorities recommended for the coming year.

Colin McCashey, Independent Convenor, Dundee Adult Support and Protection Committee gave a verbal presentation to the content of the report.

The Committee agreed:-

- (i) to note the contents of the Independent Convenor's Report which was attached to the report as an Appendix;
- (ii) to note the progress that had been made in developing an effective partnership response to Adult Support and Protection issues in the city; and
- (iii) to note the progress achieved in response to the Independent Convenor's recommendations for 2016 – 18 as outlined in Section 4.5 of the report.

V OUTCOME OF CARE INSPECTORATE INSPECTION – MACKINNON CENTRE RESPITE PROVISION

There was submitted Report No PAC19-2018 by the Chief Finance Officer advising of the outcome of the recent Care Inspectorate inspection of Mackinnon Centre Respite Service for people with physical disability.

The Committee agreed:-

- (i) to note the content of the report and the content of the inspection report which was attached to the report as Appendix 1;
- (ii) to note the Excellent grades awarded to the service, the strengths of the service, and the very positive comments made by service users and carers as detailed in paragraph 4.5. of the report, and
- (iii) to record their appreciation for the contribution and diligence of staff within the Partnership with responsibility for the service referred to in the report towards achieving the positive report from the inspection carried out by the Care Inspectorate.

VI OUTCOME OF CARE INSPECTORATE INSPECTION – HOMECARE (ENABLEMENT & SUPPORT CITYWIDE AND COMMUNITY MENTAL HEALTH OLDER PEOPLE TEAM)

There was submitted Report No PAC20-2018 by the Chief Finance Officer advising of the outcome of the recent Care Inspectorate inspection of the Homecare – Enablement and Support Citywide and Community Mental Health Older People Team.

The Committee agreed:-

- (i) to note the content of the report and the content of the inspection report which was attached to the report as Appendix 1;
- (ii) to note that the service received one recommendation for Homecare – Enablement and Support Citywide and Community Mental Health Older People Team as detailed at paragraph 4.8 of the report and the action plan which was submitted to address this which was attached to the report as Appendix 2;
- (iii) to note the grades awarded to the services, the strengths of the services, and the very positive comments made by service users and carers as described in paragraph 4.7 of the report; and

- (iv) to record their appreciation for the contribution and diligence of staff within the Partnership with responsibility for the service referred to in the report towards achieving the positive report from the inspection carried out by the Care Inspectorate.

VII OUTCOME OF CARE INSPECTORATE INSPECTION – WHITE TOP CARE HOME SERVICE

There was submitted Report No PAC21-2018 by the Chief Finance Officer advising of the outcome of the recent Care Inspectorate inspection of White Top Centre (Respite).

The Committee agreed:-

- (i) to note the content of the report and the content of the inspection report which was attached to the report as Appendix 1;
- (ii) to note the one recommendation from the inspection report as outlined in paragraph 4.8 of the report and the action plan which was submitted to address this which was attached to the report as Appendix 2; and
- (iii) to note the grades awarded to the service, the strengths of the service, and the extremely positive comments made by carers; and
- (iv) to record their appreciation for the contribution and diligence of staff within the Partnership with responsibility for the service referred to in the report towards achieving the positive report from the inspection carried out by the Care Inspectorate.

VIII CORE TAYSIDE SUITE OF PERFORMANCE INDICATORS

There was submitted Report No PAC15-2018 by the Chief Finance Officer informing of progress towards developing an agreed set of indicators across the Angus, Dundee and Perth and Kinross Health and Social Care Partnerships for the purposes of benchmarking and supporting performance improvement.

The Committee agreed:-

- (i) to note the contents of the report and planned actions to complete and implement the suite of performance indicators as outlined in Sections 4.4 to 4.6 of the report; and
- (ii) to notes the draft suite of performance indicators contained within appendix 1 of the report.

IX LOCAL GOVERNMENT BENCHMARKING FRAMEWORK

There was submitted Report No PAC17-2018 by the Chief Finance Officer informing of the Dundee Health and Social Care Partnership towards the social care indicators in the Local Government Benchmarking Framework, for the financial year 2016/2017.

The Committee agreed:-

- (i) to note the performance detailed in the report and in Appendix 1 of this report;
- (ii) to approve the proposed targets for future rank set out in Table 1, Appendix 1 of the report and described in section 4.7 of the report and instruct the Chief Finance Officer to advise Dundee City Council of these revised targets accordingly;
- (iii) to note that Local Government Benchmarking Framework performance information would be published on the Dundee City Council website; and
- (iv) to note that the indicator for net residential cost per week for older people 65+ in Appendix 1 of the report provided a proposed Integration Joint Board framework figure of 5 out of 8 and that this was due to _____

X AUDIT SCOTLAND ANNUAL REPORT 2016/17 – PERFORMANCE MANAGEMENT IMPROVEMENTS UPDATE

There was submitted Report No PAC14-2018 by the Chief Finance Officer providing an update regarding steps taken to address risks identified within the Audit Scotland Annual Report 2016/17 in relation to performance management improvements.

The Committee agreed:

- (i) to note the contents of the report;
- (ii) to note the progress made in addressing outstanding improvements and tasks in relation to performance management and planned future actions as outlined in Appendix 1 of the report;
- (iii) to acknowledge the level of risk associated with staff resource for performance management improvements and mitigating actions as described at section 6 of the report and instructed the Chief Finance Officer to record this as a separate and specific risk within the high level risk register.

XI HEALTH AND SOCIAL CARE STANDARDS

There was submitted Report No PAC16-2018 by the Chief Finance Officer informing of the new Health and Social Care Standards, which would inform future models of external scrutiny of health and social care services.

The Committee agreed:-

- (i) to note the content of the new Health and Social Care Standards as outlined in sections 4.3 and 4.4 and appendix 1 of the report;
- (ii) to note the planned approach to incorporating the content of the new standards into the scrutiny of health and social care service as outlined in sections 4.5 to 4.8 of the report.
- (iii) that a report be submitted to a future meeting on the work undertaken by the Clinical Care and Professional Governance.

XII AUDIT SCOTLAND ANNUAL AUDIT PLAN

There was submitted Report No PAC23-2018 by the Chief Finance Officer to note and approve the proposed Dundee Integration Joint Board Annual Audit Plan 2017/18 as submitted by the Integration Joint Board's appointed External Auditor (Audit Scotland).

The Committee agreed:-

- (i) to note the content of the report; and
- (ii) to approve the proposed Audit Plan for 2017/18 as submitted by Audit Scotland which was attached to the report as Appendix 1.

XIII DUNDEE INTEGRATION JOINT BOARD WORKFORCE INTERNAL AUDIT REVIEW

There was submitted Report No PAC8-2018 by the Chief Finance Officer to note the findings of the Workforce Internal Audit Review and note the management response and associated action plan.

The Committee agreed:-

- (i) to note the content of the report and the findings of the Workforce Internal Audit Review, which was attached to the report as Appendix 1;

- (ii) to note the management response to the review and associated action plan as noted in Appendix 1 of the report and instruct the Chief Officer to progress the action plan accordingly;
- (iii) that the conclusion of the Service Level Agreement be prioritised and that a report on this matter be brought forward prior to August 2018 providing information on the level of agreement reached in principle to facilitate the finalisation of the document and to further comment from the Committee on content; and
- (iv) to note that August 2018 was the deadline for the finalised Service Level Agreement.

XIV DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC22-2018 by the Chief Finance Officer providing a progress update in relation to the current Internal Audit Plan.

The Committee agreed to note the progress of the current Internal Audit Plan as outlined in the report.

XV DATE OF NEXT MEETING

The Committee noted that the next meeting of the Committee would be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 29th May, 2018 at 2.00 pm.

Doug CROSS, Chairperson.

DIJB25-2018

Dundee Integration Scheme

Annex 1

Part 1

Functions delegated by the NHS Tayside to the Dundee Integration Joint Board

Set out below is the list of functions that will be delegated by NHS Tayside to the Integration Joint Board as set out in the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. The functions in this list are being delegated only in respect of the services described in Annex 1 part 2(a) and Part 2(b)

Functions prescribed for the purposes of section 1(8) of the Act

<i>Column A</i>	<i>Column B</i>
The National Health Service (Scotland) Act 1978	
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of—
	section 2(7) (Health Boards);
	section 2CB(a)(functions of Health Boards outside Scotland);
	section 9 (local consultative committees);
	section 17A (NHS contracts);
	section 17C (personal medical or dental services);
	section 17 I(b) (use of accommodation)
	section 17J (Health Boards' power to enter into general medical services contracts);
	section 28A (remuneration for Part II services);
	section 38 (c) (care of mothers and young children);
	section 38A(d) (breastfeeding);
	section 39(e) (medical and dental inspection supervision and treatment of pupils and young persons);
	section 48 residential and practice accommodation);

Dundee Health and Social Care Integration Scheme

	section 55(f) (hospital accommodation on part payment);
	section 57 (accommodation and services for private patients);
	section 64 permission for use of facilities in private practice);
	section 75A(a) (remission and repayment of charges and payment of travelling expenses);
	section 75B(b) (reimbursement of the cost of services provided in another EEA state);
	section 75BA(c) reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);
	section 79 (purchase of land and moveable property);
	section 82(d) (use and administration of certain endowments and other property held by Health Boards);
	section 83(e) (power of Health Boards and local health councils to hold property on trust);
	section 84A(f) (power to raise money, etc., by appeals, collections etc.);
	section 86 (accounts of Health Boards and the Agency);
	section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);
	Section 98(g) (payment of allowances and remuneration to members of certain bodies connected with the health services);
	paragraphs 4, 5, 11A and 13 of Schedule 1(c) to the Act (Health Boards);
	and functions conferred by—
	The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989(h);
	The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302
	The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000;
	The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;

	The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;
	The National Health Service (Discipline Committees)(Scotland) Regulations 2006;
	The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;
	The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009and
	The National Health Service (General Dental Services) (Scotland) Regulations 2010; and
	The National Health Service(Free Prescriptions and Charges for Drugs and Appliances)(Scotland) Regulations 2011(a)
Disabled Persons (Services, Consultation and Representation) Act 1986 (a)	
Section 7 (Persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002(b)	
All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
Mental Health (Care and Treatment) (Scotland) Act 2003 (c)	
All functions of Health Boards conferred by, or	Except functions conferred by—

Dundee Health and Social Care Integration Scheme

<p>by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.</p>	<p>section 22 (Approved medical practitioners);</p> <p>section 34 (inquiries under section 33:co-operation)(b);</p> <p>section 38(duties on hospital managers: examination, notification etc.) (c);</p> <p>section 46(hospital managers' duties: notifications)(a);</p> <p>section 124(transfer to other hospital);</p> <p>section 228(request for assessment of needs: duty on local authorities and Health Boards);</p> <p>section 230 (appointment of patient's responsible medical officer);</p> <p>section 260 (provision of information to patient);</p> <p>section 264(detention in conditions of excessive security: state hospitals);</p> <p>section 267 (orders under sections 264 to 266:recall)</p> <p>section 281(b) (correspondence of certain persons detained in hospital);</p> <p>and functions conferred by-</p> <p>The Mental Health(Safety and Security)(Scotland) Regulations 2005(c)</p> <p>The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005(d);</p> <p>The Mental Health (Use of Telephones) (Scotland) regulations 2005 (e); and</p> <p>The Mental Health (England and Wales Cross border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008(f).</p>
<p>Education (Additional Support for Learning) (Scotland) Act 2004</p>	
<p>Section 23 (other agencies etc. to help in exercise of functions under this Act)</p>	

Public Services Reform (Scotland) Act 2010	
All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by—
	section 31(Public functions: duties to provide information on certain expenditure etc.); and
	section 32 (Public functions: duty to provide information on exercise of functions).
Patient Rights (Scotland) Act 2011	
All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights (complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36(a).
<u>Carers (Scotland) Act 2016</u>	
<u>Section 31</u> <u>(duty to prepare local carer strategy)</u>	

Dundee Health and Social Care Integration Scheme

PART 2(a)

Services currently provided by NHS Tayside which are to be integrated. The functions listed in Annex 1 Part 1 are delegated only in relation to these services

- Accident and emergency services provided in a hospital (*in Dundee this will include children and young people*)
- Inpatient hospital services relating to the following branches of medicine:
 - General medicine
 - Geriatric medicine
 - Rehabilitation medicine
 - Respiratory medicine
 - Psychiatry of learning disability.
- Inpatient hospital services provided by general medical practitioners
- Palliative care services provided in a hospital
- Services provided in a hospital in relation to an addiction or dependence on any substance
- Mental health services provided in a hospital, except secure forensic mental health services
- District nursing services
- Services provided out with a hospital in relation to addiction or dependence on any substance
- Allied health professionals in an outpatient department, clinic, or out with a hospital
- Public dental services (*in Dundee this will include children and young people*)
- Primary medical services (*in Dundee this will include children and young people*)
- General dental services (*in Dundee this will include children and young people*)
- Ophthalmic services (*in Dundee this will include children and young people*)
- Pharmaceutical services (*in Dundee this will include children and young people*)
- Primary care out-of-hours (*in Dundee this will include children and young people*)
- Geriatric medicine
- Palliative care
- Community learning disability services (*in Dundee this will include children and young people*)
- Mental health services provided out with a hospital
- Continence services provided out with a hospital
- Home renal dialysis services (*in Dundee this will include children and young people*)
- Services provided by health professionals that aim to promote public health (*in Dundee this will include children and young people*)

Part 2(b)

The following services, which are currently planned and delivered on a pan Tayside basis, will also be delegated and the Parties recommend that they are hosted by **Dundee Integration Joint Board** on behalf of the other Tayside Integration Joint Boards;

Psychology services

- Sexual and Reproductive Health services **(in Dundee this will include children and young people)**
- Homeopathy service
- Specialist Palliative Care
- The Centre for Brain Injury Rehabilitation (CBIRU)
- Eating disorders
- Dietetics
- Medical Advisory Service
- Tayside Health Arts Trust
- Keep Well
- Psychotherapy

The following services, which are currently planned and delivered on a pan Tayside basis, will also be delegated and the Parties recommends that they are hosted by **Angus Integration Joint Board** on behalf of the other Tayside Integration Joint Boards;

- Locality Pharmacy
- Primary Care Services (excludes the NHS Board administrative, contracting and professional advisory functions)
- GP Out of Hours
- Forensic Medicine
- Continence service
- Speech and Language Therapy

The following services, which are currently planned and delivered on a pan Tayside basis, will also be delegated and the Parties recommends that they are hosted by **Perth and Kinross Integration Joint Board** on behalf of the other Tayside Integration Joint Boards:

- Learning Disability inpatient services
- Substance misuse inpatient services (Rannoch)
- Public Dental Services/Community Dental Services
- General Adult Psychiatry (GAP) Inpatient services
- Prisoner Healthcare
- Podiatry

Dundee Health and Social Care Integration Scheme

PART 1

Annex 2

Functions delegated by Dundee City Council to the Dundee Integration Joint Board

Set out below is the list of functions that will be delegated by Dundee City Council to the Dundee Integration Joint Board as set out in the Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Regulations 2014.

Functions prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
National Assistance Act 1948(a)	
Section 48 (duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958(b)	
Section 3 (Provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968(c)	
Section 1 (local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (research.)	So far as it is exercisable in relation to another integration function.
Section 10 (financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 12 (general social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.
Section 12AZA (assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 12AA (assessment of ability to provide care.)	
Section 12AB (duty of local authority to provide information to carer.)	
Section 13 (power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (residential accommodation with nursing.)	
Section 13B (provision of care or aftercare.)	
Section 14 (home help and laundry facilities.)	
Section 28 (burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982(a)	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	

Dundee Health and Social Care Integration Scheme

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Disabled Persons (Services, Consultation and Representation) Act 1986(b)	
Section 2 (rights of authorised representatives of disabled persons.)	
Section 3 (assessment by local authorities of needs of disabled persons.)	
Section 7 (persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which are integration functions.
Section 8 (duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000(c)	
Section 10 (functions of local authorities.)	
Section 12 (investigations.)	
Section 37 (residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 41 (duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions
Section 43 (statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions
Section 44 (resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 45 (appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
The Housing (Scotland) Act 2001(a)	
Section 92 (assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002(b)	
Section 5 (local authority arrangements for of residential accommodation outwith Scotland.)	
Section 14 (payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003(c)	
Section 17 (duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (duty to inquire.)	
Section 34 (inquiries under section 33: Co-operation.)	
Section 228 (request for assessment of needs: duty on local authorities and Health Boards.)	
Section 259 (advocacy.)	
The Housing (Scotland) Act 2006(a)	
Section 71(1)(b) (assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.

Dundee Health and Social Care Integration Scheme

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
The Adult Support and Protection (Scotland) Act 2007(b)	
Section 4 (council's duty to make inquiries.)	
Section 5 (co-operation.)	
Section 6 (duty to consider importance of providing advocacy and other.)	
Section 11 (assessment orders.)	
Section 14 (removal orders.)	
Section 18 (protection of moved persons property.)	
Section 22 (right to apply for a banning order.)	
Section 40 (urgent cases.)	
Section 42 (adult protection committees.)	
Section 43 (membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013(a)	
Section 3 (support for adult carers.)	Only in relation to assessments carried out under integration functions.
Section 5 (choice of options: adults.)	
Section 6 (choice of options under section 5: assistances.)	
Section 7 (choice of options: adult carers.)	
Section 9 (provision of information about self-directed support.)	
Section 11 (local authority functions.)	

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 12 (eligibility for direct payment: review.)	
Section 13 (further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.
Section 16 (misuse of direct payment: recovery.)	
Section 19 (promotion of options for self-directed support.)	
<u>Carers (Scotland) Act 2016</u>	
<u>Section 6</u> <u>(duty to prepare adult carer support plan)</u>	
<u>Section 24</u> <u>(duty to provide support)</u>	
<u>Section 25</u> <u>(provision of support to carers)</u>	
<u>Section 31</u> <u>(duty to prepare local carer strategy)</u>	
<u>Section 34</u> <u>(information and advice service for carers)</u>	
<u>Section 35</u> <u>(short breaks services statement)</u>	

PART 2

Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
The Community Care and Health (Scotland) Act 2002	
Section 4(a) The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002(b)	

Part 3

Services currently provided by Dundee City Council which are to be integrated

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services (Including Strategy Development, Staff Development, Protecting People, Finance, Human Resources)
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations and those areas of housing support that involve an indistinguishable overlap between personal care and housing support)
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
24 APRIL 2018

REPORT ON: DUNDEE ADULT CARERS ELIGIBILITY FRAMEWORK

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB22-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to seek approval of the Dundee Adult Carers Eligibility Framework including Local Eligibility Criteria and Eligibility Threshold.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the duties and powers placed on Local Authorities through the Carers (Scotland) Act 2016 regarding Duty to Support Carers and the Dundee Adult Carers Eligibility Criteria outlined in this report;
- 2.2 Approves the Dundee Health and Social Care Partnership Workforce Policy: Dundee Adult Carer Support Eligibility Framework and Eligibility Criteria (attached as Appendix 1);
- 2.3 Approves the publication of Carers Fact Sheet 6 (Adult Carer Support Plan) attached as Appendix 2 and Carers Fact Sheet 9 (Adult Carers Eligibility Criteria) attached as Appendix 3;

3.0 FINANCIAL IMPLICATIONS

- 3.1 Funding for the implementation of the Carers Act has been provided nationally as part of the additional £66m investment in social care by the Scottish Government included in the 2018/19 local government finance settlement. The cost of implementation of the Act for Dundee Health and Social Care Partnership is anticipated to be £350k per annum which has been planned for as part of the IJB's 2018/19 budget.

4.0 MAIN TEXT

4.1 Overview of Carers (Scotland) Act 2016 (The Act)

- 4.1.1 The Act aims for Adult and Young Carers to be better supported on a more consistent basis so that they can continue to care, if they so wish, in good health and to have a life alongside caring. For young Carers, the intention is similar to that for adult Carers but that young Carers should have a childhood similar to their non-carer peers. The Act commenced in April 2018.
- 4.1.2 The Act defines a Carer as an individual who provides or intends to provide care for another individual (the "cared-for person"). The Act removes the substantial and regular test used in previous legislation to define the caring role and the requirement that the cared-for person must access community care services in their own right. In doing so, the Act expands who can be defined as a Carer and supports a greater focus on the impact caring has on the Carer as well as the Carers Personal Outcomes related to the caring role.

4.2 Eligibility Criteria

- 4.2.1 The Act introduces a duty to set and publish a local eligibility criteria which provides information about access to support. Local eligibility criteria are the criteria by which the local authority must determine whether it is required to provide support to Carers to meet Carers' identified needs. The Act also requires that the Criteria must be reviewed within three years of the date of the Criteria being published.
- 4.2.2 Before setting and publicising this criteria, Local Authorities are required to involve and consult with Carers, Carers Organisations and any other relevant partners in the preparation of the Criteria. In line with this requirement and our local approach, the Dundee Carers Partnership piloted an outcome focused Eligibility Criteria as a partnership approach with Carers and Carers Organisations during the period 2016 - 2017.
- 4.2.3 The Statutory Guidance relating to Carers Eligibility Criteria which was published in November 2017 sets out a recommended Eligibility Framework. The Dundee Adult Carers Eligibility Framework developed in consultation with such persons and bodies' representative of Carers, and involving Carers has been mapped to the Framework described in the National Guidance (Appendix 1).
- 4.2.4 Based on this pilot, an Eligibility Criteria for Adult Carers based on Carers outcomes was developed. A report on the outcome of the pilot has been published on Dundee Health and Social Care Partnership Website and is available at:

https://www.dundeehscp.com/sites/default/files/publications/whats_best_for_dundee_carers_report_18_dec.pdf

4.3 Local Approach and Strategic Direction

- 4.3.1 The approach taken to supporting the health and wellbeing of Carers in Dundee is outlined in A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee 2017-2020. The stated vision in this plan is that we will achieve 'A Caring Dundee in which all Carers feel listened to, valued and supported so that they feel well and are able to live a life alongside caring. This is described further in Appendix 1.
- 4.3.2 The approach to supporting Carers has been shaped by local Carers. Carers told us that although they welcomed the introduction of the new right to have an Adult Carer Support Plan they valued the existing way of delivering Carer's supports through sign posting, advice, help and guidance to manage their own support. The proposed arrangements allow all Carers to be supported (with or without an Adult Carer Support Plan) and whether or not the Carers identified needs meet local eligibility criteria.
- 4.3.3 The Statutory Guidance relating to Carers Eligibility Criteria which was published in November 2017 sets out a recommended Eligibility Framework. The Dundee Adult Carers Eligibility Framework developed in consultation with such persons and bodies' representative of Carers, and involving Carers has been mapped to the Framework described in the National Guidance (See Appendix 1).

5.0 ADULT CARER SUPPORT PLANS

- 5.1 The Act introduces Adult Carer Support Plans (ACSP) to replace Carers' Assessments. The Act confers a duty on Local Authorities to prepare an ACSP for any adult carer identified by the responsible Local Authority. The Local Authority is responsible for offering ACSP to adult Carers that the Local Authority identifies, as well as preparing an ACSP for Adult Carers who request one.
- 5.2 Decisions about whether a Carer's identified needs meet local eligibility criteria depend on the information obtained through the outcomes focused conversation with the Carer whilst preparing their ACSP.

- 5.3 The legislation directs that the ACSP must set out the Carer's identified personal outcomes, identified needs and the support to be provided to the Carer, which may include a break from caring. The Act specifies that in addition to these the ACSP must contain a range of information which includes impact of caring on the Carer's wellbeing, Carer's choices about the caring role and arrangements for contingencies and emergencies.
- 5.4 Representatives of the Health and Social Care Partnership and Dundee Carers Centre and other third sector agencies have worked with Carers to develop, pilot and launch a Dundee ACSP which reflects Carers views, outcomes and wishes and requirements set out by the Act. The ACSP is contained within Appendix 1. Work is underway to update the ACSP in Social Work Recording System to fully reflect this format.
- 5.5 Dundee was selected as a Pilot area by Scottish Government, to test and provide information about how a number of provisions in the Act might be implemented. As part of the "What's Best for Dundee Carers Project" in 2017 local Carers were involved in finalising the ACSP and associated practice guidance so that the ACSP meets the legislative requirements in a way that Carers want.

6.0 ELIGIBILITY CRITERIA

- 6.1 The Act introduces a duty to set and publish a local eligibility criteria to provide information about access to support. Before setting and publicising this criteria, Local Authorities are required to involve and consult with Carers, Carers Organisations and any other relevant partners in the preparation of the Criteria. The Act also requires that the Criteria must be reviewed within three years of the date of the Criteria being published.
- 6.2 The Statutory Guidance states that local eligibility criteria will be set through local decision making. Each local authority will need to choose the levels of impact/risk and need which are appropriate to trigger the duty to provide support, acknowledging that there will be circumstances that merit the exercise of the power to provide support to people whose needs currently fall below the local eligibility threshold.
- 6.3 The Dundee Adult Carers Eligibility Framework has been developed through Dundee Carers Partnership. This has involved Carers and stakeholders in a number of ways including the work undertaken through the "What's Best for Dundee Carers Project" in 2017. This Pilot Project included development of Eligibility Criteria and gathered views about the threshold for eligibility for Adult Carers in Dundee.
- 6.4 The Dundee Adult Carers Eligibility Framework covers four aspects:
- The outcome headings (or domains) agreed by Dundee Carers
 - The definition of risk levels and how Carers Outcomes will be met at each level
 - The asset based, preventative approach to meeting the needs of Carers in Dundee
 - The threshold that must be met for Carers to be eligible for funded support.

7.0 PUBLISHED INFORMATION

- 7.1 The Health and Social Partnership website and MyLife Dundee Portal has a range of Carers Fact Sheets. Carers Fact Sheet 6 (Carer Support Plan) and Carers Fact Sheet 9 (Adult Carers Eligibility Criteria) (attached as Appendices 2 and 3) explain the proposed eligibility criteria. The IJB is asked to approve these Fact Sheets for publication. The intention is that new Fact Sheet 6 will replace the currently published Fact Sheet 6 and Fact Sheet 9 will be added as a new Fact Sheet.

8.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. An Equality Impact Assessment is attached as Appendix 4.

9.0 RISK ASSESSMENT

Risk 1 Description	Non-Compliance with Statutory Guidance (Government, Legal)
Risk Category	Low
Inherent Risk Level	3 x 4 = 12 Likelihood 3 x Impact 4 = Risk Scoring 12
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • The Eligibility Framework (including Criteria and risk categories) align with Statutory Guidance • Carers Scotland Act requires Local Eligibility Criteria to be set in consultation with local carers and stakeholders • Proposed Criteria were developed through Public Consultation
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6
Planned Risk Level	Likelihood 1 x Impact 2 = Risk Scoring 3
Approval recommendation	Given the low level of planned risk it is recommended that IJB accept the risk.

Risk 2 Description	Eligibility Threshold not set at correct level to improve outcomes for carers. (Financial and Operational)
Risk Category	Moderate
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • Carers who do not meet Eligibility Threshold will be supported under power to support (rather than the duty) • Will be Reviewed within one year • Data Gathering will be undertaken about Carers outcomes
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6
Planned Risk Level	Likelihood (insert scoring) x Impact (insert scoring) = Risk Scoring (insert overall risk scoring)
Approval recommendation	Given the moderate level of planned risk it is recommended that the IJB accepts the risk.

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.

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.

David W Lynch
Chief Officer

DATE: 3 April 2018

Joyce Barclay
Senior Officer
Health & Social Care Partnership

Dundee Health and Social Care Partnership Workforce Policy: Dundee Adult Carers Support Eligibility Framework and Eligibility Criteria

Implementation date: 24 April 2018

This policy will be supported by Operational Procedures for Dundee Health and Social Care Partnership and Dundee City Council Workforce.

Introduction to Dundee Adult Carer Support Eligibility Framework

Unpaid Carers are the largest group of providers of care in Scotland and we recognise Carers as equal partners in providing vital care and support. Carers should be supported to not be worse off by caring. Carers must be recognised as valuable citizens in their own right and acknowledged as providing an invaluable contribution to those they care for and to life in our local communities.

Carers, and the people they support, must be at the centre of care planning. Carers must be given the opportunity to define their contribution to the care of the person. They should know what to expect from services and supports and should be clear about the support they are entitled to.

This policy details the Dundee Adult Carer Support Eligibility Framework for support for adult carers. This Framework has been developed through Dundee Carers Partnership and has involved Carers and stakeholders in a number of ways including through the “What’s Best for Dundee Carers Project in 2017. The report of this project is available at <https://www.dundeehscp.com/our-publications/news-matters/whats-best-dundee-Carersreport-Carers-scotland-act-2016>

The Dundee Adult Carer Support Eligibility Framework covers four aspects:

- The asset based, preventative approach to meeting the needs of Carers in Dundee
- The outcome domains agreed by Dundee Carers
- The definition of risk levels and how Carers Outcomes can be met at each level
- The threshold that must be met for Carers to be eligible for funded support.

What the Eligibility Framework will achieve

The approach in the Framework is consistent with, and strengthens the approach of The Strategic Plan for Supporting Carers in Dundee published in November 2017. The Vision of this plan is that “all Carers feel listened to, valued and supported so that they feel well and are able to live a life alongside caring. A copy of this plan is available at https://www.dundeehscp.com/sites/default/files/publications/caring_dundee_oct31.pdf

The Eligibility Framework creates a fair and transparent system for determining eligibility and Carers with different needs will be able to access the support and services they need to maintain and/or improve their outcomes. Preventative support will be the norm and a central part of our policies and practice.

From April 2018 the Carers (Scotland) Act 2016 introduces new duties on Local Authorities and Health Boards and this report addresses aspects of this legislation i.e. the Duty to Publish Eligibility Criteria, the Duty to Support Carers. <http://www.legislation.gov.uk/asp/2016/9/contents/enacted>

Carers (Scotland) Act 2016 Statutory Guidance including guidance about Eligibility Criteria related to the can be found here <http://www.gov.scot/Resource/0053/00533009.pdf>

The Preventative Approach

Dundee Health and Social Care Partnership (DHSCP) recognises the vital role that Carers have in supporting people. We want Carers to be supported to look after their own health and wellbeing, and aim to reduce any negative impact of their caring role. The aim is that Carers can continue to care, if they so wish, in good health and to have a life alongside caring.

The intention is that we continue to support Carers to achieve their outcomes related to the caring role. It is recognised that many Carers find that planning their support can maintain and improve their wellbeing. Adults who provide care and support for an adult or child will have a right to an Adult Carer Support Plan (ACSP).

Support planning can help Carers to look at their need for support (as a Carer) and how they ways they would like to meet their needs. It is anticipated that Carers in Dundee will benefit from an asset based self- management approach that allows Carers to access support for themselves, where possible. This will include the back-up of organised, agency-led support if and when the Carer needs it. Through the work of 'The What's Best For Dundee Carers Project' local Carers have identified that 'Informal assessment and planning may, for some Carers, be sufficiently supportive'.

The Dundee Adult Carer Support Eligibility Framework has been designed as a way of considering how best to support Adult Carers (i.e. Carers over the age of 18 and not at school). Young Carers, (i.e. carers aged under 18; or age 18 and still at school) are entitled to be children first and foremost. Young Carers have a right to a Young Carers Statement recording their circumstances and their support. This statement which will be completed with an appropriate Children and Families Service worker. Colleagues in Health and Social Care should collaborate with Children and families colleagues when working with an adult who has support from a Young Carer. Together they should work alongside the Young Carers parent, or guardian to ensure that the child does not have an inappropriate caring role. Everyone supporting young carers must make themselves aware that frameworks like 'Getting it Right for Every Child' and other policies which will influence the young carers plans for care and support

Support for the person the carer looks after

Some of the Carers needs may be met by providing some support to the person they care for. In Dundee we recognise existing good practice in supporting individuals with care and support needs. Individuals who need care and support will continue to access their supports and services through their own outcome focused assessment. The outcome focused assessment will take into account the Carers views and when the Carer is able and willing to provide care and when the Carer is not.

As an additional support, the ACSP process can help identify that the person cared for needs more support including support to help the Carer have a break and help the Carer plan how to discuss this with the person and staff who plan their care.

An Asset Based Approach with Carers

Our Workforce (in all agencies and services) across Health and Social Care will work jointly with Carers to support them to achieve their outcomes. We will continue to offer a wide range of support to Carers ranging from universally available services in their community to specialist Carer support available with or without an Adult Carer Support Plan (ACSP). Appendix 4 of 'A Caring Dundee' sets out a 'Triangle of Support' describing Services and supports for Adult Carers in Dundee 2016/2017. The aim is that we continue to maintain and further develop the type of services provided to Dundee Carers under the existing legislative "power" to support Carers. In addition to this those Carers furthest way from achieving their outcomes will have access to personalised funded ACSP in addition to being able to access universal and Carer specific supports.

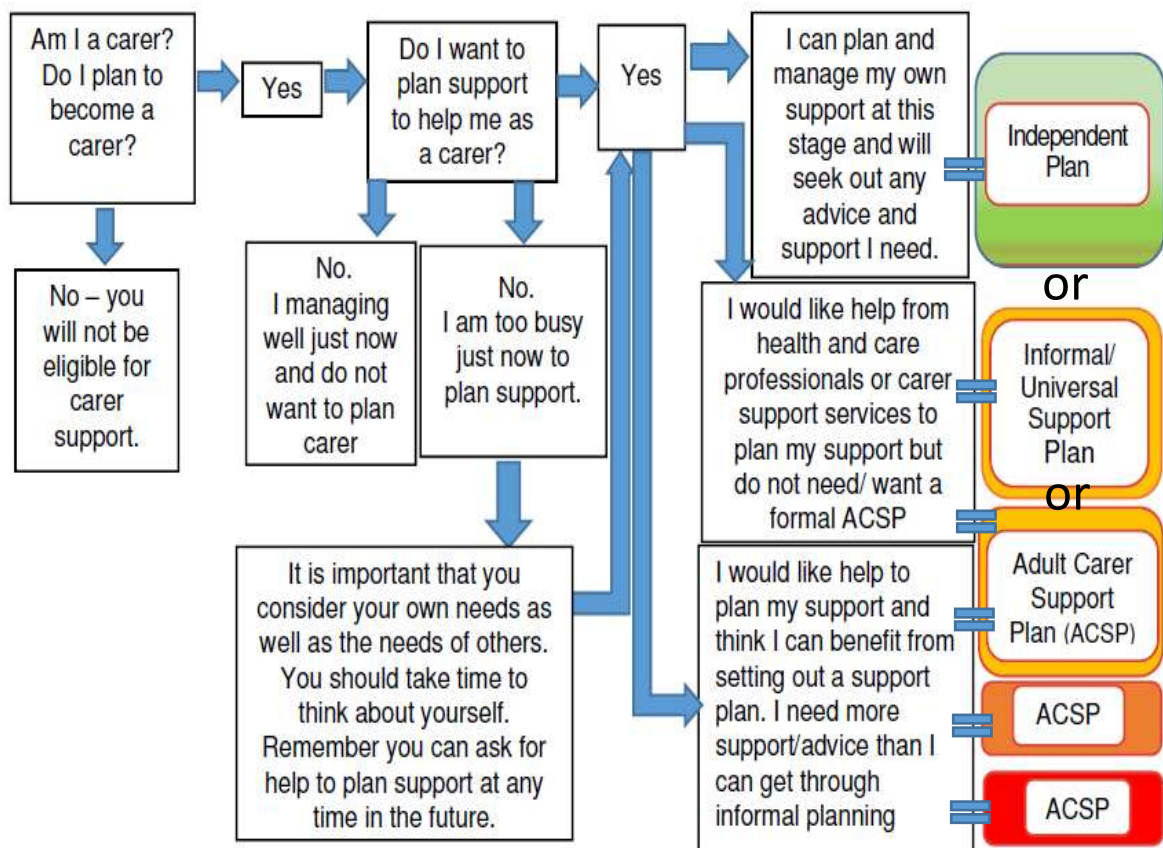
We want Carers to consider support at an early stage, without waiting for completion of a formal ACSP. Carers will be able to seek advice from professionals involved in the care of the person they look after or look for information and support in local libraries, community centres and from internet sources including the Dundee MY Life Portal (<https://dundee.mylifeportal.co.uk/home>) and the Carers of Dundee Website (which will be redesigned by mid-late 2018).

All Carers will be offered support and will be able to make plans for their future support through outcome focused conversations. In particular professionals in Health and Social Care Services and Carers Organisations will be instrumental in helping Carers identify if an ACSP would be the best way of planning their support; and whether their needs for support might meet the eligibility threshold.

There is an ongoing program of learning activities for Health and Social Care workforce and other relevant colleagues which to date has included Equal Partner In Care E-learning; Carers Act Training for Assessment Workers (160 trained as of 1st March) and three days of One Hour Carers act Briefings (which will be cascaded by those who attended to their colleagues).

Diagram 1 – Planning Your Carer Support contains a flow chart which demonstrates the proposed model for Dundee. This Flow Chart will be further tested with Carers and Carers organisation to find out if it is useful in helping Carers identify if they want/need an ACSP.

PLANNING YOUR CARER SUPPORT



Diagr

Services and support will be available to every Carer in Dundee whichever type of planning they choose to access. Some types of support that Carers may wish to access locally include:

- Leisure activities and groups in the city and local communities
- Sources of information or support (Including Carer Support)
- Different types of equipment or tools that help in their caring role
- Welfare Rights or employment law advice
- Training and learning opportunities that help Carers continue to care safely and help them develop new skills (including Moving and Handling)
- Planning for emergencies and contingencies to avoid crisis situations arising and give the Carer peace of mind.

Short Breaks for Carers

DHSCP believe that all Carers are likely to benefit from Short Breaks and these are available in a number of ways. Short Breaks are available for Carers who have ACSP or YCS as well as those who do not. The Dundee Carers Centre Short Breaks Brokerage Service is available for all Adult Carers in Dundee and all Carers of adults. The service takes an outcome focused approach to Carers Short Breaks before working out how this break will be achieved. The person the Carer supports may choose to participate in the break with their Carer, if not the Short Breaks Broker will signpost and/or support the Carer to request that a Care Package is arranged to meet the needs of the person they care for. Assessment Workers in the Health and Social Care Partnership will be expected to raise and address circumstances when any charges related to this Care Package result in financial hardship to the person or their Carer.

Waiving Of Charges

The Social Care (Self-Directed Support) (Scotland) Act sets out regulations regarding the Waiving of Carers charges. See <http://www.legislation.gov.uk/asp/2013/1/contents/enacted> Assessment Workers are expected to raise any situations where the potentially chargeable aspects of a Care Package appears to be primarily meeting Carers Outcomes (in Adult Carers Support Plan) rather than the Supported Person.

There will be Carers who will benefit from an ACSP and we recognise that every Carer has a right to a formal ACSP and it is the duty of the Local Authority (i.e. Dundee City Council and Dundee Health and social Care Partnership) to advise them of this. In the main we anticipate Carers who are furthest away from reaching their outcomes are most likely to need, want and benefit from an ACSP. The ACSP process will give most benefit when other support planning and services and support are not available, not enough or not provided in a way or by a service that the Carer wants to access.

The Carers (Scotland) Act 2016 is designed to support Carers health and wellbeing, it places a duty on Local authorities (i.e. Dundee Health and Social Care Partnership and Dundee City Council) to provide support to Carers based on their identified needs which meet the local eligibility criteria.

In respect of Adult Carers the responsibility for agreeing the eligibility criteria lies with the Integration Joint Board to set local eligibility criteria frameworks that reflects the requirements of the national guidance.

Adult Carer Support Plans

Adult Carers who support people who live in Dundee will be entitled to an ACSP from DHSCP or Dundee City Council. The Plan will define clear personal outcomes for the Carer and the Carer and

the Assessment Worker will agree the nature of the support to be provided, this support will be outcome focused. As part of this process the Carer and the Assessment Worker will identify the risk to the Carer achieving their outcomes and whether this risk indicates that the Carer could be eligible for a Funded Carer Support Plan as well as other supports and services. This will be undertaken in line with the agreed local eligibility criteria to ensure that the right level of support is delivered at the right time. The Funded Support Plan will identify which support will be funded and for what time period. As the aim is that the funded support will enable the Carer to achieve their outcomes it is anticipated that the funding will be short term.

The ACSP will complement and relate to Carers' information and advice services covering issues such as emergency and future care planning, breaks from caring, support services for Carers, ensuring Carers know where to go for help, income maximisation and Carers' rights.

The Adult Carer Support Plan Process

Through the Carers (Scotland) Act 2016 the local authority (i.e. Dundee City Council and Dundee Health and Social Care Partnership) has a duty to support Carers whose needs meet the eligibility criteria.

The process of determining whether an adult carer meets local eligibility criteria and the threshold for support is through Adult Carer Support Planning. This process can be broken down into four steps:

STEP 1

An Adult Carer will be offered or can request an ACSP. The Carer and an Assessment Worker will jointly assess the caring situation and Carers needs and how they can best achieve their personal outcomes.

All Carers are entitled to a support plan which sets out

- a) An Adult Carer's identified personal outcomes
- b) An Adult Carer's identified needs (if any)
- c) The support (if any) to be provided by the responsible local authority to an Adult Carer to meet those needs.

Adult Carer Support Plan Documentation

The Assessment Worker will record the support plan information on an Adult Carer Support Plan. The Worker should record this on the Adult Carer Assessment and Support Plan record on Mosaic. Improvements are planned to the current recording system within the next few months. A Microsoft Word document will be used as a recording tool for Assessment Workers who do not have access to the Mosaic/ Corelogic system.

Content of Adult Carer Support Plan

The Adult Carer Support Plan will contain—

- (a) Information about the Adult Carer's personal circumstances at the time of preparation of the plan, including—
 - i. The nature and extent of the care provided or to be provided
 - ii. The impact of caring on the Adult Carer's wellbeing and day-to-day life
- (b) Information about the extent to which the Adult Carer is able and willing to provide care for the cared-for person
- (c) Information about whether there are arrangements in place for the provision of care to the cared-for person in an emergency
- (d) Information about whether there are arrangements in place for the future care of the cared-for person

- (e) Information about the identification of the Adult Carer's personal outcomes, including about the Carer's identified personal outcomes
- (f) Information about the identification of the Adult Carer's needs for support, including—
 - i. if the Adult Carer has identified needs, those needs
 - ii. if no needs for support are identified, that fact
- (g) Information about the support available to Adult Carers and cared-for persons in the responsible local authority's area
- (h) If the Adult Carer does not reside in the responsible local authority's area, information about the support available to Adult Carers in the area where the Adult Carer resides
- (i) if the Adult Carer's identified needs meet the local eligibility criteria, information about the support which the responsible local authority provides or intends to provide to the Adult Carer to meet those needs
- (j) if the Adult Carer's identified needs do not meet the local eligibility criteria, information about the support which the responsible local authority provides or intends to provide to the Adult Carer
- (k) Information about whether support should be provided in the form of a break from caring
- (l) Information about the circumstances in which the plan is to be reviewed.

(2) Each second and subsequent Adult Carer Support Plan must also contain information about the extent to which any support provided under a previous plan has assisted in the achievement of the Adult Carer's identified personal outcomes.

STEP 2

After a Support Plan has been completed, setting out the Carer's personal outcomes, needs and range of action for support, eligibility criteria will be identified.

STEP 3

The level of funded support the Carer is entitled to will depend upon the extent on whether they meet the eligibility threshold. When a Carer meets the threshold the Carer will be entitled to a Funded Support Plan. Carers who do not meet the eligibility threshold can be supported through available Universal Services and Carer Specific Services.

STEP 4

When the Carer meets the Eligibility Threshold for a Funded Support Plan they will decide how they would prefer to arrange the agreed support and choose from the four self-directed support options. Carers will be involved in each stage of the process and in all decision making. A review date will be set at this point.

This approach to Carer Support Planning will mean that some eligible Carers will have additional support to meet their needs. It is important to remember that eligibility for a Funded Carer Support Plan is based on the impact caring has on the Carers Outcomes and is not an income. Although the number of hours caring and the type of support given will have an influence on each Carers Outcomes eligibility for a Funded Adult Carer Support Plan eligibility is not based on the hours of care and support provided by the Carer.

Dundee Adult Carer Support Plan Outcome Domains

Dundee Carers Partnership led local work to establish outcome domains for Dundee Carers. These domains are the eligibility criteria on which the Dundee Adult Carer Support Eligibility Framework is based Diagram 2 illustrates Dundee Carers Outcome domains.

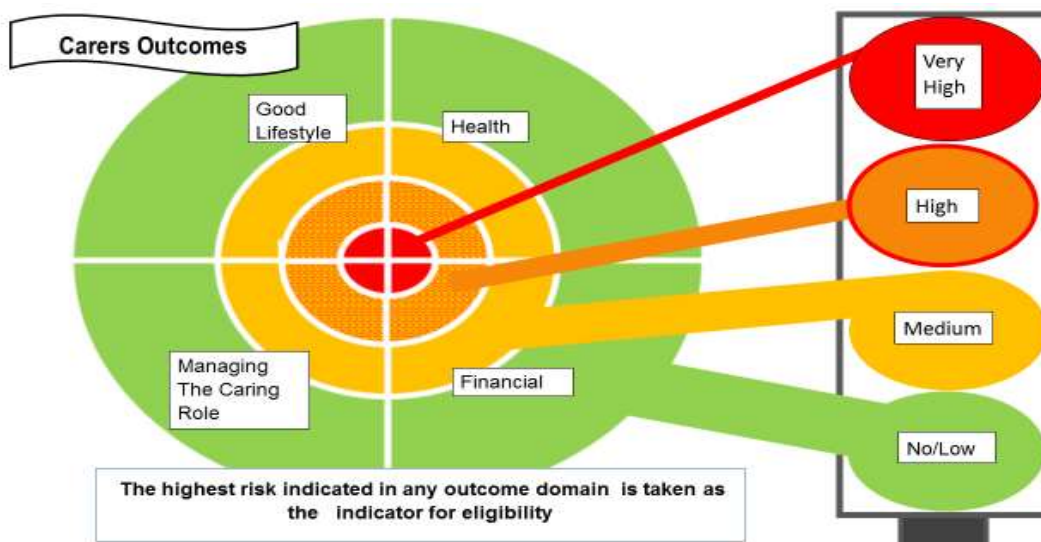


Diagram 2

An Aide Memoir is attached to the end of this report. This Aide Memoir can be used as a guide to be used by Assessment Workers along with the Carer. This lists the type of statement a Carer might make about how they are managing and relates the statement to risk levels in the outcome domains. Assessors will be able to use the statements to check out with Carer which level they feel reflects where they are. As the list can never be exhaustive there will always opportunity for the Carer to express the individual aspects of their outcomes if they wish. The Aide Memoir can be shared with the Carer for them to think about their outcomes as preparation for the discussion. Practitioners who are not assessors will also be able to use to discuss Carers Outcomes with them if they wish. The Adult Carer Support Plan should record the Carers own words about how they feel and not copy the statement word for word.

Statutory Guidance Eligibility Criteria Indicators

The Dundee Adult Carer Support Plan Outcome Domains have been aligned with Scottish Government Guidance which was produced following the completion of local work. The Dundee outcome domains have been aligned to the Scottish Government Statutory Carer Indicators. See Table 1.

Scottish Government Statutory Guidance Indicators	Relates to Dundee Outcome Domain
Health and Wellbeing	Health
Living Environment	Health
Relationships	Health Managing Caring
Employment and Training	Financial
Finance	Financial
Life Balance	Good Lifestyle
Future Planning	Good Lifestyle

Table 1

Dundee Adult Carer Support Plan Risk Framework

This Framework is used to evaluate the risks that the Carer not be able to maintain or achieve positive outcomes. A traffic light system has been developed to demonstrate this (See Diagram 3) these are very high risk (red), high risk (red/amber), medium risk (amber) low or no risk (Green)

The Carer along with the assessor will identify their risk of achieving the Carer's outcomes as a Carer and seek ways of supporting the Carer to maintain or achieve these outcomes. The Carer will be encouraged to think about why there are risks to not reaching each of these outcomes and whether this is something they want support to improve/maintain/ change and about what might help do this. Any Carer who is a very high risk in any aspect of any of these outcomes will have reached the Eligibility Threshold for funded support. This means Carers whose assessment indicates that they have a Very High Risk will be entitled to additional personalised 'funded' support for aspects of their support which cannot be sourced from universally available Carers services

Level of Risk to Carer not being able to achieve Carers Outcomes/ Eligibility Criteria

In Dundee local Carers and Stakeholders advised that the Carers risk to achieving outcomes should not be categorised in the same way as the eligibility criteria for people in need of care and support services. It is possible for a carers risk to be quite different to this and the type of support planned could be quite different. Using different terms helps clarify whose risks we are considering. For example a carer who has a very high risk of not meeting one or more of their outcomes may be caring for someone who has a moderate risk because the carer is supporting them well.

Table 2 shows the risk categorisation in Scottish Government Guidance and how Dundee Carers eligibility risk categories map to these.

Scottish Government Guidance Risk Indicators	Dundee Risk Indicators
Caring has no impact NO RISK	No risk or Low Risk
Caring has low impact LOW RISK	
Caring has moderate impact MODERATE RISK	Medium Risk
Caring has substantial impact SUBSTANTIAL RISK	High Risk
Caring has critical impact CRITICAL RISK	Very High Risk

Table 3 shows the levels of Risk to achieving Carers outcomes in more detail and indicates the type of action that might be needed.

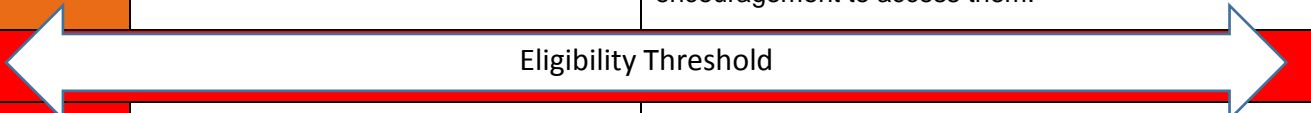
Level of Risk	What does this mean?	What action is required?
No/ Low Risk	Caring has no or low anticipated negative impact on achieving Carer outcomes. It is anticipated that the Carer is likely to be achieving and continue to achieve Carers' outcomes. There may be a possibility of some issues and barriers to the Carer achieving their outcomes but this is a very limited risk to their outcomes in the foreseeable future or longer term.	Risk prevention should be considered-Consideration should be given to actions and activities which maintain Carers' outcomes or support them to achieve good outcomes. Carer may wish to plan how to maintain outcomes and this can be done in an informal way without a full Adult Carer Support Plan. If the Carer wants a formal plan this can be completed and should be offered to every Carer. It is envisaged that some Carers at this level will be able to self-manage their supports or seek help from universal provision or Carer services that are accessible without a formal support plan
Medium Risk	It is recognised that caring has negative potential impact on achieving outcomes. There are some identified risks to the Carer achieving their outcomes. Some issues and barriers related to caring create a moderate risk of not achieving outcomes.	With additional information, advice and support the Carer is more likely to achieve their outcomes. Depending on the risk and potential barriers to achieving outcomes it is likely that the Carer may benefit from specific Carer support and other universally available services. The Carer might want a formal support plan or may seek assistance to make an informal (universal services) plan.
High Risk	There are significant risks to the Carer achieving their outcomes. Caring has considerable impact and there is a high risk of Carer outcomes not being achieved unless additional supports are planned and arranged.	The Carer might want a formal support plan or may seek assistance to make an informal plan to support them to achieve their outcomes. Without additional information, advice and support it is probable that the Carer is will not their outcomes. It is likely that the Carer could benefit from specific Carer support and other services and may need advice about these and encouragement to access them.
		
Very High Risk	There are major risks to the Carer achieving Carer outcomes and the Carer may be at or getting closer to a crisis point. For some there may be a need immediate or imminent support as well as a long term planning need.	Evidence of critical impact to Carer achieving outcomes. Action may be needed to get support to resolve immediate crisis as well as longer term planning to avoid this level of risk in future.

Table 3

Monitoring, Evaluation and Review.

Every Carer who has an ACSP will have the plan monitored and reviewed. Arrangements for this will be set out on the support plan. The Review will include a review of the Carers Outcomes and an evaluation of whether the support (or other matters) have influenced the risk of the Carer not achieving these outcomes. The review will establish if the Carer is still eligible for a funded Adult Carer Support Plan or if a Carer has become eligible. New actions and supports may be set or original goals continued.

Aide Memoir -Possible indicators for Carers of risk to their outcomes .Health				
Carer Health	No/Low Risk	Medium Risk	High Risk	Very High Risk
	To Positive Outcome for Carer.	To Positive Outcome for Carer.	To Positive Outcome for Carer.	To Positive Outcome for Carer.
My Physical Health	Caring has no/little effect on my physical health, it is stable & is the best it can be	My Physical Health is beginning to be affected by caring	I need attention and support for my health that I cannot get due to caring role.	My Physical health is in crisis point or near collapse & I need help for this.
My Mental Health & Emotional wellbeing	Caring has no/little effect on my mental health and emotional wellbeing, this is stable and is the best it can be.	Caring has some impact on my emotional wellbeing and/or mental health.	My mental health and/or emotional wellbeing is significantly affected because of caring.	Caring has affected my emotional wellbeing and/or mental health which is breaking/has broken down,
Management of my own Health & Wellbeing	I usually have the time & ability to look after myself and my health & wellbeing needs.	I am able to manage my own health and wellbeing most of the time but need some support.	My caring role & responsibilities mean I don't get the right health and wellbeing support	The caring role is causing significant barriers to me accessing health care and wellbeing support
My relationships (with person cared for & others)	I have the right relationship with the person I care for and with relevant other people.	My relationship with person I care for is deteriorating and caring is affecting my other relationships	My relationship with person I care for is significantly affected and my other relationships are affected by caring.	My relationship with person I care for is breaking/has broken down some of my other relationships are being damaged by caring
My surroundings are safe and suitable	I am safe and usually feel safe and comfortable providing care and support and the place I provide care is suitable.	The place I provide care I does not always feel safe and comfortable and could risk to my health and safety.	The place I provide care is not safe and comfortable and a risk to my health and safety and wellbeing.	The place I provide care has serious effect on my health and wellbeing
If needed- any other aspect of Health related to caring role or responsibilities	<i>Another positive health and wellbeing outcome</i>	<i>Another low to moderate effect on health and wellbeing</i>	<i>Caring has significant effect on another part of Health and wellbeing</i>	<i>Caring has critical effect of another aspect to health and wellbeing</i>

Aide Memoir -Possible indicators for Carers of risk to their outcomes- Managing Caring				
Managing Caring	No/Low Risk	Medium Risk	High Risk	Very High Risk
	To Positive Outcome for Carer.	To Positive Outcome for Carer.	To Positive Outcome for Carer.	To Positive Outcome for Carer.
I am able to work in partnership with care and support services	I usually work in partnership with staff in services and caring gives me satisfaction	The partnership I have with staff in services could be improved and caring gives limited satisfaction.	The partnership I have with staff in services is not good and caring gives me a little satisfaction	The partnership I have with staff in services has collapsed and caring gives me no satisfaction
I have confidence in care package and I am involved in package design	I am involved in care package design and I am confident about the care package	My involvement in care package design could be improved and I have questions about the care package	I have limited involvement in care package design the care package doesn't suit me or the person	I have no involvement in care package design and the care package is unsuitable/unworkable.
I am proud of being a Carer and the role gives me satisfaction	I am proud of being a Carer and the role often gives me satisfaction	I am usually proud of being a Carer and the role usually gives me satisfaction	I am not often proud of being a Carer and the role doesn't often give me satisfaction	I am never/rarely proud of being a Carer and the role doesn't give me much satisfaction
Health and Social Care staff make me feel valued and respect my knowledge and expertise	My knowledge & expertise is usually valued by health and social care & other practitioners	I feel my knowledge & expertise is sometimes not valued by health and social care & other practitioners	I feel my knowledge & expertise is undervalued by health and social care & other practitioners	I feel my knowledge & expertise is not recognised or sought by health and social care & other practitioners
I am confident, comfortable and assertive as a Carer and have necessary care skills	I can be confident and assertive with staff and the person I care for and have access any training or information about caring that I need	I am not always confident with staff & person I care for and/or I have training needs that there are no plans to fill. I cannot find the right information to learn more.	I need- more confidence with staff & person I care for and/or my training and information needs mean that the care I provide is not as good as it should be	I lack confidence with staff & person I care for and/or my training and information needs mean that the care I provide is not good enough
If needed- any other aspect of managing the caring role or responsibilities	<i>Other aspect of managing the caring role or responsibilities</i>	<i>Other aspect of managing the caring role or responsibilities</i>	<i>Other aspect of managing the caring role or responsibilities</i>	<i>Other aspect of managing the caring role or responsibilities</i>

Aide Memoir -Possible indicators for Carers of risk to their outcomes- Good Lifestyle				
Good Lifestyle	No/Low Risk	Medium Risk	High Risk	Very High Risk
	To Positive Outcome for Carer.	To Positive Outcome for Carer.	To Positive Outcome for Carer.	To Positive Outcome for Carer.
I have a well-balanced life and I am confident about my future	Most of the time my life is well balanced. I am able to make plans and I am confident about my future	My life has some balance. It is possible for me to plan my future with some confidence.	I need a better life balance. It is possible to plan about my future but often things change.	I don't have a good life balance. It is not possible to make plans about my future.
I have life of my own & I am able to manage own time and plan how my future caring commitments	I have a life of my own and the opportunity to manage my time and plan my future. I feel I have a choice about providing care in future.	Caring sometimes makes it difficult for me to have a life of my own and sometimes my plans have to be changed. I feel I have some choice about providing care in future.	Caring often makes it difficult for me to have a life of my own and my plans frequently have to be changed. I feel I have limited choice about providing care in future.	Caring means I don't have a life of my own and I never get to make plans to do anything for myself. I feel I have no choice about providing care in future.
I am not isolated and have support when needed.	I am not isolated and have people who support me	I am sometimes isolated and have a few people who support me	I am isolated and have not many people to support me	I am very isolated and do not have people who support me
I have choices & chances for breaks & things I like doing	I have the choice of taking a break from caring and opportunities to take part in good things	I have limited chances to take a break from caring and limited opportunities to take part in good things	I have very little chance of taking a break and very few opportunities to take part in good things	I never have the choice of taking a break and opportunities to take part in good things
I have choices & chances for community or family life	I have plenty of choices and opportunities to take part in community and/or family life	I have limited choices and opportunities to take part in community and/or family life	I have very few choices and opportunities to take part in community and/or family life	I no choices and opportunities to take part in community and/or family life
If needed- any other aspect of a good lifestyle	<i>Other aspect of a good lifestyle</i>	<i>Other aspect of a good lifestyle</i>	<i>Other aspect of a good lifestyle</i>	<i>Other aspect of a good lifestyle</i>

Aide Memoir -Possible indicators for Carers of risk to their outcomes- Finances

Financial	No/Low Risk	Medium Risk	High Risk	Very High Risk
	To Positive Outcome for Carer.	To Positive Outcome for Carer.	To Positive Outcome for Carer.	To Positive Outcome for Carer.
I have financial stability & my future finances seem ok	I have reasonable financial stability & my future finances seem ok	My financial stability could be better & my future finances are not as good as they could be	I have some financial stability but it is worrying & my future finances seem to be at risk	I have no financial stability & my future finances are unpredictable and worrying
Caring does not affect my budget and I can buy necessary items	I can meet my day to day living costs and I can buy things when I need them	I find it a bit of struggle to meet day to day living costs. There are things that I need & cannot buy.	I find it a real struggle to meet the cost of day to day living. I seldom can afford things that need.	I cannot meet the cost of day to day living. I cannot afford things that need.
I can access/have accessed the welfare rights advice and support I need	I can access/have accessed the welfare rights advice and support I need	I have outstanding needs for welfare rights advice and support and struggle to get this	I have had outstanding needs for welfare rights advice and support for a while and cannot get this	I have longstanding needs for welfare rights advice and support and have reached a crisis
My caring responsibilities do not harm my personal or household finances	My caring responsibilities have little or no negative effect on my personal or household finances	My caring responsibilities sometimes harm my personal or household finances	My caring responsibilities directly harm my personal or household finances causing problems for me.	My caring responsibilities directly harm my personal or household finances causing a crisis for me
I have access to learning, training and employment support if I need it	I have access to learning, training and employment support if I need it or know where to get this.	I have some access to learning, training and employment support if I need it but may need more information and support.	I need access to learning, training and employment support. I need more support in this area and help to get that support	I need access to learning, training and employment support and have been unable to get it. I feel that my lack of access to support in this area has reached a critical stage.
If needed- any other aspect of finances	<i>Other aspect of finances</i>	<i>Other aspect of finances</i>	<i>Other aspect of finances</i>	<i>Other aspect of finances</i>

Dundee Adult Carer Support Plan- Carer Personal Details

Person ID (Carer)		Name	
Other names (Also Known As)			
Date of birth		Address & Postcode	
Telephone numbers			
Household structure			
GP surgery			
Language used			
Special/Specific communication needs			
What prompted this request for a Carer Support Plan?			
Consent obtained for information to be shared as needed with other Agencies involved with Carer and person(s) they care for			
Date consent obtained or not	Yes	Yes, with limitations (See below)	No
Details of all requested limitations			
Details of Carers Current Situation			
Is there any reason to doubt the Carer's capacity to fully participate in Carer support planning?			
No Reasons to Doubt this		Don't know	Yes
Explain			
Does the Carer have an advocate who is able to assist them with the social care process? Give details.			
Carer Status	<input type="checkbox"/> Full time Carer <input type="checkbox"/> Unemployed <input type="checkbox"/> Working <input type="checkbox"/> Retired <input type="checkbox"/> In Education		
<input type="checkbox"/> Other (describe)			
How does the Carer help the person / people they care for- tick all that apply			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Supervision <input type="checkbox"/> Regular reminding and prompting <input type="checkbox"/> Support to go out <input type="checkbox"/> Social support <input type="checkbox"/> Emotional support / reassurance <input type="checkbox"/> Personal care <input type="checkbox"/> Help with toilet needs <input type="checkbox"/> Bathing / washing <input type="checkbox"/> Help with medicines <input type="checkbox"/> Housework </div> <div style="width: 50%;"> <input type="checkbox"/> Laundry <input type="checkbox"/> Shopping <input type="checkbox"/> Meals <input type="checkbox"/> Support with money <input type="checkbox"/> Support with therapy / rehabilitation <input type="checkbox"/> Power of Attorney/ <input type="checkbox"/> Guardianship/ <input type="checkbox"/> Welfare Benefit Appointee <input type="checkbox"/> Other- describe </div> </div>			

(1) Person who Carer looks after

Person ID		
Name		
Date of birth		
Address		
Phone numbers		
Relationship		
Legal responsibilities		
Average number of hours Carer looks after them per week		
Has this person been assessed? Give details.		
Give brief information about person (e.g. diagnosis, situation, concerns)		
Have health professionals advised the person and/or their Carer that the person has a prognosis of terminal illness.	Yes. When was advice given?	No

(2) Person who Carer looks after

Person ID		
Name		
Date of birth		
Address		
Phone numbers		
Relationship		
Legal responsibilities		
Average number of hours Carer looks after them per week		
Has this person been assessed? Give details.		
Give brief information about person (e.g. diagnosis, situation, concerns)		
Have health professionals advised the person and/or their Carer that the person has a prognosis of terminal illness.	Yes. When was advice given?	No

(3) Person who Carer looks after

Person ID		
Name		
Date of birth		
Address		
Phone numbers		
Relationship		
Legal responsibilities		
Average number of hours Carer looks after them per week		
Has this person been assessed? Give details.		
Give brief information about person (e.g. diagnosis, situation, concerns)		

Have health professionals advised the person and/or their Carer that the person has a prognosis of terminal illness.	Yes. When was advice given?	No

Does the Carer want to develop a support plan?	
Yes	No. Record reason Carer declined a plan (below)

--

Are there any other people involved in care and support for the person(s) above?

Indicate who they care for			
Name		Dob /ID	
Name		Dob /ID	
Name		Dob /ID	
Name		Dob /ID	

Give brief details of whether ACSP or Young Carers statement has been offered and completed with other Carers
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The Caring Role	
Is there information the Carer wants help to find? E.g. Does Carer need more specific information or advice the particular medical conditions or treatment or about the support that is or might be available for the person they care for? And where will this be found?	

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Is there a plan for what would happen regarding the care provided if the Carer was suddenly unavailable?	If no, worker should offer to help with this or find help with this
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If yes, where is this held?	
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Has the person who is cared for made long term plans for their future care and support? (If no worker should offer to help or find help with this.
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If yes, where is this held?	
------------------------------------	--

Are there any aspects of the caring role which the Carer says they are proud of, enjoy, or give satisfaction? What parts of the caring role does the Carer want to do or manage without help? How willing and able are they to provide care in future? Which parts of the caring role do they find especially difficult or not want to do? Describe.


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Does the Carer feel they need an additional support due to any of the Equality Act – Protected characteristics Age-disability-gender reassignment-marriage or civil partnership--pregnancy and maternity-race-religion or belief-sex-sexual orientation? Explain

--

Additional Information- including risks and impact of fluctuating needs for Carer
--

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What does Carer think would happen to the cared for person if they did not have their support?	
Which best describes how the Carer feels just now?	
<input type="checkbox"/> Coping well <input type="checkbox"/> Managing <input type="checkbox"/> Struggling <input type="checkbox"/> At Crisis point	
Does the Carer feel able to continue to provide the care and support they provide now?	
<input type="checkbox"/> Yes, with no changes <input type="checkbox"/> Yes, with more support <input type="checkbox"/> Not sure <input type="checkbox"/> No	
Additional comments including if caring role is expected to change in the near future.	
Carers Support Discussion	
Is the person the Carer cares for 'ordinarily resident' within Dundee? (Check Legal Definition)	
Does the Carer think they are able to manage the caring role and responsibilities, is this having a significant impact on their health, their finances, and their day to day life?	
Carer Outcomes Discussion- Health, Managing Caring, Good Lifestyle and Financial	
The document embedded here will need to be completed and be transferred To Carer Support Plan – Support Plan document	
 Indicator of Carer Outcome.docx	

If Carer needs additional support to achieve their outcomes will some of Carers needs be available within services and supports that can be accessed by any citizen or any Carer? Explain/describe						
What is the highest risk indicated in any of the 4 Carers outcome domains						
Is the Carer eligible for a funded support plan to meet Carer outcomes?						
Identify if Carer will be given choice of Self-Directed Support Options.		No		Yes		
		If no, explain to Carer and add brief information below		If Yes –which Option chosen		
			1	2	3	4
Amount of Funding available		What dates are covered by funding		Does Carer want to accept a funded support plan?	Yes No	
What amount of funding is Carer		What dates are covered by funding				

accepting?				
Does the Carer manage to get a break from caring? Explain-				
Has the Carer identified a need for a break from caring that they currently do not get? Explain-				
While Carer is meeting their own outcomes does the person they care for need additional support? Record arrangements for this.				
In addition to the Carer who has provided the information in this document? E.g. Carer Support Worker, person who is cared for, GP				
If any of the contributors disagree with conclusions of assessor record this and give information about this.				
Information and advice provided Provide details of all Information and advice provided to the Carer				
Date	Information and Advice provided		Specific details provided	
Completion Details				
Name and Designation of Assessor		Contact Telephone number of assessor		
Date Part 1 of Dundee Adult Carer Support Plan completed				
Assessor named above should now complete Part 2 with the Carer				

Dundee Adult Carer Support Plan – Part 2 Support Plan			
Carers Personal Details			
Person ID (Carer)		Name	
Other names (Also Known As)			
Date of birth		Address & Postcode	
Telephone numbers			

Carer Outcomes Discussion- Health, Managing Caring, Good Lifestyle and Financial

Is the Carer eligible for a funded support plan to meet Carer outcomes?	
What is the highest risk indicated in any of the 4 Carers outcome domains	
If funded what amount was accepted by Carer and how long for? Add Choice of Self-Directed Support Option	
Have any Carer's support needs been identified that cannot currently be met?	
Identify possible consequences if these needs are not met	

Actions planned to support Carer to achieve outcomes that have been identified as needing additional support.

[illegible]

How is support plan expected to reduce risk of not achieving each outcome? Circle if expect the outcome be improved (↑) or maintained (O) or reduce negative impact (↓)?											
Health			Managing Caring			Good Lifestyle			Finances		
↑	O	↓	↑	O	↓	↑	O	↓	↑	O	↓
Summary of information and advice provided to Carer											
Name and Designation of Assessor						Contact Telephone number of assessor					
Date Part 2 of Dundee Adult Carer Support Plan completed											
Date Copy of Plan shared with Carer											
Names of whom Part 2 Support Plan shared with at Carers request											
Planned Review Date											


Dundee Adult Carer Support Plan – Assessment Update and Review

Carer Personal Details

Person ID (Carer)		Name	
Other names (Also Known As)			
Date of birth		Address & Postcode	
Telephone numbers			
Household structure			
GP surgery			
Language used			
Special/Specific communication needs			
What prompted this review?			
Consent obtained for information to be shared as needed with other Agencies involved with Carer and person(s) they care for			
Date consent obtained or not given	Yes	Yes, with limitations (See below)	No
Details of requested limitations			
Details of Current Situation			
Does the worker have any reason to doubt the Carer's capacity in being able to participate fully in this process?			
	Yes	No	Don't know
Explain			
Does the Carer have an advocate who is able to assist them with the social care process? Give details.			
Carer Status	<input type="checkbox"/> Full time Carer <input type="checkbox"/> Unemployed <input type="checkbox"/> Working <input type="checkbox"/> Retired <input type="checkbox"/> In Education		
How does the Carer help the person / people they care for- tick all that apply			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Supervision <input type="checkbox"/> Regular reminding and prompting <input type="checkbox"/> Support to go out <input type="checkbox"/> Social support <input type="checkbox"/> Emotional support / reassurance <input type="checkbox"/> Personal care <input type="checkbox"/> Help with toilet needs <input type="checkbox"/> Bathing / washing <input type="checkbox"/> Help with medicines <input type="checkbox"/> Housework </div> <div style="width: 50%;"> <input type="checkbox"/> Laundry <input type="checkbox"/> Shopping <input type="checkbox"/> Meals <input type="checkbox"/> Support with money <input type="checkbox"/> Support with therapy / rehabilitation <input type="checkbox"/> Power of Attorney/ <input type="checkbox"/> Guardianship/ <input type="checkbox"/> Welfare Benefit Appointee <input type="checkbox"/> Other- describe </div> </div>			

(1) Person Carer looks after		
Person ID		
Name		
Date of birth		
Address		
Phone numbers		
Relationship		
Legal responsibilities		
Average number of hours Carer looks after them per week		
Has this person been assessed? Give details.		
Give brief information about person (e.g. diagnosis, situation, concerns)		
Have health professionals advised the person and/or their Carer that the person has a prognosis of terminal illness.	Yes	No
(2) Person Carer looks after		
Person ID		
Name		
Date of birth		
Address		
Phone numbers		
Relationship		
Legal responsibilities		
Has this person been assessed? Give details.		
Give brief information about person (e.g. diagnosis and situation concerns)		
Have health professionals advised the person and/or their Carer that the person has a prognosis of terminal illness.	Yes	No
Person Carer looks after (3)		
Person ID		
Name		
Date of birth		
Address		
Phone numbers		
Relationship		
Legal responsibilities		
Has this person been assessed? Give details.		
Give brief information about person (e.g. diagnosis, situation, concerns)		
Have health professionals advised the person and/or their Carer that the person has a prognosis of terminal illness.	Yes	No

Does the Carer want to develop a support plan?				
Yes		No. Record reason Carer declined plan below		
Are there any other people involved in any care and support for the person(s) above?				
Indicate who they care for				
Name		Dob /ID		
Name		Dob /ID		
Name		Dob /ID		
Name		Dob /ID		
Give brief details of whether ACSP or Young Carers statement has been offered and completed with other Carers				
The Caring Role				
Is there information the Carer wants help to find? E.g. Does Carer need more specific information or advice the particular medical conditions or treatment or about the support that is or might be available for the person they care for?				
Is there a plan for what would happen regarding the care the Carer provides if the Carer was suddenly unavailable? If no, you should offer to help with this or find help with this				
If yes, where is this held?				
Has the person who is cared for made long term plans for their future care and support? (If no worker should offer to help or find help with this.				
If yes, where is this held?				
Are there any aspects of the caring role which the Carer says they are proud of, enjoy, or give them satisfaction? What parts of the caring role does the Carer want to do or manage without help? How willing and able are they to provide care in future? Which parts of the caring role do they find especially difficult or not want to do? Describe.				
Does the Carer feel they need an additional support due to any of the Equality Act – Protected characteristics Age-disability-gender reassignment-marriage or civil partnership--pregnancy and maternity-race-religion or belief-sex-sexual orientation? Explain				
Additional Information- including risks and impact of fluctuating needs for Carer				
What does Carer think would happen to the person they care for if they did not have their support?				
Which best describes how the Carer feels just now?				
<input type="checkbox"/> Coping well <input type="checkbox"/> Managing <input type="checkbox"/> Struggling <input type="checkbox"/> At Crisis point				

Does the Carer feel able to continue to provide the care and support they provide now?
<input type="checkbox"/> Yes, with no changes <input type="checkbox"/> Yes, with more support <input type="checkbox"/> Not sure <input type="checkbox"/> No
Additional comments including if caring role is expected to change in the near future.
Carers Support Discussion
Is the person the Carer cares for 'ordinarily resident' within Dundee? (Check Legal Definition)
Does the Carer think they are able to manage the caring role and responsibilities, is this having a significant impact on their health, their finances, and their day to day life?
Carer Outcomes REVIEW Discussion- Health, Managing Caring, Good Lifestyle and Financial
When completed this will need to be transferred To Carer Support Plan – Support Plan document-the previous plan should also be added here
 Indicator of Carer Outcome.docx
Which best describes how the Carer feels just now?

If Carer needs additional support to achieve their outcomes will some of Carers needs be available within services and supports that can be accessed by any citizen or any Carer? Explain.					
What is the highest risk indicated in any of the 4 Carers outcome domains?					
Is the Carer eligible for a funded support plan to meet Carer outcomes?					
Identify if Carer will be given choice of Self-Directed Support Options.	No	Yes			
	If no – explain to Carer and add brief information below	Option chosen			
		1 2 3 4			
Amount of Funding available		What dates are covered by funding		Does Carer want to accept a funded support plan?	Yes No
What amount of funding is Carer accepting?		What dates are covered by funding			
Does the Carer manage to get a break from caring? Explain					

Has the Carer identified a need for a break from caring that they currently do not get? Explain			
While Carer is meeting their own outcomes does the person they care for need additional support? Explain arrangements for this.			
As well as the Carer who else has provided the information in this document? E.g. Carer Support Worker, person who is cared for, GP			
If any of the contributors disagree with conclusions of assessor record this and give information about this.			
Information and advice provided Provide details of all Information and advice provided to the Carer			
Date	Information and Advice provided	Specific details provided	
Completion Details			
Name and Designation of Assessor		Contact Telephone number of assessor	
Date Assessment and review of Dundee Adult Carer Support Plan completed			
Assessor named above should now complete Part 2 with the Carer			



DUNDEE CARERS PARTNERSHIP - INFORMATION FACTSHEETS 6

FACTSHEET 6- CARER SUPPORT

Dundee Carers Partnership recognises the vital role that carers have in supporting local people. We want carers to be supported to look after their own health and wellbeing, and aim to reduce any negative impact of their caring role. The aim is that carers can continue to care, if they so wish, in good health and to have a life alongside caring.

As a carer you may find it hard to think what is involved in caring, as you see it as part of everyday life. In order to help you continue caring it may be useful for you to think about your caring role and what it means to you.

Although there may be many expectations placed on you as a carer you do have choices about being a carer and the responsibilities you undertake. It can be helpful to reflect on this, perhaps with family, friends and the person you care for.

This factsheet contains information on the support that is available to carers in Dundee.

The Caring Journey

Sometimes depending on where you are in your caring journey it can be helpful to discuss your caring role with professional staff. Getting information, advice and support at the earliest stage possible can enable you to care with confidence, promote positive wellbeing and keep you and the person you care for living well in the community.

You can plan and access support independently, informally or as part of a carer support plan depending on where you are in your caring journey and how your caring role and responsibilities are impacting on your outcomes as a carer.

You should choose the right way to plan your support, please take the opportunity to discuss this with relevant persons including the person you care for and staff who support them.

You may wish to consider planning where and how you can be supported in the caring role and whether you might benefit from an Adult Carer Support Plan or Young Carer Statement.



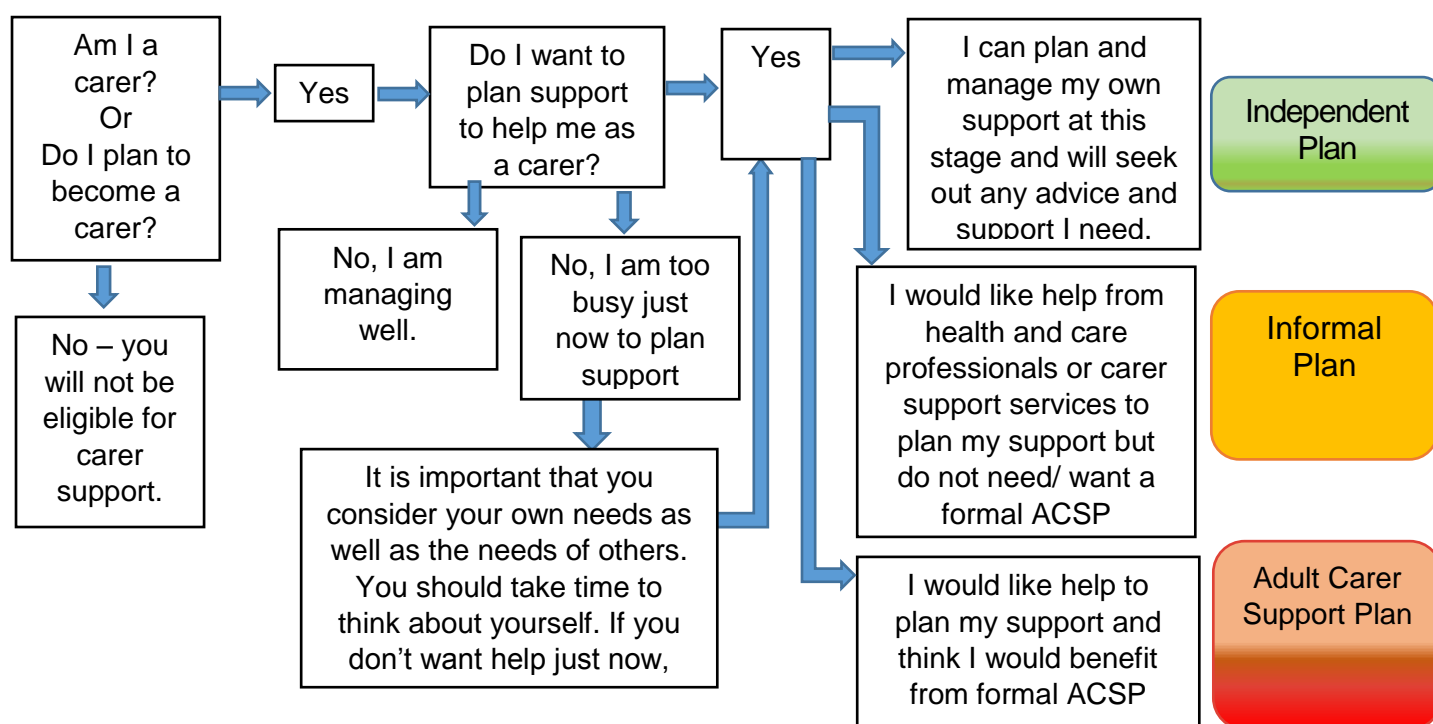
DUNDEE CARERS PARTNERSHIP - INFORMATION FACTSHEETS 6

What is an Adult Carer Support Plan?

An adult carer support plan helps you to think about what support you might need if you wish to continue caring and what could help you to have a life alongside caring. The plan sets out any needs you have and how they will be met.

Dundee Health and Social Care Partnership and Dundee City Council have a duty to offer an Adult Carer Support Plan to any carer over 18. As a Carer you can request a Carer Support Plan.

The following diagram may help you consider if you want an Adult Carer Support Plan.



What is a Young Carer Statement?

Carers who are under 18 and/or 18 still at school should consider if a Young Carers Statement would be valuable to them. The YCS can accompany the Childs Plan. The Young Carer Statement will contain a variety of information about your circumstances and caring role.



DUNDEE CARERS PARTNERSHIP - INFORMATION FACTSHEETS 6

Planning your support as a Carer

Support planning can help you to look at your need for support as a carer and how you would like to meet your needs and do the things that are important to you. Locally there are range of options to meet your needs such as:

- Leisure activities and groups in the community
- Sources of information or support (Including Carer Support)
- Different types of equipment or tools that help you in your caring role
- Welfare Rights or employment law advice
- Training and learning opportunities that help you continue to care safely and help you develop new skills
- Planning for emergencies and contingencies to avoid crisis situations arising and give you peace of mind.

Some of your needs may be met by providing some support to the person you care for. The process of support planning can help identify the person you care for needs more support including support to help you have a break. As a carer you may be offered a Support Plan but you do not need to accept this offer or you can ask for this whenever you feel you need more support.

Even if you do not make a support plan when it is offered you can ask for a one at another time. When you ask for a support plan it may be helpful for you to give some indication of how urgently you think this might be needed.

Whether you have a formal support Plan or not it is important for staff in support services to know how you are getting on, after all carers provide vital care and support for other people who would not manage without this help.

You can choose different methods of Support Planning including:

- Independent Planning
- Informal Support Planning
- Adult Carer Support Plan/Young Carer Statement



DUNDEE CARERS PARTNERSHIP - INFORMATION FACTSHEETS 6

Independent Planning

As a carer you can access and plan your support. Many services and supports are available to all carers and can be accessed directly.

Independent Planning is most likely to be a suitable route for carers who are managing to achieve their outcomes as a carer and want support to maintain this position.

Carers planning their support may want to discuss how to maintain or achieve their outcomes with the person they care for, family or care workers, carer support workers or the person from Health and Social Care, Education or Social Work who supports the adult or child they look after.

Carers in Dundee identified that important outcomes to them were Managing the Caring Role, Financial Stability, a Good Lifestyle and Health and Wellbeing.

You can get information to help plan support via the internet or local library, or from professionals working with the supported person or through Dundee Carers Centre who have a remit of providing information and advice as well as providing support services which carers can access directly.

You can also get information or advice from organisations who have specialist knowledge that you may want e.g. GP, Nurses, Care Managers, and Condition Specific Organisations such as Alzheimer's Society or Penumbra.

Carers may take the opportunity to learn relevant skills and can ask specialists about training or learning opportunities in your caring role.

Specialists like Occupational Therapists may be able to give advice about simple pieces of equipment to support a carer in their caring role and about how to keep the carer and the person you care for injury free.



DUNDEE CARERS PARTNERSHIP - INFORMATION FACTSHEETS 6

Informal Support Planning.

When considering the support you might need as a carer you might find it helpful to have a discussion with a Health and Social Care professional a carer support worker or someone else.

Some Carer Support Workers may use a planning document to help you make a plan for your support

Through informal support planning carers can be supported to consider what help they need and can identify with a worker how and where they will get this help.

When you consider what help you need it may be helpful to consider the carers outcomes that have been identified locally and what support you need to achieve these. These are: - Managing the Caring Role, Financial Stability, a Good Lifestyle and Health and Wellbeing.

Other things you may wish to think about are

- what caring tasks you do and how you feel about doing them
- your relationship with the person you care for
- if you get enough time for yourself – for example time to get out and about, meet other people and take part in leisure activities
- how caring is affecting your mental and physical health
- how caring is affecting your relationships with others
- how caring is affecting your education, work life and finances
- whether the person you're caring for is getting enough help
- how willing or able to you are to carry on caring
- what would help make things easier for you

Some carers find that informal planning is enough to support them to continue in their caring role.

However there are times when carers find a change in their circumstances, or the circumstances of the person they care for or the length of time they have been caring in difficult circumstances makes it harder to reach their outcomes as a carer. At these times a formal Adult Carer Support Plan may help.



DUNDEE CARERS PARTNERSHIP - INFORMATION FACTSHEETS 6

Carers who have an ACSP will have a similar outcomes focussed discussion to the discussion that they might have in informal support planning.

It may be helpful for the carer to bring along any notes of previous or current informal plans. It is also likely to be useful if any worker who helped with the informal plan shares information with the worker who undertakes the formal assessment with the carer.

Adult Carer Support Plan

The Dundee Adult Carer Support Plan is for Carers who look after someone living in Dundee. If you care for someone living outside Dundee City you should ask for an Adult Carer Support Plan in the council area where the person you care for lives.

The Adult Carer Support Plan document is the record of the assessment and support plan you have discussed with an assessment worker from Health, Social Work or Social Care.

An ACSP will involve an assessment which will identify if you are eligible for funding or a Self-Directed Support Budget for your carer support.

The assessment worker will be identified by the Team Manager for the team who have responsibility for Assessment and Planning for the main person you care for.

Below is a summary of what to expect from the support planning process:

- Depending on circumstances it may be the assessment worker allocated to the person you care for.
- If the person you care for has no professional involved with their care an appropriate assessor will be allocated.
- Even if you care for more than one person you should only have one Carer Support Plan which takes all your circumstances into account.
- The assessor will arrange to have a discussion with you. During this discussion the assessor will ask you questions about yourself.



DUNDEE CARERS PARTNERSHIP - INFORMATION FACTSHEETS 6

- The assessment usually involves at least one face to face discussion and you can choose whether the person you care for is with you or not.
- The person who will carry out the assessment will normally contact you to arrange a mutually convenient time and place.
- Check with the assessor how long they think the appointment will take.
- Let the assessor know if you want an interpreter, an advocate, or anyone else to support
- An assessment may take more than one meeting. If you find the process tiring you can ask for a break or ask for another meeting.
- You may wish to take prepare for the meeting by asking for a copy of the questions you may be asked.

The information discussed will include things like --What sort of things do you do for the person you care for, how often, how long it takes; basic information about all the people you look after (if you have their permission); and names and dates of birth of other carers (with their permission); and how you feel about your caring role.

There will be an opportunity to discuss the impact of caring on your Health (including your emotional and mental wellbeing); whether you manage to have a life alongside caring; your financial, education and employment circumstances and managing the caring role (including getting a break from caring).

You may wish to discuss Emergency Planning or any concerns you have about your future or the future of the person you care for. It might be a good idea to have a think about what you would most want to change about your caring situation

The assessor will help you consider the risks and barriers that you might stop you maintaining or achieving positive outcomes as a carer.



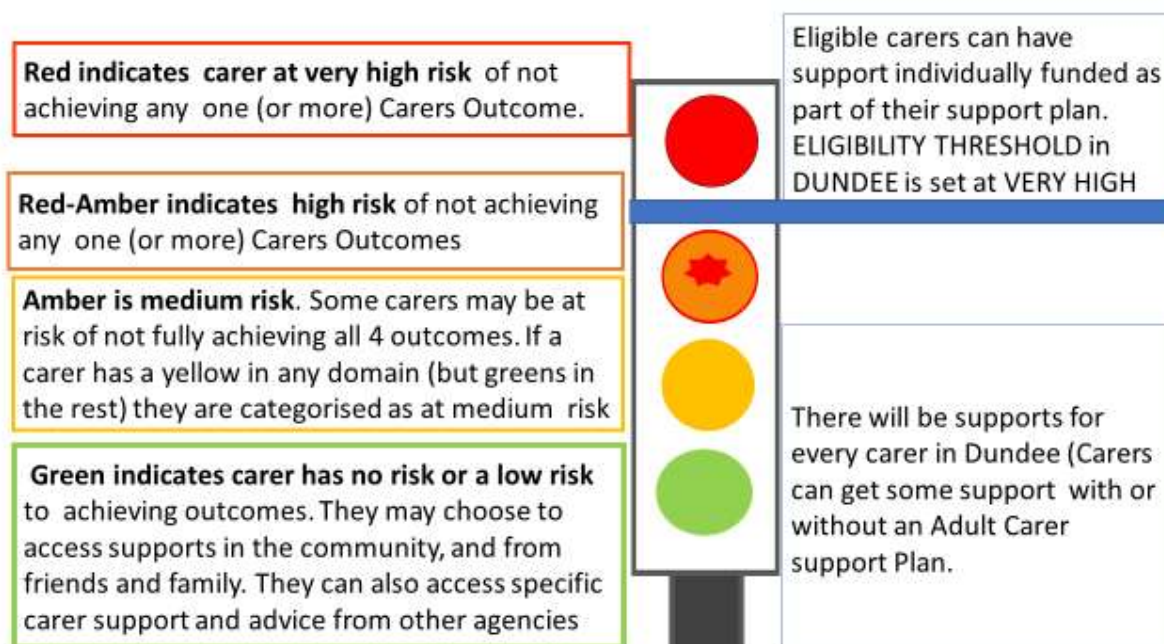
DUNDEE CARERS PARTNERSHIP - INFORMATION FACTSHEETS 6

Along with the assessor you will identify your risk of achieving your outcomes as a carer. There are 4 risk categories: very high (red), high (Red-Amber), medium (Amber) and low/no risk (Green).

An assessor will have a conversation with you to help you identify the risk in each of the areas- Managing The Caring Role, Health, Financial, and a Good Lifestyle.

You will be encouraged to think about why there are risks to not reaching each of these outcomes and whether this is something you want support to improve/maintain/ change and about what might help.

When your assessment has been completed your allocated assessor will work with you to produce a 'Support Plan'. The assessor will help you look to find ways of supporting you to maintain or achieve your outcomes.



The four outcome headings form part of the Eligibility Criteria and are used to assess if you are eligible for a funded support plan

If you are eligible for funded support you will be offered the option of receiving a Direct Payment. This means that you can choose to receive a sum of money to enable you to purchase your own support. Your assessment worker will explain this to you.

Review by Dec 2018

8 | This Fact Sheet contains information and general advice. It should not be used as a substitute for personalised advice from a professional. We do not accept any liability arising from its use. We strive to ensure that the content is accurate and up to date. Please direct queries or comments about the information to dundeehscp@dundeecity.gov.uk

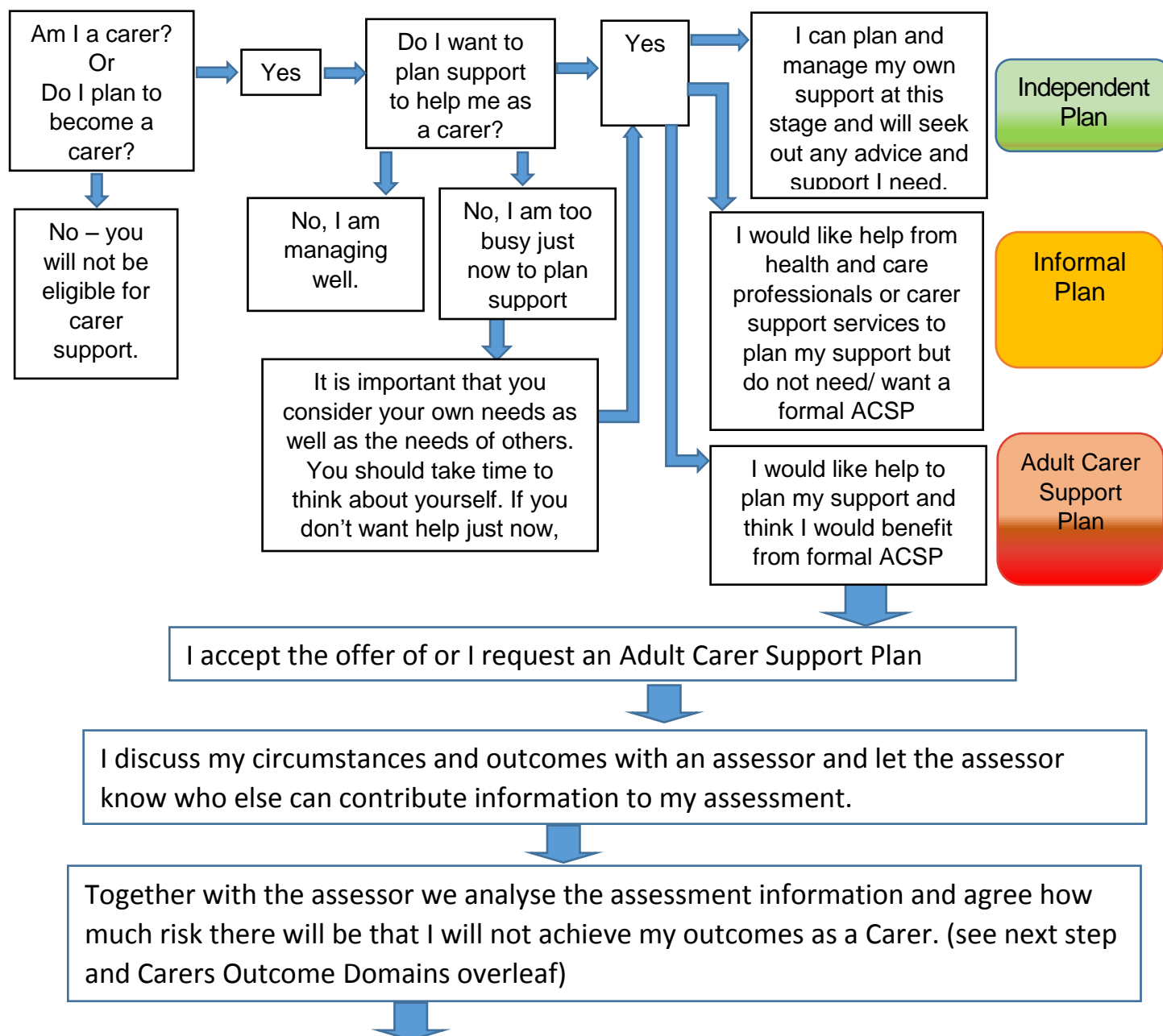


DUNDEE CARERS PARTNERSHIP - INFORMATION FACTSHEETS- 9

FACTSHEET 9 Adult Carers Eligibility Criteria

Please also read Fact Sheet 6- Carer Support

Your Choices as an carer -For adult carers (18 and over)





DUNDEE CARERS PARTNERSHIP - INFORMATION FACTSHEETS- 9



The Assessor and I discuss my outcomes as carer, Carers Outcomes are grouped under the following Outcome Areas: Health, a Good Lifestyle, Managing the Caring Role and Finances. I have a chance to say what Outcomes I want to achieve and/or maintain and the support I might need to do this. The 4 outcome areas form the Eligibility Criteria for Dundee. (See next page)



Together with the assessor I will consider whether I can achieve the outcomes I want now and in the future. We will identify the level of risk that I will not achieve outcomes in each of the outcome areas. There are four risk categories NO/Low Risk, Medium Risk, High Risk and Very High. (See next page)

NB. In Dundee Carers who are at High Risk in any outcome area will reach the Eligibility Threshold, the threshold is based on the **impact** their caring role has. Carers above the Eligibility Threshold could receive a Funded Support Plan if the available supports are not sufficient, or not the best way to meet their individual outcomes. Self-Directed Support should be offered to the carer for their funded Support Plan. The Carers Self-Directed Support Budget will not include payments to pay for the care services for the person the carer supports as these are funded via the assessment of the person the carer supports.



I will have an Adult Carer Support Plan which lists the planned support towards achieving my outcomes as a carer. The supports can include family, friends, community supports, and health supports etc. as well as specialist carer support. If I have reached the eligibility threshold in any outcome area some of support I get can be funded specifically for me. This is arranged as Self-Directed Support. The Adult Carer Support Plan will be monitored and reviewed.



DUNDEE CARERS PARTNERSHIP - INFORMATION FACTSHEETS- 9

Dundee Adult Carers Outcomes



These outcomes are the agreed Eligibility Criteria for Adult Carers in Dundee.

Red indicates carer at very high risk of not achieving any one (or more) Carers Outcome.

Red-Amber indicates high risk of not achieving any one (or more) Carers Outcomes

Amber is medium risk. Some carers may be at risk of not fully achieving all 4 outcomes. If a carer has a yellow in any domain (but greens in the rest) they are categorised as at medium risk

Green indicates carer has no risk or a low risk to achieving outcomes. They may choose to access supports in the community, and from friends and family. They can also access specific carer support and advice from other agencies



Eligible carers can have support individually funded as part of their support plan. **ELIGIBILITY THRESHOLD in DUNDEE is set at VERY HIGH**

There will be supports for every carer in Dundee (Carers can get some support with or without an Adult Carer support Plan.)



DUNDEE CARERS PARTNERSHIP - INFORMATION FACTSHEETS- 9

Committee Report No:**Document Title:** IJB Report -Dundee Adult Carers Eligibility Framework**Document Type:** Policy**New/Existing:** New**Period Covered:** 24/04/2018 - 24/04/2021**Document Description:**

The Purpose of the report is to ask the Integration Joint Board (IJB):to note and approve the Dundee Adult Carer Eligibility Framework including Local Eligibility Criteria and Eligibility Threshold.

Intended Outcome:

It is recommended that the IJB notes the duties and powers placed on Local Authorities through the Carer's (Scotland) Act 2016 with regard to the Duty to Support and Eligibility Criteria outlined in this report; agrees the Dundee Health and Social Care Partnership Workforce Policy: Dundee Adult Carer Support Eligibility Framework and Eligibility Criteria; approves the publication of Carers Fact Sheet 6 (Carer Support Plan) and Carers Fact Sheet 9 (Adult Carers Eligibility Criteria).

How will the proposal be monitored?

The proposal will be monitored through Dundee Carers Partnership processes.

Author Responsible:**Name:** Joyce Barclay**Title:** Senior Officer**Department:** Health and Social Care Partnership**E-Mail:** joyce.barclay@dundeecity.gov.uk**Telephone:** 01382 433947**Address:** Floor 2 Dundee House**Director Responsible:****Name:** David Lynch**Title:** Chief Officer, Dundee Health and Social Care Partnership**Department:** Health and Social Care Partnership**E-Mail:** david.lynch@dundeecity.gov.uk**Telephone:** 01382 434000**Address:** Floor 2 Dundee House

A. Equality and Diversity Impacts:

Age:	Positive
Disability:	Positive
Gender Reassignment:	Positive
Marriage and Civil Partnership:	Positive
Pregnancy and Maternity:	Positive
Race/Ethnicity:	Positive
Religion or Belief:	Positive
Sex:	Positive
Sexual Orientation:	Positive

Equality and diversity Implications:

The Dundee Adult Carer Support Plan specifically requests that the impact of protected characteristics of the carer are taken into account in the assessment.

Proposed Mitigating Actions:

n/a

Is the proposal subject to a full EQIA? : No

The Dundee Adult Carer Support Plan specifically requests that the impact of protected characteristics of the carer or the person they support are taken into account in the assessment.

B. Fairness and Poverty Impacts:

Geography

Strathmartine (Ardler, St Mary's and Kirkton):	Positive
Lochee(Lochee/Beechwood, Charleston and Menzies hill):	Positive
Coldside(Hilltown, Fairmuir and Coldside):	Positive
Maryfield(Stobswell and City Centre):	Positive
North East (Whitfield, Fintry and Mill O' Mains):	Positive
East End(Mid Craigie, Linlathen and Douglas):	Positive
The Ferry:	Positive
West End:	Positive

Household Group

Lone Parent Families:	Positive
Greater Number of children and/or Young Children:	Positive
Pensioners - Single/Couple:	Positive
Single female households with children:	Positive
Unskilled workers or unemployed:	Positive
Serious and enduring mental health problems:	Positive
Homeless:	No Impact
Drug and/or alcohol problems:	No Impact
Offenders and Ex-offenders:	No Impact
Looked after children and care leavers:	Positive
Carers:	Positive

Significant Impact

Employment:	Positive
Education and Skills:	Positive
Benefit Advice/Income Maximisation:	Positive
Childcare:	No Impact
Affordability and Accessibility of services:	Positive

Fairness and Poverty Implications:

The Adult Carer Support Plan assessment involves looking at the impact of the caring role and responsibilities. Where carers belong to the groups above it is anticipated that the policy will have a positive impact. There are no predicted negative impacts for people in the groups above who are not carers.

The aim is to support carers looking after people in varied circumstances and the impacts of caring on their lives. This will result in a plan to maintain and achieve carers outcomes in 4 main areas health (and wellbeing), a good lifestyle, managing the caring role, and finances (including employment and training).

Proposed Mitigating Actions:

n/a

C. Environmental Impacts

Climate Change

Mitigating greenhouse gases:	No Impact
Adapting to the effects of climate change:	No Impact

Resource Use

Energy efficiency and consumption:	No Impact
Prevention, reduction, re-use, recovery or recycling waste:	No Impact
Sustainable Procurement:	No Impact

Transport

Accessible transport provision:	No Impact
Sustainable modes of transport:	No Impact

Natural Environment

Air, land and water quality:	No Impact
Biodiversity:	No Impact
Open and green spaces:	No Impact

Built Environment

Built Heritage:	No Impact
Housing:	No Impact

Is the proposal subject to Strategic Environmental Assessment?

No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environment Assessment (Scotland) Act 2005.

Proposed Mitigating Actions:

n/a

Environmental Implications:

n/a

D. Corporate Risk Impacts

Corporate Risk Implications:

The risk implications associated with the subject matter of this report are 'business as normal' risks. The subject matter is routine and has happened many times before without significant loss. There is comfort that the risks inherent within the activity are either transferred to another party, shared equally and fairly between the Council and another party or are negligible.

Corporate Risk Mitigating Actions:

n/a



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
24 APRIL 2018

REPORT ON: FINANCIAL MONITORING POSITION AS AT 28 FEBRUARY 2018

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB19-2018

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 2017/18.

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 2017/18 financial year end as at 28 February 2018.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The financial monitoring position for Dundee Health and Social Care Partnership based on expenditure to 28 February 2018 shows a net projected overspend position of £2,146k which is a slight improvement on the previously reported figures based on the December expenditure position of a £2,294k overspend. The overspend is primarily as a result of overspends in GP prescribing of £2,187k. The prescribing overspend is subject to the risk sharing arrangement outlined in the Integration Scheme whereby responsibility for meeting the shortfall in resources remains with NHS Tayside.
- 3.2 The current year projected overspend position is significantly less than the final outturn for delegated NHS services to Dundee IJB in 2016/17 where an overspend of £3,462k was incurred.

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 confirmed the overall budgeted resources for delegated services at its meeting in June 2017 following receipt of confirmation of the NHS delegated budget having already accepted Dundee City Council's budget at its meeting in March 2017. Members of the IJB will recall that risks around the prescribing budget and within services hosted by Angus and Perth & Kinross IJBs were identified. This financial monitoring position reflects the status of these risks as they display within cost centre budgets.

- 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.

4.2 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 Members will recall from the budget paper presented to the IJB in June that there were a number of significant risks and challenges highlighted within delegated budgets from NHS Tayside. This included a testing savings target across services as a reflection of the overall financial challenges facing NHS Tayside. The IJB has moved to deliver more savings on a recurring basis for 2017/18 with over £1.1m of efficiencies factored in to the staff costs budget to reflect turnover and vacancy management. NHS Tayside continues to develop its comprehensive Transformation Programme to deliver service efficiencies and improvement. A number of the workstreams within this programme have been applied to delegated services, which combined with local service delivery efficiencies, constitutes Dundee Health and Social Care Partnership's Transformation Programme. These efficiencies have been incorporated into service budgets where identifiable and the financial projections take into account the anticipated achievement of a number of these savings.
- 4.3.2 The financial projection for services delegated from NHS Tayside to the IJB indicates a projected overspend of around £1,958k by the end of the financial year.
- 4.3.3 A number of service underspends are noted within Community Mental Health including Drug and Alcohol services, Continuing Care, and Allied Health Professionals (AHP) primarily as a result of staff vacancies. This is additional to the staff efficiency savings incorporated into the base budget for these services and therefore provides a further contribution to achieving the overall savings target.
- 4.3.4 Staff cost pressures exist in a number of other services such as the Medicine for the Elderly budget and Palliative Care. The Medicine for the Elderly Budget was highlighted as a financial risk given the significant overspend associated with it. Over the last year however, this overspend has been managed downwards following reshaping of the wards at Royal Victoria Hospital and subsequent efficiencies.
- 4.3.5 It is anticipated that with further reshaping of services and emergence of efficiencies through NHS Tayside's Transformation Programme that overall services directly managed by Dundee Health and Social Care Partnership will balance by the end of the financial year.
- 4.3.6 The Family Health Services prescribing budget currently projects a shortfall totalling £2,187k. This reflects an increase of £69k from that reported to the February IJB, based on the December 2017 expenditure to date (previously £2,118k projected overspend).
- 4.3.7 This movement is mainly as a result of a refinement of the range of factors anticipated to impact on the prescribing budget by the year end (eg price changes) and the impact of a range of savings initiatives.
- 4.3.8 A number of initiatives continue to be developed through NHS Tayside's Transformation Programme supported by the Prescribing Management Group (PMG). The PMG function as a collaborative with delegated authority from the three Tayside IJBs and NHS Tayside Board, to allocate, monitor and agree actions to make optimal use of the prescribing budget. The PMG will deliver a whole system approach to developing prescribing action plans, implementation of prescribing projects and monitoring, identification and management of financial risks within prescribing. Dundee HSCP contributes to the PMG and will continue to explore innovative ways of safely delivering services in a more cost effective manner. Members will recall that the IJB agreed to invoke the risk sharing arrangement with NHS Tayside in relation to this budget whereby the leadership of delivery of efficiency savings within this budget remains the responsibility of NHS Tayside.

- 4.3.9 Members of the IJB will also be aware that Angus and Perth & 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 & Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows overspends to the value of £440k being recharged with the net impact of hosted services to Dundee being £471k.
- 4.3.10 As outlined in Report DIJB27-2017 regarding Hosted Services Arrangements (June 2017), the financial position continues to be impacted on by the significant overspend in the Mental Health Inpatient service hosted by Perth & Kinross IJB. However, through the release of cost pressures funding and other interventions, the net share to Dundee is reduced from an initial reported figure of £500k based on the June figures to an overspend of approximately £384k based on the February outturn. Other hosted services previously highlighted as areas of financial risk such as the Out of Hours & Forensic services hosted by Angus have also seen reductions in the projected overspend for the year through a range of interventions. These will continue to be monitored closely over the remainder of the financial year.

4.4 Services Delegated from Dundee City Council

- 4.4.1 The financial projection for services delegated from Dundee City Council to the IJB notes a net overspend position of £188k with underspends primarily within Physical Disabilities, Mental Health and Substance Misuse services. This is mainly due to the timing of the completion of developments for accommodation based care and the original recurring revenue investment programme no longer in alignment for 2017/18. Within this overall position, a number of pressure areas continue to emerge which have been primarily met through funding for demographic pressures as part of additional social care investment, particularly for Older People's services. The financial position continues to reflect the impact of responding to the challenge of reducing delayed discharges through investment in additional capacity for care at home services and care home placements.

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

- 6.1 In preparing the Dundee City Integration Joint Board's 2017/18 revenue monitoring (to February 2018), the Chief Finance Officer considered the key strategic, operational and financial risks faced by the IJB for the 2017/18 financial year. In order to alleviate the impact these risks may have, should they occur, a number of general risk mitigation factors are utilised by the Integration Joint Board. These include the:-
- identified current integration funding set aside to meet any unforeseen expenditure
 - system of perpetual detailed monthly monitoring enabling early identification of budget pressures and subsequent remedial work where required
 - level of general fund balances available to meet unforeseen expenditure
 - level of specific reserves (Integration and Transformation) to meet any unforeseen expenditure
 - possibility of identifying further budget savings and efficiencies during the year
 - specific underwriting of constituent bodies where overspends occur. The Integration Scheme outlines specific risk sharing arrangements whereby responsibility for meeting any shortfall lies with one of the constituent bodies.
- 6.2 The risks in 2017/18 revenue monitoring have now been assessed both in terms of the probability of whether they will occur and the severity of their impact on the Integration Joint Board should they indeed occur. These risks have been ranked as either zero, low, medium or high. Details of the risk assessment, together with other relevant information including any

proposed actions taken by the Integration Joint Board to mitigate these risks, are included in Appendix 4 to this report. Given the actions identified to mitigate these risks these are deemed to be manageable.

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: 30 March 2018

						Appendix 1
DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2017/18						AS AT Feb 2018
	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	37,892	871	14,467	-340	52,359	531
Mental Health	4,489	-241	3,386	-40	7,875	-281
Learning Disability	22,310	232	1,224	-38	23,534	194
Physical Disabilities	6,684	-495	0	0	6,684	-495
Substance Misuse	801	-36	2,409	-145	3,210	-181
Community Nurse Services / AHP / Other Adult	421	26	11,381	-110	11,802	-84
Hosted Services	0	0	18,286	-629	18,286	-629
Other Dundee Services / Support / Mgmt	639	-169	26,142	-414	26,781	-583
Centrally Managed Budgets			-1,145	1,408	-1,145	1,408
Total Health and Community Care Services	73,236	188	76,151	-308	149,387	-120
Prescribing (FHS)	0	0	32,756	2,187	32,756	2,187
Other FHS Prescribing	0	0	656	-194	656	-194
General Medical Services	0	0	24,307	-195	24,307	-195
FHS - Cash Limited & Non Cash Limited	0	0	17,225	-3	17,225	-3
Grand Total	73,236	188	151,095	1,487	224,331	1,675
Hosted Services*			6,291	471	6,291	471
Grand Total	73,236	188	157,386	1,958	230,622	2,146
*Hosted Services - Net Impact of Risk Sharing Adjustment						

Dundee City Integration Joint Board – Health & Social Care Partnership – Finance Report

	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)			4,594	155	4,594	155
Older Peoples Services -Community			501	(10)	501	(10)
Continuing Care			2,252	(600)	2,252	(600)
Medicine for the Elderly			3,625	245	3,625	245
Medical (POA)			643	0	643	0
Psychiatry Of Old Age (POA) - Community			1908	(200)	1,908	(200)
Intermediate Care			944	70	944	70
Older People Services	37,892	871			37,892	871
Older Peoples Services	37,892	871	14,467	(340)	52,359	531
General Adult Psychiatry			3,386	(40)	3,386	(40)
Mental Health Services	4,489	(241)			4,489	(241)
Mental Health	4,489	(241)	3,386	(40)	7,875	(281)
Learning Disability (Dundee)	22,310	232	1,224	(38)	23,534	194
Learning Disability	22,310	232	1,224	(38)	23,534	194

		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		6,684	(495)			6,684	(495)
	Physical Disabilities	6,684	(495)	0	0	6,684	(495)
Alcohol Problems Services				483	(40)	483	(40)
Drug Problems Services				1,926	(105)	1,926	(105)
Substance Misuse		801	(36)			801	(36)
	Substance Misuse	801	(36)	2,409	(145)	3,210	(181)
A.H.P. Admin				363	(20)	363	(20)
Physiotherapy				3,288	(73)	3,288	(73)
Occupational Therapy				1,378	(43)	1,378	(43)
Nursing Services (Adult)				5,454	70	5,454	70
Community Supplies - Adult				160	(15)	160	(15)
Anticoagulation				368	(30)	368	(30)
Joint Community Loan Store				371	0	371	0
Intake/Other Adult Services		421	26			421	26
Community Nurse Services / AHP / Intake / Other Adult Services		421	26	11,381	(110)	11,802	(84)

	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			2,477	69	2,477	69
Palliative Care – Medical			1,037	(2)	1,037	(2)
Palliative Care – Angus			315	6	315	6
Palliative Care – Perth			1,567	102	1,567	102
Brain Injury			1,552	100	1,552	100
Dietetics (Tayside)			2,772	(180)	2,772	(180)
Sexual & Reproductive Health			1,991	(60)	1,991	(60)
Medical Advisory Service			151	(44)	151	(44)
Homeopathy			26	2	26	2
Tayside Health Arts Trust			57	0	57	0
Psychology			4,472	(534)	4,472	(534)
Eating Disorders			288	(6)	288	(6)
Psychotherapy (Tayside)			811	(27)	811	(27)
Learning Disability (Tayside AHP)			771	(55)	771	(55)
Hosted Services	0	0	18,286	(629)	18,286	(629)
Working Health Services			0	0	0	0
The Corner			394	(18)	394	(18)
Resource Transfer			8,570	0	8,570	0
Grants Voluntary Bodies Dundee			176	(30)	176	(30)
IJB Management			748	(35)	748	(35)
Partnership Funding			14,523	0	14,523	0
Carers Strategy			143	0	143	0
Public Health			473	6	473	6
Keep Well			576	(200)	576	(200)
Primary Care			540	(138)	540	(138)
Support Services/Management Costs	639	(169)			639	(169)
Other Dundee Services / Support / Mgmt	639	(169)	26,142	(414)	26,781	(583)
Centrally Managed Budgets			(1,145)	1,408	(1,145)	1,408

	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
Total Health and Community Care Services	73,236	188	75,151	(308)	149,387	(120)
Other Contractors						
Prescribing (FHS)			32,756	2,187	32,756	2,187
Other FHS Prescribing			656	(194)	656	(194)
General Medical Services			24,307	(195)	24,307	(195)
FHS - Cash Limited & Non Cash Limited			17,225	(3)	17,225	(3)
Grand Total H&SCP	73,236	188	151,095	1,487	224,331	1,675
Hosted Recharges Out			(10,718)	31	(10,718)	31
Hosted Recharges In			17,009	440	17,009	440
Hosted Services - Net Impact of Risk Sharing Adjustment			6,291	471	6,291	471
Large Hospital Set Aside			21,000	0	21,000	0

NHS Tayside - Services Hosted by Integrated Joint Boards - Charge to Dundee IJB
Risk Sharing Agreement - Feb 2018

Appendix 3

Services Hosted in Angus

	Annual Budget	Forecast Over (Underspend)	Dundee Allocation
Forensic Service	907,129	(90,000)	(35,460)
Out of Hours	7,074,549	147,500	58,115
Tayside Continence Service	1,409,638	(51,900)	(20,449)
Ang-loc Pharmacy	2,250,000	(450,000)	(177,300)
Speech Therapy (Tayside)	963,790	(11,200)	(4,413)
Hosted Services	12,605,106	(455,600)	(179,506)
2017/18 Efficiency Target	-188,425	188,425	74,239
Grand Total Hosted Services	12,416,681	(267,175)	(105,267)

Services Hosted in Perth

Angus Gap Inpatients	2,672,737	15,000	5,910
Dundee Gap Inpatients	5,067,779	645,000	254,130
Dundee Gap Snr Medical	1,996,270	255,000	100,470
P+K Gap Inpatients	5,831,389	60,000	23,640
Learning Disability (Tayside)	5,854,163	(200,000)	(78,800)
T.A.P.S.	635,198	(31,000)	(12,214)
Tayside Drug Problem Services	847,859	(52,500)	(20,685)
Prisoner Health Services	3,686,135	82,500	32,505
Public Dental Service	1,955,615	(30,000)	(11,820)
Podiatry (Tayside)	2,824,310	20,000	7,880
Hosted Services	31,371,455	764,000	301,016
2017/18 Efficiency Target	-618,214	618,214	243,576
Grand Total Hosted Services	30,753,241	1,382,214	544,592

Total Hosted Services	43,169,922	1,115,039	439,325
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Risk Assessment

Risks – Revenue Monitoring	Assessment*		Risk Management / Comment
	Original	Revised	
General Inflation – General price inflation may be greater than anticipated	(3/2)	(3/2)	Procurement strategy in place, including access to nationally tendered contracts for goods and services. In addition, fixed price contracts agreed for major commodities i.e. gas and electricity.
Savings – Failure to achieve agreed level of savings and efficiencies	(2/2)	(2/2)	General risk mitigation factors (reference section 6) in particular, regular monitoring will ensure savings targets are met.
Emerging Cost Pressures – The possibility of new cost pressures or responsibilities emerging during the course of the financial year.	(2/2)	(2/2)	General risk mitigation factors (reference section 6) in particular, regular monitoring to ensure shortfalls are identified as early as possible and corrective action can be taken as necessary.
Chargeable Income – The uncertainty that the level of chargeable income budgeted will be received.	(3/3)	(3/3)	General risk mitigation factors (reference section 6) in particular, regular monitoring by departments to ensure any shortfalls are identified as early as possible and corrective action can be taken as necessary.
Demographic Changes – This can lead to increased demand both in a client sense and in the contents of clients' packages. This is particularly relevant in cases where needs lead to expensive packages.	(3/2)	(3/2)	General risk mitigation factors (reference section 6), in particular, regular monitoring by departments to ensure any shortfalls are identified as early as possible and corrective action can be taken as necessary.
Specific Pressures – These include specific areas where overspends are expected. GP Prescribing; net impact of hosted services; and Family Health Services have indicated an overspend position for 2017/18.	(4/4)	(4/4)	These overspends are subject to the risk sharing arrangement outlined in the Integration Scheme whereby responsibility for meeting the shortfall in resources remains with NHS Tayside as noted in Dundee IJB's Budget Report agreed in June 2017

*Scoring recorded (Impact/Likelihood)



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
24 APRIL 2018

REPORT ON: UPDATE ON GENERAL DATA PROTECTION REGULATIONS
PREPARATIONS

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB18-2018

1.0 PURPOSE OF REPORT

To inform the Integration Joint Board of planned work in relation to the implementation of the General Data Protection Regulations (GDPR) on 25th May 2018.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the preparations that are being undertaken by NHS Tayside and Dundee City Council for the implementation of GDPR.
- 2.2 Notes that discussions are ongoing between Data Protection Officers in NHS Tayside and Dundee City Council to identify a Data Protection Officer for the Integration Joint Board.

3.0 FINANCIAL IMPLICATIONS

There are no financial implications related to the preparations for the new GDPR. However, it should be noted that there are significantly increased financial penalties for the breaches of the act. These are substantial – up to £17 million or 4% of global annual turnover.

4.0 MAIN TEXT

4.1 The General Data Protection Regulations

- 4.1.1 The General Data Protection Regulations (GDPR) will replace the current Data Protection Act 1998. The new rules relate to how personal data is handled and processed.
- 4.1.2 Important changes from the Data Protection Act are being introduced. These include:
 - Shorter timescales for reporting breaches of personal data to the data protection regulator.
 - Higher fines can be applied if the rights of individuals have been breached.
 - Timescales to process Subject Access Requests have been reduced to one month, from forty days.
 - Privacy notices must be included on all public facing forms to explain how we process personal data.

4.2 Preparations for GDPR

- 4.2.1 Preparations are ongoing to prepare the workforce as follows:
 - Council staff have been sent links to a comprehensive GDPR Handbook.

- Mandatory e-learning is available for council staff.
- Information Compliance meetings are held regularly with representatives from all Services.
- Information mapping exercises are being carried out to ensure that all the personal data processes undertaken are compliant with GDPR.
- NHS Tayside staff have been made aware of the GDPR on Staffnet (staff intranet).
- The NHS Tayside Data Protection Officer is co-ordinating preparations in NHS Tayside.
- The Integration Joint Board, as a public body, processes a minimal amount of personal data in comparison to NHS Tayside and Dundee City Council.

4.2.2 The IJB will be provided with an update on progress following the implementation of the regulations in May 2018.

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	Preparations to comply with GDPR are not carried out efficiently or completed due to staffing levels.
Risk Category	Governance
Inherent Risk Level	Likelihood (4) x Impact (3) = Risk Scoring (12)
Mitigating Actions (including timescales and resources)	Plans to map information and to carry out preventative actions are being undertaken. High risk areas have been identified and actions taken to ensure information is GDPR compliant.
Residual Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9)
Planned Risk Level	Likelihood (2) x Impact (3) = Risk Scoring (6)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

Risk 2 Description	Breaches of information happen after the implementation of GDPR and the Council and NHS Tayside incur significant financial fines.
Risk Category	Financial
Inherent Risk Level	Likelihood (4) x Impact (4) = Risk Scoring (16)
Mitigating Actions (including timescales and resources)	NHS Tayside and Dundee City Council have plans to implement GDPR. As organisations they have significant experience in handling personal data which will help them to minimise data breaches. It is unknown how the Information Commissioner will use their power to apply increased fines.
Residual Risk Level	Likelihood (3) x Impact (4) = Risk Scoring (12)
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9)

Approval recommendation	The planned risk is high due to the potential fines that can be imposed by the Information Commissioner. However, due to the mitigating actions it is recommended that the IJB accept the risk.
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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: 30 March 2018

Clare Lewis-Robertson
Senior Officer (Business Planning & Information Governance)
Health & Social Care Partnership



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
24 APRIL 2018

REPORT ON: UPDATE ON DUTY OF CANDOUR PREPARATIONS

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB20-2018

1.0 PURPOSE OF REPORT

- 1.1 To inform the Integration Joint Board of ongoing and planned work in relation to the implementation of the Duty of Candour procedure which came into force on 1 April 2018.
- 1.2 The Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 received Royal Assent on 6 April 2016 and introduced a new organisational duty of candour on health, care and social work services.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the preparations that are being undertaken by NHS Tayside and Dundee City Council for the implementation of the Duty of Candour (Scotland) Regulations 2018.
- 2.2 Notes that the responsibility for the reporting of the Duty of Candour events remains with the responsible person.

3.0 FINANCIAL IMPLICATIONS

There are no financial implications related to the preparations for the Duty of Candour (Scotland) Regulations 2018.

4.0 MAIN TEXT

- 4.1 The Duty of Candour (Scotland) Procedure came into force on 1 April 2018. The purpose of the new duty of candour provisions is to support the implementation of consistent responses across health and social care providers when there has been an unexpected event or incident that has resulted in death or harm that is not related to the course of the condition for which the person is receiving care.
- 4.2 Severe harm is described as:
 - The death of a person;
 - Permanent disability either physical or psychological (such as removal of the wrong limb or organ, or brain damage).
- 4.3 The legislation also outlines harm to people which is not severe but which results in:
 - An increase in their treatment;
 - Changes to the structure of their body;
 - Shortening of their life;

- An impairment which can be sensory, motor or intellectual and has lasted or is likely to last at least 28 days;
 - Pain or psychological harm which lasts, or is likely to last, for at least 28 days.
- 4.4 Examples of harm or severe harm to which the duty of candour apply could include:
- If care staff failing to raise the bed rails on a person assessed as needing them, which resulted in the person falling from bed and sustaining a bleed on the brain, and dying two days later;
 - A swab left in a patient following an operation, which results in another operation and eight weeks off work.
- 4.5 Unintended incidents which do not result in harm as outlined in the duty of candour provisions could include:
- The incorrect administration of medication which results in no lasting effects.
- 4.6 The key principles of the regulations are:
- Providing health and social care services is associated with risk and there are unintended or unexpected events resulting in death or harm from time to time;
 - When this happens, people want to be told honestly what happened, what will be done in response, and to know how actions will be taken to stop this happening again to someone else in the future;
 - There is a need to improve the focus on support, training and transparent disclosure of learning to influence improvement and support the development of a learning culture across services;
 - Candour is one of a series of actions that should form part of organisational focus and commitment to learning and improvement;
 - Transparency, especially following unexpected harm incidents, is increasingly considered necessary to improving the quality of health and social care;
 - Being candid promotes accountability for safer systems, better engages staff in improvement efforts, and engenders greater trust in patients and service users.
- 4.7 Preparations are ongoing to prepare the workforce as follows:
- NHS Tayside have included Duty of Candour as part of the Adverse Events procedure;
 - NHS Tayside Duty of Candour events will be recorded on Datix (incident reporting and risk management system);
 - Comprehensive materials are available on the Scottish Government website, including e-learning <http://www.gov.scot/Topics/Health/Policy/Duty-of-Candour>;
 - Duty of Candour awareness sessions provided by NHS Tayside have been happening which are accessible by the Partnership workforce;
 - Dundee City Council Duty of Candour events will be recorded on Mosaic (service user recording system). This will record the same information as Datix to enable consistent reporting for the Partnership;
 - Preparations are underway to complete a Duty of Candour policy for Dundee City Council. Duty of Candour will be relevant not only for the Health and Social Care Partnership, but for all council services providing care including Children and Families and the Housing Support Team.
- 4.8 It should be noted that the responsibility of the reporting of the Duty of Candour events remains with the responsible person. The Act defines the “responsible person” as:
- a Health Board;
 - a person (other than an individual) who has entered into a contract, agreement or arrangement with a Health Board to provide a health service;
 - the Common Services Agency for the Scottish Health Service;
 - a person (other than an individual) providing an independent health care service;
 - a local authority;
 - a person (other than an individual) who provides a care service;
 - an individual who provides a care service and who employs, or has otherwise made arrangements with, other persons to assist with the provision of that service;
 - a person (other than an individual) who provides a social work service.

This means that the new Duty applies to organisations and not individuals. It is placed upon health, care and social work organisations. NHS Tayside and Dundee City Council will therefore maintain their own recording systems.

- 4.9 In relation to reporting Duty of Candour events the following will be put in place:
- NHS Tayside and the Council will produce annual reports on Duty of Candour events;
 - The IJB will be provided with a report specific to the Partnership services;
 - Partnership Duty of Candour events will be reported to the R2 - Clinical Care & Professional Governance Meeting. The R2 - Clinical Care & Professional Governance Update report comes to the Performance and Audit Committee.

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	Preparations to comply with the Duty of Candour Regulations are not carried out efficiently or completed due to staffing levels.
Risk Category	Governance
Inherent Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9)
Mitigating Actions (including timescales and resources)	NHS Tayside preparations for the Duty of Candour regulations are well established. Council preparations are progressing, there is a clear plan in place and it is likely that this can be completed before the end of May 2018. It is likely that there will be far fewer Duty Of Candour events that will happen for council employees.
Residual Risk Level	Likelihood (3) x Impact (2) = Risk Scoring (6)
Planned Risk Level	Likelihood (2) x Impact (2) = Risk Scoring (4)
Approval recommendation	Given the low level of planned risk, this risk is deemed to be manageable.

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: 9 April 2018

Clare Lewis-Robertson
Senior Officer (Business Planning & Information Governance)
Health & Social Care Partnership