



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

City Chambers
DUNDEE
DD1 3BY

23rd October, 2018

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

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I would like to invite you to attend a meeting of the above Joint Board which is to be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 30th October, 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

AGENDA

1 APOLOGIES

2 DECLARATIONS 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 MEMBERSHIP OF DUNDEE CITY INTEGRATION JOINT BOARD

(a) NHS TAYSIDE

The Integration Joint Board is asked to note that the Members of the Dundee City Integration Joint Board are currently as follows and that a meeting of NHS Tayside Board will be held on 25th October, 2018 following which they will notify the Clerk and Standards Officer with confirmation on the position in relation to appointments and re-appointments of membership from NHS Tayside. A verbal update will be given at the meeting.

<u>Role</u>	<u>Member</u>
Nominated by Health Board	TBC *
Nominated by Health Board	Jenny Alexander *
Nominated by Health Board	TBC *
Registered medical practitioner whose name is included in the list of primary medical practitioner	Frank Weber
Registered nurse	Sarah Dickie
Registered medical practitioner not providing primary medical services	Cesar Rodriguez

* Denotes Voting Member

(b) DUNDEE CITY COUNCIL

The Integration Joint Board is asked to note that Dundee City Council has nominated the following members to serve as members of the Integration Joint Board:-

<u>Role</u>	<u>Member</u>
Nominated by Dundee City Council	Councillor Ken Lynn *
Nominated by Dundee City Council	Councillor Roisin Smith *
Nominated by Dundee City Council	Bailie Helen Wright *

* Denotes Voting Member.

(c) MEMBERSHIP

The Integration Joint Board is asked to agree to the renewal of appointment for the undernoted membership:-

<u>Role</u>	<u>Member</u>
Staff Partnership Representative	Raymond Marshall
Staff of the constituent authorities engaged in the provision of services provided under integration functions	Jim McFarlane
Third sector bodies	Christine Lowden
Service users	Vacant
Persons providing unpaid care	Martyn Sloan
Director of Public Health	Drew Walker

4 CHAIR PERSON AND VICE-CHAIR PERSON

(a) CHAIRPERSON

The Integration Joint Board is asked to note that following the resignation of Doug Cross a meeting of the NHS Tayside Board will be held on 25th October, 2018, following which information on their appointment to the position of Chairperson will be notified to the Clerk and Standards Officer. A verbal update will be given at the meeting.

(b) VICE-CHAIRPERSON

The Integration Joint Board is asked to note that Dundee City Council have appointed Councillor Ken Lynn as Vice-Chairperson.

5 PERFORMANCE AND AUDIT COMMITTEE – APPOINTMENT OF MEMBERSHIP AND CHAIR

Reference is made to Article VIII of the minute of meeting of the Integration Joint Board held on 30th August, 2016 wherein it was agreed to establish a Performance and Audit Committee as a Standing Committee of the Integration Joint Board. The Terms of Reference were also agreed.

(a) MEMBERSHIP

The Terms of Reference indicated that the Integration Joint Board shall appoint the Committee which would consist of not less than six members of the Integration Joint Board. The Committee will include at least four Integration Joint Board voting members (on the basis of two from NHS Tayside and two from Dundee City Council).

The Integration Joint Board is asked to note the position.

(b) CHAIRPERSON

The Committee will be chaired by a person not being the Chairperson of the Integration Joint Board and will be nominated by the Integration Joint Board.

It is reported that the Integration Joint Board's instructions are requested with regard to the appointment of the members and the Chairperson to serve on the Performance and Audit Committee.

6 MINUTE OF PREVIOUS MEETING - Page 1

The minute of previous meeting of the Integration Joint Board held on 28th August, 2018 is attached for approval.

7 PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF PREVIOUS MEETING OF 25TH SEPTEMBER 2018 - Page 9

(Copy attached for information and record purposes).

8 FREE PERSONAL CARE FOR ADULTS AGED UNDER 65 YEARS - Page 15

(Report No DIJB53-2018 by the Chief Officer, copy attached).

9 UPDATE ON DATA PROTECTION WORK SINCE THE IMPLEMENTATION OF GENERAL DATA PROTECTION REGULATIONS - Page 21

(Report No DIJB54-2018 by the Chief Finance Officer, copy attached).

10 HELENSLEA CARE HOME - Page 25

(Report No DIJB55-2018 by the Chief Officer, copy attached).

11 ALCOHOL DRUG PARTNERSHIP – ADDITIONAL FUNDING - Page 29

(Report No DIJB56-2018 by the Chief Officer, copy attached).

12 FINANCIAL MONITORING POSITION AS AT 31ST AUGUST 2018 - Page 47

(Report No DIJB57-2018 by the Chief Finance Officer, copy attached).

13 TRANSFORMATION PROGRAMME – UPDATE REPORT - Page 57

(Report No DIJB58-2018 by the Chief Finance Officer, copy attached).

14 WINTER PLAN (2018/2019) – NHS TAYSIDE AND PARTNER ORGANISATIONS - Page 77

(Report No DIJB59-2018 by the Chief Officer, copy attached).

15 PROGRAMME OF MEETINGS - DUNDEE INTEGRATION JOINT BOARD - 2019

The Integration Joint Board is asked to agree that the programme of meetings of the Dundee City Health and Social Care Integration Joint Board over 2019 be as follows:-

<u>Date</u>	<u>Venue</u>	<u>Time</u>	
Tuesday, 26th February, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm	(Budget Meeting)
Tuesday, 29th March, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm	
Tuesday, 23rd April, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm	
Tuesday, 25th June, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm	
Tuesday, 27th August, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm	
Tuesday, 29th October, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm	
Tuesday, 17th December, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm	

16 PROGRAMME OF MEETINGS – PERFORMANCE AND AUDIT COMMITTEE - 2019

The Integration Joint Board is asked to note that the Programme of Meetings of the Performance and Audit Committee over 2019 will be recommended as follows:-

<u>Date</u>	<u>Venue</u>	<u>Time</u>
Tuesday, 12th February, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm
Tuesday, 25th March, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm
Tuesday, 28th May, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm
Tuesday, 30th July, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm
Tuesday, 24th September, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm
Tuesday, 26th November, 2019	Committee Room 1, 14 City Square, Dundee	2.00 pm

17 MEETINGS OF THE INTEGRATION JOINT BOARD 2018 - ATTENDANCES

A copy of the attendance return for meetings of the Integration Joint Board held to date over 2018 is attached for information.

18 DATE OF NEXT MEETING

The next meeting of the Integration Joint Board will be held in Committee Room 1, 14 City Square, Dundee on 18th December, 2018 at 2.00 pm.

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)	TBC*
Elected Member	Councillor Roisin Smith *
Elected Member	Bailie Helen Wright *
Non Executive Member	Jenny Alexander *
Non Executive Member	TBC*
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	TBC

(b) DISTRIBUTION – FOR INFORMATION ONLY

<u>Organisation</u>	<u>Recipient</u>
NHS Tayside (Chief Executive)	Chief Executive
Dundee City Council (Chief Executive)	David R Martin
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee City Council (Communications rep)	Steven Bell
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 28th August, 2018.

Present:-

Members

Ken LYNN (*Chairperson*)
 Doug CROSS (*Vice Chairperson*)
 Roisin SMITH
 Helen WRIGHT
 Munwar HUSSAIN
 David W LYNCH
 Dave BERRY
 Sarah DICKIE
 Drew WALKER
 Jim MCFARLANE
 Christine LOWDEN

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)
 Chief Officer
 Chief Finance Officer
 Registered Nurse
 Director of Public Health
 Trade Union Representative
 Third Sector Representative

Also in attendance:-

Name

Kathryn SHARP
 Diane McCULLOCH
 Elaine TORRANCE
 Bill NICOLL
 Shona HYMAN
 David SHAW

Organisation

Dundee Health and Social Care Partnership
 Dundee Health and Social Care Partnership
 Independent Convener, Dundee Health and Social Care Partnership
 NHS Tayside
 Dundee Health and Social Care Partnership
 Dundee Health and Social Care Partnership

Ken LYNN, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Mermber

Cesar RODRIGUEZ
 Frank WEBER
 Jane MARTIN
 Martyn SLOAN
 Raymond MARSHALL

Role

Registered Medical Practitioner
 (not providing primary medical services)
 Registered Medical Practitioner
 (whose name is included in the list of primary medical performers)
 Chief Social Work Officer
 Person providing unpaid care in the area of the local authority
 Staff Partnership Representative

II DECLARATIONS OF INTEREST

Munwar Hussain declared a non financial interest in the item of business at Article V of this minute by virtue of being a Committee Member of Hillcrest Housing Association.

Munwar Hussain declared a non financial interest in the item of business at Article X of this minute by virtue of being registered as a patient with the Mill GP Practice.

Councillor Ken Lynn declared a non financial interest in the item of business at Article V of this minute by virtue of being a member of Dundee Survivors Group.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of The Integration Joint Board held on 27th June, 2018 was submitted and approved.

IV PERFORMANCE AND AUDIT COMMITTEE

(a) MINUTE OF MEETING OF 31ST JULY, 2018

The minute of meeting of the Performance and Audit Committee held on 31st July, 2018 was submitted and noted for information and record purposes.

(b) CHAIR'S ASSURANCE REPORT

There was submitted Report No DIJB42-2018 by Doug Cross, Chair, Performance and Audit Committee, providing an assurance report to the Integration Joint Board on the work of the Performance and Audit Committee on instructions issued by the Committee, Performance Against Work Plan and any other major issues to highlight to the Integration Joint Board.

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

V ANNUAL PERFORMANCE REPORT 2017/18

There was submitted Report No DIJB44-2018 by the Chief Officer submitting the Health and Social Care Partnership Annual Performance Report 2017/18 for approval.

Diane McCulloch, Head of Community Care, and Dave Berry, Chief Finance Officer, 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 updates provided, including the publication of the summary version of the Annual Performance Report 2017/18 on 31st July, 2018 which was attached to the report as Appendix 1;
- (iii) to approve the Annual Performance Report 2017/18 which was attached to the report as Appendix 2; and
- (iv) to approve the planned approach to publication and distribution as detailed in sections 4.2.3 and 4.3.4 of the report.

VI JOINT INSPECTION OF ADULT SUPPORT AND PROTECTION

There was submitted Report No DIJB29-2018 by the Chief Social Work Officer informing The Integration Joint Board of the outcome of the Joint Inspection of Adult Support and Protection of the Dundee Community Planning Partnership and of the participation of the Health and Social Care Partnership in the Transforming Public protection Programme, including commitment of Integration Joint Board resources.

Kathryn Sharp, Senior Manager, Strategy, Performance and Support Services, and Diane McCulloch, Head of Community Care, gave a joint presentation in supplement to the report.

The Integration Joint Board also heard Elaine Torrance, Independent Convener of Dundee Adult Support and Protection Committee, who had recently been appointed to that role. Ms Torrance spoke in supplement to the report and provided details of her background leading up to her appointment and the Integration Joint Board took the opportunity to welcome her to the meeting and wish her well in her role as Independent Convener.

The Integration Joint Board agreed:-

- (i) to note the content of the presentation;
- (ii) to note the outcome of the inspection as detailed in section 4.3 of the report;
- (iii) to note the participation of the Health and Social Care Partnership in the Transforming Public Protection Programme as detailed in section 4.4 and Appendix 1 of the report;
- (iv) to instruct the Head of Finance and Strategic Planning to submit a report detailing progress in this area to the Performance and Audit Committee no later than 31st December, 2018;
- (v) to note that information on the outcomes of other inspections which took place would be issued to the Integration Joint Board membership for their information; and
- (vi) to note that information on timescales for redesign of health and social work systems would be issued to Jim McFarlane for his reference.

VII REVIEW OF STRATEGIC AND COMMISSIONING PLAN

There was submitted Report No DIJB40-2018 by the Chief Officer informing of plans to undertake a full review of the Strategic and Commissioning Plan, as required under section 37 of the Public Bodies (Joint Working) (Scotland) Act 2014, prior to 31st March, 2019.

The Integration Joint Board agreed:-

- (i) to note the content of the report and the requirement to review the Strategic and Commissioning Plan at least every three years as detailed in section 4.1 of the report;
- (ii) to note the planned approach to undertaking the review under the leadership of the Integrated Strategic Planning Group as detailed in section 4.2 of the report; and
- (iii) to instruct the Chief Officer, following appropriate engagement and collaboration with stakeholders, to submit the revised Strategic and Commissioning Plan for approval no later than 31st March, 2019.

VIII SUBSTANCE MISUSE STRATEGIC AND COMMISSIONING PLAN FOR DUNDEE 2018-2021

There was submitted Report No DIJB34-2018 by the Chief Officer seeking agreement to publish the Substance Misuse Strategic Commissioning Plan for Dundee in partnership with the Dundee Alcohol and Drug Partnership.

The Integration Joint Board agreed:-

- (i) to note the content of the Substance Misuse Strategic and Commissioning Plan for Dundee as which was attached to the report as Appendix 1 and the engagement and collaboration approaches used to produce this as detailed in sections 4.1.3 and 4.1.4 of the report;
- (ii) to note the good practice within current service areas as detailed in the report;

- (iii) to approve the publication of the Substance Misuse Strategic and Commissioning Plan for Dundee and note that the Dundee Alcohol and Drug Partnership had approved the Substance Misuse Strategic Commissioning Plan for Dundee, and
- (iv) to instruct the Chief Officer to provide a mid-term report to on the implementation of the plan.

IX DUNDEE PRIMARY CARE IMPROVEMENT PLAN UPDATE

Reference was made to Article V of the minute of meeting of this Integration Joint Board held on 27th June, 2018 wherein the Tayside Primary Care Improvement Plan was approved.

There was submitted Report No DIJB45-2018 by the Chief Officer providing additional information on the Dundee aspects of the Primary Care Improvement Plan from that provided in the Tayside Primary Care Improvement Plan report and seeking approval for these, including the financial framework for the Direction to NHS Tayside.

The Integration Joint Board agreed:-

- (i) to note that the Tayside Primary Care Improvement Plan (the Plan) had been approved by the Local Medical Committee and endorsed by NHS Tayside Board and had been submitted to the Scottish Government after approval by Dundee Integration Joint Board;
- (ii) to note the updated action plan, and associated financial implications, for Dundee Health and Social Care Partnership as described in Appendix 1 of the report;
- (iii) to note the requirement to submit further information to the Scottish Government in September, 2018;
- (iv) to agree to direct NHS Tayside to implement with immediate effect the specific actions relevant to them in the Tayside Primary Care Improvement Plan as outlined in the Dundee Action Plan which was attached to the report as Appendix 1 and as described in section 8 of the report; and
- (v) to instruct the Chief Officer to provide a further report on progress made in the first year to a future meeting of the Integration Joint Board.

X GENERAL PRACTICE PROVISION IN DUNDEE

There was submitted Report No DIJB46-2018 by the Chief Officer outlining the current issues with general practice provision in relation to the Mill Practice and to note the practice's request to close the Fintry Mill branch surgery.

The Integration Joint Board agreed:-

- (i) to note the content of the report including the current issues with safely staffing two general practice sites for Mill Practice;
- (ii) to support the aim of Mill Practice, that all current Patients would have the opportunity to remain registered with Mill Practice and continue to see their current GP team;
- (iii) to note the preferred option was for Mill Practice to consolidate its services on one site with a view to achieving the stated aim in decision (ii) above and in addition offer a number of additional services which were available at Arthurstone Terrace as noted in paragraph 4.2.3 of the report; and
- (iv) that encouragement be given to the practice to ensure that adequate support was given throughout the transition process.

XI UPDATE ON DELAYED DISCHARGE AND UNSCHEDULED CARE IMPROVEMENT PROGRAMMES

There was submitted Report No DIJB36-2018 by the Chief Officer setting out the improvement actions across the Dundee Health and Social Care Partnership to tackle delayed discharge and unscheduled care. The report detailed the Home and Hospital Transition Improvement Plan and provided an update on the work of the Unscheduled Care Board.

The Integration Joint Board agreed:-

- (i) to note the progress made against the 2017/18 Home and Hospital Transition Improvement Plan as reported in section 4.2.3 of the report and agreed the proposed improvement plan for 2018/19 as detailed in Appendix 1 of the report;
- (ii) to the continued funding allocated to the delayed discharge projects as detailed in Appendix 2 of the report and instruct the Chief Officer to include recommendations for this funding in the 2019/20 budget statement;
- (iii) to note the work of the Unscheduled Care Board and the change projects associated with this work-stream as detailed in section 4.3 of the report; and
- (iv) to note the requirement to produce a Winter Pressures plan and request that this be submitted for consideration of the Integration Joint Board prior to submission to the Scottish Government and to note the winter pressures outcome report for 2018/18 which was attached to the report as Appendix 3.

XII ACTION 15 OF THE MENTAL HEALTH STRATEGY – PLANNING AND FUNDING FROM 2018/19

There was submitted Report No DIJB49-2018 by the Chief Officer briefing on the plans being developed for the use of new monies allocated by the Scottish Government as part of the national Mental Health Strategy.

The Integration Joint Board agreed:-

- (i) to note the correspondence sent to Chief Officers confirming the allocation of Action 15 monies across Scotland as indicated in Appendix 1 of the report;
- (ii) to note the response to the Scottish Government which outlined plans for the use of Action 15 monies in Dundee as indicated in Appendix 2 of the report;
- (iii) to note that further discussions would continue regarding Tayside wide developments, and that the outcome of these discussions may slightly alter the balance of financial commitment to each development;
- (iv) to note that the plans for use of the Action 15 monies were set within a broader context in terms of Mental Health and Wellbeing developments in the city, and
- (v) to remit to the Chief Officer to bring forward a report setting out the draft Mental Health and Wellbeing strategic priorities and proposed initial actions for Dundee to the meeting of the Integration Joint Board to be held on 30th October, 2018.

XIII DUNDEE INTEGRATION JOINT BOARD 2018/19 BUDGET

There was submitted Report No DIJB30-2018 by the Chief Finance Officer presenting NHS Tayside's formal budget offer to Dundee Integration Joint Board in relation to the delegated budget 2018/19.

The Integration Joint Board agreed:-

- (i) to note and adopt the formal delegated budget offer to Dundee Health and Social Care Partnership from NHS Tayside subject to the caveats noted in sections 4.3.1 to 4.3.4 of the report;
- (ii) to note the Dundee share of additional Scottish Government funding for Mental Health and Primary Care Transformation Funding as set out in section 4.6 of the report; and
- (iii) to note the total value of Dundee Integration Joint Board's delegated budget for 2018/19 as set out in Table 3 of the report.

XIV FINANCIAL MONITORING POSITION AS AT JUNE 2018

There was submitted Report No DIJB47-2018 by the Chief Finance Officer providing an update of the projected financial monitoring position for delegated health and social care services for 2018/19.

The Integration Joint Board agreed to note the content of the report including the overall projected financial position for delegated services to the 2018/19 financial year end as at 30th June, 2018.

XV DUNDEE INTEGRATION JOINT BOARD DRAFT ANNUAL ACCOUNTS 2017/2018 AND REVISED FUNDING VARIATIONS SUMMARY APPENDIX

Reference was made to Article XI of the minute of meeting of this Integration Joint Board held on 27th June, 2018 wherein the Draft Annual Accounts 2017/2018 and Annual Governance Statement were approved.

There was submitted Agenda Note DIJB51-2018 reporting that since the Integration Joint Board's Draft Annual Accounts 2017/18 and Annual Governance Statement were presented and agreed it had been identified that an incorrect appendix was included with the report. It was reported that the 2016/17 Funding Variations Summary shown as Appendix 1 of the report was shown instead of the 2017/18 version.

This was brought to the attention of the Chair and Vice Chair and under The Integration Joint Board's Scheme of Delegation and the Chief Officer had taken the measure of correcting the error and had arranged for the correct appendix to be included in the draft annual accounts.

The Integration Joint Board agreed to note this amendment and the revised Appendix which was attached as DIJB52-2018.

XVI CARSEVIEW REPORT

There was submitted Report No DIJB50-2018 by the Director of Strategic Change, NHS Tayside providing an update on the actions taken by NHS Tayside and Perth and Kinross Health and Social Care Partnership, following a BBC Investigates documentary on Carseview Hospital which was aired on BBC Scotland on 9th July, 2018. The report also provided information as to the progress made to implement the investigation into Carseview Hospital.

The Integration Joint Board agreed to note the content of the report and remit the Chief Officer to provide a further update on the progress of the Carseview Investigation to a future meeting of the Integration Joint Board.

XVII MEETINGS OF THE INTEGRATION JOINT BOARD 2018 - ATTENDANCES

There was submitted Agenda Note DIJB48-2018 providing a copy of the attendance return for meetings of the Integration Joint Board held to date over 2018.

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

XVIII DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Integration Joint Board would be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 30th October, 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 25th September, 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)
Dave BERRY	Chief Finance Officer
David LYNCH	Chief Officer

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

Bruce CROSBIE	Audit Scotland
Matthew KENDALL	Dundee Health and Social Care Partnership
Jocelyn LYALL	Internal Audit
Diane McCULLOCH	Dundee Health and Social Care Partnership
Anne Marie MACHAN	Audit Scotland
Kathryn SHARP	Dundee Health and Social Care Partnership
Judith TRIEBES	Internal Audit

Doug CROSS, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Jane MARTIN	Chief Social Work Officer
Cesar RODRIGUEZ	Registered Medical Practitioner (not providing primary medical services)

II DECLARATION OF INTEREST

No declarations of interest were made.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of the Committee held on 31st July, 2018 was submitted and approved.

IV DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – QUARTER 1 2018/19

There was submitted Report No PAC50-2018 by the Chief Finance Officer updating the Committee on Quarter 1 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 Measuring Performance Under Integration interim targets as outlined in section 5 and Appendix 1 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 section 6 and Appendix 2 of the report.

V DISCHARGE MANAGEMENT PERFORMANCE UPDATE, INCLUDING CODE 9 ANALYSIS

There was submitted Report No PAC51-2018 by the Chief Finance Officer updating the Committee on discharge management performance in Dundee.

The Committee agreed:-

- (i) to note the current position in relation to discharge management performance as outlined in section 5.2 of the report and Appendix 1 (sections 2.2 and 2.3);
- (ii) to note the current position in relation to complex delays as outlined in section 5.3 of the report and Appendix 1 (section 2.4);
- (iii) to note the improved actions planned to respond to areas of pressure identified as outlined in sections 5.2 and 5.4 of the report; and
- (iv) to instruct the Chief Finance Officer to present a further analysis and robust action plan in relation to complex care delays to the Performance and Audit Committee to be held on 27th November, 2018.

The Committee further agreed to instruct the Chief Finance Officer to provide a further breakdown of the figures which would be tracked over the year and incorporated into the regular Performance Report.

The Chair expressed his thanks to everyone involved in the performance of discharge management.

VI AUDIT SCOTLAND ANNUAL REPORT AND DUNDEE INTEGRATION JOINT BOARD AUDITED ACCOUNTS 2017/18

There was submitted Report No PAC52-2018 by the Chief Finance Officer presenting the Integration Joint Board's Draft Audited Annual Statement of Accounts for the year to 31st March, 2018, for approval and asking the Committee to note the draft external auditor's report in relation to these accounts and to approve the response to this report.

Bailie Helen Wright moved that the Audit Scotland Annual Report and Dundee Integration Joint Board Audited Accounts (which was issued on the afternoon of Monday, 24th September, 2018) be deferred to a further meeting of the Performance and Audit Committee, the date for which would be fixed by the Clerk in consultation with the Chief Officer and Chief Finance Officer, in order to allow members sufficient opportunity to consider the terms of the report.

There being no seconder, the Amendment proposed by Bailie Wright fell and was not voted upon.

The Committee then agreed:-

- (i) to note the content of the Audit Scotland cover letter, which was attached as Appendix 1, and the draft external auditor's report, which was attached as Appendix 2, including the completed action plan outlined on pages 23-28 of the report, and in particular that Audit Scotland had indicated they would issue an unqualified audit opinion on the IJB's 2017/18 Annual Accounts;
- (ii) to endorse the report as the IJB's formal response to the external auditor's report;
- (iii) to instruct the Chief Finance Officer to provide an update on progress of the action plan noted in Appendix 1 of the external auditor's report by January, 2019;
- (iv) to approve the Audited Annual Accounts, which were attached as Appendix 3 to the report, for signature and instruct the Chief Finance Officer to return these to the external auditor; and
- (v) to instruct the Chief Finance Officer to arrange for the above Annual Accounts to be published on the Dundee Health and Social Care Partnership website by no later than 31st October, 2018.

Baillie Wright asked for her dissent to be recorded.

VII CLINICAL CARE AND PROFESSIONAL GOVERNANCE GROUP CHAIR'S ASSURANCE REPORT

There was submitted Report No PAC53-2018 by the Clinical Director, Dundee Health and Social Care Partnership providing the Committee with an update on the business of the most recent Clinical, Care and Professional Governance (CCPG) Group and advising that update reports would be submitted following each Clinical, Care and Professional Governance meeting to provide assurance of the governance systems and processes within the Dundee Health and Social Care Partnership.

The Committee noted the content of the assurance report and instructed the Clinical Director to consider how the Performance and Audit Committee could receive assurance from NHS Tayside's Clinical Quality Forum.

VIII ANNUAL COMPLAINTS PERFORMANCE

There was submitted Report No PAC54-2018 by the Chief Finance Officer providing the Committee with an analysis of complaints received by the Dundee Health and Social Care Partnership over financial year 2017/18. This included complaints handled by the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

The Committee agreed:

- (i) to note the analysis of 2017/18 Social Work complaint performance as set out in section 5 of the report; and
- (ii) to note the analysis of 2017/18 NHS complaint performance as set out in section 6 of the report.

IX RISK MANAGEMENT INTERNAL AUDIT REPORT

There was submitted Report No PAC36-2018 by the Chief Finance Officer advising the Committee of the outcome of the Internal Audit assessment of the Risk Maturity of the Integration Joint Board.

The Committee agreed:

- (i) to note the content of the Internal Audit Assessment of the IJB's Risk Maturity as set out in Appendix 1 of the report; and
- (ii) to remit to the Chief Finance Officer to provide an action plan to respond to the issues raised within the report at the Performance and Audit Committee to be held on 27th November, 2018.

X MENTAL WELFARE COMMISSION REPORT – THEMED VISIT TO PEOPLE WITH DEMENTIA IN COMMUNITY HOSPITALS

There was submitted Report No PAC46-2018 by the Chief Finance Officer advising the Committee of the outcome of the recent Mental Welfare Commission Report 'Themed Visit to People with Dementia in Community Hospitals'.

The Committee agreed:

- (i) to note the content of the Mental Welfare Commission's report which was attached as Appendix 1;
- (ii) to note the good practice identified within Royal Victoria Hospital in relation to provision of activities contained within the report, as described in section 4.4 of this report;
- (iii) to note the actions in relation to the report recommendations with regards to Royal Victoria Hospital, as described in sections 4.5 and 4.6 of the report and in Appendix 2 which was attached to the report.

XI DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC56-2018 by the Chief Finance Officer providing the Committee with 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.

XII DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT REPORT – 2017/18 ACTION PLAN

There was submitted Report No PAC57-2018 by the Chief Finance Officer considering a proposed action plan to respond to the recommendations of the Annual Internal Audit Report 2017/18.

The Committee agreed:

- (i) to note and approve the proposed action plan as outlined in Appendix 1 of the report; and
- (ii) to remit the Chief Finance Officer to provide a progress report to the Performance and Audit Committee prior to 31st March, 2019.

XIII MEETING OF THE PERFORMANCE AND AUDIT COMMITTEE 2018 – ATTENDANCES

There was submitted Agenda Note PAC58-2018 providing a copy of the attendance return for meetings of the Performance and Audit Committee held to date over 2018.

The Committee noted the position as outlined.

XIV DATE OF NEXT MEETING

The Committee noted that the next meeting would be held in Committee Room 1, 14 City Square, Dundee on Tuesday, 27th November, 2018 at 2:00 p.m.

XV CHAIRPERSON OF PERFORMANCE AND AUDIT COMMITTEE

The Chief Finance Officer reported that Doug Cross' term of office as Chairperson of the Performance and Audit Committee had come to an end and thanked him for his leadership and stewardship since the Performance and Audit Committee started.

Doug CROSS, Chairperson.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
30 OCTOBER 2018

REPORT ON: FREE PERSONAL CARE FOR ADULTS AGED UNDER 65 YEARS

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB53-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Integrated Joint Board of new legislation to extend Free Personal Care to adults aged under 65 years of age from 1 April 2019. The paper sets out the information available to partners to date and the proposed actions Dundee Health and Social Care Partnership (DH&SCP) will take in preparation for the new legislation.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the Scottish Government's legislation to extend Free Personal Care to Adults aged under 65 years.
- 2.2 Notes that the Health and Social Care Partnership awaits receipt of further national guidance in respect of the extension of this policy in addition to the level of additional funding to support this policy change.
- 2.3 Notes the proposed planning in preparation for the policy change as detailed in Appendix 1.
- 2.4 Notes that as responsibility for charging is not delegated to IJBs, approval to change the current charging policy will be sought through Dundee City Council's Policy and Resources Committee.
- 2.5 Instructs the Chief Officer to provide an update report to the IJB setting out the progress to implement the policy change at both a national and local level in February 2019.

3.0 FINANCIAL IMPLICATIONS

The extension of Free Personal Care and Free Nursing Care will result in reduction in chargeable income to the DH&SCP. The removal of charging for services also has the potential to increase the number of referrals for care and support provided through the partnership. The full financial impact of the loss of charging income and potential increased demand for services is being assessed nationally. It is anticipated that additional funding will be provided by the Scottish Government to fund the legislation.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Free Personal Care (FPC) and Free Nursing Care (FNC) has been a feature of Scottish care provision since 2002, when the Scottish Parliament unanimously agreed to implement the policy for adults aged over 65 years of age.

At the time of implementation, there were concerns raised as to the potential discrimination against adults aged under 65 years, however as younger adults were able to access a wider range of welfare benefits, the policy was not extended.

- 4.1.2 FPC/FNC applied to both services provided within communities and within care homes. In communities, contributions towards non-personal and non-nursing supports are considered under local charging frameworks. For those placed in a care home, the level of FPC/FNC contribution is agreed by the Scottish Government, with the remaining cost of care being attributed to hospitality costs and subject to means test charging. The policy has benefited many older people accessing services, particularly as the greater proportion of services accessed by older people tend to be of a personal care or nursing care nature, rather than support services. This is in contrast to the majority of adults aged under 65 years who are more likely to access more support services. Support services do not meet the criteria for FPC/FNC. Where adults aged under 65 years require personal care, regardless of the level of support required, this is currently subjected to a means tested charging framework.
- 4.1.3 The campaign to extend FPC to under 65's was known as 'Frank's Law' and was initiated by Mrs Amanda Kopel, wife of Frank Kopel, a former football player with Dundee United Football Club. Mr Kopel was diagnosed with early onset Alzheimer's disease and Mrs Kopel gave evidence to the Public Petitions Committee in September 2013. The campaign gained wide political support and in December 2016, the Cabinet Secretary for Health and Sport announced that the Scottish Government would undertake a feasibility study into extending FPC to people aged under 65 which sought the views of stakeholders and the public. The study also considered the costs of existing service users receiving their care. DH&SCP contributed to the study.

4.2 Current Position

- 4.2.1 In the Programme for Government (September 2017) parliament announced that they would seek to extend FPC to adults aged under 65. The instrument (SSI 2018/200) to extend FPC was approved and passed by Parliament on 13 June 2018 and will come into force from 1 April 2019. This specifies that any adult who is eligible to receive personal care will do so free of charge, no matter condition, age or means of that person.
- 4.2.2 To progress the policy change, the Scottish Government has set up an Implementation Advisory Group (IAG) which consists of members from Scottish Government, COSLA, Local Authorities, Integrated Authorities, service providers and people using services. The IAG will provide advice on the impact on local authority systems, providers, related policy areas and the monitoring and review of the policy and its implementation. This group includes representation from the Chief Finance Officers Network. Updated national guidance for free personal care, including the extension of this policy is due to be released shortly.
- 4.2.3 The Scottish Government has given a commitment to work with COSLA to identify the estimated costs of the extension, including potential increased demand for services as experienced through the implementation of free personal and nursing care legislation for people aged over 65. The outcome of this will be reflected in the Scottish Government's 2019/20 budget settlement

4.3 Local Planning for the Policy Change

- 4.3.1 To prepare for the extension of FPC, a local working group will be established. This group will review the systems, process and information required to ensure the policy can be implemented smoothly from 1 April 2019. The detail of the policy change is not yet available, however we would not expect the criteria to greatly deviate from that currently in place for people aged over 65. The working group will include carer and service user representatives. The draft action plan is attached at Appendix 1.
- 4.3.2 Decisions on charging for adult social care services are not a delegated matter to the IJB, therefore Dundee City Council's charging policy will require to be changed to reflect the new legislation.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. The report will extend rights currently held by a discrete group, to all people requiring assistance who meet the criteria. There is therefore no identified equality risks.

6.0 RISK ASSESSMENT

Risk 1 Description	We are unable to predict whether or not the policy change will result in an increase in both referrals for services and therefore increase demand for services. The Scottish Government have committed to providing additional resources to address any financial impact of the change. Should there be an unpredictable rise in demand, this may be greater than the negotiated settlement.
Risk Category	Financial
Inherent Risk Level	Likelihood 3 x Impact 4 = 12 - High
Mitigating Actions (including timescales and resources)	Work closely with COSLA and Scottish Government to assess the most likely pattern of demand for services as against the potential funding levels available and include as part of IJB budget setting deliberations accordingly
Residual Risk Level	Likelihood 3 x Impact 3 = 9 - High
Planned Risk Level	Likelihood 3 x Impact 2 = 6 - Moderate
Approval recommendation	It is recommended that given the mitigating actions reduce the risk score with an ultimate expectation of a moderate risk level over time, the risk should be accepted.

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	x
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None.

David Lynch
Chief Officer

DATE: 22nd October 2018

Diane McCulloch
Head of Health and Community Care Services

EXTENSION OF FREE PERSONAL CARE – WORKING GROUP ACTION PLAN (DRAFT)

Priority	Action	Timescale	Comment
Policy and Procedures	Review current policy and procedures and amend in line with national guidance.	31.01.19	Timescales may change if there is a delay in receiving national guidance.
Eligibility Criteria	Review current criteria and amend in line with national guidance.	31.01.19	Timescales may change if there is a delay in receiving national guidance.
Electronic systems and processes	Review current MOSAIC Finance and recording systems to support the changes.	31.01.2019	
	Review any corporate financial systems to take into account the changes.	31.01.19	
	Agree and implement changes to workflows on MOSAIC.	28.02.19	
	Change and test all electronic systems in time for implementation (1 st April 2019)	31.03.19	
Public Information	Agree approaches to the distribution of public information.	31.01.19	Consider using national information
	Provide information through the H&SCP Website to publicise the change.	28.02.19	
	Update links and wider information as required.	Ongoing	
Front line practice	Develop a training programme for front line staff/Team Managers and Integrated Managers which takes into account policy, procedures and MOSAIC training.	Feb /March 2019	
Monitoring Arrangements	Agree processes for monitoring implementation and recording uptake.	31.01.19	
	Embed any national reporting arrangements within current electronic systems.	28.02.19	

Priority	Action	Timescale	Comment
Financial Modelling	Model potential budget costs of the policy change and realign budgets to address this. Monitor and review budget spend, report and adjust as required.	28.02.2019	
Charging Framework	Review and amend current Charging Framework in line with the national guidance. Report to IJB for information Report to P&R Committee, DCC for approval	31.01.19 12 th February 2019 Feb/March 2019	
Progress Reporting Arrangements	Initial information report to IJB Progress reports to IJB	Oct 2018 12 th Feb 2019	



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
30 OCTOBER 2018

REPORT ON: UPDATE ON DATA PROTECTION WORK SINCE THE IMPLEMENTATION
OF GENERAL DATA PROTECTION REGULATIONS

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB54-2018

1.0 PURPOSE OF REPORT

To inform the Integration Joint Board of work undertaken since the implementation of the General Data Protection Regulations on 25 May 2018.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the work that is being undertaken by NHS Tayside and Dundee City Council to ensure the organisations are working towards GDPR compliance (detailed in sections 4.2.1 to 4.2.9).
- 2.2 Notes that Dundee City Council's Data Protection Officer will act as 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 Data Protection Act 2018 has replaced the Data Protection Act 1998. The new rules relate to how personal data is handled and processed. It makes data protection laws fit for the digital age in which an ever increasing amount of data is being processed.
- 4.1.2 Important changes from the Data Protection Act 1998 have been introduced. These include:
 - Shorter timescales for reporting breaches of personal data to the data protection regulator.
 - Higher fines which 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 Update on Preparations for GDPR

Since the introduction of the Data Protection Act 2018 work has been undertaken to prepare the workforce as follows:

- 4.2.1 Council staff have been sent links to a comprehensive GDPR Handbook.
- 4.2.2 Mandatory e-learning is available for council staff. Out of 1569 council employees in the Health and Social Care Partnership, 1149 have completed the e-learning module. Managers have been updated with the names of those who have not completed the module.
- 4.2.3 Information Compliance meetings are held regularly with representatives from all Services.
- 4.2.4 Information mapping exercises have been carried out to ensure that all the personal data processes undertaken are compliant with GDPR.
- 4.2.5 NHS Tayside staff have been made aware of GDPR on Staffnet.
- 4.2.6 The NHS Tayside Data Protection Officer is co-ordinating preparations in NHS Tayside.
- 4.2.7 The Integration Joint Board, as a public body, processes a minimal amount of personal data in comparison to NHS Tayside and Dundee City Council. It has been agreed that the Council's Data Protection Officer will act as Data Protection Officer for the Integration Joint Board.
- 4.2.8 Reports on Data Breaches are collated by the Council and the NHS as Data Controllers. Breaches by Dundee Health and Social Care Partnership will be reported to the R2 Clinical & Professional Governance Meeting.
- 4.2.9 Work is ongoing towards an updated Data Sharing Agreement between NHS Tayside and Dundee City Council. We are working with Angus and Perth & Kinross Health and Social Care Partnerships to ensure consistency of approach.

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.

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	x
	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: 8 October 2018

Clare Lewis-Robertson
Senior Officer (Business Planning and Information Governance)



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
30 OCTOBER 2018

REPORT ON: HELENSLEA CARE HOME

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB55-2018

1.0 PURPOSE OF REPORT

- 1.1 This report confirms the decision to move to terminate the National Care Home Contract agreement between Dundee City Council and Bertinaley Care who are the owners of Helenslea House Residential Care Home. The report sets out in detail, the grounds for the decision, the actions taken and the subsequent closure of the care home on 13 September 2018.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that the Integration Joint Board (IJB) note the report for information.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 Helenslea House is a residential care home for older people with a capacity to support up to 28 people. Helenslea House is based at 14 Fairfield Rd, Dundee DD5 1PL. The care home was run by an independent company Bertinaley Care who had two other homes in Scotland and one care home in England.
- 4.2 There had been periods of difficulty at Helenslea House for a number of years and concerns regarding the quality of care. A Care Inspectorate report in November 2017 highlighted quality of care issues which resulted in a number of requirements and recommendations being issued. Following discussion, the owner of Helenslea House agreed to temporarily cease admissions to Helenslea House in December 2017 while improvement actions were progressed. A further Care Inspectorate report in March 2018, retained the weak grades. Dundee Health and Social Care Partnership did not place any new residents in Helenslea House in 2018. At the time of closure there were only 14 places occupied in the Helenslea House (13 Dundee citizens and 1 from Perth and Kinross).
- 4.3 Since June 2018 there had been an ongoing dialogue about the company between the three Scottish partnerships with care homes in their area. All three partnerships had embargoes on admissions or a voluntary agreement not to place any new residents to the care homes in 2018. Given the consistent presentation of concerns across all care homes, consideration was given to whether or not the service would be sustainable in the longer term.
- 4.4 Early in August 2018 concerns again escalated, including evidence of matters of a serious nature. Visiting health professionals raised concerns regarding the quality of care for residents and there had been a lack of stable management and occasions where the service was understaffed.

- 4.5 As a result of the concerns identified in August 2018, Dundee Health and Social Care Partnership staff visited the care home both during the day and in the evenings to ensure there were sufficient staff numbers and that residents were safe. During the visits, further issues were identified and the organisation were asked to address the issues.
- 4.7 This information was provided to the Care Inspectorate and two unannounced visits were made to the care home by the Care Inspectorate in August. Feedback following the inspection was provided, however due to the closure of the home the grades awarded to the home were not made public.
- 4.8 The issues with Helenslea House were considered at both an individual level (Adult Support and Protection Case Conferences) and at an organisation level under the Adult Support and Protection procedures. Five Large Scale Investigation meetings took place, with regular sharing of information between organisations. Improvement actions plans/additional scrutiny were agreed as part of this process.
- 4.9 Taking into account the risks identified a decision was made to terminate the contract with the company. The owner was advised of this decision verbally on 10 August 2018. Formal notification was served to the owner and his legal agent on 23 August 2018. The owner's agent disputed the grounds for termination and at the time of closure there remained ongoing communication between the partnership/Dundee City Council and the owner's agent.
- 4.10 The process of termination includes a 13 week notice period. The termination of the contract does not mean that a care home must close. This decision can only be made voluntarily by the care provider or through enforcement action by a regulatory body such as the Care Inspectorate. Where residents wish to remain in a care home, an individual placement agreement would be arranged and all relevant monitoring and review processes will be adhered to. Where residents or their representatives indicate that they wished to seek alternative arrangements, staff would assist to facilitate this.
- 4.11 Dundee Health and Social Care Partnership staff met and telephoned residents, families and legal proxies to confirm the termination of the contract with Bertinaley Care. Prepared Question and Answer sheets and a briefing script were prepared for staff who telephoned guardians/families and who made face to face contact with residents. This included confirmation to families that the company had indicated that they would continue to provide a service. All except one of the residents expressed their wish to move to another care home during the initial conversation, with all residents confirming this position shortly after. All residents of Helenslea House moved to another care home within two weeks of making the decision to move with the last resident leaving on 13 September 2018. The vast majority of residents moved to their first choice care home.
- 4.12 The staff worked hard to ensure that resident's and their families were provided with information which enabled them to make an informed choice, to ensure that families and residents were fully involved in the planning for their future care and that the move to new home was supported and viewed as a positive change. In order to aid the residents who previously resided at Helenslea House, their active workers are making regular contact with their new care home to ascertain if any additional supports are required and that residents have settled in their new home. Care reviews are planned and a formal meeting is arranged in October to review all of the residents' circumstances. This will allow the appropriate interventions to be undertaken timeously.
- 4.13 On 13 September 2018, the date the last residents moved out of Helenslea House, Bertinaley Care was placed in administration and the care home was closed.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	Decisions which involve vulnerable people moving home at short notice can have a negative impact on their health and wellbeing.
Risk Category	Health and Wellbeing
Inherent Risk Level	Likelihood 4 x Impact 4 = 16
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • Where possible residents and their families or guardians are fully involved in choosing alternative accommodation. • Individual regular contact following the move. • Review of needs to ensure any action required is implemented. •
Residual Risk Level	Likelihood 2 x Impact 4 = 8
Planned Risk Level	Likelihood 2 x Impact 4 = 8
Approval recommendation	No further action.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

There are no directions required for this report.

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

9.0 BACKGROUND PAPERS

None.

David Lynch, Chief Officer

DATE: 8 October 2018

Diane McCulloch
Head of Health and Community Care



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
30 OCTOBER 2018

REPORT ON: ALCOHOL AND DRUG PARTNERSHIP ADDITIONAL FUNDING

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB56-2018

1.0 PURPOSE OF REPORT

- 1.1 To provide information about additional funding provided by Scottish Government to support the delivery of drug and alcohol services and to approve the Dundee Local Investment Plan.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the letter from Scottish Government detailing additional funding as attached at Appendix 1.
- 2.2 Approves the Dundee Local Investment Plan as set out in Appendix 2 to this report.
- 2.3 Notes that the Dundee Alcohol and Drug Partnership considered and approved the proposed Local Improvement Plan on the 23rd October 2018.
- 2.4 Instructs that the Local Improvement Plan be submitted to the Scottish Government Alcohol and Drug Delivery Unit by the end of October 2018 for consideration for funding.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The Scottish Government has allocated £17 million to the Local Improvement Fund in 2018/19 which has been distributed to each Integration Authority through NHS Boards. Dundee City will receive £503,674 of this funding. A further £3 million has been allocated to a national Challenge Fund and a National Developments Projects Fund as detailed at 4.1.1.

4.0 MAIN TEXT

4.1 Overview of Scottish Government Funding

- 4.1.1 For the period 2018-19, the Scottish Government has allocated additional investment for services to reduce problem drug and alcohol use across three funding streams as follows:
- Local Improvement Fund. Resources for this fund will be allocated to NHS Boards for onward distribution to, and decision making by, Integration Authorities and Alcohol and Drug Partnerships (value of £17m nationally);
 - Challenge Fund. The Corra Foundation will manage this fund on behalf of the Scottish Government. This fund will open coming months and provides an opportunity for local areas to bid for money to deliver long term system change;

- National Development Projects Fund. This fund will provide opportunities for joint approaches at both a national and local level in projects of national significance (value of £3m nationally inclusive of Challenge Funding).

4.1.2 The Scottish Government has advised the following priorities for investment using the Funds:

- Increased involvement of those with lived experience of addiction and recovery in the evaluation, design and delivery of services;
- Reduce waiting times for treatment and support services. Particularly waits for Opioid Substitution Therapy (OST) including where these are reported as secondary waits under the LDP Standard;
- Improved retention in treatment particularly those detoxed from alcohol and those accessing OST;
- Development of advocacy services;
- Improved access to drug/alcohol treatment services amongst those accessing inpatient hospital services;
- Whole family approaches to supporting those affected by problem drug/alcohol use;
- Continued development of recovery communities.

4.1.3 The Scottish Government expect that Alcohol and Drug Partnerships (ADPs) and Integration Authorities (IAs) agree local arrangements for improvements and investment using the fund. IAs are further expected to enable (and be accountable for) ADPs to develop an effective investment plan to deliver measurable improvements at a local level.

4.1.4 Proposals for local investment are to be completed using the reported template, detailed in Annex C of the Scottish Government Investment Letter and returned to Scottish Government Alcohol and Drug Delivery Unit by 26 October 2018.

4.2 Dundee Local Investment Plan

4.2.1 A multi-agency group, involving members of the Dundee ADP, met on the 15th October 2018 to develop the Local Investment Plan for Dundee. Priorities identified by the Scottish Government and through the Dundee Substance Misuse Strategic Commissioning Plan have been used to support development of the Local Investment Plan. The Dundee Local Investment Plan was presented for consideration and approval at an extra special meeting of the Dundee ADP held on the 23rd October 2018. The Local Investment Plan for Dundee is attached at Appendix 2 of this report.

4.2.2 In order to ensure effective governance in relation to the monitoring of progress against investment outcome measures, a Service Level Agreements will be developed with respect to each allocation (including statutory and Third sector organisations). As part of the Service Level Agreement each organisation will be expected to: -

- Embed Key Standards And Principles, Governing The Practice And Culture Of Their Work, Which Includes Health And Social Care Standards.
- Introduce A Gender-Perspective To Ensure Specific And Appropriate Support Is Available To Vulnerable Women. This Includes Undertaking Targeted Interventions To Support Vulnerable Women.
- Identify And Offer Support, Which Includes Signposting To Relevant Organisations, To Carers And Family Members Affected By Substance Misuse So That Carers Are Supported.
- Support and contribute to the redesign of substance misuse services.

4.2.3 The Local Improvement Plan for Dundee will improve access to OST, increase capacity within Drug and Alcohol services, take a whole family approach, improve pathways and increase peer support. The following investment is proposed:

- Enhance availability of treatment programmes within local settings through the recruitment of additional non medical prescribers.
- Develop early intervention and treatment services within prisons and improve prison health care.
- Support vulnerable families through a whole family approach to supporting children and parents affected by substance misuse.

- Develop a peer recovery programme to support people with their recovery and ensure individuals with lived experience contribute to shaping the recovery supports in Dundee.
- Further develop local approaches to non-fatal overdoses through development of pathways and services for individuals who do not engage with current services and enhancing current pathways and communication arrangements between current services.
- Support Women affected by domestic abuse and substance misuse who struggle to access and engage with services.
- Support the development of a Third Sector whole system approach to supporting families affected by parental substance misuse.
- Support the development of assertive outreach approaches which enable effective engagement with people who do not access services.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that the additional funding will be insufficient to support the range of local initiatives required to reduce problem alcohol and drug use
Risk Category	Financial
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is High Risk Level)
Mitigating Actions (including timescales and resources)	Securing multi-agency agreement on the actions required in line with the Dundee Substance Misuse Strategic Commissioning Plan Ongoing monitoring of performance in relation to levels of problem substance misuse and reviewing effect of service interventions.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the risk mitigation actions in place the risk is deemed to be manageable and should be accepted.

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	x
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None.

David Lynch
Chief Officer

DATE: 8 October 2018

Alexis Chappell
Locality Manager

E: alcoholanddrugdelivery@gov.scot

NHS Chief Executive
Chief Officer of Integration Joint Board
ADP Chair

Copies to:
NHS Director of Finance
IJB Chief Finance Officers
Local Authority Chief Executive and Chief Financial Officers
ADP Co-ordinators

23 August 2018

PROGRAMME FOR GOVERNMENT 2018-19: ADDITIONAL INVESTMENT IN SERVICES TO REDUCE PROBLEM DRUG AND ALCOHOL USE

1. I write to provide detail of the £20 million investment through our Programme for Government (PfG) to support activities around, seeking and supporting new innovative approaches, as well as responding to the needs of patients in a more joined up person centred way to tackle problem alcohol and drug use.

2. £17 million of this is being provided to NHS Boards for distribution to Integration Authorities (IAs) and Alcohol and Drug Partnerships (ADPs). Investment decisions on this funding will be made by IAs and ADPs.

3. I wrote to you on 31 May 2018 setting out Minister's expectations and allocations of funding to support the delivery of ADP services. This annual PfG investment is additional to that funding for the duration of this Parliament.

4. Whilst much has been achieved we face significant challenges across Scotland. We continue to see increases in drug/alcohol deaths; hospital stays as well as other related harms such as the transmission of blood borne viruses. Investment to address these harms should result in improved health and wellbeing amongst those affected by drug/alcohol problems (individuals, families and communities), as well as a reduction in future demand on higher tariff services.

Funding Streams

5. For 2018-19 we have allocated this investment across three funding streams (detailed in Annex A) which are:

1. **Local Improvement Fund**, resources for this will be allocated to NHS Boards for onward distribution to, and decision making by, IAs and ADPs and are the subject of this letter.

2. **A Challenge Fund**, which CORRA have agreed to manage on behalf of the Scottish Government. This fund will open coming months and provides an opportunity for local areas to bid for money to deliver long term system change.
3. **National Development Projects Fund**, provides opportunities for joint approaches at both a national and local level in projects of national significance.

6. The 2018-19 allocation of £17 million through the Local Improvement Fund for each IA is provided in Annex B. Ministers expect this funding to be used for the purposes as detailed within this letter.

Accountability

7. This funding will be issued to NHS Boards in September 2018 for onward delegation to IAs. ADPs and IAs should then agree local arrangements for improvements.

8. IAs hold responsibility for the effective investment of this budget to meet the needs of the affected population in the local area. We expect IAs to enable (and be accountable for) ADPs to develop an effective investment plan to deliver measureable improvements at a local level.

9. A reporting template from 2018-19 is set out in Annex C. It is our expectation that IAs work closely with ADPs and return this to alcoholanddrugdelivery@gov.scot for the attention of Amanda Adams by 26 October 2018.

Investment Areas

10. This funding is for the purposes set out in my letter of 31 May and to support investment in the following areas:

- Increased involvement of those with lived experience of addiction and recovery in the evaluation, design and delivery of services;
- Reduce waiting times for treatment and support services. Particularly waits for opioid substitution therapy (OST) including where these are reported as secondary waits under the LDP Standard;
- Improved retention in treatment particularly those detoxed from alcohol and those accessing OST;
- Development of advocacy services;
- Improved access to drug/alcohol treatment services amongst those accessing inpatient hospital services;
- Whole family approaches to supporting those affected by problem drug/alcohol use;
- Continued development of recovery communities.

11. As service delivery plans progress, we would expect that the amounts allocated to each funding stream may vary to reflect effective delivery at the frontline. This would also enable local areas to take the following approaches:

- Year 1 and beyond – invest to deliver the changes set out in this letter and my letter of 31 May 2018 to prepare the ground for longer term system change.

- Year 2/3 and beyond – Implement system change to deliver new models of care which include new approaches to delivering drug/alcohol treatment and support; whole family approaches; as well as integration with key services such as mental health, housing, general healthcare and employability services. The Challenge Fund will provide the opportunity for local areas to secure resources for the improved planning, testing and delivery of these approaches.
11. At the same time the National Development Projects Fund will enable a national focus to test new approaches to service delivery of national significance. We will work with key stakeholders to determine priorities. At this time this will include an alignment with the £50 million Ending Homelessness Together Fund announced through Programme for Government.
 12. During 2018-19 we plan to work with key partners to establish clear delivery arrangements for drug/alcohol services under the auspices of Community Planning, this will include the relationship between ADPs, IAs and other parts of Community Planning. This will help us to develop an understanding of shared expectations and best practice in delivery of these services and also enable local areas to develop local arrangements for delivery.
 13. If you have any queries, please contact Amanda Adams (Amanda.adams@gov.scot) 0131 244 2278.

DANIEL KLEINBERG

Deputy Director, Health Improvement Division
Population Health Directorate

PROGRAMME FOR GOVERNMENT 2018-19: ADDITIONAL INVESTMENT IN SERVICES TO REDUCE PROBLEM DRUG AND ALCOHOL USE

FUNDING STREAMS

Funding Stream	Allocation	Mechanism
1. Local Improvement Fund	£17 million	<p>Funding is calculated through the NRAC funding model.</p> <p>Funding allocated to NHS Boards for onward delegation to IAs.</p> <p>Local progress to be reported through the ADP Annual Reports.</p>
2 Challenge Fund	£ 3 million	Managed by CORRA. IAs/ADPs will be asked to make bids and evaluate progress. Includes contribution to Housing First work.
3. National Development Projects		Managed by Scottish Government. Joint approaches to investment.

PROGRAMME FOR GOVERNMENT 2018-19: ADDITIONAL INVESTMENT IN SERVICES TO REDUCE PROBLEM DRUG AND ALCOHOL USE

ALLOCATION TO INTEGRATED AUTHORITIES

NHS Board Name	NRAC Share	Health and Social Care Partnership	NRAC Share
Ayrshire & Arran	1,259,555	East Ayrshire	413,178
		North Ayrshire	462,922
		South Ayrshire	383,455
Borders	357,705	Scottish Borders	357,705
Dumfries & Galloway	506,503	Dumfries and Galloway	506,503
Fife	1,156,983	Fife	1,156,983
Forth Valley	921,290	Clackmannanshire and Stirling	433,575
		Falkirk	487,715
Grampian	1,678,337	Aberdeen City	666,404
		Aberdeenshire	719,229
		Moray	292,703
Greater Glasgow & Clyde	3,797,365	East Dunbartonshire	308,745
		East Renfrewshire	265,303
		Glasgow City	2,054,677
		Inverclyde	280,477
		Renfrewshire	577,233
		West Dunbartonshire	310,930
Highland	1,095,201	Argyll and Bute	315,091
		Highland	780,110
Lanarkshire	2,099,076	North Lanarkshire	1,092,250
		South Lanarkshire	1,006,826
Lothian	2,516,732	East Lothian	311,875
		Edinburgh	1,414,407
		Midlothian	267,626
		West Lothian	522,823
Orkney	82,029	Orkney Islands	82,029
Shetland	83,311	Shetland Islands	83,311
Tayside	1,334,200	Angus	366,337
		Dundee City	503,674
		Perth and Kinross	464,188
Western Isles	111,713	Eilean Siar (Western Isles)	111,713
Total	17,000,000		17,000,000

ANNEX C

PROGRAMME FOR GOVERNMENT 2018-19: ADDITIONAL INVESTMENT IN SERVICES TO REDUCE PROBLEM DRUG AND ALCOHOL USE

2018-19 INVESTMENT PLANS AND REPORTING TEMPLATE

ADP:

Investment Area *	Key Challenge	Proposal & Intended Outcome	Anticipated Investment £	Anticipated Investment Measure - Progress
E.g. Improved retention in treatment, for those detoxing from alcohol			Year 1: Year 2: Year 3:	Please advise anticipated qualitative/quantitative source(s)
E.g. Support for family members including children			Year 1: Year 2: Year 3:	

Notes:

* As detailed in paragraph 9 of 2018-19 Programme for Government additional investment in services to reduce problem drug and alcohol use dated 23 August 2018

In submitting this completed Investment Plan, we are confirming that this has been signed off by both the ADP Chair and Integration Authority Chief Officer(s).

DUNDEE ADP and IJB, October 2018

PROGRAMME FOR GOVERNMENT 2018-19: ADDITIONAL INVESTMENT IN SERVICES TO REDUCE PROBLEM DRUG AND ALCOHOL USE: £503,674
additional funding allocated to Dundee.

2018-19 INVESTMENT PLAN AND REPORTING TEMPLATE

Investment area	Key Challenges	Proposal & Intended Outcomes	Anticipated Investment	Anticipated Investment Measure Progress
ISMS Non-Medical Prescribing (3 nurses) To support enhanced treatment programme within locality settings setting	<ul style="list-style-type: none"> Increasing numbers of individuals who die due to substance misuse. High prevalence of individuals affected by substance misuse and other complex needs issues Lack of capacity to implement the Orange Guidelines. Waiting times for OST treatment services are increasing. Lack of capacity to conduct reviews of individuals on OST Ability to undertake whole system redesign of substance misuse services in Dundee without sufficient capacity to prescribe and enhance treatment provision. Capacity to deliver services in localities across Dundee. Ability to support improved retention in treatment particularly those detoxed from alcohol and those accessing OST. 	<p>Year 1: Nurses are recruited and trained</p> <p>Year 2: Increased prescribing capacity and reduction in waiting times.</p> <p>Year 3: Provision of safe, high quality and accessible treatment in localities across Dundee. Improved retention in treatment particularly those detoxed from alcohol and those accessing OST. Individuals better supported to progress with their recovery Reduction in the number of drugs deaths</p>	<p>£45,000</p> <p>£127,000</p> <p>£127,000</p>	<ul style="list-style-type: none"> Adherence to Orange Guidelines Reduction in the waiting times for access to OST and improved retention of people in treatment. Delivery of safe and high quality interventions within localities across Dundee. Effective response to non-Fatal overdoses. Individuals are supported to progress with their recovery from drug and alcohol misuse in a ROSC. An increase in the number of women accessing and remaining in treatment services. Implementation of lead professional model to enable multi-agency approaches to supporting recovery and managing risk across localities of Dundee. Contribution to reduction in drugs deaths

Investment area	Key Challenges	Proposal & Intended Outcomes	Anticipated Investment	Anticipated Investment Measure Progress
ISMS Capacity – 2 Band 5 staff	<ul style="list-style-type: none"> Individuals struggle to maintain engagement with treatment service. Individuals struggle to progress with their recovery. Ability to deliver services in localities across Dundee. 	<p>Year 1: Recruit and appoint staff</p> <p>Year 2: Increase capacity and implement best practice within ISMS</p> <p>Year 3: Develop and maintain multi-agency working Individuals better supported to progress with their recovery Reduction in the number of drugs deaths</p>	<p>£35,000</p> <p>£68,000</p> <p>£68,000</p>	<ul style="list-style-type: none"> Individuals are supported to progress with their recovery from drug and alcohol misuse in a ROSC. Effective response to non-Fatal overdoses. Delivery of safe and high quality interventions within localities across Dundee. Implementation of lead professional model to enable multi-agency approaches to supporting recovery and managing risk across localities of Dundee. Reduction in the waiting times for access to OST and improved retention of people in treatment.
<p>Recovery and Early Intervention Support Service</p> <p>NHS HMP Perth Prison & Castle Huntly Healthcare (Dundee's share of a Tayside bid)</p>	<ul style="list-style-type: none"> Lack of capacity to implement Orange Guidelines Waiting times for OST Lack of capacity to conduct reviews of individuals on OST Need to develop a comprehensive ROSC within the prison 	<p>Year 1: Funding to appoint and train additional staff</p> <p>Year 2: Funding to upgrade and train existing staff Increasing number of people accessing treatment in prison setting</p> <p>Year 3: Developing, maintaining and improving a ROSC in prison setting.</p>	<p>£35,000</p> <p>£81,000</p> <p>£81,000</p>	<ul style="list-style-type: none"> Adherence to Orange Guidelines Reduction in the waiting times for access to OST and improved retention of people in treatment. Delivery of safe and high quality interventions within prison settings. Effective response to non-Fatal overdoses. Effective pathway in place with community services and improved through-care support Individuals are supported to progress with their recovery from drug and alcohol misuse in a ROSC

Investment area	Key Challenges	Proposal & Intended Outcomes	Anticipated Investment	Anticipated Investment Measure Progress
Drug Deaths Analyst NHS Public Health Department, 2 years	<ul style="list-style-type: none"> Increasing capacity to analyse information on drugs deaths and improve / develop services and responses accordingly 	Year 1: Recruit and appoint staff. Develop infrastructure for joint working and provision of data.	£34,000 over 2 years. One off allocation in Year 1.	<ul style="list-style-type: none"> Improved understanding of causal reasons for drugs deaths. Improved provision of data to the ADP and Operational Services which then informs improvement activity. Support effective response to non-Fatal overdoses and drug deaths in Dundee.
Children & Families Teams (3 nurses)	<ul style="list-style-type: none"> The impact of substance misuse on children and young people affected by parental substance misuse Lack of capacity to respond timeously Increased risk to children and young people Gaps in the joint working with Substance misuse services and between adult and children services due to capacity of services involved. Lack of support to parents Lack of capacity to address underlying issues, including domestic abuse and mental health issues. 	Year 1: Recruit and appoint additional 3 nurses to be placed with each of the 3 C&F Teams Year 2: Develop infrastructure for joint working and undertake workforce and organisational development to support implementation of change. Year 3: Develop, implement and improve nursing input to C&F Teams and embed multi-agency work Develop and maintain multi-agency working Individuals better supported to progress with their recovery Children are Safer	£45,000 £127,000 £127,000	<ul style="list-style-type: none"> Vulnerable families in Dundee will be better supported through a whole-family approach to supporting children and parents affected by substance misuse. The principles of Safe & Together will be embedded with in practice. Children and young people will be safer. Effective response to non-Fatal overdoses. Reduction in the waiting times for access to OST and improved retention of people in treatment. Delivery of safe and high quality interventions within C & F settings. Individuals are supported to progress with their recovery from drug and alcohol misuse in a ROSC

Investment area	Key Challenges	Proposal & Intended Outcomes	Anticipated Investment	Anticipated Investment Measure Progress
Peer Recovery Programme	<ul style="list-style-type: none"> Supporting individuals to progress with their recovery Ensure individuals with lived experience contribute to shaping the ROSC in Dundee Ensure enough support is available for individuals at every stage of their recovery 	<p>Year 1: Recruit and appoint staff and volunteers</p> <p>Year 2: Develop and begin to implement a multi-agency Framework, Deliver training to staff and volunteers</p> <p>Year 3: Embedding and improving the Framework as part of the ROSC (including peer naloxone training, SMART groups, post detox support. Develop and maintain multi-agency working Individuals better supported to progress with their recovery</p>	<p>£40,000</p> <p>£100,000</p> <p>£100,000</p>	<ul style="list-style-type: none"> Involvement of individuals with lived experience in the design, delivery and monitoring of the ROSC in Dundee. Development of a Peer Mentor Framework and training/employability opportunities Improvement engagement and retention with the ROSC Increased support to individuals and families Individuals in Dundee recover from substance misuse and are able to lead ordinary lives Reduction in drug and alcohol deaths
Multi-agency Independent Advocacy (MIA) service	<ul style="list-style-type: none"> Vulnerable women are at increased risk of drug deaths Women affected by domestic abuse and substance misuse struggle to access and engage with services 	<p>Year 1: To provide matched funding to a wider service proposal. Develop infrastructure for joint working Develop and maintain multi-agency working Women are better supported to progress with their recovery and are safer.</p>	£48,000 one-off allocation in year one	<ul style="list-style-type: none"> Individuals are supported to progress with their recovery from drug and alcohol misuse in a ROSC Vulnerable Women in Dundee will be better supported. The principles of Safe & Together will be embedded with in practice. Improvement engagement and retention with the ROSC Effective response to non-Fatal overdoses.

Investment area	Key Challenges	Proposal & Intended Outcomes	Anticipated Investment	Anticipated Investment Measure Progress
Whole Family Recovery Collaborative (Third Sector initiative to develop collaborative cross-organisational pathways to improve support to children and families impacted by substance misuse)	<ul style="list-style-type: none"> Families affected by substance misuse struggle to function Supporting the whole family together (rather than separate support to children and adults) Children living within families affected by substance misuse need to have the best support to achieve their full potential. 	Year 1: Recruit and appoint staff. Develop infrastructure for joint working Develop and maintain multi-agency working Individuals better supported to progress with their recovery Children and young people are Safer	£120,000 over 2 years. One off allocation in year one.	<ul style="list-style-type: none"> Individuals are supported to progress with their recovery from drug and alcohol misuse in a ROSC Improvement engagement and retention with the ROSC Increased support to individuals and families Vulnerable families in Dundee will be better supported through a whole-family approach to supporting children and parents affected by substance misuse. Children and young people will be safer. Effective response to non-Fatal overdoses.
Non-fatal overdose prevention pathway.	<ul style="list-style-type: none"> High risk factors for individuals who do not engage with services Development of local pathways and services for individuals via the third sector to support individuals who do not engage with current services. Efficient access to information locally which 	Year 1: Recruit and appoint staff. Develop infrastructure for joint working. Develop and maintain multi-agency working Individuals better supported to progress with their recovery Children and young people are Safer	£55,000 over 2 years. One off allocation in year one	<ul style="list-style-type: none"> Individuals are supported to progress with their recovery from drug and alcohol misuse in a ROSC Effective response to non-Fatal overdoses. Improvement engagement and retention with the ROSC Increased support to individuals and families
Assertive outreach Housing First model	<ul style="list-style-type: none"> Engaging with high risk individuals who do not engage with services. Development of shared approaches between substance misuse and housing first developments within Dundee through third sector collaborative, particularly for people who do not engage with services. 	Year 1: Recruit and appoint staff Develop infrastructure for joint working Develop and maintain multi-agency working Individuals better supported to progress with their recovery	£55,000 over 2 years. One off allocation in year one	<ul style="list-style-type: none"> Improvement engagement and retention with the ROSC Increased support to individuals and families. Individuals are supported to progress with their recovery from drug and alcohol misuse in a ROSC. Effective response to non-Fatal overdoses.

Investment area	Key Challenges	Proposal & Intended Outcomes	Anticipated Investment	Anticipated Investment Measure Progress
<p>Additional points agreed:</p> <ul style="list-style-type: none"> • Service Level Agreements will be developed with respect to each allocation (including statutory and Third sector organisations). • All the organisations awarded funding will be expected to embed key standards and principles, governing the practice and culture of their work, which includes health and social care standards. • All organisations will be expected to introduce a gender-perspective to ensure specific and appropriate support is available to vulnerable women • In light of recent evidence of the increase in drugs deaths amongst women, targeted interventions to support vulnerable women will be embedded within the funding allocations outlined above. • All organisations will be expected to identify and offer support, which includes signposting to relevant organisations, to carers and family members affected by substance misuse so that Carers are supported. • All organisations will be expected to support and contribute to the redesign of substance misuse services in Dundee. 				



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
30 OCTOBER 2018

REPORT ON: FINANCIAL MONITORING POSITION AS AT AUGUST 2018

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB57-2018

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 2018/19.

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 2018/19 financial year end as at 31 August 2018.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The financial monitoring position for Dundee Health and Social Care Partnership based on expenditure to 31 August 2018 shows a net projected overspend position of £1,441k, which is a deterioration from the previously reported overspend of £1,064k. The projected financial positions is primarily as a result of overspends in GP prescribing of £1,010k and the net impact of hosted services of £631k.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 As part of the IJB's financial governance arrangements, the Integration Scheme outlines that "The Chief Finance Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances."
- 4.1.2 The IJB set out its final budget for delegated services at its meeting of 28 August 2018 following receipt of confirmation of NHS Tayside's budget (Report DIJB30-2018.) Within this report, the risks around the prescribing budget were reiterated after being formally noted in the initial budget report presented to a special meeting of the IJB held on 30 March 2018 (DIJB17-2018) in addition to Report DIJB41-2018 (Dundee Prescribing Management Position) considered by the IJB at its meeting held on 27 June 2018.
- 4.1.3 The financial information presented has been provided by the finance functions of NHS Tayside and Dundee City Council as set out within the Integration Scheme.

- 4.1.4 IJB members will note that as we move into year 3 of the IJB formally taking over responsibility for the strategic planning and operational management of delegated services, the risk sharing arrangements as outlined in the Integration Scheme change with any residual overspends incurred by the end of the financial year to be met proportionately by the Council and NHS Tayside following a number of actions to be taken by the IJB. Discussions will be ongoing throughout the financial year with both parties to consider the implications of this should this situation arise. Officers within the partnership will however continue to explore areas to control expenditure and to mitigate overspends.

4.2 Projected Outturn Position – Key Areas

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

4.3 Services Delegated from NHS Tayside

- 4.3.1 The financial projection for services delegated from NHS Tayside to the IJB indicates a projected overspend of around £1,441k by the end of the financial year.
- 4.3.2 A number of service underspends are noted within the development of Enhanced Community Services due to timing delays in recruiting to new posts. A forecast underspend of £270k is being reported, primarily as a result of staff vacancies in both Physio and OT teams. 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.
- 4.3.3 Staff cost pressures exist in a number of other services such as the Medicine for the Elderly budget, Psychiatry of Old Age, Palliative Care and Nursing Services. Additional staffing pressures have contributed to the adverse position within these services. Overall, directly managed operational services are anticipated to be in financial balance by the end of the financial year.
- 4.3.4 The Family Health Services prescribing budget currently projects a shortfall totalling £1,010k based on the expenditure trends to date and the impact of a range of interventions as part of the Tayside wide Prescribing Management Group's action plan as noted in the Dundee Prescribing Management Position report presented to the June 2018 IJB meeting (Report DIJB41-2018). This is a significant deterioration from the June 2018 financial position of a projected overspend of £415k. The main underlying shift in the financial position is as a result of the impact of an in year change to drug tariff benefits passed on to community pharmacists as part of contractual arrangements with the Scottish Government which reduces the benefit of reductions in drug prices to integration authorities prescribing budgets. This position will continue to be monitored closely throughout the financial year.
- 4.3.5 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 net overspends to the value of £845k being recharged with the net impact of hosted services to Dundee being an overspend of £631k.
- 4.3.6 As with 2017/18, the financial position of Dundee City IJB continues to be impacted upon by the significant overspend in the Mental Health Inpatient service which is hosted by Perth & Kinross IJB. Perth & Kinross IJB has continued to utilise cost pressure funding and apply other interventions to reduce the overspend position in respect of this service provision. However the latest projection from Perth and Kinross shows Dundee's share of this overspend increasing from the £384k previously reported to £540k. This position is driven by undelivered savings carried forward from previous years, medical locum costs and nursing costs in General Adult Psychiatry.

Plans to reduce and offset costs are not yet impacting on the financial position as anticipated. This includes savings anticipated from Mental Health Learning Difficulties Inpatient Transformation Programme against which slippage is now anticipated. Furthermore, hosted services by Angus IJB such as the Out of Hours & Forensic services continue to present areas of financial risk. This has resulted to an increase overspend forecast of Dundee City IJB share to £163k from a £120k projected overspend based on the June 2018 figures. This is as a result of retrospective funding issues from 2017/18 impacting on the 2018/19 position, lack of clarity regarding Scottish Government funding and to date only partial implementation of recovery actions. 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 shows a break even position at this stage of the financial year. This position however consists of a range of overspending and underspending areas noted below.
- 4.4.2 A significant financial challenge facing the IJB's delegated budget continues to be the provision of home based social care with a projected overspend of £538k anticipated, mainly as a result of increased demand due to demographic factors with the cost of service provision also increasing. In addition, expenditure on care home placements is higher than budget across all client groups again mainly due to levels of demand. A range of underspends within Physical Disabilities, Learning Disability and Management and Support functions mainly arising from staff turnover as well as slippage in the development of new services are currently projected to balance these budget pressure areas.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

The Chief Officer, Executive Director of Corporate Services (Dundee City Council), Director of Finance of NHS Tayside and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 8 October 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	38,058	178	15,810	125	53,868	303
Mental Health	4,154	72	3,345	-75	7,499	-3
Learning Disability	22,144	-210	1,279	-50	23,423	-260
Physical Disabilities	8,725	-367	0	0	8,725	-367
Substance Misuse	903	-121	2,669	-28	3,572	-149
Community Nurse Services / AHP / Other Adult	395	546	11,296	-220	11,691	326
Hosted Services	0	0	18,731	-246	18,731	-246
Other Dundee Services / Support / Mgmt	387	-98	26,364	-253	26,751	-350
Centrally Managed Budgets			805	446	805	446
Total Health and Community Care Services	74,767	0	80,298	-300	155,065	-300
Prescribing (FHS)	0	0	32,904	1,010	32,904	1,010
Other FHS Prescribing	0	0	894	0	894	0
General Medical Services	0	0	23,856	130	23,856	130
FHS - Cash Limited & Non Cash Limited	0	0	17,170	-30	17,170	-30
Grand Total	74,767	0	155,122	810	229,889	810
Hosted Services*			5,476	631	5,476	631
Grand Total	74,767	0	160,598	1,441	235,365	1,441

*Hosted Services - Net Impact of Risk Sharing
Adjustment

Appendix 2

Dundee City Integration Joint Board – Health and Social Care Partnership – Finance Report August 2018

	Dundee City Council Delegated Services		NHST Delegated Services		Partnership Total	
	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000
Psychiatry Of Old Age (POA) (In Patient)			4,594	25	4,594	25
Older People Serv. – Ecs			0	(500)	0	(500)
Older Peoples Services -Community			239	0	239	0
Continuing Care			1,338	0	1,338	0
Medicine for the Elderly			6,193	670	6,193	670
Medical (POA)			642	(20)	642	(20)
Psychiatry Of Old Age (POA) - Community			1,917	(118)	1,917	(118)
Intermediate Care			887	68	887	68
Dundee- Supp People At Home			0	0	0	0
Older People Services	38,058	178			38,058	178
Older Peoples Services	38,058	178	15,810	125	53,868	303
General Adult Psychiatry			3,345	(75)	3,345	(75)
Mental Health Services	4,154	72			4,154	72
Mental Health	4,154	72	3,345	(75)	7,499	(3)
Learning Disability (Dundee)	22,144	(210)	1,279	(50)	23,423	(260)
Learning Disability	22,144	(210)	1,279	(50)	23,423	(260)

	Dundee City Council Delegated Services		NHST Delegated Services		Dundee Delegated Services		Partnership Total	
	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000
Physical Disabilities	8,725	(367)					8,725	(367)
Physical Disabilities	8,725	(367)	0	0			8,725	(367)
Alcohol Problems Services			0	0			0	0
Drug Problems Services			2,669	(28)			2,669	(28)
Substance Misuse	903	(121)					903	(121)
Substance Misuse	903	(121)	2,669	(28)			3,572	(149)
A.H.P. Admin			374	(8)			374	(8)
Physiotherapy			3,478	(188)			3,478	(188)
Occupational Therapy			1,309	(75)			1,309	(75)
Nursing Services (Adult)			5,606	100			5,606	100
Community Supplies - Adult			155	(30)			155	(30)
Anticoagulation			374	(20)			374	(20)
Joint Community Loan Store			0	0			0	0
Intake/Other Adult Services	395	546					395	546
Community Nurse Services / AHP / Intake / Other Adult Services	395	546	11,296	(220)			11,691	326

	Dundee City Council Delegated Services		NHST Delegated Services		Dundee Delegated Services		Partnership Total	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000
Palliative Care – Dundee			2,549	80			2,549	80
Palliative Care – Medical			1,084	10			1,084	10
Palliative Care – Angus			324	11			324	11
Palliative Care – Perth			1,609	151			1,609	151
Brain Injury			1,588	110			1,588	110
Dietetics (Tayside)			2,761	(171)			2,761	(171)
Sexual & Reproductive Health			2,051	(25)			2,051	(25)
Medical Advisory Service			152	(48)			152	(48)
Homeopathy			26	3			26	3
Tayside Health Arts Trust			58	0			58	0
Psychology			4,871	(472)			4,871	(472)
Eating Disorders			0	0			0	0
Psychotherapy (Tayside)			888	155			888	155
Learning Disability (Tayside AHP)			769	(50)			769	(50)
Hosted Services	0	0	18,731	(246)			18,731	(246)
Working Health Services			0	0			0	0
The Corner			407	58			407	58
Resource Transfer			0	0			0	0
Grants Voluntary Bodies Dundee			46	0			46	0
IJB Management			753	(50)			753	(50)
Partnership Funding			23,572	0			23,572	0
Carers Strategy			0	0			0	0
Public Health			483	(80)			483	(80)
Keep Well			590	(120)			590	(120)
Primary Care			514	(60)			514	(60)
Support Services/Management Costs	387	(98)					387	(98)
Other Dundee Services / Support / Mgmt	387	(98)	26,364	(253)			26,751	(350)

Centrally Managed Budgets

Centrally Managed Budgets		805	446	805	446	
	Dundee City Council Delegated Services	NHST Dundee Delegated Services		Partnership Total		
	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000
Total Health and Community Care Services	74,767	0	80,298	(300)	155,065	(300)
Other Contractors						
Prescribing (FHS)			32,904	1,010	32,904	1,010
Other FHS Prescribing			894	0	894	0
General Medical Services			23,856	130	23,856	130
FHS - Cash Limited & Non Cash Limited			17,170	(30)	17,170	(30)
Grand Total H&SCP	74,767	0	155,122	810	229,889	810
Hosted Recharges Out			(10,988)	(214)	(10,988)	(214)
Hosted Recharges In			16,464	845	16,464	845
Hosted Services - Net Impact of Risk Sharing Adjustment			5,476	631	5,476	631
TOTAL	74,767	0	160,598	1,441	235,365	1,441
Large Hospital Set Aside			tbc	tbc	tbc	tbc

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

Appendix 3

Services Hosted in Angus

	Annual Budget	Forecast (Underspend)	Over Dundee Allocation
Forensic Service	920,160	(25,000)	(9,850)
Out of Hours	7,317,658	375,000	147,750
Tayside Continence Service	1,430,626	(81,000)	(31,914)
Ang-loc Pharmacy	1,200,000	0	0
Speech Therapy (Tayside)	982,650	2,000	788
Hosted Services	11,851,094	271,000	106,774
Balance of Savings Target	(142,365)	142,365	56,092
Grand Total Hosted Services	11,708,729	413,365	162,866

Services Hosted in Perth

Angus Gap Inpatients	2,193,216	325,000	128,050
Dundee Gap Inpatients	5,484,667	525,000	206,850
Dundee Gap Snr Medical	1,916,270	400,000	157,600
P+K Gap Inpatients	5,550,968	150,000	59,100
Learning Disability (Tayside)	5,993,297	(30,000)	(11,820)
T.A.P.S.	653,265	(37,500)	(14,775)
Tayside Drug Problem Services	810,156	(115,000)	(45,310)
Prison Health Services	3,067,766	115,000	45,310
Public Dental Service	1,982,570	(5,000)	(1,970)
Podiatry (Tayside)	2,848,180	(18,000)	(7,092)
Hosted Services	30,500,355	1,309,500	515,943
Balance of Savings Target	43,493	-43,493	(17,136)
Balance of Savings Target - IPMH	(465,546)	465,546	183,425
Grand Total Hosted Services	30,078,302	1,731,553	682,232

Total Hosted Services	41,787,031	2,144,918	845,098
------------------------------	-------------------	------------------	----------------



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
30 OCTOBER 2018

REPORT ON: TRANSFORMATION PROGRAMME UPDATE REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB58-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to provide the Dundee Integration Joint Board with an update on the progress of Dundee Health and Social Care Partnership's Transformation Programme.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report, the progress to date and the scope and scale of the transformation work streams as set out in Appendix 1 of this report.
- 2.2 Instructs the Chief Finance Officer to provide a further update on progress of the Transformation Programme by the end of March 2019.

3.0 FINANCIAL IMPLICATIONS

The Transformation Programme is key to the IJB being in a position of delivering a balanced budget over the coming years.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Proposals for the initial outline Transformation Programme was first brought before the Dundee Integration Joint Board in August 2016, Report No: DIJB39-2016 and a subsequent update report, DIJB56-2017, was approved at the DIJB meeting on 19 December 2017.
- 4.1.2 Report DIJB56-2017 reasserted the overarching intention of Dundee Health and Social Care Partnership's (DHSCP) Transformation Delivery Group to provide a governance framework to oversee, support and ensure the delivery of the Dundee Transformation Programme. It also provided an analysis on what impact the transformation investment programme had made, up to that time, to the citizens of Dundee as well as how the interventions, which had been put in place, had effectively contributed towards the strategic priorities set out in the DHSCP's Strategic and Commissioning plan 2016-2021.
- 4.1.3 This report provides the DIJB with a further appraisal of the Transformation Programme and an overview of the 2018/19 Transformation Work-streams, as summarised in Appendix 1 of this report.

4.2 Impact on Performance

4.2.1 The recently published DHSCP's Annual Performance Report presented to the IJB meeting of 28 August 2018 supports the view that in a relatively short period of time there have been a number of very successful and significant service redesign developments, delivering better outcomes for individuals, their families and carers. The remodelling work set out in the Home and Hospital Transition Plan, to improve pathways between home and hospital, has been hugely successful. Investment in locally commissioned support services have resulted in services that are able to respond quickly and reassuringly to individuals in hospital to facilitate their return to their own home in a safe, compassionate and supportive manner. Other similar successful initiatives, delivering on better outcomes for individuals, have included the redesign of health inequalities activities in the city and the expansion of the leg ulcer clinic into a second locality.

4.2.2 Collectively these service redesign programmes have contributed to the big achievements summarised in the Annual Performance Report in that:

- Dundee performed better than the Scottish average in 8 out of 9 National Health and Wellbeing Indicators regarding health and care experience;
- The number of hospital bed nights required by Dundee citizens reduced by 10,342 during 2017/18;
- The number of delayed discharges for Dundee citizens has reduced by more than 50% over the 2017/18 period;
- The variation in performance across key national performance indicators between our most and least deprived localities reduced during 2017/18.

4.2.3 Within the redesign and remodelling work taking place across several of the large scale transformation programmes there is a clear understanding and appreciation that one of the key factors, essential for the successful development of new models of support, leading to positive outcomes is in ensuring that a collaborative and co-productive approach is consistently taken. Without the inclusion of these components it is unlikely that good outcomes will be achieved or that strategic priorities will be met. This co-productive approach includes working in partnership with staff through both the Transformation Delivery Group and the Health and Social Care Partnership's Joint Staff Forum.

4.3 Overarching Priority Themes

4.3.1 The initiatives within the Transformation Programme are set within a range of overarching priority themes, drawn from the IJB's priorities as set out within its Strategic and Commissioning Plan and associated decisions on service development as well as common priorities as reflected in the Dundee City Plan and through national Scottish Government policies. These priority themes are as follows:

- Mental Health;
- Substance Misuse;
- Reshaping Care for Older People;
- Primary Care Improvement;
- Optimising Service Delivery.

The Scottish Government nationally has recognised the need for transformation across a range of these priority areas and has committed to additional funding in relation to Mental Health, Substance Misuse and Primary Care Improvement. The policy intentions and local plans where complete have separately been presented to the IJB for consideration and are reflected in the Transformation Programme.

4.3.2 Mental Health

Mental Health services in Dundee are being developed in the context of national policy as outlined above but also in relation to the NHS Tayside Mental Health and Learning Disability Services Redesign Transformation Programme which sets out the future of inpatient Mental Health services across Tayside and associated community based services. Dundee's emerging overarching Mental Health Service Redesign programme has a clear focus on strengthening and improving pathways and the experience of those who transition between community, primary care and acute mental health services across not only in Dundee but on a Tayside wide basis. This is reflected in the Mental Health and Wellbeing Strategic Plan.

Within the overarching Mental Health Service redesign programme, both the "It's all about the break" and the Making Recovery Real Partnership (MRR) clearly evidence how a co-productive approach has worked particularly well. The "It's all about the break" public social partnership was mainstreamed earlier this year and has continued to grow. The MRR partnership has also grown from strength to strength over the past two years. The MRR partnership is now actively planning on how and where more peer recovery opportunities in mental health can be created within communities, voluntary and statutory organisations. What both of these transformation programmes have clearly demonstrated is that active stakeholder participation and ownership from designing to reviewing implementation plans supports a positive change process. What these two projects also highlighted was that co-produced transformation programmes can require time to fully develop and embed.

4.3.3 Substance Misuse Services

Drug and alcohol services is one area where the system wide and whole scale service redesign and remodelling plan will have a direct link and impact on other service areas including mental health and homeless services. This transformation plan will therefore consider how it implements the improvement plan for the Alcohol and Drug Services Strategic and Commissioning Plan 2017-2020.

The full redesign of drug and alcohol services will see a move towards a locality model of support for individuals with substance misuse problems, their families and the communities they are a part of. Action to transform the way in which services are designed, commission and delivered so that they focus on commissioning for outcomes, promote co-production, social value and recovery are being developed at this time. To do this well, this approach takes time, commitment and collaboration as it is an iterative and adaptive process which requires continuous reflection and evaluation as well as flexibility for services to adapt to the interests, needs and assets of local people.

4.3.4 Reshaping Care for Older People

This programme has been supported by the IJB through the reduction of the bed base at Royal Victoria Hospital and corresponding reinvestment in the Dundee Enhanced Community Support Acute model as a result of a successful test of change in service designed to support service users better in their community through a multi-disciplinary approach. In addition, work is underway to further reshape non acute care through the future model of service provision for the range of services provided at the Kingsway Care Centre in addition to the Royal Victoria site.

4.3.5 Primary Care Improvement

The IJB received a presentation and detailed report (DIJB26-2018) at its meeting of 27 June 2018 on the Tayside Primary Care Improvement Plan associated with the new GP contract. This focusses on the development of a sustainable model of general practice through the development of multi-disciplinary support teams working in and around general practice, enabling GPs to have more capacity to fulfil their role as Expert Medical Generalist. The key priorities identified nationally are The Vaccination Transformation Programme (VTP), Pharmacotherapy Services, Community Treatment and Care Services, Urgent Care, Additional Professional Roles and Community Link Workers (social prescribers).

The Dundee allocation of additional Scottish Government funding of £1,355k in 2018/19 is being utilised to advance the models set out within the detail of the plan which was submitted to the IJB at its meeting of 28 August 2018 (Report DIJB45-2018).

4.3.6 Optimising Service Delivery

The IJB has a duty to ensure that the services it is responsible for are provided as efficiently and effectively as they can be and that they deliver Best Value. A number of operational service reviews are underway which apply those principles and these are reflected in Appendix 1.

One example of this is the Home Care Review (Report No: DIJB2-2018) presented to the IJB at its meeting of 24 January 2018. This set out proposals to change the way in which the in-house model of home care service is delivered which currently does not provide sufficient capacity to meet current and future predicted levels of demand for social care services. This continues to be progressed with the Trade Unions.

4.4 Challenges of Transformation

- 4.4.1 The combination of significant projected increases in demand for health and social care services and the continued restrictions in public sector funding mean that delivering a Transformation Programme at a scale and pace sufficient to meet these potential gaps will be a challenge. While the 2018/19 delegated budget is reliant on short term solutions such as the use of reserves, these will not be sufficient to address these shortfalls in future years and therefore the Transformation Programme will need the support of the IJB and its partners to continue to evolve in line with the overarching priorities.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues at this time, however the implementation of service redesign programmes and the financial position will continue to be monitored throughout the financial year.

6.0 RISK ASSESSMENT

This is a mandatory field and an explanation must be provided which covers the fields below. Please fill in and copy this table for each individual risk identified.

Risk 1 Description	There is a risk that the time frame for implementing the 2018/19 transformation redesign proposals for 2019/20 will slip and that the anticipated service improvements and potential financial efficiencies will not be met, which will have the potential to impact on the 2019/20 IJB budget.
Risk Category	Financial and Operational
Inherent Risk Level	Likelihood 4 x Impact 3 = 12 (High)
Mitigating Actions (including timescales and resources)	The Transformation Delivery Group (TDG) has put in place a reporting schedule and format for all service redesigns programmes to be presented at future TDG meetings and will continue to closely monitor the pace of change and seek to address any barriers to succeed
Residual Risk Level	Likelihood 3 x Impact 3 = 9 (High)
Planned Risk Level	Likelihood 3 x Impact 3 = 9 (High)
Approval recommendation	Although the risk levels remain high the range of interventions identified to closely monitor progress is sufficient to recommend that the risk is accepted.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	x
	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: 8th October 2018

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP - TRANSFORMATION WORKSTREAMS (2018/19)

Priority Theme	Description	Service Outcomes	Links to Strategic Priorities
Mental Health			
Mental Health Service Redesign (Service outcomes have a direct link to the Primary Care Improvement Plan)	Remodel whole system change to support people to live safely and with their recovery.	<p>To implement national policy. (Section 15 resources/Primary Care)</p> <p>To respond to Improvement Actions arising from local reviews.</p> <p>To implement the Tayside Mental Health Review.</p> <p>To redesign Dundee Community Mental Health services.</p> <p>To develop and implement pathways which include response to distress and mental wellbeing.</p> <p>To commission services in line with the remodelled pathways.</p> <p>To improve transitions and interfaces between services. (Homelessness/Drug and Alcohol/Primary Care Services)</p>	<p>Health Inequalities</p> <p>Early Intervention /Prevention.</p> <p>Person Centred Care.</p> <p>Localities & Engaging with Communities</p> <p>Building Capacity.</p> <p>Models of Support, Pathways of Care</p> <p>Managing our Resources Effectively.</p>

)

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP - TRANSFORMATION WORKSTREAMS (2018/19)

Priority Theme	Description	Service Outcomes	Links to Strategic Priorities
Substance Misuse			
Redesign of Drug and Alcohol Services	Remodel whole system change to support people to live safely and with their recovery.	<p>To implement the Strategic Plan and the Outcome of the Drugs Commission.</p> <p>Shift resources to new pathways. To commission services in line with the remodelled pathways.</p> <p>To improve transitions and interfaces between services. (Homelessness/Mental Health services)</p>	<p>Health Inequalities</p> <p>Early Intervention /Prevention.</p> <p>Person Centred Care.</p> <p>Localities & Engaging with Communities</p> <p>Building Capacity.</p> <p>Models of Support, Pathways of Care</p> <p>Managing our Resources Effectively</p>

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP - TRANSFORMATION WORKSTREAMS (2018/19)

Priority Theme	Description	Service Outcomes	Links to Strategic Priorities
Reshaping Non Acute Care			
Reshaping Non-acute Care Programme (including Royal Victoria/Kingsway Care Centre) (service outcomes have a direct link to the Primary Care Improvement Plan)	To develop a remodelled inpatient bed base for non-acute care services, to develop pathways which support a shift to community service delivery.	Remodelled, inpatient service. Shift in resource to communities. Complete roll out of Dundee Enhanced Community Support	Person Centred Care. Models of Support, Pathways of Care. Managing our Resources Effectively.
Major Trauma Unit (Tayside)/Centre for Brain Injury	Redesign the Centre For Brain Injury to support the remodelling aligned to the implementation of the new Regional Trauma Centre due to commence in Autumn 2018.	Remodelled, inpatient service with a focus on ambulatory care model and shared resources with communities. Redesign in line collaboration with Reshaping Non-Acute Care Programme.	Person Centred Care. Models of Support, Pathways of Care. Managing our Resources Effectively

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP - TRANSFORMATION WORKSTREAMS (2018/19)

Priority Theme	Description	Service Outcomes	Links to Strategic Priorities
Reshaping Non Acute Care			
Integrated Palliative Care Services	<p>The identification and development of specialist Palliative care services to provide the community specialist service support, with a responsive day service supporting the appropriate in patient bed base.</p> <p>This to work closely with the Palliative and End of Life MCN and a Dundee Community approach to palliative and end of life care with a confident and trained statutory and third sector.</p>	<p>Increase in people who choose to and are supported to live at home.</p> <p>Remodelled inpatient service.</p> <p>Redesign in line with Reshaping Non-Acute Care Programme.</p> <p>Support the work of the MCN working groups.</p> <p>Upskill and support staff within our statutory delivery services in community settings and third sector partners.</p>	<p>Person Centred Care.</p> <p>Models of Support, Pathways of Care.</p> <p>Managing our Resources Effectively</p>
<p>Redesign of Community Health and Social Care Service (Community Nursing/Social Care)</p> <p>(service outcomes have a direct link to the Primary Care Improvement Plan)</p>	<p>Review the respective roles with a view to developing more integrated approached including the development of integrated roles. Support the transformation programme for District Nursing</p>	<p>To review the models of service delivery.</p> <p>To complete and implement the Home Care Review and meet demand and improve capacity.</p> <p>To develop roles which support complex needs and develop teams to work within locality groups which support and complement cluster working.</p> <p>To develop services which support personalised services 24/7.</p>	<p>Person Centred Care.</p> <p>Models of Support, Pathways of Care</p> <p>Managing our Resources Effectively</p>

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP - TRANSFORMATION WORKSTREAMS (2018/19)

Priority Theme	Description	Service Outcomes	Links to Strategic Priorities
Reshaping Non Acute Care			
Redesign of Enablement and Community Rehabilitation (service outcomes have a direct link to the Primary Care Improvement Plan)	Refresh and further develop the models of enablement and community rehabilitation to target resources which maximises independence and targets resources.	To redesign enablement services. To develop models of community rehabilitation. To improve outcomes for people.	Person Centred Care. Models of Support, Pathways of Care

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP - TRANSFORMATION WORKSTREAMS (2018/19)

Priority Theme	Description	Service Outcomes	Links to Strategic Priorities
Primary Care Improvement			
Primary Care Improvement Plan	Remodel Primary Care services to deliver interventions through different models.	Implement the Primary care Improvement plans. Meet demand for primary care services.	Health Inequalities Early Intervention /Prevention.
Medicine Management Improvement Programme	Manage the optimal prescribing of medicines and the safe administration and management of medicines by members of the public	To ensure prescribing compliance with formula. To management the prescribing of medicines within a financial framework. To reduce waste and unsafe use of medicines.	Managing our Resources Effectively

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP - TRANSFORMATION WORKSTREAMS (2018/19)

Priority Theme	Description	Service Outcomes	Links to Strategic Priorities
Optimising Service Delivery			
Redesign of Allied Health Professional Service	Realign services to support inpatient and community transitions.	Shift resources to support new pathways. Make best use of current resources to support new initiatives.	Models of Support, Pathways of Care Managing our Resources Effectively
Telecare Strategy	Embed telecare as an integral part of assessment processes and support access to telecare.	Test and pilot new processes and equipment and remodel pathways.	Early Intervention /Prevention. Person Centred Care. Models of Support, Pathways of Care. Managing our Resources Effectively

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP - TRANSFORMATION WORKSTREAMS (2018/19)

Priority Theme	Description	Service Outcomes	Links to Strategic Priorities
Optimising Service Delivery			
<p>Dundee Macmillan Improving the Cancer Journey</p> <p>(service outcomes have a direct link to the Reshaping non-acute care programme)</p>	Improvement, redesign and development of non-clinical support and services for people living with cancer and their families	<p>People have greater facility to self-manage when appropriate.</p> <p>People identify and talk about concerns. Care feels personalised to them and their needs.</p> <p>People feel less isolated and more secure. Tell their story once.</p> <p>Income and benefits are maximised.</p>	<p>Person Centred Care.</p> <p>Models of Support, Pathways of Care.</p>
<p>Home and Hospital Transition Plan (Dundee)</p> <p>(service outcomes have a direct link to the Primary Care Improvement Plan)</p>	Remodel pathways and community responses to support people to reduce avoidable admission, improve pathways through inpatient services and support discharge and maintain at home.	<p>To implement the Home and Hospital Transition Improvement Plan and associated financial resources.</p> <p>Link with other work streams including Reshaping None-Acute Care & NHS Transformation Programme & Unscheduled Care Board</p>	<p>Early Intervention /Prevention.</p> <p>Person Centred Care.</p> <p>Models of Support, Pathways of Care.</p> <p>Managing our Resources Effectively</p>

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP - TRANSFORMATION WORKSTREAMS (2018/19)

Priority Theme	Description	Service Outcomes	Links to Strategic Priorities
Optimising Service Delivery			
Integrated Care Fund	Test out new models of service delivery and support further change models.	Further implement improvement projects and re-evaluate for future consolidation and / or discontinuation of funding.	<p>Early Intervention /Prevention.</p> <p>Person Centred Care.</p> <p>Models of Support, Pathways of Care.</p> <p>Localities & Engaging with Communities.</p>

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP - TRANSFORMATION WORKSTREAMS (2018/19)

Priority Theme	Description	Service Outcomes	Links to Strategic Priorities
Optimising Service Delivery			
Redesign of Homeless Services	Remodel whole system change to support people to live safely, secure their own tenancy and prevent homelessness occurring.	<p>To improve transitions and interfaces between services. (Drug and Alcohol/Mental Health services/Primary care)</p> <p>To implement the Homeless Strategy.</p> <p>To commission services in line with the remodelled pathways.</p>	<p>Health Inequalities</p> <p>Early Intervention /Prevention.</p> <p>Person Centred Care.</p> <p>Localities & Engaging with Communities</p> <p>Building Capacity.</p> <p>Models of Support, Pathways of Care</p> <p>Managing our Resources Effectively</p>

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP - TRANSFORMATION WORKSTREAMS (2018/19)

Priority Theme Overarching workstreams and plans	Description	Service Outcomes	Links to Strategic Priorities
Property Strategy	Develop a property strategy which sets out the use of current assets and defines future property requirements	Reassessment of current property, including rationalisation. Future planning and future proofing of property assets which support redesigned service models, integrated teams, colocated services and delivers services closer to localities.	Managing our Resources Effectively
Tayside Unscheduled Care Improvement Plan (service outcomes have a direct link to the Primary Care Improvement Plan)	Redesign Unscheduled Care pathways to reduce avoidable admission, improve pathways through inpatient services and support discharge and maintain at home.	To implement the Unscheduled Care Improvement Plan and associated financial resources. Link with other workstreams including Reshaping None-Acute Care & NHS Transformation Programme)	Early Intervention /Prevention. Person Centred Care. Models of Support, Pathways of Care. Managing our Resources Effectively
Locality Modelling (service outcomes have a direct link to the Primary Care Improvement Plan)	Develop and agree a framework for locality working.	To clarify definitions and expectations for locality working. To agree the supports to implement models of locality working. To test models of locality working.	Localities & Engaging with Communities

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP - TRANSFORMATION WORKSTREAMS (2018/19)

Priority Theme Overarching Workstreams and Plans	Description	Service Outcomes	Links to Strategic Priorities
Personalisation Action Plan	Redesign the models and methods of assessment, commissioning and service delivery to support a more personalised approach for individuals.	<p>Implement the Personalisation delivery action plan.</p> <p>Test and develop an outcomes commissioning model including people being the commissioners of their own services.</p> <p>Finalise and embed the outcome assessment model.</p>	<p>Person Centred Care.</p> <p>Models of Support, Pathways of Care.</p> <p>Managing our Resources Effectively</p>
Workforce Plan	Develop a workforce plan which sets out the future workforce requirements against service remodelling and the development of integrated roles and service delivery.	<p>To have the correct level of skills mix to deliver new service models.</p> <p>To introduce integrated roles and teams.</p> <p>To develop a workforce which is clear about its role, is supported and has opportunities for development.</p>	Managing our Resources Effectively

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP - TRANSFORMATION WORKSTREAMS (2018/19)

Priority Theme Overarching Workstreams and Plans	Description	Service Outcomes	Links to Strategic Priorities
Strategic Housing Investment Plan	Development of models of housing and accommodation to meet the needs of service users	<p>Reduce reliance on institutional care.</p> <p>Models accommodation in line with current and future needs.</p> <p>Supports people to return to Dundee as their home city.</p> <p>Reduces delayed discharge for complex reasons.</p>	<p>Person Centred Care.</p> <p>Models of Support, Pathways of Care.</p> <p>Managing our Resources Effectively</p>
Carers Strategy/Cares Act	Redesigning service model to support carers to continue in their caring role.	<p>Implement the Carers Strategy.</p> <p>Improve reported outcomes for Carers.</p> <p>Meet the requirements of the carers Act</p>	<p>Early Intervention /Prevention.</p> <p>Carers</p>
Integrated Review of Administrant and Clerical Support	Redesign administration services to support integrated services as described through the transformation workstreams	<p>To complete and implement the service review</p> <p>To develop integrated roles.</p>	<p>Managing our Resources Effectively</p>

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP - TRANSFORMATION WORKSTREAMS (2018/19)

Priority Theme Overarching Workstreams and Plans	Description	Service Outcomes	Links to Strategic Priorities
IT/Mosaic Project Board (service outcomes have a direct link to the optimising service delivery and Reshaping non-acute care programme)	Oversee the development and full utilisation of IT and the Mosaic system for the Health and Social Care Partnership.	<p>Fully implement the Mosaic Implementation Plan.</p> <p>Monitor the interface between Mosaic and the “Just Checking” telecare system to support the Home and Hospital Transition Improvement Plan.</p> <p>Support the interface between Mosaic and Civica financial system to allow for efficient and accurate billing for social care services.</p>	Managing our Resources Effectively



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
30 OCTOBER 2018

REPORT ON: WINTER PLAN (2018/19) – NHS TAYSIDE AND PARTNER
ORGANISATIONS

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB59-2018

1.0 PURPOSE OF REPORT

To inform the Dundee Integration Joint Board of the Winter Plan (2018/19 – NHS Tayside and Partner Organisations (the Winter Plan) to be submitted on behalf of NHS Tayside and its partner organisations to the Scottish Government. The Winter Plan sets out the arrangements across Tayside to support season's variations across health and social care services and describes the level of preparedness. A copy of the Winter Plan is attached at Appendix 1.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of the report and approve and agree the plan as presented at Appendix 1.
- 2.2 Notes the detailed actions for the Dundee Health and Social Care Partnership as detailed in Section 4.6 of this report and Section 4.4 of the Winter Plan.

3.0 FINANCIAL IMPLICATIONS

Additional resources are provided through NHS Boards in support of Preparing for Winter 2018/19. NHS Tayside's share of the resource is £737k. This additional resources is managed through the Unscheduled Care Programme Board who are currently allocating resources to support service initiatives.

4.0 MAIN TEXT

- 4.1 Each year NHS Boards and Health and Social Care Partnerships are asked by the Scottish Government to prepare a Winter Plan which ensures that plans and systems are in place to support early intervention and action at points of pressure and to minimise the potential disruption to services, people who use services and their carers during the winter period. The development of the winter plan takes into account the Scottish Government's winter planning correspondence Preparing for Winter, 2018/19 and Supplementary Checklist of Winter Preparedness. It was collaboratively developed across all key partners and stakeholders within Tayside. The plan will apply from 1 November 2018 until 31 March 2019.

- 4.2 The Scottish Government's 'Preparing for Winter' (2018/19) correspondence, defines the priorities as follows:
- Effective forecasting for unscheduled and elective winter demand and plan capacity accordingly;
 - Continual access to senior decision makers who can support rapid assessments to avoid unnecessary admission and ensure effective discharge;
 - Flexible staffing plans to enable the rapid deployment of surge capacity as soon as it is required;
 - Whole System Escalation Framework and plans with all partners to respond to variations in predictive forecasts on an hourly, daily and weekly basis;
 - Robust business continuity management arrangements across local health and social care systems;
 - Plans in place to significantly increase staff flu vaccination across local health and social care systems.
- 4.3 The Winter Plan within Tayside is a whole system health and care response to ensure the needs of the population are met over the winter period through resilience and effective planning. It aims to provide safe and effective care for people using services by ensuring appropriate levels of capacity and staffing are in place to meet unexpected activity levels in communities and across the acute sector.
- 4.4 The Winter Plan has a specific focus on maintaining 'business as usual' through periods where services may be reduced, such as public holidays, and to prepare for and respond to increased demand arising from seasonal flu and adverse weather. The Winter Plan, through an approach of prevent, inform, respond and communicate will address the following key areas:
- Resilience;
 - Unscheduled/Elective Care;
 - Out of Hours Services;
 - Community Services;
 - Seasonal Influenza/Influenza-like Illnesses/Norovirus;
 - Respiratory Pathway;
 - Mental Health;
 - Data Forecasting and
 - Communication.
- 4.5 The Scottish Government allocates additional funding to NHS Boards and Health and Social Care Partnerships to support the implementation of the local Winter Plans. For the Tayside Board area the allocation for 2018/19 was £737,734k. This resource is allocated through the Unscheduled Care Programme Board. A Winter Planning Sub Group was established to consider learning from the winter of 2017/18 and to proactively plan for initiatives which will maintain key services over public holidays and periods of increased illness. In line with the aims of the Unscheduled Care Programme Board, the plans place an emphasis on the prevention of illness through self-care and the maintenance of people out with hospital settings through appropriate triage and support. The Unscheduled Care Programme Board has allocated the available resources across initiatives which proactively deliver:
- Increased weekend discharge rates;
 - Earlier in the day discharges; and
 - Adequate festive staffing cover, across acute, primary and social care settings, to ensure that discharges can be maintained at required rates.

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

- Further development and embedding of the Dundee Enhanced Community Support including the acute element of the model;
- Developing Acute Frailty Model with enhanced support from Integrated Discharge Hub and strengthen links with ECS/DECSA;
- Extension of Acute Frailty model to Emergency Dept and Acute Surgical Receiving Unit;
- Embedding 7 day discharge service with increased AHP provision and recruitment of additional discharge coordinator to complement increase in medical, pharmacy and ambulance resource;
- Introduction of daily conference call between Integrated Discharge Hub and Resource Matching Unit to ensure accurate prioritization of social care resource;
- Introduction of daily safety huddle in the Integrated Discharge Hub to complement Daily Dynamic Discharge;
- Further development of 'Step Down to Assess' model – investment in 6 step down flats and ring fenced social care resource to complete assessment outwith hospital setting;
- Further development of intermediate care model to enable completion of assessment in a more homely environment with provision of rehabilitation
- Provision of step down beds in Mackinnon Centre for younger adults to complete assessment in a community setting following brain injury rehabilitation;
- Remodeling and realignment of resource allocation processes to enable Integrated Discharge Hub to ensure focus remains on patient flow;
- Continued investment in Resource Matching Unit to ensure efficient allocation of social care resource;
- Recruitment of additional Mental Health Officer located in Integrated Discharge Hub which has reduced guardianship delays;
- Continued promotion of Power of Attorney Campaign to reduce no of guardianship requests made;
- Ongoing development of Anticipatory Care Planning;
- Ongoing development of a range of specialist accommodation with support through the strategic commissioning process to support adults with mental health problems and learning disabilities to leave hospital when they are ready;
- Extension of COPD Team to improve support to people following discharge;
- Development and expansion of the care home team;
- PEOLC improvement work in care homes;
- Increase investment in domiciliary care resource;
- Embed the practice of proactive review of all delayed patients on a daily basis by case holder;
- All health and social care staff will be encouraged to accept the flu vaccination.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

There are no directions required through this report.

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

9.0 BACKGROUND PAPERS

None.

David Lynch
Chief Officer

DATE: 22/10/18

Diane McCulloch
Head of Health and Community Care



Winter Plan

NHS Tayside and Partner Organisations

NHS Tayside Unscheduled Care Board

Contents

Executive Leads for Winter	9
Executive Summary	10
1. Introduction	12
1.1 Aim	12
1.2 Rationale and Planning Assumptions	12
1.3 Approach	12
1.4 Finance	14
1.5 Approval of Plan	14
1.6 Governance Arrangements	15
2. Key Drivers and Changes from Previous Winters	16
2.1 Striving To Deliver High Quality, Safe, Person-Centred Care	16
2.2 Lessons Learned from Winter 2017/18	17
3. Winter Plan 2018/19	19
3.1 Resilience Preparedness	19
3.1.2 Adverse Weather	19
3.1.3 Scottish Ambulance Service (SAS) Resilience Planning	20
3.1.4 System Wide Escalation Framework	21
3.1.5 Pressure Period Hospital Site Huddle Framework	21
3.1.6 Winter Planning Activity/Departmental/Sector Winter Action Cards	22
3.1.7. Safety and Flow - Using and Applying Information and Intelligence to Planning	22
Summary of Key Actions for Resilience	23
4. Unscheduled and Elective Care Preparedness	24
4.1 Emergency Department (ED) - Winter Preparedness	24
4.2 System Wide Planning	25
4.3 Angus Health and Social Care Partnership	25
4.4 Dundee Health and Social Care Partnership	27
4.5 Perth & Kinross Health and Social Care Partnership	27
4.6 Fife Health and Social Care Partnership	28

Summary of Key Actions for Unscheduled and Elective Care Preparedness	29
5. Out of Hours Preparedness.....	29
5.1 Out of Hours Services.....	29
Summary of Key Actions for Out of Hours Preparedness	30
6. Infection Prevention and Control	30
6.1 Norovirus	30
6.2 Norovirus Training and Communications	31
6.3 Norovirus Planning and Control	31
6.4 PPE Procurement (Flu and Norovirus).....	31
6.5 Seasonal Flu	32
6.5.1 Flu Vaccination Programme.....	32
6.5.2 Flu Communication Campaign.....	32
6.5.3 Near Patient Testing for Flu	32
6.5.4 Care Home Flu Management and High Risk Groups	33
Summary of Key Actions for Infection Prevention and Control	33
7. Respiratory Pathway.....	33
Summary of Key Actions for Respiratory Pathway.....	34
8. Mental Health.....	34
Summary of Key Actions for Mental Health	35
9. Communication Strategy	35
Appendix 1 Medicine - Bed Occupancy and Boarding	36
Appendix 2 Winter Preparedness Funding	38
Appendix 3 Reporting Structure.....	39
Appendix 4 Winter Plan Driver Diagram	40
Appendix 5	41
Appendix 5a	42
Appendix 6 Safety and Flow Huddle	43
Appendix 6 Safety and Flow Huddle	44
Appendix 7 Winter Action Card Template	45

Executive Leads for Winter

Lorna Wiggan, Director of Acute Services, NHS Tayside

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

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

Rob Packham, Chief Officer, Perth & Kinross, Health & Social Care Partnership

Executive Summary

NHS Tayside, and its partner organisations have taken a collaborative approach for winter planning in 2018/19 through the Tayside Unscheduled Care Board.

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

The winter plan has been developed in collaboration with key partner organisations as well as being part of the local Unscheduled Care Action Plan. It is underpinned by the Six Essential Actions taking full account of the Scottish Government's winter planning correspondence, 'Preparing for Winter' 2018/19 and Supplementary Checklist of Winter Preparedness.

This year we are determined to learn from previous winter challenges and to proactively invest in initiatives that will maintain our key services over public holidays and periods of increased illness as well as to try and prevent illness and admissions. NHS Tayside is undergoing transformation and much of this work is integrated into our winter plan.

The winter plan has been developed based upon the key areas highlighted in the 'Preparing for Winter' Guidance (2018/19) to ensure early prevention and response to minimise potential disruption to services and ensure that we continue to provide safe and effective care of our population and timely access to services. In particular, continuous improvement work with our Emergency Departments, delayed discharge performance, inpatient/day case, cancer, mental health and outpatient services, to deliver against national standards and maintain progress over this winter. Our plan is strengthened by resilience planning and business continuity arrangements to provide to NHS Tayside Board, Scottish Government and our population for winter period November 2018 – March 2019.

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

The focus on improved resilience over the festive period taking account of learning from previous winters and recommendations within the Scottish Government's Improving Health and Social Care Service Resilience over Public Holidays Review Report, (December 2017), will ensure arrangements are in place to mitigate disruption to critical services. The plan will be underpinned by full business as usual continuity arrangements and daily management of safety, capacity and flow through the NHS Tayside Safety and Flow Triggers and Escalation Framework with senior clinical and management leadership and multiprofessional input to the safety and flow huddle infrastructure seven days per week.

This Winter Plan will be supported by a suite of measures across the system. This will include the use of the 'SafeCare' System which provides information in relation to staffing capacity within each ward as well as System Watch providing predictive data to inform decision support for the Safety and Flow Triggers and Escalation Framework. This will be further supported by weekly look back to encourage system learning and continuous improvement.

Particular mention must be made of the effect of the new NHS Tayside medical model: This is an “Assess to Admit” model and has at its core the principal tenet of realistic medicine that patients wish to be cared for in their own homes. Several strands across the whole Health and Social Care community mean that enhanced social care, community nurses, therapists and doctors see that hospital admission is not inevitable.

Professional to other professional communication can share decision making and discharge home from an assessment area to complete investigation and treatment has become the norm. This has seen our bed occupancy remain at an optimal level and the reduction in boarding has improved patient experience. This data is illustrated in Appendix 1.

1. Introduction

1.1 Aim

The Winter Plan aim is to demonstrate clear engagement and alignment between Health and Social Care Partnerships for winter planning across Tayside. Setting key Partnership actions and planning processes to effectively manage the potential challenges associated with the winter period for 2018/19 and delivering against the national and local targets and standards for Health and Social Care.

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

1.2 Rationale and Planning Assumptions

This Winter Plan has been informed by external and internal sources, involving planning, discussions and feedback, learning from previous experience, assessing winter risk and agreeing shared approaches going forward for winter 2018/19. These sources include;

- Six Essential Actions, Unscheduled Care Programme
- Tayside Winter Planning Group
- Tayside Winter Pressure Response Group Report February 2018
- Tayside Local Resilience Partnership: Debrief of Adverse Weather & Winter Response Plan 2018
- NHS Scotland Directorate for Health Performance and Delivery; Preparing for Winter 2018/19
- NHS Scotland Directorate for Health Performance and Delivery; Winter Preparedness: Self Assessment Guidance
- Partners', sectors' and services' winter plans and surge plans
- NHS Tayside local Review of Winter 2017/18 Workshop (March 2018)

Review and local feedback has informed that the winter period November to March creates a number of challenges for all partners delivering health and social care services. The main challenges are reflected by the key headings of the 'Supplementary Checklist of Winter Preparedness' (2018/19) detailed below in the approach taken to deliver the winter plan aims:

1.3 Approach

The scope of the plan is whole system with a focus on the following key areas in line with the Scottish Government 'Preparing for Winter', (2018/19) guidance:

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

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

Prevent:

Illness and Admissions within our population and staff:

- Infection Prevention and Control - Prevent illness in the first place
 - Flu Campaign, Respiratory Pathway
- Community based care : Enhanced Care Support (ECS)
- Shared decision making: Professional to Professional advice
- Assess to admit Ninewells and Perth Royal Infirmary, 60 to 65% discharge rate

Inform:

Whole System Escalation Framework:

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

Respond:

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

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

Business as Usual is the primary aim:

Strategies include:

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

Plan for more Business as Usual Capacity

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

- Increase AMU capacity: 65% discharges
- More beds within footprint for medicine: two sites
- Increase Respiratory Unit capacity in Ninewells
- Increase business as usual to seven days/ longer days
- Ambulatory seven days,
- More senior decision makers over public holidays

Communicate:

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

- Final Winter Plan submission to Scottish Government by 31 October 2018
- Tayside wide Winter Communication Campaign (internal/external)
- Festive 'Ready Reckoner' including all key services and contacts communicated across Health Social Care & Partner Organisations

1.4 Finance

The Tayside Unscheduled Care Board provides the governance and oversight required around the allocation of winter planning funding for 2018/19.

The aim for 2018/19 is to proactively invest in work that will aim to maintain "business as usual". This will include periods where we may have reduced services such as public holidays and to respond to increased seasonal illness such as flu and adverse weather.

Preparing for Winter funding as well as the Unscheduled Care Programme 6EA funding, will be allocated across the eight target areas detailed throughout the Tayside Winter Plan 2018/19. In accordance with national 'Preparing for Winter' (2018/19) guidance, planning and through the continuous improvement work of the Unscheduled Care Programme, Funding will also be specifically targeted to deliver across the following areas:

- Increased weekend discharge rates
- Earlier in the day discharges
- Adequate festive staffing cover, across acute primary and social care settings, to ensure that discharges can be maintained at required rates

Related key areas to Tayside are indicated to be:

- Increased social care funding in Angus to reduce delayed discharges.
- Increased bed numbers in Tay Ward, Perth Royal Infirmary for Perth and same day discharge, social support
- Acute frailty beds in Ninewells to boost and target capacity.
- Near patient testing for Flu prevent unnecessary admissions for Influenza like Illnesses.

Appendix 2 provides detail of the indicative funding allocation to services.

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

1.5 Approval of Plan

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

Table 1.

Date	Format	Committee / Board
17 August	First Draft	Senior Operational Leadership Meeting

17 September	First Draft	Executive Leadership Team Meeting
26 September	First Draft	Winter Planning Group
27 September	First Draft	Tayside Board Development Day
27 September	First Draft	Unscheduled Care Programme Board
24 October	Final Approval	Angus Health & Social Care Integration Joint Board
25 October	Final Approval	Unscheduled Care Programme Board
25 October	Final Approval	Tayside Board
30 October	Final Approval	Dundee City Health & Social Care Integration Joint Board
By 31 October	Final Approved	Scottish Government
6 November	Final Approval	Performance and Resources Committee
30 November	Final Approval	Perth & Kinross Health & Social Care Integration Joint Board

1.6 Governance Arrangements

- An Unscheduled Care Board is chaired by the Associate Medical Director for Medicine and Head of Service, Health and Community Care for Dundee Health & Social Care Partnership and will use measures to assess the impact of the plan.. Please see Reporting Structure Diagram (Appendix 3)
- An Unscheduled Care Programme Team is in place led by a programme manager, and with an improvement advisor and data analyst for each major site. These posts form part of the support teams for unscheduled care, continuous improvement and the implementation and evaluation of the winter plan.
- Resilience and Business Continuity arrangements and management plans are in place and have been tested prior to winter.
- NHS Tayside's Board Assurance Framework has a corporate whole system risk related to capacity and flow. A scoring system has been developed for the key measures to enable an overall risk score to be presented. This is presented and discussed at each Board meeting.
- Newly formed weekly Senior Operational Leadership meeting chaired by Medical Director with senior clinical and managerial input
- A new clinically-led and managerially-enabled operational structure for acute services
- Whole system Safety and Flow Huddle process reviewed to include an additional huddle with key partners during pressure periods throughout winter i.e. Public Holidays
- A Tayside-wide severe weather plan is in place including triggers for multi-agency coordination.
- Communications teams will inform the public and staff on planning for winter, where to go for services and public health messages

2. Key Drivers and Changes from Previous Winters

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

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

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

Key drivers to inform the winter planning are illustrated in Appendix 4.

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

Tayside continuously strives to meet local and national standards and performance targets which focus on delivering high quality, safe, person-centred care. To do this we must deliver national standards and targets on an ongoing basis regardless of the pressures periods across the system. Tayside is fully committed to improving weekend and earlier in the day discharges and as such will establish trajectories to work towards in relation to this as set out in the Cabinet Secretary's letter of 31 August 2018.

Specific to this winter plan are the following standards:

- 4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%)
- Earlier in the Day Discharges - Hour of Discharge (inpatient wards)
- Weekend Discharge Rates - Day of Discharge weekday v's weekend discharges
- Zero delayed discharges following 72 hours of being ready for discharge
- Early initiation of flu vaccination programme to capture critical mass of staff with a target of >50% of staff vaccinated
- Site surge plans with an acute frailty unit being introduced to optimise care
- Use of information and intelligence from Primary Care, OOH Services and NHS 24 to predict secondary care demand
- Standardised approach to departmental action plans
- Using whole system triggers and escalation with clear and timely communication
- Maintain performance against the 12 week treatment time guarantee (TTG)
- Maintain achievement of waiting times standards for patients with a newly diagnosed primary cancer
 - 31-day target from decision to treat until first treatment, regardless of the route of referral.
 - 62-day target from urgent referral with suspicion of cancer, including referrals from national cancer screening programmes, until first treatment.

The NHS Tayside Business Support Unit, produce and provide data all year round in relation to the above standards and targets. Appendix 5 illustrates some of the key data to support

capacity and flow. The data reflects the hard work our services have put in to lessen pressure on Emergency Department and associated flow through inpatient beds before, during and after recent winters over the past two years. Emergency Department performance has consistently remained above the national target of 95% of patients treated within four hours of attendance over this period, with the exceptions of December 2017 on both of our Emergency Departments, and January 2018 in Ninewells. The pattern of data suggests these breaches to be the result of attributable variation, due in this instance to an outbreak of flu/ flu-like symptoms in key patient and staff groups. is fully committed to achieving improvement trajectories for weekend and earlier in the day discharges to

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

2.2 Lessons Learned from Winter 2017/18

The following section outlines the key lessons learned from the review of the 2017/18 winter period. Key themes around areas that worked well and areas for improvement were collated and fed back into the Scottish Government's Health & Social Care: Local Review of Winter 2017/18 (April 2018) Report. This report is available separately.

Key themes, learning and actions from local reviews across Tayside have informed the development and approach of the Tayside Winter Plan 2018/19.

Main themes highlighted regarding areas of good practice include:

- Business Continuity Team was set up locally at senior management level working in collaboration with partner organisations across Health and Social Care
- Preparedness and pre-planning in relation to winter plan and associated Business Continuity Plans
- Business Continuity management arrangements/plans to manage and mitigate against key disruptions in particular to the impact of adverse weather
- Staff had worked collaboratively during seasonal illness and adverse weather periods to ensure the best possible care for patients
- OOH provision had been very strong with capacity coming near to matching demand.
- Emergency Department waiting times had been one of the strongest performing areas in Scotland
- Many GP practices reported that they coped well with good planning
- Having knowledge of vulnerable people in the community allowed services/support to continue to be delivered utilising a good whole system winter plan.

Common themes across all local reviews identified for improvement include:

- Lack of whole system escalation and response
- Need to have clearly defined roles and responsibilities for both the Safety and Flow Huddles and Escalation Framework
- Lack of Operational Awareness of Escalation Framework including Triggers and Action Cards
- Loss of business continuity over public holiday periods
- There was a feeling that data intelligence had been available but our systems were not optimised to respond to this in time
- Need for earlier decision making regarding step-down/cancellation of services

The Tayside Winter Plan will aim to improve these areas highlighted from the local review as well as the key priorities indicated within the 'Preparing for Winter' (2018/19) correspondence, as follows:

- Effective forecasting for unscheduled and elective winter demand and plan capacity accordingly.
- Continual access to senior decision makers who can support rapid assessments to avoid unnecessary admission and ensure effective discharge.
- Flexible staffing plans to enable the rapid deployment of surge capacity as soon as it is required.
- Whole System Escalation Framework and plans with all partners to respond to variations in predictive forecasts on an hourly, daily and weekly basis.
- Robust business continuity management arrangements across local health and social care systems.
- Plans in place to significantly increase staff flu vaccination across local health and social care systems.

3. Winter Plan 2018/19

The Tayside Winter Plan 2018/19 is set out under the following key headings in line with the Scottish Government 'Preparing for Winter', (2018/19) guidance:

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

3.1 Resilience Preparedness

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

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

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

In addition, local resilience plans and response arrangements are considered through the Tayside Local Resilience Partnership.

3.1.2 Adverse Weather

Themes highlighted were in particular to staff transport and accommodation and, as such, a short life working group which includes Support Services and Resilience Planning has been set up to ensure these issues are addressed in advance of this winter. Actions from this group include:

- Review of current organisational procedure for 4x4 vehicles to be undertaken with priority in advance of winter period
- The list of volunteers to be collated highlighting any challenges/risks to procedure around obtaining volunteer List of available 4x4 vehicles, locations, access arrangements/keys etc
- List of lease owners who have 4x4 vehicles
- Accommodation arrangements to be clarified for 'essential' staff in the event of adverse weather
- Catering arrangements to be clarified for 'essential' staff in the event of adverse weather

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

3.1.3 Scottish Ambulance Service (SAS) Resilience Planning

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

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

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

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

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

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

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

3.1.4 System Wide Escalation Framework

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

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

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

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

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

3.1.5 Pressure Period Hospital Site Huddle Framework

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

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

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

Timing & Frequency

- For the key winter pressure periods, huddles will move to two priority meetings with timings to be confirmed. The aim will be to review overnight performance and admission numbers will be available on a "Red, Amber, Green" rating.

- Afternoon huddles will also move time (to be confirmed). These will be led through the Triumvirate structure.

Communication

- Clear and co-ordinated expectations of Information that each service can provide, trigger points that require action to maintain “business as usual” and what response is needed to achieve this.
- This aims to meet the call for rapid deployment of surge capacity.
- De-escalation as soon as the pressure is managed to prevent loss of engagement of staff.

3.1.6 Winter Planning Activity/Departmental/Sector Winter Action Cards

NHS Tayside has seen significant change in its management structure in 2018. Triumvirates have been established and a clinically led and managerially delivered ethos embedded. A template for local services to develop their own Winter Action Plan has been drawn up. This follows the approach laid out at the start of this plan:

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

This has been tested within several areas and cascaded through the Operational Executive Team, Partnerships and the Unscheduled Care Board. The Action Card Template is attached in Appendix 7.

The Winter Action Card has been shared across the following services for potential use:

Acute Sector:

- Medicine
- Surgery
- Orthopaedics & Trauma
- Critical Care
- Theatres
- Radiology & Diagnostics
- Out patient
- Emergency Departments

Health and Social Care Partnerships:

- Angus
- Dundee
- Perth & Kinross

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

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

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

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

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

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

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

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

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

Summary of Key Actions for Resilience

Adverse Weather

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

SAS

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

System Wide Escalation Framework

- Review, test and implement Whole System Safety and Flow Triggers and Escalation Framework with partner organisations

Pressure Period Hospital Site Huddle Framework

- Revised timing & frequency of Safety and Flow Huddle Process
- Clear and concise communications as part of Safety and Flow Huddle Process

Sector Action Cards

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

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

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

4. Unscheduled and Elective Care Preparedness

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

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

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

- Theatre scheduling to determine the management of the unscheduled care/cancer and clinically urgent scheduled care as a priority
- Planned/Elective Care shut down over public holiday periods. Emergency and cancer care remain a priority
- Cancellation of non urgent scheduled care surgery to create unscheduled care capacity
- Respiratory Surge Plan
- 'Hot Clinics' pre and post public holidays within Medicine this will involve seeing patients who require rapid assessment in a clinic style set-up to prevent unnecessary admission to investigate
- 7 day Ambulatory Care cover from 8am to 8pm, from 1st December 2018 to 31st March 2019 with Medical cover at weekends for surge beds
- Acute Frailty Unit commissioned. Staffing will be challenging but since adopting this model within the Acute Medical Unit this has contributed to increased flow and reduced bed occupancy
- In preparation Medicine has agreed to use a Red, Amber, Green (RAG) status on available beds on the medical floor from September to drive flow and optimise care
- Driving forward aspects of the Transforming Tayside programme: Same day diagnostics and Orthogeriatric Pathway
- The agreement for Prof to Prof discussion between Paediatrics and Medicine (AMU) regarding in-school 16-18 year olds being admitted to Paediatrics to create additional capacity
- Review of non urgent outpatient clinics to support potential staff redeployment for urgent care over days where there is often a high DNA rate i.e. Christmas Eve and Hogmanay where urgent and urgent suspect cancer patients are more likely to attend
- Consider opportunities to increase bed footprint temporarily without additional staffing resource

4.1 Emergency Department (ED) - Winter Preparedness

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

Due to the demand led nature of Emergency Medicine, the service is subject to peaks in attendances resulting from seasonal illness such as influenza and injuries resulting from

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

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

To allow us to consistently deliver this over the winter period consideration will be given to both nursing and medical staffing arrangements i.e. additional junior doctor on late / night shift to bolster medical staffing during anticipated peaks of ED activity in Ninewells ED such as public holidays / December weekends.

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

4.2 System Wide Planning

System-wide planning is in place to ensure the appropriate levels of cover needed to effectively manage predicted activity across the wider system and discharge over the festive holiday periods. Examples of this include:

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

4.3 Angus Health and Social Care Partnership

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

- Development of an Angus Care Model incorporating a full review and utilisation of community hospitals including Psychiatry of Old Age (POA).

- Discharge checklist reviewed. Test of change in North localities and Care Homes underway.
- Range of interventions which were applied last winter can be applied this year depending on severity of demand (e.g. free short term respite provision in certain circumstances, additional incentives to providers for prompt engagement, increase in ERT provision).
- A Day of Care Audit in POA was undertaken to capture meaningful information about availability and alternatives to admission, as well as considering barriers and challenges to timely discharge.
- Improved focus on Anticipatory Care Planning (ACPs), and staff education. Work focused on raising awareness amongst public and staff, use of technology and accessing/sharing information, and ensuring carer support aligned with ACPs.
- Enhanced Community Support (ECS) continues to work effectively. A sharing and learning event will take place in September to review ECS across Angus and provide an opportunity to share good practice and inform future developments.
- Additional care management to Discharge Co-ordinator Team role
- Senior nurse for Palliative and End of Life Care (PEOLC) in Angus appointed. The post holder will work alongside staff in community hospitals and care homes to improve care, in addition to working on developing a PEOLC improvement plan. The plan for PEOLC will include all areas where people are cared for and supported.
- Enablement and Response Team established in December 2017 continues to improve community capacity by developing an innovative approach to support care at home, provide preventative enablement and respond to short term care needs. This will be reviewed to examine capacity.
- Personal Care Services are 7 days and we are attempting to strengthen co-ordination /matching processes.
- Help to Live at Home is in its concluding stages. Resource allocation meetings are held jointly with private and third party providers to improve the matching process and to enable increase in capacity.
- We have appointed a Mental Health Officer (MHO) team manager which has reduced the length of guardianship delays and improved the guardianship process to enable identification and status of all cases. Awareness training sessions have been provided to staff.
- Continuing to promote Power of Attorney across Angus.
- Providers are supportive of 7 day discharges however, discharge planning from Acute Hospital requires review.
- Developing a pilot for AHP, 7 day service in Arbroath Infirmary, to provide cover Saturday, Sunday and public holidays from November 2018 to March 2019.
- Examination of 24 hour discharge model in Dundee for applicability in rural setting.
- Test of change with Dundee HSCP to provide Care Management support to ensure timely discharge of Angus patients in Ninewells.
- Proactive review of all non complex patient delays on a daily basis by Health & Social Care Partnership senior staff.
- A pilot has commenced with the introduction of three intermediate care beds in the North East locality.
- All Health & Social Care Partnership staff have access and will be encouraged to accept the annual flu vaccination.
- Managers to be requested to share rationale for effective winter holiday planning with all staff and highlight that the Monday following the festive weekend breaks should not be routinely used as a day off thereby creating a 5 day weekend.
- AHSCP website to be updated to include: information on travel appointments during severe weather and prospective cancellation of clinics, MIU opening times and arrangements for community pharmacies, dentists etc.

The Angus Hospital Admission & Discharge Management Group Improvement Plan is detailed as Appendix B in the Integrated Joint Board (IJB) Report. The NHS Tayside Winter Plan 2018/19 will be submitted to the IJB meeting on 24 October 2018.

4.4 Dundee Health and Social Care Partnership

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

- Further development and embedding of the Dundee Enhanced Community Support service including the acute element of the model
- Developing Acute Frailty model with enhanced support from Integrated Discharge Hub and strengthen links with ECS/DECSA
- Extension of Acute Frailty model to Emergency Department and Acute Surgical Receiving Unit
- Embedding seven day discharge service with increased AHP provision and recruitment of additional discharge coordinator to complement increase in medical, pharmacy and ambulance resource
- Introduction of daily conference call between Integrated Discharge Hub and Resource Matching Unit to ensure accurate prioritisation of social care resource
- Introduction of daily safety huddle in the Integrated Discharge Hub to complement Daily Dynamic Discharge
- Further development of 'Step Down to Assess' model – investment in six step down flats and ring fenced social care resource to complete assessment outwith hospital setting
- Further development of intermediate care model to enable completion of assessment in a more homely environment with provision of rehabilitation
- Provision of step down beds in Mackinnon Centre for younger adults to complete assessment in a community setting following brain injury rehabilitation
- Remodeling and realignment of resource allocation processes to enable Integrated Discharge Hub to ensure focus remains on patient flow
- Continued investment in Resource Matching Unit to ensure efficient allocation of social care resource
- Recruitment of additional Mental Health Officer located in Integrated Discharge Hub which has reduced guardianship delays
- Continued promotion of Power of Attorney campaign to reduce number of guardianship requests made
- Ongoing development of Anticipatory Care Planning
- Ongoing development of a range of specialist accommodation with support through the strategic commissioning process to support adults with mental health problems and learning disabilities to leave hospital when they are ready
- Extension of COPD Team to improve support to people following discharge
- Development and expansion of the care home team
- PEOLC improvement work in care homes
- Increase investment in domiciliary care resource
- Embed the practice of proactive review of all delayed patients on a daily basis by case holder
- All health and social care partnership staff will be encouraged to accept the flu vaccination

4.5 Perth & Kinross Health and Social Care Partnership

The focus of the winter plan and improvement actions for Perth & Kinross Health & Social Partnership is to ensure that people get the right care, at the right time, in the right place, avoiding unnecessary admissions to hospital and ensuring that, once admitted, people are

discharged as soon as they are ready, contributing to better health outcomes and making best use of resources.

The key developments are;

- Additional Surge Beds in Tay ward
- Respiratory Telehealth Pathway Test of Change Rural Perthshire
- Enhanced Social Care Support to target same day discharge from A&E, AMU, ASRU and SSM
- Extended AHP Weekend Working for OT and PT staff within acute services to facilitate assessment and discharge
- Additional Social Care Interim Placements
- Continue proactive review of all delayed patients on a daily basis by case holder and discharge teams
- All health and social care staff will be encouraged to accept the flu vaccination
- Implementing Frailty Model at PRI. A Frailty Team is being implemented as a key strategy in ensuring that people with frailty are identified and assessed at the PRI front door, enabling identification of the correct pathway at the earliest opportunity. Clinical decision making for positively screened patients is enhanced through a comprehensive geriatric assessment (CGA), and transitions to identified pathways are supported by quality information, communication and collaboration. The implementation dovetails with the “assess to admit” project, which also implements the frailty screening at the earliest opportunity.
- Ongoing developments with Integrated Care Teams and links to Enhanced Care Support (ECS)
- Increased staff resource to PRI Discharge Hub and develop service criteria
- Ongoing developments with HART team and successful recruitment

4.6 Fife Health and Social Care Partnership

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

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

Summary of Key Actions for Unscheduled and Elective Care Preparedness

Acute Sector

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

Health and Social Care Partnerships

- Enhance Community Support Services
- Anticipatory Care Planning
- 7 day discharge services and increased AHP provision
- Discharge Hubs supporting discharge planning
- Development of acute frailty models

5. Out of Hours Preparedness

5.1 Out of Hours Services

Planning for Out of Hours services includes the following actions:

- Increased capacity with number of GP shifts over the festive period
- NEWS (National Early Warning Score) pathways are in place to ensure rapid identification of deteriorating patient
- An Advanced Paramedic Practitioner will be based in the Kings Cross Primary Care Emergency Centre, Dundee to consult patients
- GP triage – it is intended that additional GP triage shifts will cover the busy public holiday periods with a view to increasing the time, appointing patients the following morning rather than within a four hour period, or dealing with problems over the telephone where appropriate.
- Community pharmacies can deal with minor illnesses with direct referral to out-of-hours where required
- Access to mental health out-of-hours crisis team to triage patients
- NHS24 prediction data is not available until late October but where this and out-of-hours service data differ, capacity will be planned around the greater of the two.
- Resource availability over festive public holiday period confirmed for all Primary Care Emergency Centres at Arbroath Infirmary, Kings Cross Health and Community Care Centre and Perth Royal Infirmary including GP shifts, drivers, nursing staff etc
- Annual leave applications from 17th December 2018 to 6th January 2019 will be considered on an individual basis but are unlikely to be compatible with maintaining full staff availability. Duty manager in place over the festive period

- The management team monitor activity weekly and decide on any extra capacity required.
- 10 cars will be available for use over the two festive holiday weekends to assist with the expected level of demand of home visits at peak times. (Three more than base level)
- Increase GP triage to two GPs on 25/26 December 2018 and 1/2 January 2019
- All Practices are contacted pre festive period requesting that they keep patient special notes up to date
- Demand Management - resources will be targeted around priorities across Tayside by the team leaders and dispatchers. Patients will be offered transportation to other Primary Care Emergency Centres if no alternatives can be identified
- Out-of-hours service staff will email a briefing in December to all staff outlining the arrangements for the festive period and winter period (January to March) which will include extra staffing and escalation plans and communication arrangements with NHS24 and other agencies both internal and external
- Tayside out-of-hours and NHS24 communicate regularly. Agreement around escalation process and local contingency arrangements for local centres. Agreement reached around the sharing of information between NHS 24 and out-of-hours.
- Contact arrangements are in place for a clear process for reporting vehicle faults and breakdowns over the public holiday period and emergency out-of-hours contact list is available to the management team in case of severe weather.
- An enhanced payment for GPs is offered across the festive period to support shift coverage
- A process has been developed to ensure effective and efficient use of the Scottish Ambulance Service paramedic service.

Summary of Key Actions for Out of Hours Preparedness

Out of Hours Service

- Resource availability over the Festive period
- Increased availability of cars
- Increased capacity re GP cover of festive period
- Demand management - resources targeted around priorities across Tayside
- Access to Mental Health OOH Crisis Team to triage patients
- OOH escalation process in collaboration with NHS 24

6. Infection Prevention and Control

6.1 Norovirus

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

6.2 Norovirus Training and Communications

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

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

- IPCT provides regular updates to the NHS Tayside Communication Team regarding ward closures, and advice for staff in relation to infection prevention and control precautions, communicated over winter period.
- Winter preparedness roadshow and raising awareness through education sessions for clinical managers / SCNs commenced by IPCT Sep 2018
- Dedicated Transmission Based Precaution education sessions provided as per IPC Annual Training Programme
- Norovirus leaflets and posters provided to NHST by HPS shared across the Health and Social Care Partnerships
- Infection Prevention and Control: New prioritisation flow chart to aid decision making at 'front door'
- Information on Norovirus is sent out to all local care homes by Public Health. The Health Protection Team also support the management of all outbreaks of diarrhoea and vomiting within care homes, and Public Health routinely informs the IPCT, Communication Team and Resilience Teams regarding the closure of homes.

6.3 Norovirus Planning and Control

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

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

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

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

6.4 PPE Procurement (Flu and Norovirus)

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

Key actions for this winter include:

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

6.5 Seasonal Flu

6.5.1 Flu Vaccination Programme

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

- Flu vaccinations clinics began late September with Occupational Health sessions taking place in Ninewells and PRI several weeks earlier this year
- Peer vaccination will also take place in clinical areas to boost the staff uptake of the Flu vaccination.
- Staff also able to attend participating community pharmacies to be vaccinated
- Target for 2018 is to achieve > 50% of staff vaccinated compared to last year's uptake of 37%; This was double the year before.
- Vaccination Programme Manager has attended Head of Nursing Forum to plan requirements for the peer vaccination programme.
- Medical leads will also be asked to consider peer vaccination programme to boost uptake numbers.
- A call for peer vaccinators: training session carried out on 6th September 2018 for staff interested in peer vaccinating.
- Plan to use in-hospital vaccination to "catch up" vulnerable patient who have missed community vaccination

6.5.2 Flu Communication Campaign

The NHS Tayside Communications Team has a communications plan in place specific to seasonal flu vaccination. NHS Tayside communications promotes our flu vaccination campaign to all NHS Tayside staff and volunteers, as well as members of the public in at-risk groups. Posters are produced for each area with details of local staff clinic sessions on NHS Tayside sites and key messages about protecting yourself and your family, your patients and the service. Information about public vaccination clinics in surgeries and pharmacies across Tayside are advertised in the local media and on social media.

6.5.3 Near Patient Testing for Flu

A subgroup has prepared a review of all Scottish Boards using Near Patient testing in 2017/18 findings have been considered locally with the decision to implement within Tayside. A business case has been prepared for near Patient Testing with a target of avoiding ward closures due to Flu to maximise flow and reduce risk of harm to patients. It is proposed the 'Preparing for Winter' funding will be used to support this in addition to a planned and budgeted way to maximise bed utilisation across the main hospital sites.

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

6.5.4 Care Home Flu Management and High Risk Groups

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

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

Summary of Key Actions for Infection Prevention and Control

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

7. Respiratory Pathway

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

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

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

Anticipatory Care Planning is completed for people with significant COPD, and palliative care plans are in place across the Respiratory Pathway for those with end stage disease. **7.1**

7.1 Respiratory Pathway Communications

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

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

Summary of Key Actions for Respiratory Pathway

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

8. Mental Health

Access to Mental Health Services is a national and local priority. NHS Tayside recognises that the majority of mental health acute presentations are as unscheduled care as such we have added this as one of our key priorities and recognise that this must continue beyond winter.

Our Unscheduled Care Board will be joined by the Associate Director and Associate Nurse Director for Mental Health to ensure representation of Mental Health Services as part of the Unscheduled Care Programme of improvement work. Mental Health and Learning Disability Services are actively working to strengthen connections with Winter Planning and the Unscheduled Care Board. There will be a requirement to build enquiry into the Safe Affordable Workforce (SAW) process about how the proposed clinical and staff models meet the mental health and well being needs of people in acute care.

As a start, to support winter planning arrangements in Mental Health in particular to meeting demand and facilitating flow through Emergency Departments, it is proposed that the Psychiatry Liaison Team capacity will be enhanced with winter planning funding to support seven day working.

In addition, Mental Health services are reviewing their trigger, escalation and business continuity plans including the development of Winter Action Cards in line with other areas using this approach for winter planning. Site Safety and Flow Huddles across Mental Health Services are also in place to support the triggers and escalation process, sharing safety, demand and capacity information. All of these processes aimed at ensuring robust business continuity management arrangements are in place to maintain business as usual throughout the winter period.

Summary of Key Actions for Mental Health

- To meet demand through ED enhance Psychiatry Liaison Team Capacity
- Escalation, Business Continuity arrangements and Winter Action Cards implemented across Mental Health Services to support winter and resilience planning

9. Communication Strategy

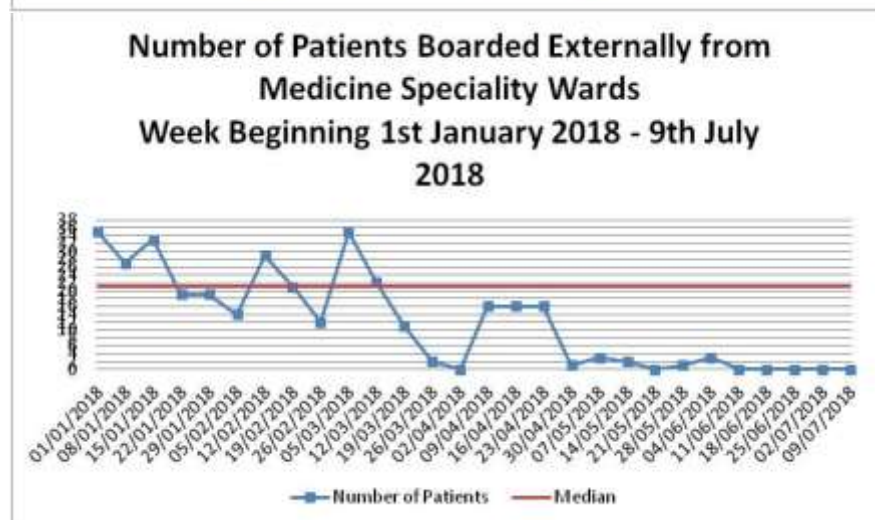
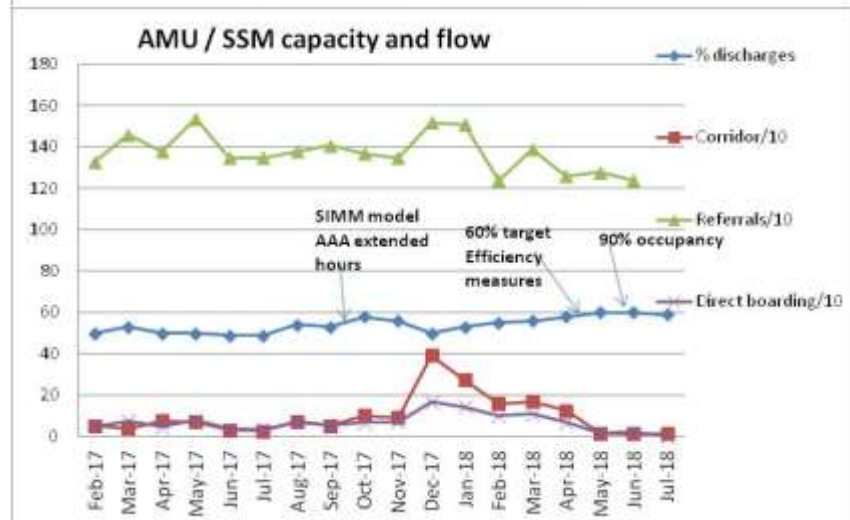
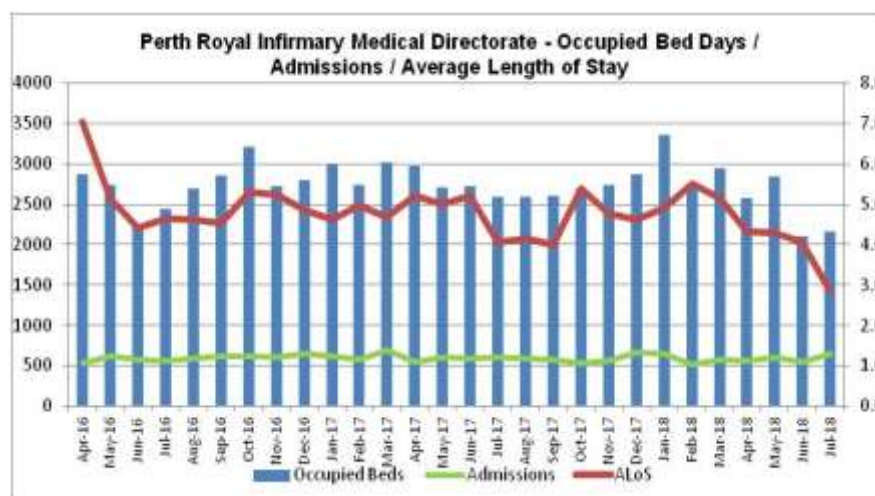
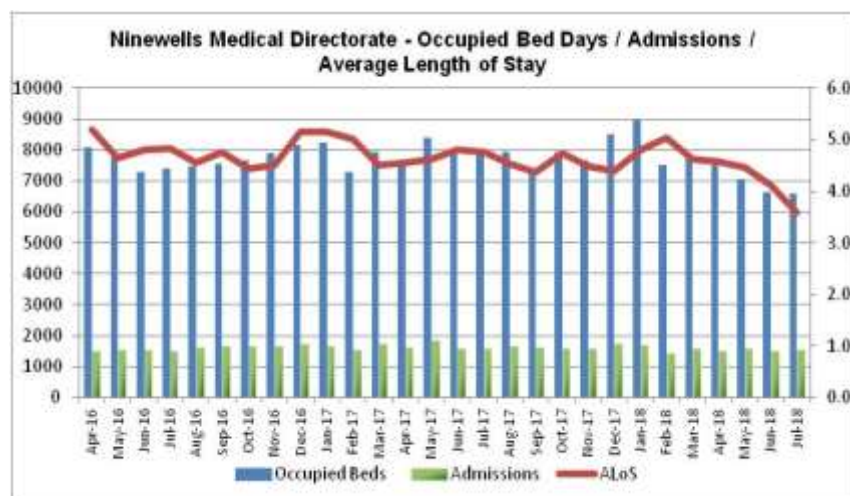
The NHS Tayside Communications Team has communication plans in place specific to the winter period including adverse weather and seasonal illness including Influenza, influenza like illness and Norovirus. The NHS Tayside communication team actively promotes related publicity materials and national campaign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

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

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

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

Appendix 1 Medicine - Bed Occupancy and Boarding



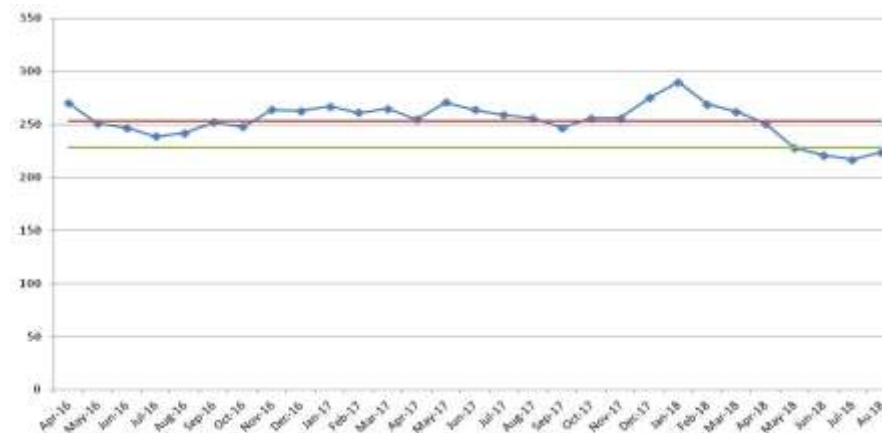
Tayside Medicine Bed Days Occupied

Green line (90% occupancy) is 314 beds, Red line 349 beds occupancy



Ninewells Medicine Occupancy

Green line = 90% occupancy 228 beds, Redline = 100% is 253 beds



Perth Medicine Occupancy

PRI Medical Directorate - Monthly Daily Average vs Medical Bed Complement

Green line = 90% occupancy 87 beds

Redline 100% occupancy = 96 beds



Appendix 2 Winter Preparedness Funding

WINTER PLANNING 2018/19

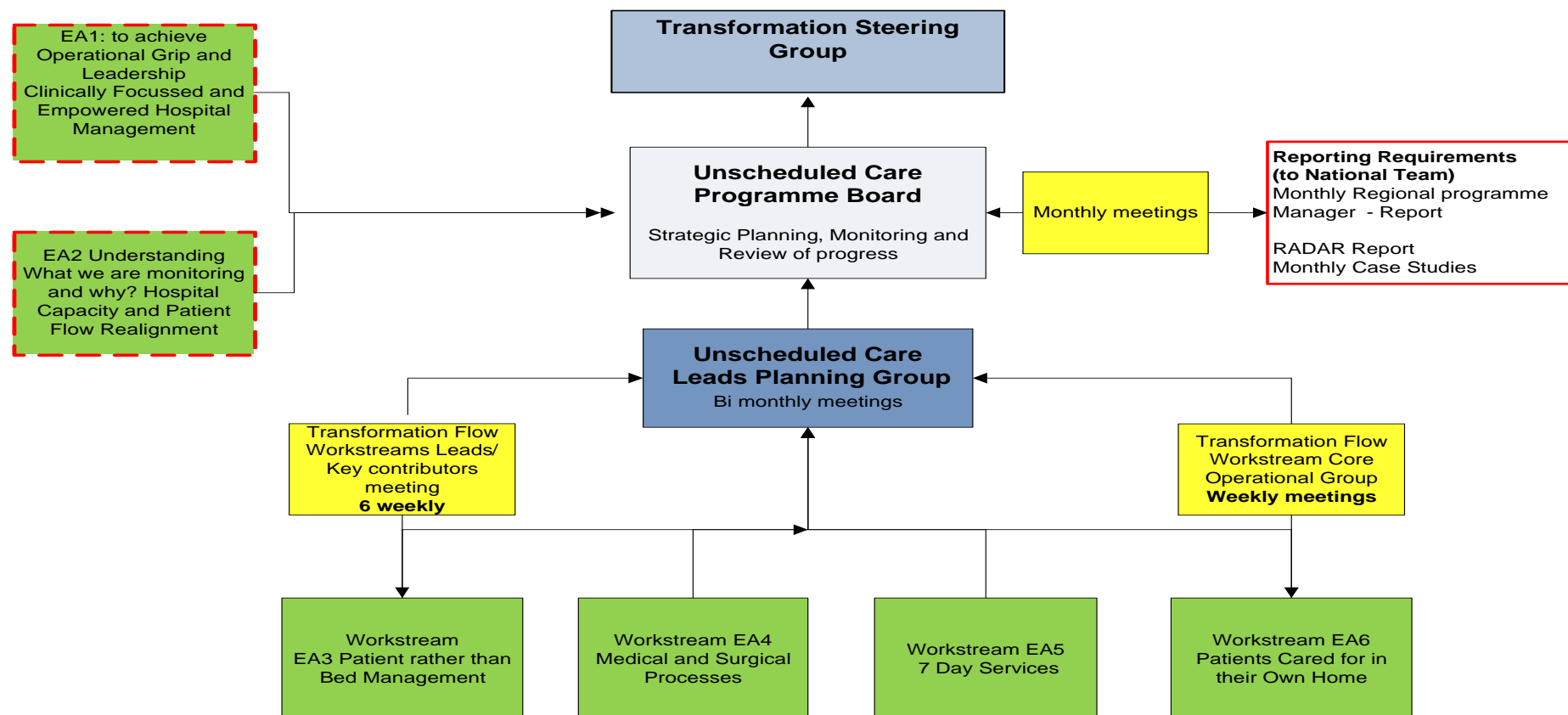
PROPOSED PLAN TO DELIVER SG PRIORITIES

	Description	£
Funding		
Funding		£737,734
Proposed Commitment against Priority		
2 Unscheduled / Elective Care	Additional beds at Nws (12) and PRI (4)	£487,995
5 Seasonal Flu	Near Patient Testing Equipment & Consumables	£72,700
6 Respiratory Pathway	Essential winter equipment for timely diagnostic discharge	£58,201
7 Key Partners / Services	Enhanced Social Care Support to target same day discharge	£98,838
8 Mental Health	Psychiatry Liaison Service	£20,000
Total Cost		£737,734
SURPLUS /(DEFICT)		(£0)

Note 1 Funding is allocated in two tranches, 60% released initially (Oct) followed by 40% once satisfactory evidence of planned priorities has been provided through your draft winter plans.

Appendix 3 Reporting Structure

NHS Tayside Unscheduled Care Programme Reporting /Meeting Structure



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

Workstream Groups: to include site/locality teams involved as well as identified workstream leads. Testing and Implementation of agreed activities/interventions. Reports to Leads Planning Group via workstream leads

Appendix 4 Winter Plan Driver Diagram

TAYSIDE WINTER PLAN 2018/19

PRIMARY DRIVERS

SECONDARY DRIVERS

AIM

To ensure optimal patient flow through the hospital journey, delivering against the 4 hour emergency access target.

To ensure robust whole system approach to planning for winter as part of our overall approach to the safe and effective delivery of unscheduled care

A commitment to the 6 Essential Actions of Unscheduled Care Programme

A collaborative approach to whole system planning across the local system with key partners

Being well prepared for the additional pressures placed on local systems associated with ~~Winter~~ aligned to 'Preparedness for Winter' Guidance Document:

- Seasonal Influenza Like illness
- ~~Norovirus~~
- Severe weather
- Additional public holidays

Adopting a balanced approach to the planning and delivery of safe and effective and unscheduled care during times of peak demand

Robust Whole System Triggers and Escalation Framework

Unscheduled/Elective Care

- (Festive Shutdown) Urgent and Elective Capacity Planning and strategies for additional surge capacity (across all partnerships) including patient flow and bed management
- Capacity and flow plan in place for each part of the system with arrangement for targeted 7 day working
- Standard approach to planning in place
- Respiratory Surge Plan developed

Infection Prevention and Control arrangements in place for:

- Flu Vaccination Programme
- Near Patient Testing
- ~~Norovirus~~
- PPE access OOH

Resilience Planning

Adverse Weather Protocols/Guidance reviewed and in place
Patient and staff transport (4by4)
Staff accommodation and hospitality arrangements
What's App Protocol – Adverse ~~Weather~~
Data intelligence - use of predictive data to inform

A Whole system, Escalation, Triggers and Local Response in place:

Each department /sector has an agreed action card to manage the additional pressure predicted on the system to ensure safe service delivery to include Hospital Services, OOH, General Practice, Health and Social Care Partnerships, Scottish Ambulance Service.

- Local Winter Action Cards:
- Local Business Continuity Plans and Response/De-escalation
- Safety and Flow Huddle Process

Communication and Engagement

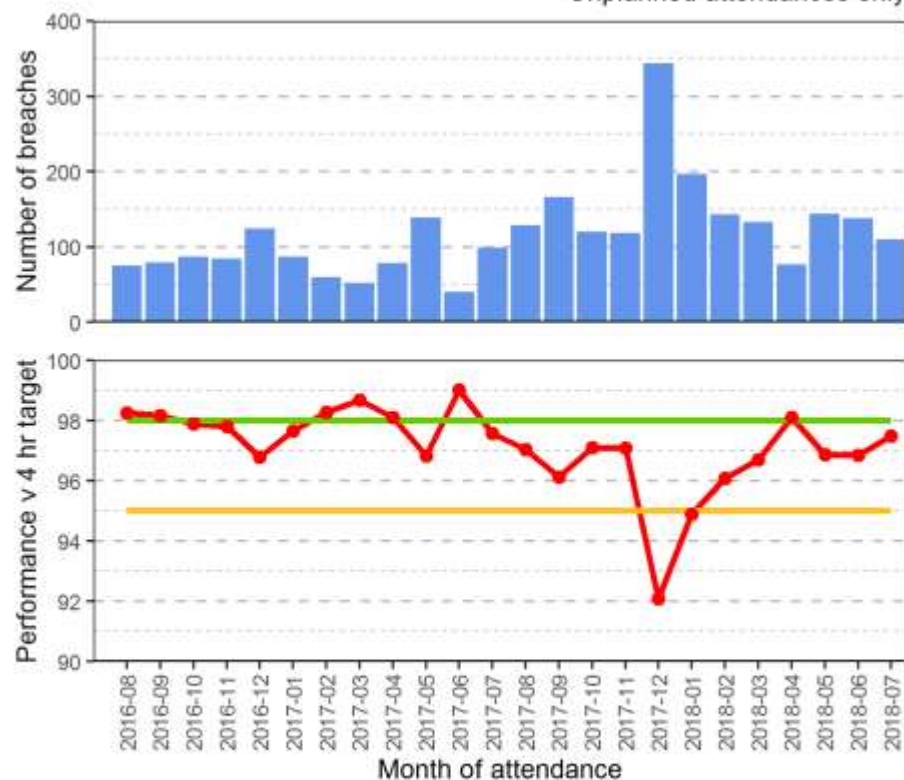
Plan and schedule in place including Festive Period 'Ready ~~Reckoner~~' available

Appendix 5

Ninewells Hospital

A&E: 4 hour Breaches in Ninewells

Unplanned attendances only

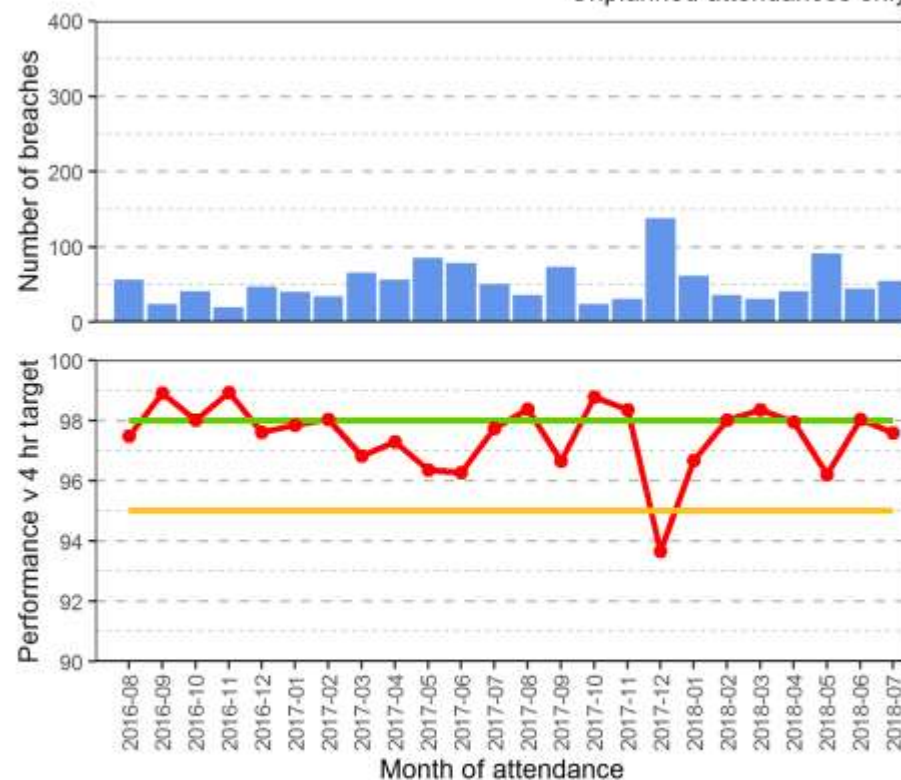


4 Hr Breaches % within 4 Hrs Local Target National Target

Perth Royal Infirmary

A&E: 4 hour Breaches in Perth Royal Infirmary

Unplanned attendances only

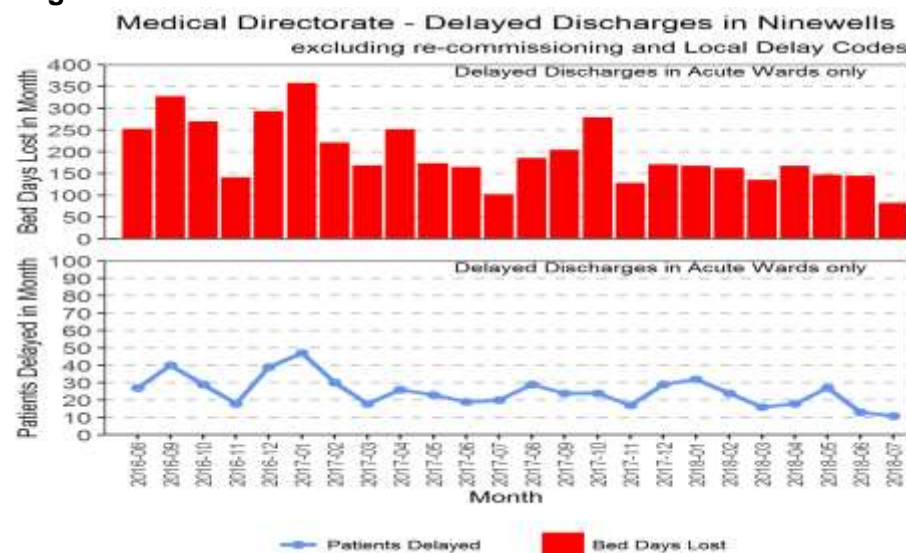


4 Hr Breaches % within 4 Hrs Local Target National Target

Appendix 5a Patients in Inappropriate Locations – Boarding Bed Days



Measure 4 - Patients in Inappropriate Locations - Delayed Discharges: No. of patients and bed days lost. Medicine Directorate and Surgical Directorate

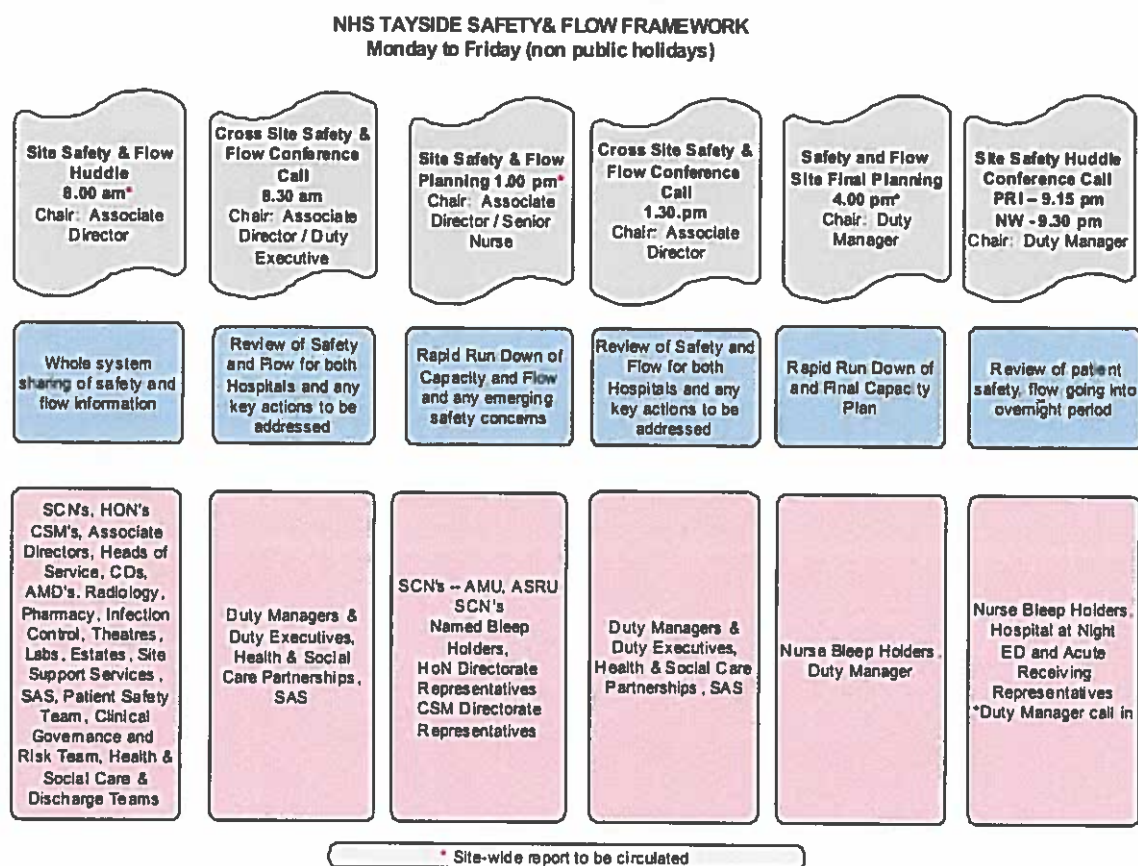


Appendix 6 Safety and Flow Huddle

SAFETY AND FLOW HUDDLES NINEWELLS AND PRI

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

Figure 1: Monday to Friday Huddle Arrangements

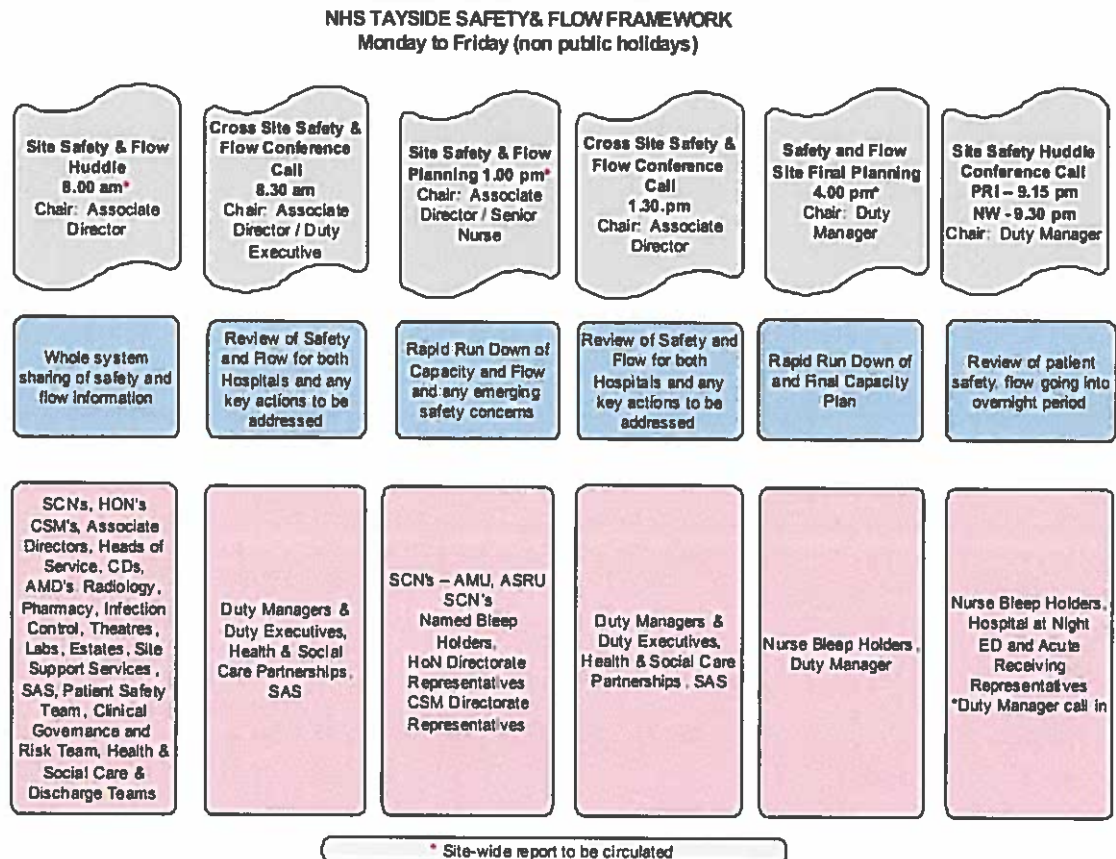


Appendix 6 Safety and Flow Huddle

SAFETY AND FLOW HUDDLES NINEWELLS AND PRI

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

Figure 1: Monday to Friday Huddle Arrangements



Appendix 7 Winter Action Card Template

WINTER ACTION CARD



DEPARTMENT:

LOCATION: (e.g. Ninewells, PRI)

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

Example:
 Workforce Planning and development, Staff duty rotas
 Support Services – equipment, stores and transport
 Information Technology
 Risk of patient becoming delayed on their pathway is minimised

WINTER PREPAREDNESS – PLANNING AHEAD

Develop activity plans for winter: Festive shutdown, elective and urgent care
Ensure timely and continuous access to local infrastructure services including:
Workforce Capacity Plans, Staff duty rotas
Sufficient levels and numbers of senior decision makers from all sectors are duty rostered at all times
Support Services - equipment, stores and Transport(SAS), Information Technology

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

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

Communication internal/external

ALERT/TRIGGERS

Consider triggers: seasonal illness, adverse weather, effects on staffing, service pressures:
Pressures on timely and continuous access to local infrastructure services including:
Workforce capacity – staff duty rotas
Support Services - equipment, stores and transport, Information Technology

Use of predictive data from partner agencies to inform alerts/triggers and actions to be taken
Communication of Demand Capacity pressures via Hospital site huddle Framework

Communication internal/external

ESCALATION – Action & Response

What do we need to know?

Staffing levels
Local Priorities
Roles/responsibilities
Demand capacity data from hospital site huddles/partner agencies
Communications internal/external

Consider:
7 day working
Duty rota cover
Flexible ways of working

DE-ESCALATION - Stepdown

How will we know we can step down?

Workforce capacity levels
Demand Capacity levels etc

ITEM No ...17.....

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2018 TO DECEMBER 2018

Organisation	Member	Meeting Dates January 2018 to December 2018							
		24/1	27/2	30/3	24/4	27/6	28/8	30/10	18/12
NHS Tayside (Non Executive Member)	Doug Cross	✓	✓	✓	✓	✓	✓		
Dundee City Council (Elected Member)	Cllr Ken Lynn	✓	✓	✓	✓	✓	✓		
Dundee City Council (Elected Member)	Roisin Smith	✓	A	✓	A	✓	✓		
Dundee City Council (Elected Member)	Helen Wright	✓	A	✓	✓	✓	✓		
NHS Tayside (Non Executive Member)	Judith Golden	✓	✓	✓	A				
NHS Tayside (Non Executive Member)	Munwar Hussain	✓	✓	✓	A	A	✓		
Chief Officer	David W Lynch	✓	✓	✓	✓	✓	✓		
Chief Finance Officer	Dave Berry	✓	✓	✓	✓	✓	✓		
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))	Frank Weber	A	✓	A	✓	✓	A		
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Cesar Rodriguez	A	✓	A	✓	✓	A		
NHS Tayside (Registered Nurse)	Sarah Dickie	✓	✓	✓	A	A	✓		
Dundee City Council (Chief Social Work Officer)	Jane Martin	✓	✓	✓	✓	A	A		
Voluntary Sector Representative	Christine Lowden	✓	A	✓	✓	✓	✓		
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	A	A	✓	A	A		
Trade Union Representative	Jim McFarlane	✓	✓	✓	✓	✓	✓		
NHS Tayside (Director of Public Health)	Drew Walker	✓	A/S	A	✓	✓	✓		
Carer Representative	Martyn Sloan	✓	✓	A	✓	✓	A		
Service User Representative	Andrew Jack	A	✓	✓	✓	✓			

✓ Attended

A Submitted Apologies

A/S Submitted Apologies and was Substituted



No Longer a Member and has been replaced / Was not a Member at the Time

